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Abstract

Purpose- Police Officers are at particular risk of developing Post Traumatic Stress Disorder (PTSD) which can impact their work and life (Foley & Massey, 2021). However, workplace support can mitigate this risk. The purpose of this research study was to understand, from a police officer perspective, the mental health needs of members and the best opportunities to provide support for officers, which can mitigate the prevalence of PTSD.

Methodology- The current study included semi-structured interviews with eight police officers who hold supervisory positions as non-commissioned officers, either corporals or sergeants, in the Royal Canadian Mounted Police (RCMP). A Thematic Analysis yielded three overarching themes: Standing in Between – The Nature of the Supervisor Role, The Available vs the Accessible, and In between Acceptance and Scepticism.

Findings- Overall, the themes depicted both effective and ineffective measures in the force's current provision for mental health support and organizational barriers to accessing existing support. It also uncovered the embedded tension within the supervisory role and areas for improvement. Conclusions highlight the need to review some existing measures and policies to improve the accessibility and viability of available support as well as facilitate change in culture and members' attitudes towards help-seeking.

Originality- This paper provides insight into a niche demographic of individuals, police officers with PTSD, and provides a perspective of Canadian RCMP officers, of which there is very limited research on.

Keywords- PTSD, Mental health, Supervisor roles, Support, Tension, Culture, RCMP, Policy

Paper Type- Research Paper

Introduction

Police officers are frequently exposed to sudden, unexpected, and traumatic events throughout their careers (Foley & Massey, 2019; Foley & Massey, 2021). When surveying American police officers, it is reported that approximately 50% were threatened with a gun, 55% were threatened by a knife, 82% were involved in a life-threatening high-speed chase, 20% had a colleague killed on duty, 40% had dealt with a sexually abused minor, and 87% had witnessed a death (Regehr et al., 2021). Considering the high exposure to trauma, studies have shown elevated rates of PTSD and mental health difficulties among police officers.

Van Eerd et al. (2021) reported that 70,000 first responders have had PTSD in their lifetime, and in an online survey of 1,355 active-duty law enforcement officers, Lilly and Curry (2020) reported that 49% screened positive for PTSD. When looking more broadly at mental health issues, 50% of the Royal Canadian Mounted Police (RCMP) members were reported to screen positive for at least one mental health issue (Di Nota et al., 2020). It is accepted in the literature (Chopko et al., 2018) that the above percentages are likely to be an underestimation due to the tendency for officers to underreport their symptoms (Rentmeesters & Hermans, 2023). This is especially the case when considering PTSD, which is frequent among officers (Rentmeesters & Hermans, 2023). In addition to underreporting, Stevelink et al. (2020) note that when research focuses on active-duty police officers, underrepresentation of the rates of PTSD is likely to occur, as those who are off duty for mental health reasons or have changed roles due to lack of coping will not be accounted for. Additionally, Brewin et al. (2022) noted that PTSD can be assessed using a cumulative burden model in which PTSD is developed over years of experiencing trauma instead of after a singular catastrophic event. In identifying these

individuals in policing, members who have served several years yet have not been promoted accordingly should be assessed for PTSD and related symptoms (Brewin et al., 2022).

A recent neuropsychological study (Desrochers et al., 2021) shows how PTSD is linked to impairments in working memory, executive functioning, attention, and slower processing speed, impacting officers' overall ability to carry out their duties. The impact of PTSD extends beyond work and is known to affect officers' family, friends, and colleagues (Foley & Massey, 2019). Worryingly, reports and studies reveal higher levels of suicide and suicide ideation among officers in comparison to the general population (College of Policing, 2022; Foley & Massey, 2021), possibly due to the high exposure to frequent and unpredictable traumatic events.

The high prevalence of PTSD amongst police officers and its detrimental impact highlights the importance of exploring how PTSD can be prevented and its impact mitigated within police forces. The literature in the area refers to a plethora of interventions and processes that can be adapted to support officers in coping with or reducing the risk of PTSD. Of those, there are formal interventions, informal interventions and work environment changes. First, Lane et al. (2022) highlight the importance of being able to access a formal assessment and diagnosis prior to any intervention. It is essential to be able to assess officers as soon as possible, as delays in receiving help and support is linked to poorer mental health outcomes (Frapsauce et al., 2022).

