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University of Northern Colorado
Greeley, Colorado

INTER-POLICE INTERACTIONS AND MENTAL HEALTH ATTITUDES

A Thesis/Capstone
Submitted in Partial
Fulfillment for Graduation with Honors Distinction
and the Degree of Bachelor of Arts

Isaiah Aaron Jonas

Advised by Dr. Marilyn Welsh

College of Educational and Behavioral Sciences

MAY 2023

Signature Page

INTER-POLICE INTERACTIONS AND MENTAL HEALTH ATTITUDES

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Abstract

In the United States police officers are constantly impacted from multiple different sources. Previous literature, such as Karaffa and Koch (2016) have investigated the way that influence from police administrations and peers can create a stigma in police officers. The stigma in question is officers' stigma towards seeking mental health treatment. It is known that officers face multiple stressors that can impact their mental health, therefore their ability to freely seek help is key to their functioning. Peer influence has been one of the focuses of research on ways to combat this stigma in law enforcement. Kumar (2019) has established that when within police culture there are differences between the views of rookies and senior officers. These differences have yet to be properly explored throughout the literature, leaving a gap in knowledge as to what exact impact they have. The main goal of my research was to examine the differences that senior officers and rookie officers have, and more specifically to examine if the differing stigmas of senior officers can impact rookie officers' own stigmas. I accomplished this through surveying officers in the Greeley Police Department in order to understand a few factors. The factors that I examined include the officers' perceptions of their own stigmas, how they feel in regards to seeking mental health treatment, and how they perceive the influence of their senior officers' stigmas. The results from this study were not exactly what I had expected. There was not any major statistical significance in the correlations between stigma and peer influence. However, the data gathered from the Greeley Police Department raised multiple questions for future research. The lack of significant differences in this research was able to show that officers took time to carefully answer the survey questions and took their answers regarding mental health stigma seriously.

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Introduction

Throughout the United States there are many people that silently struggle with mental illness. Law enforcement, specifically police officers, are one of the many populations that are impacted by the silent suffering caused by mental illness. Officers face a wide array of potential threats to their mental health, from graphic and gory scenes, to high stress situations and environments, on top of the normal stressors of everyday life. Violante (2018), estimates that 15% of officers in the United States struggle with PTSD alone. There is obviously no question that being a police officer is a difficult and taxing job, especially on one's mental health. However, one of the less noted threats that officers face is the stigma towards seeking mental health services that has embedded itself in police culture. There are many ways that this stigma can present itself in the lives of officers working in law enforcement. For instance, depending on the department, there could be a lack of training on an officer's personal mental health, or there could be difficulty in setting up or gaining access to proper mental health services. Supporting a healthy view of mental health in law enforcement is a difficult task, not only due to the systemic stigma from their administrations, but the social stigma as well. Social stigma can come from the community that a police officer serves, as well as internally from peers or senior officers.

This relationship between officers has been studied in some detail in the past, and continues to be studied due to its role in the functioning of officers and their lives. My research intended to continue the discussion on this topic from a more specific lens. I examined the everyday lives of police officers in order to develop a better understanding of how their personal interactions impact their self-stigma. To elaborate further, self-stigma relates to the concept that an individual can have opinions and ideas about their own person, health, etc. In this case it

refers to an officer's willingness to seek mental health services for their own mental health challenges. In addition, this research sought to gather information strictly from rookie officers in an effort to understand how their interactions with senior officers may have influenced their self-stigma towards mental health services. There is no reason that officers should have to suffer from mental illness in silence. The data I collected aims to support the relationship between these interactions and self-stigma, so that future research can work towards ways to diminish the stigma that impacts officers' view of mental health services.

Literature Review

In law enforcement there has been a noticeable problem when it comes to officers seeking mental health treatment for their own mental health. This problem expresses itself in a few major ways, including the culture within police departments, a lack of proper mental health treatment infrastructure, and the stigma that surrounds mental health treatment in law enforcement. My research aimed to fill in some of the gaps that exist in the current literature on the topic of police officers' stigma towards seeking mental health treatment. Mental health treatment includes counseling, therapy, or similar services. I explored how the relationships that newer officers build while working together in their field may have an impact on their perceived stigma towards seeking mental health treatment for their own mental health. I felt that there needed to be further research on this topic, for the sake of the officers themselves and for police culture as a whole. Sickles, et al. (2019) and Link and Phelan (2006) refer to the negative physical and social impacts that stigma towards mental health treatment can have on an individual, solidifying the importance of targeting the stigma caused by police culture. Understanding why officers are afraid to seek help for themselves could potentially reduce the number of officers

that are suffering in silence. If we can find ways to reduce the stigma in rookie officers, then we can help change the culture as they progress through their careers.

