**Mental Health Stigma and Help-Seeking Intentions in Police Employees**

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*Running header: Mental health stigma and help-seeking intentions*

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## ABSTRACT

Mental health problems among police employees are exacerbated by negative attitudes and beliefs around mental health help-seeking that are perpetuated by police culture. We collected anonymous survey data from 259 civilian and commissioned police employees in a mid-sized, Midwestern U.S. city to test hypothesized relationships among help-seeking stigma, help-seeking attitudes, and intended help-seeking behavior. Results demonstrated that mental help-seeking stigma was negatively associated with help-seeking attitudes, and in turn with reduced mental health help-seeking intentions. Structural equation modeling provided support for a model linking help-seeking stigma, help-seeking attitudes, and intentions to seek help. This path model was moderated by psychological distress and previous participation in mindfulness training, which had opposing effects on help-seeking stigma and (indirectly) on intended help-seeking. Results provide insight into policies, practices, and interventions that police agencies may enact to combat stigma, positively influence mental health help-seeking, and improve the mental health and well-being of police employees and the broader community.



**Key words**: Perceived stigma; self-stigma; mental health; help-seeking; mindfulness; psychological distress

# INTRODUCTION

High rates of mental health difficulties among police professionals are well-documented and have widespread negative consequences. A national Canadian survey found that 37% of municipal and provincial police officers and 50% of federal officers screened positive for a mental health disorder (Carleton et al., 2017). A separate meta-analysis reported rates of 15% for posttraumatic stress disorder (PTSD), 14% for depression, 11% for generalized anxiety disorder, and 25% for hazardous drinking (Syed et al., 2020). Psychological distress is accompanied by restricted attention, self-regulatory difficulties, fatigue, and increased anger and aggression, all of which impedes officers' ability to bring clear thinking, careful attention, and empathic, non-discriminatory responses to community members in need (Goff & Rau, 2020; Ma et al., 2013; Rajaratnam et al., 2011). Enhancing police mental health is essential for the well-being of those inside the profession and the broader community.

Police culture plays a key role in this mental health crisis (Tuckey et al., 2012). Police officers are socialized to maintain control over emotions lest they interfere with decision-making, performance, or career advancements (Karaffa & Koch, 2016; Karaffa & Tochkov, 2013; Tuckey et al., 2012). Acknowledging emotional difficulties or offering emotional support runs counter to traditional ideals of masculinity, leading to shame or ridicule by one's peers (Pasciak & Kelley, 2013). Seeking help for mental health challenges may raise questions about one's fitness for duty (Drew & Martin, 2021). As a result, police officers often avoid or suppress emotions that are a natural response to the stress and trauma of their work, often coping with these emotions by abusing alcohol or other drugs or engaging in other destructive behaviors (Karaffa & Tochkov, 2013; Pasciak & Kelley, 2013; Rees & Smith, 2008).

Previous research (Vogel et al., 2007) suggests a pathway that discourages individuals experiencing psychological distress from seeking out mental health support (**Figure 1**). "Public stigma" – or culturally transmitted messages that mental health help-seeking is undesirable or unacceptable – can become internalized as "self-stigma", or one's *personally held* beliefs about the social unacceptability of seeking help and the negative impact of help-seeking on one's self-worth. Self-stigma is proposed to negatively affect specific attitudes about seeking help, which in turn discourages help-seeking behavior. Research utilizing qualitative (Marin, 2012; Newell et al., 2022; Ricciardelli et al., 2020) and quantitative methods (Drew & Martin, 2021; Wester et al., 2010) has demonstrated that public stigma and self-stigma are powerful barriers to help-seeking intentions among police officers. Further, research in police officers validated portions of the Vogel et al. (2007) model initially validated in undergraduate students, demonstrating that self-stigma mediated the relationship between perceived public stigma and treatment-seeking attitudes (Karaffa & Koch, 2016). This suggests that stigma-reducing interventions may improve police officers' attitudes about seeking help, but the researchers did not investigate the impact of negative help-seeking attitudes on help-seeking intentions, as has been demonstrated in non-police populations (Li et al., 2014).

The primary goal of this study was to validate this model of mental health help-seeking intentions (Vogel et al., 2007) in a law enforcement population. By replicating previous findings relating stigma to help-seeking attitudes (Karaffa & Koch, 2016), and extending results to encompass intentions to seek help, this research may indicate proximal targets for interventions with the long-term goal of increased help-seeking and improved mental health outcomes. In contrast to prior research (Karaffa & Koch, 2016), the current study includes civilian employees, who are often overlooked in police mental health research despite reporting similar or higher

rates of burnout, anxiety, and depression as commissioned personnel (McCarty & Skogan, 2013; Carleton et al., 2017; Lentz et al., 2020). The secondary goal was to investigate moderators of help-seeking intentions, including demographic characteristics, self-reported psychological distress, and past exposure to mindfulness training. Mounting evidence suggests mindfulness training has broad physical and mental health benefits for policing (Christopher et al., 2018; Grupe, Stoller, et al., 2021), and it may be less stigmatizing than interventions focused on symptom reduction due to its preventive, strength-based approach to promoting well-being. Moderator analyses highlight individual differences that may influence the pathway linking stigma, attitudes, and help-seeking intentions, thus facilitating the development of tailored help-seeking interventions among police employees.