Formal or professionally led interventions that can mitigate the onset of PTSD and its impact include pre-deployment trauma training (Sorensen et al., 2022), debriefing (Foley & Massey, 2019, 2021) and psychoeducation programmes aimed to increase awareness, and resilience training (Foley & Massey, 2021). Psychological interventions specific to PTSD can be effective, as well as mindfulness training (Grupe et al., 2021) and trauma-informed counselling (Biggs et al.. 2021). Chopko et al. (2018) argue that any psychological intervention needs to be

individualized to adequately address the niche traumatic encounters of each member. Beyond professionally led interventions, research highlighted how peer support (Burchell et al., 2022) as well as managerial support (Steel et al., 2021) can lower levels of PTSD.

Finally, a supportive work environment is seen as a critical preventative factor for developing PTSD (Foley & Massey, 2021), while poor working conditions (Burchell et al., 2022) and working environments, such as in-office conflict and management issues (Kyron et al., 2022) have been associated with higher rates of PTSD and mental health difficulties. Frapsauce et al. (2022) show how receiving recognition, deriving meaning from work, and perceived social support moderate levels of PTSD for officers after exposure to a traumatic event.

Whatever the intervention might be, to be effective, it needs to first be accessible to those who need it. Research around help-seeking reveals that it can be challenging to access support, especially in a police force. Lane et al. (2022) indicated that police culture can impact help-seeking, with fears of looking weak, concerns over repercussions to careers (Evans et al., 2013; Soomro & Yanos, 2019) and confidentiality (Foley & Massey, 2019) and encouraging emotional restraint (Frapsauce et al., 2022) are seen as hindering help-seeking behaviour. Violanti et al. (2017) provide a different view, where the context of disclosure and the way in which it occurs makes a difference. For example, some officers prefer to use humour (Evans et al., 2013) as well as share difficult or challenging events with others who may have similar experiences (Waters & Ussery, 2007). Drawing on the close contacts among police officers, Soomro and Yanos (2019) note that officers are trained to prioritize others' needs above their safety and also rely on one another to assist and back up, and so are discouraged from displaying weakness. Furthermore, stereotypical masculine values that are associated with police officers and the stigma around

mental health act as an additional barrier to support-seeking (Sitko-Dominik & Jakubowski, 2022).

More specific organizational factors within police forces were also highlighted as barriers to help-seeking, including leadership style where officers who value being authoritative and in control were less likely to disclose distress and, therefore, have lower rates of help-seeking (Heffren & Hausdorf, 2016). Interestingly, an additional factor which was linked to lower help-seeking was the officers' own awareness of their condition and the understanding they are suffering the effects of trauma or poor mental health. For example, Heffren and Hausdorf (2016) found that officers either report not feeling the effects of the trauma or attempt to self-manage, limiting help-seeking and increasing the individual burden of coping with mental health concerns. Finally, the specific experience and rank of the officer was found to impact their likelihood to access and receive support. Lane et al. (2022) found that officers with more experience were more likely to acknowledge the need for mental health resources and to seek help; however, Oh et al. (2022) found that younger general duty officers have more support than senior officers, which can contribute to the mitigation and the impact of traumatic experiences.

One approach to reducing stress is to provide or increase support. The police culture has traditionally been resistant to accepting emotional support, even viewing it as risky and interfering with the officer's reputation and occupational duties (Evans et al., 2013). Humour, however, has been a widely accepted form of coping, as it preserves the masculine or macho appearance typically associated with policing (Evans et al., 2013). Yet, some officers prefer to discuss difficult or challenging events with others who may have similar experiences (Waters & Ussery, 2007). Officers may also seek support from family and friends as a vehicle for more serious conversations (Evans et al., 2013). Seeking support from non-police connections is not

without obstacles for the officer, including concern about the individual's ability to understand and cope with the details, and from family and friends, feelings of discomfort and worry about the officer's safety (Waters & Ussery, 2007)

Methodology

Similar to previous studies looking into aspects of policing heavily influenced by culture (e.g., Angehrn et al., 2021; Knack et al., 2019) and mental health in policing (e.g., Bikos, 2020), the current study utilized a qualitative methodological design to allow for an in-depth interrogation of officers' perspectives on the provision of supports that mitigate PTSD within the RCMP.

