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MONTEREY, CALIFORNIA

THESIS

**THRIVING THROUGH THE CRACKS:
PROMOTING MENTAL HEALTH RESILIENCE
IN THE U.S. BORDER PATROL**

by

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March 2023

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**THRIVING THROUGH THE CRACKS: PROMOTING MENTAL HEALTH
RESILIENCE IN THE U.S. BORDER PATROL**

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ABSTRACT

The U.S. Border Patrol has become the face of immigration in the United States because of the wave of migrants at the southern border who continue to seek the American dream by extreme means. While the literature is replete with accounts of immigrants and their treacherous journeys, this thesis tells a different, yet equally relevant, story—that of the Border Patrol agent whose professional and personal life is challenged every day by such stressors as the threat of violence and danger, political pressures, and moral injury. This thesis seeks to identify alternative programs for building mental-health resilience as suicides among Border Patrol agents remain constant. To this end, this thesis explores mental health challenges and their causes and the barriers to seeking treatment that are unique to law enforcement and the Border Patrol. As the migrant crisis continues, it is essential that Border Patrol agents be provided with the necessary tools to maintain their resilience while protecting America. This thesis conducts a comparative case study to analyze two programs that the U.S. military utilizes (equine assistance therapy and the battle buddy system). This thesis finds that both programs benefit overall mental wellness and thus recommends that the U.S. Border Patrol consider implementing the two programs into its current resiliency plan.

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LIST OF ACRONYMS AND ABBREVIATIONS

ACE	ask, care, escort
ACLU	American Civil Liberties Union
ASG	Adaptive Sports Grant
BOP	Bureau of Prisons
BPA	border patrol agent
BTAP	Buddy Team Assignment Program
CBP	Customs and Border Protection
DOD	Department of Defense
DHS	Department of Homeland Security
EAGALA	Equine Assisted Growth and Learning Association
EAP	Employee Assistance Program
EAT	equine-assisted therapy
ESL	English as a second language
FOB	forward operating base
FY21	fiscal year 2021
MinnRap	Minnesota Resilience Action Plan
MHC	mental health consultant
NVVRs	National Vietnam Veterans Readjustment Study
NYPD	New York Police Department
PIE	proximity to battle, immediacy, and expectation of recovery
PSM	peer support members
PSP	Peer Support Program
PTSD	post-traumatic stress disorder
TBI	traumatic brain injury
USBP	United States Border Patrol
VA	Veterans Administration
WHO	World Health Organization
WWI	World War I

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EXECUTIVE SUMMARY

Law enforcement officers suffer significantly from the psychological toll of performing their duties. Research shows police officers are more likely to die by their own hands than those of an assailant and are 54 percent more likely to die from suicide than the rest of the American workforce.¹ The United States Border Patrol (USBP) lost eleven employees to suicide in 2021 and fourteen in 2022, the highest since 2007 when Customs and Border Protection (CBP) began tracking suicide rates.² Additionally, a report from a USBP representative in 2017 shows that USBP has the highest number of suicides among all law enforcement agencies.³

As border security has become a hot-button issue with the increase of migrants arriving at the southern border, USBP has been caught in the middle of opposing views from the public.⁴ On the one hand, the public believes USBP is treating migrants

¹ Carson J. Spencer Foundation, *Breaking the Silence: Suicide Prevention for Law Enforcement Video Facilitation Guide* (Denver: Carson J Spencer Foundation, 2015), <https://theactionalliance.org/resource/breaking-silence-suicide-prevention-law-enforcement-video-facilitation-guide>; Brian A. Chopko, Patrick A. Palmieri, and Vanessa C. Facemire, “Prevalence and Predictors of Suicidal Ideation among U.S. Law Enforcement Officers,” *Journal of Police and Criminal Psychology* 29, no. 1 (2014): 1–9, <https://doi.org/10.1007/s11896-013-9116-z>; Police Executive Research Forum, *An Occupational Risk: What Every Police Agency Should Do to Prevent Suicide among Its Officers* (Washington, DC: Police Executive Research Forum, 2019), <https://www.policeforum.org/assets/PreventOfficerSuicide.pdf>.

² Customs and Border Protection, *U.S. Customs and Border Protection Budget Overview Fiscal Year 2023* (Washington, DC: Department of Homeland Security, 2023), https://www.dhs.gov/sites/default/files/2022-03/U.S.%20Customs%20and%20Border%20Protection_Remediated.pdf; Bridget Johnson, “Confronting CBP Suicides: Bipartisan Bill Would Create Task Force to Recommend Prevention Solutions,” *Homeland Security Today*, December 22, 2022, <https://www.hstoday.us/featured/confronting-cbp-suicides-bipartisan-bill-would-create-task-force-to-recommend-prevention-solutions/>.

³ “Why Border Patrol Agents Have the Highest Suicide Rate,” June 1, 2017, CNN, video, 4:46, <https://www.cnn.com/videos/politics/2017/06/01/exp-san-diego-mexico-border-suicide-rate.cnn>.

⁴ The waves of international crises, including natural disasters, government corruption, and violence in other countries, have pushed migrants to the U.S.-Mexico border. The increase of migrants has strained the agency’s mission of combating transnational crime, facilitating lawful trade and protecting revenue, facilitating lawful travel, securing the border, and countering terrorism.

inhumanely and purportedly unlawfully questioning people as to their citizenship.⁵ On the other hand, people think USBP is not doing enough to secure the border of drugs and illicit activity because they are inundated by the number of apprehensions they make.⁶ Standing between the two views can be overwhelming and stressful. The increasing number of suicides is troublesome and leads to the following question: Law enforcement officers must help keep communities safe, but who protects them from the dangers of their job?

In search of alternative programs that may improve resilience in border patrol agents (BPAs), this thesis includes case studies on two programs utilized by the military: equine assistance therapy (EAT) and the battle buddy program. EAT involves incorporating horses into mental health therapy.⁷ EAT is most often used to treat patients with PTSD but can also be used to treat other types of trauma, addiction, depression, and anxiety.⁸ With a therapist trained in traditional mental health and EAT, patients learn how

⁵ Shaw Drake and Kate Huddleston, “Border Patrol Must Stop Holding People in an Inhumane Outside Pen under a Highway in South Texas,” American Civil Liberties Union, August 9, 2021, <https://www.aclu.org/news/civil-liberties/border-patrol-must-stop-holding-people-in-an-inhumane-outside-pen-under-a-highway-in-south-texas/>; Eileen Sullivan and Zolan Kanno-Youngs, “Images of Border Patrol’s Treatment of Haitian Migrants Prompt Outrage,” *New York Times*, September 21, 2021, <https://www.nytimes.com/2021/09/21/us/politics/haitians-border-patrol-photos.html>; “US Records Show Physical, Sexual Abuse at Border,” Human Rights Watch, October 21, 2021, <https://www.hrw.org/news/2021/10/21/us-records-show-physical-sexual-abuse-border>; Julie Light, “Rape on the Border,” *The Progressive*, September 1996; The Guardian, “ACLU, Immigration Groups Allege Child Abuse by U.S. Border Patrol,” *Police Department Disciplinary Bulletin* 22, no. 9 (September 2014): 8; and American Civil Liberties Union of Arizona, “Know Your Rights with Border Patrol” (Phoenix: American Civil Liberties Union of Arizona, 2017), https://www.acluaz.org/sites/default/files/field_documents/aclu_border_rights.pdf.

⁶ “Most Americans Are Critical of Government’s Handling of Situation at U.S.-Mexico Border,” Pew Research Center, May 3, 2021, <https://www.pewresearch.org/politics/2021/05/03/most-americans-are-critical-of-governments-handling-of-situation-at-u-s-mexico-border/>; Tom K. Wong, *Public Opinion about the Border, at the Border* (La Jolla, CA: U.S. Immigration Policy Center, 2019), <https://usipc.ucsd.edu/publications/usipc-border-poll-final.pdf>.

⁷ Talia Matonti, Patricia Gitto, and Katlyn McGrann, “The Effects of Equine Therapy on Military Veterans with PTSD: A Case Study Exploration of the Implications of Equine-Assisted Therapy on Post-Traumatic Stress Disorder,” *Journal of Student Research* 10, no. 4 (2021): 1–14, <https://doi.org/10.47611/jsrshs.v10i4.2001>.

⁸ Matonti, Gitto, and McGrann; Xi Zhu et al., “Neural Changes Following Equine-Assisted Therapy for Posttraumatic Stress Disorder: A Longitudinal Multimodal Imaging Study,” *Human Brain Mapping* 42, no. 6 (2021): 1930–39, <https://doi.org/10.1002/hbm.25360>; Julie L. Earles, Laura L. Vernon, and Jeanne P. Yetz, “Equine-Assisted Therapy for Anxiety and Posttraumatic Stress Symptoms,” *Journal of Traumatic Stress* 28, no. 2 (April 2015): 149–52, <https://doi.org/10.1002/jts.21990>; and Jennifer Nagrath, “Investigating the Efficacy of Equine Assisted Therapy for Military Veterans with Posttraumatic Stress Symptomology” (PhD diss., Sofia University, 2020), ProQuest.

to regulate emotions, develop life skills, and improve their psychosocial functioning.⁹ Battle buddies refer to pairs of soldiers that support and help each other build their sense of teamwork, responsibility, and accountability.¹⁰ They also help minimize the risk of misconduct and improve mental health, specifically reducing stress and the risk of suicide.¹¹

Comparing the two programs, neither demonstrated noteworthy improvement for participants. Unsurprisingly, studies do not show significant improvement because both programs are understudied and relatively new. This thesis found that both initiatives are worth investment because although neither program promises to heal participants completely, scholars have proven that the programs are just as helpful as other resilience programs. As such, this thesis makes the following recommendations:

1. Reduce Barriers to Communication

- Continue to promote the use of mental health services and change the conversation surrounding its negative views through mediums like social media, government email, posters on centrally located billboards at the stations, and hosting mental health fairs open to the public.
- Educate employees on types of stigmas and provide them with tools to help rid themselves of stigma, self-stigma, and public stigma.

⁹ Nagrath, “Investigating the Efficacy of Equine Assisted Therapy.”

¹⁰ Department of the Army, *Enlisted Initial Entry Training Policies and Administration*, TRADOC Regulation 350–6 (Washington, DC: Department of the Army, 2022), <https://adminpubs.tradoc.army.mil/regulations/TR350-6.pdf>; Vanessa Silva, “A Phenomenological Study of Veterans’ Perspectives of the Battle Buddy Relationship” (PhD diss., Adler University, 2022), ProQuest.

¹¹ Department of the Army, *Enlisted Initial Entry Training Policies and Administration*; Bichson Bush, “Battle Buddies,” Goodfellow Air Force Base, January 22, 2009, <https://www.goodfellow.af.mil/Newsroom/Commentaries/Display/Article/375380/battle-buddies/> <https://www.goodfellow.af.mil/Newsroom/Commentaries/Display/Article/375380/battle-buddies/>; Mitchell Hanson, “What Is a Wingman?,” 301st Fighter Wing, October 11, 2018, <https://www.301fw.afrc.af.mil/News/Commentaries/Display/Article/1659633/what-is-a-wingman/> <https://www.301fw.afrc.af.mil/News/Commentaries/Display/Article/1659633/what-is-a-wingman/>.

- Educate the public on mental health stigma and how it hinders officers and agents from seeking treatment. Reinforce that society needs healthy agents to protect America.

2. Implement equine assistance therapy in USBP

- Contract a company to run an EAT program for USBP. Outsourcing will reduce expenses and time for implementation.
- Utilize retired USBP wild mustang horses in the EAT program to give horses another purpose and save on the cost of finding horses.
- Inform agents of the EAT programs available nationwide that already provide law enforcement and veterans with free sessions. Additionally, consider partnering with the already established programs.

3. Implement the Battle Buddy Program

- Based on military standards, utilize the battle buddy program at the basic academy to instill the importance of taking care of one another and building mental health resilience together.
- Consider allowing participants who are friends and family to attend the USBP academy together and attend the same first duty station, as it benefits their mental health. An unintended yet beneficial consequence of permitting families and friends to attend the academy together could be improved retention and recruitment rates.
- Provide agents with training on how to be good listeners to help each other. Battle buddies may be like peer support members, except battle buddy relationships do not just exist during a formal session. Similarly, battle buddies can be like friends. What sets battle buddies apart is that they can comprise of entire units, groups of people, or partners. With the right tools and trust in each other, agents can change the stigma and seek

professional help when needed. Providing all agents with basic training to be better battle buddies can help save lives.

4. Continue a Path of Transparency

- Continue to be open about employee suicides and include end-of-year statistics and data on suicide rates and factors that affect mental health so that scholars can analyze them.
- Allow study on mental illness, resilience, and utilization of programs to be completed on BPAs. With a study of current stressors and an accurate representation of program utilization, the agency can better understand where to focus its efforts and in which programs to continue to invest.

Not everyone has what it takes to be a BPA, and the agency must take care of those who do, both mentally and physically, while there are still BPAs willing to fulfill the duties of an agent.¹² CBP reports that the agency will experience a “significant surge in BPA and [Customs and Border Protection Officer] retirements in the next ten years,” which will further reduce manpower numbers if more agents are not recruited and retained.¹³ There may be little CBP can do about officers and agents retiring. Still, CBP can continue to promote the importance of mental wellness and resilience, leaving room for future generations to want to continue the legacy of protecting America. Mental health resilience programs are not one-size-fits-all, so the more programs and resources the agency can provide to its employees, the better chance the employees will have of finding one that suits them.

¹² Bill Broyles and Mark Haynes, *Desert Duty: On the Line with the U.S. Border Patrol* (Austin: University of Texas Press, 2010).

¹³ Customs and Border Protection, U.S. Customs and Border Protection Budget.

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I. INTRODUCTION

A. PROBLEM STATEMENT

Law enforcement officers suffer significantly from the psychological toll of performing their duties. Research shows police officers are more likely to die by their own hands than those of an assailant and are fifty-four percent more likely to die from suicide than the rest of the American workforce.¹ It is estimated that sixteen police officers die from suicide compared to fourteen among the general population per 100,000.² In the first two months of 2021 alone, seventeen police officers died by suicide.³ The United States Border Patrol (USBP) lost eleven employees to suicide in 2021 and fourteen in 2022, the most since 2007 when Customs and Border Protection (CBP) began tracking suicide rates.⁴ A report from a USBP representative in 2017 shows that USBP has the highest number of suicides among all law enforcement agencies.⁵ COVID-19 and mounting political tensions have exacerbated police officers' stress on and off duty. In today's society, where everything is recorded and scrutinized, the sense of pride attached to wearing a badge is

¹ Carson J. Spencer Foundation, *Breaking the Silence: Suicide Prevention for Law Enforcement Video Facilitation Guide* (Denver: Carson J Spencer Foundation, 2015), <https://theactionalliance.org/resource/breaking-silence-suicide-prevention-law-enforcement-video-facilitation-guide>; Police Executive Research Forum, *An Occupational Risk: What Every Police Agency Should Do to Prevent Suicide among Its Officers* (Washington, DC: Police Executive Research Forum, 2019), <https://www.policeforum.org/assets/PreventOfficerSuicide.pdf>.

² Michael Sisak and Jim Mustian, "Police Departments Confront 'Epidemic' in Officer Suicides," PBS News Hour, August 15, 2019, <https://www.pbs.org/newshour/nation/police-departments-confront-epidemic-in-officer-suicides>.

³ "Blue H.E.L.P.," Blue H.E.L.P., accessed February 9, 2021, <https://bluehelp.org/>.

⁴ Customs and Border Protection, *U.S. Customs and Border Protection Budget Overview Fiscal Year 2023* (Washington, DC: Department of Homeland Security, 2023), https://www.dhs.gov/sites/default/files/2022-03/U.S.%20Customs%20and%20Border%20Protection_Remediated.pdf; Bridget Johnson, "Confronting CBP Suicides: Bipartisan Bill Would Create Task Force to Recommend Prevention Solutions," *Homeland Security Today*, December 22, 2022, <https://www.hstoday.us/featured/confronting-cbp-suicides-bipartisan-bill-would-create-task-force-to-recommend-prevention-solutions/>.

⁵ CNN. "Why Border Patrol Agents Have the Highest Suicide Rate."

slowly fading, and departments are shrinking.⁶ The increasing number of suicides is troublesome and leads to the following question: Law enforcement officers must help keep communities safe, but who will protect them from the dangers of their job?

For purposes of this thesis, mental health is defined as a person's condition in terms of psychological and emotional well-being.⁷ When a person is in distress, mental health issues may manifest in various ways depending on the severity of the response. Officers may exhibit extreme mood changes, excessive anger, an inability to cope with stress, and irritability.⁸ Severe conditions of mental illness include depression, post-traumatic stress disorder (PTSD), and psychotic disorders.⁹ Researchers estimate that about seventy-five percent of Americans experience at least one traumatic event in their lives, resulting in these types of mental illnesses.¹⁰ With officers experiencing trauma every day, strengthening resilience is vital to their survival.

USBP has seen the effects of such stressors. As border security has become a hot-button issue because of the increase of migrants arriving at the southern border, USBP has been caught in the middle of opposing views from the public.¹¹ On the one hand, the public

⁶ Mitchell Willetts, "Police Already Struggle to Find Recruits. Public Scrutiny Makes It Harder, Poll Shows," *Miami Herald*, June 16, 2020, <https://www.miamiherald.com/news/nation-world/national/article243580022.html>; Dan Schere, "Police Recruitment Declines in the Shadow of Increased Scrutiny over Racial Bias Allegations," *Bethesda Magazine*, June 19, 2019, <https://bethesdamagazine.com/bethesda-beat/police-fire/police-recruitment-declines-in-the-shadow-of-increased-scrutiny-over-racial-bias-allegations/>; Rich Morin et al., *Behind the Badge* (Washington, DC: Pew Research Center, 2017), <https://www.pewresearch.org/social-trends/2017/01/11/behind-the-badge/>; International Association of Chiefs of Police, *The State of Recruitment: A Crisis for Law Enforcement* (Alexandria, VA: International Association of Chiefs of Police, 2020), https://www.theiacp.org/sites/default/files/239416_IACP_RecruitmentBR_HR_0.pdf; and Rarkimm K. Fields, "The Ferguson Effect on Police Officers' Culture and Perceptions in Local Police Departments" (PhD diss., Walden University, 2019), <https://scholarworks.waldenu.edu/dissertations/6422/>.

⁷ "Mental Health," MedlinePlus, February 12, 2021, <https://medlineplus.gov/mentalhealth.html>.

⁸ "Mental Illness – Symptoms and Causes," Mayo Clinic, June 8, 2019, <https://www.mayoclinic.org/diseases-conditions/mental-illness/symptoms-causes/syc-20374968>.

⁹ "Mental Disorders," MedlinePlus, March 15, 2021, <https://medlineplus.gov/mentaldisorders.html>.

¹⁰ Michelle L. Drapkin et al., "Baseline Functioning among Individuals with Posttraumatic Stress Disorder and Alcohol Dependence," *Journal of Substance Abuse Treatment* 41, no. 2 (September 2011): 186–92, <https://doi.org/10.1016/j.jsat.2011.02.012>.

¹¹ The waves of international crises, including natural disasters, government corruption, and violence in other countries, have pushed migrants to the U.S.-Mexico border. The increase of migrants has strained the agency's mission of combating transnational crime, facilitating lawful trade and protecting revenue, facilitating lawful travel, securing the border, and countering terrorism.

believes USBP is treating migrants inhumanely and purportedly unlawfully questioning people as to their citizenship.¹² On the other hand, people think USBP is not doing enough to secure the border of drugs and illicit activity because they are inundated by the number of apprehensions they make.¹³ Standing between the two views can be overwhelming and stressful. As one agent reported, “I think what’s the worst part is just trying to figure out how to do your job without making anyone happy, but still being able to live with yourself when you get home.”¹⁴

As the agency’s reputation dwindles, USBP also struggles with retention rates, typically losing six percent of female agents and four percent of male agents within their first year with the agency.¹⁵ Despite resource allocations to help fight mental health issues, Border Patrol Agents (BPAs) continue to suffer from mental illness, including the highest suicide rate among law enforcement agencies nationwide.¹⁶ A 2020 study showed that only seventeen percent of police officers sought assistance for mental health-related issues.¹⁷ In this way, the low usage suggests officer attitudes may be a barrier to addressing mental health issues.

USBP, an agency that had previously brushed away the seriousness of mental illness, has become more public about its agents’ struggles, as it openly discusses the

¹² Drake and Huddleston, “Border Patrol Must Stop Holding People in an Inhumane Outside Pen under a Highway in South Texas”; Sullivan and Kanno-Youngs, “Images of Border Patrol’s Treatment of Haitian Migrants Prompt Outrage”; Human Rights Watch, “US Records Show Physical, Sexual Abuse at Border”; Light, “Rape on the Border”; The Guardian, “ACLU, Immigration Groups Allege Child Abuse by U.S. Border Patrol”; and American Civil Liberties Union of Arizona, “Know Your Rights with Border Patrol.”

¹³ Pew Research Center, “Most Americans Are Critical of Government’s Handling”; Wong, *Public Opinion about the Border, at the Border*.

¹⁴ Kendra Dyanne Rivera, “Emotional Labor, Dirty Work & the Face of Immigration at the U.S. Border Patrol” (PhD diss., Arizona State University, 2010), ProQuest.

