



Executives and Mental Health

- Speaker 1: You are listening to a SAFLEO Sessions Podcast, a production of the National Suicide Awareness for Law Enforcement Officers Program. The SAFLEO Program is funded through grants from the Bureau of Justice Assistance, BJA, Office of Justice Programs, U.S. Department of Justice. The points of view and opinions expressed in this podcast are those of the podcast authors and do not necessarily represent the official positions or policies of the U.S. Department of Justice. Here's your host.
- John B.: Hi, I'm John Bouthillette, a lead instructor with the National Suicide Awareness for Law Enforcement Officers Program. Joining me today is Dr. Olivia Johnson, who is the program advisor and lead instructor with the SAFLEO Program. Olivia, how are we doing today?
- Olivia J.: I'm excellent, John, how are you?
- John B.: Good. Thanks for joining me. I want to have a really candid conversation about the role of police leadership and officer mental health, okay? And I think that discussion needs to happen more across the country. I know you and I have talked about this many times, so we're going to do that today. So, I'm going to throw this out there as a retired chief—I've been there, I've done this, but I am going to say that every single police executive out there has a responsibility to the health and safety of their officers. Do you agree with that?
- Olivia J.: I agree with that 100 percent.
- John B.: Shall we talk about that more? Let's kind of lean toward the wellness side—the mental health and physical health side. What does that look like based on what we've done already with the SAFLEO Program? Based on your work in the field, what does that look like? An organization that actually does that, carries that mission now.
- Olivia J.: Sure. So, we can see that every day when we talk about training and education, but what are the issues that we're addressing in the training and education? So, if we break that down a little bit more, what are we providing to the officers that they can use and learn from, right? So,

let's look at some things that we can talk about. So, we have things like peer support, right? An informal or formal within the agency—we have specific resources such as the employee assistance program, and then additional resources on top of that, that the officers may have at their disposal, but they must know about and just different things that the agency is doing to make sure that they're safe, right? So, we provide pieces of equipment because there's a need for it. So, we need to make sure that we're looking at all areas of health and wellness, which is an encompassing safety as well.

John B.: Yeah. And I think we talk about this. The big thing that I always see is you have to have a plan. There has to be a structure to this. This can't be happenstance. A lot of organizations have—like we have an EAP over here. We have a peer support over here. There's no structure, there's no intertwining of the concept of safety and wellness. And there's something you said that really caught my attention is the fact that when we talk about the tactical side of the house, the police organization, we're talking about risk mitigation, right?

Olivia J.: Correct.

John B.: We're covering occupational hazards that we face on the job every single day. We know what the leading killers of law enforcement officers are. It's the felonious assault, it's the motor vehicle accidents, it's heart attacks, which are a big issue, or illnesses associated what we do as a job, those comorbidities, a big word in today's environment.

Olivia J.: Right.

John B.: All right, those things that causes the death. And of course, then there's suicide. So when we look at that, we spend a lot of time on risk mitigation, risk management for the three I mentioned first, which is the assaults, which is the health, and which is the vehicle accidents, but we're not doing such a good job in risk mitigation with the concept of suicide, or watching our mental wellness, or you'd say are we.

Olivia J.: Correct. No, we're not. And part of the reason is because it is such a huge and dynamic phenomenon that we want to try to hit it if we can from all sides, right? Because suicide, as we've talked about before, is an outcome, and just as a divorce, a job loss—those are outcomes of certain things happening and leading up to that. So, the importance of not just having, let's say an EAP over here, as you said, and maybe a peer support over here, and nothing's meshing, nothing is intertwined—you need to have a dynamic group of resources that somehow will overlap so that nobody's falling through the cracks. And that's kind of

the concept here is we want to make sure that you're addressing all of these things because not one thing works for everybody. And then when you have them all together and they're working in such a way that they do bring about that dynamic effect—you're not losing people in the process.

