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Police mental health: A Discussion paper
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Over the past several years, the mental health of police and other first responders has become a priority for many first responder organizations, health care providers, policy makers and academics[1]. The extent and impact of mental illness, including substance use disorders, on our first responders has become apparent[2] and it is increasingly clear that these individuals need support.

While the focus of this paper is police mental health, CAMH is supportive of all first responder mental health needs. Our interest in police mental health is two-fold. First, as Canada's largest teaching hospital focused on mental health and addictions, CAMH uses its expertise in clinical care, research, education and system building to improve the lives of all people affected by mental illness. More specifically, our Work Stress and Health (WSH) program provides evidence-based clinical care to first responders. Given the growing focus on police mental health, CAMH wanted contribute to the conversation on this important topic. Second, CAMH has been a strong advocate for improving interactions between police and people with mental illness. Police mental health has been a part of this advocacy work because we know that it can impact how crisis situations are handled. As informal first responders of the mental health system[3], police are typically first on the scene when a person in the community is in crisis*. While the vast majority of these encounters are resolved without incident, more complicated situations can end in tragedy - and research demonstrates that there is a significant relationship between police stress and burnout and use of force[4].   Mentally healthy officers are better able to effectively engage with people in crisis and potentially reduce violent confrontations[5]. That is why it is in all of our best interests to support police officer mental health and well-being.

In this paper we look at the extent of mental illness in police officers across the country. We explore the stress that officers experience as part of their jobs and as part of a unique workplace culture. We look at the impact of that stress on police mental health and well-being. We also examine some of the programs, policies and legislation that have been introduced to address officer mental health. And finally, we offer some thoughts for moving forward on the crucial issue of police mental health.

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*It should be noted that police do not have an official role in the mental health system. They take on this informal role due to underfunding in mental health care and limited access to the social determinants of health for people with mental illness in our communities.

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[1] Government of Ontario, 2015; Ahlgren, 2017
[2] Carleton et al, 2017; Carleton et al, 2018
[3] Adelman, 2003
[4] Kop & Euwema, 2001; Covey et al, as cited by Anderson et al, 2015a
[5] Iacobucci, 2014

Police mental health
Recent studies show that mental illness is relatively widespread amongst Canadian police officers[6] and that a number of police also engage in suicidal behaviours[7].

Mental illness
Canadian police officers are disproportionately affected by mental illness. A substantial number of municipal/provincial police (36.7%)[8] and Royal Canadian Mounted Police (RCMP) (50.2%)[9] report current symptoms of mental illness compared to the general population (~10%)[10]. A study of two urban Canadian police departments found that mental health problems and illnesses were frequently cited by officers:
- 52% reported moderate to severe stress (11% extremely severe);
- 88% reported moderate to severe anxiety (12% extremely severe);
- 87% reported moderate to severe depression (13% extremely severe); and
- 29% were in the clinical diagnostic range for Post-Traumatic Stress Disorder (PTSD)[11]. (The lifetime prevalence rate of PTSD for all Canadians is about 9%)[12].

PTSD is one of the most widely recognized anxiety disorders experienced by police. PTSD emerges following exposure to traumatic events that involve actual or threatened serious harm to oneself or others[13]. Symptoms of PTSD, such as flashbacks, nightmares, hypervigilance and aggression[14] usually occur within 3 months of exposure to trauma, but sometimes take years to appear[15]. PTSD can be triggered by a single traumatic event or may develop after repeated exposure to multiple traumas[16].

Suicidal behaviours
Police are more likely to engage in suicidal behaviours than the general public. A recent Canadian study found that the prevalence of _past year_ suicidal ideation and planning were higher for municipal/ provincial police and RCMP compared to the general population. Prevalence of past year suicide attempts was similar amongst police and the general public.

Table 1 *Suicidal behaviour in police and general population*

Past Year Suicidal Behaviour	Municipal/Provincial Police[17]	RCMP[18]	General Population[19]
Ideation	8.3%	9.9%	5.8%
Planning	3.4%	4.1%	2.2%
Attempt	0.2%	0.2%	Less than 1%

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[6] Carleton et al, 2017
[7] Carleton et al, 2018
[8] Carleton et al, 2017
[9] Ibid
[10] Pearson, Janz & Ali, 2013
[11] Griffiths et al, as cited by Stamatakis, 2017
[12] Portico, 2018
[13] CAMH, 2018
[14] APA, 2013
[15] CAMH, 2018
[16] Ombudsman Ontario, 2012; Geronazzo-Alman et al, 2017
[17] Carleton et al, 2018
[18] Ibid
[19] Statistics Canada, as cited by Carleton et al 2018

Prevalence of *lifetime* suicidal ideation, planning and attempts follow a similar pattern as prevalence of past year suicidal behaviours[20]. Importantly, while police have fairly low past year and lifetime rates of suicide attempts (.2%-2.4%)[21], they are still more likely to die by suicide than as a result of a violent interaction with a criminal[22].