## METHODS

### Pre-registration

Hypotheses and data collection and analysis plans were pre-registered prior to data collection in May 2020 on the Open Science Framework (https://osf.io/zyk9d). The preregistration included analyses investigating the impact of mandatory wellness checks on variables of interest, but this paper focuses on data from a single time point (due to the elimination of wellness checks following departmental budget cuts).

### Participants and Recruitment

Study procedures were approved by the University of Wisconsin-Madison Minimal Risk Institutional Review Board. All employees of the Madison Police Department, Fitchburg Police Department, and University of Wisconsin-Madison Police Department (all in Dane County, WI, U.S.) were invited to participate in this research (the Fitchburg Department was added after

preregistration to increase sample size). The study was advertised across shift changes and in emails distributed to all employees over a two-week period in May, 2020. Notably, this research took place as agencies were adapting to rapidly changing operational conditions in the early months of the COVID-19 pandemic. Additionally, the end of data collection took place in the days following the murder of George Floyd by former Minneapolis police officer Derek Chauvin on May 25 (only 7/259 responses were obtained after May 25).

**Data Collection**

Recruitment emails included a link to a description of study procedures, informed consent language, and survey questions using the Qualtrics platform. Complete information on survey measures is provided in Supplemental Methods. Briefly, surveys included:

- Demographics and job information.
- Patient-Reported Outcomes Measurement Information System, 29-item version (PROMIS-29; Hays et al., 2018), from which we analyzed anxiety and depression subscales.
- Perceived Stress Scale, 10-item version (PSS-10; Cohen & Williamson, 1988).
- Perceived Stigma and Barriers to Care for Psychological Problems (Britt et al., 2008), which includes a measure of perceived public stigma of help-seeking.
- Self-Stigma of Seeking Help Scale (Vogel et al., 2006), which reflects the internalization of perceived public stigma.
- Mental Help Seeking Attitudes Scale (Hammer et al., 2018), which reflects one's general perceptions (positive or negative) of mental health counseling.
- Past and future utilization of mental health resources. This in-house measure, adapted from previous research in Canadian public safety personnel (Carleton et al., 2020), lists

14 resources for mental health support and asks how many participants previously utilized or would consider utilizing in the future.

- Previous mindfulness training. Participants indicated whether they participated in an 8-week mindfulness training offered to commissioned personnel as part of prior research (Grupe, Smith, et al., 2021; Grupe, Stoller, et al., 2021).

We also included questions about agency culture and climate, and experiences related to COVID-19, which were not analyzed here (see Supplemental Methods).

**Data Analysis**

Statistical analysis was conducted using RStudio (version 1.2.5042; RStudio Team, 2020) in the R programming environment (version 3.6.3; R Core Team, 2020). Linear regression analyses using the lm() library were used to test pre-registered hypotheses regarding factors associated with help-seeking attitudes, previous utilization of mental health resources, and help-seeking intentions. Regression analyses included covariates of agency, civilian/commissioned status, gender, and years of experience. In addition to regression models for individual dependent variables, we used the lavaan() library (Rosseel, 2011) to conduct a path analysis testing the fit of a model linking perceived help-seeking stigma, self-stigma, help-seeking attitudes, and help-seeking intentions (Lin, 2021; **Figure 1**). To test hypothesized moderators, we constructed a model with exogenous variables corresponding to prior mindfulness training and psychological distress symptoms. Psychological distress was operationalized as the standardized sum score of the PSS-10 and PROMIS anxiety/depression scores. See Supplemental Methods for full data analysis details.

## RESULTS

**Table 1** includes information on demographics and work information. Across all agencies, 259 individuals provided informed consent, including 195 commissioned and 64 civilian staff. This represents approximately 20-30% of employees from each of these agencies, and generally reflects the ratio of civilian/commissioned staff in these departments. **Table 2** contains descriptive information for self-report measures. Notably, civilian staff reported higher levels of perceived stress ($t(250) = 2.27$, $p = 0.024$, 95% CI [0.28, 3.89]), anxiety ($t(250) = 3.66$, $p < 0.001$, 95% CI [1.78, 5.87]), and depression than commissioned staff ($t(250) = 3.95$, $p < 0.001$, 95% CI [2.26, 6.75]). See Supplemental Results for other commissioned/civilian differences.

