

To Serve and Protect the Mental Cost of Policing

N I K K I B O G G S *

ABSTRACT

Police officers are exposed to high-stress levels with consistently high ever-evolving demands. In addition to the orders and stress, there is also the exposure to unpredictable danger and physical challenges. However, it was frequently overlooked what impact such work had on a frontline officer's mental health. In recent years there has been a shift to focus on such impacts as the number of officers who committed suicide continued to grow, and the number of officers on leave increased. This paper aims to examine the effect that serving and protecting one's community has on officers' mental health and its impact on their ability to continue to do their job. Additionally, this paper aims to explore some recommendations for police agencies to adopt to best support active members. More research is ultimately required to determine the impact that Post-traumatic Stress Disorder, Operational Stress Injuries, and other mental health concerns can have on policing. As well, more research is necessary to determine the best practices that would be able to assist officers following a traumatic event or ensuring ongoing good mental fitness and support. Finally, the assistance police officers receive for on-the-job mental health injuries; and the requirement for continuous mental health checks should have the benefit of being standardized across the nation.

* Nikki Boggs is a graduate of Robson Hall (2023). She has recently started her articles with Manitoba Prosecutions, where she is excited about the opportunities and experience the following year holds. The author would like to thank her husband Adrian, son Ethan, daughter Danika, and her family and friends for all their love, support and encouragement. Thanks to the editorial team of the Manitoba Law Journal for their hard work and their contribution to this article.

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I. INTRODUCTION

Policing is a mentally tasking occupation due to the shift work, threats of violence, occupational demand for increased hypervigilance, and, at times, lack of public support, among other job-related factors. These factors add to the chronic stress experienced by frontline officers in addition to any institutional trauma seen in the examples and cases explored below. Therefore, it is not surprising that those entrusted with public safety are at a greater risk of suffering from mental health challenges than the general population. Such challenges include Post-traumatic Stress Disorder (PTSD) and Operational Stress Injuries (OSI). Undoubtedly, there is no lack of literature on the impact policing has on those who signed up to do the job. However, what is unclear is, do these factors impact how an officer can perform this job, and if so, how and to what extent? As we will see, it will be determined, without a doubt, the impacts of policing on an officer's mental health affect how and if an officer can continue to serve and protect. What is not clear is to what degree. More research is ultimately required to determine the impact PTSD and an OSI can have on policing. In addition, more research is necessary to determine the best practices that would be able to assist officers following a traumatic event or ensuring ongoing good mental fitness and support. National standards should also be implemented concerning the assistance police officers receive for any mental health injuries received on the job, such as PTSD and OSIs, in addition to standards for mental health assessments for new recruits and ongoing mental evaluations for active members.

II. OVERVIEW OF PTSD

In order to help understand how an officer may be impacted on the job by PTSD or another form of OSI, a cursory overview will be conducted. This is by no means intended to be extensive or encompassing but instead covers some general points that could realistically impact the requirements of an officer on duty.

Anyone can develop PTSD; however, personal factors can affect whether someone will develop PTSD.¹ In addition, several factors can

¹ Such factors are previous traumatic exposure, age, and gender. See "PTSD Basics" in Angela L Williams, ed, *Health Reference Series: PTSD and Coping with Trauma Sourcebook* (Omnigraphies Inc, 2020),online:

increase the chance of someone developing PTSD, most of which are not under that person's control. For example, being physically injured in the event or having a very intense or long-lasting traumatic event can make a person more likely to develop PTSD.² There are four main types of difficulties someone with PTSD may experience. One such obstacle is reliving the traumatic event, which can be through flashbacks, vivid nightmares, or reoccurring memories.³ PTSD is also more common after specific types of trauma, such as combat.⁴

Additionally, PTSD can create negative changes in an individual's thoughts and feelings.⁵ And lastly, individuals can become overly alert or wound up, which can significantly impact sleep.⁶ What happens after a traumatic event is also crucial to what impact PTSD will have on the individual following. Stress following the event can make PTSD more likely, while social support can make it less likely.⁷

PTSD can affect a person's ability to perform day-to-day activities or work.⁸ In addition, when the disorder goes on for some time and is not adequately treated, it is not unusual for people to experience other mental health problems simultaneously. In fact, up to 80 percent of people with longstanding PTSD contend with additional issues.⁹ Some of those most commonly seen are depression, anxiety, alcohol, and other substance misuses.¹⁰ Therefore, conducting mental health screenings for police recruits is a proactive approach to ensure that individuals assuming the responsibility of law enforcement are in the best mental health state possible.

<search.credoreference.com/content/entry/ogiptsd/ptsd_basics/0?institutionId=1217> [PTSD Basics].

² *Ibid.*

³ Another would be an attempt to avoid reminders of the distressing event. This can include avoiding places, activities, or situations; some even avoid certain people. This can add to feelings of detachment. See Victoria, Australia Department of Health, "Post-traumatic stress disorder (PTSD)" (4 April 2022), online: *Better Health Channel* <www.betterhealth.vic.gov.au/health/conditionsandtreatments/post-traumatic-stress-disorder-ptsd> [perma.cc/N4QP-UKRC] [*Better Health*].

⁴ *Ibid.*

⁵ Those can include feeling angry, guilty, afraid, or numb. See *Better Health*, *supra* note 3.

⁶ Lack of sleep can have several negative effects such as irritability, lack of concentration, easily becoming startled, or continually being on the lookout for danger. See *Better Health*, *supra* note 3.

⁷ *Better Health*, *supra* note 3

⁸ *Ibid.*

⁹ *Ibid.*

¹⁰ *Ibid.* This may have developed directly in response to a traumatic event or due to the stress disorder's effects.

As such, police agencies in Canada conduct psychological screenings with their new recruits.¹¹ Ideally, the clinical assessment aims to identify any candidates who demonstrate personality traits, behaviour patterns, or psychological characteristics that could pose issues while working as a police officer.¹² In 2013, the Canadian Psychological Association released *Principles and Guidelines for Canadian Psychologists* who conduct pre-employment clinical assessments for police candidates.¹³ The handout indicates that Canadian psychologists conducting clinical assessments face a significant obstacle as Canada has no uniform standard for such evaluations.¹⁴ While some provinces like Alberta and Ontario have established their own protocols, psychologists in Canada often resort to American methods and legal precedents.¹⁵ While these resources can be useful, certain US standards and precedents may not be applicable to the Canadian context.¹⁶ Given the potential for significant adverse consequences of hiring the wrong individual to do police work, the stakes are high in assessing a candidate's suitability. What is not clear is what, if any, ongoing psychological or mental fitness examinations are required throughout an officer's career. Additionally, it is unclear if there is a uniform standard across the country for such ongoing examinations.

In addition to a clinical PTSD diagnosis, officers can suffer from Operational Stress Injuries (OSI). More about OSIs and their impact on policing is discussed below. There are understandably many stressors a police officer can face. Some of these seem fairly obvious, the risk of personal bodily harm, seeing horrendous things, and having to use lethal

¹¹ See Recruiting, "Police Constable," online: *City of Winnipeg* <legacy.winnipeg.ca/police/policerecruiting/constable.stm#4> [perma.cc/Q9GZ-JH74]; See also, "Qualifications and standards to become an RCMP officer" (30 July 2020), online: *Royal Canadian Mounted Police* <www.rcmp-grc.gc.ca/en/qualifications-and-requirements> [perma.cc/2VRG-YGT5].

¹² Notably, a presence or history of mental illnesses does not necessarily imply that a candidate would not meet the selection criteria. See Canadian Psychological Association, "The Pre-employment Clinical Assessment of Police Candidates: Principles and Guidelines for Canadian Psychologists" (2013) at 2, online (pdf): <cpa.ca/docs/File/News/2013-07/Police%20assess%20guidelines%20April2013final.pdf> [perma.cc/A46Y-Z3CZ] [Clinical Assessment of Police Candidates].

¹³ *Ibid.*

¹⁴ *Ibid* at 2.

¹⁵ *Ibid.*

¹⁶ For instance, several states in the US have laws that prohibit the employment of individuals with any Axis 1 disorder as police officers. However, in Canada, such legislation would likely be deemed a violation of human rights laws in most, if not all, jurisdictions. See *ibid.*

force against a person. However, some of the stressors are not so obvious. To best understand how an officer is exposed to on-the-job trauma, a look into the various stressors an officer can face is required.