Sources of police stress
Poor mental health in police can be linked to a variety of sources. Two of the most widely recognized sources of police stress are operational stress (sometimes referred to as occupational or environmental stress) and organizational stress[23].

Operational stress
Operational stress is commonly understood to mean the stress and trauma that police officers encounter in the course of their work. Exposure to traumatic situations such as car accidents, murder scenes, child abuse, sexual assault and violence can leave officers vulnerable to Operational Stress Injuries (OSI)[24]. OSI are psychological issues such as anxiety, depression, PTSD and substance use disorders that directly result from activities performed in the line of duty[25]. While not a medical diagnosis, OSI was coined by the military to more accurately reflect the range of symptoms and conditions that can result from occupational stress and trauma[26].

Organizational Stress
Organizational stress is generally recognized as the tension resulting from characteristics of the workplace. Organizational stressors such ineffective leadership, problematic tenure and promotions processes, understaffing, lack of resources and organizational culture can cause serious challenges for police officers[27]. In fact, police tend to rank organizational stressors higher than operational stressors as a source of their anxiety[28].

Organizational culture
While operational and organizational stressors impact all first responders, organizational culture can be particularly impactful on police. The shared actions, attitudes, beliefs and values of police organizations are unique due to the nature of the work[29] and the emphasis on authority and control[30]. Police culture can encourage supportiveness and team work[31] and compel police to hold themselves to high standards[32]. It can also translate into toughness, cynicism and extreme loyalty[33]. Officers who do not conform can experience harassment and barriers to career mobility[34]. Harassment from peers and

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[20] Carleton et al, 2018
[21] Ibid
[22] Ombudsman Ontario, 2012
[23] Bishopp, 2017
[24] Ombudsman Ontario, 2012
[25] Ibid
[26] Ibid
[27] Griffiths et al, as cited by Stamatakis, 2017
[28] Coleman & Cotton, 2017; Bishopp, 2017
[29] Paoline, 2003
[30] Iacobucci, 2014
[31] McCartney and Parent, 2015
[32] Ibid
[33] Ibid
[34] Bikos, 2016.

superiors can lead to anxiety, depression, PTSD and other mental health problems in police[35]. While many aspects of police culture are universal, organizational culture can differ across police services depending on the Chief's (or Commissioner's) style[36] and the philosophy of others in leadership positions[37].

Organizational culture can impact how police respond to signs of mental illness in themselves and others. Police, like all of us, are influenced by broader societal attitudes and prejudices associated with mental illness[38], but police culture can further contribute to that stigma[39]. In a work environment that prizes toughness and stoicism, mental illness can be perceived as a weakness[40]. Officers with mental illness may face bullying and ostracism[41]. Witnessing such behaviours can prevent other officers from coming forward with their own mental health struggles for fear it will have negative consequences on their careers[42]. It can also prevent them from getting the care and supports that they need[43].

Spotlight on Northern and Indigenous Policing
Police in Northern and Indigenous communities are exposed to many of the same stressors as their fellow officers, but additional challenges can further impact their mental health and well-being. Research shows that police in small-town and rural settings experience significantly high levels of stress[44]. Some of the additional stressors faced by officers in these locations include:
- Isolation[45];
- Extreme environmental conditions[46];
- Long distances to travel[47];
- Lack of back-up[48];
- Lack of health and social services[49];
- Communities with high rates of crime and victimization[50];
- Communities with high rates of poverty, mental illness, substance misuse and family disruption[51];
- Broader role expectations[52].