What is Police Culture?

Throughout the United States, there are hundreds of thousands of police officers that are actively serving in their communities. Just as the culture within the United States can vary from state to state, even city to city, police culture can change from department to department. This can make defining such a fluid concept difficult, however there are some generalizations to be made. Kumar (2019) references police culture a few times, mentioning its impact on how officers function, but without giving a clear definition of what police culture means. This lack of definition has become a common theme among much of the literature that references any form of culture within policing. However, there are multiple sides to this complex debate. As previously stated, the topic of police culture cannot be put into one simple definition. However, the debate falls around whether there can be some agreed upon aspects of the culture that can be seen throughout most of the United States. Loftus (2010) did an extensive examination of the literature on police culture and came to a similar conclusion. Loftus (2010) found that the main two standpoints in this debate are whether or not there can be elements of police culture that do not change, or that police culture as a whole is evolving constantly as opinions, values, society, etc. change over time. How an individual defines police culture comes very clearly down to a personal opinion, just as many people in the United States would have their own definition of their culture.

This, however, does not answer the question of what police culture is and how it impacts officers. Some departments could define their culture by its impact, or perceived purpose. Some departments could view police culture as a code or unofficial law that binds their officers to a

certain set of standards, while others view it as the training and expertise that officers gain over their time within the police force. In more recent times, there has been a shift towards a more social view of police culture. A view that sees the culture as a conglomeration of training, police interactions with each other, police interactions with their communities, and so much more. There are some existing examples of this shift in the state of Colorado. For example, the Fort Collins police department implemented a mental health response unit, as well as shifted their overall attitude towards mental health to be much more open about seeking mental health treatment (Mental Health Response Team, 2022). In Karaffa and Koch (2016), it is noted that the bonds that officers form with each other can be a key component in how these officers operate, think, and view various topics. The main point of their claim is that officers care deeply about what their peers think about them resulting in a major impact on how they view certain topics and how they make decisions. One of the major factors that I explored was how the opinions of senior officers influenced those of officers under their command, and there are recent examples of this phenomenon. For instance, the death of George Floyd in 2020 saw many officers standing by and doing nothing while an improper technique was performed on Floyd. This topic has had some exploration regarding officers actions during interactions with the public and apprehension of suspects. However, the importance of the connections between officers of different standing could be much greater than solely how officers operate in the field.

The Downsides of Police Culture

The relationship between higher ranking officers and those that serve under them are very important for the proper functioning of police departments. Just as in any form of work, it is necessary to have those that can direct and give orders, while also having those that are willing to follow orders. However, while it is important for officers to follow orders, it can be just as

important for them to question their senior officer. This is especially important in the scope of officer mental health. Copenhaver and Tewksbury (2018) refers to the connection between the time an officer has on the force and their willingness to seek mental health treatment for depression. Through their research Copenhaver and Tewksbury (2018) found that the longer an officer had been operating, the less likely they were to seek help; it was also revealed that longstanding officers were more likely to suffer from depression. Paired with the influence that officers have on each other, especially long-standing officers, it is safe to say that there is a strong possibility newer officers could be affected by the views of senior officers. Copenhaver and Tewksbury (2018), supports this as well by stating that one of the factors causing senior officers to avoid mental health treatment is their exposure to police culture.

Although the culture that many officers express is important and should be respected, it doesn't come without some downsides. As noted previously, according to Copenhaver and Tewksbury (2018) officers that have been exposed to police culture for an extended period of time tend to have a negative view of mental health and mental health treatment. This view comes from some of the more universal ideologies within the culture. According to Soomro and Yanos (2018), this mentality is directly tied to police culture's idolization of self-sacrifice and the appearance of strength. From the very beginning officers are fed the idea that they need to put themselves on the line for those that they serve. While this is not a completely negative concept, when paired with the ideology that these officers need to also be the embodiment of strength, it can lead to officers neglecting themselves to appear to fit these standards. Soomro and Yanos (2018) refer to this as an officer's fear of appearing weak. This entails that police culture is perpetuating ideologies that are not harmful, per se, but can become extremely dangerous when applied to issues surrounding mental health.