III. CAUSES OF STRESS AS IT RELATES TO POLICING

Police officers are exposed to events of a traumatic nature regularly. In addition, the profession's dangerous and sometimes unpredictable nature exposes officers to acute and chronic stress over their careers.¹⁷ In many fields, job stress generally plays a significant problem for employees. For example, in 2019, Career Cast conducted a survey finding that 78% of people felt excessive stress in their positions.¹⁸ The most significant stressors included frequent and rigid deadlines, public interaction, and growth potential.¹⁹ This study's participants were not Police but rather office workers and the like. Police work is inherently stressful; such pressure involves the apparent possibility of life-threatening situations. Other not-so-obvious ones include organizational and operational stressors, which the Deer Lodge Centre explains as a term devised by the Canadian Forces to describe the scale of adverse health effects caused by service.

A. Operational Stress

Defining operational stress as it relates to public safety officers in Canada has not been consistent. For example, in 2016, it was recommended by the Standing Committee on Public Safety and National Security that Public Safety Canada work in conjunction with Veterans Affairs, Canadian Armed Forces, etc., to create such a uniform definition,

...to create a clear, consistent, and comprehensive definition of Operational Stress Injuries that encompass both diagnosed illnesses and other conditions, and that this definition be developed in collaboration with medical experts and according to international standards.²⁰

Dr. Carleton explained to the Standing Committee on Public Safety and National Security that an OSI developed amongst public safety officers

¹⁷ Katelyn K Jetelina et al, "Cumulative, high-stress calls impacting adverse events among law enforcement and the public" (2020) 20:1137 BMC Public Health at 1 [Cumulative].

¹⁸ CareerCast.com, "2019 Jobs Rated Report on Stress," online: *Career Cast* <www.careercast.com/jobs-rated/2019-jobs-rated-stress> [perma.cc/KV6T-8FSB].

¹⁹ *Ibid.*

²⁰ House of Commons, *Healthy Minds, Safe Communities: Report of the Standing Committee on Public Safety and National Security* (October 2006) (Chair: Robert Oliphant) at 27.

differs from a military member.²¹ Dr. Carleton, an Associate Professor of the Department of Psychology at the University of Regina, explains,

When we deploy our military to Afghanistan, for example, we're taking them from a safe zone and we are deploying them to an unsafe zone, and then we are bringing them back to a safe zone. There's an important distinction between that framing and what we do with our public safety personnel or our first responders; we deploy them, effectively, to an unsafe zone for 25 or 30 years. They're in a constant state of uncertainty. On day one they might be out for a coffee with someone, and on day two they might be responsible for arresting that person, resuscitating that person, or rehabilitating that person. We're really deploying them to their own communities, which makes for a very different form of exposure.²²

The Canadian Mental Health Association defines an OSI as any persistent psychological struggle from operational duties such as law enforcement.²³ Those experiencing high levels of OSIs are more likely to suffer from depression, anxiety, and PTSD.²⁴

Occupational stress, or operational stress as it can be referred to, is inherent to police work as the threat of physical danger, exposure to horrific events, shift work, overtime demands in addition to staff shortages, and managing relationships with coworkers.²⁵ The domino effect of occupational stress is littered throughout an officer's career.²⁶ As police continually work with the public, ensuring public confidence and support is crucial to successfully carry out their duties. As police rely on the public to cooperate in reporting crimes, help during investigations, call for assistance if needed, and abide by laws and, if given, abide by police orders.²⁷ Yet, in Statistics Canada's 2019 report on public perceptions of the police, only 41% of Canadians said they had great confidence in the police.²⁸ Moreover, citizens' confidence in police varies based on what the

²¹ *Ibid* at 9.

²² *Ibid*.

²³ "Operational Stress Injury" (2023), online: *Canadian Mental Health Association: Ontario* <ontario.cmha.ca/provincial-policy/criminal-justice/operational-stress-injury/> [perma.cc/NUR6-HMUH].

²⁴ *Ibid*.

²⁵ Filip Kukic et al, "Operational stress of police officers: A cross-sectional study in three countries with centralized, hierarchical organization" (2022) 16:1 *Policing: A Journal of Policy and Practice* at 96 [Operational Stress].

²⁶ *Ibid*. For example, working shift work and overtime can contribute to an officer's fatigue and sleep disruptions, which can increase an officer's risk of cardiovascular disease and overall feeling of unwellness.

²⁷ Dyna Ibrahim, Canadian Centre for Justice and Community Safety Statistics "Public perceptions of the police in Canada's provinces, 2019" *Statistics Canada* (Released: 25 November 2020) [Public Perceptions].

²⁸ *Ibid* at 3.

province reported.²⁹ If police frequently struggle to perform their job due to a lack of trust and cooperation from citizens, that would undoubtedly be an additional stressor that the individual officer may have little to no control over.

A 1989 study published in *Psychological Reports* looked at the career stages, satisfaction, and well-being among Police Officers.³⁰ One component analyzed was individual well-being and health. Some of the issues identified in the 1989 study were also seen in a 2012 report, *Caring for and about those who serve: Work-life conflict and employee well-being within Canada's Police Departments*.³¹ Both speak to work-life balance, long work hours, understaffing issues, and managing the public's expectations, just to mention a few identified matters.³²

In 2021, Jennifer Shorts researched the operational stress factors officers felt overall, some of which included working alone at night and negative comments about the police.³³ For sworn members, the five most stressful operational factors were: fatigue, negative comments from the public, paperwork, shiftwork, and finding the time to stay in good physical condition.³⁴ As seen from the studies from 1989, 2012, and 2021, the operational stressors felt by serving members remain relatively identical. It is important to note that the impact of occupational stressors on an officer can be a build-up over the years of exposure to some of the worst circumstances.³⁵ However, it can also be "a single traumatic event, which is often followed by intense analysis by supervisors, media, and the general public, all with the benefit of hindsight and time...."³⁶ Given that operational stress factors can contribute negatively to the physical and

²⁹ See *ibid* at 5.

³⁰ Ronald J Burke, "Career Stages, Satisfaction, and Well-Being among Police Officers" (14 June 1989) 65:1 *Psychol Rep* [Ronald J Burke].

³¹ Linda Duxbury & Christopher Higgins, "Caring for and about those who serve: Work-life conflict and employee well being within Canada's Police Departments" (2012), online (pdf): <sprott.carleton.ca/wp-content/uploads/Duxbury-Higgins-Police2012_fullreport.pdf> [perma.cc/3ALR-XJSX].

³² See *ibid*; See also Ronald J Burke, *supra* note 30.

³³ Jennifer L Short, "Predicting Mental Health Quality of Life in Policing: Officers and Civilians" (2020) 36:276-287 *J Police and Crim Psychol* at 279 [Predicting Mental Health].

³⁴ *Ibid* at 280.

³⁵ House of Commons, Standing Committee on Public Safety and National Security, *Evidence*, 42-1, No 7 (10 March 2016) at 12:10 (Tom Stamatakis) [*Evidence*].

³⁶ *Ibid*. See also Olivia Johnson et al, *Practical Considerations for Preventing Police Suicide* (2022) Springer Nature Switzerland AG at 40 [*Practical Considerations*]. To some degree, operational stressors are somewhat expected, which officers are prepared and trained to face. But on the other hand, the stress felt as a result of the organization is not often expected and can be perceived as unnecessary and inescapable.

mental health of officers, police organizations must prioritize this aspect and provide support and resources to mitigate the impact, in addition, to looking at internal ways to ease the effect felt on frontline officers.

B. Organizational Stress

The stress experienced by officers is not limited to the pressure felt about the job itself. Instead, it can come from the policies and practices implemented by the organization for which the police work. Witnesses who testified before the Standing Committee on Public Safety and National Security in 2016 indicated that organizational stressors exist in the workplace. Although they can be distinct from a traumatic event, they are nonetheless aggravating factors.³⁷

It is understood that there is a long-time culture that encourages members to tough it out and work through problems while ensuring they are complying with the full complement of their police duties.³⁸ The executive level within police organizations needs to do its part to "end the stigma," then-President of the Canadian Police Association Tom Stamatakis said.³⁹ He also added that more work is required to better understand the difficulties officers who are suffering face. It was noted that Canadian police associations have made progress in recent years concerning such issues by developing employee assistance programs, peer counselling, and implementing psychological health and safety standards.⁴⁰

The study noted in the above section by Jennifer Short also examined the impact of operational stress factors on police. The five most stressful ones indicated by members concerning the organization were staff shortages, bureaucratic red tape, the feeling that different rules applied to other people, the need to constantly prove oneself to the organization, and inconsistent leadership styles.⁴¹ Not overly surprisingly, Ms. Short found in her research psychological and social relationship quality of life are significantly and positively correlated,⁴² suggesting that as one increases, the other also increases. Psychological quality of life among officers is significantly and negatively related to operational stress, organizational stress, public stigma, and self-stigma.⁴³

³⁷ Evidence, *supra* note 35.

³⁸ *Ibid.*

³⁹ *Ibid.*

⁴⁰ *Ibid.*

⁴¹ Predicting Mental Health, *supra* note 33 at 280.

