The toll of duty

By Joanna Weiss

May 25, just shy of 4 p.m., an e-mail showed up in the inbox of every Boston Police Department officer. The subject line was “A Message from the Police Commissioner — Peer Support.” It began with a cryptic reference to “several recent sudden deaths within our ranks. Members that we have lost too soon.”

Officers in the trenches knew precisely what that meant. In the past month, the close community of New England law enforcement had seen several suicides, in different jurisdictions, in quick succession. Official department announcements used euphemistic terms like “sudden passing,” but first responders knew better. They were attuned to clues that came over the scanners: the middle-aged man with the gunshot wound in the neighborhood filled with cops.

Over the past few months and years, police officers have become one of the most talked-about groups of American professionals, courted and cited by politicians, scrutinized for their culture and tactics, honored for their bravery. The public understands that police work is dangerous, subject at times to acute risk and life-altering decisions.

But there’s another persistent threat to the safety of police and first responders, many officers and academics say: their own mental health. A national study using data from the National Occupational Mortality Surveillance program found that police die from suicide 2.4 times as often as from homicides.

Some first responders are willing to admit that they’re straining, not just from the threat of a bad actor with a gun, but from the cumulative effect of day-to-day drama. The job is full of hard-to-process moments: shootings and stabbings, highway wrecks, children harmed, quiet deaths in quiet homes.

What’s equally tough, some say, is the constant need to toggle between work and home, the tragedies and the mundane details of everyday life.

“I’ve gone to so many deaths,” said Eric Hoffman, a firefighter in a district outside Boston. “Someone that’s been married for 50 or 60 years, they wake up in the morning and their spouse doesn’t. We come into the house and we tell the person, ‘I’m sorry, your spouse has passed.’ You go back in the truck and you go out and grab a cup of coffee. Over the course of the years and over a period of time, that stuff gets to you.”

Many first responders also served in the military, which makes them especially prone to post-traumatic stress and depression, notes Dr. Joseph Gold, the chief medical officer of McLean Hospital. There, after the Boston Marathon bombings — at the request of the Boston Police Department and the Boston Fire Department — Gold spearheaded the creation of “LEADER,” one of several programs available to first responders.

From the top down, many departments understand the stress on first responders. The Boston Police Department, for
instance, sends a critical incident stress unit in after particularly traumatic calls and staffs a peer support unit for self-referrals.

“The most important thing to do if you need help,” Commissioner Bill Evans wrote in his e-mail to officers, “is to ask for it or reach out.”

But here’s where the disconnect happens, many first responders say: Good intentions and good systems confront a culture of strength, self-sufficiency, and stigma — and a concern that seeking help will thwart a career.

And because the onus is on first responders to help themselves, they find their own ways to cope. I recently sat in a bar with one police officer and asked what he did to blunt the pain. He smirked wryly and lifted his bottle of Bud.

In some ways, it’s hard to discern how much higher the suicide risk is among police than among the general population. After all, police departments are full of middle-aged white men, the population that statistics show is most likely to commit suicide in the first place.

But former New York state trooper John Violanti, now a professor of public health at the University of Buffalo who has analyzed death certificates and Centers for Disease Control statistics, said police officers are 69 percent more likely to commit suicide than people in other occupations. In a 2013 study published in the International Journal of Emergency Mental Health and Human Resilience, Violanti wrote that “certain traumatic police work exposures” increased the risk of post-traumatic stress disorder, which in turn increased the risk of alcohol consumption, relationship problems, and suicidal ideation.

Violanti advocates for annual mental health checks: sending every officer to a counselor or peer to discuss the past year’s experiences, good and bad. He says police academies should spend as much energy preparing officers for the stress of the job as they do on firearms, driving, self-protection, and self-defense.

“There needs to be more time spent on getting these officers in those basic academies ready to go out in the street,” he said, “because they’re not prepared right now.”

Earlier this year, Violanti testified before the President’s Task Force on 21st Century Policing at a hearing dedicated to police mental health. The group’s report concluded: “The ‘bulletproof cop’ does not exist. The officers who protect us must also be protected — against incapacitating physical, mental, and emotional health problems as well as against the hazards of their job. Their wellness and safety are crucial for them, their colleagues, and their agencies, as well as the well-being of the communities they serve.”

It called for police departments to “overturn the tradition of silence on psychological problems, encouraging officers to seek help without concern about negative consequences.”

