

Wellness in Law Enforcement Personnel

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Abstract

Law enforcement departments across the country are developing and implementing Wellness Programs. While situations such as catastrophic accidents or use of lethal force are readily recognized as acute stressors, repetitive exposure to stressful interpersonal interactions with the public, committed responsibility to the public trust and welfare, and a continuous requirement to maintain calm and de-escalate high-emotion and potentially physically stressful interactions in daily work results in prevalence of chronic cumulative stress in law enforcement personnel. This stress influences employees' mental health, physical health, and departmental costs. Post-Traumatic Stress Disorder is estimated to present in approximately 30% of officers. An officer's view of the world, support system, and physical health can contribute to their susceptibility to this diagnosis. Removing the stigma associated with "asking for help" and having mechanisms in place to help officers is key to employee retention. A healthy lifestyle (diet and exercise, proper sleep maintenance) can provide significant reduction in an officer's chance of developing negative health issues.

Keywords: wellness program, post-traumatic stress disorder, employee retention

Wellness in Law Enforcement Personnel

A life of service is a thing to be admired. Being able to give more than you take is a lesson that serves society well. The difference experienced with this type of societal mindset can conceivably change the fabric of American culture. It is safe to accept that an extremely low number of police recruits enter the law enforcement profession with the intent to become financially wealthy. As with other professions (teaching, counseling, health care), police recruits and other first responders enter the profession to help others – a life of service.

Unfortunately, most of an officer's work is centered in negative interactions with the public such as seeing death or severe injury, aggressive and/or combative subjects, and argumentative violators. Many officers live with a constant state of mind wondering if the next interaction will be harmful or potentially even fatal. It is rare that an officer is called upon to provide good news or celebrate good behavior. Law enforcement officers must deal with the public and make decisions in micro-seconds that may be argued over in court for years. It is perhaps the best example of "armchair quarterbacking" a person could find. In addition to constant public scrutiny, officers may have to worry about support from within their department while attempting to navigate the prejudices and pitfalls of the daily job.

What are the physical, psychological, emotional, and spiritual hazards that officers face in their career? What is the likelihood that an officer with impaired physical or emotional well-being can function at the highest level that is required by constant exposure to potentially dangerous environments and interactions? Are officers able to recognize when they need help addressing physical and psychological wellness goals? Are officers able to recognize when they need help addressing the impact of job-related stress on their personal and professional lives? What happens when officers find themselves in need of help? Are mechanisms in place to

reduce or remove the stigma of asking for help? Are Departments truly invested in retaining an employee in need? This paper will focus on the importance of attention to the psychological and physical well-being of law enforcement officers.

Definition of the Problem

Law enforcement officers have a higher prevalence of work-related injury or illness than most other professions. From 2003-2014, an average of 115 officers per year were lost due to work-related fatality. Additionally, from 2009 – 2014, an average of 30,990 injuries per year resulted in injuries causing lost work days. Fatal injuries most commonly occur on streets or highways (64%). Of these 41% involve motor vehicles while 56% result from injury due to another person (Bureau of Labor Statistics, 2018). Retention of personnel is challenging with the law enforcement attrition rate at 14% as compared to that for nurses (12%) or teachers (13%) (Roufa, Sept 2018). Health disparities in law enforcement officers is well documented for both psychological and physical outcomes. In addition to the direct psychological and physical demands of the job, shift work can place stress on family dynamics as well. Attention to overall wellness, addressing both physical and psychological parameters, is essential to establishing and retaining a strong, healthy workforce.

Psychological Health

One of the most researched and documented areas of psychological health concern for law enforcement officers is stress. Stress can be both physical and emotional in origin, and each type of stress may generate stress of the alternate pathway. For example, physical manifestations of psychological stress such as headaches, muscle ache or fatigue, and back pain are common. Likewise, physical disease such as heart disease, cancer, or severe injury is commonly associated with impaired mental health such as depression and anxiety or other stress disorders. In

comparison to the general population, officers report much higher rates of depression, burnout, PTSD, and other anxiety-related problems (NAMI, 2019). Research also shows that officers are four times more likely to sleep fewer than six hours (33% as compared to 8%) of the general public (Hartley, 2011). Many of the classes taught during the first and second week of the School of Law Enforcement Supervision (SLES) have either been directly related to officer stress or lead from a separate topic to a side bar conversation regarding the instance or impact of stress. In particular critical incident stress, also referred to by its clinical title – Post Traumatic Stress Disorder (PTSD) is a recurring theme.