John B.: It's interesting. I read an article recently—is the idea that this should be part of the process, that every agency should have the philosophy of officer safety and wellness, including physical wellness and emotional and mental wellness. It's almost like a virus—you have to insert it and it has to spread, right? It has to spread. You have to have buy-in from all levels of the organization. So, today we're specifically talking to that police executive because there's a lot of them out there and you know and I know are just like, "I don't know where to go. I get it, I understand it, but how do I get there?" What makes this even more difficult problem—again, the concept of emotional, mental wellness is—we have the risk factors associated with the job stuff that we just talked about.

Olivia J.: Right.

John B.: But we have personal issues that we bring to the job every single day—you cannot separate the two. We've had this conversation many times. You can't separate the two, they wash over each other.

Olivia J.: Correct.

John B.: So, now we have the risk mitigation issues that we deal with the job, but then this job has a major impact on you personally, doesn't it?

Olivia J.: Oh, sure it does. And you know how we deal with that on the flip side—we deal with it whether it's an occupational issue or personal issue. So, if I go home every night and I deal with my stress by drinking all night until I literally pass out and that is my only coping mechanism, I'm going to use that whenever I'm stressed out. So, we have to address those things that we know are occupationally there: the trauma, the stress, the crisis—situations that we're dealing with and the aftereffects that we have, because if we don't, they start showing up in our personal lives as well on top of those issues we already have, right? I mean, it never stops.

John B.: The word coping mechanism—to me, that was a new word in the last five years. My 26 years, almost 27 years in law enforcement, you called the major coping mechanism existed in the world of law enforcement alcohol, okay? And that was such a perfect solution—not even close.

And we've learned from that hopefully that that's not the answer, but the thing we have to do from the leadership role, the executive role is we have to point them in direction to those positive coping mechanisms, to give them options, train them, enlighten them, provide them with the resources for positive coping mechanisms. That's what we're talking about today, right? That's how we have to get the outcome.

Olivia J.: Correct. Correct. And with that being one of the leading ones, one of the things I will say is—we go to all these conferences, and I'll be honest, I can be done speaking at the end of the day and someone may come in and say, "Hey, I just want to let you guys know there's a hospitality room upstairs—all the free drinks you want." It's that kind of leadership that we really need to take a close look at because we are perpetuating what we don't want in our agencies. So, being really open and being mindful about how we talk about those things that could turn into a really bad outcome for some people.

John B.: Okay. And let's look at how these two work against each other. We have the stressors of the job, and then we have the personal life. And we see how we bring home those stressors—it comes with us; we can't take them off. When the uniform comes off, the stressors don't come off with it. So, we bring those stressors home, and that creates issues in our relationships that we have with our family members and those people close to us, doesn't it?

Olivia J.: Yeah. They pick up on it. I mean, whether we say anything, it's just usually how we act, our body language—they kind of take on some of that responsibility, thinking they'd done something wrong, and that's where it starts. That's where it starts.

John B.: It all begins there, and then it goes downhill. And a lot of people confuse that relationship issue with domestic abuse issues. When we're talking, those are two different topics.

Olivia J.: Correct. Correct. I mean, every family and every relationship, partnership, marriage, whatever—they have issues and they can usually be resolved in a very professional way, if we want to say it that way, without issues coming out, without the cops being called, without people getting hurt, violence, that type of thing. So, they're definitely two different issues. A lot of times though, I think that we don't prepare as an agency going into a career like this. We don't prepare families for what they're actually going to face. We tell them, "Your significant other is going to have these issues. They're going to see bad things." But the truth is—is that they're not explaining to them what's going to

change with them physiologically and physically and emotionally and how they're going to act in your family and why that may cause issues.

The two things that we look at when we talk about completed suicide—two of the main issues we notice out of completed suicides are alcohol issues, right? Substance abuse and relationship issues, pending divorce, pending breakup, or the perception that something isn't going right and there's going to be a breakup soon. They're very common. So, it's obviously an issue here. I mean, when over 50 percent of marriages anyway are ending in divorce, and we know that sometimes police marriages, they're right up there. We're doing something wrong here, and we need to address it and look at it.

John B.: And what we want to explain to the executives about officers is the fact that realistically, when it comes to these issues, there's going to be a change in behavior.

Olivia J.: Correct.

John B.: And we start going to where we talk about suicide being an outcome. When we start heading in that direction, that negative direction, there are indicators. And that's something that executives have to understand. It'd be nice if every cop had a check engine light, right?