Closing that communication gap is critical, said Michael Aamodt, a professor emeritus at Radford University who has studied police suicide. Many officers, he said, aren’t fully aware of the differences between mandatory fit-for-duty evaluations — which aren’t confidential — and voluntary requests to talk out problems, which are.

And the tightknit nature of law enforcement, he said, makes it hard for first responders to share the benefits of support they might be getting. Indeed, some officers, firefighters, and even mental health professionals I spoke to for this story were reluctant to share names or identify departments that had put support systems in place. (The Boston Police Department didn’t respond to repeated queries in time for publication.)
“If you’re a police officer, you’re not supposed to have problems. You’re supposed to solve them,” Violanti said. Yet officers worry that asking for help will set off an unstoppable chain of events. Supervisors will believe they can’t be trusted. They’ll jeopardize their chances for promotion. They’ll be outcasts among their peers.

“If you break your arm, they’ll come in and sign your cast,” Violanti said. “But if you say, ‘Oh jeez, I’ve got depression,’ people aren’t going to talk to you anymore.”

In his 25 years of first responder work, as a firefighter in one district outside Boston and a paramedic in another, military veteran Brian Harkins came up with his own coping mechanisms. Sometimes after a difficult call, the father of four would phone his wife and tell her to put the kids on the phone. If the tough call happened in the middle of the night, he’d ask her to check the kids’ bedrooms. He needed to know they were breathing.

Over several weeks in the fall of 2015, Harkins hit a stretch that taxed his method of self-support. First, he witnessed the grisly aftermath of a car crash: a young man, ejected from his car, was run over six times — twice, in front of Harkins’s eyes.

Harkins was so shaken that a fellow officer connected him with a firefighter from another district, a burly military veteran who sat beside him, talked it out, and spoke about the struggles he himself had faced.

Twelve days later, on his paramedic job, Harkins was first on the scene when a toddler, who had been abducted by a babysitter, was found naked and shivering by the side of a road.

That day, after his duties were done, Harkins called his wife and his district fire chief.

“I said, ‘I’m done, I’m never going back,’ ” he recalled.

Had this happened a few years earlier, that might have been it. When officers complained about witnessing trauma, one previous chief had always responded: “Suck it up and get over it. It’s your job.”

This time, someone in the leadership of Harkins’s department had a different point of view. He made some calls and connected with the state’s critical incident support management program. Created after the Worcester warehouse fire that took the lives of six firefighters in 1999, it assembles response teams of trained peers and professionals, assigns them geographically, and serves every municipality in Massachusetts.

Within 45 minutes, Harkins was in a police station, surrounded by a support team: a police lieutenant, a psychiatrist, an EMT, some other co-workers. After a long conversation, he wound up at McLean Hospital, where he entered the LEADER program.

“It was brutally tough to open yourself up to people you don’t know. It’s probably the worst day of my life, and there I was, being vulnerable in front of everybody.” he said. “If you can do that, the process works.”

LEADER, which stands for Law Enforcement, Active Duty, Emergency Responders, is one of several programs Massachusetts first responders can access through the critical support program. At a farm in Westminster, retired deputy fire chief and licensed psychologist Hayden Duggan and his wife run on-site academy, a five-day sober program for uniformed personnel who have recently witnessed a traumatic event.

The qualifying incidents that send officers to on-site are chilling: time spent at a rescue with a victim who didn’t make it, the suicide or injury of a colleague, responding to an incident that involves the death of a child. The program’s debriefing and wellness techniques, funded through state grants that are in frequent jeopardy, have served some 4,000 first
responders since 1992.

Harkins knew vaguely that such programs existed. But he said he wouldn’t have known their names, or where to find them, without the right connections. Now back on the job, he’s grateful for supportive leadership and family. And he has become an evangelist for the act of seeking help.

“I came out,” he told me, “so they know it’s OK to come out.”

But he and others say little will change, system-wide, until the culture changes from within. It’s a matter of “normalizing the normal” — recognizing that on-the-job stress isn’t a weakness, but a reality, said Tom Greenhalgh, a Billerica police lieutenant who runs training statewide for the critical incident support program.

“Do you buy a car and drive it till it collapses, or periodically do you do maintenance?” Greenhalgh tells first responders. “Public service people — why are they required to go through their whole career without any maintenance work?”