

8-2018

Protecting and Serving Yourself: The Mental Health of Police Officers in Kaukauna, Wisconsin

Caina Weiner

University of Nebraska Medical Center, cainaweiner1@gmail.com

Follow this and additional works at: http://digitalcommons.unmc.edu/coph_slce

 Part of the [Psychiatric and Mental Health Commons](#), and the [Public Health Commons](#)

Recommended Citation

Weiner, Caina, "Protecting and Serving Yourself: The Mental Health of Police Officers in Kaukauna, Wisconsin" (2018). *Service Learning/Capstone Experience*. 45.

http://digitalcommons.unmc.edu/coph_slce/45

This Service Learning/Capstone Experience is brought to you for free and open access by the Master of Public Health at DigitalCommons@UNMC. It has been accepted for inclusion in Service Learning/Capstone Experience by an authorized administrator of DigitalCommons@UNMC. For more information, please contact digitalcommons@unmc.edu.

Protecting and Serving Yourself: The Mental Health of Police Officers
in Kaukauna, Wisconsin

Caina Weiner

SL/CE Final Paper

University of Nebraska Medical Center

Abstract

The service learning hours performed at the Kaukauna Police Department served as a valuable learning experience to better understand an organization that is involved in public health.

Although some may view this as non-traditional, the police department is quite involved in the community's health. They work closely with public health officials and are also involved in certain public health programs, such as drug and alcohol programs. The health of a police officer must also be considered as a public health topic. A police officer is part of a vulnerable population of individuals that are "first responders." These individuals are at a greater risk for experiencing harmful stress while on the job. The service learning hours and capstone work for this project allowed me to look into the world of a police officer. It proved to be an invaluable experience to show just how intense the job is and ultimately, how the job can affect the mental health of the police officers. A mental health screening tool was distributed to all officers at the Kaukauna Police Department. This survey attempted to collect data on the mental health and wellbeing of the police officers. The goal for this project was to understand the current mental health status of the Kaukauna Police Department by conducting a mental health needs assessment. The information collected by this needs assessment was given to the superiors of the police department and from there, the department can decide if it is necessary to help their officers. The needs assessment also allowed for the officers to be able to reflect on their own mental health and acknowledge the importance of it for the safety of themselves and their community.

Introduction

Problem Statement

Police officers and other individuals who are considered first responders are at an increased risk of experiencing stress and emotional trauma due to their line of work.

Importance of Project

Populations that are more vulnerable to health issues should be considered as a public health issue and concern. The history of public health has shown that there have been groups of individuals that have suffered tremendously because their vulnerability was not acknowledged and they were not protected. A public health practitioner/official holds a great responsibility to protect those that cannot protect themselves in regards to their health and wellbeing. Those individuals that may not realize they are more at risk should be educated and armed to combat the barriers that threaten their welfare.

If a police officer is suffering with a mental health issue, they are not able to perform to the best of their ability. In these situations, police officers may be a danger to themselves or others around them. It is imperative for the police department and the community that the officers are in good mental health.

Literature Review

The role of public health throughout the history of time has proven to be invaluable. There have been tremendous achievements and discoveries in this field. When one thinks of public health, they should also simultaneously think of safe food and water, waste disposal and treatment, injury prevention, tobacco cessation and infectious disease control. These are all

subcategories and there are countless more within the public health field. The knowledge of and the work within these subcategories are imperative to society's ability to survive and progress. The extensiveness of public health allows for it to be applicable to most any field out there. "For example, tobacco research efforts have been successful in facilitating cooperation among disciplines such as advertising, policy, business, medical science, and behavioral science" and "A transdisciplinary approach has also shown some evidence of effectiveness in obesity prevention by engaging numerous sectors, including food production, urban planning, transportation, schools, and health" (Brownson et al., 2017). Various occupations and individuals are often unknowingly involved in public health efforts every single day. Life, as many know it, revolves around public health. It is a field that will never stop being important and necessary.