Olivia J.: Right.

John B.: A little red light would come on and say, "We've got to take care of that," that preventative the maintenance time, but they don't. But there are ways that their agency can train to identify early on changes in behaviors.

Olivia J.: Correct.

John B.: That they can hopefully get ahold of, before this goes on to that slippery slope, right?

Olivia J.: Correct. And I mean, that is—instead of being your own mechanic, it's everyone around you is being the detective, and they're picking up on those things that don't look right. And it may have to do with the substance abuse. Maybe there's a change in behavior because of an increase of a use of a substance. So, maybe you're coming in late. Maybe you look like you slept in your uniform. You pick up on the little things that weren't there yesterday, and it's not to say that that means that there's going to be a huge issue, but you start looking for that change. And sometimes it's small, and it can be something just, "You

don't talk today when you come in, where every day you had a joke." And it really is empowering everybody around to pick up on some of those cues, for sure.

John B.: And it's your responsibility. I think you grabbed it—it's a team sport, it's the entire organization has responsibility to each other.

Olivia J.: Correct.

John B.: Blue line, right? That thin blue line has a responsibility for taking care of each other. We talked once before about the fear, okay? That we are in a culture where fear means "I can't raise my hand and say, I'm broken because therefore I am going to lose my job." But how do we get past that? From an executive standpoint, how do we get past having our officers afraid to ask for help?

Olivia J.: Well, afraid to ask for help is one thing, and being afraid to say someone else needs help is the other part of that coin, right?

John B.: You're right.

Olivia J.: We don't want to be the bad guy because when anything goes wrong, guess who they're coming to? The person that said it. So, we have got to lead by example. We've got to have outlets for officers to use. If you have resources, don't make them a secret. Don't wait for somebody to come up and say, "Hey, John, I'm really having a bad day here. I think I need some resources." It doesn't work like that. Give them the resources, make sure their families have them readily accessible. Explain to them everything you have available in your agency and how it works.

I can't tell you how many people will call me and say, "I have an EAP, but I don't know if it has A, B, and C." "Well, pick up the phone and call them." "Well, I'm scared. What if they know my—?" Then they get a little paranoid about it. Tell them what you have as resources. Explain to them how it works. Walk them through, make the call in front of them to the suicide hotline and say, "I just want to find out how this process works." They're not going to do anything if you just tell them who you are, where you work, and that you just want to walk through the process for your men and women and walk through some of those things. That helps reduce the fear as well, and it enlightens the administrator on what's really going on and how these things work.

John B.: You have to make it part of the overall process. And they have to understand that we're one of those professions where we get so afraid if

we say we're having an emotional issue or mental health issue—it's a career ender. There's very few out there that has such a consequence to that. But we have to understand that we are human. The bad part would be if we didn't feel things, if we didn't have emotions.

Olivia J.: Right.

John B.: So, let's be realistic. We're human. We're going to have emotions, and we should put those things in place from the executive level that can help me get through those hard times. It's not 24/7—this is like a bio rhythm. It's up and down, up and down, up and down. But we have to have those things in place and ask to be multilayered. I think we've talked about it as well because one size does not fit all, does it?

Olivia J.: Correct. No, it doesn't. And we know that research shows that someone in crisis—if we can get them through that crisis moment onto the other side without a bad outcome, the chances of them ever being in that position again, of thinking about taking their life or being overly suicidal, may pass and may never come back again. So, it really is about kind of grabbing the bull by the horns, so to speak, and to really understand what we have available, how it works, and taking that to the next level and saying, "Listen, as an executive, I should expect that you are going to have some kind of issue in your career—whether it be job related or personal and numerous times, because that's life."

Look, I could be sitting on cloud nine today—I got a house, my bills are paid, I've got a job, but guess what? Something happens tomorrow, and it upsets that cart, right? So, now all of a sudden, my emotions are all over the place and it doesn't take long before that becomes a cycle of issues that quickly starts piling up on me like stress. And guess what? I'm not dealing with it appropriately. I don't want to share right now what's going on. So, guess what? I'm just going to go start drinking tonight because that'll make me feel better right now. So, we have to really be careful that it can take something just very simple to upset the balance in your life and whether it's a real, perceived, or whatever, it can upset that basket and you can be sitting here spinning out of control and no one is aware.