Participants

Eight participants from various units within the detachment participated in this study. All participants held supervisory positions as non-commissioned officers, either corporals or sergeants, in the Royal Canadian Mounted Police. Supervisors were selected as they had responsibilities towards other police members and so could discuss culture, available supports, and barriers more broadly. The average career span of participants in the force was 19.6 years. To protect the confidentiality of participants, specific gender breakdowns will not be included. Additionally, specific roles will not be discussed; instead, a general overview of supervisory duties will be provided.

Procedure/ Recruitment

Due to a limited number of individuals who met the criteria of being a non-commissioned officer (NCO) actively supervising members, and able to provide information on organizational policies

and detachment culture, a non-probability snowball sampling was utilized. This also aligns with previous studies investigating niche populations within a police force (Bikos, 2020; Geoffrionm et al., 2023; Rabe-hemp, 2008). To initiate the sampling process for this study, participants were contacted by a member of the RCMP who has been known to the lead researcher for many years. They were provided with information about the study and consent forms. Those interested were contacted to arrange an interview time and location. All participants who expressed interest consented to and participated in the study. Interviews were completed online and in person, according to the participants' preference, and ranged from approximately 14 minutes to two hours, depending on the depth of information participants provided and their knowledge of available services.

Interviews

Semi-structured interviews were chosen as the data collection method to allow room for individual perspectives while maintaining direction and ensuring the focus was on PTSD prevention and mitigation. Questions included areas around participants' experience of mental health and measures used by their organization to mitigate the occurrence and impact of PTSD; for example, "Can you describe the culture surrounding mental health within the force, in general, and what your specific unit is like?" or "Can you tell me about the measures currently in place to support members' mental health, and how well do you think these are working?"

Analysis

A Thematic Analysis was chosen to analyze the data because of its flexibility and ability to take into account various aspects of a phenomenon (Kiger & Varpio, 2020). Additionally, it offers the freedom to analyze an under-researched subject (Geoffrion et al., 2023) and enables a closer look

at the transcripts to provide an opportunity for interpretation while highlighting the perspective of participants (Kiger & Varpio, 2020). As seen in Table 1, 43 initial codes were developed during the analysis process by dissecting the transcripts, and these were combined to create 14 sub-themes, which were then combined into three major/superordinate themes.

[Insert Table 1]

Results

The analysis yielded three major themes, which together describe the process of providing and accessing support for PTSD among police officers. The themes and the sub-themes that made them are presented in Table 1. The overall Model of how the themes and sub-themes are linked to each other is presented in Diagram 1.

[Insert Diagram 1]

Theme 1: Standing in Between – The Nature of the Supervisor Role

Participants described the various tasks that they saw as key to their role. It seems that the role has many aspects which can, at times, conflict with each other. Supervisors were responsible for planning, organizing, mentoring, responding to high-risk calls, overseeing investigations, reviewing and assigning files, managing off-duty sick members and ensuring members receive proper training.

All supervisors saw their role as involving direct support and guidance to officers. All participants saw this aspect as key to their role. This involved identifying mental health needs and providing support either by providing information or referring them to existing support systems (e.g., peer support groups, suggesting psychological help) and/or by providing informal

support. Participant 3 noted: "*The MEAP program, member [employee] assistance program, we were able to lead the debriefing with a MEAP coordinator that came in and actually you talk openly about your feelings, and they provide referrals if necessary*." Seeing themselves as part of a family-like system, participants seem to take a parental position towards the officers, including helping ease tension and resolve conflicts. Participant 4 also noted: "*I think you know we are a family here, it's kind of a blended [family] here, so to speak, but I think personally that's kind of incumbent on the supervisors to have a bit of a gage on what the attitude is and the mood of the watch is*." Similarly, Participant 7 noted: "*sometimes as a supervisor people come to you and talk to you about their problems whether it be work-related or personal issues*."