There are also unique challenges for police in Indigenous communities. Prior to colonization, Indigenous societies had their own forms of social control ranging from informal dispute resolution mechanisms to more formal 'policing' and penalties for wrong-doers[53]. Indigenous approaches to justice were grounded in healing, educating, reconciling and collectivity rather than the individualized, authoritarian approach

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[35] Bikos, 2016; CRCC, 2017

[36] Paoline, 2003

[37] Iacobucci, 2014

[38] Iacobucci, 2014

[39] Bell & Eski, 2015; SECU, 2016a; Bullock & Garland, 2018

[40] Bell & Eski, 2015; Bullock & Garland, 2018

[41] Ombudsman Ontario, 2012, Bullock & Garland, 2018

[42] Bullock & Garland, 2018; SECU, 2016a; Iacobucci, 2014; Ombudsman Ontario, 2012

[43] Bullock & Garland, 2018; SECU, 2016a; Iacobucci, 2014; Ombudsman Ontario, 2012

[44] as cited in Woodley & Kinney, 2016

[45] Ruddell, 2011 as cited in Jones et al, 2014; Woodley & Kinney, 2016

[46] Woodley & Kinney, 2016

[47] Jones et al, 2014; Griffiths, Murphy & Tatz, 2015

[48] Ruddell, as cited in Jones et al, 2014; Woodley & Kinney, 2016

[49] Ruddell, as cited in Jones et al, 2014

[50] Jones et al, 2014; Woodley & Kinney, 2016

[51] Woodley & Kinney, 2016

[52] Jones et al, 2014; Griffiths, Murphy & Tatz, 2015; Woodley & Kinney, 2016

[53] Jones et al, 2014

common in western cultures[54].   With colonization came the increased role of Canadian police in Indigenous communities and their role in enforcing government policy (e.g. required attendance at residential schools, banning of traditional practices) has resulted in an ongoing mistrust of police in these communities[55]. Additional financial and administrative challenges also exist due to tripartite agreements that fund police services in these areas[56] - challenges that are particularly acute in self-administered Indigenous police services[57]. Policing in Indigenous communities can be further complicated by the relationship between an individual officer and the community. Indigenous officers policing their own communities may have an easier time gaining acceptance and cooperation, but may find it difficult to enforce the law with family members and friends[58].

Current initiatives to address police mental health
Fortunately, the growing recognition of operational and organizational stressors and their impact on police mental health has led to the development of various policies, strategies, programs and research studies across Canada[59]. This section looks at some of the initiatives that are striving to improve police mental health and well-being.

Federal policies
The federal government initially signaled its commitment to police and other first responder mental health by including the development of a national action plan on PTSD in the 2015 mandate letter to the Minister of Public Safety and Emergency Preparedness[60]. This was followed by a Standing Committee on Public Safety and National Security report stressing the need for a national strategy on OSI that addresses prevention, screening, education, intervention and treatment[61]. The government is now in the process of developing a *National Action Plan on Post-Traumatic Stress Injury* for public safety officers (all front-line personnel who are responsible for the safety and security of Canadians).[62] The *National Action Plan* intends to focus on research and data collection; prevention, early intervention, and stigma reduction; and support for care and treatment[63]. In addition, *Private Member's Bill C-211 An Act respecting a federal framework on post-traumatic stress disorder* recently received Royal Assent in Parliament. While not specific to first responders, *Bill C-211* calls for a national framework for the purpose of collecting data, establishing clinical best practice guidelines and developing education materials on PTSD[64].

Presumptive legislation
Five provinces in Canada have implemented legislation that is rooted in the presumption that PTSD in police and other first responders is work-related and entitles those diagnosed with PTSD to workplace insurance benefits (instead of having to prove a causal link between work-related traumatic events and PTSD). Alberta was the first province to introduce such legislation in 2012 and since that time Manitoba, New Brunswick, Ontario and Saskatchewan have followed (with Manitoba and Saskatchewan's

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[54] Ibid
[55] Ibid, 2014
[56] as cited in Jones et al, 2014
[57] First Nations Chiefs of Police Association, 2017
[58] Gill et al, as cited in Jones et al, 2014
[59] Ahlgren, 2017
[60] Trudeau, 2015
[61] SECU, 2016
[62] Durand, 2017
[63] Ibid
[64] Bill C-211, 2017

legislation covering all workers)[65]. Ontario's legislation allows first responders' claims to move quickly through insurance companies allowing them faster access to treatment and services[66] at places such as CAMH's WSH program.

