



Information overload: How COVID-19 has amplified operational stress among first responders

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Denver Police wearing face masks monitored a Stay at Home peaceful protest at the Denver capital.
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Every veteran law enforcement officer has a story of their worst moment encountered on the job. Domestic violence. Extreme poverty. Abused and battered children. Shooting someone while on duty. Witnessing the death of a fellow officer.

Thankfully, not everyone who signs up to protect and serve will experience all the above — and certainly not on a regular basis. But, particularly for tactical officers, EMTs, and those who find themselves responding to high-risk incidents, trauma is an all-too-familiar part of the job.

Whether it's a rookie cop on a community beat or a SWAT team member who has handled hostage rescues, high-risk warrant service and barricaded gunmen, the common thread that links these officers is an interest in protecting others. In an effort to keep individuals and families in their community safe, law enforcement officers quickly analyze information, evaluate risk, and intercede when necessary to ensure the best possible outcomes. These decisions are often made in a split second, and, depending on the situation, the wrong instinct can have potentially fatal consequences. Making choices that impact lives is part of the job.

Why, then, can an officer find inner conflict in telling a young family their kids can't use a playground? Couple any of the worst moments mentioned above with the more cumulative everyday pressures a law enforcement officer faces, and you're left with a concept known as operational stress injury (OSI).

First introduced by the Canadian Forces to describe the range of negative health effects that resulted from military service, and referred to by some as combat and operational stress reactions, operational stress is essentially any persistent psychological reaction that stems from exposure to stressful on-the-job events. Outside of combat, some examples of operational stressors include:

- Reduced quality of life and communication resources for an extended period
- Prolonged separation from significant support systems and loved ones
- Cumulative exposure to significant injuries or death¹

Those three examples may sound a bit too realistic in light of recent events. But in the COVID-19 universe we're all living in, these are stressors any first responder can face en masse. For EMTs in big cities, the exposure to a large number of people who are suffering from the effects of the coronavirus is a very real concern. That can also be true for law enforcement officers — a tip about a body in a shed at a New Jersey nursing home in April, for instance, led police to 17 bodies in the facility's morgue.²

Even for those in the law enforcement world who aren't front and center for the very worst elements the pandemic has wrought, there are consequences — and complications.

Operational stress is essentially any persistent psychological reaction that stems from exposure to stressful on-the-job events.

First responders don't have the luxury of working from home during a crisis, and in many cases, they've been asked to provide a level of social distancing enforcement on top of the regular elements of their jobs. While putting themselves at additional risk in what seems like an effort to save lives, police officers have often been cast in a negative light.

With so many public health mandates left up to state and local levels,

and compliance varying depending on the location, police have been criticized for either too aggressively enforcing social distancing rules and the wearing of facial coverings, or being too lax. Simply responding to calls of social distancing violations has turned violent on several occasions; in Mississippi, an officer was shot in May by partygoers who were upset that police responded to a call about a gathering that didn't feature proper physical distancing.³

In New Hampshire, video showed angry parents coughing on two Concord police officers who had asked them to leave a playground with their children.⁴ One woman, a local school board member, said she felt that the officers were infringing on their constitutional right to assemble.

"Clearly, the public is not united on what should be done in the community to keep people safe from the virus," Sue Rahr, a former sheriff who runs the police academy in Washington state, told NPR in a May interview.⁵ "And so the cops really do get trapped in the middle."

What seems like the denial of civil liberties to some is simply law enforcement officers trying to do the right thing. In a climate like the one the pandemic has introduced, though, that line tends to get blurrier by the day. It makes officers question their purpose, and it makes them feel as if a public target on their back is getting a bit bigger.

One side of the brain is saying to enforce rules that will keep the most people safe, even if that means telling a 6-year-old she can't go down a slide. The other side is still trying to process this information overload, because in February, such a controversy was unimaginable. That makes operational stress — and the resulting mental health effects — all the more prevalent.