Many of the participants also saw their role as a mediator between the officer and their needs and the system as Participant 4 articulated: "*We're the go-between, we get kind of sandwiched with the problems, I guess, but I would think everybody's who's a corporal here, they're happy with that. You'd like to make sure the watch is running good*." Participant 7 also commented: "*Sometimes there's a little bit of begging going on, or if the file has escalated where it's going to be quite time-consuming for our member we can escalate it up to our plain clothes unit to have them follow up on it*." An additional aspect of their role which was not directly linked to support was around rotas and deployment. This aspect was, at times, a cause of tension which the supervisors had to resolve "*we're running our members ragged, and we're all fishing from the same pond to try to get whether it's to get recruits, overtime members and there's just so much of it*" said Participant 4.

While trying to manage their multifaceted role, participants reported various barriers to their ability to perform their duties and to provide support. It was clear that these barriers elicit a great deal of frustration among participants. They acknowledged that the police force is trying to

address the issue of PTSD, but these good intentions were not fulfilled due to a lack of good planning or resources. For example, participants felt that the support system itself in the organization was too fragmented and overstretched. Participant 2 noted: "*the DMA [Disability Management and Accomodation] they're case load is 4 feet high and it's not that they're not trying they're trying but their workload is so heavy they can't call this person back in 90 days. So I think we need to do a bit better job of connecting with the member and connecting with the member's psychiatrist or psychologist sooner*." This meant there were layers of unnecessary bureaucracy, which made their work challenging, and policies that aimed to tick a box rather than provide effective solutions. Participant 3 noted: "*policy would be more like more formal and it generally more like that kind of policy is generated more due to lawsuits, whatever we got to do to cover our asses in court more than anything.*"

Policies reflected a disconnect between the people on the ground and the management, as reflected in Participant 6's account: "*A lot of policy and this kind of stuff comes from Ottawa where there's no real cops in Ottawa, no real cops that are RCMP out there they don't do police work right or maybe the policy is coming out of headquarters here in … they have no idea what that's like, and the people that are making our policies are like that.*" Participant 4 shared an experience of difficulties accessing support, saying: "*there's like a two liner if you need support for mental health go on the info web and access this website. Well, the info web is only on the work computers in this office, so to me, that's a huge slap in the face, suspending a member and saying well, yah here, here's your help, but you can't access it, but that's where it is.*"

Moreover, participants felt that some of the policies stood in their way of being able to effectively carry out their duties and that many of them are not reflecting the needs on the ground. Participant 4 gave another example of how detached and ineffective policies can be:

"*And so it's like okay, I'm going to take my wellness day, but now I got to take an additional 4 hours out of my leave because my shift is a 12-hour shift*." Similarly, participants noted that, for example, when an officer is off duty, supervisors are not allowed to ask them for details about why they are off duty, which means they are not fully informed on how to adequately support them. Participant 2 noted: "*and it's really frustrating as a supervisor because you want them to be healthy, and you need them back at work, but you're not allowed to ask medical questions to know why they're off or how long they are going to be off so it's a little bit difficult in that perspective.*" Facing these difficulties, there was a feeling that this bureaucratic system is too big and too rigid to change. Participant 4 stated: "*the RCMP is a machine, you're not going to change the machine, so you embrace it or you'll get run over by it*."