**Mental Health Stigma and Help-Seeking Attitudes**

Controlling for agency, civilian/commissioned status, gender, and years of experience, perceived public help-seeking stigma was negatively associated with help-seeking attitudes ($r_{partial}(249) = -0.36$, 95% CI [-0.46, -0.25], $p < 0.001$; **Figure 2a**). A more robust relationship was observed for self-stigma and attitudes toward mental health help-seeking ($r_{partial}(249) = -0.63$, 95% CI [-0.70, -0.55], $p < 0.001$; **Figure 2b**). A mediation analysis using lavaan() demonstrated the relationship between perceived public stigma and help-seeking attitudes was fully mediated by self-stigma (total effect estimate = -0.053, $p < 0.001$, 95% CI [-0.069, -0.037]; direct effect estimate = 0.00, $p = 0.99$, 95% CI [-0.017, 0.018]; indirect effect estimate = -0.053, $p < 0.001$, 95% CI [-0.070, -0.040]; **Figure 2c**). Generally consistent with hypotheses, prior mindfulness training was associated (at trend-level) with reduced perceived public stigma and more positive help-seeking attitudes (but not self-stigma), and greater psychological distress was associated with greater perceived public stigma, greater self-stigma, and more negative help-seeking attitudes (see Supplemental Results for details).

**Help-Seeking Attitudes and Intended Help-Seeking Behavior**

A novel questionnaire created for this study listed 14 resources police employees might seek out for mental health support. On average, participants reported utilizing 6.3 of these resources in their lifetime (range = 0-13) and 4.1 of these resources over the past 12 months (range = 0-10; **Table 3** and Supplemental Results). To operationalize past and future (intended) mental health help-seeking, we tallied how many resources participants utilized in the past 12 months, and those they "might" or "would definitely" consider utilizing in the future. Controlling for agency, civilian/commissioned status, age, and years of police service, help-seeking attitudes were positively associated with utilization of mental health support in the past 12 months ($r_{partial}(248) = 0.28$, 95% CI [0.16, 0.39], $p < 0.001$; **Figure 3a**). A statistically stronger relationship was observed between help-seeking attitudes and *future* help-seeking intentions ($r_{partial}(247) = 0.45$, 95% CI [0.35, 0.55], $p < 0.001$; difference between correlations: William's $t(246) = 2.48$, $p = 0.01$; **Figure 3b**). Consistent with hypotheses, prior mindfulness training was associated with greater past and intended utilization of mental health resources. Greater psychological distress was associated with greater past resource utilization but *lower* intended future resource utilization (see Supplemental Results for details).

**Path Analysis of Mental Health Help-Seeking Stigma, Attitudes, and Intentions**

Using lavaan(), we modeled the path analysis depicted in **Figure 1**, with exogenous variables of civilian/commissioned status, age, and years of police service (police agency was weakly associated with all endogenous variables, all *p*s > 0.4, and was excluded from the model). Fit indices suggested this model fit the data well ($\chi^2(3) = 6.420$, $p = 0.093$; comparative fit index (CFI) = 0.988; Tucker-Lewis Index (TLI) = 0.927; root mean square error of approximation (RMSEA) = 0.068, $p = 0.268$; Akaike Information Criterion (AIC) = 5059). We added a direct path from perceived public stigma to intended mental health help-seeking, as suggested by a high

modification index using the modindices() function. The resulting model had improved fit indices ($\chi^2(2) = 0.086$, $p = 0.958$; CFI = 1.000; TLI = 1.000; RMSEA = 0.000, $p = 0.977$; AIC = 5054), and is shown in **Figure 4a**.

An additional model included prior mindfulness training and psychological distress as potential moderators. This model fit the data excellently ($\chi^2(8) = 4.563$, $p = 0.803$; CFI = 1.000; TLI = 1.000; RMSEA = 0.000, $p = 0.957$; AIC = 5021; **Figure 4b**). Examination of individual pathways showed significant direct effects of psychological distress ($Z = 6.07$, $b = 3.25$, $p < 0.001$) and prior mindfulness training on perceived public stigma ($Z = -2.21$, $b = -2.52$, $p = 0.03$). Psychological distress was indirectly associated with *lower* intended help-seeking through *increased* perceived public stigma, whereas prior mindfulness training was indirectly associated with *higher* intended help-seeking through *decreased* perceived public stigma.