¹⁵ Exactly how many agents are affected by mental health issues such as depression, anxiety, and PTSD remains unknown because the agency does not publicly share the information. Lisa Rein, “The Border Patrol Went Looking for a Few Good Women. It Was a Lot Harder Than They Thought,” *Washington Post*, October 6, 2015, ProQuest.

¹⁶ “Why Border Patrol Agents Have the Highest Suicide Rate,” June 1, 2017, CNN video, 4:46, <https://www.cnn.com/videos/politics/2017/06/01/exp-san-diego-mexico-border-suicide-rate.cnn>.

¹⁷ Katelyn K. Jetelina et al., “Prevalence of Mental Illness and Mental Health Care Use among Police Officers,” *JAMA Network Open* 3, no. 10 (2020): 1–12, <https://doi.org/10.1001/jamanetworkopen.2020.19658>.

alarming number of suicides by posting about employee suicide deaths on social media.¹⁸ Simply discussing the issue, however, is not enough to rid the stigma surrounding seeking treatment. Mental health services in USBP do not lack adequate funding but suffer from the indifference of agents toward using them. As in other male-dominated fields, USBP carries a stigma surrounding mental health. Seeking assistance is considered a weakness that may cause coworkers to perceive such an agent as unreliable and a safety hazard. This thesis examines whether USBP is doing enough to reframe mental health issues as mental health resilience and whether an alternative approach might increase personnel retention.

B. RESEARCH QUESTION

How can the U.S. Border Patrol promote greater mental health resilience in its force?

C. LITERATURE REVIEW

In the last forty years, the field of psychology has changed, allowing for specialized training in areas such as police psychology.¹⁹ This increased interest in stress, trauma, and the overall well-being of officers has prompted the creation of peer support programs and government-funded programs such as the Employee Assistance Program (EAP). This literature review addresses scholarly literature that discusses the limitations and benefits of peer support programs and EAP. Although these programs have been around for years, researchers point out that they are highly underutilized for many reasons, including stigma. While many people employ their significant other as a sounding board, law enforcement may not do so and instead rely on professional support. Sometimes, the sensitivity of the incidents or their preference not to discuss their trauma with their personal partners

¹⁸ U.S. Border Patrol, “AWC Jose Contreras,” Facebook, May 31, 2022, <https://www.facebook.com/USBorderPatrol/posts/pfbid029BhLEXxf5YG6fN669V5BgPqhjSFLqJ1GAndfVBzBakc1pB33kyyHuCWnkax2Avxol>; U.S. Border Patrol, “SBPA James Quinlan,” Facebook, April 27, 2022, <https://www.facebook.com/USBorderPatrol/posts/pfbid02wcpNCKixg1tffZwtBQd87d4rwYYwonBtHxkUwYE8m1AHMjT39WfVKZpA4qCKDpzJl>; U.S. Border Patrol, “SOS Vincent Dulesky,” Facebook, April 6, 2022, <https://www.facebook.com/USBorderPatrol/posts/pfbid0yhPLr4DDBfriSgXaLaq3rRQ2FS9eYQ8m45r55qBZp733s53z5LDh5q3cGxhhwtKql>.

¹⁹ Vincent M. Haecker, “Factors Affecting Mental Health Seeking Behaviors of Law Enforcement Officers” (PhD diss., Brandman University, 2017), https://digitalcommons.brandman.edu/edd_dissertations/83.

(believing they cannot relate) may prevent such discussion.²⁰ Despite many available resources for police resilience, debate continues on the effectiveness of such mental health programs. Other scholars have mentioned the difficulty of getting officers to use mental health services because of their skepticism and persistent need to be self-sufficient.²¹ Whether the programs improved their mental health remains unknown except to the officers using them.

1. Peer Support Programs

Aside from informal venting sessions, officers can speak to specially trained officers through the Peer Support Program (PSP). PSP comprises a group of people who serve as a support system in their respective departments.²² The USBP program aims “to offer confidential assistance and support to all Border Patrol employees and their family members in times of personal need or due to traumatic incidents.”²³ Peer support members (PSM), thus, according to Garrett and Ramirez, cited by Lennick, serve in a volunteer capacity and provide basic counseling.²⁴ Similarly, Roland argues that aside from emotional support, PSMs assist in various other ways, including helping with line-of-duty funerals, noting that the ultimate goal of PSPs is to combat stress and decrease the likeliness of developing PTSD or other mental illnesses.²⁵ On the same note, He, Jihong, and Archbold encourage police departments to use peer-counseling programs because of the

²⁰ Broyles and Haynes, *Desert Duty*.

²¹ Lynn Atkinson-Tovar and Kathleen Kiernan, “Behind the Badge: Implications for Employee Assistance Programs in Law Enforcement,” in *Academy of Human Resource Development (AHRD) Conference Proceedings* (Human Resources Management Issues Symposium 22, Tulsa, OK: Academy of Human Resource Development, 2001), 11–16, <https://files.eric.ed.gov/fulltext/ED453430.pdf>.

²² Helen Cowie and Patti Wallace, *Peer Support in Action: From Bystanding to Standing By* (London: SAGE Publications, 2000), ProQuest Ebook Central.

²³ Lance C. Lennick, “Because It Needs to Be Done: The Psychological Consequences for Members of the U.S. Border Patrol’s Peer Support Program” (PhD diss., Saybrook University, 2018), ProQuest; Institute of Medicine, *A Ready and Resilient Workforce for the Department of Homeland Security: Protecting America’s Front Line* (Washington, DC: The National Academies Press, 2013), <https://doi.org/10.17226/18407>.

²⁴ Lennick, “Because It Needs to Be Done.”

²⁵ Jocelyn E. Roland, “Developing and Maintaining Successful Peer Support Programs in Law Enforcement Organizations,” in *Handbook of Police Psychology*, ed. Jack Kitaeff (New York: Routledge, 2011), 509–24, 10.4324/9780203836170.ch25.

many benefits, such as the idea that officer-counselors offer more availability and a shared familiarity with the demands of the law enforcement world.²⁶ In her research, Scherer found that PSPs also provide an outlet for those who feel uncomfortable speaking to a medical professional.²⁷ PSMs are fellow law enforcement professionals who relate to each other better than medical professionals.

The peer support program can be a great asset to agencies that employ them; however, scholars note that the program's success depends on the abilities of those serving as PSMs.²⁸ Although PSMs receive frequent training, their experience and skills take time to develop. Part of their abilities includes developing trust.²⁹ Though these programs are confidential, participants may still have issues trusting in the program or the PSMs. Additionally, as Money et al. mention, there are still boundaries to the confidentiality rule as PSMs are allowed to break the agreement if the individual seeking assistance poses a threat to themselves or others, if they have committed elder or child abuse, or if they have committed a crime.³⁰ Breaking confidentiality may be necessary, but it may deter people from the program. Aside from how the PSP affects clients, Lennick describes how agents who double as PSMs experience burnout and may suffer from secondary trauma.³¹ Additionally, Miyamoto and Sono's study shows that PSMs struggle with establishing boundaries between friends and clients, as the coworkers they may be talking to could also

²⁶ Philip E. Carlan and Lisa S. Nored, "An Examination of Officer Stress: Should Police Departments Implement Mandatory Counseling?," *Journal of Police and Criminal Psychology* 23, no. 1 (2008): 8–15, <https://doi.org/10.1007/s11896-008-9015-x>; Ni He, Zhao Jihong, and Carol A. Archbold, "Gender and Police Stress: The Convergent and Divergent Impact of Work Environment, Work-Family Conflict, and Stress Coping Mechanisms of Female and Male Police Officers," *Policing: An International Journal of Police Strategies & Management* 25, no. 4 (2002): 687–708, <https://doi.org/10.1108/13639510210450631>.

²⁷ Cathy J. Scherer, "Peer Support in Law Enforcement" (master's thesis, Naval Postgraduate School, 2020), <https://www.hsdl.org/?abstract&did=850269>.

²⁸ Nisha Money et al., *Best Practices Identified for Peer Support Programs* (Arlington County, VA: Defense Centers of Excellence, 2011), https://www.mhanational.org/sites/default/files/Best_Practices_Identified_for_Peer_Support_Programs_Jan_2011.pdf.

²⁹ Money et al.

³⁰ Money et al.

³¹ Lennick, "Because It Needs to Be Done."

be friends.³² Research indicates that PSPs can benefit BPAs in improving their mental state but can damage those assisting.

2. Employee Assistance Programs

For those that need additional help beyond PSMs' abilities, PSMs also help personnel transition into an EAP. An EAP is a confidential, voluntary program that allows employees and their family members to seek assistance from medical professionals for stressors that affect job performance or mental health.³³ From their inception, as Atkinson-Tovar and Kiernan explain, EAPs were only meant to provide legal and financial assistance as a means to destress.³⁴ Lennick notes that the program has since adapted to include access to psychological aid via certified clinicians.³⁵ Agents can seek help for various issues, including but not limited to work-related problems or personal concerns such as finances, stress, family issues, or alcoholism.

The program is available to all employees and their families and is staffed by certified counselors at no cost.³⁶ According to the Institute of Medicine, most of the counselors are contractors with Federal Occupational Health or EAP Consultants.³⁷ For USBP, EAP clinicians are contracted from ESPYR.³⁸ Similarly, employees can call the EAP hotline to set up an appointment twenty-four hours a day, seven days a week, and are offered twelve counseling sessions per concern, per calendar year, depending on the

³² Yuki Miyamoto and Tamaki Sono, "Lessons from Peer Support among Individuals with Mental Health Difficulties: A Review of the Literature," *Clinical Practice and Epidemiology in Mental Health* 8 (2012): 22–29, <https://doi.org/10.2174/1745017901208010022>.

³³ "Federal Employee Assistance Programs," U.S. Office of Personnel Management, accessed November 21, 2020, <https://www.opm.gov/policy-data-oversight/worklife/employee-assistance-programs/>; Angela Bailey, *Privacy Impact Assessment for the DHS Employee Assistance Program*, DHS/ALL/PIA-066 (Washington, DC: Department of Homeland Security, 2018).

³⁴ Atkinson-Tovar and Kiernan, "Behind the Badge."

³⁵ Lennick, "Because It Needs to Be Done."

³⁶ "What Is an Employee Assistance Program (EAP)?," Frequently Asked Questions: Work Life, accessed April 4, 2022, <https://www.opm.gov/frequently-asked-questions/>.

³⁷ Institute of Medicine, *A Ready and Resilient Workforce*.

³⁸ Zoe Todd and Jodi Wei, "'Send Help': Inside CBP's Multi-Year Staffing Struggle," *FRONTLINE*, January 7, 2020, <https://www.pbs.org/wgbh/frontline/article/border-patrol-staffing-migrant-crisis/>.

agency.³⁹ The goal of an EAP is to help agents continue at an adequate work level.⁴⁰ Researchers—most notably Atkinson-Tovar and Kiernan—claim early intervention through an EAP is beneficial not only for law enforcement personnel and their families but also for the agencies themselves, as job retention continues to be an issue that may be related to mental health.⁴¹

An issue with EAPs is that their services are not always readily accessible to those in an emergency crisis. In a review of DHS programs, the Institute of Medicine reported an incident where an agent experienced a critical incident and could not meet with an EAP counselor immediately.⁴² In the institute’s view, agents might work 24/7, but counselors do not, making it difficult for agents on varying shifts to obtain assistance.⁴³ If an agent requests assistance on a Friday, he may have to wait until Monday to meet with someone. The inability to see someone immediately could be detrimental for agents needing assistance. Aside from trust and accessibility, the study found that many officers and agents choose not to use EAP because they do not feel the counselors understand them.⁴⁴ Asen and Colon agree with the institute, adding that the officers are good candidates for mental health assistance despite their reluctance to trust the programs.⁴⁵ By talking to a peer support member instead, agents may feel they are less likely to be judged, making them more likely to share their thoughts openly.

³⁹ Customs and Border Protection, “DHS Together Resource Guide” (Washington, DC: Department of Homeland Security, May 19, 2022), https://www.dhs.gov/xlibrary/assets/chco_cbp_resource_guide.pdf; “Employee Assistance Program (EAP),” U.S. Customs and Border Protection, November 4, 2021, <https://www.cbp.gov/employee-resources/family/employee-assistance-program>.

⁴⁰ “What Is EAP?,” All about EAP, accessed November 21, 2020, <https://easna.org/research-and-best-practices/what-is-eap/>.

⁴¹ Atkinson-Tovar and Kiernan, “Behind the Badge.”

⁴² Institute of Medicine, A Ready and Resilient Workforce.

⁴³ Institute of Medicine.

⁴⁴ Institute of Medicine.

⁴⁵ Julie Asen and Israel Colon, “Acceptance and Use of Police Department Employee Assistance Programs,” *Employee Assistance Quarterly* 11, no. 1 (1995): 45–64, https://doi.org/10.1300/J022v11n01_04.

3. Challenges with PSPs and EAPs

PSP and EAP have been known to help officers overcome their mental health issues, yet officers are still hesitant to use the services. The hesitation may be attributed to fear of being placed on what is known as light-duty or the “rubber gun squad,” which means an officer’s gun will be taken away and they will be given administrative duties. Sewell’s study, as noted by Lucia and Halloran, found that managers often encourage officers to seek assistance and report their mental illnesses but punish them by taking away their firearms and placing them on the rubber gun squad.⁴⁶ Similarly, retired New York Police Department (NYPD) Officer Peter Konovitch reports that former colleagues have been deemed mentally unfit and demoted after having spent time on the rubber gun squad, instilling fear in others, believing they will have the same fate.⁴⁷

Although programs like EAP and PSP exist, researchers have been unable to prove their effectiveness due to the limited information regarding their use. Colvin et al. claim that because an assessment of the effectiveness does not exist, it is impossible to know the impact of these programs.⁴⁸ In addition, Haecker points out that despite the continued development of mental health programs, these programs did nothing to change their underutilization.⁴⁹

A different challenge to PSPs and EAPs stems from officers’ lack of trust in these programs’ confidentiality agreements.⁵⁰ As Roland explains, those who do not trust management view mental health professionals as “tools of management” and are afraid to

⁴⁶ Dominic G. Lucia and Michael J. Halloran, “An Investigation of the Efficacy of Programs to Prevent Stress in Law Enforcement Officers: A Program Manager’s Perspective,” *Journal of Police and Criminal Psychology* 35, no. 1 (2020): 35–47, <https://doi.org/10.1007/s11896-019-09341-6>.

⁴⁷ Lauren Steussy and Melissa Malamut, “NYPD’s Mental Health Emergency: What’s behind the Suicide Numbers,” *New York Post*, August 20, 2019, <https://nypost.com/2019/08/19/nypds-mental-health-emergency-whats-behind-the-suicide-numbers/>.

⁴⁸ Heather M. Colvin et al., *Building a Resilient Workforce: Opportunities for the Department of Homeland Security: Workshop Summary* (Washington, DC: National Academies Press, 2012), <https://doi.org/10.17226/13380>.

⁴⁹ Haecker, “Factors Affecting Mental Health Seeking Behaviors.”

⁵⁰ Mike Wasilewski and Althea Olson, “Police Employee Assistance Programs: Becoming an Informed Client,” Law Officer, January 28, 2013, <https://www.lawofficer.com/police-employee-assistance-programs-becoming-an-informed-client/>; Police Executive Research Forum, *An Occupational Risk*.

be labeled with a mental illness, leading others to believe they can no longer handle typical officer duties.⁵¹ Brett Chapman, a social science analyst at the National Institute of Justice, has worked with police departments to improve officers' mental health and believes a way to overcome the fear of a damaged reputation is to hold programs off-site, away from the department.⁵² In his view, officers are more willing to share their thoughts and distress by having a more neutral meeting location.⁵³ Atkinson-Tovar and Kiernan claim that the law enforcement community's view on mental health program use changes as more educated individuals join the workforce.⁵⁴ The two researchers claim this change has shifted from previous years when officers were mainly military veterans. This theory may be true of the law enforcement community in general, but for USBP, this remains inaccurate as statistics show that thirty percent of USBP comprises veterans.⁵⁵

Most of the scholarly literature appears to support the idea that PSPs and EAPs are helpful and that those who use the programs benefit significantly from them. However, there is not enough information to know if everyone who can benefit from the programs use them, making it difficult to prove their effectiveness. As USBP is seemingly behind the rest of the law enforcement community in terms of reducing mental illness, research must be conducted to determine whether more could be done to improve the resilience of BPAs. As Miller recommends in his thesis, agencies need to change the stigma surrounding mental health and utilize mental health programs for preventative care at all stages of an officer's career, not just following a critical incident.⁵⁶

⁵¹ Roland, "Developing and Maintaining Successful Peer Support Programs."

⁵² Jim Dawson, "Fighting Stress in the Law Enforcement Community," *NIJ Journal*, no. 281 (November 2019): 6.

⁵³ Dawson, "Fighting Stress in the Law Enforcement Community."

⁵⁴ Atkinson-Tovar and Kiernan, "Behind the Badge."

⁵⁵ "Veteran Support Program," U.S. Customs and Border Protection, December 8, 2022, <https://www.cbp.gov/employee-resources/getting-connected/veteran-support-program>.

⁵⁶ Brian S. Miller, "Improving Resilience among Law Enforcement Officers" (master's thesis, Naval Postgraduate School, 2020), <http://hdl.handle.net/10945/64931>.

D. RESEARCH DESIGN

This research analyzes mental health resilience programs to determine their efficacy and relevance to the USBP. This thesis features a comparative analysis of two programs the U.S. military utilizes: the battle buddy program and equine-assistance therapy. The analysis aims to provide lessons learned and best practices that the USBP can adopt to combat mental health issues in its organization.

In my research, I use primary sources such as government and military documents and secondary sources, including academic journal articles, published books, and newspaper articles. After providing an overview of the nature and causes of mental illnesses affecting law enforcement officers, this thesis examines the U.S. military's mental-health-related resilience programs. This thesis includes a brief history of the military's issues in understanding mental health and treating it, current programs, and an evaluation of the military's current programs and improving employee resilience. The evaluation assesses each program along the effect of overall wellness, effect on resilience, and ease of implementation dimensions. Because the USBP is a paramilitary organization and protects the United States from illicit activities from neighboring countries, a comparative study of the U.S. military—which carries out similar tasks and experiences similar stressors—can help the USBP improve its mental health stability. Lastly, based on the research findings, this thesis provides recommendations for the USBP to strengthen its mental health resilience.

E. CHAPTER OVERVIEW

Chapter II provides an overview of three mental health challenges law enforcement officers face: depression, PTSD, and maladaptive coping mechanisms. Chapter II also discusses the causes of mental illnesses that BPAs experience based on the nature of the job and ideological context.

Chapter III details some barriers to seeking mental health assistance: stigma, negative public perceptions of law enforcement, including public scrutiny, and the media's portrayal of police officers. Lastly, this chapter discusses the law enforcement culture as an additional barrier to seeking treatment.

Chapter IV analyzes two military approaches for improving mental health resilience: equine-assisted therapy and the battle buddy program. The chapter includes a description of the two programs and an analysis based on the following criteria: overall wellness, effect on resilience, and ease of implementation.

Chapter V concludes this thesis by discussing the findings and providing recommendations. This chapter also includes recommendations for future research.

II. MENTAL HEALTH AND LAW ENFORCEMENT

Understanding why USBP needs good mental health programs requires understanding the service's mental health challenges. Many people struggle with mental health, but law enforcement officers are especially prone to poor mental health due to the unique stressors they face.⁵⁷ This chapter discusses the three most common mental health challenges of working in the general law enforcement community. These challenges are depression, PTSD, and maladaptive coping strategies. With an understanding of the challenges, the chapter then discusses the specific causes of poor mental health that BPAs experience.

A. MENTAL HEALTH CHALLENGES LAW ENFORCEMENT OFFICERS FACE

Knowing what challenges officers face will help determine what programs are needed to improve resiliency in USBP. The following section discusses three common mental health challenges: depression, PTSD, and maladaptive coping strategies. Because of the lack of data on challenges related to BPAs, this section will instead broadly cover the three challenges with data from the public and law enforcement in general.

1. Depression

Depression is a common mental illness that people, especially law enforcement, experience. The amount of people experiencing depression is alarming, as approximately seventeen million Americans experience depression each year.⁵⁸ Even more troubling, in

⁵⁷ Matthew G. Murphy, "Preventing Stress Disorders for Law Enforcement Officers Exposed to Disturbing Media" (master's thesis, Naval Postgraduate School, 2016), <http://hdl.handle.net/10945/50602>; M. Skogstad et al., "Work-Related Post-Traumatic Stress Disorder," *Occupational Medicine* 63, no. 3 (2013): 175–82, <https://doi.org/10.1093/occmed/kqt003>; Hsiu-Chao Chen et al., "A Survey of Quality of Life and Depression for Police Officers in Kaohsiung, Taiwan," *Quality of Life Research* 15, no. 5 (2006): 925–32; and Marcelo Trombka et al., "Mindfulness Training Improves Quality of Life and Reduces Depression and Anxiety Symptoms among Police Officers: Results from the Police Study-a Multicenter Randomized Controlled Trial," *Frontiers in Psychiatry* 12 (February 2021): 1–16, <https://doi.org/10.3389/fpsy.2021.624876>.

