

Depression in the Police Department **by Diana Nielsen**

Why does Sgt. Eric Weaver talk about mental health and the police force? He tells us that he talks about it because every 24 - 52 hours in this country a police officer takes his or her own life. In fact, statistics indicate two to three times as many officers commit suicide than are killed by suspects. The rate of failed marriages among law enforcement officers is 80% with the average newly married officer divorced after five years. Domestic violence among law enforcement officers is twice the national average. The average life expectancy of an officer is 5 - 10 years after retirement.

Sgt. Weaver has had tremendous personal experience because in November of 1995, he thought seriously about killing himself. His wife, who was home with three children, often found herself hiding his gun, car keys, pills, kitchen knives and rope. His suicidal thoughts and behaviors caused him to be hospitalized a total of six times and be out of work for approximately 10 months between 1996 and 1998. Sgt. Weaver praises a very supportive police department and a truly understanding wife.

Sgt. Weaver now realizes that mental illness is like any other physical illness. It is not something you expect to happen to yourself and it is not something you can “snap out of” without help. He used medication and therapy to assist in his recovery. That therapy included two dozen sessions of ECT and medication that, at one point, consisted of approximately 26 pills a day. Now he is back on the job and doing very well.

Because of the stigma associated with mental illness, Sgt. Weaver was worried about what people would think about him. He told his coworkers he was out with back surgery. Sgt. Weaver describes how police officers are trained and told not to show emotion because showing emotion is often seen as a sign of weakness. Yet he felt that he wanted to scream because his depression was like the worst physical pain multiplied by 100. It wouldn't go away and he felt as though he couldn't tell anyone about it.

Sgt. Weaver describes how police officers have to deal with dreadful violence on the job. To deal with this they may develop a black sense of humor. Often they hang out with only police officers because other people do not understand the stresses of a job that one cannot run away from. The toll on the body can be overwhelming when one is called daily onto scenes where there are knives, guns, bats and barricades. Among police officers, only half felt that they had someone to talk to.

What are the results? Sgt. Weaver gives descriptions of high absenteeism, confusion, decreased job efficiency, concentration problems, friction with other officers, high accident rates and unusual behavior like temper tantrums, excessive force and physical violence at home. This may lead to a state of mental and physical exhaustion as the result of this cumulative stress. Sgt. Weaver had to live with the fact that he had made his wife afraid of him so he could feel in control. It took her a long time to finally stand up to him.

He compared this situation of failing to recognize warning signs and seek treatment to rust on a car. If the rust is ignored, it will spread and be more difficult and expensive to fix. What are the warning signs that cannot be ignored? Sgt. Weaver gives descriptions of vague anxiety, depression, boredom, apathy, emotional fatigue and a loss of a sense of humor. What is needed? Sgt. Weaver strongly urges open discussion with family, friends and coworkers, a change of activity and behavior and some professional intervention. Other symptoms he

describes may be frequent loss of emotional control, sleep disturbances, more frequent headaches, colds and stomach problems, muscle aches and intensified physical and emotional fatigue.

Sgt. Weaver indicates that the police officer may withdraw from contact with others and act irritable with reduced concentration and forgetfulness. He continually emphasizes that it is important not to ignore or disregard the signs and symptoms and that it may be helpful to seek out counseling. Untreated this may lead to more serious conditions such as skin rashes, intense depression, increased use of alcohol and non-prescription drugs, increased smoking and elevated blood pressure. Other signs Sgt. Weaver says to look for are crying spells, intense anxiety, rigid thinking, cardiac problems, withdrawal from friends and family, migraine headaches, poor or increased appetite, loss of sexual drive, and ulcers.

Sgt. Weaver describes many things that can happen when an officer is overly stressed or depressed. Some officers tend to turn toward alcohol and extramarital relationships to escape their problems and create a “fantasy-like” atmosphere for themselves. Sgt. Weaver states that although officers are afraid to show certain emotions, the emotions usually shown are anger, rage, jealous and hostility. He continues to add that police officers tend to give the impression that they don’t care . . . and they begin to actually not care. Communication begins to break down in the family, and they cannot understand what is happening. At first the officer may stop wanting to go home, and then the family may stop wanting him to be at home. When this stress reaction becomes critical, intervention is usually necessary. Sgt. Weaver told a story about a police officer who when threatened by a suspect, was ready to confront him hoping to be killed himself. In fact, he had thought of 20 ways to kill himself.

Sgt. Weaver describes who is most likely to recognize that an officer needs assistance with personal problems. He states that at work, the officer’s peer or first-line supervisor has the chance to most recognize that an employee needs assistance. He explains that at home, the significant other or family members have the most chance to do this, but they must first know what to look for. Sgt. Weaver emphasizes that it is critically important to tell someone else if an officer exhibits any significant symptoms and refuses to get help or seek treatment

Because of the stigma and myths associated with depression, Sgt. Weaver explains that a police officer in particular is not ready to admit that he is suffering. An officer often thinks, “If I admit that I am depressed, people will think that I am crazy and will think less of me.” It has been drilled into him that he can do it alone. The more he tries, the harder it gets. The most important thing Sgt. Weaver tells officers to do, though it may be difficult, is to be honest with yourself and others, look for causes, and take some positive action. This can be finding a hobby, beginning an exercise plan, being around positive people and getting help.

Sgt. Weaver has presented this program with his wife to hundreds of police officers and their families in the Rochester Police Department. Most of the time the audience is silent. However, afterwards, he said, many people will call him and say they have experienced some of these symptoms. He is helping the department recognize and deal with mental health problems because he has not been afraid to speak up.

Another Rochester Police Department project the sergeant has taken on is to train specially picked volunteer teams of police officers to establish the “Emotionally Disturbed Persons Response Team (EDPRT).” The EDPRT will have the support of the hospitals to bring people to the ER’s and have them examined and held for observation. It is easier and less time consuming to bring a person to the jail instead of the hospital, but many of these people need mental health services not jail sentences. We are very fortunate in Rochester to have someone who has been through it and wants to make a difference in the mental health treatment of police officers and the entire community.