⁴² *Ibid* at 279.

⁴³ *Ibid* at 280.

As a result, the psychological quality of life can be significantly predicted based on operational stress.⁴⁴ Ms. Short's findings show that operational stress alone accounts for 25% of the psychological impact on the quality of life for members.⁴⁵ Ultimately, she notes that adding organizational stress to her model does not significantly improve the prediction of an officer experiencing an impact on their psychological quality of life.⁴⁶ Nor does organizational stress mediate the effect of operational stress on their psychological quality of life.⁴⁷

However, what happens when the organization itself is part of the problem? Victoria Police Sergeant Paul Brookes feels that this is what he faced. Brookes, who suffers from PTSD and major depressive disorder, says the department failed to treat mental-health injuries equally or even remotely close to physical injuries.⁴⁸ Sergeant Brookes' feelings about the Victoria Police are shared with other colleagues. The department's co-sponsored mental health and well-being study had a high response rate. 79% of the department's officers participated.⁴⁹

Results from the study found 20% of the 249 officers on the force were on leave, many due to mental health challenges.⁵⁰ With so many officers on leave due to mental health injuries, criminology Professor Griffiths said, the force was not meeting its minimum staffing requirements.⁵¹ Professor Griffiths, who led the research team, added that as a result of the understaffing uninjured officers are overworked, leading to burnout.⁵² The study also revealed something else disturbing, the majority of officers who took part in the study described the workplace culture as "toxic," "micromanaged," and "crumbling," with 69% noting the department does not have a respectful workplace.⁵³

The culprit for the department's discontentedness is the senior leadership, as a significant number of officers surveyed said they felt the

⁴⁴ *Ibid* at 280.

⁴⁵ *Ibid.*

⁴⁶ *Ibid.*

⁴⁷ Tori Marlan, "On stress leave with a service weapon: Victoria police officers with PTSD say the department is failing them" (2 November 2022), online: *Capital Daily* <www.capitaldaily.ca/news/victoria-police-officers-ptsd> [perma.cc/B2M4-8DP2] [Stress leave with a service weapon].

⁴⁸ *Ibid.*

⁴⁹ *Ibid.*

⁵⁰ Stress leave with a service weapon, *supra* note 47. Of the officers still actively on duty, 22% had clinical symptoms of PTSD.

⁵¹ *Ibid.*

⁵² *Ibid.*

⁵³ *Ibid.*

department "did not value members' mental health."⁵⁴ For example, Sergeant Brookes added, "to say [senior managers] have been less than supportive is giving them more credit than they're due."⁵⁵ In an interview concerning the Victoria Police Force and PTSD, five officers asserted that their mental-health injuries are "exacerbated by the workplace culture of VicPD - a place where cronyism, rather than merit, determines whose careers advance and whose don't."⁵⁶

The feelings of the five officers with respect to their police force and the impact on their mental health are not uncommon. Research shows what officers experience inside their detachment can be just as significant to their mental health as what they experience on the streets.⁵⁷ For example, a study conducted after one year of policing examined the relationship between the work environment and PTSD.⁵⁸ It found the work environment of the police officer "was more strongly associated with symptoms of PTSD than either work-related critical incident exposures or negative life events that are unrelated to policing."⁵⁹ A significant finding from the study was "a compassionate work environment becomes a protective factor that arguably shields police officers against the development of PTSD."⁶⁰

Victoria Police officers are not alone in their findings. For example, a survey conducted in 2021 found morale within the Winnipeg Police Service (WPS) was terrible.⁶¹ With 80% of the 1104 officers who responded to the survey sharing their opinion, in addition to the high degree of employee burnout, nearly a third of officers (and civilian staff) meet the criteria for PTSD, generalized anxiety disorder, or depression.⁶² The terrifying part is that 12% of the 884 participating officers meet the diagnostic criteria for all three.⁶³ In addition, 4% of the officers surveyed said they seriously contemplated suicide within the last year.⁶⁴ The culture of police work can profoundly affect an officer's mental health. Therefore,

⁵⁴ *Ibid.*

⁵⁵ *Ibid.*

⁵⁶ *Ibid.* In addition, the undertone of racism is also present and challenging for officers. Stress leave with a service weapon, *supra* note 47.

⁵⁸ *Ibid.*

⁵⁹ *Ibid.*

⁶⁰ *Ibid.*

⁶¹ Sean Kavanagh et al, "Survey paints bleak picture of morale within Winnipeg Police Service ranks" (11 June 2021), online: *CBC Manitoba* <www.cbc.ca/news/canada/manitoba/winnipeg-police-service-morale-survey-1.6062698> [perma.cc/4HGC-3LLZ].

⁶² *Ibid.*

⁶³ *Ibid.*

⁶⁴ *Ibid.*

police departments must make officers' well-being a priority and establish a work environment that is positive and supportive. This involves granting officers access to mental health resources, fostering a culture of openness and support, and acknowledging the potential impact of trauma exposure on an officer's mental health. Given the potential impact of the job on an officer's mental well-being, police departments should take responsibility for identifying and addressing any organizational stressors that could negatively affect their officers.

Also of consideration is what happens when some of the job struggles officers face result from the location where they are posted. All communities require officers to serve and protect. However, balancing the necessity of having police officers in such challenging areas with the effect such locations may have on officers is a delicate undertaking. The challenges discussed below relate to policing in northern and remote areas and Indigenous policing.

IV. NORTHERN, REMOTE AREAS AND INDIGENOUS POLICING

In addition to the stress many frontline officers feel, certain positions or postings come with their own unique experiences. Policing in northern and remote areas and Indigenous Policing all provide a different experience from their urban counterparts.⁶⁵ Some of the health and safety risks attributed to such an experience are inaccessible or delayed backup, geographic obstacles, inclement weather, understaffing, and poor or deficiencies with police equipment.⁶⁶ Also, some of the health issues are seen in the form of mental health due to the additional stress felt from policing in such areas.⁶⁷

Concerning confidence in general for police among Indigenous people, Statistics Canada reported that that did not appear to differ regardless of where the person lived. In urban areas, 33% of Indigenous people had confidence in policing, whereas, in rural areas, 25% had confidence in policing.⁶⁸ Interestingly though, concerning reporting low confidence, Indigenous people who live in a rural area were more likely to say this compared to their urban counterparts at 23% compared to 13%,

⁶⁵ Rosemary Ricciardelli, "Risk It Out, Risk It Out": Occupational and Organizational Stresses in Rural Policing" (2018), 21:4 Police Q 415-439.

⁶⁶ *Ibid* at 415.

⁶⁷ *Ibid*.

⁶⁸ Public Perceptions, *supra* note 27.

respectively.⁶⁹ As noted above, the impact of the public's perception is tied to the stress officers feel while conducting their job.

First Nations policing programs have many limitations compared to their counterparts nationwide. The Standing Committee on Indigenous and Northern Affairs published its collaborative approaches to the enforcement of laws in Indigenous communities in June of 2021.⁷⁰ Chief Keith Blake testified as to the limitations of the First Nations Police programs. He testified inequalities and unfair restrictions are placed on officers within the First Nations program.⁷¹ Chief Blake added that the funding does not allow for proper preparation and strategizing for the community's needs and public safety. It is a responsive model that is "...funded only for what could be termed core policing function...."⁷²

A tragic example of underfunding seen in policing a First Nation community was observed throughout the inquest into the death of Benjamin Richard.⁷³ Although the overseeing judge declined to make any formal recommendations, observations outlined the role underfunding and understaffing could have had on the events that led to the officers shooting Benjamin.⁷⁴ For example, the judge observed that had more than three officers been available to attend the call, officers could have prioritized their response to the call for a weapon being discharged differently.⁷⁵ Although the judge also noted that three officers were only available to respond due to a shift change, had the call come in one hour earlier, there would have only been one officer there to respond.⁷⁶ The inquest report states, "simply put, more officers means more options in terms of manner and intricacy of tactical response."⁷⁷ The report emphasized this by bolding the sentence.

Deficiencies in cell phone and police radio communications were identified as contributing factors.⁷⁸ For example, the seemingly inadequate reception of an officer's police radio prevented her from hearing the other officer on the scene say that shots had been fired. Therefore, she continued

⁶⁹ *Ibid.*

⁷⁰ House of Commons, *Collaborative Approaches To Enforcement of Law in Indigenous Communities: Report of the Standing Committee on Indigenous and Northern Affairs* (June 2021) (Chair: Bob Bratina).

⁷¹ *Ibid* at 18.

⁷² *Ibid.*

⁷³ *An Inquest into the Death of: Benjamin Richard* (2022) *The Fatality Inquiries Act*, CCSM, c F52, Report on Inquest: Judge Shauna Hewitt-Michta.