## DISCUSSION

Results of this cross-sectional study in 259 commissioned and civilian police employees provide support for a pathway in which perceived public help-seeking stigma becomes internalized as self-stigma, leading to negative help-seeking attitudes and reduced intentions to seek mental health support. These findings underscore the importance of perceived public stigma – police employees' beliefs about what others might think if they sought out mental health support – for help-seeking intentions. In previous research, police officers underestimated the extent to which coworkers wanted to seek help for mental health concerns (Karaffa & Koch, 2016) and believed that *others* were less interested in seeking help than they were *themselves* (Karaffa & Tochkov, 2013). Individuals may not recognize that coworkers' behaviors and attitudes around help-seeking reflect a desire to fit in with the group, as opposed to personally

held beliefs and values. By highlighting this discrepancy between *perceptions* and *realities* of attitudes about help-seeking, police organizations may be able to correct erroneous beliefs of "what everybody else thinks" and shift both group norms and individual attitudes about seeking help (Karaffa & Koch, 2016). This combination of group norms and individual attitudes are posited to influence intentions to engage in behavior change (Azjen & Fishbein, 1980), and our finding that help-seeking attitudes were associated with increased help-seeking intentions suggests that correcting erroneous attitudes and beliefs about help-seeking may encourage greater help-seeking behavior across the organization.

**Stigma, help-seeking, and policing**

Moving the needle on perceived help-seeking stigma is challenging in a culture that strongly values stoicism and views emotional difficulties as a sign of weakness (Drew & Martin, 2021; Tuckey et al., 2012). Fortunately, our results suggest that changing beliefs about help-seeking may not require changes in widespread cultural beliefs. Our finding that the negative impact of perceived public stigma on help-seeking attitudes was fully mediated by self-stigma – replicating previous research in undergraduate (Vogel et al., 2007) and police samples (Karaffa & Koch, 2016) – suggests that interventions targeting *self-stigma* around help-seeking can change help-seeking attitudes, which represent the most proximal factor for intended behavior change (Azjen & Fishbein, 1980). A report commissioned through the 2017 Law Enforcement Mental Health and Wellness Act (Spence et al., 2019) suggested regular mental health check-ins could help destigmatize the help-seeking experience and encourage additional help-seeking behavior, particularly if made mandatory for all employees and not just those perceived as having "a problem". The same report, however, also noted the absence of empirical support for the impact of these check-ins.

**Opposing influences of mindfulness and distress on help-seeking intentions**

A "foundational step" for increasing mental health help-seeking, argue Drew & Martin (2021), is normalizing the negative emotions that arise in an environment full of trauma, loss, and human suffering. Acknowledging and talking about these natural emotional responses, rather than avoiding or suppressing emotions to project a façade of strength and control, may encourage help-seeking when the impact of occupational stress and trauma becomes overwhelming. Engaging in these conversations in a supportive group setting with one's peers may be especially helpful in normalizing these experiences and reducing help-seeking stigma. Indeed, we found that previous participation in an 8-week, group-based mindfulness training was a significant moderator of the path proceeding from perceived public stigma to help-seeking intentions. Mindfulness practices support greater awareness of internal sensations, emotions, and thoughts and encourage curiosity and acceptance of challenging experiences, rather than avoidance or suppression. These data are correlational, and mindfulness participants may have entered the training with lower levels of stigma or more positive help-seeking attitudes than their peers; prospective designs are needed to establish a causal role of mindfulness for promoting mental health help-seeking.

In contrast to relationships with mindfulness training, greater psychological distress was associated with greater perceived stigma and reduced help-seeking intentions. Elevated stigma among those with more mental health symptoms presents a paradox for encouraging help-seeking. Mental health interventions may need to be framed in terms of skill-building or as addressing less stigmatized needs (e.g., improving sleep or strengthening relationships) to effectively engage these individuals. Notably, participants generally reported greater interest in seeking support from family, friends, and peers as opposed to mental health professionals (Table

3). Providing members of these networks with resources or knowledge about how to effectively provide mental health support could be a valuable intervention strategy that circumvents the barrier of help-seeking stigma.

**Civilian police employees and help-seeking**

Civilian employees, representing 25% of our sample, reported significantly greater levels of psychological distress than commissioned staff, consistent with previous results from the few studies that have included civilian personnel (Carleton et al., 2017; Lentz et al., 2020; McCarty & Skogan, 2013). Civilian employees also endorsed fewer mental health resources they would seek out in the future (Table 3 and Supplemental Results), but it is also the case that some resources are only available to commissioned staff in these agencies (e.g., peer support, critical incident debriefing). This snapshot of group differences highlights the importance of including both civilian and commissioned staff in future mental health research to shed light on the unique and shared needs of all members of the organization.

**Limitations**

This study included multiple police departments and civilian as well as commissioned staff, yet generalizability is limited by the constrained geographical representation of the sample and self-selection bias. The sample's relative racial and ethnic homogeneity – representative of the agencies invited to participate – limits generalizability to non-white police employees. Another limitation is the use of a novel, unvalidated help-seeking measure that quantifies the *number and type* of resources participants would seek out rather than their *likelihood* of seeking help using a validated help-seeking scale (e.g., Cash et al., 1975). This decision increases external validity and relevance to our collaborating agencies, but reduces internal validity. Finally, a prospective design is needed to establish a causal relationship between mindfulness

training and help-seeking intentions, and the specificity of this relationship is unknown; perhaps officers engaging in *any* kind of wellness initiative might report increased help-seeking intentions.