Post-traumatic stress disorder. PTSD can be triggered by a specific incident or be the result of cumulative exposure to a single type or variety of stressors. Approximately 87% of all emergency service personnel will experience a critical incident – an extraordinary event that causes an extraordinary reaction – at least once in their careers (Kureczka, 2002). Police officers’ exposure to stress can be comparable to those of war veterans. Officers can be overwhelmed by the constant confrontation of violence from sources such as gang wars, carnage on the roadways, and domestic violence that is part of their everyday job responsibilities and interpersonal interactions. By virtue of what the officer sees and does, they are more likely to be exposed to and experience powerful stressors than the general population. The psychological stress experienced by today’s law enforcement officer can lead to debilitating disorders such as PTSD (Pastorella, 1991). PTSD is a syndrome experienced by trauma survivors characterized by “reliving” the trauma, emotional numbing, and hypervigilance. Reliving the trauma includes repeated instances of experiencing the psychological, emotional and sometimes physical symptoms of the inciting event. This may occur with recognized triggers such as sights, sounds, or smells, or unrecognized stimuli that precipitate “flashbacks” during waking hours or may

occur by reliving experiences during dreaming (NIMH, 2016). Emotional numbing refers to symptoms related to an inability to experience positive emotions. This may include a loss of interest in activities that were previously considered as important, feeling distant from or unable to relate to others, or having difficulty experiencing positive feelings and emotions such as happiness or love (Tull, 2019). Hypervigilance describes a state of behavior of an individual whose subconscious is in a constant state of anticipating danger. Their senses remain on high alert in preparation to recognize and respond to danger at any time from any source which may include physical danger, the repeat of an experienced trauma, or threat to an important relationship. Individuals often overanalyze and/or overreact to sensory input and live in a constant state of seeking out sources of threat (Burgess, 2017). As many as one third of the cops in this country are impaired by PTSD and cannot function well, if at all (Kates, 1999). A basic understanding of the concepts of exposure to critical incidents, contributing factors to the development of PTSD, and treatments for PTSD are essential for those in the profession of law enforcement.

Numerous scenarios common to law enforcement have been identified as critical incidents, or stressor events, that lead to PTSD. Three examples of these stressor events are use of deadly force, vehicle fatalities, and on-the-job officer deaths and assaults. All too often an officer is thrust into a situation where he/she has to use deadly force. Seventy percent of officers that use force, where death is the result, have left law enforcement within five years (Horn, 1991). These officers may have left their careers for a number of reasons, but the fact that 80% of officers involved in a critical incident report some level of emotional distress or complicating problem developing after the incident suggests the stressor event as a precipitating factor (Nielsen, 1991). Incidents other than deadly force can be just as stressful. For example,

witnessing fatal car accidents can be extremely traumatic. In 2017, there were 34,247 people killed in vehicle accidents in the United States (www.iihs.org). It can be said with some certainty that law enforcement officers responded to and investigated all of these accidents. The sheer volume of incidents that occur on a daily basis increases the chance that officers may develop PTSD due to repeated exposure to the stressor. Other possible stressors for law enforcement officers are on-the-job deaths and assaults against officers. Law enforcement agencies reported that 554,443 officers were assaulted while performing their duties from 2008-2017 (FBI, 2018). During the same time period, 496 police officers lost their lives in the line of duty (FBI, 2018). It is easy to imagine the psychological stress an assaulted officer faces, but these statistics do not reflect how many officers may have been involved indirectly in these assaults and deaths as partners or responding officers to the incident. Each of these individuals faces a degree of trauma due to this exposure. These three examples of stressor events, use of deadly force, vehicle fatalities, and on-the-job assaults and officer deaths, represent only a small part of what a law enforcement officer may confront each day. It is readily recognizable that PTSD is an inherent risk for those in the law enforcement community and understandable that it is prevalent as a chronic health condition in this workforce.

Certain factors including sociocultural, psychological, and biological factors may contribute to the incidence of PTSD. Sociocultural influences for PTSD development include the severity, length of exposure, and the proximity to the stressor, and an individual's support network (Nolen-Hoeksema, 2001). For example, a vehicle accident with multiple fatalities may be considered more severe and have a greater impact on responding officers than a single fatality accident. Additionally, constant or repeated exposure to these types of incidents over time may

also be predictive for PTSD. The proximity of violent confrontations that take place “up close and personal” tends to be more traumatic than those that occur at some distance.