⁵⁸ Patricia Ainsworth, *Understanding Depression* (Jackson, MS: University Press of Mississippi, 2000), ProQuest Ebook Central.

2020, about twenty-one million American adults had at least one depressive episode, leading researchers to believe that depression is becoming more common.⁵⁹ The American Psychological Association defines depression as prolonged sadness that “can lead to a variety of emotional and physical problems and can decrease your ability to function at work and home.”⁶⁰ Some symptoms of depression include persistent sadness, a feeling of emptiness, fatigue, insomnia, difficulty concentrating, overeating, irritability, and constant aches or pains.⁶¹ Depression can be triggered for numerous reasons and does not have to have a single cause.⁶² Some factors that can cause depression are trauma, brain changes, genetics, life circumstances, and other medical conditions.⁶³ While anyone can be affected by depression, police officers experience depression at higher rates. Compared to roughly seven percent of the public, studies have shown that twelve percent of officers experience depression.⁶⁴

Police officers can develop depression for various reasons, including exposure to trauma, rotating shift work, and working overtime or extended hours.⁶⁵ Olson and Surrence discovered that the stress officers face is so severe that those who experience symptoms related to their stress are also likely to experience symptoms related to depression.⁶⁶ Although stress does not always lead to depression, studies show a direct link between the

⁵⁹ “Depression,” National Alliance on Mental Illness, August 2017, <https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Depression>.

⁶⁰ American Psychiatric Association, “What Is Depression?,” October 2020, <https://www.psychiatry.org/patients-families/depression/what-is-depression>.

⁶¹ Rafael D. Moy, *Mental Depression: Forms, Causes and Treatment* (New York: Nova Science Publishers, 2009); Ainsworth, *Understanding Depression*.

⁶² National Alliance on Mental Illness, “Depression.”

⁶³ National Alliance on Mental Illness; Moy, *Mental Depression*.

⁶⁴ Police Executive Research Forum, *An Occupational Risk*; Tara A. Hartley et al., “Health Disparities in Police Officers: Comparisons to the U.S. General Population,” *International Journal of Emergency Mental Health* 13, no. 4 (2011): 211–20.

⁶⁵ Morgan Betker, “Cardiovascular Health and Occupational Stress in Police Officers” (PhD diss., University of Minnesota, 2018), <https://hdl.handle.net/11299/200228>.

⁶⁶ Angela C. Olson and Michael A. Surrence, “The Interrelationship among Stress, Anxiety, and Depression in Law Enforcement Personnel,” *Journal of Police and Criminal Psychology* 19, no. 1 (2004): 36–44, <https://doi.org/10.1007/BF02802573>.

two, specifically occupational stressors.⁶⁷ Violanti et al. find that stress creates serious health risks that can lead officers to experience chronic diseases at higher rates than the general population.⁶⁸ In addition, Violanti et al. find that policewomen experiencing increased depressive symptoms have a higher prevalence of suicidal ideation than policemen.⁶⁹ Most scholars and experts who have studied mental health risks associated with law enforcement agree that accumulating stressors can lead to severe mental health issues such as depression.⁷⁰

2. PTSD

Another common mental health challenge is PTSD. According to the American Psychiatric Association, PTSD is a psychiatric disorder that affects people who have “experienced or witnessed a traumatic event.”⁷¹ Anyone who has experienced a traumatic incident can experience PTSD, but not everyone who undergoes trauma will experience PTSD. As Usher et al. explain, having trauma simply means the incident will become part of their sensory memory and will be something they need to learn to process, making it

⁶⁷ Allen Copenhaver and Richard Tewksbury, “Predicting State Police Officer Willingness to Seek Professional Help for Depression,” *Criminology, Criminal Justice, Law & Society* 19, no. 1 (2018): 60–74; Robyn Gershon, Susan Lin, and Xianbin Li, “Work Stress in Aging Police Officers,” *Journal of Occupational and Environmental Medicine* 44, no. 2 (February 2002): 160–67, <https://doi.org/10.1097/00043764-200202000-00011>.

⁶⁸ John M. Violanti et al., “Shift-Work and Suicide Ideation among Police Officers,” *American Journal of Industrial Medicine* 51, no. 10 (2008): 758–68, <https://doi.org/10.1002/ajim.20629>; Ellen Goldbaum, “Police Officer Stress Creates Significant Health Risks Compared to General Population, Study Finds,” University at Buffalo, July 9, 2012, <http://www.buffalo.edu/news/releases/2012/07/13532.html>.

⁶⁹ Violanti et al., “Shift-Work and Suicide Ideation.”

⁷⁰ Gregory S. Anderson, Robin Litzenberger, and Darryl Plecas, “Physical Evidence of Police Officer Stress,” *Policing: An International Journal of Police Strategies & Management* 25, no. 2 (2002): 399–420, <https://doi.org/10.1108/13639510210429437>; Violanti et al., “Shift-Work and Suicide Ideation.”

⁷¹ American Psychiatric Association, “What Is Posttraumatic Stress Disorder?,” August 2020, <https://www.psychiatry.org/patients-families/ptsd/what-is-ptsd>.

essential to develop proper coping mechanisms.⁷² Most people can bounce back from traumatic events, and research suggests that only seven percent of the general population develops PTSD.⁷³ How people respond to and manage stress can determine whether they will develop a severe illness like depression or PTSD.

Police officers are at an even higher risk of developing mental illnesses than the general public because of the nature of the job and the trauma they face.⁷⁴ A phrase coined by first responders, “tragedy happens to someone else, trauma is what happens to you,” best describes what BPAs experience during their careers.⁷⁵ Because of the frequency of incidents officers respond to daily, researchers report that a career in law enforcement is comparable to a “never-ending war” as officers are continuously exposed to traumatic events.⁷⁶ The continual exposure to potentially traumatizing events makes officers vulnerable to PTSD. After experiencing critical incidents that threaten health and safety, such as incidents of gunfire or physical or verbal altercations, officers often develop

⁷² Elizabeth Velazquez and Maria Hernandez, “Effects of Police Officer Exposure to Traumatic Experiences and Recognizing the Stigma Associated with Police Officer Mental Health: A State-of-the-Art Review,” *Policing: An International Journal of Police Strategies & Management* 42, no. 4 (2019): 711–24, <https://doi.org/10.1108/PIJPSM-09-2018-0147>; Laura Usher et al., *Preparing for the Unimaginable: How Chiefs Can Safeguard Officer Mental Health before and after Mass Casualty Events* (Washington, DC: Office of Community Oriented Policing Services, 2016), <https://www.nami.org/Support-Education/Publications-Reports/Public-Policy-Reports/Preparing-for-the-Unimaginable/Preparing-For-The-Unimaginable>.

⁷³ Sean Bell and Yarin Eski, “‘Break a Leg—It’s All in the Mind’: Police Officers’ Attitudes towards Colleagues with Mental Health Issues,” *Policing: A Journal of Policy & Practice* 10, no. 2 (June 2016): 95–101, <https://doi.org/10.1093/polic/pav041>; Drapkin et al., “Baseline Functioning among Individuals”; L. Stephen O’Brien, *Traumatic Events and Mental Health* (Cambridge, UK: Cambridge University Press, 1998).

⁷⁴ James E. Slaven et al., “Association of Sleep Quality with Depression in Police Officers,” *International Journal of Emergency Mental Health* 13, no. 4 (2011): 267–77; Tammy Austin-Ketch et al., “Addictions and the Criminal Justice System, What Happens on the Other Side? Post-Traumatic Stress Symptoms and Cortisol Measures in a Police Cohort,” *Journal of Addictions Nursing* 23, no. 1 (2012): 22–29, <https://doi.org/0.3109/10884602.2011.645255>; Lucia and Halloran, “An Investigation of the Efficacy of Programs to Prevent Stress”; Lennick, “Because It Needs to Be Done”; and Tahera Darensburg et al., “Gender and Age Differences in Posttraumatic Stress Disorder and Depression among Buffalo Police Officers,” *Traumatology* 12, no. 3 (2006): 220–28, <https://doi.org/10.1177/1534765606296271>.

⁷⁵ Akiva M. Liberman et al., “Routine Occupational Stress and Psychological Distress in Police,” *Policing: An International Journal of Police Strategies & Management* 25, no. 2 (2002): 421–39, <https://doi.org/10.1108/13639510210429446>.

⁷⁶ John M. Violanti and Douglas Paton, *Police Trauma: Psychological Aftermath of Civilian Combat* (Springfield, IL: Charles C. Thomas, 1999), <https://www.ojp.gov/ncjrs/virtual-library/abstracts/police-trauma-psychological-aftermath-civilian-combat>.

PTSD.⁷⁷ Trauma can have delayed effects, affecting law enforcement officers years after the initial incident. For example, a study showed that most NYPD officers involved in the September 11 attacks still experienced severe stress-related symptoms two years later, leaving them vulnerable to PTSD.⁷⁸

PTSD has devastating consequences on law enforcement officers, up to and including suicide. Some symptoms officers experience with PTSD are impaired memory, irritability, anxiety, and hyper-vigilance.⁷⁹ In addition, the officers with PTSD who abuse alcohol also experience excessive aggression and domestic violence incidents.⁸⁰ Untreated PTSD is especially alarming because, as Gradus et al.'s study suggests, those with PTSD were 5.3 times more likely to die of suicide than those who did not have PTSD.⁸¹ If an officer cannot cope with the trauma, the risk of having suicidal thoughts increases ten times.⁸²

Liberma et al. found that agents did not have to be exposed to a traumatic event to suffer from PTSD.⁸³ Exposure to high-stress situations on a routine basis is enough to pose a risk of PTSD. Because stress levels are so high, twenty-seven percent of officers have reported having symptoms of PTSD.⁸⁴ Understanding that trauma has lasting effects and

⁷⁷ Parisa T. Mash, "Symptoms of Depression and Stressors in Law Enforcement" (PhD diss., Walden University, 2019), <https://scholarworks.waldenu.edu/dissertations/7406/>.

⁷⁸ Frank G. Dowling et al., "A Peer-Based Assistance Program for Officers with the New York City Police Department: Report of the Effects of Sept. 11, 2001," *American Journal of Psychiatry* 163, no. 1 (January 2006): 151–53, <https://doi.org/10.1176/appi.ajp.163.1.151>.

⁷⁹ Lennick, "Because It Needs to Be Done"; Laurence Miller, "Law Enforcement Traumatic Stress: Clinical Syndromes and Intervention Strategies," *Trauma Response* 6, no. 1 (2000): 15–20.

⁸⁰ Dowling et al., "A Peer-Based Assistance Program."

⁸¹ Jaimie L. Gradus et al., "Posttraumatic Stress Disorder and Completed Suicide," *American Journal of Epidemiology* 171, no. 6 (2010): 721–27, <https://doi.org/10.1093/aje/kwp456>.

⁸² Police Executive Research Forum, *An Occupational Risk*; John M. Violanti, "Predictors of Police Suicide Ideation," *Suicide & Life-Threatening Behavior* 34, no. 3 (2004): 277–83, <https://doi.org/10.1521/suli.34.3.277.42775>.

⁸³ Liberman et al., "Routine Occupational Stress and Psychological Distress in Police."

⁸⁴ Caterina G. Spinaris, Michael D. Denhof, and Julie A. Kellaway, *Posttraumatic Stress Disorder in United States Corrections Professionals: Prevalence and Impact on Health and Functioning* (Florence, CO: Desert Waters Correctional Outreach, 2012), <https://www.ojp.gov/ncjrs/virtual-library/abstracts/posttraumatic-stress-disorder-united-states-corrections>.

can cause officers to experience PTSD years later, it is essential to ensure agents have the correct coping strategies.

3. Maladaptive Coping Mechanisms and Strategies

When people experience stress, they try to maintain their emotional equilibrium by coping.⁸⁵ Coping is “the ability to manage stressful feelings and deal with the unpleasant events from which those feelings originate.”⁸⁶ There are several types of coping mechanisms that people use. Some efficient coping mechanisms are humor, relaxation, praying, physical fitness, and seeking help from others.⁸⁷ However, not all coping strategies are healthy. As clinical therapist Virginia Satir states, “problems are not the problem; coping is the problem.” Maladaptive coping mechanisms can heighten the effects of stress and cause poor mental health.⁸⁸ Maladaptive coping mechanisms are characterized by overthinking, denial, and self-blame.⁸⁹ Some maladaptive coping mechanisms people experience, often unconsciously, are venting, procrastination, self-isolation, excessive sleeping to avoid problems, drug or alcohol abuse, smoking cigarettes, excessive eating, and taking out emotions on others.⁹⁰ Maladaptive coping strategies are labeled as such

⁸⁵ “How Do You Cope?,” Semel Institute for Neuroscience and Human Behavior, accessed February 17, 2022, [https://www.semel.ucla.edu/dual-diagnosis-program/News_and_Resources/How_Do_You_Cope](https://www.semel.ucla.edu/dual-diagnosis-program/News_and_Resources/How_Do_You_Cope;); “Stress: Coping with Life’s Stressors,” Cleveland Clinic, November 24, 2020, <https://my.clevelandclinic.org/health/articles/6392-stress-coping-with-lifes-stressors>.

⁸⁶ Mark H. Anshel and Thomas M. Brinthaup, “An Exploratory Study on the Effect of an Approach-Avoidance Coping Program on Perceived Stress and Physical Energy among Police Officers,” *Psychology* 5 (2014): 676–87, <https://doi.org/10.4236/psych.2014.57079>.

⁸⁷ Ellen A. Skinner et al., “Searching for the Structure of Coping: A Review and Critique of Category Systems for Classifying Ways of Coping,” *Psychological Bulletin* 129, no. 2 (March 2003): 216–69, <https://doi.org/10.1037/0033-2909.129.2.216>; Emad B. Algorani and Vikas Gupta, *Coping Mechanisms* (Treasure Island, FL: StatPearls Publishing, 2022), <http://www.ncbi.nlm.nih.gov/books/NBK559031/>; Cleveland Clinic, “Stressors”; Semel Institute for Neuroscience and Human Behavior, “How Do You Cope?”

⁸⁸ Mark H. Anshel, Dana Umscheid, and Thomas M. Brinthaup, “Effect of a Combined Coping Skills and Wellness Program on Perceived Stress and Physical Energy among Police Emergency Dispatchers: An Exploratory Study,” *Journal of Police and Criminal Psychology* 28, no. 1 (2013): 1–14, <https://doi.org/10.1007/s11896-012-9110-x>.

⁸⁹ Semel Institute for Neuroscience and Human Behavior, “How Do You Cope?”

⁹⁰ Semel Institute for Neuroscience and Human Behavior; David Bartram and Dianne Gardner, “Coping with Stress,” *In Practice*, no. 30 (April 2008): 228–31.

because they strongly influence whether a person develops or maintains stress, which can turn into anxiety or depression.⁹¹

Officers build strategies to deal with ongoing stressors, but they are not always practical. As pointed out by Atkinson-Tovar and Kiernan, officers receive the equipment necessary to physically protect themselves in critical incidents but receive little training to survive emotional consequences.⁹² The need to be vigilant for the entirety of their shift while jumping from incident to incident makes it especially important for agents to develop proper coping mechanisms to manage stress and maintain job satisfaction.⁹³

From the beginning of their careers, officers learn to suppress their emotions, forcing them to develop unhealthy coping mechanisms.⁹⁴ Those uncertain about how to manage following a traumatic incident are more likely to develop maladaptive coping methods such as alcohol abuse, tobacco use, hostility toward others, poor eating habits, depersonalization, isolation, domestic abuse, uncontrolled anger, and emotional detachment.⁹⁵ Eliminating maladaptive coping mechanisms in the law enforcement community can be especially difficult when passed down from generation to generation of officers. Veteran officers teach the younger ones about their maladaptive perceptions, and the stigma and poor coping mechanisms continue to be normalized.⁹⁶

⁹¹ Alishia Foster, “Traumatic Life Events and Symptoms of Anxiety: Moderating Effects of Adaptive Versus Maladaptive Coping Strategies” (master’s thesis, East Tennessee State University, 2014), <https://dc.etsu.edu/etd/2380>.

⁹² Atkinson-Tovar and Kiernan, “Behind the Badge.”

⁹³ Anshel and Brinthaup, “An Exploratory Study on the Effect of an Approach-Avoidance Coping.”

⁹⁴ Michael S. Christopher et al., “A Pilot Study Evaluating the Effectiveness of a Mindfulness-Based Intervention on Cortisol Awakening Response and Health Outcomes among Law Enforcement Officers,” *Journal of Police and Criminal Psychology* 31, no. 1 (2016): 15–28, <https://doi.org/10.1007/s11896-015-9161-x>.

⁹⁵ Bell and Eski, “Break a Leg—It’s All in the Mind”; Barry J. Evans et al., “Police Officers’ Coping Strategies: An Australian Police Survey,” *Stress Medicine* 9, no. 4 (1993): 237–46, <https://doi.org/10.1002/smi.2460090406>; Lennick, “Because It Needs to Be Done”; Cynthia L. Goss, “Utilizing the Brotherhood of Law Enforcement Personnel: The Need for a Statewide Peer Officer Support Model” (master’s thesis, State University of New York Empire State College, 2013), ProQuest; and Anshel and Brinthaup, “An Exploratory Study on the Effect of an Approach-Avoidance Coping.”

⁹⁶ Velazquez and Hernandez, “Effects of Police Officer Exposure.”

B. CAUSES OF MENTAL ILLNESSES IN THE USBP

With a better understanding of the common mental health challenges facing the law enforcement community, the following section discusses why and how specific job aspects stress BPAs. The section is divided into two subsections: nature of the job and ideological context. The nature of the job sub-section discusses the stress agents face regarding various occupational stressors, the threat of violence and danger, and the trauma from witnessing violence. Lastly, the ideological context covers various types of moral injury, political pressures, and resulting internal personal conflicts.

1. Nature of the Job

Huddleston, Stephens, and Paton postulate that although trauma significantly affects officers' mental health, occupational stressors have a more substantial effect, which can lead to PTSD.⁹⁷ Some occupational stressors officers experience are heavy workloads, rotating shifts, staff shortages, lack of advancement opportunities, communication difficulties, and lack of managerial support.⁹⁸ Although the overall Customs and Border Protection (CBP) mission is to protect the borders of the U.S., BPAs are also law enforcement first responders. As such, they assist with many calls, including domestic

⁹⁷ Lynne Huddleston, Christine Stephens, and Douglas Paton, "An Evaluation of Traumatic and Organizational Experiences on the Psychological Health of New Zealand Police Recruits," *Work* 28, no. 3 (2007): 199–207.

⁹⁸ Belinda Jackson Njiro et al., "Depression, Suicidality and Associated Risk Factors among Police Officers in Urban Tanzania: A Cross-Sectional Study," *General Psychiatry* 34, no. 3 (2021): 1–8, <https://doi.org/10.1136/gpsych-2020-100448>; Huddleston, Stephens, and Paton, "An Evaluation of Traumatic and Organizational Experiences."

violence, assaults, thefts, vehicle accidents, and distressed and missing persons.⁹⁹ Consequently, BPAs are spread thin and often move from call to call with few to no breaks.

The main job of a BPA is to patrol the U.S. borders to stop illicit activity, predominantly the illegal entry of individuals. As Gilmartin describes, officers must treat every unknown subject as a threat until proven otherwise to maintain officer safety.¹⁰⁰ Being on high alert causes agents to become hyper-vigilant, a dangerous but necessary tool. Hypervigilance is a state of mind in which a person's awareness intensifies.¹⁰¹ When other law enforcement officers respond to a call, they typically have information regarding the incident or subjects they encounter. But a BPA approaching a scene knows nothing about the threat posed, which causes stress.¹⁰² BPAs patrol alone; sometimes, their backup may be miles or hours away. Hypervigilance helps officers prepare for any danger and keeps them in survival mode. Excessive hypervigilance, however, can be maladaptive, leading to difficulties regulating emotions and impaired memory.¹⁰³ Hyper-vigilance cannot quickly be shut off, making agents feel stressed and maintaining PTSD and anxiety disorders.¹⁰⁴

⁹⁹ "Border Patrol First Responders Provide Aid," U.S. Customs and Border Protection, September 7, 2021, <https://www.cbp.gov/newsroom/local-media-release/border-patrol-first-responders-provide-aid>; "BP Agents Save Lives in Southern Arizona as First Responders on Scene," U.S. Customs and Border Protection, July 20, 2020, <https://www.cbp.gov/newsroom/local-media-release/bp-agents-save-lives-southern-arizona-first-responders-scene>; "Border Patrol Agents Apprehend Domestic Violence Suspect," U.S. Customs and Border Protection, March 18, 2020, <https://www.cbp.gov/newsroom/local-media-release/border-patrol-agents-apprehend-domestic-violence-suspect>; "Bi-National Rescue of Sexual Assault Victim by CBP and Mexican Officials," U.S. Customs and Border Protection, June 2, 2021, <https://www.cbp.gov/newsroom/local-media-release/bi-national-rescue-sexual-assault-victim-cbp-and-mexican-officials>; Fernie Ortiz, "CBP Aircrew Rescues Man Stranded with Heatstroke in Arizona Wilderness," *Border Report*, March 8, 2022, <https://www.borderreport.com/regions/arizona/cbp-aircrew-rescues-man-stranded-with-heatstroke-in-arizona-wilderness/>; and Rivera, "Emotional Labor, Dirty Work & the Face of Immigration."