## CONCLUSIONS

One implication of these results for police agencies is the value of multi-level interventions for increasing mental health help-seeking. Individually focused interventions to reduce self-stigma must be paired with organizational messaging about the importance of acknowledging difficulties and seeking help, which can reduce perceived public stigma. Stigma-reducing interventions are most effective when based on social contact and first-person narratives and supported by a long-term organizational commitment (Thornicroft et al., 2016). For meaningful organizational and cultural changes to occur, management and direct supervisors must provide clear, consistent, and personal communication that normalizes conversations about mental health and makes clear the protections in place for employees who seek help.

More broadly, interventions to increase help-seeking behavior should be considered a core element of police reform, as police mental health is inextricable from the mental health, well-being, and physical safety of the entire community. As the author and therapist Resmaa Menakem writes, “It’s hard to keep the peace when your own body is constricted, unsettled, stressed, and traumatized” (Menakem, 2017, p. 125). Community safety and well-being necessitates the development of novel strategies to reduce help-seeking stigma, promote individualized and culturally appropriate mental health supports, and help police professionals address the unresolved and unmetabolized trauma that too often results in tragedy. This work

affects community members and police practitioners alike, and identifying creative solutions necessitates collaboration among these groups to ensure these solutions are of mutual benefit.

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## CONFLICT OF INTEREST DISCLOSURES

The author has no conflict of interest to report. This is an original report that has not previously been published in part or in full elsewhere. A pre-print version of this article has been posted to PsyArXiv (https://psyarxiv.com/xsey9/).

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## Figures

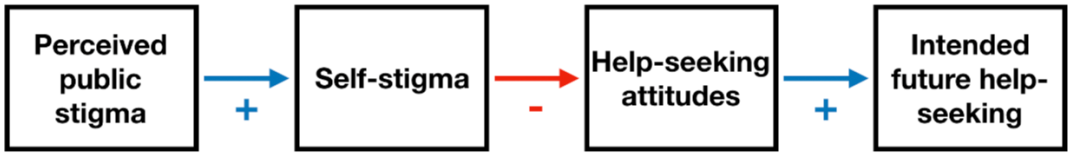


**Figure 1.** Theoretical model linking perceived public stigma, self-stigma, help-seeking attitudes and intended future help-seeking (based on Vogel et al., 2007).