Research and practice in public health has contributed to health triumphs, such as disease eradication, and tough lessons learned, such as the Tuskegee study. The beauty and the challenge to public health is that it is, often times, harrowingly multifaceted. "Nearly every public health problem is complex, requiring attention at multiple levels and among many different disciplines. Part of the complexity is that populations are affected disproportionately, creating inequities in health and access to resources" (Brownson et al., 2017). It is no mystery that some populations are more vulnerable than others. Vulnerable populations refer to those individuals that often come across barriers that affect their health, those individuals that are experiencing health issues at an unequal degree compared to others, and those individuals that do not have the ability to have a say in their health issues. Waisel (2013) defines vulnerable populations in medicine to include those that are socioeconomically disadvantaged, the LGBTQ community, patients in prison, and those with a medical disease that is stigmatized. But what about those with jobs that negatively affect their health?

There are certain career fields that have potentially more risk and are more harmful to employees than others. Nail salon technicians are exposed to toxic materials and fumes that are harmful to their health. They wear masks as protective equipment to limit and prevent exposure. Other careers are more indirectly destructive to the health of the individual. First responder jobs and other jobs that deal with high stress and trauma are often shown to directly affect the mental health of the worker. At times this type of health issue is hard to recognize and hard to define. This should not make the concern any less of a priority. “In spite of their impact, mental health issues have been largely neglected in public health agendas” (Wahlbeck, 2015).

“According to the World Health Organization (WHO), mental health is not just the absence of illness, but is rather conceptualized as a state of wellbeing in which the individual realizes his/her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his/her community. Consequently, public mental health is not just about the occurrence and prevention of mental disorders in the population, but also includes the promotion of mental health and wellbeing. Public mental health thus encompasses the experience, occurrence, distribution and trajectories of positive mental health and mental health problems and their determinants; mental health promotion and prevention of mental disorders; as well as mental health system policies, governance and organization” (Wahlbeck, 2015).

As with any public health concern, in order to address the problem, one must understand it completely. Mental health issues are not selective to a type of person, but they are seen more in certain groups of people. First responders who often deal with stressors and trauma on the job are at risk for experiencing issues with their mental wellbeing. For example, many studies have

demonstrated the negative mental health effects of the September 11th, 2001 terrorist attacks.

“Numerous research studies on first responders have reported mental health problems, including posttraumatic stress disorder (PTSD), depression, panic disorder, anxiety, and anger associated with 9/11 rescue and recovery work” (Bowler et al., 2016). Although not all police officers will experience issues with their mental health only because they are first responders, It is important to understand that this population is faced with work challenges that might cause them to be more at risk than others.

“Police officers routinely face critical incidents such as violent offenders, motor vehicle fatalities, and mistreated children. Police are tasked with keeping the peace and helping traumatized victims. Overtime, the effort to alleviate the victims’ suffering may come with a cost” (Andersen & Papazoglou, 2015). The mental health issues that might stem from this are varied. Police officers could experience compassion fatigue, burnout, depression, anxiety, post-traumatic stress disorder (PTSD), etc. Andersen & Papazoglou (2015) say “a former uniformed psychologist at New York City police department argues that police officers encounter - over the course of their career - a range from 10 to 900 events that would potentially be classified as traumatic or severe stress-related.”

Stress and poor mental health can actually affect an individual in many ways. “Over time, a highly stressful occupation, such as policing, can negatively impact officers’ health and performance. Research studies show that police officers are at higher risk of contracting heart disease, diabetes, cancer, and even dying earlier than their civilian peers” (Andersen & Papazoglou, 2015). This issue is not just an officer having a bad day at work. The mental health of an officer is critical for the individual, for other officers, and for the community. An officer’s

performance on the job can be affected by his or her poor mental health status. The life of the officer and the lives of civilians may be jeopardized.

What can be done to make sure that the mental health of police officers is acknowledged and protected? How can a department head take control of their situation and understand the status of their officers' mental health? Are there simple solutions to these serious and complex problems?