John B.: Or no one's doing anything about it.

Olivia J.: Correct.

John B.: There are people that are aware of it and just choose to ignore it because a lot of times, "It's not my problem, it's your problem."

Olivia J.: Right.

John B.: And an interesting thing about law enforcement is that we're a team sport, right? That we go out there in teams, and we had these conversations, Olivia. And if you and I worked together, I'd be telling you a thousand times, "I've got your back." In fact, I'd take a bullet for you, that's it, right? That's—I'm going to lay my life down and make sure you go home. So, I'm willing to die for you, but that's on the job. The minute you start having that crisis—

Olivia J.: Right.

John B.: Something in that dynamic changes. It's like, "That's not in my contract with you. I'm only supposed to take care of you if you're being fired out or beaten up."

Olivia J.: Right. And part of that, again, is the fear, right? Because they don't know what to do. And they're afraid that they may say the wrong thing. And I will tell you, speaking from personal experience, I have a friend who was actually injured in the line of duty. He was shot in the face, and we would talk about certain things and he would explain to me that people didn't want to say the wrong thing in front of him. So, they stopped coming around. But when you empower people, right? With the knowledge, and with the resources, and peer support, and how it works, and who you can go to, and that type of thing—when you empower people, they're more willing to go out there and talk to somebody that's in crisis, knowing what they should/shouldn't say, and who they should literally transfer them to in a professional way so that it takes the stress off of them, and then they feel more comfortable doing that. Like when we talk about negotiators and stuff—they go to special training for that.

John B.: Yes.

Olivia J.: They may have a gift, but they go to training for that. So, you learn that, and when you do that, it empowers you, so you feel more apt that you're going to make the right decision when you move forward.

John B.: So, let's talk about that responsibility agency again. Agencies should take it upon themselves to be responsible and accountable to train their officers—not to be Ph.D.s., we don't need them to be—

Olivia J.: Correct.

John B.: —Ph.Ds., but to understand the signs, early signs that just, there's some behavior change, even if it just means that they go to the officer themselves and say, "Hey, what's going on?" Or what the steps are to bring it up and up and up and up, especially an officer in crisis. So, I'm a firm believer that the agency has a responsibility to every member in uniform, and even not in uniform, to give them the skill set that they need to perform well. That's why we go to the range, right? To be more proficient with the firearm.

Olivia J.: Right.

John B.: We do defensive training to be more proficient if we have to deal with a person who wants to assault us, but when it comes to mental health and suicide prevention—

Olivia J.: Well, we hire people and we want them—when they go out into the community, whether they are on or off duty, they are a representation of your agency.

John B.: Yes.

Olivia J.: And it's not if they have a mental health issue, they're representing us bad—that's not it at all. We don't want them to go out on the job and have issues or use excessive force or do things they're not supposed to do because they're dealing with this issue and they have no outlet for it. So, it is our responsibility to make sure that we're taking care of these men and women. I mean, that's the least we can do for their service, number one. They are part of our community, and they're representation of our agency. So, we do need to make sure that they're well in every aspect. It's like getting a new car and doing your oil changes, but never putting new tires on until they literally fall off your vehicle. It's the same concept.

John B.: And it's much harder to bring that vehicle back online—

Olivia J.: Correct.

John B.: Because of the additional damage to the collateral damage that happens when the wheels fall off.

Olivia J.: Exactly.

John B.: And that is a big issue, that's a huge issue. And again, in that crisis discussions—they have to happen. I mean, you have to identify when people are in need of help, and you have to be there and support them.

And I think that's a big piece of what the leadership has to do in any organization. I don't care if you're 13,000 strong or 13 strong, there're ways of doing it in every single level of agency size all across the country, and it's important that we talk about that. Now, I think there's a big misnomer too when we start talking about that mental wellness piece. There's a big difference between if we walk up to somebody and say, "Hey, do me a favor, why don't you go talk to somebody? Let's do a little bit of a mental wellness checkup. Okay, go please, here's our resources," versus a fitness for duty examination, right? Two different things—in law enforcement, we think it is one and the same, right? Let's talk about that for a second. What's the difference between the two?