¹⁰⁰ Kevin M. Gilmartin, *Emotional Survival for Law Enforcement: A Guide for Officers and Their Families* (Tucson, AZ: E-S Press, 2002).

¹⁰¹ Nichole A. Smith et al., "Keeping Your Guard up: Hypervigilance among Urban Residents Affected by Community and Police Violence," *Health Affairs* 38, no. 10 (October 2019): 1662–69, <https://doi.org/10.1377/hlthaff.2019.00560>.

¹⁰² Irene I. Vega, "Empathy, Morality, and Criminality: The Legitimation Narratives of U.S. Border Patrol Agents," *Journal of Ethnic and Migration Studies* 44, no. 15 (2018): 2544–61, <https://doi.org/10.1080/1369183X.2017.1396888>.

¹⁰³ Smith et al., "Keeping Your Guard Up."

¹⁰⁴ Lennick, "Because It Needs to Be Done"; Smith et al., "Keeping Your Guard Up."

As the anxiety levels increase, so does hypervigilance, leading agents to experience more hypervigilance and anxiety in the future.¹⁰⁵

Another source of ongoing stress is the constant threat of being targeted or attacked in retribution for doing their jobs. Cartels openly expressed their dislike for BPAs by releasing a death threat targeted at BPAs and Mexican police.¹⁰⁶ Additionally, BPAs report having shots fired at them from individuals in Mexico.¹⁰⁷ The risk of encountering a dangerous subject is serious, and BPAs have been injured in altercations with individuals they apprehend. More frequent and threatening than cartel violence, BPAs often experience stress from being ambushed by rocks.¹⁰⁸ The occurrence is so frequent that the agency has issued vehicles specially equipped with bars over the windows to protect agents.¹⁰⁹ Rocks, bullets, fists, and the possibility of encountering a criminal desperate enough to evade apprehension are stressors that have become part of a BPA's daily duties. BPAs are trained

¹⁰⁵ Smith et al., "Keeping Your Guard Up."

¹⁰⁶ Daniel Borunda and Aaron Martinez, "Juárez Migrant Smugglers Issue Threat against Border Patrol, Mexican Police Amid Busts," *El Paso Times*, July 15, 2021, <https://www.elpasotimes.com/story/news/immigration/2021/07/15/border-patrol-smuggler-death-threats-juarez-mexico-police/7982850002/>.

¹⁰⁷ Daniel Borunda, "El Paso Border Patrol Agent Unhurt after 20 Shots Fired across Rio Grande from Mexico," *El Paso Times*, August 8, 2021, <https://www.elpasotimes.com/story/news/crime/2021/08/08/el-paso-border-patrol-shots-fired-from-mexico/5530542001/>; Daniel Borunda, "Border Patrol: Shots Fired along El Paso-Juárez Border for Second Time in 4 Days," *El Paso Times*, August 9, 2021, <https://www.elpasotimes.com/story/news/crime/2021/08/09/border-patrol-shots-fired-2nd-time-el-paso-juarez-border-4-days/5540226001/>; "Shots Fired at Border Patrol Agents," KRGV, February 3, 2017, <http://www.krgv.com/videos/shots-fired-at-border-patrol-agents/>; "Border Agents Shot at from Mexico during Migrant Arrest in South Texas," Border Report, January 10, 2022, <https://www.borderreport.com/hot-topics/border-crime/border-agents-shot-at-from-mexico-during-migrant-arrest-in-south-texas/>; and "Border Patrol Agents Protect U.S. Border amidst Targeted Attacks," U.S. Customs and Border Protection, August 17, 2021, <https://www.cbp.gov/newsroom/national-media-release/border-patrol-agents-protect-us-border-amidst-targeted-attacks>.

¹⁰⁸ "Border Patrol Agents Attacked with Rocks Again in the Rio Grande Valley," U.S. Customs and Border Protection, December 5, 2016, <https://www.cbp.gov/newsroom/local-media-release/border-patrol-agents-attacked-rocks-again-rio-grande-valley>; Zac Self, "Border Patrol Agent Injured after Rock Thrown at Patrol Car," KGTV, June 24, 2019, <https://www.10news.com/news/local-news/border-patrol-agent-injured-after-rock-thrown-at-patrol-car>; and Garrett M. Graff, "The Green Monster," *Politico Magazine*, December 2014, <https://www.politico.com/magazine/story/2014/10/border-patrol-the-green-monster-112220/>.

¹⁰⁹ Brady McCombs, "Border Patrol Agents Dodge Rocks and Bullets in Nogales Attacks," *Arizona Daily Star*, April 25, 2008, https://tucson.com/news/border-patrol-agents-dodge-rocks-and-bullets-in-nogales-attacks/article_4d574e68-541b-5cbf-81ac-0e89cc6ef0de.html; Julio Morales, "Border Patrol Vehicles to Be Retrofitted at Union's Urging," *Imperial Valley Press*, July 25, 2015, https://www.ivpressonline.com/news/local/border-patrol-vehicles-to-be-retrofitted-at-unions-urging/article_efb5d9d9-a522-508e-b44b-6ef42f4abc23.html.

in handling physical confrontations but are not trained to handle the stress of constant vigilance. Further emphasizing the danger, agents have also died on duty due to border violence.¹¹⁰ One of the well-known cases of a BPA dying due to violence is BPA Brian Terry, who was shot and killed in a firefight in Arizona.¹¹¹ BPA Terry was attempting to arrest a group of armed subjects that had been robbing illegal immigrants when the armed subjects shot him.¹¹² BPA Terry later succumbed to his injuries at the hospital.

One of the most significant occupational stressors BPAs face is working in remote locations on unfavorable shifts. Additionally, some stations are in highly remote regions and have secondary bases, known as forward operating bases (FOB), allowing for faster deployment.¹¹³ BPAs work at the FOBs for weeks, living away from their families. Although some BPAs temporarily spend time away from their families at the FOBs, others are away from them permanently, accepting positions far from home. Some BPAs choose to uproot their families and move to desolate towns, but the loneliness often affects families causing BPAs much grief. BPAs openly discuss high divorce rates caused by occupational stress.¹¹⁴ In one incident, a BPA parted from the agency after his wife left him to move back home.¹¹⁵ Not wanting to be far from the children, he felt he had no choice but to quit. In another, an agent reports the stress he went through knowing his wife was going out while he was working long hours.¹¹⁶ He describes how he could not focus at work because his mind kept wandering to his problems at home. BPAs sometimes volunteer to work more mundane, boring assignments to save their marriages and improve their quality of life,

¹¹⁰ Richard Marosi, "Mexican Teen Who Killed Border Agent Gets 40 Years," *Los Angeles Times*, April 30, 2010, <https://www.latimes.com/archives/la-xpm-2010-apr-30-la-me-0430-agent-killed-20100430-story.html>; Michael Levenson, "Man Sentenced to Life in Prison for Killing Border Patrol Agent," *New York Times*, January 9, 2020, sec. U.S., <https://www.nytimes.com/2020/01/08/us/operation-fast-furious-brian-terry-death.html>.

¹¹¹ Levenson, "Man Sentenced to Life in Prison for Killing Border Patrol Agent."

¹¹² "Border Patrol Agent Brian A. Terry," Officer Down Memorial Page, accessed April 20, 2022, <https://www.odmp.org/officer/20596-border-patrol-agent-brian-a-terry>.

¹¹³ Broyles and Haynes, *Desert Duty*.

¹¹⁴ Ashlee M. Martinez, "Life on the Border: Stories of Resilience and Coping from United States Border Patrol Agents" (PhD diss., Our Lady of the Lake University, 2018), ProQuest.

¹¹⁵ Martinez.

¹¹⁶ Martinez.

sacrificing their happiness at work to ensure happiness at home.¹¹⁷ Figuring out how to balance stressors at home and work can be difficult, so BPAs often rely on maladaptive coping mechanisms.

Having to rescue lost and distressed individuals and finding others dead leaves agents with trauma that can affect their mental health. During the 2021 fiscal year (FY21), BPAs saved 12,854 individuals, surpassing the previous high of 5,335 in 2019.¹¹⁸ Individuals are rescued from the desert, canals, and inside locked trailers and train cars.¹¹⁹ Also, during FY21, 557 reported migrant deaths were mainly due to heat exposure.¹²⁰ Migrants often cross through the desert, coerced by smugglers telling them that the trek into the U.S. is quick and easy. Unprepared, they venture into days of walking without enough food or water to last for the journey. Migrants face injuries such as broken bones and dehydration and can fall victim to rape, assault, and muggings.¹²¹ BPAs have sometimes even lost their lives trying to help others. In 2003, BPA James P. Epling drowned in the Colorado River while rescuing individuals in the water.¹²² In 2019, BPA

¹¹⁷ Martinez.

¹¹⁸ Geneva Sands, “Record 557 Migrant Deaths Tallied on US-Mexico Border in 2021 Fiscal Year,” CNN Politics, October 29, 2021, <https://www.cnn.com/2021/10/29/politics/border-patrol-record-border-deaths-fiscal-year-2021/index.html>.

¹¹⁹ Julie Moreno, “27 Migrants Rescued from Locked Car on Freight Train in Eagle Pass Including Young Boy, Unconscious Man,” KSAT, September 3, 2021, <https://www.ksat.com/news/local/2021/09/03/27-migrants-rescued-from-locked-car-on-freight-train-in-eagle-pass-including-young-boy-unconscious-man/>; Antonio Planas, “60 Migrants Rescued from Sweltering Trucks in Smuggling Incidents in Texas,” NBC News, June 18, 2021, <https://www.nbcnews.com/news/us-news/60-migrants-have-been-rescued-sweltering-trucks-human-smuggling-incidents-n1271336>; “Caught on Camera: Dozens of Migrants Rescued after Nearly Drowning in Yuma Canal,” FOX 10 Phoenix (FOX 10 Phoenix, January 9, 2022), <https://www.fox10phoenix.com/news/caught-on-camera-dozens-of-migrants-rescued-after-nearly-drowning-in-yuma-canal>; and “U.S. Border Patrol Rescues Family, Child Abandoned in Desert,” *Las Cruces Sun-News*, April 8, 2021, <https://www.lcsun-news.com/story/news/2021/04/08/abandoned-migrant-child-family-rescued-new-mexico-desert-border-patrol/7140414002/>.

¹²⁰ Sands, “Record 557 Migrant Deaths Tallied on US-Mexico Border in 2021 Fiscal Year.”

¹²¹ Kendra Dyanne Rivera, “Emotional Taint: Making Sense of Emotional Dirty Work at the U.S. Border Patrol,” *Management Communication Quarterly* 29, no. 2 (2015): 198–228, <https://doi.org/10.1177/0893318914554090>.

¹²² “James P. Epling,” In Memoriam, accessed January 27, 2022, <https://www.cbp.gov/about/in-memoriam/james-p-epling>.

Robert Hotten died while hiking through rugged terrain, looking for migrants.¹²³ Like the migrants, BPAs also risk their lives by following the migrants through the dangerous terrain, exposing themselves to snakes, coyotes, other wild animals, and hazardous weather and terrain.¹²⁴ As migrants continue desperately attempting to cross into the U.S., the need for BPAs to conduct rescue missions increases, and so does the BPAs' stress and trauma.

In addition to saving lives, BPAs also frequently come across deceased individuals.¹²⁵ Broyles and Haynes interviewed BPAs that described the trauma attached to encountering deceased individuals.¹²⁶ One explains how people often talk about the dead but never about what BPAs face finding the individuals. The BPAs "get a little calloused up over it- not in a negative sense, but in a self-preservation way."¹²⁷ Another BPA explained how a BPA's stress and sorrow following notification of the death of an immigrant child caused him to quit.¹²⁸ Some agents distance themselves and remain callous to cope with the emotions, avoiding what is considered "too much to handle."¹²⁹ Despite how agents handle traumatic incidents, the media often portrays the BPAs as insensitive,

¹²³ Andrew R. Arthur, "Border Patrol Agent Dies in the Desert: Underscoring the Dangers of an Often Vilified Job," Center for Immigration Studies, October 11, 2019, <https://cis.org/Arthur/Border-Patrol-Agent-Dies-Desert>.

¹²⁴ Diana Alba Soular, "Border Agents, and the Risks at the Edge of the Line," *USA Today*, accessed January 27, 2022, <https://www.usatoday.com/story/news/immigration/2022/01/27/border-patrol-control-mexico/633139001/>.

¹²⁵ "Unidentified Man Dies after He Is Found Unresponsive near Sullivan City, TX," U.S. Customs and Border Protection, August 30, 2021, <https://www.cbp.gov/newsroom/speeches-and-statements/unidentified-man-dies-after-he-found-unresponsive-near-sullivan>; Michael Levenson, "4 Dead in Brutal Cold at U.S. Border Are Believed to Be Human Smuggling Victims," *New York Times*, January 21, 2022, sec. U.S., <https://www.nytimes.com/2022/01/20/us/four-dead-canada-us-border.html>; Chris Boyette and Christina Maxouris, "Border Patrol Says Agents Found the Bodies of Three People Who Died Trying to Cross the US-Mexico Border," CNN, August 28, 2019, <https://www.cnn.com/2019/08/28/us/border-patrol-deaths-us-mexico-border/index.html>; Troy Closson, "Border Patrol Finds Three Children, One Woman Dead at South Texas Border," *Texas Tribune*, June 24, 2019, <https://www.texastribune.org/2019/06/24/Texas-border-patrol-children-woman-dead-Rio-Grande-border/>; and "Border Patrol Finds Man Dead in Canal Hundreds of Feet from U.S.-Mexico Border," NBC 7 San Diego, April 9, 2019, <https://www.nbcsandiego.com/news/local/california-brain-canal-border-patrol-agents-man-found-dead/136070/>.

¹²⁶ Lennick, "Because It Needs to Be Done"; Broyles and Haynes, *Desert Duty*.

¹²⁷ Broyles and Haynes, *Desert Duty*.

¹²⁸ Rivera, "Emotional Labor, Dirty Work & the Face of Immigration."

¹²⁹ Rivera.

not realizing how dedicated BPAs are to their job and saving lives. Still, BPAs tirelessly continue their rescue efforts, disregarding their own life or mental state.

2. Ideological Context

As one of the most controversial agencies, and on the frontlines against illegal immigration, BPAs often face scrutiny and backlash from the media and the public, which has taken a mental toll on BPAs. BPAs are on the receiving end of the anger people feel based on the government's immigration policies. While some praise agents for keeping the country safe, others look down on them for being calloused and arresting those the public perceives as innocent. Being simultaneously liked and disliked stresses agents as they struggle to figure out how to complete their mission when pleasing everyone is impossible.

Sometimes, BPAs' beliefs are challenged as they wonder whether they are doing the right thing by apprehending seemingly innocent people. Agents describe emotional attachments to their careers, selflessly giving up their lunch and water or hiking for hours through treacherous temperatures to find individuals before they die.¹³⁰ One BPA described how he overcame emotions after placing an individual in handcuffs who strayed from the group he crossed with to look after a woman injured in the desert.¹³¹ The agency and law enforcement community ask that BPAs remain strong and emotionless. Still, in this instance, the BPA was so taken aback by his emotions that he cried in private, thinking about the migrant's compassion for helping the woman.¹³² In front of each other and the public, BPAs maintain their strong demeanor. While police officers issue traffic citations at their discretion with the ability to provide verbal warnings instead, BPAs are not entitled to any discretion about whom they apprehend.¹³³ Despite the agent wanting to help the compassionate migrant, he had to enforce the immigration laws as written, which can cause moral injury as it did for the agent arresting the compassionate man.

¹³⁰ Broyles and Haynes, *Desert Duty*.

¹³¹ Rivera, "Emotional Labor, Dirty Work & the Face of Immigration."

¹³² Rivera.

¹³³ Richard G. Greenleaf, Wesley G. Skogan, and Arthur J. Lurigio, "Traffic Stops in the Pacific Northwest: Competing Hypotheses about Racial Disparity," *Journal of Ethnicity in Criminal Justice* 6, no. 1 (2008): 3–22, https://doi.org/10.1300/J222v06n01_02.

The topic of terrorism on the U.S.-Mexico border can cause stress on BPAs as directives keep changing based on which political party is in office. While one party may focus more on the humanitarian aspect of immigration, another may focus more on terrorism.¹³⁴ The inability to decipher what should be of the highest priority means that BPAs are pulled in varying directions. A former senior CBP official admitted that completing the CBP mission took precedence over other priorities in prior years, but now “the mission has become a political football.”¹³⁵ The inconsistency of mission strains BPAs because BPAs must enforce the policies, even when they change. This constant back-and-forth is confusing and overwhelming as BPAs continue to be liked and hated by people who do not understand that BPAs are simply acting out whatever directive has been implemented.

A commonly used phrase among BPAs, likely derived from the U.S. military, is “embrace the suck.”¹³⁶ BPAs have embraced it so well that it has become part of them, understanding that not every aspect of the job is enjoyable, but it still needs to be done.

¹³⁴ Heidi Hamburger, “Southwest Border Patrol Agent Perceptions of Job-Related Threats and Dangers” (PhD diss., Walden University, 2018), <https://scholarworks.waldenu.edu/dissertations/5874>; Tom Barry, *Policy on the Edge: Failures of Border Security and New Directions for Border Control*, International Policy Report (Washington, DC: Center for International Policy, 2011), https://web.archive.org/web/20170221042306/http://www.ciponline.org/images/uploads/Barry_IPR_Policy_Edge_Border_Control_0611.pdf; Ted Hesson and Mark Hosenball, “U.S. Arrested Two Yemenis on Terror Watchlist Who Tried to Cross Border from Mexico,” Reuters, April 5, 2021, <https://www.reuters.com/article/us-usa-border-security-idUSKBN2BS1XO>; Stef W. Kight, “Four People Matching Terror Watchlist Arrested at U.S.-Mexico Border,” Axios, March 16, 2021, <https://www.axios.com/four-people-matching-terror-watchlist-arrested-at-border-86b44533-4aac-4b73-b509-0501c90c370a.html>; Anna Giaritelli, “Suspected Terrorists Crossing Border ‘at a Level We Have Never Seen before,’ Outgoing Border Patrol Chief Says,” *Washington Examiner*, August 16, 2021, <https://www.washingtonexaminer.com/news/border-patrol-chief-suspected-terrorists-coming-across-southern-border>; Todd Bensman, *America’s Covert Border War: The Untold Story of the Nation’s Battle to Prevent Jihadist Infiltration* (New York: Bombardier Books, 2021); Todd Bensman, “The Ultra-Marathoners of Human Smuggling: Defending Forward against Dark Networks That Can Transport Terrorists across American Land Borders” (master’s thesis, Naval Postgraduate School, 2015), <https://hdl.handle.net/10945/47231>; Lauren Giella, “Fact Check: Is the U.S.-Mexico Border More Secure than Ever, as Trump Says?,” *Newsweek*, January 13, 2021, <https://www.newsweek.com/fact-check-us-mexico-border-more-secure-ever-trump-says-1561303>; and Benjamin Siegel, Mike Levine, and Luke Barr, “Making Sense of GOP Claims about Who Is Crossing the Border,” ABC News, March 17, 2021, <https://abcnews.go.com/Politics/making-sense-gop-claims-crossing-border/story?id=76486923>.

¹³⁵ Geneva Sands, “Leaked Audio and Video Show Border Patrol Agents Confronting Homeland Security Secretary at Meetings,” CNN Politics, February 1, 2022, <https://www.cnn.com/2022/02/01/politics/border-patrol-agents-mayorkas/index.html>.

¹³⁶ Renee Montagne and Steve Inskeep, “‘Embrace the Suck’ and More Military Speak,” NPR Morning Edition, March 8, 2007, <https://www.npr.org/transcripts/7458809>.

Lately, “embrace the suck” has not been enough to satisfy BPAs. Tensions on the border are seemingly high as agents openly express their dissatisfaction to the highest-ranking officials in USBP and the Department of Homeland Security (DHS).¹³⁷ Some of their concerns and frustrations include issues with morale, low manpower, and lack of COVID-19 policies, which expose BPAs to the virus.¹³⁸ Many BPAs have died due to COVID-19 contracted on duty. Initial reports through February 2021 shows that at least 7,000 CBP employees, including USBP and its sister agency, the Office of Field Operations, were infected by COVID-19 and 19 died of complications related to the illness.¹³⁹ While official data on how many BPAs have died from the virus has not been released, one reporter estimates the number to be around 21 in 2020 and 30 in 2021.¹⁴⁰ In addition to the stressor of exposure to the virus, BPAs may also pass on the virus to their family members, putting them at risk.

Frustrated with the back-and-forth political tension, a group of BPA wives invited Speaker of the House Nancy Pelosi to visit the border, hoping that seeing what was going on firsthand would help officials make more informed decisions.¹⁴¹ An immigration advocate for the American Civil Liberties Union (ACLU) expressed similar concerns as people make decisions in Washington, DC without ever visiting the southern border and do not clearly understand what policies must be set.¹⁴² The stress agents feel is disheartening as a USBP chief admits that morale is at an all-time low.¹⁴³

¹³⁷ Sands, “Leaked Audio and Video Show Border Patrol Agents”; Julio Rosas, “Exclusive: DHS Secretary Had a Disastrous Meeting with Border Patrol Agents,” Townhall, January 26, 2022, <https://townhall.com/tipsheet/juliorosas/2022/01/26/audio-recording-of-dhs-sec-mayorkas-disastrous-tense-with-yuma-border-patrol-agen-n2602386>.