There may be barriers that police officers face when it comes to their mental health. One barrier might be that the officers are not recognizing that they are actually going through a problem. They will certainly feel as if they are going through a hard time, but they may not understand exactly what they are experiencing. With this, they may feel as if they cannot go to someone else for help. Another barrier officers may face is the stigma against seeking help or treatment for their mental health. Papazoglou and Andersen (2014) suggest that this kind of stigma is inherent in traditional "police cultural." Some officers might be afraid of how they would look to others if they admitted to and sought help for their struggles with their mental health. "In Europe and the USA, 52–74% of people with mental disorders do not receive treatment" (Clement et al., 2015). Having mental health issues can be very harmful and the individuals suffering with these issues deserve to be acknowledged and treated appropriately.

Police departments can ensure that they are doing their best to properly prepare their officers and arm them with resources that will protect their mental health. "Police educators are an untapped resource, able to teach trainees at the start of their career about the health realities of chronic exposure to critical incidents and provide training about positive coping skills and resilience" (Papazoglou & Andersen, 2014). Having resources readily available such as posters,

business cards, pamphlets and even access to individual or group counseling sessions would create an educated, open, and welcoming environment to all police officers. They would be able to identify if this was an issue that needed to be treated. They would also feel empowered enough to seek treatment, and have the resources to guide them to seek that treatment. A mental health needs assessment would add to the literature on first responders' and police officers' mental health. While there is a lot of information out there, any additional information would be helpful to learn more about this important topic. This paper will be an addition to the literature on mental health of police officers in a small, midwestern city.

Placement Site

Kaukauna Police Department (Kaukauna, Wisconsin)

Kaukauna is a small city in the eastern part of Wisconsin. It has a population of around 16,000.

“The mission of the Kaukauna Police Department is to enhance the quality of life in the City of Kaukauna by working with the public to enforce the law and provide for a safe environment. The Kaukauna Police Department will strive to provide quality police services and promote a ‘partnership for a safer community’ through police and citizen interaction, with emphasis on education, respect, fairness and integrity” (City of Kaukauna, 2018).

Methods

Defined Research Question

What is the mental health status of the police officers at the Kaukauna Police Department?

Application of Theories/Theoretical Models

Health Belief Model

“Since the 1950s, the Health Belief Model (HBM) has been one of the most widely used conceptual frameworks in health behavior research, both to explain the change of health-related behaviors and as a guiding framework for interventions” (Skinner, Tiro, & Champion, 2015). This theory was loosely used throughout this project. The overall principle of the HBM is that people are more likely to engage in a health behavior if they believe they are at risk, that the risk could have serious consequences, that there are benefits of taking action, that the benefits of engaging in the health behavior outweigh the barriers that might be preventing them to take action (Skinner, Tiro, & Champion, 2015).

The idea that the police officers may not have realized that they are among a vulnerable population reflects the first part of the premise of the HBM. If the police officers do not think that they are susceptible to mental health issues, then they are not likely to be taking any action on protecting their own mental health. Similarly, a little education and self-reflection could be what the officers need to acknowledge their own mental health and whether or not they are suffering through something real. The small steps taken and activities performed could prove to be the awareness that the department needed.

Study Design

This was a cross-sectional study of police officers in Kaukauna, Wisconsin. A mental health screening tool survey and informal personal interviews were used to collect data.

Study Population/Study Sample

The Kaukauna Police Department

Police officers

Sample Size

Out of the 26 eligible participants to the study, 16 participants provided data.

Data Collection Methods

Mental Health Inventory (MHI) and the Global Assessment of Functioning (GAF) scale were used to measure symptoms and function levels. Personal interview was another method of data collection.

The MHI is a standardized survey that was developed to measure psychological distress and well-being in general populations (Viet and Ware, 1983). It also measures five correlated factors (anxiety, depression, emotional ties, general positive affect, and loss of behavioral emotional control) so that the tool includes both positive aspects of well-being and negative aspects of mental health (Coombs, 2005). The MHI uses a 6-point Likert-style response with “items rated in terms of frequency or intensity of symptoms or states of mind over the past

month” (Coombs, 2005). The original MHI includes 38 items in the survey, but there are abbreviated versions as well (5-item, 18-item). This study used the 18-item MHI.