Ontario's legislation also requires police and other first responder organizations to develop PTSD prevention plans that focus on prevention, intervention, and return to work[67]. Organizations are encouraged to develop anti-stigma policies and procedures, implement screening protocols and PTSD self-assessments, provide crisis response supports, enhance access to mental health supports, and ensure appropriate accommodation for first responders returning to work after PTSD or another mental illness. A commitment from senior leadership to prioritize PTSD prevention is also recommended[68]. Each organization determines the extent of their PTSD prevention plan and there are currently no requirements for monitoring and evaluation. Police services across the province have developed a range of plans, with some organizations implementing robust strategies and others taking a more limited approach[69].

Specialized treatment

Programs such as CAMH's WSH program offer specialized clinical services for people whose mental illnesses, including substance use disorders, are related to their work. The WSH program is staffed by an interdisciplinary team that includes psychiatrists, psychologists and occupational therapists, many of whom specialize in first responder mental health. These experts understand the unique operational and organizational stressors faced by first responders – particularly the impact of workplace culture on police - and are able to tailor their treatment plans accordingly. Treatment plans can include evidence-based psychoeducation, cognitive behavioural therapy, cognitive processing therapy and pharmacological interventions to assist individuals in their recovery from PTSD and other work-related mental illnesses. Members of the WSH team also provide workplace consultations and training[70].

Mental health strategies

As a complement to PTSD prevention plans, some police services in Ontario have also developed comprehensive mental health strategies. The OPP, for example, has a comprehensive mental health strategy that focuses on education and training, reducing stigma and building awareness, and improving overall wellbeing of front-line staff (e.g. officers, dispatchers), retirees and families. As part of the strategy, officers have access to programs and resources such as Wellness Checks, Post-Critical Incident Checks, critical incident response, peer support, family supports and fitness and wellness supports. The strategy also includes a plan for data collection and analysis. The strategy is championed by senior leadership and importantly, it explicitly links police mental health and police interactions with people with mental illness in the community[71]. The RCMP has also had a mental health strategy since 2014, though concerns have been raised about the extent of its implementation[72].

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[65] Canadian Labour Congress, n.d.
[66] An Act to amend the Workplace Safety and Insurance Act, 1997 and the Ministry of Labour Act with respect to post traumatic stress disorder
[67] Ibid
[68] First Responders First, n.d.
[69] Government of Ontario, 2018
[70] CAMH, 2017
[71] OPP, 2015
[72] Auditor General of Canada, 2017

Mental preparedness and resiliency training

Mental preparedness and resiliency training focuses on equipping officers to respond more positively to stress while also enhancing performance in the line of duty[73]. Developing and maintaining resilience in police officers is the focus of Dr Judith Andersen's work at the University of Toronto. Andersen and her colleagues have developed an evidence-based resiliency training program that helps police control their physiological and psychological responses to operational stress[74] potentially reducing their chances of developing PTSD and other mental illnesses[75].   Officers take part in psychoeducation sessions where they learn about their physiological responses to stressful situations and how to control these responses through controlled breathing and visualization. The second component of the training involves applying these techniques in training scenarios and real-world scenarios[76]. Andersen has recently incorporated her resiliency training techniques into police use of force training to improve decision-making in the field. Her International Performance Resiliency and Efficiency Program (iPREP) is fully accredited and available to police services and other first responders[77]. Peel Regional Police have partnered with Andersen to deliver the training to their officers.

Anti-stigma training

Addressing stigma is thought to be crucial for improving how police respond to mental illness in themselves and others[78] and evidence-based training that addresses negative stereotypes related to mental illness has been shown to be effective at improving police responses[79]. To address mental health stigma in police and other first responders, the Mental Health Commission of Canada (MHCC) redesigned the popular Road to Mental Readiness (R2MR) program[80] which was originally developed by the Department of National Defense for the Canadian Armed Forces. The main R2MR course aims to address stigma and support mental health and well-being by teaching first responders how to identify declining mental health in themselves and others; encouraging those struggling with their mental health to get help; introducing healthy coping strategies; and creating a respectful and inclusive workplace. The R2MR program also offers a course for leaders on mental health support and accommodation in the workplace and a 'train the trainer' course to promote sustainability of the program and its learnings within organizations[81].