¹³⁸ Sands, “Leaked Audio and Video Show Border Patrol Agents”; Rosas, “EXCLUSIVE.”

¹³⁹ Rebecca Gambler, *Border Security CBP’s Response to COVID-19*, GAO-21-431 (Washington, DC: Government Accountability Office, 2021), <https://www.gao.gov/assets/gao-21-431.pdf>.

¹⁴⁰ Alisa Reznik, “Border Patrol Line-of-Duty Deaths Are up Sharply during the Pandemic,” Arizona Public Media, November 16, 2021, <https://news.azpm.org/p/news-topical-border/2021/11/16/203385-border-patrol-line-of-duty-deaths-are-up-sharply-during-the-pandemic/>.

¹⁴¹ Benjamin Fearnow, “Wives of Border Patrol Agents Sent Nancy Pelosi a Letter Inviting Her to Visit the Southern Border,” *Newsweek*, January 28, 2019, <https://www.newsweek.com/border-patrol-wives-nancy-pelosi-letter-visit-wall-texas-donald-trump-safety-1308083>.

¹⁴² “Targeting El Paso,” *FRONTLINE*, January 7, 2020, <https://www.pbs.org/wgbh/frontline/film/targeting-el-paso/>.

¹⁴³ Sands, “Leaked Audio and Video Show Border Patrol Agents.”

Another controversial topic that causes grief to agents is the apprehension of migrants, especially children. Although BPAs are trained to apprehend criminals and terrorists, the reality is that more often, they encounter migrants seeking a better life for their families.¹⁴⁴ Placing young children in the back of a patrol vehicle can leave a moral injury on agents, making them wonder whether they are doing the right thing by detaining these minors. In countless interviews, agents describe how caring for migrants has affected them and challenged their ethics.¹⁴⁵ As one agent mentioned, the children did not choose to travel to the U.S. as they are often forced to move with their families.¹⁴⁶ BPAs show compassion for the children by providing them with toys, blankets, food, and other sources of comfort. One agent even described going to Walmart and purchasing clothes for a victim of sexual assault.¹⁴⁷ Despite not wanting to detain children, it is part of the job BPAs must complete. Aside from being morally injured, many agents also have families of their own, and seeing children in holding cells can be “emotionally charging” for them.¹⁴⁸ As some border regions are remote and desolate, agents often live apart from their families and cannot spend much time with them. Caring for children at work and not caring for their own could trigger emotions and cause lasting trauma among agents.¹⁴⁹

The media has reported on the horrors of separating children and the effects of separation on children. Still, the press does not talk about the moral injury agents experience separating them. In an interview, Former CBP Commissioner Gil Kerlikowski expressed concern about how the separation of families affects BPAs, stating that being

¹⁴⁴ Vega, “Empathy, Morality, and Criminality.”

¹⁴⁵ Broyles and Haynes, *Desert Duty*; Rivera, “Emotional Taint”; Rivera, “Emotional Labor, Dirty Work & the Face of Immigration”; and Vega, “Empathy, Morality, and Criminality.”

¹⁴⁶ Rivera, “Emotional Labor, Dirty Work & the Face of Immigration.”

¹⁴⁷ Rivera, “Emotional Taint.”

¹⁴⁸ “Border Patrol Takes on Caretaker Duties,” *San Diego Union-Tribune*, July 14, 2014, sec. Border & Baja, <https://www.sandiegouniontribune.com/news/border-baja-california/sdut-border-patrol-immigration-detain-children-underage-2014jul14-htmlstory.html>.

¹⁴⁹ Patrice Taddonio, “‘The Most Horrible Thing I’ve Ever Done’: A Border Patrol Officer Who Separated Families Speaks Out,” PBS FRONTLINE, January 7, 2020, <https://www.pbs.org/wgbh/frontline/article/the-most-horrible-thing-ive-ever-done-a-border-patrol-officer-who-separated-families-speaks-out/>.

put in the compromising position of separating children is immoral.¹⁵⁰ One agent confirmed the effects the separations had on his mental health, saying it was “the most horrible thing [he’s] ever done.”¹⁵¹ Although it is too soon to know, experts believe the trauma of separating families will have a lasting effect on BPAs.¹⁵²

Separating children from their families is difficult enough, but having hours or minutes to determine a relationship’s legitimacy could cause a moral injury if there is a mistake. According to CBP, during the 2019 fiscal year, agents discovered 6,200 fraudulent families.¹⁵³ In a news conference, former CBP Acting Commissioner Mark Morgan made the following statement explaining why individuals were fraudulently claiming to be families: “[Illegal aliens] were coached and mentored and given what to say by the cartels and the human smuggling organizations: You grab a kid, and that is your U.S. passport. That will guarantee you entry into the United States. And guess what, they were right.”¹⁵⁴ The U.S. has a policy in which families filing for asylum can wait for their hearing in the U.S. For years, smugglers have exploited this policy, encouraging families to cross into the U.S. illegally to claim asylum.¹⁵⁵ Whether the families are fraudulent or not, the pressure to decide to separate them has a significant impact on the mental health of BPAs.

C. CONCLUSION

As the examples show, agents are exposed to varying trauma, stress, and moral injury. As the nature of the job and the ideological problems that come with it will not change, it is important to learn about the stressors BPAs face to better understand why BPAs need mental health programs and how the agency can improve mental health

¹⁵⁰ Judy Woodruff, John Yang, and Gil Kerlikowske, “‘Unconscionable’ to Put Border Patrol Agents in Position of Separating Families, Former Commissioner Says,” PBS NewsHour, June 18, 2018, <https://www.pbs.org/newshour/show/unconscionable-to-put-border-patrol-agents-in-position-of-separating-families-former-commissioner-says>.

¹⁵¹ Taddonio, “‘The Most Horrible Thing I’ve Ever Done.’”

¹⁵² Taddonio.

¹⁵³ John Davis, “Border Crisis: CBP Fights Child Exploitation,” *Frontline Magazine*, January 4, 2022, <https://www.cbp.gov/frontline/border-crisis-cbp-fights-child-exploitation>.

¹⁵⁴ Davis.

¹⁵⁵ Davis.

resilience for BPAs. With the knowledge of the mental health challenges BPAs face, the next chapter discusses the barriers to seeking mental health treatment.

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III. BARRIERS TO SEEKING MENTAL HEALTH ASSISTANCE

The President's Fiscal Year 2023 budget for CBP set aside ten million dollars to promote resilience through employee mental health programs, including EAP and PSP.¹⁵⁶ As mentioned in the literature review, little can be said about their effectiveness as the information is confidential. However, since mental health issues continue to be a problem for agents, it can be inferred that not all the agents who could benefit from the programs are using them. Research has shown that many mental health disorders are treatable, but those who would benefit the most from treatment do not seek it because of the various barriers.¹⁵⁷ This chapter discusses three barriers to seeking mental health treatment: stigma, negative perception of law enforcement, and law enforcement culture.

A. STIGMA

The stigma associated with mental illness acts as a deterrent to seeking help. As Carter, Golant, and Cade noted, one of the greatest tragedies is that mental health stigma stops people from getting help because of fear of being stereotyped or labeled.¹⁵⁸ In law enforcement, one study showed that 52 percent of law enforcement officers are aware of the stigma surrounding seeking treatment for mental health and its effects on their battles with mental health.¹⁵⁹ Despite awareness, stigma continues to exist, and officers continue to be affected.

For centuries, society has viewed mental health issues in a negative light. The word stigma has always had a negative connotation stemming from a long history of abusing the mentally ill.¹⁶⁰ Experts found that poor mental health was associated with madness in

¹⁵⁶ Customs and Border Protection, *FY 2023 Budget in Brief* (Washington, DC: Customs and Border Protection, 2022), https://www.dhs.gov/sites/default/files/2022-03/22-%201835%20-%20FY%202023%20Budget%20in%20Brief%20FINAL%20with%20Cover_Remediated.pdf.

¹⁵⁷ Rosalynn Carter, Susan K. Golant, and Kathryn E. Cade, *Within Our Reach: Ending the Mental Health Crisis* (Emmaus, PA: Rodale Press, 2010).

¹⁵⁸ Carter, Golant, and Cade.

¹⁵⁹ Lucia and Halloran, "An Investigation of the Efficacy of Programs to Prevent Stress."

¹⁶⁰ Wulf Rossler, "The Stigma of Mental Disorders: A Millennia-Long History of Social Exclusion and Prejudices," *EMBO Reports* 17, no. 9 (2016): 1250–53, <https://doi.org/10.15252/embr.201643041>.

ancient, medieval, and modern periods.¹⁶¹ The ancient Greeks thought of the mentally ill as criminals or enslaved people. In the Middle Ages, those with mental illnesses were believed to have been possessed by the devil. As such, these individuals were burned to death or placed in madhouses. During World War II, the Nazis discriminated against the mentally ill, killing or sterilizing thousands. As time passed, doctors became more interested in studying “madness,” labeling themselves “mad doctors.”¹⁶² The study of madness eventually led to the development of psychiatry and psychology, which has helped many improve their mental wellness.¹⁶³

Stigmatization is not unique to western culture, as other cultures also stigmatize mental health and seeking assistance. According to Eshun and Gurung, culture comprises “values, beliefs, norms, symbols, and behaviors, which are essentially learned.”¹⁶⁴ Culture can change, influencing how people think, act, and express emotions. In more traditional cultures, mental health diagnoses are frowned upon and hidden from the public eye.¹⁶⁵ In Pacific Islander and Asian American cultures, people are more likely to complain of the physical pain associated with stress than emotional pain because it is not acceptable to discuss emotions.¹⁶⁶ They believe emotional and physical pain can be overcome by willpower. Mixing culture, societal norms, and negative portrayals of the mentally ill by the media is a volatile cocktail for some officers desperately needing assistance.

Carter, Golant, and Cade report that mental illness is the number one cause of disabilities in the U.S., inflicting more damage than other illnesses such as diabetes and

¹⁶¹ Greg Eghigian, ed., *The Routledge History of Madness and Mental Health* (London: Routledge, 2017), <https://doi.org/10.4324/9781315202211>.

¹⁶² Eghigian.

¹⁶³ Eghigian; J. K. Trivedi and Dishanter Goel, “What Psychiatry Means To Us,” *Mens Sana Monographs* 4, no. 1 (2006): 166–83, <https://doi.org/10.4103/0973-1229.27613>.

¹⁶⁴ Sussie Eshun and Regan A. R. Gurung, *Culture and Mental Health: Sociocultural Influences, Theory, and Practice* (Chichester, UK: John Wiley & Sons, 2009), 4, ProQuest Ebook Central.

¹⁶⁵ It is important to note that culture includes race, religion, gender, and nationality, all of which affects each person differently.

¹⁶⁶ Eshun and Gurung, *Culture and Mental Health*; Gayle Y. Iwamasa, “Recommendations for the Treatment of Asian-American/Pacific Islander Populations,” in *Psychological Treatment of Ethnic Minority Populations* (Washington, DC: Association of Black Psychologists, 2003), 8–12, <https://www.apa.org/pi/oema/resources/ethnicity-health/asian-american/psychological-treatment>.

cancer.¹⁶⁷ Stigmas surround many health problems, but mental health stigma is second only to HIV/AIDS.¹⁶⁸ Experts, including the World Health Organization (WHO), have learned that one of the biggest deterrents to resolving issues with mental health is the stigma surrounding it.¹⁶⁹ For this thesis, stigma can be described as the inability to view someone or something positively due to a distinguishable characteristic, trait, or condition.¹⁷⁰ The stigma associated with mental health translates into a reluctance to seek treatment and having a negative view of oneself.¹⁷¹ A police officer best described mental health stigma by saying, “break a leg, and you will get some sympathy, mention stress or depression, and people think you are swinging the lead [feigning illness to get off work].”¹⁷² In this context, law enforcement agencies (especially USBP) must cope with the twin challenge of potentially having a mental illness and the stereotypes and prejudices that result from the mental health stigma.

The most common—and current—stereotype regarding mental illness is that those with mental illness are dangerous, incompetent, weak, and unreliable.¹⁷³ In this context, while society may not frown upon mental illness as openly as it had years ago, the stigmatization still exists—humiliating and embarrassing countless who suffer from it. Stereotypes can lead to discrimination and negative beliefs. The idea that the mentally ill should be institutionalized because they are dangerous and unreliable is a damaging stereotype for officers. Being labeled dangerous and unreliable are qualities that do not make good officers. Although society has recently taken an interest in eliminating the

¹⁶⁷ Carter, Golant, and Cade, *Within Our Reach*.

¹⁶⁸ Bell and Eski, ““Break a Leg—It’s All in the Mind””; Paul Lelliott et al., *Mental Health and Work* (London: Royal College of Psychiatrists, 2008), https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/212266/hwwb-mental-health-and-work.pdf.

¹⁶⁹ Haecker, “Factors Affecting Mental Health Seeking Behaviors.”

¹⁷⁰ Mayo Clinic, “Mental Health: Overcoming the Stigma of Mental Illness,” May 24, 2017, <https://www.mayoclinic.org/diseases-conditions/mental-illness/in-depth/mental-health/art-20046477>.

¹⁷¹ Mayo Clinic Staff.

¹⁷² Bell and Eski, ““Break a Leg—It’s All in the Mind.””

¹⁷³ Rossler, “The Stigma of Mental Disorders”; Haecker, “Factors Affecting Mental Health Seeking Behaviors”; and Kento Yasuhara et al., “Development of a Measure of Mental Health Stigma Including Police Behaviors,” *Psychiatry, Psychology, and Law* 26, no. 4 (February 6, 2019): 520–29, <https://doi.org/10.1080/13218719.2018.1507845>.

stigma by raising awareness of mental health through readily accessible helplines, advocacy groups, treatment options, and more, stigma still plagues law enforcement agencies; as such, there has been little progress in removing it.¹⁷⁴ Indeed, according to Clement et al., evidence suggests a correlation between stigma and its negative impact on an officer's willingness to seek assistance.¹⁷⁵

Stigma can generally be discussed in two forms—public stigma, and self-stigma.¹⁷⁶ Public stigma is the personal awareness of the public's reaction to people dealing with mental health.¹⁷⁷ Public stigma occurs when the public discriminates against those with mental illnesses.¹⁷⁸ Public stigma is detrimental to those with poor mental health because it causes label avoidance, a person's need to disassociate themselves from a specific label.¹⁷⁹ To avoid being viewed as crazy or any other stereotypes associated with the mentally ill, people avoid going to mental health clinics or associating with mental health professionals.¹⁸⁰

¹⁷⁴ Salehah Hakik and Kory Langlois, "To Serve and Protect Their Mental Health': The Effects of Police Occupational Culture on Police Officers Mental Health," *Salus Journal* 8, no. 2 (2020): 117–51; Geoff Bartlett, "To Serve and Protect Their Mental Health: The Call for More PTSD Help for First Responders," CBC, September 14, 2017, <https://www.cbc.ca/news/canada/newfoundland-labrador/first-responders-ptsd-1.4289095>; and Koustuv Saha et al., "A Computational Study of Mental Health Awareness Campaigns on Social Media," *Translational Behavioral Medicine* 9, no. 6 (2019): 1197–1207, <https://doi.org/10.1093/tbm/ibz028>.

¹⁷⁵ S. Clement et al., "What Is the Impact of Mental Health-Related Stigma on Help-Seeking? A Systematic Review of Quantitative and Qualitative Studies," *Psychological Medicine* 45, no. 1 (2015): 11–27, <https://doi.org/10.1017/S0033291714000129>.

¹⁷⁶ Patrick Corrigan, "How Stigma Interferes with Mental Health Care," *American Psychologist* 59, no. 7 (October 2004): 614–25, <https://doi.org/10.1037/0003-066X.59.7.614>; Patrick W. Corrigan, Benjamin G. Druss, and Deborah A. Perlick, "The Impact of Mental Illness Stigma on Seeking and Participating in Mental Health Care," *Psychological Science in the Public Interest* 15, no. 2 (2014): 37–70, <https://doi.org/10.1177/1529100614531398>.

¹⁷⁷ Patrick W. Corrigan and Amy C. Watson, "Understanding the Impact of Stigma on People with Mental Illness," *World Psychiatry* 1, no. 1 (February 2002): 16–20.

¹⁷⁸ Corrigan, Druss, and Perlick, "The Impact of Mental Illness Stigma."

¹⁷⁹ Corrigan, Druss, and Perlick.

¹⁸⁰ Corrigan, Druss, and Perlick.

With time, public stigma and the person's feelings about seeking assistance become self-stigma.¹⁸¹ Self-stigma describes a person with a mental illness who internalizes a prejudice toward having a mental illness.¹⁸² People who self-stigmatize accept the stereotype the public has established and believe it applies to them. Corrigan and Watson break down self-stigma into four stages: awareness of the stigma, acceptance, self-application, and worsening self-esteem and self-efficacy.¹⁸³ As a person goes through the stages, their quality of life also deteriorates, and there is a greater possibility of developing suicidal ideation.¹⁸⁴

What makes self-stigma daunting is that some psychologists believe self-stigma begins before diagnosis as the person is learning about mental illness.¹⁸⁵ Thus, self-stigma can cause some to inflict their stereotypical beliefs on themselves, leaving them feeling helpless. Karaffa and Koch's study of police officers in Texas and Oklahoma revealed that those with more significant public stigma had more of a negative attitude toward seeking professional mental health assistance.¹⁸⁶ Officers also showed what Karaffa and Koch describe as pluralistic ignorance—the officers believed themselves more willing than their coworkers to seek mental health assistance.¹⁸⁷ The study suggests that spreading awareness of the public stigma is not enough to change the self-stigma and that both need to be targeted to help the officers' perception of seeking assistance.

In sum, both public and self-stigma serve as a deterrent to seeking help from peers or professionals; both weigh on agents as they struggle with their thoughts and those of the

¹⁸¹ David L. Vogel et al., "Stigma of Seeking Psychological Services: Examining College Students across Ten Countries/Regions," *Counseling Psychologist* 45, no. 2 (2017): 170–92, <https://doi.org/10.1177/0011000016671411>.

¹⁸² Corrigan and Watson, "Understanding the Impact of Stigma on People with Mental Illness."

¹⁸³ Corrigan, Druss, and Perlick, "The Impact of Mental Illness Stigma."

¹⁸⁴ Nele Cornelia Göpfert et al., "Applying Corrigan's Progressive Model of Self-Stigma to People with Depression," *PLoS ONE* 14, no. 10 (October 29, 2019): 1–14, <https://doi.org/10.1371/journal.pone.0224418>.

¹⁸⁵ Rossler, "The Stigma of Mental Disorders."

¹⁸⁶ Kerry M. Karaffa and Julie M. Koch, "Stigma, Pluralistic Ignorance, and Attitudes toward Seeking Mental Health Services Among Police Officers," *Criminal Justice and Behavior* 43, no. 6 (June 1, 2016): 759–77, <https://doi.org/10.1177/0093854815613103>.

¹⁸⁷ Karaffa and Koch.

public and their peers. The combination of stigmas can lead to family or relationship problems and poor job performance.¹⁸⁸

B. NEGATIVE PUBLIC PERCEPTIONS OF LAW ENFORCEMENT

Police are already struggling with the public's perception that they are dangerous because of the excessive use of force. Officers are aware that the mental health stigma could further impact the public's view of officers if they are diagnosed with a mental illness. The following section discusses the negative public scrutiny of law enforcement and its impact on officers' mental health. This section also outlines how media portrayal of law enforcement affects officers and further impedes their desire to seek assistance.

1. Public Scrutiny of Law Enforcement

Officers know they are being scrutinized, criticized, and seen as threats. They feel like they have to present themselves as perfect or infallible. Both are driving reluctance to seek mental health support. The media helps perpetuate this idea by portraying officers as physically demanding and mentally strong individuals who will stop at nothing to arrest criminals, including using excessive force and corruption.¹⁸⁹ Officers are expected to be almost superhuman in their ability to move from incident to incident, maintaining their "macho" persona.¹⁹⁰

The public's perception of law enforcement is essential in how officers navigate stigma. In De Terte, Stephens, and Huddleston's study, the authors determined that officers who received support from their community had low levels of psychological distress.¹⁹¹ However, community support appears to be dwindling as technology transforms the world. Officers, once deemed heroes, are now more frequently portrayed by the media as abusers

¹⁸⁸ Police Executive Research Forum, *An Occupational Risk*; Corrigan and Watson, "Understanding the Impact of Stigma on People with Mental Illness."

¹⁸⁹ Mash, "Symptoms of Depression and Stressors in Law Enforcement."

¹⁹⁰ Atkinson-Tovar and Kiernan, "Behind the Badge."