The screening tool was distributed to the officers via their work mailboxes and a communication was sent out to their work emails. There was a designated temporary mailbox for the primary investigator of the study and the officers were directed to place their completed surveys in this mailbox. All surveys were kept anonymous.

“GAF is a scoring system for the severity of illness in psychiatry” (Aas, 2011). This scale is used both clinically and in research. It is a simplistic scoring guide that “is constructed as an overall (global) measure of how patients are doing and rates psychological, social, and occupational functioning, covering the range from positive mental health to severe psychopathology” (Aas, 2011). Scores shown on the GAF can range from 1-100. A score of 0 would mean that there is not enough information to assess the individual.

The personal interviews were informal and semi-structured. They lasted approximately between 10-30 minutes each. Questions were formulated by the primary investigator before each conversation. The interviews took place in the Kaukauna Police Department and the patrol cars of the police officers. Data was recorded during the interviews by the primary investigator using a notebook and pen or the “notes” section of a smartphone to document interviewee responses. One of the main questions posed to the officers was “What do you do to wind down after a particularly difficult or stressful shift?”

Statistical and/or Analytical Methods

The MHI screening tool served as a symptom measure and then the scores from the MHI were examined using the Global Assessment of Functioning (GAF) scale to assess severity. Each

response on the 16 completed surveys was manually entered into the MHI 18 score calculator online, which is used as a general resource for clinicians, by the primary investigator. The objective of this study was not to diagnose the individual participants, but to provide a needs assessment of the population. “Given the relatively complicated nature of scoring the MHI, it is often undertaken automatically by local clinical information systems” (Coombs, 2005). Higher scores on the following subscales indicate positive states of mental health: General Positive Affect, Emotional Ties, and Life Satisfaction. Higher scores on the following subscales indicate negative states of mental health: Anxiety, Depression, and Loss of Behavioral / Emotional Control (Coombs, 2005).

Expected Policy Analysis, Interventions and Program Development Recommendations

The process of becoming a police officer involves a psychological evaluation. Mental health is not usually re-evaluated unless an officer is involved in a shooting (Personal interview, 2018). The Kaukauna Police Department does offer some annual trainings around firearms and arrest tactics, but there are no trainings focused on the mental health of the officers. The officers have received information on who or where to go if they need help, and information on counselors that are available. However, there are always costs associated with this that must be considered and many of the officers in law enforcement have big egos that might make them stray from getting help (Personal interview, 2018). The police officers at the Kaukauna Police Department do have access to a suicide hotline and crisis number, just as the general public would have.

The Kaukauna Police Department could introduce a regularly (yearly, quarterly) mental health screening test for its officers. They might consider mental health being covered in onboard

training for new officers. Another possibility would be for the police officers to have access to regularly scheduled counseling sessions, either in a group or 1:1 format. The department can make sure to distribute adequate resources around the department (posters, brochures, etc.) to create an environment that is acknowledging and accepting the importance of mental health.

Results

The police officers of the Kaukauna Police Department were given the MHI-18 self-rated questionnaire to complete and turn in so that the mental health status of the department could be assessed. These officers were given the option to opt out of the study if they preferred to do so. Out of the 26 screening tools that were distributed, 16 of them were filled out. Table 1 below summarizes the results of the MHI-18 data analysis. The overall score, which reflects overall mental health status, ranged from 28 to 93 with an average of 79.44.

Table 1. MHI 18 Results

	Overall	MHA	MHD	MHC	MHP
Range	28-93	16-91	20-100	50-100	25-95
Average	79.44	73.75	83.44	90.31	70.94

MHA = Anxiety MHD = Depression MHC = Behavioral Control MHP = Positive Affect

The second column in Table 1 above shows the overall score range and average of the participants. Column three, MHA, shows the score range and average for anxiety. Column four, MHD, shows the score range and average for depression. Column five, MHC, shows the score

range and average for behavioral control. Column six, MHP, shows the score range and average for positive affect.

The average overall score for the 16 participants was 79.44. The average score for anxiety was 73.75. The average score for depression was 83.44. The average score for behavioral control was 90.31. The average score for positive affect was 70.94. Each of these scores was assessed using the GAF scoring system in Figure 2 found in the “Appendices” section of this paper.

