Mental Illness Stigma Expressed by Police to Police

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ABSTRACT

Objective: This paper describes mental health related stigma expressed by police to police using a newly developed 11-item Police Officer Stigma Scale and reports on the preliminary psychometric properties (factor structure and internal reliability) of this scale.

Method: The scale used an indirect measurement approach adapted from the Perceived Devaluation and Discrimination Scale. Five themes appropriate to police culture were adapted and six additional items were added. Responses were rated on a 5-point agreement scale with an additional don't know option. Data were collected from officers attending a mandatory workshop (90.5% response).

Results: Exploratory factor analysis showed the scale to be unidimensional and internally reliable (Cronbach's alpha was 0.82). The most endorsed items pertained to avoiding disclosure to a supervisor/manager or to a colleague (85% agreement), that most officers would expect discrimination at work (62%), and that most officers would not want a supervisor or manager who had a mental illness (62%).

Conclusions: Findings highlight that (a) Police-to-police mental illness stigma may be a particularly strong feature of police cultures; (b) police should be a focus for targeted anti-stigma interventions; and (c) though further psychometric testing is needed, the Police Office Stigma Scale may provide important insights into the nature and functioning of police-to-police stigma in police cultures in future research.

Law enforcement is widely recognized to be a stressful occupation, making police officers a high-risk group for emotional and mental health problems both as a result of organizational factors as well as the dangers inherent in the job (1, 2). Concerns over equitable treatment in assignments and promotions, malicious and self-protective behavior by supervisors, and other indications of antipathy toward line officers also have been identified as key organizational stressors (1).

Internally stigmatizing police cultures, where police stigmatize each other because of mental health problems, have been identified as playing a significant role in shaping individual reactions to stress. The police role requires officers to exercise a high degree of control, suppress affect, and maintain a cool demeanor. Talking about emotions is typically unacceptable. Officers will avoid seeking professional help because they expect to be ostracized, to have their weapon taken away, or to be passed over for career advancements. They may also fear having a history of psychological problems being made part of their permanent record, being shunned by their fellow officers, and distrusted by those in command (3,4). The Ontario Ombudsman's report (at https://www.ombudsman.on.ca) noted that many officers felt betrayed by their supervisors and alienated from their peers when their operational stress injuries became known. Furthermore, typically there is considerable suspicion that stress leave is simple malingering and abuse of the system. Officers will avoid seeking help or taking time off, fearing that they are committing "career suicide." Because stigma avoidance can prevent officers from obtaining valuable treatments and supports, this aspect of police culture could heighten the risk of psychological injury, poor prognosis, and workplace costs.

This paper grew out of a mandatory one daylong educational workshop provided to police to promote workplace psychological health and safety. Increasing awareness of

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police-to-police stigma as a barrier to help seeking was one of the goals for the day. Even though stigma is believed to be strongly expressed by police to police with mental health problems, and often implicated as one of the main reasons why officers won't seek help for mental and emotional problems (5), studies have typically examined the attitudes of police officers toward people with mental illness in the community (such as (6,7,8)). No studies could be found that empirically examined expressions of stigma by police to police. In order to address this gap, the workshop was used to collect data describing this particular aspect of police stigma. A well-tested measurement approach used to assess cultural levels of stigma in other settings and samples was used to create 11 items to measure stigma expressed by police to police. This paper describes the cultural levels of stigma reported by attendees and provides a preliminary psychometric analysis of survey items to determine if these items could be scaled.

METHODS

All front-line officers attended the one-day mental health workshop conducted in five different sessions. Attendees were surveyed prior to the session. Results were tallied during a small group discussion of anti-stigma strategies and a frequency distribution of items was fed back to attendees for reflection and discussion. Methodologically, it also provided an opportunity to check the face and general content validity of the scale.

Link and Cullen (9) have demonstrated that attitudinal responses toward people with a mental illness are expressed at different levels. At the broadest level, respondents provide answers that are consistent with dominant ideological themes that reflect the most socially appropriate response. When respondents are asked directly about what they think or do, their responses reflect an ideology of acceptance. However, overt expressions often bear little resemblance to more deeply held attitudes that may be shaped by cultural stereotypes that devalue and discriminate against people with a mental illness. These attitudes may be tapped by asking indirect questions, such as how respondents think *most people* would respond. This allows respondents to answer truthfully about the ambient levels of stigma they perceive in the culture without implicating themselves as stigmatizers, or revealing deeply held attitudes and beliefs. The resulting 12-item Perceived Devaluation and Discrimination scale developed by Link (10) uses indirect questioning about respondents' perceptions of the extent to which most people would devalue and discriminate against someone with a mental illness to measure community-level stigma. Responses are rated on a Likert-type agreement scale.