⁷⁴ *Ibid.*

⁷⁵ *Ibid* at 27.

⁷⁶ *Ibid.*

⁷⁷ *Ibid* at 28.

⁷⁸ *Ibid* at 29.

to proceed up the driveway where Benjamin was.⁷⁹ However, as commitments were made to upgrade an outdated system used by emergency providers, the observations from the judge were limited to the fact that the Province of Manitoba must ensure police agencies have access to the highest quality communications technology, especially in rural and remote areas.⁸⁰

Issues with communication and lack of police resources are not unique to First Nations policing. The RCMP also suffers from similar problems. The House of Commons Committee Report noted that due to a lack of police resources, response times could be delayed by hours, sometimes even days.⁸¹ And there is an absence of emergency dispatch in rural and remote areas. For example, Fort Nelson, British Columbia, only received 911 service in January 2021.⁸² Until that point, people had to call a ten-digit number for assistance.⁸³ In an inquiry reviewing matters related to emergency 911 service, it is estimated 98% of Canada has access to 911 service.⁸⁴ The areas without "service include some rural, remote and sparsely populated parts of the country."⁸⁵ Being able to communicate with citizens calling in so the police can receive vital information about ongoing calls, having the ability to communicate with other officers on the scene, and being able to call for additional support seem all essential to police agencies and frontline officers. 911 service plays a vital role in saving lives and protecting public safety by enabling fast and effective responses to emergencies. In many cases, a timely response could mean the difference between life and death. The 911 service is also essential for communities to ensure public safety, as it helps coordinate and direct resources to where they are needed most.

It is not overly surprising that the government plays a part in police services, as it is a public service. However, because both provincial and territorial governments are responsible for their police agencies, and the federal government is accountable for the RCMP, there is some overlap

⁷⁹ *Ibid* at 14.

⁸⁰ *Ibid* at 30.

⁸¹ House of Commons, *Study on Crime in Rural Areas on Canada: Report of the Standing Committee on Public Safety and National Security* (May 2019) (Chair: Hon John McKay) at 48 [*Study on Crime in Rural Areas on Canada*].

⁸² Andrew Kurjata, "One of the last places in Canada without 911 service finally gets coverage" (27 January 2021), online: *CBC British Columbia* <www.cbc.ca/news/canada/british-columbia/fort-nelson-911-1.5890101> [perma.cc/VTK7-WV9V].

⁸³ *Ibid*.

⁸⁴ Canadian Radio-television and Telecommunications Commission, "A Report on Matters Related to Emergency 9-1-1" (5 July 2013) (Commissioner Timothy Denton Inquiry Officer).

⁸⁵ *Ibid*.

between the levels of government as it pertains to policing. The overlap in federal and provincial governance within policing is explicitly seen when provinces and municipalities contract the RCMP to provide police services.⁸⁶ When such policing arrangements are entered into, the provinces and municipalities are the ones to set the level of resources, the budget, and the priorities for policing with consultation from the RCMP.⁸⁷

To what extent this may impact equal access to police services is not overly explicit. However, in the 2018 study on crime in rural areas in Canada, The Standing Committee on Public Safety and National Security encouraged increased investment in policing by provincial and territorial governments. Additionally, the Committee thinks the RCMP should consider ways to connect with other police agencies and better use auxiliary and reserve programs.⁸⁸ Doing so, especially in rural areas, would help ensure all Canadians have equal access to police regardless of where they live.

The aforementioned factors directly impact the ability of officers to carry out their duties and serve their assigned community while also affecting their mental well-being. Unfortunately, besides the pressure experienced from the location and inadequate resources, on-the-job trauma and external events happening globally can significantly affect not only the policing profession but also the individual officer's well-being. There is no better example of the impact of a global event than the recent COVID-19 pandemic.

V. POLICING DURING PANDEMIC

The World Health Organization (WHO) declared the novel coronavirus a global pandemic on March 11, 2020.⁸⁹ Despite world leaders' efforts to flatten the curve of infection, reduce fatalities, and prevent healthcare systems from collapsing during the COVID-19 pandemic, citizens were divided on its impact and how to deal with it. Moreover, there were debates regarding vaccination, and the strain from the government's control over citizens' daily lives was discernible. Nevertheless, police officers still had to fulfill their duties.

⁸⁶ *Study on Crime in Rural Areas on Canada*, *supra* note 81 at 2.

⁸⁷ *Ibid* at 3.

⁸⁸ *Ibid*.

⁸⁹ Christopher J Schneider, "Assholes in the News: Policing in the Age of the COVID-19 Pandemic" (2021), online: *CanLii* <canlii.ca/t/t9hq> [perma.cc/L2LH-WJCT] [Assholes in Policing].

During the early months of the pandemic, police departments were scrambling to adjust to a rapidly evolving landscape.⁹⁰ In addition to new mandates enforcing pandemic-related rules and modifying frontline officers, police were also struggling with the impact of the virus on staff and increased scrutiny. Overall, policing during the pandemic was more complex and challenging, requiring officers to navigate new stressors and situations under constantly changing circumstances.

Professor Schneider writes that one consequence of the pandemic was the expansion of the police powers over routine activities had become a situation where police could make arrests where they otherwise would not.⁹¹ The expansion of powers given to the police lasted nine days after the federal government invoked the *Emergencies Act*.⁹² With such great power and responsibility, it is unsurprising that policing during the pandemic is one of the most recent instances of operational stress for officers. In addition to the regular policing burden, officers carried concern for ill coworkers and family members. Before COVID, daily interaction with the public already put police officers at risk of exposure to diseases like Hepatitis C and tuberculosis.⁹³ During the pandemic, the additional risk of exposure to COVID-19 was palpable. In addition to being at risk of personally contracting the virus, the risk of giving it to a family member also added stress for frontline officers.⁹⁴ The pressure was exponentially high for those with loved ones with compromised immune systems.⁹⁵

Additionally, officers were required to adapt existing practices related to service calls and patrol practices to limit exposure.⁹⁶ New policies were implemented to ensure social distancing while government directives were

⁹⁰ John Shjarback & Obed Magny, “Cops and COVID: an examination of California officers’ perceptions and experiences while policing during a pandemic” (2022) 45:1 *Policing: An International Journal* 61.

⁹¹ Assholes in Policing, *supra* note 89.

⁹² *Emergencies Act*, RSC, 1985, c 22 (4th Supp). For a detailed discussion of the application of the emergency powers, see Leah West, Michael Nesbitt & Jake Norris, “Invoking the Emergencies Act in Response to the Truckers’ ‘Freedom Convoy 2022’: What the Act Requires, How the Government Justified the Invocation, and Whether it was Lawful” (2022) 70:2 *Crim LQ* 262. See also Robert Diab, “The Real Lesson of the Freedom Convoy ‘Emergency’: Canada Needs a Public Order Policing Act” (2022) 70:2 *Crim LQ* 230.

⁹³ Shahin Mehdizadeh & Katy Kamkar, “COVID-19 and the impact on police service” (2020) 5:2 *J Community Safety WellBeing* 42-44 at 42 [COVID-19 and the impact on police service].

⁹⁴ *Ibid.*

⁹⁵ *Ibid.*

⁹⁶ John Stogner et al, “Police Stress, Mental Health, and Resiliency during the COVID-19 Pandemic” (2020) 45:4 *Am J Crim Justice* at 722 [Resiliency during the COVID-19 Pandemic].

in place.⁹⁷ Despite the rules of social isolation put in place across the world or even distancing procedures, police were often not able to work within such parameters; despite best efforts and the use of protective equipment in addition to other measures, officers were exposed to the virus.⁹⁸ Adding to the angst among officers was the possibility that one officer being exposed could impact other team members requiring them to be tested or take time off of work and be away from loved ones to ensure the virus was not spread further.⁹⁹ This became extremely taxing not only on police departments and organizational resources but also on the members themselves as the pressure to maintain the same level of service with fewer officers remained.¹⁰⁰ A genuine concern was ensuring enough officers were healthy to maintain public safety.¹⁰¹ It is undeniable that many businesses may have been worried about this issue. Still, few professions have the potential to cause such devastating consequences for the public due to the absence of healthy employees as police officers, first responders, doctors, and nurses.

The pandemic has brought about many challenges for families, including separation and difficulty in reuniting with loved ones. Police officers have been on the front lines of enforcing quarantine and social distancing measures, sometimes separating families and preventing them from gathering. This has been a difficult task for police officers, as they have had to balance the need to enforce public health measures with the emotional toll separating families can take.¹⁰² Police officers have also had to deal with a rise in domestic violence, and child abuse calls due to the social isolation measures implemented during the pandemic.¹⁰³ Finally, while officers were enforcing rules as part of their job, they were forced to witness pain and financial devastation of business closures.¹⁰⁴ As agents of the latest and often unpopular restrictions, additional anxiety and disapproval from some members of the public were substantial.