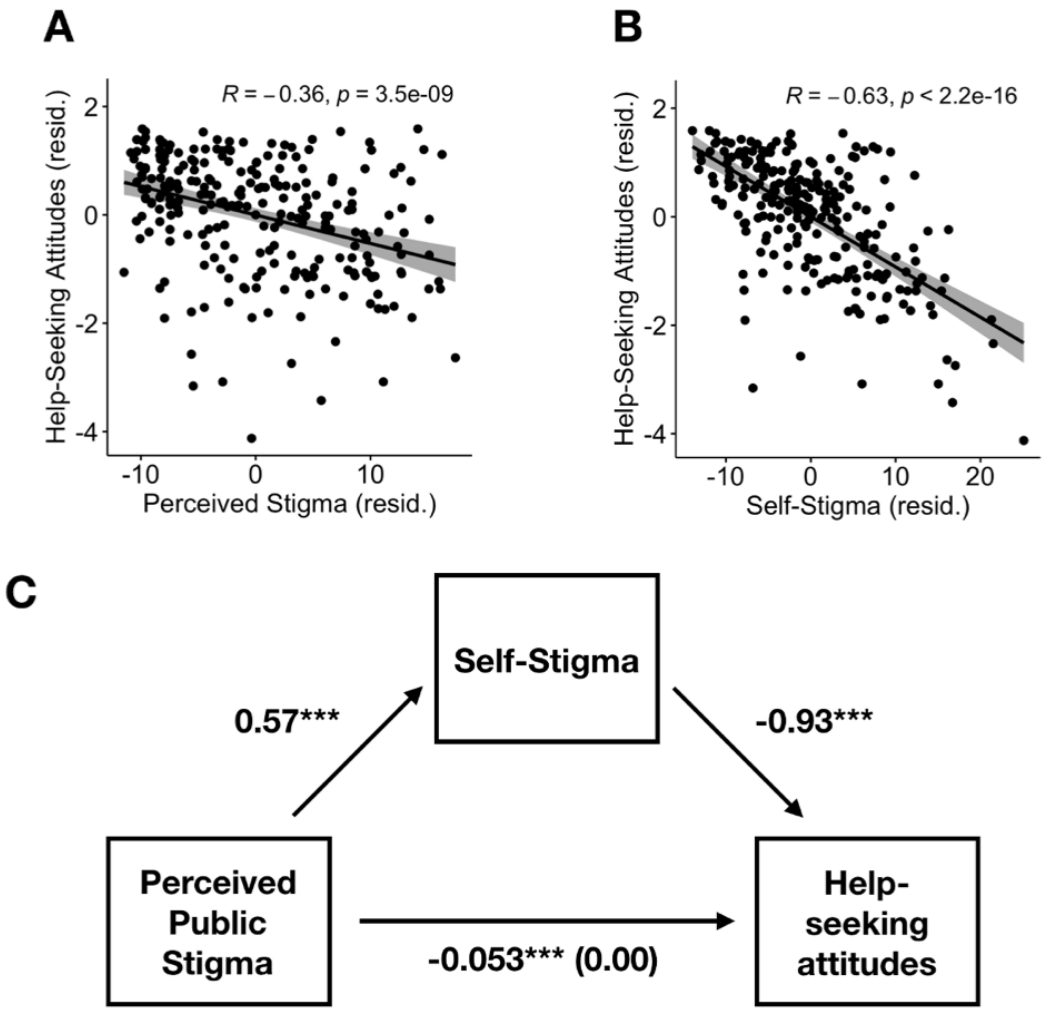


**Figure 2.** Increased perceived public stigma (A) and self-stigma of help-seeking (B) were each associated with more negative help-seeking attitudes, controlling for police agency, civilian/ commissioned status, gender, and years of work experience. (C) The relationship between perceived public stigma and more negative help-seeking attitudes was fully mediated by self-stigma of help-seeking.

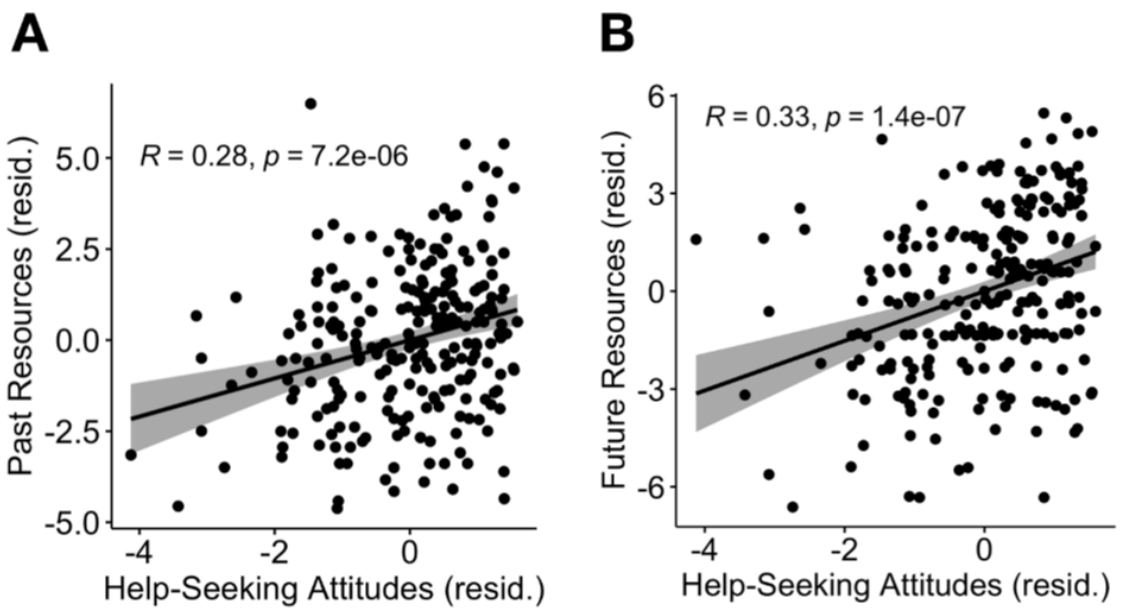


**Figure 3**. Controlling for police agency, civilian/commissioned status, gender, and years of work experience, more positive attitudes toward seeking help were associated with greater past utilization of mental health resources (A) and increased intentions to utilize mental health resources in the future (B).