This indirect measurement approach was used for this application to assess ambient levels of stigma expressed by police to police. Five themes (acceptance by others, perceived trustworthiness, employment discrimination, taking opinions less seriously, and treatment as a sign of personal failure) were adapted and made specific to the police culture. For example, instead of "most people would willingly accept someone with a mental illness," the survey asked whether "most police officers would willingly accept a colleague with a mental illness as a partner." An additional six items developed constructs reported in the stigma literature that were deemed to reflect specific aspects of police culture, such as disclosure to a colleague, disclosure to a supervisor/manager, avoiding seeking help, expectations of discrimination at work in promotions, general expectations of discrimination, and not wanting a supervisor with a mental illness. Responses were rated on a 5-point agreement scale with an additional "don't know" option. Instructions stated: "the following questions deal with how you think most police officers (constables) would feel toward another officer with a mental illness." It was noted that personal views may differ. Mental illnesses were described as including a wide range of conditions that are serious enough to interfere with social and occupational functioning and require professional help, such as serious depression, anxiety, stress reactions or substance abuse. In addition to the survey items, respondents were asked how many years they had been on the force. Though detailed demographic data would have been helpful to the psychometric analyses, time constraints did not permit extensive data collection. The lack of detailed demographic data did help to promote feelings of anonymity, given that the data were analyzed on the spot.

The goal of the psychometric analysis was to seek a simple factor structure where all items loaded on a single factor. This study received ethics clearance from the Queen's University and Affiliated Teaching Hospitals Research Ethics Board.

RESULTS

A total of 133 front-line officers (out of 147) completed the survey, representing a 90.5% response rate. Table 1 shows the factor loadings for a single factor using an unrotated principal factor solution, the item-rest correlations and alphas if removed. A single factor model was chosen as

Table 1. *Factor Loadings and Alpha Coefficients for the Survey Items.*

Survey Item	Factor Loading	Item-Rest Correlation	Alpha if Removed
Most police officers would not disclose to a supervisor/manager if they were experiencing a mental illness.	.52	.44	.81
Most police officers would not disclose to a colleague if they were experiencing a mental illness.	.59	.42	.81
Most police officers would expect to be discriminated against at work if they disclosed that they were experiencing a mental illness.	.65	.58	.79
Most police officers would not want a supervisor/manager who had a mental illness.	.57	.54	.80
Most police officers think that being treated for a mental illness is a sign of personal failure.	.49	.43	.81
Most police supervisors/managers would not consider an application for promotion from an officer who has had a mental illness.	.48	.41	.81
Most police officers would not seek professional help if they were experiencing a mental illness.	.40	.35	.81
Most officers would not willingly accept a colleague with a mental illness as a partner.	.67	.57	.79
Most police officers would think less of a colleague who has had a mental illness.	.65	.55	.79
Once they know a colleague has had a mental illness, most police officers would take their opinions less seriously.	.59	.52	.80
Most police officers believe that a colleague who has had a mental illness is not trustworthy.	.56	.51	.80

the best fitting. Alphas were calculated for respondents with at least nine completed items out of 11. The factor loadings supported a single factor solution and loaded well (0.5 or above) in all cases but one. A two-factor model (not shown) showed an unstable factor solution with a number of negative factor loadings on the second factor and an uninterpretable pattern. Item-rest correlations for a single factor solution were all above 0.4 indicating good intercorrelations. Finally, the alphas if removed were all strong and well above the 0.7 threshold. The scale score ranged from 15 to 51 in this sample with a mean of 28.4, a standard deviation of 6.5 (median of 27 and interquartile range of 23 to 33), and an alpha of 0.82. The stigma scale score was not correlated to the number of years an officer had been on the force (Pearson's r = .01).

Table 2 shows the descriptive results for each survey item in the order of the frequency with which officers strongly agreed or agreed with the item. The most endorsed items pertained to avoiding disclosure to a supervisor/manager or to a colleague, with 85% agreement for each item. Sixty-two percent agreed that most officers would expect discrimination at work and the same proportion agreed that they would not want a supervisor or manager who had a mental illness. The majority (59.4%) also agreed that police officers think that being treated for a mental illness is a sign of personal failure. Just over half of the sample agreed that a manager would not consider an application for promotion from an officer with a mental illness (54.9%); that most police officers would not accept professional help if they were experiencing a mental illness (54.2%); and that most would not willingly accept a colleague with a mental illness as a partner (52.6%). The least endorsed items pertained to various forms of devaluation such as someone would be thought less of (45.2%), that their opinions would be taken less seriously (33.9%), or that someone would be considered untrustworthy (29.3%).