The demand for officers to manage potentially violent groups was seen with the various riots and social unrest as the period of restrictions carried on and increased throughout the pandemic.¹⁰⁵ Almost every part of the

⁹⁷ *Ibid* at 719.

⁹⁸ COVID-19 and the impact on police service, *supra* note 93 at 42.

⁹⁹ *Ibid.*

¹⁰⁰ *Ibid.*

¹⁰¹ Resiliency during the COVID-19 Pandemic, *supra* note 96 at 722.

¹⁰² COVID-19 and the impact on police service, *supra* note 93 at 43.

¹⁰³ *Ibid.*

¹⁰⁴ *Ibid.*

¹⁰⁵ Resiliency during the COVID-19 Pandemic, *supra* note 96 at 43.

country experienced some form of protest.¹⁰⁶ One notorious protest was the “Freedom Convoy,” which occupied Ottawa streets for over three weeks.¹⁰⁷ Ottawa’s Auditor General conducted an audit into the Ottawa Police Service’s response to the convoy and noted that the police’s priorities were traffic management, maintaining emergency routes, keeping peace and order, protecting monuments, addressing threatening or high-risk behaviours, and maintaining the safety of all individuals.¹⁰⁸ The audit noted that officers worked under the harshest conditions, such as staff vacancies and shortages, cold winter temperatures, and extended shifts.¹⁰⁹ Managing such protests significantly strained police resources in ensuring public safety in such an event and managing large resource-intensive crowds, leading to longer shifts, increased overtime, and a higher risk of fatigue and burnout among officers. In addition, managing the protest during a pandemic puts officers at risk of exposure to the virus, which could create additional stress and anxiety for frontline officers.

The police have various ways to deal with public order disturbances; the vast majority pre-existed the COVID-19 protests.¹¹⁰ The balancing act of utilizing the coercive authority given by the state to police to maintain order during such public protests presents obvious challenges. On the one hand, police imposing “too much ‘order’ threatens many of the

¹⁰⁶ Protests included: The Ottawa protest, The Windsor and Ambassador Bridge protests, The Coutts protests, Protests at other ports of entry, and Protests in other locations such as British Columbia, Alberta, Saskatchewan, Winnipeg, Toronto, Quebec, New Brunswick and Nova Scotia. For more information See *Commission of the Public Inquiry into the 2022 Public Order Emergency: Report* vol 1: Overview (Ottawa: Public Order Emergency Commission, 2023), online: <publicorderemergencycommission.ca/files/documents/Final-Report/Vol-1-Report-of-the-Public-Inquiry-into-the-2022-Public-Order-Emergency.pdf>.

¹⁰⁷ The group was protesting COVID-19 vaccine mandates and restrictions and while doing so set unlawful fires, discharged fireworks, blocked and damaged highways and idling vehicles in addition to relentless noise by-law infractions see *Audit of the Ottawa Police Service’s Response to the Convoy Protest – Collaboration with the City of Ottawa: Audit*, (Ottawa: Office of the Auditor General, 2023), online (pdf): <www.oagottawa.ca/media/11rbio3n/final-audit-report-audit-of-the-ottawa-police-service-s-response-to-the-convoy-protest-collaboration-with-the-city-of-ottawa11.pdf> [perma.cc/QK2D-SW8J].

¹⁰⁸ *Ibid* at 5.

¹⁰⁹ *Ibid* at 10.

¹¹⁰ Such powers can be grouped into three categories (i) criminal law enforcement powers; (ii) regulatory law enforcement powers; and (iii) military assistance to law. See *Commission of the Public Inquiry into the 2022 Public Order Emergency: Report* vol 5: Policy Papers (Ottawa: Public Order Emergency Commission, 2023) at 10-2, online (pdf): <publicorderemergencycommission.ca/files/documents/Final-Report/Vol-5-Report-of-the-Public-Inquiry-into-the-2022-Public-Order-Emergency.pdf> [perma.cc/98PQ-7XG3].

fundamental civil rights that citizens in a liberal-democratic societies hold dear.” On the other hand, “allowing too much ‘freedom,’ in contrast, may compromise public safety, economic stability, and psychological well-being.”¹¹¹ The impact of such a high burden during unprecedented times in a pandemic on police is unknown. Speculating though the combination of enforcing criminal and regulatory powers, the added strains of the pandemic where health concerns were heightened for many, and the exceptional response from citizens to the government control over their daily lives would place a heavy burden on police who had to balance all of these factors.

The Journal of Community Safety and Well-being published a commentary aiming to address some of the issues officers faced during the pandemic.¹¹² Adding to the mix of what police had to contend with was noted in the commentary is that an officer can suffer from a moral injury, which can have a “long-lasting emotional and psychological impact.”¹¹³ This can occur when one does not believe that they have done enough or that they have done the right thing.¹¹⁴ A psychological imbalance can happen when one’s actions or the actions of others are not in harmony with one’s moral values, ethical values, core beliefs, and expectations.¹¹⁵ During the pandemic, officers could have been torn between their beliefs and what was expected of them as civil servants. For example, Ottawa police officer Kristina Neilson pleaded guilty to one count of discreditable conduct for donating \$55 to a crowd-funding campaign for the “Freedom Convoy” protest that took over Ottawa streets for three weeks.¹¹⁶ The discipline hearing chair noted, “unfortunately, instances of real and perceived police officers’ support for the illegal occupiers have received much attention and criticism and has had a significant detrimental effect on the reputation of the (Ottawa Police Service).”¹¹⁷ During the *Emergencies Act* inquiry Keith Wilson, a lawyer for some of the main convoy organizers, testified that leaks were received from police officers who were sympathetic to their cause.¹¹⁸

¹¹¹ *Ibid* at 10-4.

¹¹² COVID-19 and the impact on police service, *supra* note 93.

¹¹³ *Ibid* at 43.

¹¹⁴ *Ibid.*

¹¹⁵ *Ibid.*

¹¹⁶ Jacquie Miller, “Ottawa police officer who donated to the ‘Freedom Convoy’ docked pay” (19 November 2022), online: *Ottawa Citizen* <ottawacitizen.com/news/local-news/ottawa-police-officer-who-donated-to-the-freedom-convoy-docked-pay>.

¹¹⁷ *Ibid.*

¹¹⁸ Catharine Tunney, “Convoy lawyer says protesters were receiving a ‘steady stream’ of leaked police information” (02 November 2022), online: CBC <www.cbc.ca/news/politics/wilson-marazzo-pat-king-emergencies-act-1.6637766> [perma.cc/MK68-YW78].

Wilson testified that a “steady stream of information: came from Ottawa Police Service, the Ontario Provincial Police, the RCMP, and even the Canadian Security Intelligence Service.”¹¹⁹ The tension between officers who showed support for the COVID protests and their obligation to enforce the law and keep public safety intact was evident, with some supporting financially and others supporting with information.

Furthermore, it is conceivable that such perspectives could have affected the dynamics between colleagues who held contrasting views on the matter but still had to work alongside one another. The pandemic added to the stress of policing, as the role of police during the pandemic was often controversial. This challenged the necessity of police to establish public confidence, which, as previously mentioned, is crucial to do their job.

COVID-19 is not the first epidemic police have dealt with. In the '80s, HIV/AIDS was considered a pandemic by the WHO.¹²⁰ Similar to COVID-19, police encountered a risk of contracting HIV by contact with the public they served.¹²¹ In a 1998 study of HIV and the police, it was found police were exposed to such risk due to activities they had to perform in the line of duty, such as being exposed to blood, bodily fluids, and tissue, having to administer CPR, possible needle pricks, being spat on in addition to body contact during scuffles while making arrests were all possible transmission methods.¹²² Although COVID-19 poses distinctive challenges, the lessons learned from previous experiences can guide us in addressing future public health crises. It is crucial to prioritize law enforcement safety and well-being and consider the impact of policing during such situations in the planning and preparation stages, including protecting officers' mental health.

VI. IMPACT ON ABILITY TO SERVE THE PUBLIC

As noted in the above sections, there are many ways in which an officer can have their mental health impacted by simply doing their job. These are outside any day-to-day or personal mental health impacts officers may face. Not only are officers exposed to traumatic events, but they can also experience mental health strains from the agency they work for and other organizational-associated issues, in addition to the impact due to the area or location in which they serve.

¹¹⁹ *Ibid.*

¹²⁰ John Violanti, *Occupation Underseige: Resolving Mental Health Crises in Police Work* (Illinois, USA-Charles C Thomas Publisher LTD, 2021) at 10.