As for GAF, out of the 16 participants, only three of them scored as superior functioning with no symptoms that impair functioning. The majority of the participants (eight) scored as having minimal symptoms. In this range on the GAF score, these participants may experience situational symptoms such as having stress or anxiety before an important test. Three participants scored in the 71-80 range, which the GAF defines as having a “slight impairment in work or school with occasional symptoms that are expected reactions to psychological stressors” (Aas, 2011). One participant scored as having moderate symptoms. Moderate symptoms could be occasional panic attacks or some difficulty in building meaningful relationships (Aas, 2011). The lowest score screened by the MHI was a 28. A 28 on the GAF scale is considered severely impaired in many areas. A person scoring in this range might stay in bed all day and have no meaningful relationships.

The personal interviews conducted allowed for the primary investigator to get to know some of the officers personally and individually. The officers gave their opinions on the department’s mental health focus, and the consensus was that there were basic resources and support provided, but nothing that went above and beyond to help the officers’ mental health.

This might be because there is a clear strain on resources for the department. Officers reported different ways in which they could unwind after a difficult or stressful day or night on the job. Some officers preferred talking to loved ones while others preferred using certain substances, such as sleeping pills and/or an alcoholic drink, to help them relax and sleep better.

Discussion/Recommendations

It is important to keep in mind that this study did not diagnose the mental health of individual police officers at the Kaukauna Police Department. The objective of this study was to provide a needs assessment for the department, and not diagnose or treat any mental illness. A needs assessment is a way to identify and address current conditions. The primary investigator of this study was interested in determining whether or not there was a public health need regarding the mental health status of the police officers in Kaukauna, Wisconsin. With this information, the leaders of the organization could do what they thought would be necessary to address the need.

When looking at the average score of the participants, there does not seem to be a mental health problem with the officers. The majority of participants scored “normally” on the GAF scale and there should be nothing to worry about with these individuals. Most people regularly experience certain mental health symptoms situationally, such as stress and anxiety. The results of two participants are low. Again, this study is not diagnosing these individuals with a mental health disorder. The needs assessment brings up the fact that it may be an issue, and it deserves some attention. Although two participants may seem like a low number, keep in mind that the population sample size was low to begin with by having only 16 officers complete the survey. With these numbers, we could say that 13% of the officers at the Kaukauna Police Department may be struggling mentally.

Because this group was so small, it might be better to think of the smaller picture and not the bigger picture. As a small-town police department, there is not a huge number of officers employed. With smaller groups, it is easier to focus attention on individuals. From what was observed with the Kaukauna Police Department, it is obvious that they value each and every one of their officers. With the results of this needs assessment, it could benefit the organization to consider each officer individually, and not as a group. For example, because only two officers might be struggling, that does not make it any less important than if the whole department was struggling. The officers work as a team and support each other, and if some of those officers are not able to perform at their best, it will affect the whole team; the whole department.

Allowing the needs assessment to occur and acknowledging mental health as an issue to consider was a great step for the Kaukauna Police Department. While it was clear that this organization cares for its officers, the mental health status was still unknown. This is a sensitive topic and a health issue that isn't necessarily required to be screened. Although police officers are screened for mental health issues upon entry into the position, it appears that not all departments continue to screen their officers' mental health. This is not to say that it is because the departments do not care about the mental health of their officers, but more so that it isn't something that is regularly done. It would be beneficial to continue to screen the mental health status of officers on a regular basis. Quarterly or yearly screenings would be appropriate, depending on resources and staff competencies, and the discretion of the organization leaders.

Many small steps to improve the department could be made. The leaders could distribute the screening tool used in this study whenever they see fit to get a snapshot of their department's mental health status at the time. Being aware that there could be an issue and acknowledging those issues are vastly important. Another step that the department could make is to actively

continue being an environment that allows sensitive topics to be discussed. Whether the support is peer to peer or leader to subordinate, it is beneficial to create a space where individuals feel they can be open with one another, without the possibility of being judged. There is a stigma on mental health issues that is equated to weakness. This cannot be the attitude of a department that wants their officers to feel safe and able to discuss any concerns they are having, especially if these concerns are caused by the job.