DISCUSSION

This paper presents the results of a stigma survey of 133 police officers enrolled in a mandatory one-day workshop focusing on psychological health in the workplace (90.5% response). The Police Officer Stigma Scale, constructed for this purpose was based on the approach used in Link's (10) Perceived Devaluation and Discrimination Scale to measure cultural levels of stigma by asking respondents to report on what "most officers" would think or do. This technique has been used to assess ambient or cultural levels of stigma at a community or group (rather than personal stigma) without invoking social desirability responses that can emerge when people are asked to declare their personal biases or prejudices. Link and colleagues (9) conceptualized stigmatizing responses toward people with a mental illness along four levels: the ideological level (or level at which social desirability responses are reported), the level at which attitudes are expressed (what people will tell us if we ask them), the level at which they are acted upon (the attitudes, rarely expressed in surveys, that influence behaviors), and the deep level (attitudes that are unobtrusively embedded in our culture). By asking respondents what they think "most people" believe, it is possible to tap deep, culturally held attitudes. Link (10) showed that deep cultural attitudes were invariant to one's group membership (psychiatric

Table 2. *Descriptive Results of the Police Officer Stigma Scale – Percents (n)*

Survey Item (exact wording)	SA	A	N	D	SD	DN
Most police officers would not disclose to a supervisor/manager if they were experiencing a mental illness.	35.3% (47)	49.6% (66)	8.3% (11)	5.3% (7)	--	1.5% (2)
Most police officers would not disclose to a colleague if they were experiencing a mental illness.	28.6% (38)	56.4% (75)	5.3% (7)	8.3% (11)	<1% (1)	<1% (1)
Most police officers would expect to be discriminated against at work if they disclosed that they were experiencing a mental illness.	11.3% (15)	51.1% (68)	20.3% (27)	15.8% (21)	--	1.5% (2)
Most police officers would not want a supervisor/manager who had a mental illness.	15.0% (20)	47.4% (63)	18.8% (25)	16.5% (22)	1.5% (2)	<1% (1)
Most police officers think that being treated for a mental illness is a sign of personal failure.	13.5% (18)	45.9% (61)	17.3% (23)	20.3% (27)	2.3% (3)	<1% (1)
Most police supervisors/managers would not consider an application for promotion from an officer who has had a mental illness.	12.0% (16)	42.9% (57)	13.5% (18)	21.1% (28)	6.8% (9)	3.8% (5)
Most police officers would not seek professional help if they were experiencing a mental illness.	9.8% (13)	44.4% (59)	21.1% (28)	19.6% (26)	3.0% (4)	2.3% (3)
Most officers would not willingly accept a colleague with a mental illness as a partner.	6.0% (8)	46.6% (62)	19.6% (26)	20.3% (27)	6.0% (8)	1.5% (2)
Most police officers would think less of a colleague who has had a mental illness.	5.3% (7)	39.9% (53)	17.3% (23)	28.8% (38)	7.5% (10)	1.5% (2)
Once they know a colleague has had a mental illness, most police officers would take their opinions less seriously.	2.3% (3)	31.6% (42)	24.8% (33)	38.4% (51)	3.0% (4)	--
Most police officers believe that a colleague who has had a mental illness is not trustworthy.	1.5% (2)	27.8% (37)	17.3% (23)	41.4% (55)	9.8% (13)	2.3% (3)

Notes: SA = Strongly Agree; A = Agree; N=Neutral; D=Disagree; SD = Strongly Disagree; DN=Don't Know

patients experiencing their first treatment contact, current psychiatric patients with multiple treatment contacts, community residents who reported having had, but were not currently in treatment, community residents who were untreated, and community residence with no evidence of pathology or history of treatment). Members of each of these groups were capable of reporting on the attitudes that were embedded at the cultural level, whether or not they shared these views. In our data, the lack of correlation between the aggregated scale score and officers' years on the force is consistent with these findings. These results suggest that the Police Officer Stigma Scale may be used to quantify the level of police-to-police stigma in police cultures, though further research is necessary to fully test the scale's psychometric properties.

A second contribution of this work is that it provides the first quantitative evidence depicting expressions of police-to-police mental illness related stigma. Items that had the highest endorsement pertained to behaviors such as disclosure of a mental illness to a supervisor or colleague or the expectation that someone who had a mental illness would be discriminated against at work. Results also showed that respondents considered that most officers would not seek professional help for a mental illness and would consider treatment as a sign of personal failure. While an important strength of this study was the high response rate, it is not known whether it is possible to generalize the high prevalence of stigma found in this research to other police forces. However, the results support qualitative findings in this area (4). For example, the Ontario Ombudsman (at https://www.ombudsman.on.ca) investigated the issue of operational stress injuries among police (through 191 interviews with police and other stakeholders) and reported that the stigma surrounding mental illnesses was acute and prevented members from coming forward to seek help. Officers with operational stress injuries reported being isolated, ridiculed, and ostracized by their peers; and devalued and unsupported by management. The report further described deep-rooted stigma associated with officers seeking help for emotional problems.