¹²¹ *Ibid.*

¹²² *Ibid.*

Police officers are called to situations that require quick decisions. The most extreme examples are whether to fire a shot and the risk of doing so to potential bystanders and by not firing and having the potential of being injured or killed that day.¹²³ Therefore, determining how these decisions may be impacted by an officer with even minor symptoms of PTSD is concerning. In addition, police officers' mental health concerns are not limited to PTSD or OSIs. They can include various problems from alcohol and substance abuse, depression, chronic fatigue, and somatic and psychosomatic complaints.¹²⁴

Dr. Violanti of the University of Buffalo researches officer safety and wellness issues. Being a retired NYPD officer, he can relate to some of the impact policing has on an individual.¹²⁵ Dr. Violanti notes that the exposure to trauma the officers encounter can impair their mental well-being and ultimately affect their ability to perform their job.¹²⁶ Additionally, the long-term impact of exposure to such events as seeing children abused and neglected, seeing dead bodies, assisting people that have been severely assaulted, and being personally involved in shootings may lead to additional "behavioral dysfunction."¹²⁷ Dr. Violanti notes such further health issues can include substance abuse, aggression, and suicide.¹²⁸

Dr. Violanti is a co-principal on a three-year study looking at how the quick decision-making required of police officers is affected by even minor symptoms of PTSD to do their job.¹²⁹ The study will focus on the effects of PTSD, ranging from mild to severe, on attention and cognitive control in policing. The researchers believe that even mild PTSD symptoms can affect.¹³⁰ Project lead Dr. Janet Shucard notes, "[v]ery few studies have examined brain structure and function in police officers. Our study is the only one to our knowledge that will examine the neurobiology of rapid decision-making in police officers."¹³¹ The ultimate goal of their research is

¹²³ David J Hill, "New study aims to measure how PTSD affects police officers" (13 February 2018), online: *University of Buffalo News Center* <www.buffalo.edu/news/releases/2018/02/021.html> [perma.cc/92CG-RZCV] [New study].

¹²⁴ *Evidence*, *supra* note 35 at 12:15 (Ms. Louise Bradley).

¹²⁵ Dr. John Violanti, "PTSD among police Officers: Impact on critical Decision Making" (201), online: *Dispatch* <cops.usdoj.gov/html/dispatch/05-2018/PTSD.html> [perma.cc/RE5J-64YQ].

¹²⁶ *Ibid.*

¹²⁷ *Ibid.*

¹²⁸ *Ibid.*

¹²⁹ New study, *supra* note 123.

¹³⁰ *Ibid.*

¹³¹ *Ibid.*

that new training and treatment approaches will be made available to police officers when more knowledge on the impact of PTSD on policing is available.¹³²

Dr. Violanti went so far as to say, “[i]f proper steps are taken by the police organization to help officers with high PTSD symptoms to get help, the number of problematic decisions on the street will be substantially reduced.”¹³³ In part, this could be due to PTSD being known to affect brain circuits that are associated with attention, decision-making, and inhibitory controls.¹³⁴ Now considering the impact an officer with severe PTSD may have on their control, attention, and responsivity in high-stress situations, it seems probable that an officer with severe PTSD will be impacted by their PTSD while doing their job, potentially negatively.

Locating examples of where officers' PTSD symptoms have impacted their ability to serve and protect has been challenging. This may be partly because there is no definitive conclusion that the officer's PTSD is why they engaged in certain conduct. Still, explored below, there are stories and cases where an officer has been diagnosed with PTSD, and they are found to lack the ability to do their job by medical professionals. In addition, sometimes, the police agency does not believe that PTSD from on-the-job trauma is related to their inability to work. Or sadly, there are cases where, rather than providing support and services for an officer who has PTSD and faces disciplinary hearings, the police agencies seek to fire them.

Furthermore, attention can be drawn to the matter because stories reach the news about an officer's behaviour bringing to the forefront that the officer suffers from PTSD. Some of these stories and cases explored below provide a more wholesome picture of how the issues and trauma explored above may directly impact real-life officers in the field and their daily lives.

One such story made headlines in 2013 when Corporal Ron Francis's smoking marijuana legally while on duty as an RCMP officer went viral across Canada.¹³⁵ Corporal Francis was provided a prescription for marijuana which in part helps calm him down and reduces his PTSD symptoms.¹³⁶ His prescription allows him up to three grams daily, which

¹³² *Ibid.*

¹³³ *Ibid.*

¹³⁴ *Ibid.*

¹³⁵ Evan Dyer, “Pot-smoking Mountie can’t smoke publicly in uniform: RCMP” (28 November 2013), online: *CBC Ottawa* <www.cbc.ca/news/canada/ottawa/pot-smoking-mountie-can-t-smoke-publicly-in-uniform-rcmp-1.2442576> [perma.cc/DEE7-PWMU].

¹³⁶ Stress leave with a service weapon, *supra* note 47.

Corporal Francis estimates could be nine to 15 joints.¹³⁷ In his interview, he indicates, "smoking marijuana has no negative effect on his ability to be a police officer."¹³⁸ Corporal Francis further adds that the prescription for marijuana came after battling PTSD and failed attempts to self-medicate with alcohol and anti-depressants, which left him with no significant improvement.¹³⁹

Although a deep dive into the impacts of marijuana use will not be undertaken, Health Canada reports that the short-term effects of cannabis use can differ and vary from one time to the next.¹⁴⁰ Some of the short-term effects can be slow reaction times, reduced ability to pay attention, and impaired coordination.¹⁴¹ Despite Corporal Francis saying that smoking marijuana helps him, the RCMP states so long as he is in uniform or wearing the decorative red serge, he cannot smoke marijuana.¹⁴²

Another example of an officer's mental health overlapping with his police duties was seen when Officer Brad Meyer was diagnosed with longstanding PTSD, but not before he was put on administrative leave and ordered to go to counseling for storming out of a work-related meeting after an argument with a colleague.¹⁴³ Following, Meyer was investigated for discreditable conduct due to an altercation that occurred with members of the public and with the RCMP; Meyer was off duty at the time.¹⁴⁴ Witnesses said Meyer became hostile and confrontational when he was questioned about where he was shoveling snow from around his wife's car, which escalated to the point that the RCMP was called to calm Meyer down; however, Meyer's cursing and yelling did not cease.¹⁴⁵

On another occasion, Meyer was given a one-day suspension without pay after being pulled over for excessive speeding.¹⁴⁶ Victoria Police tried to have Meyer fired for his misconduct. However, the retired judge appointed by the police complaint commission did not think it was justified.¹⁴⁷ Part

¹³⁷ *Ibid.*

¹³⁸ *Ibid.*

¹³⁹ *Ibid.*

¹⁴⁰ "Cannabis and your health" (11 March 2023), online: Government of Canada <www.canada.ca/en/services/health/campaigns/cannabis/health-effects.html#a1> [perma.cc/S2LD-BGAX].

¹⁴¹ *Ibid.* It can also make learning and remembering things harder

¹⁴² Stress leave with a service weapon, *supra* note 47.

¹⁴³ *Ibid.*

¹⁴⁴ *Ibid.*

¹⁴⁵ The investigation found Meyer did not recall speaking to anyone other than the police and denied yelling.

¹⁴⁶ *Ibid.*

¹⁴⁷ *Ibid.*

of the decision to suspend over termination was due to his PTSD, which had not been adequately treated.¹⁴⁸ Unfortunately, no update regarding what Meyer may be doing for Victoria Police or what support and treatment, if any, could be found.

One potential issue discovered in tracking how many officers with PTSD are involved in disciplinary investigations within their force is seen when they leave the department before such investigations are concluded. This was an issue in Minneapolis following the death of George Floyd.¹⁴⁹ The day after George Floyd was killed by a police officer, another Minneapolis police officer sprayed a large blast of pepper spray from her police cruiser at a group of protestors and bystanders.¹⁵⁰ The incident went viral after being caught on video.¹⁵¹ As a result, the public wondered what, if anything, happened to the officer responsible. However, city records never showed an officer was disciplined for the incident. There was no record of any disciplinary action taken against the officer because the officer took early retirement due to PTSD. In an interview, the officer said she decided to leave policing altogether after she and fellow officers were assaulted by protestors while trying to help a man who had been shot in the chest following George Floyd's death.¹⁵²

When there comes a time an officer can no longer perform their duties as a result of PTSD, one would think agencies would be accommodating in assisting these officers. After all, depending on the situation, these could be workplace health and safety injuries, correct? Unfortunately, it seems that that is not an approach adopted, at least for some.