Olivia J.:

Well, the fitness for duty—when we talk about that, something is there. Someone has noticed. It has been brought to the attention to someone that we may need to get a check here because something is not quite right, and we want to make sure that you are able to go on the street, do your job, and we're not going to have any kind of issues. When I refer somebody to a mental health—literally a clinician or professional because they have an issue going on. It could be anxiety. There are no links there. They're not going, number one, to the same person, right? That's number one, there's two different things here. And they don't talk, and they don't communicate. And a lot of the times when I refer people, it's just somebody confidential, so not even their name is written down.

They literally go to someone. They see them for however long they need to, right? And when they're done, it's over, and they move on until they need something again. So, there is literally no overlap. I mean, the next question is—I usually get something about anxiety. I refer them to someone, they'll come back and say, "Well, I'm on medication that makes me feel funny." Well, I'm not a doctor, go back to your doctor and start the conversation. "What is this medication? Why is it making me feel this way?" So, I make them go back to the professional. And again, this isn't written anywhere. This isn't sent back to your agency. We expect problems to occur. When we talk about this kind of career field being nonstop frontline, all the stuff that's going on, and then your personal life—we should expect to have issues. The problem is we want to have everybody running until the wheels fall off—that everyone else can see there's a problem and then we don't know what to do. So, we need to make sure we're doing the maintenance on people, right? The entire time—because we should expect this to be an issue.

John B.: I think the other issue too is that—we're good actors, and I've been into your class and we did—

Olivia J.: Yes.

John B.: And the problem is that the issues that affect us emotionally, the mental health issues—there's no sign. It's not like a scar that we come to work one day and say, "Oh my God, Olivia, are you okay? I see you have a mental illness scar on your right cheek." They're not visible. They're invisible. And cops are good actors.

Olivia J.: Yeah. And it doesn't even have to be a mental health issue, it could be a fight you had last night with your partner that got a little out of hand, then let's say you kind of went hands on, and then you went, "Who am I going to tell? That's a deal breaker. I'm not saying a word, right?" So, it's that stuff that happens behind closed doors that everybody has, that nobody knows, and if we were to take a peek inside someone's house, how bad can things get? They can get really bad. We've seen it. I mean, right? Not only do we have the suicide rates, we have the murder suicides. And we have a lot of those things—the DUIs and the domestic issues that are happening. That's life, right? That's just people unable or unwilling, whatever, to deal with those issues. Or maybe they're unable to because they're under the influence, it's hard to say. But we all have those issues, and at any moment, those things can escalate and get out of hand very quickly, leaving us in a really bad spot.

John B.: Yeah. And the interesting thing is, as a former chief, I expected my people to be performing at optimal levels at all time. I expected that every single day. Now, because I'm from a different decade ago or so, I just put the responsibility on them, their accountability to make sure that they came to work every day ready to go. I took no ownership of their emotional wellness.

That was such a mistake for me. I need to do that, because if I'm asking them to step up into the most critical situations, the most stressful situations and make good decisions, I have to make sure the mind and the body are all lined up. And there are many agencies out there that don't have that working right now. So, I think that's important to understand that you can ignore it, you can choose to say to Holly, "Hey, guess what? Let's go put on our big boy, big girl pants, rub some dirt on it, tape an aspirin on that." That sounds great. That sounds real good. A lot of bravado there that's not getting our needs met, is it? And honestly, it's like—if we ignore the small things, what happens?

Olivia J.: Right. Well, again, you can drive that car for a really long time until those tires start falling off, and no one may be the wiser that they're bald, but eventually when it does show, it'll be a reflection on everybody.

John B.: And I believe we said it in the beginning, and I'll make sure we say it again—suicide's an outcome.

Olivia J.: Correct.

John B.: Right? And you are a program advisor. You have bigger background. You just don't wake up one day and say, "Today's the day."

Olivia J.: Correct.