Stigma and Police Culture

Stigma exists in many forms and can be targeted towards a wide variety of concepts. One of those many concepts that typically involves stigma is mental health and mental health treatment. How is stigma defined? According to Link and Phelan (2006), stigma is made up of various pieces that have to be combined in order for stigma to be true stigma. These pieces are as follows: labeling of differences, stereotyping, separation of the stigmatized group, discrimination towards stigmatized people, and the use of power over those that are stigmatized (Link & Phelan, 2006). This definition of stigma fits rather well with the general idea of stigma that would normally pop into someone's head when it is mentioned. Now, in terms of mental health stigma, the individuals being stigmatized are those that are suffering from any level of mental health issue or disorder, and any individual that believes in aiding individuals that are suffering. As Link and Phelan (2006) defines, there is a major role of power in the stigmatization of a group of people. This once again becomes relevant to police culture and its view of those that are weak.

Police culture creates a community that excludes those that are viewed as weak and instills the fear of being left out in those that do not conform to this ideology (Soomro & Yanos, 2018). This creates a power differential between officers that want to seek help for mental health or that want to support the concept. This is based on the safe assumption that most officers follow the social norms that are created by their cultures. Hofer and Savell (2021) mentions various types of stigma that exist within police culture. Self-stigma is one of the more concerning variations, with it being the stigma that an officer has towards themselves whenever they think about seeking mental health treatment. Police culture creates such a powerful stigma towards seeking help that it not only discourages officers through their peers but also through self-doubt. With both main factors it can be incredibly difficult for officers to reach out for help. It is even

more problematic for officers with the additional weight of structural stigma. Structural stigma is defined in Hofer and Savell (2021), as the overall societal influence, administrative influence, and structure of the police as an institution, that impacts officers' view of seeking mental health treatment. Needless to say that the odds are stacked against officers, as their culture, institution, fellow officers, and even themselves discourage them from seeking help.

Mental Health Treatment Infrastructure

The problems officers face revolving around seeking mental health treatment become even more difficult when factoring in some of the current systems in place for them to seek said treatment. It is not necessarily always a lack of services, the inability to find a therapist, or issues that typically surround mental health services. Instead it is the way the record keeping works for some police departments. White, et al. (2016) references the fact that for some officers when they use their department provided insurance, it is put into a record. These records can be subpoenaed for various legal reasons, which becomes a worry for officers who believe that other officers will target them for seeking therapy in the first place (Wheeler, et. al., 2018). The other option according to White, et al. (2016) is to pay for therapy entirely by themselves, so that this information is not stored, but that is incredibly expensive, as the article mentions. This system can easily create a situation where officers would rather continue to suffer in silence rather than risk their mental health records getting out, especially when the only other option is so expensive.

Because of the laws and regulations that surround this current system, it is rather futile to target it directly for change. Instead, there has been a recent movement that instead aims to create new forms of mental health infrastructure through the production of training programs and regular educational programs for officers. Crowe, et al. (2022) is an excellent example of this

kind of approach. The study looked into the types of programs that could prove useful in creating a proper infrastructure within departments for combating stigma. Other literature such as Craddock and Telesco (2021) also found that using infrastructure to target stigma was effective. However, Craddock and Telesco (2021) instead took the approach to target “stress” in officers through stress management programs, as they found that officers were much more willing to talk about stress than mental health. The recurring theme in both articles about stigma in police departments, and targeting stigma in police departments, has been peer influence. This problem is by no means new, yet these approaches are still extremely recent in the scientific literature. Even though these studies are recent, they have shown incredible results in targeting stigma in police departments by creating mental health infrastructure that reduces the fear of peer rejection (Crowe, et al. 2022).