Posters, brochures, and other resources can be hung up and distributed around the department. This is another way for the officers to feel supported and feel like they have options on helping themselves if they are struggling. In a personal interview, Officer Maas disclosed to me that she likes to have a conversation with her mother over the phone after any particularly difficult shift (Maas, personal interview, 2018). This is a way for Officer Maas to cope with her stressors and relieve some negative mental health symptoms. In another interview, I learned that after every shift, one officer takes a sleeping pill and has a beer. The officers could benefit from learning about and adopting healthy and helpful downtime activities that may allow them to cope with or unwind from their oftentimes heavy workload. Depending on the resources of the department, the officers could attend regular trainings or sessions on mental health. There could be an opportunity or opportunities for officers to sit with the group or have one-on-one meetings with a mental health professional. Anything that would make the officers feel empowered and supported would be beneficial. The worst thing would be for an officer to feel alone or feel like they do not have any options available to them. There should always be an option for help.

Conclusions

Police officers are part of a vulnerable population that might experience mental health issues more frequently because of the stress and trauma of their working environment. Police officers and other first responders often deal with very heavy issues and situations. Because of this, it is important that their mental health is always considered. The Kaukauna Police Department should consider having regular mental health screenings and mental health resources around the department. To continue being the strong team that they are, they should take care of every individual.

Resources

Aas, I. M. (2011). Guidelines for rating Global Assessment of Functioning (GAF). *Annals of General Psychiatry*, 10, 2. <http://doi.org/10.1186/1744-859X-10-2>

Andersen, J. P., & Papazoglou, K. (2015). Compassion fatigue and compassion satisfaction among police officers: An understudied topic.

Bowler, R. M., Kornblith, E. S., Li, J., Adams, S. W., Gocheva, V. V., Schwarzer, R., & Cone, J. E. (2016). Police officers who responded to 9/11: Comorbidity of PTSD, depression, and anxiety 10–11 years later. *American journal of industrial medicine*, 59(6), 425-436.

Brownson, R. C., Baker, E. A., Deshpande, A. D., & Gillespie, K. N. (2017). *Evidence-based public health*. Oxford University Press.

Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., ... & Thornicroft, G. (2015). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological medicine*, 45(1), 11-27.

City of Kaukauna. (2018). Welcome.

<https://www.cityofkaukauna.com/departments/police/>

Coombs, T. (2005). Australian Mental Health Outcomes and Classification Network. Mental Health Inventory: Training Manual. *NSW Institute of Psychiatry*.

https://www.amhocn.org/sites/default/files/publication_files/mhi_manual.pdf

Mental Health Inventory (MHI-18) Calculator.

<http://www.pmidcalc.org/?sid=6630688&newtest=Y>

Papazoglou, K., & Andersen, J. P. (2014). *Abstract*. A guide to utilizing police training as a tool to promote resilience and improve health outcomes among police officers. *Traumatology: An International Journal*, 20(2), 103.

Skinner, C. S., Tiro, J., & Champion, V. L. (2015). The health belief model. *Health behavior: theory, research, and practice*. 5th ed. San Francisco (US): Jossey-Bass, 75-94.

Veit, C.T., & Ware, J.E. (1983). The structure of psychological distress and well-being in general Populations. *Journal of Consulting and Clinical Psychology*.

Wahlbeck, K. (2015). Public mental health: the time is ripe for translation of evidence into practice. *World Psychiatry*, 14(1), 36-42.

Waisel, D.B. (2013). Vulnerable populations in healthcare. *Curr Opin Anaesthesiol*. 26(2):186-92.

Service Learning/Capstone Experience Reflection

My experience with the Kaukauna Police Department was very unique. I can confidently say that I have never had this kind of experience before and I do not believe I will have this kind of experience again. Working so closely with police officers and in a police department setting was eye opening and humbling. I gained a lot of respect for what these individuals do for their

communities. I also learned a lot about camaraderie and the importance of peer-support in the workplace.