Finally, participants noted the limitation of the management structure and their position in relation to other officers as a source of tension in carrying out their duties. "*It's hard to supervise people who send you messages every morning that say, oh, sorry, I can't come in today. I had too much sun yesterday, and my eyes hurt, right*" said Participant 1, while Participant 4 noted, "*I can't reward all my members by sending them to courses, or giving them raises or sending them to units; I don't have that power, but I try to every 2, 3 months I buy pizza for the watch and we all sit in the lunch room.*" To manage these tensions, participants did note that they had some training available; however, the knowledge about existing support systems and the procedures involved in accessing these varied, and in some cases, participants relied on informal networks (e.g., colleagues informing each other) rather than an overarching accessible formal source of information. Participants' accounts also reveal that for some, training was not sufficient enough: "*They expect us as the police to solve all this, but we don't have the training,*

especially the RCMP; we're the jack of all trades, master of none and I think we do a pretty good job patching it together" (Participant 4).

This was also the case with regards to identifying PTSD. There was variability in participants' evaluation of the extent of mental health training with Participant 5 noting that: "*there is a supervisor develop program that you do as a corporal, there's, another supervisor level course that you do getting into sergeant, staff sergeant and the upper management too. So there's lots of talk about health and well-being, and there's a peer-to-peer group, so if you choose, you can become associates of that and become a resource, or there's lots of talk about these programs. And mental health is kind of on the forefront.*" However, Participant 7 noted that they "*went away for a supervisory training back in February/March and they focussed a little bit on PTSD...*" and Participant 4 noted *"...the supervisor development program the SDP, I took it thinking okay they're going to show me. No, it's more administrative stuff to show you like if you have a member who's maybe delinquent on their files, how to document it.*"

Overall, participants expressed challenges with identifying PTSD. They realized that PTSD can manifest itself in various ways, and so it was not always easy to detect/identify. "*I think for different people how it affects them is based on, some of its life experience some of its whatever issues they are dealing with, with their family whether, age, life experience, family dynamics, all are factors that how different events affect people so differently*", reflected Participant 5. Participants relied on officers to share their experiences, which was not always easy to achieve as Participant 8 noted: "*sometimes they don't like talking about stuff, some do some don't and that's why you got to probe a little bit and as supervisors we sort of watch and we'll try with work ethic we start to see a drop in production or just not talking as much as they used to we just kind of watch that and then we'll bring them in and talk to them.*" Many

participants felt that supervisors need more professional support and training and some generally questioned the effectivity of the provision of support offered "*we don't have general duty police officers fixing our police cars when they get broken we take them to mechanics, who work for us, but their mechanics right. And they need to take that kind of approach, in my opinion, with mental health as well. Let's get the experts in, not some sergeant who took a 2-hour course online and now he thinks, or she thinks they're the subject matter expert*," noted Participant 4.

Beyond training, participants noted that they, themselves, receive regular support/supervision from their managers, but that this support was more operational. Participant 2 explained: "*We have a managers meeting every Tuesday, so all the senior managers get together from every department at the detachment, and then at the end of the meeting, after we do our operational, we talk about staffing, and then we always go over who's new coming to the unit who's leaving and then who needs a medical reassessment right*." Nevertheless, additional managerial support could be sought, if needed, as Participant 8 noted: "*I do have upper management as well who I can discuss things with, and if I'm finding there's some difficulty that I can't get any headway with, then they're willing to help out.*"

Theme 2: The available vs the accessible

Participants were able to outline numerous support systems available to police officers, acknowledging positive developments. "*We've come a long way since I've first started,*" noted Participant 2, "*when I started, it was in 2000, nobody gave to two shits about mental health...there was no debriefing, no CISD* [Critical Incident Stress Debriefings]*, there was no offer to you know do you want to take a day or two off... So thankfully, we've come a long way from then.*" Some of this support was delivered by professionals (e.g. therapists, psychologists), mainly around post-event debriefings, and some was more linked to peer support. Participant 2

described it as "*just members helping members...what it is it's a lot of active listening ... it's the same thing it's listening to the member giving them a chance to vent.*" Occasional training about PTSD was also provided to police officers aiming to increase awareness; however, advertising PTSD seems to be inconsistent as Participant 7 noted, *"...like PTSD month or whatever ... I'd say probably not unless it's that specific month PTSD awareness month or whatever.*"