In 2018, the Workplace Safety and Insurance Appeals Tribunal allowed an officer's appeal in Ontario. They ruled that the officer was entitled to loss of earning benefits. Initially, the Workplace Safety and Insurance Benefits Appeals Resolution Officer (ARO) denied such benefits. The denial was due to the delay in the officer experiencing traumatic events at work in 2005 and 2006 being so far removed from when he was unable to work starting in 2014.¹⁵³ In addition, the ARO found that

¹⁴⁸ *Ibid.*

¹⁴⁹ Deena Winter, "The Minneapolis police officer who maced protestors and bystanders is unmasked by court documents" (07 December 2022), online: *Minnesota Reformer* <minnesotareformer.com/2022/12/07/the-minneapolis-police-officer-who-maced-protesters-and-bystanders-is-unmasked-by-court-documents/> [perma.cc/9QVW-QXUM].

¹⁵⁰ *Ibid.*

¹⁵¹ *Ibid.*

¹⁵² *Ibid.*

¹⁵³ *Decision No. 2719/18*, 2018 ONWSIAT 3615 at paras 5-6.

the officer was experiencing other stresses in 2014 unrelated to work or the trauma previously found to have caused the PTSD.

Based on the available medical evidence, the appeals officer found that a conclusion was supported that the officer could not perform his position due to psychological restrictions. Noting,

As of September 29, 2014, the worker was experiencing stress from sources not directly related to his exposure to the stressful incidents of 2005 and 2006. However, I am satisfied that on the balance of probabilities, the worker would not have been incapable of working following September 29, 2014 were it not for his compensable PTSD.¹⁵⁴

Despite the Centre for Addiction and Mental Health noting the officer's psychological condition was impacted by pre-existing factors such as vulnerability related to childhood trauma, anxiety sensitivity, recurrent workplace trauma, period of alcohol abuse (long remitted), workplace strain, and perception of a lack of support in the workplace.¹⁵⁵

The ARO's decision specifies the officer's trauma from seeing his partner shoot a suspect and witnessing an individual die in a fire whom he was unable to save had no direct connection to his inability to perform his duties and denied him benefits in 2014. If the officer conceded, he might have had to return to work despite being unable to do the job due to a mental health diagnosis and contrary to his doctors' indication that he should not.

During disciplinary hearings for a Toronto officer, it was determined that the officer had been dealing with PTSD and addiction issues for some time. The officer's lawyer said it is "emblematic of the tremendous toll policing took on his client."¹⁵⁶ However, the officer was subject to several discreditable conduct complaints. Such conduct resulted in an accused, who was charged with assaulting the police officer and his partner during arrest, having charges dropped. Upon arrest, the accused resisted; the officer swore at the accused and sprayed him with pepper spray. The court found this amounted to excessive force, and the Crown conceded and stayed the charge.

There were other instances of disciplinary action against the same officer, who eventually resigned amid the Toronto Police Force trying to fire him.¹⁵⁷ The officer's lawyer had a different view of what had actually

¹⁵⁴ *Ibid* at para 13.

¹⁵⁵ *Ibid* at para 30.

¹⁵⁶ Adam Carter, "Toronto cop resigns after period of 'egregious' misconduct, cut from payroll after appeal fails" (18 August 2022), online: *CBC Toronto* <www.cbc.ca/news/canada/toronto/toronto-police-officer-misconduct-resigned-1.6553952> [perma.cc/LZ8R-J388].

¹⁵⁷ His resignation came just as the Ontario Civilian Police Commission threw out the

transpired. The lawyer stated that his client "fought an exemplary fight given his PTSD and addiction issues,"¹⁵⁸ and his client is now in a better place concerning his health. However, he said people need to understand that police officers, who give until it breaks, frequently do not have "a straight line to recovery."¹⁵⁹ The lawyer ends his interview by stating, "we can't punish our way out of this problem."¹⁶⁰ This last statement is quite true despite his client's lengthy disciplinary conduct raising the question of how the issues escalated to this point. Had adequate resources been available to this officer, would things have intensified so far for him? Are there other employment options within the police agency for the officer while he undergoes treatment? Many questions are left undetermined when an officer who suffers from PTSD due to on-the-job trauma is ultimately fired. However, the alternative of leaving an officer on active duty when they mentally should not be can have devastating consequences.

In a 2018 incident involving an Edmonton RCMP officer, his actions of pocketing cash from a crime scene stemmed from his job-related PTSD.¹⁶¹ At least, his lawyer stated this in the officers' disciplinary hearing.¹⁶² To support this, the lawyer produced an assessment by a forensic psychologist who indicated such a link.¹⁶³ The officer's side suggested that instead of firing him, the officer could be demoted and be required to continue undergoing mental health treatment.¹⁶⁴ No record of the outcome of the disciplinary hearing could be found. However, the officer did plead guilty to three counts of theft and three counts of breach of trust in Provincial Court and was sentenced to 18 months probation.

In another case, an Edmonton Police officer was convicted of sexual assault for groping another officer at the gym in the police headquarters in

officer's appeal. In the initial decision, the police agency was ordered to fire the officer for his conduct. The hearing officer believed the police officer's behaviour fell below the highest standards of conduct the Toronto Police Service has for all its officers and staff. Additionally, the officer was "unfit to perform his duties in the capacity of a police officer, and his usefulness to the Toronto Police Service and the community has been annulled." *See Ibid.*

¹⁵⁸ *Ibid.*

¹⁵⁹ *Ibid.*

¹⁶⁰ *Ibid.*

¹⁶¹ Jonny Wakefield, "Faced with firing, Edmonton police officer says PTSD influenced decision to take cash from crime scene" (22 December 2021), online: *Edmonton Journal* <edmontonjournal.com/news/local-news/faced-with-firing-edmonton-police-officer-says-ptsd-influenced-decision-to-steal-from-crime-scene> [perma.cc/TES2-V6H9].

¹⁶² *Ibid.*

¹⁶³ *Ibid.*

¹⁶⁴ *Ibid.*

2022.¹⁶⁵ The accused officer was on disability leave for PTSD but still had access to the gym when the sexual assault occurred.¹⁶⁶ Sentencing was delayed as the defence requested time for a forensic psychiatrist report, given his client's PTSD.¹⁶⁷ A disciplinary hearing will take place following the accused officer's sentencing in the spring of 2023.¹⁶⁸

A positive example of what a police agency did to support an officer traumatized by an on-the-job incident was an incident in Cobb County, Georgia. An officer was trying to help an individual in distress when that individual ran into traffic and was hit and killed by oncoming traffic.¹⁶⁹ As a result, the officer was mandated to undergo a mental health evaluation and was assigned to less stressful tasks by the police agency.¹⁷⁰ The co-founder of the Cobb Coalition for Public Safety, Sally Riddle, said that mental health is frequently stigmatized in law enforcement. It is often not discussed and swept under the rug as it is easier to suppress those thoughts and feelings than to deal with the trauma of a painful experience.¹⁷¹

Another positive model was also evident in another Georgia police agency. Chief Ferrell of the Marietta Police Department implemented mental health rooms.¹⁷² The rooms help officers decompress from their stressful jobs. It also provides a space to reflect on traumatic occurrences at work instead of going from a traumatic call straight to another one.¹⁷³ In addition, the room allows officers to talk things over with their peers and process their thoughts instead of heading straight home.¹⁷⁴ The department also utilizes licenced clinicians to help support officers and requires annual checkups and mental health evaluations with all officers.¹⁷⁵

The Cobb Coalition for Public Safety and Chief Ferrell advocate for annual mental health evaluations. One reason is to help officers through

¹⁶⁵ Jonny Wakefield, "Edmonton police officer found guilty of sexual assault for groping colleague" (24 October 2022), online: *Edmonton Journal* <edmontonjournal.com/news/crime/edmonton-police-officer-found-guilty-of-sexual-assault-for-groping-colleague> [perma.cc/YL22-3LTD].

¹⁶⁶ *Ibid.*

¹⁶⁷ *Ibid.*

¹⁶⁸ *Ibid.*

¹⁶⁹ Caleb Groves, "Marietta And Cobb Police Departments Take Steps To Improve Mental Health Services For Officers" (14 December 2022) online: <cobbcountycourier.com/2022/12/marietta-and-cobb-police-departments-take-steps-to-improve-mental-health-services-for-officers/> [perma.cc/C7PS-RRSD] [Improve Mental Health Services].

¹⁷⁰ *Ibid.*

¹⁷¹ *Ibid.*

¹⁷² *Ibid.*

¹⁷³ *Ibid.*

¹⁷⁴ *Ibid.*

¹⁷⁵ *Ibid.*

their stressful job and avoid what Chief Farrell calls "political extremism."¹⁷⁶ Chief Farrell, in part, was motivated to make such positive changes after two officers in the Marietta Police Department died from suicide within a year. However, Sally Riddle from the Cobb Coalition states it is not just about the police. It is also about the community. Sally notes, "if an officer is not able to attend fully and with emotional stability to their job, that could put the public at risk as well."¹⁷⁷ Therefore, how frontline officers' mental health is cared for should ultimately concern the public, police agencies, and the government.