With PTSD being a psychological disorder that manifests with physical symptoms, it is easy to understand that how we approach critical incidents on a psychological level plays an important role in the incidence and recovery of this disorder. Three main psychological factors have been identified as risk markers for PTSD. The first psychological factor is that there are three basic assumptions that a “victim” may believe prior to a critical incident. First is “personal invulnerability,” or the belief that bad things only happen to other people. Second, “the world is meaningful and just and things happen for a good reason.” Third, “people who are good, who play by the rules, do not experience bad things.” These assumptions are shattered by random acts of violence and leave a person facing significant stress with a shaken or broken core belief structure.

The second psychological risk marker is the association between pre-existing stress prior to a critical incident and an increase in the development of PTSD. This is a major danger for law enforcement in that repeated exposures to stress are expected and common with the daily work of the profession. For example, during an eight-hour shift an officer may be involved with investigating a fatal accident and also involved in a deadly force incident within hours of each other. Even if the two incidents are separated by a day or even a week, the cumulative effect on the officer is the same.

The third psychological risk marker associated with PTSD development is an individual’s style of coping with stress. Some people refuse to acknowledge psychological stress and only focus on physical manifestations. This is considered a ruminative coping style. This style increases the symptoms of PTSD (Nolen-Hoeksema, 2001). Another method of coping is

dissociation, or a detachment from the trauma and from ongoing stressors. People who dissociate shortly after a critical incident are at increased risk for PTSD. Inability to make sense of a critical incident also increases the risk for PTSD. On the other hand, people who understand and can “make sense” of the critical incident are less likely to develop PTSD. An extension of this risk factor that is often seen in males and may directly apply to law enforcement officers is the “machismo” associated with the job. The “Commandments of Masculinity” demand:

1. He shall not cry.
2. He shall not display weakness.
3. He shall not need affection or gentleness or warmth.
4. He shall comfort but not desire comforting.
5. He shall be needed but not need.
6. He shall touch but not be touched.
7. He shall be steel not flesh.
8. He shall be inviolate in his manhood.
9. He shall stand alone.

(Horn, 1991).

Law enforcement officers, both men and women, that follow these commandments are headed into a black hole. In fact, it can be a fatal mistake not to respond and reach out for or accept help when it is needed.

Finally, there are biological factors that may influence the development of this disorder. Sufferers of PTSD show increased levels of neurotransmitters, hormones, and overall activity in those areas of the brain associated with the stress response. Patients exposed to combat videos showed increased blood flow in the anterior cingulate gyrus and the amygdala; both of these

areas are believed to play a role in emotion and memory (Nolen-Hoeksema, 2001). Additional support for a biological influence associated with PTSD is genetic evidence that has shown that identical twins show a higher incidence rate for PTSD development than fraternal twins.

Treatment for PTSD usually involves a process by which sufferers are made to “face their fear,” challenge their distorted beliefs, and develop stress management skills. For example, systematic desensitization is a treatment that uses memories of a particular critical incident in an attempt to dispel irrational thoughts of the incident. In other words, the patient is asked to talk about the incident while a therapist/counselor watches for signs of anxiety. When the anxiety manifests itself, the therapist has the patient identify the symptoms and work through the problem. Stress-management may also be used to treat PTSD. With the removal of other stressors (i.e. financial, marital), the symptoms of PTSD are reduced. Therapy along with thought-stopping techniques, basically a distraction exercise, may reduce the symptoms of PTSD. Sometimes drug therapies such as anti-anxiety agents like valium are used. These drugs are especially helpful with sleep disturbances, nightmares, and irritability (Nolen-Hoeksema, 2001).

Depression. With regard to psychological health, PTSD and other stress disorders are categorized within the spectrum of anxiety disorders. Another common psychological disorder for law enforcement officers is depression. The incidence of depression in law enforcement officers is almost twice that of the general population (12% vs 6.8%) (Hartley, 2011). The triggers for incidence of depression are similar to those associated with anxiety disorders including exposure to traumatic events and disruption in the core belief system. Likewise, symptoms of depression can include loss of interest and subsequent non-participation in activities that were previously considered pleasurable and avoidance of relationships or

environments that may trigger feelings of sadness. Physical manifestations that occur in depressed patients are similar to those in anxiety disorders as well and include sleep disturbance, headache, and muscular aches and pains. In the extreme depression may progress to thoughts and actions of self-harm up to and including suicide.