The level of support offered varied according to the size of the force and its location, with more remote and smaller detachments or units having less availability and access. In that respect, participants noted that technological developments were employed in order to facilitate access. There was an overall consensus that support is available; however, it was not always effective, and there is not enough of it, especially when considering professional support. Moreover, accessing the support required officers to take proactive steps. "*You have lots of support if you want to reach out,*" noted Participant 1; conversely, concerning a major traumatic event in their unit, Participant 7 said, "*The RCMP actually reached out and secured psychologists to be available if we called them and reached out.*" One of the roles of a supervisor, as noted above, was to facilitate this access: *"...say look we have phone numbers for counsellors here or this or that so they can help them through that process*" (Participant 8), however, as will be discussed in Theme 3, there were numerous barriers to accessing the support and therefore the effectivity of the available support was reduced by its inaccessibility.

Theme 3: In between acceptance and skepticism

All of the participants noted the shifts and changes in police attitudes towards mental health which occurred over the years, "*Well, the RCMP has actually been pushing mental health for*

quite a few years now," said Participant 7. There were, however, variations among participants about the extent of the change of culture. For example, while Participant 1 noted, "*I just don't know that the day-to-day culture has changed inside the specific detachments.*" Participant 5 described a tangible change: "*It [is] much more open. People are more talking about when their mental health or about it in general...So, the last ten years, it's kind of become more of an open thing as opposed to a more taboo thing.*"

Young officers seem to be much more at ease with acknowledging mental health difficulties and accessing support. Participant 4 shared their experience: "*I worked with a member who had 27 years service, and he wasn't a bully or anything, but if you started bringing up feelings about going to a call or something happened, he would just shut it down, and it would be like man up that's the job...I think the 60 and below crowd are starting to buy into it whereas the younger crowd they're on board one hundred percent.*" There was, however, an acknowledgement that some of the more "traditional" attitudes towards mental health still exist with officers worried that if they share their difficulties, it will impact their work, "*I think even though it's personal whether you tell anybody or not the fact that someone might know something that might affect your career goals there are still some people that are concerned about that*" noted Participant 5. Participants also identified the "suck it up" and move on culture, which they felt prevented officers from accessing support. "*They're just from that culture of you just suck it up right. Get back to work the next day,*" noted Participant 3. This was especially the case when professional support was involved. Participant 6 noted: "*I feel like people are less reluctant to speak about that amongst their peers now, but I'm not sure how easy it is still to find anywhere to like... seek this kind of like counselling.*"

In that context, participants noted how they, as supervisors, were able to share their stories of PTSD and personal experiences to help their officers feel more at ease and able to receive support, as Participant 4 reflected on the advantages of having used mental health resources: "*by me learning about our mental health resources, using them, it's something I could relate to and I just think I had more credibility, and I think they could see it.*" Participants also noted how the family culture in the police force, with close ties among members, was a strength in helping to identify those in need of support and how supervisors contributed to its creation. Participant 7 reflects on their practice: "*Recognition for a job well done, little things like that to help improve member wellness. It doesn't really combat post-traumatic stress, but it builds the team's atmosphere within the facility; builds a sense of family within the detachment, and potentially you could see if somebody's struggling or going down the deep end with post-traumatic stress*."

There was a recognition that the risk of PTSD and mental health in police work is immense and that there are many officers who are suffering. Participant 2 noted, "*And right now in … there's a lot of off-duty sick members, a lot, it's a huge problem, it's a huge problem,*" and Participant 4 added, "*You get a gun, a badge and PTSD for your career; I always say.*" The fact that policing occurs within the officers' own communities seems to be an aggravating factor; "*They don't know what it's like to be four doors down from a guy that would kill you if he thought he could get away with it and you live there with your family, they have no idea what that's like*" stated Participant 6. However, alongside the recognition of the extent of PTSD on the force, there were also indicators of a more skeptical view of mental health and mental health needs. This skepticism seems to arise when leave from duty is involved. As Participant 7 described: "*It's not like it was 20 years ago or even longer, but I think members at the same time*

see people abusing it so there is the mental health stereotype as well. So it goes 50/50 I would say" and Participant 2 adds: "*some of the older school members are a little bit more like, well, why is that person off, 'cause back in their day there was no support, right, so it's hard for them to wrap their head around okay this person needs to be off for a month or two months, they didn't have anything like that right so there's a bit of a change.*"