Conclusion

There is an incredibly large number of officers in the United States that suffer from some form of mental health issue, with PTSD alone affecting 15% of officers in the U.S. (Violati, 2018). Lane, et al. (2021) also emphasizes the problems officers face with other issues such as substance abuse, anxiety, and high stress environments. It is clear that something needs to be done to combat this problem, but because of the culture that officers are a part of it is extremely difficult for them to seek the proper help they need when they are suffering. Drew and Martin (2021) and McGill (2018) sum up the issue incredibly well, discussing that officers have to concern themselves with the opinions of their peers, ranking officers, themselves, and society. Their culture tells them to be strong and hide their problems in order to not be weak. Due to this long-standing negative opinion of mental health among police, a major stigma has formed against any idea of seeking out mental health treatment. New approaches have found that

creating programs can have a positive impact, but don't comment on how they affect the issue of peer rejection. There is also a strong connection between the experience of an officer and their view towards mental health as well. Therefore, throughout my research I sought data on how peers influenced officers' stigma. I wanted to better understand how more experienced officers impacted the stigma of their rookie coworkers, and how it could potentially substantiate the negative view of mental health services within police culture.

Method

Due to the specific interests of my study, I decided the best action was to conduct a survey. The survey covered the two main topics of my research, stigma and peer influence, as well as gathering some written responses to reference against the results. There were two subcategories of stigma, self perceived stigma and perceived stigma of others, that were correlated with each other. The results of both stigma factors were also correlated with peer influence in an attempt to find a correlation between stigma scores and levels of self perceived peer influence. The survey was conducted with a small group of participants from the Greeley Police Department.

Participants

I recruited participants for my survey through the Greeley Police Department emailing system. Participation in this survey was completely voluntary and was clearly stated as such in the email. There were a total of 42 separate participants, but only 28 completed surveys. Although I sought to survey only rookie officers, it was impossible to pick and choose who participated. This resulted in officers with ages ranging from 22-55 years, and officers that had served between 1-32 years. The genders of participants leaned heavily towards male, with 73.8% identifying as male, 9.5% identifying as female, and 16.7% choosing not to specify. The racial

diversity of participants was also rather one sided, with 74.7% identifying as White/Caucasian, 7.2% identifying as Hispanic, 2.4% identifying as Asian, and 16.7% choosing again to not specify.

Measures

There were two different questionnaires that were used in this survey. The first was the Self-Stigma of Seeking Psychological Help (SSOSH). This questionnaire was used in two different sections of the survey to collect data on individual officers' self perceived stigma. As well as officers' perceived stigma of superior officers. The SSOSH consists of 10 questions, scaled on a 5 point likert scale; with half of the questions being reversed scored. The other questionnaire used was a modified version of the Resistance to Peer Influence Questionnaire (RPIQ). The questionnaire was modified to better apply to officers, by both the elimination of some questions and changes to the wording of others. After modification the final version of the questionnaire contained 17 questions, also on a likert scale and with 7 questions reversed scored. The use of the RPIQ was to collect data on how resistant officers were to the influence of superior officers and of peer officers. These questionnaires were used together in order to be able to also cross examine them for correlations between susceptibility to peer influence and perceived stigma.

Procedures

The completed survey was sent out to the Greeley Police Department via their emailing system. This was accomplished by providing Officer Peters with a Qualtrics link that he could then distribute in a mass email to the entire department. Officers that decided to click the link would be taken to the consent page of the survey where they were able to decide whether or not they wanted to opt in to the survey. If officers chose to opt in, they would be met with five

different sections of the survey. First they would answer some demographic questions, followed by the first self-perceived stigma questions. Next officers would answer the peer influence questionnaire, before answering the perceived stigma of others questions. Finally officers completed a section of open ended writing questions and submitted their survey. After all surveys were collected, data was transferred into SPSS where a variety of statistical tests were performed.

Results

Associations Between Reported Self and Supervisor Stigma

The definition of stigma for this research, as previously stated, is as described by Link and Phelan (2006). There were two different conditions used to measure stigma within this survey. The first condition was self-perceived stigma, which measured the stigma of the officer taking the survey. Our second condition was perceived stigma of others, which had officers answering how they believe a superior officer would. A total of 43 officers participated in the survey, however, after eliminating surveys that were not viable, we were left with N=28. We conducted a bivariate correlation with both conditions and were left with a two-tailed r-value of -0.007. With the values gathered it was concluded that we found no significant difference between self stigma and perceived stigma of others. A frequency table was also created and found that ~40% of officers reported less self-stigma than the stigma they perceived in others (e.g., a supervisor), ~11% reported self-stigma equal to that perceived in others, and ~50% reported more self-stigma than perceived stigma of others.