Suicide kills more officers per year than shootings and traffic accidents combined (O'Hara, 2017). The National Alliance on Mental Illness provides this data to represent the impact of suicide on the law enforcement workforce. "[Nearly 1 in 4 police officers](#) has thoughts of suicide at some point in their life. The suicide rate for police officers is [four times higher than the rate for firefighters](#). In the smallest departments, the suicide rate for officers [increases to almost four times](#) the national average. More police die by suicide than in the line of duty. In 2017 there were an [estimated 140 law enforcement suicides](#)." The rate of suicide is eight times higher for those in active duty as compared to officers who resigned or retired (Roufa, Aug 2018).

As recently as mid-2018, a Jacksonville Police Officer committed suicide inside the police department. Were there signs that indicated this officer was at risk? According to a press release from the department - yes. The Department was aware of on-going personal issues with the officer and that he had been seeking help. Did they have a process in place to deal with the wellness of their officers? If they did, it was likely in the form of a City-Wide Employee Assistance Program (EAP). Years of experience in this profession and an education dedicated to understanding mental illness allows me to say with a high degree of certainty that they were not doing enough. Once a person has made the decision to harm themselves, it's probably going to happen. However, in identifying a person that is starting to have those thoughts, opportunity can be created to divert them from that deadly path.

Treatment for depression mirrors approaches to manage anxiety disorders including behavioral therapy, physical wellness, and sometimes accompanying medication therapy with agents such as the commonly used selective serotonin reuptake inhibitors (SSRIs). It is common that anxiety and depression disorders occur in combination, so concurrent treatment strategies to treat these disorders are often used. It is also important to recognize that many individuals with anxiety or depression will engage in strategies to self-treat (intentional or unintentional) through available modalities such as alcohol consumption or substance abuse. This practice creates a critical spiral of activity that may worsen the underlying disorder and often leads to another underlying disease process of addictive behavior that must be addressed as well.

Physical Health

Thus far, this paper has been about the psychological impact that officers deal with throughout their career. Physical health disparities in officers is also well documented. Officers are more likely to have metabolic syndrome (defined by 3 or more of the following: high blood pressure, reduced high density lipoprotein cholesterol, abdominal obesity, glucose intolerance or high triglycerides), and possible stroke (25%) as compared to 18.7% of the general population. Obesity is more prevalent in officers (40%) as compared to 32% of the general public. Officers have higher rates of cancer following 30 years of service.

Law enforcement officers are shown to have some of the worst cardiovascular health profiles of any profession. This includes more common cardiovascular risk factors such as high total serum cholesterol, high blood pressure, and metabolic syndrome). Various studies have concluded that when compared with other professions, police officers are at increased risk for stress-related physical illnesses including heart disease, chronic pain, and insomnia (Alkus, 1983). Officers also have higher rates of developed cardiovascular disease such as heart attack

and experience on-duty CVD events (Hartley, 2011). The incidence of obesity and high cholesterol is most likely attributed to long periods of inactivity while on duty and high rates of fatigue that impair officers' ability to participate in exercise or physical activity outside of work. In addition, poor dietary choices to support physical health are common as officers often select fast-food options that are readily available but high in fat and sugar.

This predisposition to a sedentary lifestyle and poor dietary choices coupled with incidents on the job that demand bursts of high energy and strength such as physically subduing a combative subject or chasing a fleeing violator lead to common work-related injury – most commonly strains, sprains, and tears (Bureau of Labor Statistics, 2018). Physical injury or disease often results in missed work days and lost productivity as well as utilization of employer-supported health benefits which increases overall departmental cost expenditure. These physical impairments may be treated by surgery, physical therapy, and often chronic medication therapy. As previously mentioned, existing physical impairment or disease is often associated with concurrent anxiety or depression because of the impact to overall quality of life.