¹⁹¹ Ian de Terte, Christine Stephens, and Lynne Huddleston, "The Development of a Three Part Model of Psychological Resilience," *Stress and Health: Journal of the International Society for the Investigation of Stress* 30, no. 5 (December 2014): 416–24, <https://doi.org/10.1002/smi.2625>.

of power and are treated disrespectfully. When Officer Claudia Apolinar and her partner in the Los Angeles County Sheriff's Department were shot, members of the public cheered and rallied outside the hospital.¹⁹² At least one subject reportedly shouted he wished the two officers would die.¹⁹³ Although law enforcement officers received support from much of the community following the incident, hearing people chanting their dislike for officers hurts the officers' mental health.¹⁹⁴

Similarly, in the case of USBP, they are often viewed as the face of immigration policy and face the most criticism from the media.¹⁹⁵ From the beginning of their careers, BPAs are warned of the scrutiny they will face from the public. BPAs have expressed disappointment with the media and the feeling of being misunderstood.¹⁹⁶ It is difficult for them to conduct their jobs when they are simultaneously hated and loved by the public. BPAs are seen as heroes by some, saving lives, protecting the nation's borders, and stopping illicit activity. To others, BPAs are killing the American dream.¹⁹⁷ Different narratives of BPAs can be found, confusing the public on who BPAs are. While some media outlets like National Geographic's *Border Wars* or CBP recruitment campaigns depict agents heroically doing their job, others, including scholars, suggest otherwise, reporting on the corruption, abuse, and criminal misconduct of BPAs, and the unjust policies they enact.¹⁹⁸

The public's mistrust of USBP has created a dynamic where BPAs feel they are constantly being watched and must perform in a non-threatening way, free of error. Citizens actively try to make agents look dumb and catch them off guard, challenging

¹⁹² "Deonte Lee Murray: Suspect Arrested, Charged with Attempted Murder for Compton Ambush Shooting," ABC7 Los Angeles, September 30, 2020, <https://abc7.com/deonte-murray-lee-la-deputies-shot-los-angeles/6670767/>.

¹⁹³ Jason Owens, "Claudia Apolinar – W.I.N. Episode 33," What's Important Now, accessed January 30, 2022, <https://win-whats-important.captivate.fm/episode/claudia-apolinar-w-in-episode-33>.

¹⁹⁴ Jason Owens, "Shannon Mosley – W.I.N. Episode 31," What's Important Now, accessed January 30, 2022, <https://win-whats-important.captivate.fm/episode/shannon-mosley-w-in-episode-31>.

¹⁹⁵ Rivera, "Emotional Taint."

¹⁹⁶ Rivera.

¹⁹⁷ Rivera, "Emotional Labor, Dirty Work & the Face of Immigration."

¹⁹⁸ Rivera, "Emotional Taint"; Rivera, "Emotional Labor, Dirty Work & the Face of Immigration."

agents about laws and refusing to answer questions. A quick search on YouTube for “Border Patrol Checkpoint” reveals countless videos in which civilians challenge their authority. Some of the titles of the videos include “Laredo,Tx Border Patrol Checkpoint REMATCH,” “Border Patrol Gets Owned on the Law,” and “Right to Remain Silent-Why, I’m not saying, Border Patrol Agent Checkpoint Questions Citizen.”¹⁹⁹ Despite the public’s sentiments, as USBP Sector Chief Jason Owens and other agents describe, BPAs put their lives on the line, even for people who want to see them dead.²⁰⁰

The public’s perception of officers becomes a problem when it affects officers’ choices about how to live because they worry about how they are perceived.²⁰¹ It is common for BPAs to disassociate themselves from the badge off-duty to avoid the public’s negative perception of them.²⁰² Instead of causing officers to reevaluate their actions based on the public’s perception, they view the media and the public as enemies.²⁰³ Officers continue to place themselves in traumatic situations, wanting to believe that they, too, are invincible to the mental or physical health problems that arise from hastily jumping into situations.

2. Media Portrayal of Officers

Film, television, and even the news negatively depict the mentally ill, affecting how the public perceives the mentally ill. The media often personifies mentally ill patients as

¹⁹⁹ Laredo,Tx Border Patrol Checkpoint REMATCH, 2020, <https://www.youtube.com/watch?v=I2Ipb74FNmQ>; Border Patrol Gets Owned on the Law, 2020, <https://www.youtube.com/watch?v=kYSFhXZoBfY>; Right to Remain Silent – Why, I’m Not Saying, Border Patrol Agent Checkpoint Questions Citizen, 2014, <https://www.youtube.com/watch?v=HTVKqprPt48>.

²⁰⁰ Owens, “Shannon Mosley”; Rivera, “Emotional Taint.”

²⁰¹ Atkinson-Tovar and Kiernan, “Behind the Badge.”

²⁰² Michael Barbaro, “A Conversation with a Border Patrol Agent,” *New York Times*, September 24, 2019, <https://www.nytimes.com/2019/09/24/podcasts/the-daily/border-patrol-agent-immigration.html>.

²⁰³ Gilmartin, Emotional Survival for Law Enforcement.

villains or unpredictable people to be avoided.²⁰⁴ The media is an essential source of information, and much of the public's mental health information comes from the media, specifically television. One study found that the power of the media is so strong that it could override personal experiences and perceptions of mental illness.²⁰⁵ Because watching television is a popular pastime among Americans, the media's portrayal of mental illness is a concern, especially among law enforcement. Officers may already feel isolated because of the media's poor law enforcement views. Particularly in light of how scrutinized BPAs feel, the negative views of mental illness could heighten their feelings of isolation and dissuade them from seeking professional help.

Children's films also negatively portray the mentally ill, forming a stigma at a young age. One study showed varying portrayals of the mentally ill in sixty-seven percent of children's films analyzed.²⁰⁶ Twelve of the forty-nine films analyzed contained mentally ill characters, and eight were depicted as violent. In another study examining classic Disney films, eighty-five percent had references to mental illnesses, averaging about four references per film.²⁰⁷ In particular, the *Beauty and the Beast* film correlated intelligence to mental illness, labeling the main character, Belle, and her father, Maurice, as crazy. As the film progresses, Maurice is chained up and placed in a "lunacy wagon" as children look on in fear.

The television news media focuses much of its time reporting on crimes and acts of violence committed worldwide, especially those committed by the mentally ill,

²⁰⁴ Dara Roth Edney, *Mass Media and Mental Illness: A Literature Review* (Ontario, Canada: Canadian Mental Health Association, 2004), https://ontario.cmha.ca/wp-content/files/2012/07/mass_media.pdf; Andrea Lawson and Gregory Fouts, "Mental Illness in Disney Animated Films," *Canadian Journal of Psychiatry* 49, no. 5 (May 2004): 310–14, <https://doi.org/10.1177/070674370404900506>; Otto Wahl et al., "Mental Illness Depiction in Children's Films," *Journal of Community Psychology* 31, no. 6 (2003): 553–60, <https://doi.org/10.1002/jcop.10072>; Kismet Baun, "Stigma Matters: The Media's Impact on Public Perceptions of Mental Illness," *Ottawa Life*, February 2009.

²⁰⁵ Baun, "Stigma Matters"; Diana Rose, "Television, Madness and Community Care," *Journal of Community & Applied Social Psychology* 8, no. 3 (1998): 213–28, [https://doi.org/10.1002/\(SICI\)1099-1298\(199805/06\)8:3<213::AID-CASP449>3.0.CO;2-C](https://doi.org/10.1002/(SICI)1099-1298(199805/06)8:3<213::AID-CASP449>3.0.CO;2-C).

²⁰⁶ Wahl et al., "Mental Illness Depiction in Children's Films."

²⁰⁷ Lawson and Fouts, "Mental Illness in Disney Animated Films."

reinforcing the bias that the mentally ill are dangerous.²⁰⁸ The media delivers provocative news lines such as “Knife Maniac Freed to Kill. Mental Patient Ran Amok in the Park,” adding to the fear and strengthening the danger stereotype.²⁰⁹ Research shows it is rare for a news story to represent mental health issues positively.²¹⁰ A study of people with varying mental health disorders determined that thirty-four percent of participants increased depression and anxiety due to negative media coverage.²¹¹ Eight percent of participants also said the negative coverage made them feel suicidal.²¹²

If officers are diagnosed with a mental illness, they put themselves at the mercy of the same label, ruining their reputation among coworkers and the public. If the public learned that an officer sworn to protect them had mental health issues, it could negatively impact their perception of them and their likeliness to seek assistance. Police are already considered dangerous because of the excessive use of force, and the mental health stigma could further impact the public’s view of officers. The media speaks of officers negatively by reporting excessive use of force cases. The connection between a dangerous mental illness and a violent officer could further impact how the public views officers. Realistically, a person’s mental state cannot predict criminal activity or danger. People with mental illnesses are, in fact, two and a half times more likely to be victims than victimizers.²¹³ In sum, the public’s negative perception of the mentally ill, which initially forms in childhood, affects an officer’s inability to seek treatment. Bringing awareness to how films depict the mentally ill can ensure more positive portrayals in future generations and encourage those seeking professional help.

²⁰⁸ Rossler, “The Stigma of Mental Disorders”; Edney, *Mass Media and Mental Illness*.

²⁰⁹ Baun, “Stigma Matters.”

²¹⁰ Edney, *Mass Media and Mental Illness*.

²¹¹ Baun, “Stigma Matters.”

²¹² Baun.

²¹³ Baun.

C. LAW ENFORCEMENT CULTURE

Law enforcement culture is controversial in its ability to simultaneously unite and divide those in the law enforcement community.²¹⁴ The culture is filled with unwritten rules and beliefs that influence how an officer should behave. One of those beliefs is that officers should hide their feelings and present themselves as physically and emotionally strong individuals.²¹⁵ Gayle Ray, a former Sheriff for the Davidson County Sheriff's Office in Nashville, Tennessee, for example, describes the mental health challenges she saw in officers, especially in corrections officers, as they dealt with the nature of the job.²¹⁶ Ray describes the formidable challenge of experiencing severe trauma, such as seeing an inmate mutilate himself and the officers then having to act as if the incident did not affect them.²¹⁷ Acknowledging or speaking of mental illness within the law enforcement community is often considered a weakness, making officers reluctant to disclose their condition.²¹⁸

Some experts suggest that the law enforcement culture is toxic and does not encourage officers to seek mental health assistance.²¹⁹ Violanti and Hackett, among others, agree, adding that officers are viewed as weak for seeking help which can, in turn, cause them to experience mental illnesses like PTSD.²²⁰ On the other hand, law enforcement

²¹⁴ Robert Henley Woody, "The Police Culture: Research Implications for Psychological Services," *Professional Psychology, Research and Practice* 36, no. 5 (2005): 525–29, <https://doi.org/10.1037/0735-7028.36.5.525>; Lennick, "Because It Needs to Be Done."

²¹⁵ Bell and Eski, "'Break a Leg—It's All in the Mind'"; Christopher et al., "A Pilot Study Evaluating the Effectiveness of a Mindfulness-Based Intervention."

²¹⁶ Gayle Ray, "The Emotions HIDDEN Behind A Badge," *Corrections Today* 63, no. 6 (October 2001): 98.

²¹⁷ Ray.

²¹⁸ Bell and Eski, "'Break a Leg—It's All in the Mind'"; Hans Toch, *Stress in Policing* (Washington, DC: Office of Justice Programs, 2002), <https://www.ojp.gov/pdffiles1/nij/grants/198030.pdf>; Kerry M. Karaffa and Karin Tochkov, "Attitudes toward Seeking Mental Health Treatment among Law Enforcement Officers," *Applied Psychology in Criminal Justice* 9, no. 2 (July 2013): 75–99; Lucia and Halloran, "An Investigation of the Efficacy of Programs to Prevent Stress"; and Linda Black et al., *Rebuilding the Trust: Task Force on Governance and Cultural Change in the RCMP* (Ontario, Canada: Task Force on Governance and Cultural Change in the RCMP, 2007), <https://www.publicsafety.gc.ca/cnt/cntrng-crm/tsk-frc-rcmp-grc/index-en.aspx>.

²¹⁹ Hakik and Langlois, "To Serve and Protect Their Mental Health."

²²⁰ Dell P. Hackett and John M. Violanti, *Police Suicide: Tactics for Prevention* (Springfield, IL: Charles C. Thomas Publisher, 2003); Bronwen Rees and Jonathan Smith, "Breaking the Silence: The Traumatic Circle of Policing," *International Journal of Police Science & Management* 10, no. 3 (2008): 267–79, <https://doi.org/10.1350/ijps.2008.10.3.83>.

culture is also believed to create camaraderie and familial protection among officers positively.²²¹ Regardless of what researchers say of law enforcement culture, its impact on the stigma surrounding seeking mental health assistance is undeniable, as officers continue to struggle and mental health programs continue to be underutilized.

One belief in the law enforcement community is that officers should hide their feelings and present themselves as physically and emotionally strong.²²² In the Border Patrol academy, and perhaps in other law enforcement academies, the common phrase “suffer in silence” is used to get agents to stop complaining about enduring physical pain. Such a phrase could also refer to the stigma the law enforcement community has created, asking that officers hide their emotions and maintain mental stability. Although BPAs are not very open to discussing the feelings attached to their job, one study found that BPAs more often discussed their need to maintain “officer/agent presence,” described as the demeanor BPAs use during an encounter.²²³ They associated officer presence with professionalism and masculine features such as hiding emotions. One BPA explained the display of emotions as a weakness that the public or other BPAs may take advantage of. In the same study, a supervisor discussed telling BPAs they should hide their emotions, further enforcing the stigma.²²⁴

A common characteristic among law enforcement officers is that they are unwilling to ask for help.²²⁵ Bryan and Morrow postulate that those who seek mental health assistance are viewed as weak and untrustworthy.²²⁶ As a result, other officers are hesitant to work with them. Hakik and Langlois argue that if an officer in an unsupportive law enforcement

²²¹ Tom Cockcroft, *Police Culture: Themes and Concepts* (Abingdon, UK: Routledge, 2013), <https://doi.org/10.4324/9780203101155>.

²²² Bell and Eski, ““Break a Leg—It’s All in the Mind””; Christopher et al., “A Pilot Study Evaluating the Effectiveness of a Mindfulness-Based Intervention.”

²²³ Rivera, “Emotional Taint.”

²²⁴ Rivera.

²²⁵ Lennick, “Because It Needs to Be Done.”

²²⁶ Craig J. Bryan and Chad E. Morrow, “Circumventing Mental Health Stigma by Embracing the Warrior Culture: Lessons Learned from the Defender’s Edge Program,” *Professional Psychology: Research and Practice* 42, no. 1 (February 2011): 16–23, <https://doi.org/10.1037/a0022290>.

culture feels stigmatized, he is less likely to seek treatment.²²⁷ Similarly, officers are even less likely to seek assistance from those outside the law enforcement community due to their inability to trust them. The simple nature of the organization causes officers to feel uncomfortable; although agents understand there is a confidentiality agreement in mental health treatment, they are still apprehensive about trusting it, aware that there are some topics clinicians must report on.²²⁸

Another characteristic of the law enforcement community is identifying with one another as part of a community where members rely on each other. The characteristic negatively affects those with mental illness because it makes them afraid to open up, believing they are the only ones suffering.²²⁹ Violanti found that some officers were so scared of appearing weak or vulnerable to their coworkers that they instead chose suicide.²³⁰ In a study by Millar, he discovered that some officers that had attended a police counseling program did not disclose their participation to their coworkers out of fear of disapproval.²³¹ Through the study, Millar determined the fear was a misperception as the officers willing to admit they attended received support from their peers.²³²

Some scholars believe the police culture is a breeding ground for maladaptive coping mechanisms.²³³ As noted earlier, officers often use alcohol to relax, cope with

²²⁷ Hakik and Langlois, “To Serve and Protect Their Mental Health.”

²²⁸ Violanti and Paton, *Police Trauma*; “Mental Health Professionals’ Duty to Warn,” National Conference of State Legislatures, March 16, 2022, <https://www.ncsl.org/research/health/mental-health-professionals-duty-to-warn.aspx>.

²²⁹ Ellen Kirschman et al., *Counseling Cops: What Clinicians Need to Know* (New York: Guilford Publications, 2013).

²³⁰ John M. Violanti, “The Mystery Within: Understanding Police Suicide,” *FBI Law Enforcement Bulletin* 64, no. 2 (February 1995): 19–23.

²³¹ Anne Millar, “Beyond Resolution of Presenting Issues: Clients’ Experiences of an in-House Police Counselling Service,” *Counselling and Psychotherapy Research* 2, no. 3 (2002): 159–66, <https://doi.org/10.1080/14733140212331384785>.

²³² Millar.

²³³ Christopher et al., “A Pilot Study Evaluating the Effectiveness of a Mindfulness-Based Intervention.”

stress, and celebrate.²³⁴ Because stress occurs on and off duty, an officer's coping ability becomes an organizational concern as stress affects how officers perform their tasks. Researchers Ellrich and Baier report that officers often proceed from call to call without processing the situations they just experienced, thus making it vital for officers to develop their own coping skills.²³⁵ Vander Elst et al. postulate that for officers, the feeling of helplessness coupled with elevating stress levels may account for maladaptive coping mechanisms among law enforcement.²³⁶ Atkinson-Tovan and Kiernan agree with Violanti and other scholars adding that officers who stray from the coping norms are viewed as weak and may be ostracized from their peers.²³⁷ Malmin describes the law enforcement community as a "warrior culture" that encourages maladaptive coping behaviors because of its need to suppress emotions.²³⁸ However, Malmin also points out that most warriors can overcome stress through resilience, healthy support systems, and behavioral therapy. Nonetheless, cultural values of independence, self-sufficiency, and invulnerability may create tremendous suffering.

D. CONCLUSION

The culture officers are raised in and the cultures they are currently influenced by are important factors to consider when determining why they are reluctant to seek mental health assistance. Everyone is different, and knowing the layers that make up a person can help better understand the barriers they are trying to overcome. Although culture and

²³⁴ Jeremy D. Davey, Patricia L. Obst, and Mary C. Sheehan, "It Goes with the Job: Officers' Insights into the Impact of Stress and Culture on Alcohol Consumption within the Policing Occupation," *Drugs: Education, Prevention & Policy* 8, no. 2 (2001): 141–49, <https://doi.org/10.1080/096876301300101889>; Dowling et al., "A Peer-Based Assistance Program."

²³⁵ Karoline Ellrich and Dirk Baier, "Post-Traumatic Stress Symptoms in Police Officers Following Violent Assaults: A Study on General and Police-Specific Risk and Protective Factors," *Journal of Interpersonal Violence* 32, no. 3 (February 2017): 331–56, <https://doi.org/10.1177/0886260515586358>.

²³⁶ Davey, Obst, and Sheehan, "It Goes with the Job"; Tinne Vander Elst et al., "Perceived Control and Psychological Contract Breach as Explanations of the Relationships between Job Insecurity, Job Strain and Coping Reactions: Towards a Theoretical Integration," *Stress and Health* 32, no. 2 (2016): 100–116, <https://doi.org/10.1002/smi.2584>.

²³⁷ Atkinson-Tovar and Kiernan, "Behind the Badge."

²³⁸ Lennick, "Because It Needs to Be Done"; Mark Malmin, "Warrior Culture, Spirituality, and Prayer," *Journal of Religion and Health* 52, no. 3 (2013): 740–58.

stigma change, they change at a gradual pace. Knowing what societal and cultural barriers exist, particularly for law enforcement officers, can help create a foundation for resilience.

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IV. CASE STUDIES ADDRESSING MENTAL HEALTH: PROBLEMS AND RESILIENCE

BPAAs continue to struggle with mental illness, and the need for mental health resilience is dire. CBP has spent large amounts of money and resources to provide agents with the needed programs, but most programs are limited in scope because they are reactive to existing mental health issues. This chapter examines the U.S. military, an agency with a similar mission and stressors, in search of new methods that proactively address resilience and other mental health concerns. This chapter begins with a brief history of mental illness in the U.S. military and the history of treatment options for soldiers with mental illness. The chapter then discusses two treatment options utilized by the U.S. military. The two program descriptions are followed by an assessment based on the following criteria: overall wellness, effect on resilience, and ease of implementation.

A. OVERVIEW OF MENTAL ILLNESS AND TREATMENT IN THE U.S. MILITARY

Unlike USBP, the U.S. military has existed for over 200 years and has been the focus of many mental health studies. The U.S. military's initiatives to improve mental health resiliency are exemplary for future USBP programs. Because USBP is made up of 30 percent military veterans, and many veterans become BPAs directly following their separation from the military, it is crucial that veterans feel just as cared for and take their mental health issues seriously. The traumatic events veterans witness during their enlistment could carry over to their careers as BPAs and worsen if they remain untreated.²³⁹ The next section begins with a history of mental illness in the military and how the military treated such illnesses. The section that follows discusses two case studies of current mental health programs—the battle buddy system and EAT. The case studies include an analysis based on their overall wellness, effect on resilience, and ease of implementation.

²³⁹ Lennick, "Because It Needs to Be Done"; Violanti and Paton, *Police Trauma*.

1. The Perspective of Mental Illnesses

Since at least the American Civil War, soldiers have been struggling to maintain mental health.²⁴⁰ During the American Civil War (1861–1865), soldiers often panicked and deserted the war, while others experienced what was characterized as “nostalgia.”²⁴¹ Nostalgia was used to describe a person suffering from homesickness, aggression, loss of appetite, irregular bowels, increased disciplinary issues, hysterical weeping, and mistrust of commanding officers, among other symptoms.²⁴² In the first year, about 2.34 of every 1,000 soldiers experienced nostalgia.²⁴³ Six of every 1000 soldiers were discharged in the first two years due to insanity. Medical scholars and military personnel initially believed nostalgia to be attributed to an individual’s weaknesses and not to the tragedies of war.²⁴⁴ They thought what soldiers were experiencing could not be attributed to psychological disorders as only women were believed to experience mental illnesses.²⁴⁵

Medical scholars continued to study the effects of combat wars on soldiers during World War I (WWI) (1914–1918). They presumed that the psychological effects soldiers experienced were attributed to the artillery shells’ shock waves, which caused micro-

²⁴⁰ It should be noted that symptoms consistent with hysteria and war neurosis can be found earlier in history dating back to the Greeks and Romans, however this thesis only looks to focus on the history of mental health in the United States military. Anthony Babington, *Shell-Shock: A History of the Changing Attitudes to War Neurosis* (Havertown, PA: Pen & Sword Books Limited, 2007).