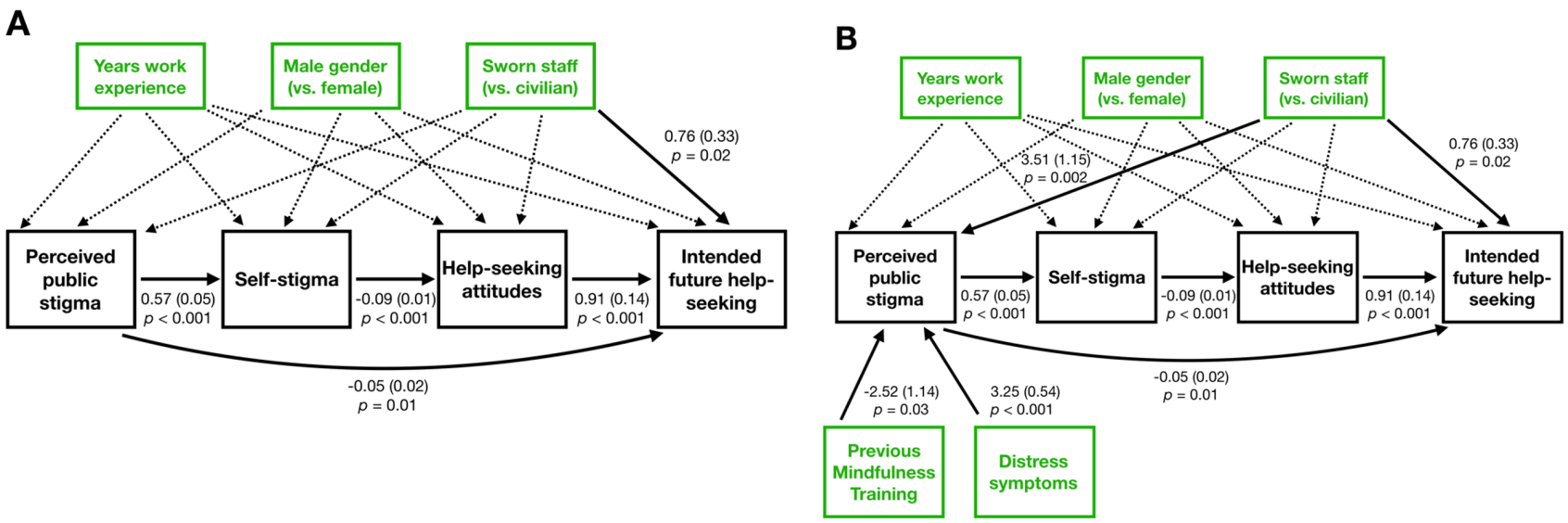


**Figure 4**. (A) Structural equation modeling provided evidence of a good fit for a path model linking increased perceived public stigma, increased self-stigma, more negative help-seeking attitudes, and decreased future intended help-seeking. There was a significant direct path from job classification to help-seeking intentions, with increased intended utilization of resources among sworn relative to civilian staff. (B) The inclusion of moderating variables indicated an indirect effect of greater psychological distress symptoms on decreased intended help-seeking via increased perceived public stigma. In contrast, previous mindfulness training contributed indirectly to greater future help-seeking via decreased perceived public stigma. The inclusion of moderators also resulted in a significant path between job classification and perceived public stigma, with sworn vs. civilian staff reporting greater stigma that resulted indirectly in decreased intended help-seeking.

| | Civilian employees | Sworn employees | All employees |
|---|---|---|---|
| **Gender** | | | |
| Woman | 47 (69%) | 76 (40%) | 123 (48%) |
| Man | 21 (31%) | 113 (60%) | 134 (52%) |
| **Age range** | | | |
| 18-24 | 3 (4%) | 11 (6%) | 14 (5%) |
| 25-34 | 21 (31%) | 55 (29%) | 76 (30%) |
| 35-44 | 15 (22%) | 62 (33%) | 77 (30%) |
| 45-54 | 17 (25%) | 53 (28%) | 70 (27%) |
| 55 or older | 11 (16%) | 6 (3%) | 17 (7%) |
| Prefer not to say | 1 (1%) | 2 (1%) | 3 (1%) |
| **Race** | | | |
| Asian/Pacific Islander | 2 (3%) | 2 (1%) | 4 (2%) |
| Black | 0 (0%) | 4 (2%) | 4 (2%) |
| Native American | 0 (0%) | 1 (1%) | 1 (0%) |
| White | 63 (93%) | 170 (90%) | 233 (91%) |
| More than one | 1 (1%) | 5 (3%) | 6 (2%) |
| Prefer not to say | 2 (3%) | 7 (4%) | 9 (4%) |
| **Ethnicity** | | | |
| Hispanic or Latinx | 2 (3%) | 15 (8%) | 17 (7%) |
| Not Hispanic or Latinx | 65 (96%) | 169 (89%) | 234 (91%) |
| Prefer not to say | 1 (1%) | 5 (3%) | 6 (2%) |
| **Years of work experience** | | | |
| 0-4 | 27 (39%) | 45 (24%) | 72 (28%) |
| 5-9 | 15 (22%) | 27 (14%) | 42 (16%) |
| 10-14 | 13 (18%) | 37 (20%) | 50 (19%) |
| 15-19 | 5 (7%) | 32 (17%) | 37 (14%) |
| 20 or more | 8 (12%) | 47 (25%) | 55 (21%) |
| Prefer not to say | 0 (0%) | 1 (0%) | 1 (0%) |
| **Job classification** | | | |
| Civilian non-supervisor | 57 (84%) | - | - |
| Civilian supervisor | 10 (15%) | - | - |
| Police officer | - | 112 (59%) | - |
| Detective/Investigator | - | 32 (17%) | - |
| Sergeant | - | 20 (11%) | - |
| Management | - | 21 (11%) | - |
| Prefer not to say | 1 (1%) | 4 (2%) | - |