Addressing organizational stressors

Initiatives that address broad organizational stressors and their impact on police mental health have not been implemented as widely as initiatives that address operational stress and stigma. However, some police organizations, such as RCMP C Division[82], have begun to address organizational stress by implementing some or all of the MHCC's *National Standard of Canada for Psychological Health and Safety in the Workplace*. The *Standard* is not specific to police or other first responders, but is meant to be adapted to individual workplaces. The *Standard* is an evidence-informed, voluntary guideline that provides organizations with tools and resources to assist in the planning, implementation and evaluation

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[73] Andersen et al, 2015a

[74] Andersen et al, 2015b

[75] McCraty & Atkinson, as cited in Andersen et al 2016

[76] Andersen et al, 2015a; Andersen et al, 2015c; Andersen et al, 2016

[77] iPREP, 2018

[78] Ombudsman Ontario, 2012

[79] Cotton, 2004; Hansson and Markstrom, 2014; Bell & Eski, 2015

[80] MHCC, 2018

[81] Ibid

[82] MHCC, 2017

of strategies to prevent harm to workers' psychological health and promote psychological wellbeing. The *Standard* provides approaches to address a broad range of organizational factors that impact employee mental health such as psychological and social supports; clear leadership and expectations; respect and civility; recognition and reward; workload management; employee engagement; and psychological and physical protection. With an emphasis on leadership commitment and employee participation, the *Standard* aims to create organizations characterized by trust, honesty, respect, civility and fairness[83].

Research
Canadian research on police and first responder mental health has been limited. Recently, however, the Canadian Institute for Public Safety Research and Treatment (CIPSRT) at the University of Regina has been established to lead collaborative research efforts across the country as part of the federal *Action Plan*[84]. CIPSRT has already conducted and published results from a Pan-Canadian Pan-Public Safety Prevalence Study[85] and epidemiology study[86], and offers access to evidence-informed self-assessment tools for public safety workers on its website[87]. CIPSRT intends to develop a national research strategy on OSI to guide further reviews, evaluations and longitudinal studies in the area[88].

Recommendations for moving forward
There is clearly a lot of momentum and good work taking place across the country to address police mental health, but there is still more that can be done. In this final section, CAMH offers some recommendations for building on this work and establishing a more robust approach for improving police mental health and wellbeing. Our suggestions are not meant to be prescriptive, but are simply intended to contribute to the important conversation on police mental health.

Recommendation 1: Align and standardize mental health initiatives
The Federal Government is developing the *National Action Plan*. Several provinces have implemented presumptive legislation. Individual police services are developing mental health strategies and some are implementing the *National Standard*. The challenge is that these initiatives are not necessarily connected to one another creating the potential for confusion and duplication and diminishing the opportunity to scale and spread validated initiatives. Attempts should be made to align these laws, policies and strategies with the intent of reinforcing and building on one another's efforts. For example, the *National Action Plan* could serve as a guiding document that provinces/territories and municipalities use to develop police mental health initiatives in their own regions. Police services would also benefit from access to standardized tools and resources to support implementation of their mental health initiatives. Further collaborations with the MHCC could assist with these efforts. In addition, high level, standardized expectations of all police services relating to officer mental health would assist police across the country to have similar access to training and supports.

Recommendation 2: Support data collection, evaluation and research
Data collection and analysis are crucial for monitoring and evaluating police mental health initiatives. It would make sense that one of the expectations of all police services would be to include robust data collection and analysis as part of their mental health strategies. The *National Action Plan* could play a

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[83] MHCC, 2013b
[84] Durand, 2017; Carleton et al, 2017
[85] Carleton et al, 2017
[86] Carleton et al, 2018
[87] https://www.cipsrt-icrtsp.ca/
[88] Carleton et al, 2017

key role in setting standardized indicators and identifying a body to amalgamate and analyze data from across the country. A national database could be used to monitor the progress of improving police mental health in Canada as well as to identify and share challenges and best practices. Support for research will also be crucial for coordinated, evidence-informed decision-making on police mental health initiatives.   The *National Action Plan* identifies research as one of its key pillars and could realize this goal in coordination with CIPSRT who have stated their intention to develop a national research strategy.