The mental health standards on an ongoing basis are not entirely clear. For example, WPS, in their Collective Agreement, discusses fitness and fitness standards. However, there is no mention of specifics.¹⁷⁸ Therefore, whether such measures include a mental health component or are strictly a physical requirement is unknown.¹⁷⁹ Further research on what standardized conditions exist relating to mental health for Canadian police officers would be beneficial. Such research could indicate if there are any gaps in mental health assessment requirements on an ongoing basis and ensure that police forces have such a requirement.

In order to determine the needs of a particular police force and the officers it employs, further research and studies are necessary. This would involve analyzing the unique organizational stressors and challenges that officers face within that specific agency and identifying ways to prevent and treat mental health issues amongst its police officers.

VII. CONCLUSION

Police officers in Canada are faced with many challenges. In addition to being a mentally and physically demanding occupation, policing has additional operational and organizational stressors. Due to the profession's unpredictable nature and physical challenges, along with witnessing some of the most awful things a human can see, an officer is more prone to PTSD and OSIs than most Canadians. This prevalence comes from serving and protecting their communities. There is nothing that a police officer has done that makes them more susceptible. However, as seen above, having a

¹⁷⁶ *Ibid.*

¹⁷⁷ *Ibid.*

¹⁷⁸ "The City of Winnipeg and The Winnipeg Police Association Collect Agreement: Effective December 24, 2016 to December 31, 2021" at 77, online (pdf): <legacy.winnipeg.ca/hr/department-information/collective-agreements/pdfs/WPA-CA-2016-2021.pdf> [perma.cc/TUF3-6W6A].

¹⁷⁹ *Ibid.*

history of mental health issues increases the likelihood of developing job-related PTSD as a police officer. Not to suggest that an officer with a history of mental health is incapable of doing the job, but resources must be in place to ensure mental health concerns and problems are addressed and treated when needed.

The impact of PTSD on a police officer's ability to serve and protect is really unknown. What is known is that someone who is experiencing PTSD symptoms can experience flashbacks and become overly alert or wound up. In addition, increased anger and guilt may arise, along with having one's sleep impacted. Such symptoms can make an officer irritable, lack concentration, and quickly become startled. Additionally, longstanding PTSD can manifest into additional issues such as depression, anxiety, and alcohol and substance abuse.

One challenging component in preventing PTSD for officers is how unpredictable it may be. As noted above, for some officers, it can result from a single traumatic event followed by intense analysis. For others, PTSD is developed over years of exposure to continual heightened awareness, potential physical harm, and the possibility of using deadly force. This is in addition to seeing horrific accidents, dealing with victims of homicide, being involved in child abuse investigations, and helping the most vulnerable citizens who have been victimized. Police are the first ones called when someone is in mental distress, when shots have been fired, when someone is missing, or when someone has ended their life. These officers must deal with the stuff that makes novels best-sellers and draws people into movie theatres. However, this is their reality, helping and investigating such matters on a reoccurring basis and being able to testify in court to secure convictions for the guilty.

And if all of that was not enough, officers are also subjected to OSIs. Policing during the COVID-19 pandemic is a recent example. However, historically the HIV/AIDS pandemic tells us that although this may not be a common occupational stressor, it most certainly is reoccurring. As seen with both pandemics, the length of the impact is significant. The host of concerns with the COVID-19 pandemic and the HIV/AIDS crisis was vast, especially for frontline officers. Whether they liked it or not, they had a job to do, and they were putting themselves at risk of contracting COVID or HIV simply by doing that job. The balance of citizens' rights and freedoms with public safety was profound.

Additional OSIs result from negative perceptions and interactions with the public. The shiftwork, understaffing, and build-up of the impact of a police force's organizational stress also contribute to the likelihood of an office developing PTSD or an OSI. Although most people who go into

policing realize that there will be some occupational stress, the impact of organizational stressors is not as expected. This is important as the research indicates that stress due to the organization can be just as critical to an officer's mental health as operational stressors.

If all of this is not enough to challenge a person, or a police officer, the location of their posting can also be a factor in their mental well-being. The optimal performance of police officers depends on tangible resources. Such resources include modes of communication and citizens' access to 911 so that officers can receive as up-to-date and accurate information regarding the emergency as possible. Other resources are adequate staff and the availability of a backup. It is unsurprising that one's overall psychological and physical well-being is affected under circumstances where these resources are lacking. Psychological well-being is associated with decreased job performance, high turnover rates, poor job attitudes, and health issues. Mental and physical well-being is essential for police to perform efficiently and successfully to carry out their role of serving and protecting. This can be severely aggravated by policing in remote areas and for Indigenous Police forces.

So yes, policing is mentally and physically challenging. Some of it is mainly expected by those going into the profession some of it is not. Why is this important? In addition to the fact that these individuals have volunteered to serve and protect the public, ensuring that they are mentally fit and reducing as much of the impact of their job on their mental well-being should be paramount. Adequate access to mental health resources should be the rule, not the exception. So, when the effect of serving the people in this capacity weighs on their mental health to the point that it affects them, citizens, police forces, and all levels of government should be concerned. These officers carry lethal weapons on them every day they put on that uniform. They are trained to restrain people, defend themselves, and use compliance devices such as tasers, pepper spray, and batons if needed.

Frontline officers must make quick, sound decisions while processing information and in extraordinarily stressful and intense situations. Anything that may impact their mental and physical ability to do this job and utilize the weapons and training they have acquired against citizens should be at the forefront for police agencies. For example, having an on-duty officer suffering from hypervigilance, flashbacks, and avoidance would be problematic. Let alone the impact of having an officer who is overly cautious or hesitant when responding to calls that could put themselves and others in danger. Officers could also experience intense emotional reactions to situations that remind them of their traumatic experiences,

which can interfere with their ability to remain calm and objective on the job. Furthermore, there can also be physical symptoms such as fatigue, insomnia, and headaches, which can further impact an officer's ability to perform their duties. In addition to the impact of PTSD or an OSI, the potential for further health issues such as substance and alcohol abuse, aggression, and in severe instances, officer suicide, all of which must have prevention methods and resources available to combat.

So we know officers are prone to PTSD due to the demand and stress of their job. The risk to themselves and the public is significant if the officer is not in the best mental health sphere. The next factor is how much PTSD can impact an officer's ability to police. This is a challenging part. With further research and casting light on this issue, hopefully, more focus will be placed on this aspect to yield an answer. At this time, we know PTSD impacts officers and likely also affects their ability to do their job. It seems unclear to what extent. Some researchers are exploring the issue; however, ensuring Canadian police forces are represented in that research is important as seen above, there are challenges with applying results from one study to another country's police officers. More research in this area would also help shine some light on what can be done for officers to help prevent long-term PTSD and the subsequent side effects. Future research should also consider clarifying whether the significant prevalence of mental health issues is predominately due to occupational exposure or if other factors are also present. Some of the stressors the officers face will never go away and, realistically, will only worsen with time and the advancement of technology. People seem to find more gruesome ways to hurt and exploit one another. However, some things can be done to reduce the impact of policing on an officer. The organizational structure of the police force is the most significant starting point.

Internal reviews and employee surveys may assist with obtaining suggestions of what would work internally. Ultimately police organizations are in the best position to put resources in place to help officers with trauma that occurs on the streets and within the confines of the detachment. Recognizing the role of administration and the organization and providing access to support would benefit frontline officers. Trying some of our American counterparts' techniques, for example, implementing mental health rooms and improving access to mental health professionals, may also assist Canadian police. Ensuring after an officer has attended a traumatic call, that they are not just put back out to another call but allowed time to decompress and process what happened while doing a less stressful position may be helpful. In addition to mental health screening for new recruits, active officers must undergo continual screening. This would allow

struggling officers to be directed to mental health professionals when and if required. Further research in this area would be beneficial to see what gaps regarding screening and access to mental health professionals there are in Canadian police forces.

Ultimately ensuring officers entrusted to serve and protect while carrying lethal weapons in public are supported in the best possible way mentally and physically is critical. If this is not happening, research into how this can be accomplished is certainly required. It is crucial for police departments to acknowledge the job's impact on officers' mental health and provide support; by doing so, police departments can help ensure that officers are better equipped to do their job safely and effectively while also promoting their overall well-being. In addition, as policing and human nature evolve, the mental support officers receive will also need to grow. A proactive approach is necessary instead of a reactive one after an officer has injured or killed someone or themselves.