Dietary factors. The first step in addressing an improvement in physical wellness is dietary evaluation. A well-balanced diet that focuses on feeding the body fuel vs. filling the body with junk is paramount. Diet is the foundation on which physical wellness is built. According to the CrossFit Training Guide, “Eat a diet of meat and vegetables, nuts and seeds, some fruit, little starch, and no sugar.” (Glassman, 2018) Dietary choices that ascribe to the characteristics of the Mediterranean diet have been shown to decrease cardiovascular and metabolic risk factors with or without weight loss (Bradford, 2015). Food choices in this simple plan support metabolic processes with reduced insulin demand and enhance digestion and muscular utilization of glucose which improves avoidance of chronic disease development.

CrossFit Training principles also state, “Medicine has no effective treatment for chronic disease.” (Glassman, 2018) Medicine only treats the symptoms of these disease states. It is much easier for a person to ask for a “pill cure” rather than address the true cause of their health problem. Preventative health is focused on dietary and lifestyle behaviors that avoid stimulus of physiologic processes that lead to disease development. Simply reducing the amount of processed sugar one puts into the body can have a dramatic impact on the body. Following simple rules of thumb like: No carbonated drinks, shop the perimeter of the grocery store for food, and real food doesn’t have ingredients can move a person’s dietary health choices in the right direction.

Physical exercise. Once the nutritional foundation to support physical health is in place, the next focus for the physical wellness of the individual is to MOVE. The work can begin to build the individual’s body into the “Three Headed Monster” it was meant to be according to Ben Bergeron (2019). Mr. Bergeron feels that three areas of body performance should be worked equally hard and become equally strong. Conditioning, Strength, and Skills (Gymnastic) are the first areas to be developed. Once these layers are in place, the addition of mobility and mental toughness are developed (Bergeron, 2019).

For general physical exercise, the goal is to increase heartrate for 20-30 minutes at least five days a week. A simple exercise goal of raising the heartrate to 55-85% of maximum heart, roughly estimated as 220 minus age, for 20-30 minutes (Active, 2019) results in noteworthy reduction in chronic disease. These include, but are not limited to, obesity, coronary heart disease, Type 2 Diabetes, stroke, cancer, Alzheimer’s, peripheral artery disease, and drug addiction (Glassman, 2018). Physical exercise generates an outlet for excessive sympathetic nervous system stimulation that results from stress states, and stimulates the release of

neurotransmitters (endorphins) that support a sense of well-being. Research shows that regular exercise is as effective as anti-depressant medications in treating mild to moderate depression (HelpGuide, 2019).

Exercise has also been shown to decrease the symptoms of anxiety and stress. In particular, exercise can be an effective tool to treat the stress response of immobility that characterizes PTSD by concentrating on the physical movements of the body, especially exercises that involve cross movement of the body engaging both the arms and legs. Running, swimming, and weight training are examples (HelpGuide, 2019). Additionally, exercise improves sleep, sharpens memory and thinking, and supports resilience which improves coping in mental and emotional challenges (HelpGuide, 2019). Participation in regular physical exercise has also been documented in numerous studies to decrease levels of self-reported stress indicators as well as decreasing physical markers of the effects of stress on the body including blood pressure, heart rate, and cortisol levels, and exercise has shown to be effective not only in treating psychological disease but in preventing relapse as well (Weir, 2011). Since the likelihood of PTSD or depression development following a critical incident is increased in those with higher underlying levels of stress, it stands to reason that a regular behavior that reduces the effects of daily stress will decrease the likelihood of these problems.

Discussion

Why is the chance for psychological problems such as depression or anxiety disorders like PTSD occurrence in law enforcement officers so high? Through a basic understanding of the role of exposure to critical incidents, contributing factors to the development of anxiety or depression, and treatment for anxiety or depression, the answer to that question may be answered by contemplating the “Police Personality.” Police officers surround themselves in an “image

armor” and view the expression of emotion as a sign of weakness. Police are suspicious by training and/or nature and may find it hard to trust and confide in others, so they isolate their feelings. This leads to negative insulation that, in turn, leads directly to sick leave abuse, aggressive behavior, job loss, and high rates of divorce, suicide, and substance abuse (Kureczka, 2002). Simply stated, this is how they are conditioned. A key tenet to a successful wellness program is open access and an ability to trust the administration of the department to support participation. These often involves policy development and application and education to understand these health issues and needs.