John B.: It is a process, right? And our job, and what we're trying to do with the SAFLEO Program, is help executives catch any issues very early on so we can resolve them quickly with the least amount of discomfort—I'll use that word, right? That we can address them and work towards solutions because if it gets to the level of suicide, our solutions are over.

Olivia J.: Well, the solutions are limited, and everybody feels uncomfortable because you don't want to put yourself in that position, to get that far down the road and not know how to talk to somebody, right? So, if we keep those lines of communication open as the executive with everyone we work with, and we let them know what the resources are—whether you have an open door policy or not, right? Just something that that says, "Listen, I'm here for you. I care about you. I care about your family and your livelihood, and we have these resources for you and your family." Let them know they're there and keep that communication open to where they can literally come in your office and literally bypass everybody if they needed to and say, "Listen, I'm in crisis and I need some assistance." And have no repercussions following that because they came in to get help.

John B.: Exactly. That's what we want. We want them to ask for help.

Olivia J.: Correct.

John B.: We want to be part of the process to making them feel better.

Olivia J.: The biggest jump is getting them to admit they need help. If we can get them there, the rest of it is the easy part. So, if they do that, we need to make sure that we're positive in the process moving forward to help them jump through those hoops, if you will.

John B.: So, our leaders need to create the environment for that to happen.

Olivia J.: Correct. And everybody around us can control that as well and are part of that culture, but starting at the tops, that's where it's at.

John B.: That's a great word. You'd have to change the culture. And we've said many times, when we look at the concept of wellness, physical and mental wellness, it's not a program, it's a philosophy. [Crosstalk] strengths and every piece of the organization, agreed, right?

Olivia J.: Agreed.

John B.: So, if you can say right now when we're speaking to all these executives, words of wisdom that you can say right now, where do they need to start—how do they start?

Olivia J.: Sure. Well, the biggest thing is just find out the resources that you have available within your community, reach out to those other leaders, reach out to other law enforcement agencies and see what they're using. Find out if they have a peer support team—whatever they have. Don't reinvent the wheel here. It's probably already out there.

John B.: It is.

Olivia J.: Just make sure that when you find out what it is—do your homework, vet these organizations, vet the individuals, and then share openly with your officers and their families, right? What's available and what is out there.

John B.: Exactly. And of course, our program—we will be one of those resources that they'll be able to use moving forward.

Olivia J.: Yes. Excellent resource for the toolbox and literally point, click, right, go—you've got resources at the tip of your fingers. There should be no reason that we don't have this nationwide in every agency with resources that are abundant.

John B.: There's no room for excuses anymore.

Olivia J.: Correct.

John B.: As the resources exist, but you have—

Olivia J.: We know better, we do better.

John B.: You have to take the time to put it together. For anybody that's listening today, remember to visit the SAFLEO website at www.safleo.org. That's S-A-F-L-E-O, which gives more information not only on the topic that we talked about today, but a bunch of other information as it relates to mental health and wellness within an agency. We have some really great resources. So, I'm telling all of our viewers today, please now take a look at what we have, ask questions—the answers are out there. Please take care of your people. That's the best I can say at this point. What do you think?

Olivia J.: Well done, yes.

John B.: If you take care of people, your people take care of you.

Olivia J.: Yes, they will. And they'll take care of their families.

John B.: Yeah. It's a win-win, and they'll take care of the community.

Olivia J.: Exactly.

John B.: It's a win, win, win, win, win.

Olivia J.: Exactly.

John B.: So, that's what I like about it. Olivia, thank you again for taking time out of your busy schedule. I know you have a lot going on with this program and other programs you're working on. It's always a pleasure to speak with you.

Olivia J.: Yes, sir.

John B.: We will speak again. Please stay well; be safe; and remember, it's okay to not be okay. Ask for help. It's okay. We'll get through this. Thank you. Have a great day.

Speaker 1: The SAFLEO Program is dedicated to providing training, technical assistance, and resources to law enforcement agencies, staff, and families to raise awareness, smash the stigma, and reduce and prevent law enforcement suicide. For additional information regarding the SAFLEO Program, please visit safleo.org. That's S-A-F-L-E-O.org. Follow us on Facebook and Twitter.

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