**Table 1**. Participant demographics and job characteristics. Percentages may not add up to 100% due to rounding.

| | Civilian employees | Sworn employees | All employees |
|---|---|---|---|
| **Perceived Stress Scale** | 15.7 (7.2) | 13.6 (6.1) | 14.2 (6.5) |
| **PROMIS Depression** | 52.5 (8.4) | 48.0 (7.8) | 49.1 (8.2) |
| **PROMIS Anxiety** | 57.3 (7.3) | 53.5 (7.3) | 54.5 (7.5) |
| **Distress Composite** | 0.34 (0.96) | -0.11 (0.82) | 0.0 (0.9) |
| **Perceived Stigma** | 15.2 (7.7) | 16.4 (7.6) | 16.1 (7.7) |
| **Self-Stigma** | 22.1 (7.6) | 23.6 (7.6) | 23.2 (7.6) |
| **Help-Seeking Attitudes** | 5.7 (1.1) | 5.7 (1.1) | 5.7 (1.1) |
| **Number of mental health resources used** | | | |
| Lifetime | 5.7 (2.7) | 6.5 (2.6) | 6.3 (2.7) |
| Past 12 months | 3.7 (2.3) | 4.2 (2.1) | 4.1 (2.2) |
| May consider in future | 10.2 (2.9) | 10.8 (2.3) | 10.6 (2.5) |

**Table 2**. Descriptive information for self-report questionnaires. All values reflect means (standard deviations in parentheses).

| | Percent who utilized resource in past | | | | Percent willing to utilize resource in future | | | |
|---|---|---|---|---|---|---|---|---|
| **Resource** | **All employees** | **Civilian employees** | **Sworn employees** | **Fisher's exact *p*** | **All employees** | **Civilian employees** | **Sworn employees** | **Fisher's exact *p*** |
| Chaplain | 1.6% | 4.5% | 0.5% | 0.06 | 13.5% | 12.1% | 14.1% | 0.83 |
| Critical Incident Stress Debriefing | 64.9% | **25.8%** | **78.9%** | **< 0.001** | 52.6% | **30.3%** | **60.5%** | **< 0.001** |
| Counseling (inside law enforcement) | 38.2% | 39.4% | 37.8% | 0.88 | 40.2% | 43.9% | 38.9% | 0.56 |
| Counseling (outside law enforcement) | 47.8% | 54.5% | 45.4% | 0.25 | 49.4% | 51.5% | 48.6% | 0.77 |
| Crisis Hotline | 2% | 3% | 1.6% | 0.61 | 10% | 13.6% | 8.6% | 0.24 |
| Family Therapy | 31.9% | 34.8% | 30.8% | 0.12 | 34.3% | 36.4% | 33.5% | 0.76 |
| Friend (inside law enforcement) | 78.9% | **57.6%** | **86.5%** | **< 0.001** | 68.1% | **53%** | **73.5%** | **0.003** |
| Friend (outside law enforcement) | 81.7% | 80.3% | 82.2% | 0.71 | 70.9% | 69.7% | 71.4% | 0.87 |
| Medications | 27.5% | 34.8% | 24.9% | 0.15 | 24.3% | 22.7% | 24.9% | 0.87 |
| Mindfulness/ Meditation | 68.1% | 66.7% | 68.6% | 0.76 | 55.4% | 53% | 56.2% | 0.67 |
| Minister/Faith Leader | 13.5% | 15.2% | 13% | 0.68 | 17.9% | 15.2% | 18.9% | 0.58 |
| Partner/Family Member | 87.3% | 81.8% | 89.2% | 0.14 | 77.3% | 72.7% | 78.9% | 0.31 |
| Peer Support | 29.5% | **13.6%** | **35.1%** | **< 0.001** | 31.1% | **16.7%** | **36.2%** | **0.003** |
| Supervisor | 53.8% | 56.1% | 53% | 0.77 | 30.7% | 39.4% | 27.6% | 0.09 |

**Table 3.** Percentage of all staff, civilian staff, and sworn staff who indicated that they had utilized specific mental health resources in their lifetime (left columns) or that they may or definitely would consider using specific mental health resources in the future (right columns). Significant group differences between civilian and sworn staff as calculated using Fisher's exact test are bolded.