Self-Stigma & Peer Influence Correlations

After analyzing both stigmas together, we also decided to compare self-stigma against peer influence. We correlated the data and found similar results to the stigma test. The two-tailed

p-value was calculated out to 0.367, and a r-value of -.171. While closer than the stigma comparison alone, the results were still not significant. There was a table of independent effect sizes created, which reaffirmed that there was no significance. Since we were unable to filter out officers based on their years served, we decided to correlate their total years served against the officers self-stigma. We found a p-value of 0.214 and a very weak correlation with the r-value 0.219, showing no significant correlation between the years an officer served and their reported self-stigma. Finally we conducted a t-test to evaluate the difference between officers that reported receiving counseling in the past and those that had not where we found no significant difference in the means.

Discussion

The purpose of my research was to investigate the potential relationships between police stigma towards mental health treatment and peer influence. I wanted to specifically look into how superior officers impacted the rookies that they worked with. The correlations created from the data were unfortunately unable to produce any significance. There was no correlation between an officer's perceived peer influence and their level of reported self-stigma. Even without significant results from the quantitative data, we were still able to acquire qualitative data that had some interesting relation to the trends in current literature.

A trend that my research had particular interest in was the amount of years served impacting officers' stigma (Tewksbury, 2018). Earlier it is referenced that Tewksbury (2018) found that officers that had served for longer periods of time, tended to have higher levels of stigma towards mental health. Upon collecting written responses in my survey, I found that the most senior officers were in direct contradiction with this trend. One such quote from a senior officer stated,

“I am open to it, recognizing the challenges to mental health wellness in the police profession. The sights and sounds of the job are impactful and if not dealt with properly can lead to serious psychological problems.”

This quote was just one of several collected from senior officers, of which we will keep their exact years of service private in the interest of anonymity. I feel that it is incredibly important to recognize statements such as these. They suggest that changes within police culture could be occurring, at least within this one department. It is incredible to also notice some level of self awareness within the department. As many statements we collected also referenced police culture as a whole and the role it plays in stigma. The most notable being the following statement

“...You can wonder if they will think less of you and your ability to get the job done. Additionally you wonder if your peers will lose trust in your ability to handle calls and the stress...”

I find that even if my research did not collect quantitative evidence to support my hypothesis, that I was still able to gather qualitative data that could help spearhead future projects.

Throughout this research there have been many hurdles that made producing viable data difficult. One of the most major being the inability to regulate data collection solely to rookie officers, resulting in a significant change in the way we analyzed the data. The small size of the sample also played a huge role in the quality of the data and being able to infer any true results from the significance values. The sample pool itself was also limited to one department which could also greatly impact the variability of the samples results. With the many potential problems within the data itself, no serious inferences can be made from most of the data. However, even with a lack of significance, this research does raise a plethora of questions within this area of research. First off, the lack of significance itself could potentially show how carefully officers were thinking about the questions they faced in the survey. This could mean that officers were much more conscious about the impacts of stigma within their department and took that into

account when answering. There was also still a small level of difference when considering which type of stigma officers presented more. Officers tended to lean more towards perceiving themselves as having more stigma towards mental health than they perceived others as having stigma. It is also important to mention the many other conditions that were not prioritized by this survey that could still be explored.

Conditions such as gender, ethnicity were collected in this survey, but we did not use them to analyze our data. In future versions of such a survey it would be very interesting to see how these conditions could impact the individual responses of officers. There is evidence within general research that supports differences between genders and ethnicities in how individuals view mental health and treatment. Being able to break down these differences and apply them to officers could yield important results. It would be important as well to increase the size of any future samples as well as survey a greater number of departments. Another point for future research is the possibility of comparing not only officers within one region, but to greatly increase the scale and compare data from various counties, or even states. Overall even if there were no significant inferences made from this particular survey, we feel that it opens important questions to future research that could make a major impact within the policing world and our communities.