It was mentioned earlier that focusing only on the physical manifestations of stress can increase the likelihood of psychological disorders occurring or worsening as the physical manifestations are symptoms resulting from psychological trauma or impairment. Could a reduction in the daily amount of stress carried by an officer reduce the likelihood of an anxiety or depression diagnosis? Yes. Evidence supports that individuals who regularly participate in exercise report lower incidence of depression than those who are inactive. Likewise, individuals who cease being active are more likely to become depressed than those who maintain exercise (Weir, 2011). Every officer can carry a certain amount of weight on their back. The amount of weight one can carry is dependent on the traits that officer possesses. Everyone can carry/experience a certain amount of stress, but once that load is exceeded problems begin to surface. Does this impact them psychologically? What about physically? Of course, it does.

Consider an analogy. Officer X and Officer Y both have a maximum load capacity of 150 lbs. Officer X regularly supports 110 lbs of weight all day. Officer Y usually supports a 75 lbs burden. Both officers are suddenly forced to carry 60 lbs of additional weight on their backs. Officer X has now exceeded their maximum working weight, and a physical injury results,

whereas Officer Y is still functioning within their maximum capacity and is able to continue working. Cumulative traumatic stress works in the same manner. Every law enforcement officer accepts that stress comes with the job. The issue is often the compounded impact of work-related stress exposures or the impact of personal stressors in combination with work-related stress. Couple the typical stress of the law enforcement work environment with the stressors of daily life – relationship difficulty, financial instability, challenges of raising children or caring for aging parents or other loved ones. Expand the analogy above to consider the “weight” of psychological stress – not physical weight.

Officer X is married and has two children ages 9 and 12. The 12-year-old was diagnosed with juvenile diabetes one month ago and spent several days in the hospital. The family is learning how to take care of the child’s diabetes, but it is complicated and scary to learn so much health information that is so important for your child. Officer X works in the highway patrol and frequently works severe vehicle accidents and encounters individuals possessing illegal substances who may be armed. Officer X and his wife have been experiencing marital problems, but they are going to counseling to try to work things out. Three nights ago at work, Officer X stopped an 18-wheeler and upon search discovered 6 young women in the back of the truck who were victims of human trafficking. Many of the young women had obvious signs of abuse. Officer X spent most of that night interacting with health care providers and support personnel to assist the women. Officer X has not been to work for the past two days and has been drinking much of this time. His wife just called his sergeant to say that she is afraid he is going to hurt himself, but doesn’t want to call 911. With the alcohol he’s consuming, he has also been taking pain medicine that he has for chronic low back pain.

Officer Y works the same shift on highway patrol as Officer X. She is married and has two children ages 8 and 13. She works off-duty frequently to try to provide more financial support for her family because her wife lost her job six months ago. Last month, Officer Y received a call that her father had experienced a stroke. Today is her first day back to work as she has spent the last several weeks caring for her father and arranging round-the-clock support for him that she is coordinating with her wife and her brother who lives in the same town. Officer Y just met her sergeant in the hall, and when asked how everything was going, she burst into tears and is now trying to compose herself in the sergeant's office. She stated that she has a severe headache and thinks she will be fine as soon as she gets it under control.

Psychological manifestations of stress can exhibit as anxiety or depression, lack of concentration, slowed reaction time, restlessness, or irritability (Mayo Clinic, 2019). While physical manifestations of stress are varied, symptoms more commonly associated with psychological stress are poor sleep patterns, headaches, muscle fatigue, and low back pain. Acute and chronic increases in blood pressure, poor immune function, and gastrointestinal problems are also associated with stressful events and environments (Yaribeygi, H et al., 2017).

As mentioned previously when the capacity to cope with stressors is exceeded, the incidence of psychological impairment, whether anxiety or depressive states, often ensues and physical manifestations of these disorders occur. The ripple effect can be seen through the department as other officers are required to carry a heavier load due to excess sick leave, poor job performance, and possibly the loss of an officer. Can you really separate the mental impact of the job from the physical manifestations related to stress? The two are so tightly interwoven that without a mechanism in place to reduce psychological stress, improvement of physical symptoms is unlikely. While counseling may help with the psychological impact of stress,

physical ailments still need to be addressed. Following a pathway that leads to physical wellness may well improve some of the issues stemming from stress as well as supporting a psychological reserve system process. Having personally helped family members and friends work through depression including suicidal ideation issues, I've often heard the Counselor/MD/PhD recommend getting outside and EXERCISING. Once again, we are brought back to the concept of MOVE! Get off the couch, get outside, get with other people and elevate that heart rate.