During my time with the Kaukauna Police Department, I learned that it is an organization that very much prides itself on being a respectable aspect of the community. This organization cares about what the community thinks and it works hard to maintain a decent reputation. The safety of the community is top priority. I witnessed that the Kaukauna Police Department places value on friendship and support between officers. The management style is strict but informal. Often times I noticed that the organization uses humor and other light-hearted behavior as a way to get through the hours of work that might actually be a little heavy.

The people I encountered at this organization are much different than what I expected when I first started the project. I had a very cinematic view of what the standard police officer was like: strict, curt and uptight. This could not have been more wrong. The officers that I met during this project were kind, humorous and very willing to educate me on the many aspects of police work that I was unfamiliar with. It was a pleasant surprise to meet these officers and learn more about them and what they do for a living.

At the Kaukauna Police Department I put in many hours of administrative support work. I am very familiar with this kind of work as the position I work in right now is an administrative support position in a hospital. I went on countless ride alongs with different officers. Most of my time was spent with my preceptor, Officer Maas. I did spend the occasional shift with other officers as well, to switch up my experiences. My shifts at the department were usually on nights and weekends, as that was the working schedule of Officer Maas. It worked out really well as I also have a fulltime job during the day.

Officer Maas was an incredible resource throughout the entire project. She acted brilliantly as a liaison between the police department and me. It took strong communication between Officer Maas and myself and Officer Maas and the department/other officers to successfully fulfill the hours and activities. Once the officers were comfortable with my presence at the department, they were able to open up and be themselves.

There was a brief presentation created to present the results of the needs assessment to the Chief of Police and the Assistant Chief of Police at the Kaukauna Police Department. Although this project was not a study where treatment was given to the participants, it was still important to let the organization leaders see and understand the results. The information was given to them and they are now able to do what they see as necessary to support their department and officers. Recommendations were given on any changes that might be helpful.

I think a great accomplishment was to go into the department and get the officers to acknowledge how they are feeling and consider their mental health when quite possibly they had never before. I believe everyone should be conscious of how they are feeling mentally, just as much as how they are feeling physically. Although it is clear that the leaders care for their officers, I think it was important to have them reflect on the officers' mental well-being so that they can continue supporting them to the best of their ability. I believe I succeeded at coming into an unfamiliar setting and allowing the officers to feel comfortable enough with me so that they could discuss sensitive topics. It is possible that I brought in ideas and recommendations that had never been considered before.

The greatest challenge of this project was time management. The past several months has been the busiest time of my life. I have a fulltime job that I work Monday through Friday during the day. Adding in the Service Learning and Capstone hours on top of my regular work hours

was, at times, insanely difficult. I did have to make some social life sacrifices during this time, but I know that it will all be worth it. I understood that a few crazy months would go by quickly and that I just needed to get through it. I still found a little extra time for myself so I would not be too overwhelmed.

My views of public health practice were impacted by this project in several ways. Mostly, I now understand just how broad the field of public health really is. There are a lot of nontraditional topics that do not fit neatly into the box of public health that one might have in mind. I know now the importance of understanding a person and their story in public health practice. It is tremendously valuable to spend time with a group of people while you are trying to assess a public health problem. In public health practice, listening can be more beneficial than coming in and talking to a group of individuals.

My education in public health prepared me by allowing me to understand when it was appropriate to talk to participants and making sure I knew to give the officers an option on whether or not they wanted to participate in the needs assessment at all. I was not afraid to consult experts or communicate with my preceptor if I needed help or had questions. I felt supported during this project and I also felt very empowered to learn and grow on my own. This was truly an experience that I will not forget.

Acknowledgements

I would like to thank the University of Nebraska Medical Center and all the wonderful professors and associates that I have had the pleasure of encountering during my educational career. The work for this project was kept on track by Laura Vinson, who showed me great

patience and was an excellent resource that I could go to for support. I am so grateful for Dr. Palm and Dr. Watanabe-Galloway for their professional expertise and their willingness to be members of my project committee.