ADJUSTMENT DISORDERS ADD ANOTHER LAYER TO OPERATIONAL STRESS INJURY

The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders defines an adjustment disorder as the development of emotional or behavioral symptoms in response to an identifiable stressor(s) occurring within three months of the onset of the stressor(s).

In order for symptoms to be clinically significant, they have to be out of proportion to the severity or intensity of the stressor within the context of the event itself. There also has to be a marked impairment in social or occupational functioning.

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You can imagine the events that typically trigger symptoms like this: a job loss, divorce, death in the family, etc. Those are circumstances that affect a small group of people on an individual level. But as painful as some of them may be, they are situations we're all familiar with — even if they haven't personally affected us.

No one had any frame of reference for the rather immediate economic, social and physical ramifications of the coronavirus crisis. Though it's hardly

a clinical definition at this point, some experts have begun to use the term pandemic adjustment disorder. It's difficult to imagine a person who hasn't gone through some sort of bereavement process as we have begun to understand the impact of COVID-19 on the life we know.

For law enforcement officers, it's another symptom of operational stress. Suddenly, the day-to-day pressures of serving and protecting have been amplified. What was perfectly acceptable human behavior in 2019 — say, throwing a party with 60 people or sunbathing on a crowded beach — suddenly might require an officer to intercede.

There's another element that has hit the first responder community hard: a lack of opportunity to grieve. Funerals around the country have been postponed or modified due to fear of spreading the virus among gatherers.

A typical funeral for a New York City police officer, for instance, regularly brings tens of thousands of mourners. But as that department began to lose members to COVID-19, fellow officers weren't able to pay proper respects to their fallen brethren, leaving a feeling of emptiness and a lack of closure for many of their colleagues.

All these additional exposures to unresolved grief can lead to a higher rate of burnout and the possibility of unaddressed mental health concerns among law enforcement officers. A study of nearly 13,000 sworn officers representing 89 agencies throughout the United States in 2019 concluded that 19% of those police officers were experiencing severe levels of emotional exhaustion.⁶ A year and a pandemic later, that burnout level is only likely to increase.

One former NYPD psychologist feels that the emotional fallout from the COVID-19 crisis among law enforcement officers will be similar to that of 9/11. “We saw an uptick in suicides and [in] emotional treatment needs, not in the immediate aftermath of 9/11. It was a year to 18 months after that,” Tom Coghlan told ABC News.⁷ “You started to see the uptick in suicides and the uptick in emotional troubles.”

THE PREVALENCE OF OSI AMONG PUBLIC SAFETY OFFICERS

By any measure, there has been more focus on and awareness surrounding mental health concerns in recent years, both for the public at large and public safety officers specifically.

Pinning down the pervasiveness of operational stress injuries — and working on ways to prevent and treat such concerns — has been trickier. Once again, our neighbors to the north, where the concept of OSI originated, have provided a pattern.

The Canadian Institute for Public Safety Research and Treatment (CIPSRT) developed a study in 2016 that asked 6,000 participants across various public safety sectors (police, EMS, firefighters, tactical officers, and other first responders) to provide information about the prevalence of OSI symptoms in their day-to-day work.⁸

Results showed that 44.5% displayed clinically significant symptoms consistent with at least one mental health disorder. Compare that with

the general population, in which estimates hover between 10% and 20%, and you begin to realize just how much operational stress affects those who are serving and protecting.

The University of Regina attempted a similar study last year on Royal Canadian Mounted Police officers, both active and retired, after Veterans Affairs Canada found in 2014 that 41.7% of the long-term disability claims for RCMP officers no longer with the force were related to mental health conditions.⁹

OSI was a problem before the COVID-19 pandemic and will continue to be long after proper treatment and a vaccine are in place. But it’s possible that there could be a silver lining to the coronavirus crisis in the



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law enforcement profession: greater awareness of OSI and better measures in place to treat and prevent it.