Recommendation 3: Better understand the unique aspects of police mental health
The mental health and well-being of all first responders should be priority and this is evidenced in the focus of the *National Action Plan*, CIPSRT's work, and provincial legislation. It is also important to recognize and address the unique experiences amongst first responder occupations. For police, these unique experiences include the expectation to de-escalate people with mental illness in crisis situations; the decision-making power to respond to threatening situations with use of force options, including a firearm; and the exposure to an organizational culture steeped in authority and control.   To better understand the impact of these experiences on police mental health and how to tailor strategies to improve their mental health, research that looks into the unique experiences of police officers would be beneficial. At the practical level, some police-focused interventions are being implemented such as the redeveloped R2MR program that reflects the experience of police officers. Clinicians at CAMH's WSH program use their specialized knowledge of the police experience to provide customized treatment plans. Tailored peer support interventions are being implemented in police services. Having successful police officers share their struggles with mental illness can have a significant impact on stigma in a workplace that emphasizes conventional ideas of toughness[89]. Expanding on and creating new police-focused mental health programs and services could be beneficial to officers. Peer support can take a variety of different forms - from informal, mutual support to formalized, intentional support – and police may benefit from a range of options[90]. Finally, there may be an opportunity for the *National Action Plan* to coordinate with the MHCC to tailor the *National Standard* to police as well as other first responders.

Recommendation 4: Consider the link between police mental health and police interactions with people with mental illness
Police mental health and well-being is important in its own right and should be the major focus of work in police mental health. But the link between police mental health and police interactions with people with mental illness in the community should also be addressed. In his review of Toronto Police Services, Justice Iacobucci highlighted this link, pointing out that mentally healthy police officers are better equipped to peacefully engage with people in crisis in the community[91]. Police have also noted that working on mental health projects in the communities that they serve assists them by raising awareness and breaking down stigma. Police services should, therefore, consider linking their mental health strategies for officers with corresponding strategies for improving police interactions with people with mental illness in the community – much like the OPP's mental health strategy. There is also the opportunity to address this link through mental preparedness and resiliency training such as that developed by Dr. Judith Andersen. While not specifically related to interactions with people with mental illness, her iPREP program looks at reducing police stress to allow for calm, thoughtful decisions in crisis situations[92].

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[89] Ombudsman Ontario, 2012; Bullock & Garland, 2017
[90] MHCC, 2013a
[91] Iacobucci, 2014
[92] Andersen et al, 2015a

Recommendation 5: Develop and promote leaders who champion mental health
Given the hierarchal nature of police services, effective and committed leadership is crucial for the success of any police mental health initiatives. Police leaders should be provided with the necessary resources, supports and training so that they are able to successfully develop and implement mental health strategies in their organizations. It is important that police leaders have the knowledge and skills needed to promote positive well-being in the organization and to support individual employees who are struggling with their mental health. Consideration may want to be given to including mental health activities and targets in leaders' performance reviews. It has been noted that the personal attributes of leaders, particularly senior leadership, are also important for establishing a police culture that is supportive of officer mental health and wellbeing[93]. Police services may want to identify the attributes that they consider important for establishing a positive mental health culture (e.g. empathy) and hire and promote officers who embody these characteristics.

Recommendation 6: Address the needs of Northern and Indigenous police
The previous recommendations are intended to assist efforts to improve police mental health across the country. Consideration should be given, however, to the unique challenges experienced by police in Northern and Indigenous communities. A lack of resources, infrastructure and funding are stressors felt most acutely by self-administered Indigenous police services. To help alleviate these problems, Provincial/Territorial and Federal Governments may want to consider legally recognizing these police as an essential service ensuring 'the same recognition, resourcing and support as other policing services in Canada'[94]. Other challenges faced by both Northern and Indigenous police, such as lack of access to mental health treatment and supports, limited personnel to sustain a mental health strategy or promote mental health champions, and standardized tools, training and expectations that may not reflect the nature of policing in these communities could be addressed by a Northern and Indigenous Police Mental Health Action Plan. The Federal Government could work closely with provinces/territories and Northern and Indigenous police services to develop this Action Plan which could specifically take into consideration the additional challenges of policing in these communities. Opportunities to partner with first responder mental health services, such as CAMH's WSH program, to offer tele-mental health services to police in these regions would be worth exploring.

Mental illness is relatively wide-spread amongst Canadian police officers. Stressors related to the nature of their work and aspects of their workplace - particularly police organizational culture - impact the mental health and well-being of officers. Fortunately, there is growing recognition of the impact of mental illness on police and various policies, programs and strategies are being developed and implemented at all levels. CAMH recognizes the extent of this work and believes that the six recommendations we make in this paper will further assist in improving police mental health. Police mental health cannot be addressed in a vacuum, however, and these efforts will be most successful if supported by broader mental health policies and programs to improve mental health in our communities.

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[93] Griffiths et al, as cited by Stamatakis, 2017; Iacobucci, 2014
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