²⁴¹ Todd C. Helmus and Russell W. Glenn, “A Look Back: A Brief History of Combat Psychiatry,” in *Steeling the Mind: Combat Stress Reactions and Their Implications for Urban Warfare* (Santa Monica, CA: RAND Corporation, 2005), 9–22, <https://www.jstor.org/stable/10.7249/mg191a.10>.

²⁴² Helmus and Glenn; Babington, *Shell-Shock*.

²⁴³ Babington, *Shell-Shock*.

²⁴⁴ Stephanie K. Erwin, “American Veterans and the Evolution of Mental Health: A Historical Review of Diagnoses and Depiction,” *Journal of Veterans Studies* 4, no. 1 (2019): 47–57, <https://doi.org/10.21061/jvs.v4i1.67>.

²⁴⁵ Hysteria was the first mental illness identified with women. Women have been historically misunderstood, thought of as being prone to mental illness because of their genital makeup. They were thought of as “weak and easily influenced (by the “supernatural” or by organic degeneration). With time, the studies determined men and women alike could experience mental illnesses. Helmus and Glenn, “A Look Back”; William P. Nash, Caroline Silva, and Brett Litz, “The Historic Origins of Military and Veteran Mental Health Stigma and the Stress Injury Model as a Means to Reduce It,” *Psychiatric Annals* 39, no. 8 (August 2009): 789–94; and Cecilia Tasca et al., “Women and Hysteria in the History of Mental Health,” *Clinical Practice and Epidemiology in Mental Health* 8 (2012): 110–19, <https://doi.org/10.2174/1745017901208010110>.

hemorrhaging in the brain.²⁴⁶ Following a study of three soldiers with shell shock, Captain Charles Myers, MD, described shell shock, also known as the 100-yard stare, as similar to hysteria.²⁴⁷ Shell shock quickly became the “all-encompassing diagnosis” for military personnel experiencing illnesses with no physical symptoms.²⁴⁸ With time the term changed to “war neurosis,” realizing that soldiers were experiencing shell shock without ever having been near artillery fire.²⁴⁹ Despite experiencing symptoms similar to what are now known as mental illnesses, soldiers only expressed physical symptoms, such as back pain or paralysis, as discussing any mental ailment was frowned upon.²⁵⁰ Soldiers with mental illness could receive disciplinary action, including execution.²⁵¹ One scholar found that several soldiers executed for desertion had asked to be excused from the front line due to their nerves but were denied.²⁵² Consequently, many soldiers from WWI unknowingly had or hid mental illnesses.

The effects of war on mental health continued through the wars that followed, especially the Vietnam War (1955–1975).²⁵³ As American soldiers withdrew from Vietnam in 1973, scholars noticed that the more time the combat soldiers spent at home, the more mental illnesses emerged.²⁵⁴ PTSD, however, was not recognized as a mental

²⁴⁶ Helmus and Glenn, “A Look Back.”

²⁴⁷ Erwin, “American Veterans and the Evolution of Mental Health.”

²⁴⁸ Erwin.

²⁴⁹ Helmus and Glenn, “A Look Back”; Erwin, “American Veterans and the Evolution of Mental Health.”

²⁵⁰ Helmus and Glenn, “A Look Back.”

²⁵¹ Ben Shephard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century* (Cambridge, MA: Harvard University Press, 2001); Helmus and Glenn, “A Look Back”; and Babington, *Shell-Shock*.

²⁵² Babington, *Shell-Shock*.

²⁵³ Soldiers in the Vietnam War suffered greatly from mental illnesses due to social rejection, betrayal after the war and perceived self-stigma. Yasmin Cypel et al., “The Mental Health of Vietnam Theater Veterans—the Lasting Effects of the War: 2016–2017 Vietnam Era Health Retrospective Observational Study,” *Journal of Traumatic Stress* 35, no. 2 (2022): 605–18, <https://doi.org/10.1002/jts.22775>; Miraj U. Desai et al., “‘I Want to Come Home’: Vietnam-Era Veterans’ Presenting for Mental Health Care, Roughly 40 Years after Vietnam,” *Psychiatric Quarterly* 87, no. 2 (June 2016): 229–39, <https://doi.org/10.1007/s11126-015-9382-2>.

²⁵⁴ John Matson, “Legacy of Mental Health Problems from Iraq and Afghanistan Wars Will Be Long-Lived,” *Scientific American*, June 27, 2011, <https://www.scientificamerican.com/article/ptsd-awareness-day-afghanistan/>.

illness until 1980, which left Vietnam veterans undiagnosed for five years.²⁵⁵ In 1983, at the request of Congress, the U.S. Department of Veterans Affairs (VA) conducted a study to assess PTSD in Vietnam veterans.²⁵⁶ The study, known as the National Vietnam Veterans Readjustment Study (NVVRS), was vital to understanding mental illness in the military because it determined that at least fifteen percent of veterans have PTSD. In 2013, the VA conducted a follow-up study to measure the long-term health of the veterans that had participated in NVVRS.²⁵⁷ The results showed that although the war had ended almost forty years prior, seven percent of women and eleven percent of men deployed to the Vietnam War still had PTSD, proving the need for additional mental health resources.²⁵⁸

American soldiers who have fought in the Iraq (2003–2011) and Afghanistan (2001–2021) wars are commonly known to have physical, mental, and emotional wounds, including traumatic brain injury (TBI), depression, and PTSD.²⁵⁹ Suicide is also common in the military, with 580 active service members dying by suicide in 2020, up from 498 in 2019.²⁶⁰ More soldiers have died of suicide than in the Iraq and Afghanistan wars combined: approximately 7,057 service members died in combat during those two wars, while at least 30,177 have died of suicide.²⁶¹

²⁵⁵ Matson.

²⁵⁶ “PTSD and Vietnam Veterans: A Lasting Issue 40 Years Later,” Public Health, June 22, 2016, <https://www.publichealth.va.gov/exposures/publications/agent-orange/agent-orange-summer-2015/nvvl.asp>.

²⁵⁷ Department of Veterans Affairs.

²⁵⁸ Department of Veterans Affairs.

²⁵⁹ Erwin, “American Veterans and the Evolution of Mental Health”; Matson, “Legacy of Mental Health Problems from Iraq and Afghanistan Wars Will Be Long-Lived.”

²⁶⁰ Department of Defense, *Annual Suicide Report, 2019* (Washington, DC: Department of Defense, Under Secretary of Defense for Personnel and Readiness, 2019), <https://www.dspo.mil/Annual-Reports/>; Department of Defense, *Annual Suicide Report, 2020* (Washington, DC: Department of Defense, Under Secretary of Defense for Personnel and Readiness, 2021), <https://www.dspo.mil/Annual-Reports/>.

²⁶¹ Joe Hernandez, “Since 9/11, Military Suicides Are 4 Times Higher Than Deaths In War Operations,” NPR, June 24, 2021, 9, <https://www.npr.org/2021/06/24/1009846329/military-suicides-deaths-mental-health-crisis>; Thomas H. Suitt, III, *High Suicide Rates among United States Service Members and Veterans of the Post-9/11 Wars* (Providence, RI: Brown University, 2021), https://watson.brown.edu/costsofwar/files/cow/imce/papers/2021/Suitt_Suicides_Costs%20of%20War_June%2021%202021.pdf.

History did not pinpoint when the mental health stigma came to light in the military. However, similar to law enforcement and other male-dominated fields, it is believed that the warrior mentality, ethos, and machismo caused the mental health stigma to form.²⁶² In a conference on stigma in the military, Dr. Ronald C. Kessler mentioned that one of the first issues is getting people to admit they have a mental illness.²⁶³ People tend to be reluctant and do not think their illness is too severe, warranting help. Additionally, Dr. Kessler explained that it is common for military personnel to believe that they do not need help from others and can control their mental illness on their own, a characteristic of the military ethos.²⁶⁴

2. Military Mental Health Treatments

As doctors learned more about mental illnesses, they began attempting to find cures and treatments. Before WWI, the remedy for nostalgia was to “suck it up and be a man.”²⁶⁵ With time, medical personnel noticed the deteriorating mental health of soldiers in combat and identified a treatment method known as forward psychology. Forward psychology was developed by the French neurologist Georges Guillain in 1915, believing that too many soldiers were being referred to the hospital, thus leaving the French with few men in combat.²⁶⁶ Guillain felt the mental ailments the soldiers were experiencing could be treated in the field, allowing them to continue fighting.²⁶⁷ Scholars later expanded forward psychology to consist of three key concepts, “proximity to battle, immediacy, and

²⁶² Nash, Silva, and Litz, “The Historic Origins of Military and Veteran Mental Health Stigma”; Blake Winzeler, “The Impact of PTSD on Mental Health Stigma in Combat-Exposed U.S. Military Veterans” (PhD diss., Alliant International University, 2017), ProQuest.

²⁶³ Ronald C. Kessler, “Mental Health, Stigma, and Barriers to Care,” in *Stigma and Barriers to Care: Caring for Those Exposed to War Disaster and Terrorism*, ed. Robert J. Ursano, Carol S. Fullerton, and Mark C. Brown (Bethesda, MD: Center for the Study of Traumatic Stress, 2011), 11–18, https://www.cstsonline.org/assets/media/documents/CSTS_report_stigma_2012.pdf.

²⁶⁴ Kessler.

²⁶⁵ Erwin, “American Veterans and the Evolution of Mental Health.”

²⁶⁶ Edgar Jones and Simon Wessely, “‘Forward Psychiatry’ in the Military: Its Origins and Effectiveness,” *Journal of Traumatic Stress* 16, no. 4 (August 2003): 411–19, <https://doi.org/10.1023/A:1024426321072>.

²⁶⁷ Jones and Wessely.

expectation of recovery,” known by their acronym “PIE.”²⁶⁸ The success of forward psychology methods spread to other countries until it eventually reached America.²⁶⁹ Military doctors at the time believed forward psychology to be an efficient way of treating stress and preventing future mental illness.²⁷⁰ However, doctors were not treating mental illnesses but helping soldiers mask symptoms enough to get back to fighting.²⁷¹ According to Lt. Colonel Grinker M.C., and Major Spiegel M.C., it was in the best interest of the soldiers to be sent back to combat—otherwise, they would risk their condition worsening at home, becoming victims of their mental illness, as “masochistic penance for having failed to return to his unit and his duty.”²⁷² Some psychologists went as far as to say that because of forward psychology, eighty percent of the British soldiers treated during WWI returned to active duty.²⁷³ However, it is unknown how many returned to active duty were placed in a combat unit, leaving the actual effectiveness of forward psychology to speculation.²⁷⁴

As years passed and wars continued ravaging countries, forward psychology’s efficacy became less clear because of its mixed results.²⁷⁵ Supporters of forward psychology maintain that the approach allowed soldiers to avoid embarrassment and shame from invisible injuries and improved their self-esteem enough to continue fighting.²⁷⁶ Scholars opposed to forward psychology argue that the approach was simply a way to

²⁶⁸ Jones and Wessely; Yuval Neria and Zahava Solomon, “Prevention of Posttraumatic Reactions: Debriefing and Frontline Treatment,” in *Posttraumatic Stress Disorder: A Comprehensive Text*, ed. Philip A. Saigh and J. Douglas Bremner (Needham Heights, MA: Allyn & Bacon, 1999), 309–26.

²⁶⁹ Jones and Wessely, “‘Forward Psychiatry’ in the Military.”

²⁷⁰ Jones and Wessely.

²⁷¹ Jones and Wessely; Roy R. Grinker and John P. Spiegel, “Brief Psychotherapy in War Neuroses,” *Psychosomatic Medicine* 6, no. 2 (1944): 123–31, <https://doi.org/10.1097/00006842-194404000-00002>.

²⁷² Jones and Wessely, “‘Forward Psychiatry’ in the Military.”

²⁷³ Jones and Wessely; Edgar Jones and Simon Wessely, “Psychiatric Battle Casualties: An Intra- and Interwar Comparison,” *British Journal of Psychiatry* 178, no. 3 (2001): 242–47, <https://doi.org/10.1192/bjp.178.3.242>.

²⁷⁴ Jones and Wessely, “Psychiatric Battle Casualties.”

²⁷⁵ Neria and Solomon, “Prevention of Posttraumatic Reactions”; Jones and Wessely, “‘Forward Psychiatry’ in the Military”; Alfred O. Ludwig and Stephen W. Ranson, “A Statistical Follow-Up of Effectiveness of Treatment of Combat-Induced Psychiatric Casualties,” *The Military Surgeon* 100, no. 1 (January 1947): 51–62, <https://doi.org/10.1093/milmed/100.1.51>.

²⁷⁶ Jones and Wessely, “‘Forward Psychiatry’ in the Military.”

“conserve the fighting strength,” the U.S. Army Medical Corp’s motto.²⁷⁷ Therefore, its use in the military setting could be viewed as controversial.

B. CASE STUDIES ON THE MILITARY’S CURRENT APPROACH TO MENTAL HEALTH RESILIENCE

In the eyes of other veterans, being physically wounded in combat is something to carry like a badge of honor.²⁷⁸ The invisible wounds of war, such as psychological trauma, moral injury, or grief from loss, have a different perception, often causing soldiers to feel like they are no longer strong warriors worthy of carrying honor.²⁷⁹ Since September 11, 2001, military operations have led to 6,931 deaths and 52,579 wounded in combat.²⁸⁰ The number of those with psychological impairments are not so easily calculated, and statistics on how many suffer from mental illnesses are difficult to pinpoint.²⁸¹ Between 2016 and 2020, active duty members’ use of mental health care services remained consistent, with one report showing approximately 3.1 million visits yearly.²⁸²

The following sections cover two military initiatives to improve mental health resilience. The two initiatives covered are equine-assisted therapy (EAT) and the battle buddy concept.

²⁷⁷ N. M. Camp, “The Vietnam War and the Ethics of Combat Psychiatry,” *American Journal of Psychiatry* 150, no. 7 (1993): 1000–1010, <https://doi.org/10.1176/ajp.150.7.1000>; Jones and Wessely, “‘Forward Psychiatry’ in the Military.”

²⁷⁸ Robert J. Ursano, Carol S. Fullerton, and Mark C. Brown, eds., *Stigma and Barriers to Care: Caring for Those Exposed to War, Disaster and Terrorism* (Bethesda, MD: Center for the Study of Traumatic Stress, 2012), https://www.cstsonline.org/assets/media/documents/CSTS_report_stigma_2012.pdf.

²⁷⁹ Ursano, Fullerton, and Brown.

²⁸⁰ Winzeler, “The Impact of PTSD on Mental Health Stigma.”

²⁸¹ Winzeler.

²⁸² Alyssa M. Hundrup, *Defense Health Care: DOD Expanded Telehealth for Mental Health Care during the COVID-19 Pandemic*, GAO-22-105149 (Washington, DC: Government Accountability Office, 2022), <https://www.gao.gov/products/gao-22-105149>.

1. Equine-Assisted Therapy

The VA offers an alternative approach to traditional therapy and treatment for mental health by providing equine-assisted therapy (EAT).²⁸³ The following section discusses EAT as it is used in the U.S. military. The discussion begins with a description of the program. It is then broken down to cover the program's overall wellness, its effect on resilience, and the ease of implementation.

a. Description

EAT involves equines, or horses, in mental health therapy.²⁸⁴ EAT is most often used to treat patients with PTSD but can also be used to treat other types of trauma, as well as addiction, depression, and anxiety.²⁸⁵ With a therapist trained in traditional mental health and EAT, patients learn how to regulate emotions, develop life skills, and improve their psychosocial functioning.²⁸⁶ EAT efficacy depends on the interactions between the patient, the horse, the therapist, and sometimes the horse handler if utilized.²⁸⁷ Therapy is tailored to each individual with goals set by the therapist.²⁸⁸ EAT occurs outdoors in a controlled environment and can be completed individually or in groups.²⁸⁹

The military does not have its own established EAT program; however, it encourages military personnel to utilize EAT and offers grants to organizations that allow

²⁸³ Ashraf Khalil, "U.S. Military Aims to Address Mental Health as Suicides Rise," PBS NewsHour, October 10, 2022, <https://www.pbs.org/newshour/health/as-suicides-rise-u-s-military-seeks-to-address-mental-health>; Ally Bolender, "Sunny Creek Ranch Program Provides Free Therapy to Veterans," Community Impact, November 23, 2021, <https://communityimpact.com/houston/the-woodlands/nonprofit/2021/11/23/sunny-creek-ranch-program-provides-free-therapy-to-veterans/>.

²⁸⁴ Matonti, Gitto, and McGrann, "The Effects of Equine Therapy on Military Veterans with PTSD."

²⁸⁵ Matonti, Gitto, and McGrann; Zhu et al., "Neural Changes Following Equine-Assisted Therapy for Posttraumatic Stress Disorder"; Earles, Vernon, and Yetz, "Equine-Assisted Therapy for Anxiety"; and Nagrath, "Investigating the Efficacy of Equine Assisted Therapy."

²⁸⁶ Nagrath, "Investigating the Efficacy of Equine Assisted Therapy."

²⁸⁷ Jeannette Diane Tappe, "The Effectiveness of an Equine-Assisted Group Psychotherapy Program on Military Veterans with PTSD: A Program Evaluation" (PhD diss., St. Mary's University, 2020), ProQuest.

²⁸⁸ Tappe.

²⁸⁹ Tappe.

the military to use the services free of cost. The U.S. Department of Veterans Services awarded a grant to Project Horse Inc. in 2021 to provide EAT services to veterans and active-duty members with mental illnesses.²⁹⁰ Although the grant has ended, Project Horse Inc. continues to provide services to military personnel free of charge.²⁹¹ Some organizations, like the Sunny Creek Ranch, offered through the Veterans Administration's (VA) Whole Health program, also extends its services to family members, allowing them to join the veteran's healing journey.²⁹² Many of the EAT programs that offer free sessions to the military are certified by the Equine Assisted Growth and Learning Association (EAGALA), which has set the standard for military EAT.²⁹³ For those with TRICARE insurance, the VA provides veterans and their families access to EAT programs.²⁹⁴

Understanding the importance of mental health and the need for alternative treatment approaches, the VA recently awarded EAGALA almost \$1.5 million as part of the VA Adaptive Sports Grant (ASG) to provide veterans and active members more access to EAT.²⁹⁵ The funding went to seventeen programs for fiscal year 2022 and assisted military personnel nationwide.²⁹⁶ Thus, EAT has proven to be an essential program for mental health in the military by providing a space for military personnel to feel more comfortable engaging in discussions with a therapist to improve their mental wellness.

²⁹⁰ "Warrior Herd Veterans & Military," Warrior Herd Services, accessed December 6, 2022, <https://www.projecthorse.org/warrior-herd>.

²⁹¹ Project Horse Empowerment Center.

²⁹² Jason Kucera, "Taking the Reins through Equine-Assisted Therapy," Va Houston Health Care, August 31, 2022, <https://www.va.gov/houston-health-care/stories/taking-the-reins-through-equine-assisted-therapy/>; Bolender, "Sunny Creek Ranch Program Provides Free Therapy to Veterans."

²⁹³ "The Global Standard in Equine-Assisted Psychotherapy and Personal Development," Eagala, accessed December 11, 2022, <https://www.eagala.org/index>.

²⁹⁴ Laura Turner, "Veterans Build Resilience through Equine-Assisted Therapy," U.S. Department of Defense, March 27, 2018, <https://www.defense.gov/News/News-Stories/Article/Article/1476672/veterans-build-resilience-through-equine-assisted-therapy/>.

²⁹⁵ "Veterans Administration Provides \$637,700 for Equine-Assisted Mental Health Services to Veterans and Service Members through Eagala Military Services Designated Programs Across the United States," PR Newswire, November 5, 2019, <https://www.prnewswire.com/news-releases/veterans-administration-provides-637-700-for-equine-assisted-mental-health-services-to-veterans-and-service-members-through-eagala-military-services-designated-programs-across-the-united-states-300951579.html>.