This skepticism also seems to be linked to the impact the leave has on other officers' workload and the force as a whole: "*So they work in teams of six so when they came back to work the other members barely even talked to them because they were so angry at them for leaving them because they had to pick up all of their files for a year and a half and then they were busy on top of it and they couldn't get another member assigned because they were blocking a position so there were a lot of hard feelings when they came back to work*" (Participant 2). Unplanned and unexpected leave were challenging for the system as there was no way to mitigate its impact. When discussing external support and the use of overtime members from other detachments, Participant 7 added: "*So those files are assigned back to us, and then we have to reassign those files to the members that are here to make it up so it does increase the workload for our members that are still working.*" The skeptical approaches can act as barriers to help-seeking among officers who may not wish to be seen as taking advantage of their colleagues. Participants also revealed some ambivalence about the effectiveness of the automatic leave procedure.

On the one hand, they recognized the importance of taking leave. "*You know we're lucky if we go off sick or injured or mental health, our paycheck keeps coming,*" noted Participant 4, and Participant 7 added in relation to a major traumatic event: "*They've been doing good with us giving us the time we need there's been no pressure from them for members who are still off to*

come back it's like you come when you're ready, and we're here for yah." On the other hand, participants noted that the leave can cause some isolation for the officer and make it more difficult for them to access support, especially informal support from peers. They also relayed that the longer the leave is, the harder it tends to be for the officer to get back to work. Participant 7 notes: "*They're very quick to sign people off of work for mental health reasons, which is understandable, but at the same time, sometimes you just need to get back into the saddle.*"

Discussion

This current study aimed to explore how Canadian police forces mitigate the prevalence and impact of PTSD and mental health difficulties among police officers. Overall, findings demonstrated that supervisors are given an immense responsibility to monitor and mediate members' mental health needs and that while they had access to training and support, these were not felt to be adequate. The findings also reveal structural, procedural and cultural barriers to both the provision of support and the access to it.

Similar to previous studies (e.g., Di Nota et al., 2020; Foley & Massey, 2019; Foley & Massey, 2021; Lilly & Curry, 2020; Regehr et al., 2021), the findings reiterate the particular vulnerability of police officers to recurrent traumatic events, and while there was a recognition of overall improvement in terms of the organization's approach to mental health and the well being of officers, there was an agreement that there is a still a ways to go. The provision of support outlined in the findings was in agreement with that previously seen as effective (e.g. Biggs et al., 2021; Foley & Massey, 2019, 2021; Sorensen et al., 2022). Similar to Burchell et al. (2022), it seems that peer-support was seen as an effective and welcomed support system that should be more available to officers. Nevertheless, overall, the support provided was seen as fragmented

and, therefore, lost some effectiveness. Furthermore, the current study reveals that accessing this support requires officers to proactively seek it, which means they are more vulnerable to help-seeking barriers. The shortcomings of a passive provision of support rather than ongoing support embedded in practice seem to be one of the key findings in this study and should be explored further in future studies. There may be a need to consider more consolidated approaches to mental health, which can bring together all available support for both officers and supervisors and also embed preventative training and procedures into the units' routine, reducing the need to seek support retroactively.

Specific barriers found in the current study were similar to those found in previous studies (e.g., Evans et al., 2013; Foley & Massey, 2022; Frapsauce et al., 2019; Sitko-Dominik & Jakubowski, 2022; Soomro & Yanos, 2019) and included cultural factors such as stigma, "suck it up and carry on" approaches, worries about the impact to one's role and progression and general skepticism about mental health and professionals. It should be noted that there was a feeling that the cultural barriers were changing and shifting, especially among the younger officers. These trends need to be bolstered across the force. Officers should be encouraged to prioritize their mental health and create a routine for maintaining positive mental health.