FINDING SOLUTIONS TO HELP AT-RISK LAW ENFORCEMENT OFFICERS

Despite the increased focus on the importance of mental health around the world, perhaps no singular event has shined the spotlight on our day-to-day emotional well-being like COVID-19. The Disaster Distress Helpline, a federal crisis hotline that offers counseling for people facing emotional distress during times of natural disasters, saw an 891% increase in calls through April compared with the same time in 2019.¹⁰

If anything, it has put our society's penchant for resiliency on full display. Telehealth has become more prevalent in times of social distancing. The Substance Abuse and Mental Health Services Administration (SAMHSA) has a free national helpline for anyone facing mental health or substance use disorder concerns. National behavioral healthcare providers such as Acadia Healthcare have similar hotlines to serve as gateways to treatment. Residents in the U.S. and Canada can text HOME to 741741 for a free connection with a crisis counselor.

From a first responder perspective, it's important that we leverage the spotlight on these readily available resources to promote change within the law enforcement community. In India, for instance, police officers who are struggling with stress and mental health concerns amid the pandemic have access to an on-call counseling system.¹¹ A University of Calgary study, meanwhile, is delving into the reasons first responders may not seek treatment, also involving the families of these men and women to help

understand their needs as a result of the operational stresses that have been brought into their homes.¹²

The study was developed before the COVID-19 pandemic, but researchers believe it will have added benefit for those who are responding on the front lines of the crisis. "It is increasingly likely that the second wave of the pandemic may not be physical illness but rather the impact on first responders' mental health," Werklund School of Education associate professor Dr. Kelly Schwartz said. "The operational stress will inevitably be carried by the first responder into the home. Our intervention will hopefully strengthen the resiliency of the first responder through these family members so that they can continue to serve in their important public safety occupation."

There's arguably no greater barrier to seeking treatment for a first responder than the stigma of what those within the workplace might think. Yet, there is no better resource for understanding the operational stress those on the front lines face than those who live it themselves.

In 2019, New Jersey established a mandatory resiliency program to provide education and support where officers can recognize and manage on-the-job stress.¹³ Two interesting ideas have already been born out of that, including a webcast titled "Resilient Minds on the Front Lines," which

is made by first responders for first responders. The series aspires to bring hope to those on the front lines during COVID-19 by offering lessons, resources and tools to build resiliency.¹⁴

Elsewhere in the Garden State, one police department has developed a unique solution. The Long Branch Police Department's "resiliency room" gives officers a customized space to decompress after particularly intense emergency calls. Among the available resources: counselors and therapists, breathing stations, a salt lamp, a reclining couch and a tabletop water fountain.¹⁵

"The whole thing of not being able to relax throughout a shift causes problems in our bodies," Long Branch Sgt. Antonia Gonzalez, who helped organize the idea, told NJ Advance Media. "There are physical symptoms that happen when you can't relax and you're eating. Now put 25 years to that."

Still, perhaps the most important piece of the operational stress puzzle lies in the so-called families within the workplace.

On May 1 — the start of Mental Health Awareness Month — a pair of U.S. representatives introduced the bipartisan Confidentiality Opportunities for Peer Support (COPS) Counseling Act, legislation that would increase privacy protections for officers in peer counseling programs. The circumstances that led to the introduction of the bill, unfortunately, were tragic, as the suicide of an Alabama police officer in October 2019 spurred a roundtable on the mental health of first responders and discussion about the stigma surrounding access to helpful resources.

The passing of this bill could have enormously positive ramifications in

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the law enforcement community. The legislation also encourages state and local first responder agencies to adopt peer counseling programs by requiring the U.S. Department of Justice to make best practices available on their website and to provide a list of training programs for individuals to become peer support mentors.

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The COVID-19 pandemic has brought many new realities — and with it, a barrage of new stressors — for law enforcement and first responders around the world. But if we can use it as a starting point to further examine what leads to operational stress and figure out how to tip the scales toward reduced stigmas, open discussion, readily available peer support, and unburdened treatment, this temporary new normal will have produced a permanent revolution toward improved mental health.

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