What better argument can be made for establishing a Departmental Wellness Program than a reduction of health care costs, improvement of the quality of life of its employees, and possible prevention of the loss of an officer? The Wellness Program should address recognition of psychological health disorders and support for access to mental health services and support for physical health wellness.

Reluctance of an officer to ask for help dealing with mental health issues, help understanding proper nutrition or proper exercise programs, and various other issues could be the result of multiple factors: fear, shame, knowing there isn't a process in place to help, or not trusting the current process that is available. Asking for help with health concerns should never been seen as a sign of weakness. It takes an incredible amount courage to step forward with that type of request. Recognizing that personal health issues could be corrected by different self-choice (exercise and diet) can be embarrassing. Poor choices made over a career that have developed into a chronic health condition cannot be solved by "taking a pill." Again, this strategy treats a symptom – not the underlying physiologic process that leads to disease development. Real changes in daily habits must be made, real work must be done.

Many departments have policies in place that deal with vehicle maintenance. If there is an issue with a vehicle, report it to your supervisor. If the brakes are in poor condition, that

vehicle will not be allowed on the street until the problem has been corrected. The seat belts don't work, sideline that unit. Departments would never allow an officer to work in a car that doesn't have the proper safety measures in place. Many agencies make the use of body armor mandatory. What message is being sent to the officers? "The agency wants to make sure your vehicle is in good condition for patrol, and we want to make sure your body is protected from gunshots." This is a great stance for any agency. Extrapolate this recognition to include equal diligence to support the care and maintenance of the psychological and physical wellbeing of the person driving that vehicle and wearing that vest. The results from years of doing the wrong thing can be dramatically changed by several months of training to allow the officer to reset to a new "normal." A paradigm shift must be made.

In my opinion the ball is dropped in two critical areas during the training of new officers. First, officers are taught to never show pain. Pain is weakness. Examples of this idea are self-evident when a new officer is being taught the effects of pepper spray and the proper use of an electronic control device (Taser). In both instances trainees are laughed at and ridiculed for having normal reactions to exposure of either method of control. Trainees that can "gut it out" are admired and set as the standard to emulate. Secondly, physical exertion is used as a form of punishment. Not marching in step? Drop the class and make them do pushups until failure. Failed to answer the question properly? Time for burpees until you can't get up. After being conditioned this way, why are we surprised when a trainee leaves the Academy and never wants to engage in an exercise program? They have been taught that exercise is for when you fail to do the right thing. They have learned to detest physical exertion. While there is a time during training that this approach is beneficial, a course correction to teach the positive benefits of exercise should be the goal. Once you are in shape, it's much easier to maintain that level of

fitness vs. letting yourself go and reaching a point that you must decide on a course-correct to change your lifestyle and get healthy because disease has occurred or is looming.

Support for physical health incorporates both exercise and dietary factors and a wellness program should include both. For physical exercise, a goal of exercising at 55-85% of maximal heart rate for 20-30 minutes five days a week is the target. This is considered a moderate level of exercise. It is important to note that healthy exercise doesn't have to hurt to be effective. In essence, waste the "no pain, no gain" philosophy. A moderate level of exercise as described above means that you breathe heavier than normal, but you are not out of breath. The energy generated by the exercise should make you feel warmer, but you should not be overheated or excessively sweaty. A person exercising at this level should be able to carry on a conversation, but they would be breathing too hard to be able to sing a song. If carving out time is a concern, it is important to note that this can be accomplished in multiple formats – one 30-minute session, two 15-minute sessions, or three 10-minute sessions are all effective. The goal is to reach the target time accumulation for the day (HelpGuide, 2019). If 30 minutes of exercise seems too difficult to achieve, it is important to note that even 15 minutes of activity can improve mood and boost energy, so the key is to just START – wherever that may be.

The pace of society does not lend itself towards the allotment of exercise for an individual. Unplugging from the world and making time for improvement of a person's health is something that takes conscious effort and continued dedication. Long shifts, reduced personnel, and more demands only increase the amount of fatigue an individual carries. This can reduce the "want" for exercise, while inversely increasing the "need" for exercise. Fatigue is a battle that everyone must fight, but it is one of law enforcement's biggest challenges. One of Vince Lombardi's best quotes is, "Fatigue makes cowards of us all." Words to live by when discussing

physical wellness in this profession. An officer that starts a shift exhausted is going to have far less to offer the public than an officer that begins the shift well-rested. A fatigued officer may suffer from slower reaction times and a reduction of proper cognitive processing, allowing a situation to spiral dangerously out of control. The well-rested officer should be able to more quickly recognize dangerous situations and formulate a plan to properly deal with the problem with the least amount of force needed - better end result for the Officer, the Department, and the Public.