Interestingly, the inability to identify that specific difficulties are due to the impact of trauma was seen as a barrier both for accessing support and for providing support, affecting both officers and supervisors. It seems that additional training may be required on trauma and its manifestations. However, the findings also indicated that an occasional singular training event may not be effective, and a more embedded approach to discussing trauma and trauma-informed approaches may be needed. Other organizational barriers to both the provision of support by supervisors and accessing support by officers included policies and procedures, which are felt to

be disconnected from the realities on the ground. Further, placing member needs in front of organizational benefit is crucial to having engaged officers who interact with provided services and who trust the institution is looking after their best interest.

One key concern identified is mental health leaves and blanket leaves after incidents. While there was full recognition of the rationale behind the leave and its potential benefits, however, the inability/impracticality of covering for absences had a negative impact on the officers in terms of workload. This was, therefore, a cause for potential tension between officers and fostered skepticism about mental health in general and the officers on leave. Leave from duty was also seen as potentially problematic for the officers taking the leave, both in terms of support structures and the ability to reintegrate back into the force. This situation was particularly challenging for supervisors who were unable to ask for details or get certainties to enable them to provide support to the officer on leave and to manage workloads. It is important the police services are aware of these issues and consider looking into leave procedures and processes. Future studies should also focus specifically on this particular procedure in order to break down its effective and ineffective qualities in more detail.

Finally, the supervisors' role as mediator between officers and organizational systems and its multifaceted nature, also seemed to create some tension as supervisors had to wear many hats in their relationship with officers and were not always able to assert authority. It may be useful to explore the managerial responsibilities of this role and see if supervisors have sufficient authority and tools to perform their duties. There is also room to consider regular ongoing supervision for supervisors, which extends beyond operational details. This may include professional supervision and support. A further look into the mental health support for officers and specific mental health training for supervisors, in a personal and professional capacity, is

also needed. Taking the findings as a whole, the current study points at a few areas and interventions that can help police forces mitigate the risk and impact of PTSD, including a cohesive, integrated trauma-care programme which is embedded in day-to-day practice to directly support officers, inform and train supervisors and facilitate a management routine to aid in resilience to trauma exposure.

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Table 1

Study Themes, Sub-themes and Categories

Theme	Sub-themes	Categories
Standing in between – the nature of the supervisor role	Providing support - supervisors	Identifying well being difficulties
		Unofficial support & social cohesion
		Knowledge of processes and structures
		Providing information
		Conflict resolutions and prevention
		Mitigating bureaucratic/system
	Authority	Blurry management line
		Being a peer vs a manager
	Regs and Practices	Good intentions but bad planning/resources
		Over bureaucratic processes
		Fragmented systems
		Privacy regulations
	Organisational support	Professional supervision on request
		Training on processes
		Embedded approach to training
	Identifying distress	Reluctance to speak about the problems
		PTSD has many manifestations
		Personal experience
In between acceptance and scepticism	Extent of the problem	High frequency of PTSD
		Impact of stress on home life
	Abnormal environment	High levels of stress
		Trauma at the same place where you live
		Shifting between work and private environment; not sharing
	Post Event Automatic Practice & Policies	Time off work
		Can't plan in advance
		Reactive approaches
	Work force shortages	Difficulties in managing
		Increase stress on those at work
		Anger towards those at home
	Stigma & Scepticism	Changes in approaches between old and new generations
		Hesitation about therapy
		Suck up and keep on going approach
		Scepticism about colleague off work for mental health
The available vs the accessible	Peer or Professional	Familiarity helps with access
		Sharing personal experiences as supervisors
		Peer support not enough – there is a need for professionals
		Beyond support – really caring
	Pro-activeness	Support is out there, but you need to come and get it
		Self awareness and PTSD
		Agency requires for support
		Difficult to approach support
	Force type	Size
		Technology

Diagram 1

The Process of Mitigating PTSD Among Police Officer – A Theoretical Model