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Appendix A – Data Tables

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
stig_se_total	34	18.00	44.00	35.2353	7.33633
stig_su_total	28	18.00	47.00	33.3571	7.84202
pe_inf_total	30	41.00	57.00	49.7667	3.77545
Valid N (listwise)	27				

Table 1

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	stig_se_total	35.0357	28	6.65266	1.25724
	stig_su_total	33.3571	28	7.84202	1.48200

Table 2

Paired Samples Correlations

		N	Correlation	Significance	
				One-Sided p	Two-Sided p
Pair 1	stig_se_total & stig_su_total	28	-.007	.487	.973

Table 3

Paired Samples Test

		Paired Differences					Significance			
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		t	df	One-Sided p	Two-Sided p
					Lower	Upper				
Pair 1	stig_se_total - stig_su_total	1.67857	10.31738	1.94980	-2.32209	5.67924	.861	27	.198	.397

Table 4

Paired Samples Effect Sizes

		Standardizer ^a	Point Estimate	95% Confidence Interval	
				Lower	Upper
Pair 1	stig_se_total - stig_su_total	Cohen's d	10.31738	.163	.534
		Hedges' correction	10.61548	.158	.519

a. The denominator used in estimating the effect sizes.

Cohen's d uses the sample standard deviation of the mean difference.

Hedges' correction uses the sample standard deviation of the mean difference, plus a correction factor.

Table 5

Correlations

		stig_se_total	stig_su_total
stig_se_total	Pearson Correlation	1	-.007
	Sig. (2-tailed)		.973
	N	34	28
stig_su_total	Pearson Correlation	-.007	1
	Sig. (2-tailed)	.973	
	N	28	28

Table 6

Statistics

stig_se_sup_diff

N	Valid	Missing
	28	14

Table 7

Correlations

		stig_se_total	stig_su_total	stig_se_sup_diff
pe_inf_total	Pearson Correlation	-.171	.002	-.096
	Sig. (2-tailed)	.367	.994	.635
	N	30	27	27

Table 8

Correlations

		years_ser
stig_se_total	Pearson Correlation	.219
	Sig. (2-tailed)	.214
	N	34
stig_su_total	Pearson Correlation	-.014
	Sig. (2-tailed)	.943
	N	28
stig_se_sup_diff	Pearson Correlation	.192
	Sig. (2-tailed)	.328
	N	28

Table 9

stig_se_sup_diff

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	-21.00	1	2.4	3.6	3.6
	-13.00	2	4.8	7.1	10.7
	-7.00	2	4.8	7.1	17.9
	-6.00	1	2.4	3.6	21.4
	-5.00	1	2.4	3.6	25.0
	-4.00	1	2.4	3.6	28.6
	-2.00	2	4.8	7.1	35.7
	-1.00	1	2.4	3.6	39.3
	.00	3	7.1	10.7	50.0
	1.00	2	4.8	7.1	57.1
	2.00	2	4.8	7.1	64.3
	3.00	1	2.4	3.6	67.9
	5.00	2	4.8	7.1	75.0
	9.00	2	4.8	7.1	82.1
	13.00	1	2.4	3.6	85.7
	14.00	1	2.4	3.6	89.3
	17.00	1	2.4	3.6	92.9
	23.00	1	2.4	3.6	96.4
	24.00	1	2.4	3.6	100.0
Total		28	66.7	100.0	
Missing	System	14	33.3		
Total		42	100.0		

Table 10

Group Statistics

	Have you received counseling or therapy before?	N	Mean	Std. Deviation	Std. Error Mean
stig_se_total	Yes	20	35.7500	7.70424	1.72272
	No	12	34.1667	7.01729	2.02572
stig_su_total	Yes	16	33.3750	8.05709	2.01427
	No	10	34.4000	8.23542	2.60427
pe_inf_total	Yes	18	50.6667	4.13023	.97351
	No	10	48.4000	3.09839	.97980
stig_se_sup_diff	Yes	16	2.1875	10.96795	2.74199
	No	10	-.5000	9.31248	2.94486

Table 11

Appendix B – IRB Approval

Protocol #	Protocol Type	Investigator	Title	Protocol Status	Approval Date	Expiration Date	Last Approval Date	Initial Submission Date	Lead Unit	Lead Unit Name	Summary/Keywords	Active
2210045532	Exempt	Isaiah Jonas	The Relationship of Inter-Police Interactions and Stigma Towards Menta...	Exempt	01/25/2023			11/10/2022	40720	Psychology		Yes

Note: Proof of IRB Approval