In 2018 the Arkansas State Police had a total of \$462,898.17 in Worker's Compensation expenses according to the Worker's Comp Coordinator for the Department. A 20% reduction in this area would total approximately \$92,500.00 in savings. While this amount seems small, it's the approximate amount needed to hire and train one trooper. Information received from the Insurance Coordinator for the Arkansas State Police places the total amount spent on health care claims for 2017 & 2018 at \$24,478,209.47. It is estimated that seventy percent of health issues are the result of chronic disease states. (Glassman, 2018).

Investing in wellness programs saves money with estimates ranging from \$1-\$6 saved for every dollar spent on wellness (Alstynne, 2019; National Council on Strength and Fitness, 2019). Additionally, 41% lower health costs are reported for employees that report high overall well-being as opposed to those who are struggling. This number increases another 21% to 62% lower costs than those who are suffering (Purcell, 2016). Scientific study demonstrates that individual's report improvement in overall sense of wellbeing as soon as five minutes after completing 15 minutes of moderate exercise. Decreases in negative health indicators such as blood pressure and blood sugar can be seen after a few weeks of adjustment to a Mediterranean style diet or as little as 6-8 pounds of weight loss (Bradford, 2015). With a conservative target of

10% of reduction in Arkansas State Police health spend due to chronic disease improvement through participation in a wellness program that supports both psychological and physical health, it can be anticipated that over \$1 million per year could be saved in health care claims. This does not attempt to quantify improvements in productivity secondary to decreased utilization of sick time for daily complaints associated with the physical symptoms of poor psychological or physical health. If this money was channeled back into the Arkansas State Police and used to fund a department run Wellness Program it could have a significant impact on the mental and physical well-being of every officer that chose to participate in the program.

Wellness Program initiatives can range through a variety of financial support structures. Basic initiatives that do not require new salary support can incorporate wellness training and policy development into existing training pathways. Administrative personnel who process departmental requests for leave time, provide direct supervisory support, or provide information for health plan access and questions may be designated and trained to serve as coordinating units to ensure officers in need have information and access to support services that are available. Tenets of this approach are to have clear documentation and access to resources for help available to administrative support personnel in charge of answering questions regarding these needs as well as having clear training and policy in place to support recognition of these needs in the work force and understanding that access to these services should be supported at the same level that referral to a physician for treatment and recovery of a heart attack is addressed.

Other approaches to Wellness Program development may include contracting with an outside service provider through per member participation fees, or alternatively, recruitment and training of staff to provide services in house. This can include in-department counseling services, on-site nutrition education and support, and on-site physical training and support.

Programs across the country are recognizing that the cost of in-house access to services is often quickly exceeded by savings associated with decreased time off work due to absence or leave time to visit providers during normal working hours – aside from health plan cost savings (NAWHC, 2019).

A wellness program can support physical exercise by providing in-house resources for exercise equipment and weight training, personnel to support exercise regimens, and performance expectations standards that encourage regular attention to and adherence to healthy levels of physical activity. Partial support of time to participate in these activities during a regular workday can be considered as well as incentives such as paid leave or reduced health premiums for meeting exercise goals. To support healthy dietary factors, a departmental wellness program can explore improving workplace food choices such as healthy choices in vending machines for snacks and beverages (particular low or no-sugar selections), discounts for healthy meals, and professional support for nutrition therapy from a nutritionist or registered dietician. Incentives for healthy food choices can be considered as well.

Conclusions

The current training staff within the Arkansas State Police has begun to implement a “Healthy Hire, Healthy Retire” philosophy for new hires. Current methodology includes formal and informal instruction to guide new employees to a path that helps them succeed with their Family, with the Department, and in their Retirement. Subtle ideas are introduced to the recruits and these begin to build into a broader approach to their health (mental and physical), their career paths, and ultimately how to begin planning for retirement prior to graduation from Troop School. A holistic approach to these concepts that incorporates both psychological and physical

wellbeing is being taken to improve recruiting for the agency, retaining within the agency, and producing future agency leaders.

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