Increasing awareness of police stress has resulted in a number of efforts to enhance stress prevention and mental health services available to officers. However, strategies directed toward individual officers will fail to address the cultural stressors that are the major determinants of stress reactions (5). A supportive work environment is protective against stress reactions, burnout, and other mental health problems. Cohesion among workers, good relationships between supervisors and staff, strong leadership, and role clarity all can mitigate the effects of occupational stressors and injuries. In addition, addressing

the potentially punitive culture of police organizations is necessary to prevent the stigmatization of injured and recovering workers and promote mental wellness (11).

Results from this study support the importance of including anti-stigma training as a means of creating a supportive work environment, improving the psychological health and wellness of police officers, and promoting help seeking. Championed by the Mental Health Commission of Canada, the National Standards Association of Canada has developed a voluntary standard — the first of its kind — designed to change organizational cultures to improve psychological safety in the workplace (see http://www.mentalhealthcommission.ca). The Standard is a set of guidelines, tools and resources to help organizations promote employee mental health and prevent psychological harm. Though full quantitative evaluation has yet to be completed (one is underway), there has been considerable uptake in organizations of all sizes and in various sectors. The guidelines are general and deemed to be appropriate for any organization, including police services. Preliminary results from a case study project reveals that implementing the Standard can build healthier and more productive workplaces across a range of organizational settings. Though no studies have directed anti-stigma interventions to address police-to-police stigma, results from studies that have directed anti-stigma interventions to police officers to assist them in managing people with a mental illness in the community show that even brief interventions can improve negative attitudes and leave police feeling more confident to support individuals with a mental illness (8, 12); however, more comprehensive interventions are recommended (13). There is no reason that the principles and practices used in these interventions could not be applied to help reduce stigma expressed by police to police. The review conducted by Coleman and Cotton (13) shows a wide variety of programs targeting police that typically include information on the signs and symptoms of major mental illnesses, indications for the presence of substance abuse, assessment of suicidal intent, behavioral management strategies including de-escalation techniques, applications of mental health legislation, and access to services. In addition, they recommend anti-stigma education to challenge the attitudinal barriers that may lead to discriminatory action; and promote ethical decision-making, human rights protection, and social responsibility. One such course that targets police attitudes toward mental illnesses is the Road to Mental Readiness Program (R2MR) originally developed in the Canadian Military but adapted by the Mental Health Commission of Canada for police and first responders to reduce stigma and promote mental health and resiliency. This program has been adopted by over 60 police forces across Canada, with over 17,000 police officers currently trained. Preliminary evaluation shows that participants report less stigmatizing attitudes and higher resiliency skills immediately following the program, though the long-term effects are unclear. Their impression of the program was positive, and they report greater comfort and ability to address mental health issues in the workplace (Personal Communication, Mental Health Commission of Canada, 2016).

The findings from this study also suggest that it will be important to include peer assistance programs as part of the services available to officers, as they are highly reticent to approach professional supports. After a number of suicides in the New York Police Department, for example, a confidential, peer based assistance program was implemented to help officers overcome the cultural barriers to seeking professional assistance. Peers were trained volunteer New York Police Department officers. The program offered face-to-face meetings (which took place outside of departmental facilities with no records kept), a 24-hour help line, and a referral to professional assistance. In the first year (1995), there were 250 calls to the help line, increasing to 1,200 by 2001. The proportion of callers who accepted referral for professional assistance has increased from 30% to 45%. This program has helped a growing number of police officers overcome stigma and view mental health problems as a normal consequence of a demanding occupation. Peers are valued supports because they have a greater familiarity with the unique demands of police work, have experienced mental health difficulties, managed the associated stigma, and work with offers on a confidential and equal footing (14).

This is the first attempt to measure police-to-police stigma. While a strength of the study was the high response rate, an important limitation was the lack of additional measures that could be used to assess construct validity and the lack of demographic information. Confirmatory factor analysis in another police sample is also necessary to further test the psychometric properties of the Police Officer Stigma Scale; however, these must remain goals of future research. Despite these limitations, this survey highlights the facts that (a) police officers work in a culture that is highly stigmatizing toward colleagues' mental illnesses (b) stigma is a key barrier to a creating a healthy workplace for police officers, and (c) anti-stigma

programs focusing on police are needed. Effective anti-stigma interventions targeting police cultures may also have the spillover effect of improving officers' decision making when encountering people with mental or emotional problems in the community, but this must also remain a topic for future research.

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