I would also like to thank the Kaukauna Police Department for agreeing to be my project placement site. The organization leaders and the officers at the department welcomed me into their territory with kindness and acceptance. I am especially indebted to Officer Maas, who took me under her wing and acted as the most supportive and helpful preceptor. She allowed me to intrude on her work space but never once made me feel like I was a nuisance. I learned a tremendous amount from Officer Maas and the other officers, and I cannot thank them enough for the experience.

Thank you all so much for your support.

Appendices

Figure 1: Complete MHI Screening Tool

MENTAL HEALTH INVENTORY (MHI)

The next set of questions are about how you feel, and how things have been for you during the past 4 weeks. If you are marking your own answers, please circle the appropriate response (0, 1, 2,...). If you need help in marking your responses, tell the interviewer the number of the best response. Please answer every question. If you are not sure which answer to select, please choose the one answer that comes closest to describing you. The interviewer can explain any words or phrases that you do not understand.

During the past 4 weeks,
how much of the time...

	All of the <u>time</u>	Most of the <u>time</u>	A good bit of <u>the time</u>	Some of the <u>time</u>	A little bit of <u>the time</u>	None of the <u>time</u>
1. has your daily life been full of things that were interesting to you?	1	2	3	4	5	6
2. did you feel depressed?	1	2	3	4	5	6
3. have you felt loved and wanted?	1	2	3	4	5	6
4. have you been a very nervous person?	1	2	3	4	5	6
5. have you been in firm control of your behavior, thoughts, emotions, feelings?	1	2	3	4	5	6

	<u>All of the time</u>	<u>Most of the time</u>	<u>A good bit of the time</u>	<u>Some of the time</u>	<u>A little bit of the time</u>	<u>None of the time</u>
6. have you felt tense or high-strung?	1	2	3	4	5	6
7. have you felt calm and peaceful?	1	2	3	4	5	6
8. have you felt emotionally stable?	1	2	3	4	5	6
9. have you felt downhearted and blue?	1	2	3	4	5	6
10. were you able to relax without difficulty?	1	2	3	4	5	6
11. have you felt restless, fidgety, or impatient?	1	2	3	4	5	6
12. have you been moody, or brooded about things?	1	2	3	4	5	6
13. have you felt cheerful, light-hearted?	1	2	3	4	5	6
14. have you been in low or very low spirits?	1	2	3	4	5	6
15. were you a happy person?	1	2	3	4	5	6

	<u>All of the time</u>	<u>Most of the time</u>	<u>A good bit of the time</u>	<u>Some of the time</u>	<u>A little bit of the time</u>	<u>None of the time</u>
16. did you feel you had nothing to look forward to?	1	2	3	4	5	6
17. have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
18. have you been anxious or worried?	1	2	3	4	5	6

Figure 2: GAF Scoring System

- **100 to 91.** Superior functioning with no symptoms that impair functioning.
- **90 to 81.** Absent minimal symptoms, such as anxiety before an exam.
- **80 to 71.** Slight impairment in work or school with occasional symptoms that are expected reactions to psychological stressors.
- **70 to 61.** Mild symptoms, such as mild insomnia or depressed mood or some difficulty in social, occupational, or home situations.
- **60 to 51.** Moderate symptoms, such as occasional panic attacks, or some difficulty in building meaningful social relationships.
- **50 to 41.** Serious symptoms, such as suicidal thoughts or severe, obsessive rituals. The person could also have severe impairment in work, such as being unable to keep a job.
- **40 to 31.** Some impairment in communication, psychosis (loss of touch with reality) or both, or major impairment in school, work, family life, judgment, thinking, or mood.
- **30 to 21.** A person experiences frequent delusions or hallucinations or features severely impaired communication or judgment. They're unable to function in almost all areas, such as staying in bed all day, and have no meaningful relationships.
- **20 to 11.** A person is in danger of hurting themselves or others. They may have made suicide attempts, display frequent violent behaviors, or have major impairment in communication, such as muteness or speaking incoherently.
- **10 to 1.** A person is in almost constant danger of hurting themselves or others, has made a serious suicidal act with clear expectation of death, or both.
- **0.** There's inadequate information to assess the person.

(Aas, 2011)