²⁹⁶ Equine Assisted Growth and Learning Association; Department of Veterans Affairs, "FY2022 VA Adaptive Sports Grants by Recipient" (Washington, DC: Department of Veterans Affairs, 2023), https://department.va.gov/veteran-sports/wp-content/uploads/sites/3/2023/01/FY22-Grant-Recipients_508.pdf.

b. Overall Wellness

The purpose of EAT is not to cure patients but to ease their mental illness symptoms. Some studies have proven that EAT can help reduce symptoms of PTSD, stress, and anxiety.²⁹⁷ Some say that the horse is almost a parent because it comforts and reduces their anxiety through the bond created between animals and humans.²⁹⁸ EAT occurs on the ground with such activities as grooming and feeding the horse.²⁹⁹ Some EAT programs also include mounted activities such as trotting and traditional riding. While bonding with the animal, the patient works with a therapist through talk therapy.³⁰⁰ Veterans do not share their thoughts so quickly, so the horses serve as non-judgmental catalysts.³⁰¹ In addition to providing comfort, the horses also assist veterans by teaching them to be more aware of their emotions. Horses, like many other animals, can sense the feelings of others. Being socially intuitive animals, if a veteran attempts to approach them with negative emotions such as frustration, the horse will ignore the veteran, seeing them as a threat.³⁰² Similarly, horses can mimic the feelings of others, thus teaching the veterans how their emotions can also affect others.³⁰³ The bond between horse and human is, therefore, unlike any other. Picking up on their non-verbal cues, horses give immediate feedback by ignoring commands, thus allowing people to become more aware of their feelings.³⁰⁴ Through EAT, veterans develop their ability to be responsible, trusting, affectionate, assertive, and patient.³⁰⁵

²⁹⁷ Earles, Vernon, and Yetz, “Equine-Assisted Therapy for Anxiety”; Matonti, Gitto, and McGrann, “The Effects of Equine Therapy on Military Veterans with PTSD.”

²⁹⁸ Thomas Frederick Banner, “An Examination of the Lived Experiences of United States Military Veterans Who Have Been Diagnosed with Psychological Inflictions of War Who Have Utilized Equine Assisted Therapy” (PhD diss., Louisiana State University, 2016), https://digitalcommons.lsu.edu/gradschool_dissertations/1186.

²⁹⁹ Banner; Nagrath, “Investigating the Efficacy of Equine Assisted Therapy.”

³⁰⁰ Banner, “An Examination of the Lived Experiences of United States Military Veterans.”

³⁰¹ Banner.

³⁰² Banner.

³⁰³ Banner; Tappe, “The Effectiveness of an Equine-Assisted Group Psychotherapy.”

³⁰⁴ Earles, Vernon, and Yetz, “Equine-Assisted Therapy for Anxiety.”

³⁰⁵ Nagrath, “Investigating the Efficacy of Equine Assisted Therapy.”

In the same way, horses can also assist in therapeutic means of teaching EAT patients to live in the moment.³⁰⁶ Horses cannot be forced to do anything, and when they sense that someone is not focused or engaged in what is currently happening, the horses will find ways to express the sentiment through such means as untying their rope or bumping the EAT patient.³⁰⁷ By working with horses, some patients learn more about themselves than they might with traditional therapy.

While there is evidence to show that EAT benefits the military, the body of evidence is still relatively small to support any clear conclusion.³⁰⁸ Marchand et al.'s report from 2019 notes that less than twenty studies are related to using EAT in a veteran setting.³⁰⁹ Although the message in these studies has been primarily positive, scholars point out that the evidence is flawed because of the lack of consensus on what EAT is.³¹⁰ The structure of equine therapy is not standardized.³¹¹ Various certified programs use different methodologies, intervention plans, and definitions, and terms vary widely, such as equine-assisted psychotherapy, equine-assisted interventions, equine-assisted counseling, and equine-assisted learning.³¹² Without standardized terms, it is difficult for scholars to compare results and determine the usefulness of equine therapy programs. In addition, equine-assisted programs are complex because of the intelligence of horses. As noted earlier, horses can sense the energy of the people around them and will not listen to commands from a person projecting negative energy. Being ignored can trigger an

³⁰⁶ Tappe, "The Effectiveness of an Equine-Assisted Group Psychotherapy."

³⁰⁷ Tappe.

³⁰⁸ William R. Marchand et al., "Equine-Assisted Activities and Therapies for Veterans with Posttraumatic Stress Disorder: Current State, Challenges and Future Directions," *Chronic Stress* 5 (2021): 1–11, <https://doi.org/10.1177/2470547021991556>.

³⁰⁹ Marchand et al.

³¹⁰ Marchand et al.

³¹¹ Marchand et al.; Tappe, "The Effectiveness of an Equine-Assisted Group Psychotherapy"; James R. Thompson, Veronica Iacobucci, and Rachel Varney, "Giddyup! Or Whoa Nelly! Making Sense of Benefit Claims on websites of Equine Programs for Children with Disabilities," *Journal of Developmental and Physical Disabilities* 24, no. 4 (2012): <https://doi.org/10.1007/s10882-012-9276-2>.

³¹² Marchand et al., "Equine-Assisted Activities and Therapies"; Banner, "An Examination of the Lived Experiences of United States Military Veterans"; and Lisa Boss et al., "A Systematic Review of Equine-Assisted Interventions in Military Veterans Diagnosed with PTSD," *Journal of Veterans Studies* 5, no. 1 (2019): 23–33, <https://doi.org/10.21061/jvs.v5i1.134>.

emotional response in military personnel working with horses. If they do not learn to control their emotions, they may not benefit from equine therapy.

c. Effect on Resilience

To be mentally well, one must maintain strong resilience to help one face life's difficulties. Although resilience skills may not come naturally to all, scholars believe resilience is trainable, which is why many programs attempt to improve resilience.³¹³ There is little evidence to prove EAT has improved resilience. The use of EAT in the military is relatively new, with the only known studies taking place in the 2000s.³¹⁴ Despite EAT being used to improve mental health resilience, few studies have been conducted to measure the effects of EAT on mental health resilience in the general public and even less on measuring the effects in the military.³¹⁵ In their research, Burton, Qeadan, and Burge conducted a study on veterans utilizing an EAT program for six weeks in conjunction with their established PTSD therapy. They compared them to veterans in a control group who only received their previously established PTSD therapy.³¹⁶ Burton, Qeadan, and Burge tested three factors to determine EAT's efficacy: their PTSD score based on the PTSD Check List-Military Version (PCL-M), change in salivary cortisol, and their resilience levels based on the Connor-Davidson Resilience Scale (CD-RISC).³¹⁷ They determined that compared to the control group, there was no significant increase in resilience, salivary

³¹³ Kalpana Srivastava, "Positive Mental Health and Its Relationship with Resilience," *Industrial Psychiatry Journal* 20, no. 2 (2011): 75–76, <https://doi.org/10.4103/0972-6748.102469>.

³¹⁴ Nagrath, "Investigating the Efficacy of Equine Assisted Therapy"; Turner, "Veterans Build Resilience through Equine-Assisted Therapy"; Taylor Hooker, Jasmine Townsend, and Brent Hawkins, "Evaluating a Veteran-Specific Equine-Assisted Therapy Program," *American Journal of Recreation Therapy* 21, no. 1 (2022): 25–35, <https://doi.org/10.5055/ajrt.2022.0253>; Kandis Renee Cazenave, "Equine-Assisted Activities and Therapies for Military Veterans: Results from an Exploratory Survey and Pilot Intervention Study" (master's thesis, Texas Tech University, 2019), <https://hdl.handle.net/2346/86121>; Beth A. Lanning and Nancy Krennek, "Examining Effects of Equine-Assisted Activities to Help Combat Veterans Improve Quality of Life," *Journal of Rehabilitation Research and Development* 50, no. 8 (2013): and.

³¹⁵ L. Elisabeth Burton, Fares Qeadan, and Mark Burge, "Efficacy of Equine-Assisted Psychotherapy in Veterans with Posttraumatic Stress Disorder," *Journal of Integrative Medicine* 17, no. 1 (January 2019): 14–19, <https://doi.org/10.1016/j.joim.2018.11.001>.

³¹⁶ Burton, Qeadan, and Burge.

³¹⁷ Burton, Qeadan, and Burge.

cortisol, or PTSD scores; however, on its own, from week zero to week six, veterans utilizing EAT showed a significant improvement in their PTSD scores and resilience scores.³¹⁸ The study mentions that despite no significant difference between the control and study groups, the research still suggests that EAT is just as effective as other mental health programs.

Similarly, Hoopes and Osborne evaluated an EAT program called Ride Utah! and found a notable increase in resiliency among service members utilizing EAT. Hoopes and Osborne based their findings on surveys developed by the CD-RISC.³¹⁹ Unlike the Burton, Qeadan, and Burge study, which only ran for six weeks, Hoopes and Osborne's analysis includes data from 2016 to 2019, making the evaluation valuable as it helps to prove that EAT consistently builds resilience.³²⁰ Few other studies even mention resilience, making it challenging for this thesis to determine if EAT improves mental health resilience.

d. Ease of Implementation

The military does not have its own established EAT program and instead encourages servicemembers and veterans to rely on other organizations that offer EAT.³²¹ The fact that DOD encourages servicemembers to participate in EAT but has not yet established its own credited EAT program raises the question of whether the costs of running such programs outweigh the benefits. As mentioned earlier in the chapter, the military provides funding to allow active and retired servicemembers to participate in EAT sessions free of cost.

Not many evaluations have been conducted to determine the ease of implementing EAT. Based on the research, it can be inferred that adopting an EAT program is long and complex as there are many legalities and steps. Hoopes and Osborne developed a plan to assist in implementing a program. First, they suggest running a pilot program. During the

³¹⁸ Burton, Qeadan, and Burge.

³¹⁹ Karl H. Hoopes and Makenna Osborne, "Ride Utah! Resiliency-Building Horse Rides for Military Personnel and Families," *Journal of Extension* 58, no. 5 (2020): 1–7.

³²⁰ Hoopes and Osborne.

³²¹ Turner, "Veterans Build Resilience through Equine-Assisted Therapy."

pilot program, staff can fix potential problems to ensure the program runs smoothly. They also suggest developing a safety plan that includes staff duties, a liability waiver, a list of necessary personal protective equipment, and first aid training for the horses and clients, among other suggestions.³²² As horses have varying temperaments, it is also advised that horse and tack selection criteria be considered to ensure that only horses that will help the program's success are used. Some of the horse selection criteria Hoopes and Osborne suggest, in addition to temperament, are physical ability and experience.³²³ The selection of staff is also vital. Program personnel should ensure that the mental health professionals hired to work with clients have experience with military issues to ensure they understand what the military clients need. Having improper military etiquette or not understanding what is acceptable to say to a military servicemember may cause them to feel uncomfortable and refrain from continuing EAT sessions.

Another factor to consider in the beginning stages of implementation is funding. Aside from needing to pay to run an organization, EAT programs require a lot of equipment, including money to buy horses, trailers, food, trail or corral location and maintenance, saddles, and much more. Roy also agrees, adding that riders (if EAT program calls for riding a horse) must have boots and a helmet approved by the American Society for Testing and Materials and the Safety Equipment Institute, which the agency implementing may have to provide themselves.³²⁴ Hoopes and Osborne recommend finding companies willing to donate such resources to the organization. However, that may not be feasible for all agencies, especially federal agencies, as there are partnership restrictions that may create conflicts of interest.³²⁵

Hoopes, Anderson, and Shultz note that part of implementation is also considering who the target audience is and how the program will be advertised to the target audience. Their work with Ride Utah found that when they promoted their EAT program on social

³²² Hoopes and Osborne, "Ride Utah! Resiliency-Building."

³²³ Hoopes and Osborne.

³²⁴ Alison M. Roy, "Hoof Prints for Healing: An Equine-Assisted Therapy Program for a Unique School" (PhD diss., Antioch University, 2012), <https://aura.antioch.edu/etds/843>.

³²⁵ Karl Hoopes, Karson Anderson, and Jared C. Shultz, *Ride Utah! Program Guide* (Logan, UT: Utah State University Extension, 2018), https://digitalcommons.usu.edu/extension_curall/1861.

media, they found low commitment levels as few military service members would attend their scheduled rides.³²⁶ However, servicemembers were likelier to show up when the program was promoted through National Guard services. Advertisement and buy-in are important factors to consider when implementing EAT because continued participation is vital to the program's success.

Selecting appropriate horses is one of the most essential steps to ensuring the success of an EAT program. Still, it can also be one of the more complicated processes because of all the factors to consider when selecting horses for the program. Safety is of utmost concern, so all horses chosen to be part of the program must undergo training to ensure they are practically spook-free, follow the safety guidelines, and understand the commands needed for EAT sessions.³²⁷ The horses must also get along with each other—aggression between horses can cause injuries among clients if multiple horses and clients are attending a session. The breed of horses used is important because some horses are more difficult to work with than others. Hoopes, Anderson, and Shultz advise against using stallions.³²⁸ The EquiCenter, an equine therapy organization in New York, utilizes mustangs to help veterans in their mental health journey.³²⁹ Because of the different sizes of clients, the program must also have horses of different sizes available for use. The numerous aspects of horse selection make it the most expensive cost of implementation, which is why Hoopes, Anderson, and Shultz recommend reaching out to organizations to donate horses, but that may not be a feasible option.³³⁰ Scholarly literature regarding the costs of implementing such a program does not exist since EAT has yet to be implemented in a military setting and, therefore, could not be assessed.

³²⁶ Hoopes, Anderson, and Shultz.

³²⁷ Roy, "Hoof Prints for Healing: An Equine-Assisted Therapy Program for a Unique School."

³²⁸ Hoopes, Anderson, and Shultz, *Ride Utah!*

³²⁹ EquiCenter, "Mission Mustang," EquiCenter, accessed February 17, 2023, <https://www.equicenterny.org/mission-mustang>; Jess McHugh, "'I Wouldn't Be Alive without It': Wild Mustangs and Veterans Find Healing Together," *The Guardian*, August 9, 2021, sec. World news, <https://www.theguardian.com/world/2021/aug/09/wild-mustangs-veterans-healing-together>.

³³⁰ Hoopes, Anderson, and Shultz, *Ride Utah!*

2. Battle Buddy, Wingman, Shipmate

The Battlemind training (now incorporated into the Comprehensive Soldier Fitness Program, which encompasses Master Resilience Training) is used to help soldiers build resilience while in combat and assist them in transitioning from combat life to home life.³³¹ As with the section on EAT, this section begins with a description, followed by a discussion on the effect on resilience, overall wellness, and ease of implementation.

a. Description

The Battlemind Training acronym, as depicted below in Figure 1, denotes various tactics to assist with resilience.

³³¹ It is important to note that the Battle buddy concept existed prior to the implementation of Battlemind Training. Because the Battlemind training was designed specifically for resiliency, it has become the focus of this case study. Carl Andrew Castro, Charles W. Hoge, and Anthony L. Cox, “Battlemind Training: Building Soldier Resiliency,” in *Human Dimensions in Military Operations – Military Leaders’ Strategies for Addressing Stress and Psychological Support* (Human Dimensions in Military Operations – Military Leaders’ Strategies for Addressing Stress and Psychological Support, Neuilly-sur-Seine, France, 2006), 42–142–46, <https://apps.dtic.mil/sti/citations/ADA472734>; Carl A. Castro, “Battlemind Training I: Transitioning from Combat to Home” (Post-Deployment, Walter Reed Army Institute of Research, Silver Springs, MD, 2010), <https://www.armyg1.army.mil/dcs/docs/Post-Deployment%20Battlemind%20training%20for%20Soldiers.pdf>; Lisa S. Meredith et al., “Promoting Psychological Resilience in the U.S. Military,” *Rand Health Quarterly* 1, no. 2 (Summer 2011): 2; and Manuel Torres-Cortes, “Army Master Resilience Training Course Provides Valued Instruction,” U.S. Army, March 29, 2010, https://www.army.mil/article/36520/army_master_resilience_training_course_provides_valued_instruction.



Combat Skills You All Possess

- Battlemind skills helped you survive in combat, but may cause you problems if not adapted when you get home.

Buddies (cohesion) vs. Withdrawal

Accountability vs. Controlling

Targeted Aggression vs. Inappropriate Aggression

Tactical Awareness vs. Hypervigilance

Lethally Armed vs. "Locked and Loaded" at Home

Emotional Control vs. Anger/Detachment

Mission Operational Security (OPSEC) vs. Secretiveness

Individual Responsibility vs. Guilt

Non-Defensive (combat) Driving vs. Aggressive Driving

Discipline and Ordering vs. Conflict

Walter Reed Army Institute of Research

Figure 1. Acronym for Battlemind Training, a Resilience-Based Training Utilized in the U.S. Army.³³²

Each letter in the acronym Battlemind describes how soldiers can transition aspects of their combat life to homelife. For example, the "A" stands for Accountability vs. Control.³³³ While in combat, soldiers must maintain accountability for all their equipment, including their weapons, to survive; they do not travel anywhere without their gear. After returning home, it can be difficult for soldiers to step out of this mindset, and they may become upset when someone moves their belongings. Instead of stressing about where their items are, Battlemind teaches them to be more understanding of shared space and what is truly important to them. Similarly, the "B" stands for Buddies (Cohesion) vs. Withdrawal.³³⁴ In combat, soldiers rely on one another, their buddies, or battle buddies. At home, they continue to rely on their battle buddies believing that no one understands them like their battle buddies. Battlemind teaches soldiers that the bonds formed in combat will last a lifetime, and although home life may be different from before they were deployed,

³³² Source: Castro, "Battlemind Training I: Transitioning from Combat to Home," 7.

³³³ Castro, Hoge, and Cox, "Battlemind Training."

³³⁴ Castro, Hoge, and Cox.

with time, they will re-establish bonds and trust in family and friends. This thesis focuses solely on the combat side of Battlemind, specifically the “B” or buddy portion.

The term “battle buddy,” once only used as a military term, is now part of the standard English language. Battle buddy refers to pairs of soldiers that support and help each other develop a sense of teamwork, responsibility, and accountability.³³⁵ They also help minimize the risk of misconduct and improve mental health, specifically reducing stress and the risk of suicide.³³⁶ The concept of battle buddies has been around in the military for decades, but it was not referred to explicitly by such a name. Battle buddy, wingman, or shipmate, each military branch has a different name to refer to the partnership. For this thesis, the term “battle buddy” will refer to the overall concept used in the military.

During basic training, soldiers are assigned battle buddies and must remain partnered throughout training. A few exceptions are outlined in the U.S. Army Training and Doctrine Command regulation 350-6, including during counseling sessions, medical appointments, or religious services.³³⁷ Most battle buddies are of the same gender. However, male-female battle buddies are assigned when varying numbers of servicemembers are available for each gender.³³⁸ The program provides a “unique opportunity for soldiers to look out for each other” as battle buddies can become support systems for each other while away from home.

Additionally, in 2000, the military ran a pilot program to expand the battle buddy concept into the Buddy Team Assignment Program (BTAP), which allowed battle buddies to remain together during their first deployment.³³⁹ No evidence suggests the program continued beyond the pilot. However, the military has a program called the Buddy Team Enlistment Option which allows up to four friends or family members to attend basic

³³⁵ Department of the Army, *Enlisted Initial Entry Training Policies and Administration*; Silva, “A Phenomenological Study of Veterans’ Perspectives.”

³³⁶ Department of the Army, *Enlisted Initial Entry Training Policies and Administration*; Bush, “Battle Buddies”; and Hanson, “What Is a Wingman?”

³³⁷ Department of the Army, *Enlisted Initial Entry Training Policies and Administration*.

³³⁸ Department of the Army.

³³⁹ Silva, “A Phenomenological Study of Veterans’ Perspectives.”

training together in the same platoon and be assigned the same first duty station.³⁴⁰ The limited information on the program does not mention if the Buddy Team Enlistment Option stems from BTAP. However, several military articles say that the program hopes to enlist more soldiers by allowing them to join with an already established battle buddy.

a. Overall Wellness

After basic training, battle buddies are no longer required to remain at each other's hips. However, the bond created is long-lasting. Battle buddies watch out for each other in and out of combat. The battle buddy system improves readiness and resilience by assisting soldiers in finding solutions to their stressors and reduces suicide rates among active duty members by providing a watchful eye.³⁴¹ Battle buddies learn each other's actions well enough to notice the first signs of suicidal ideation and sometimes can push the other to seek help.³⁴² Battle buddies are not intended to be therapists or replacements for professional help.³⁴³ Battle buddy conversations are not sworn to confidentiality and are only meant as a support system.

Nevertheless, battle buddies can be used therapeutically in some situations where they serve as support systems.³⁴⁴ If the client allows it, mental health clinicians include battle buddies in rehabilitation with soldiers following their return from combat.³⁴⁵ Battle buddies are also educated on how they can help with lingering anger or depression

³⁴⁰ Memory Strickland, "Enlistment Option Allows Buddies to Train, Serve Together," U.S. Army Recruiting News, June 18, 2022, <https://recruiting.army.mil/News/Article/3036137/enlistment-option-allows-buddies-to-train-serve-together/>
<https%3A%2F%2Frecruiting.army.mil%2FNews%2FArticle%2F3036137%2Fenlistment-option-allows-buddies-to-train-serve-together%2F>.

³⁴¹ Cristina Sophia Albott et al., "Battle Buddies: Rapid Deployment of a Psychological Resilience Intervention for Health Care Workers during the COVID-19 Pandemic," *Anesthesia & Analgesia* 131, no. 1 (July 2020): 1–12, <https://doi.org/10.1213/ANE.0000000000004912>.

³⁴² Albott et al.

³⁴³ Albott et al.

³⁴⁴ Kristen Leigh Maisano and Joan Beder, "Occupational Therapy for Our Military: Challenges and Roles," in *Caring for the Military*, ed. Joan Beder (London: Routledge, 2017), 202–9, <https://doi.org/10.4324/9781315652276-15>.

³⁴⁵ Leigh Maisano and Beder.

following sessions.³⁴⁶ Because of all the time they spend together at basic training, they get to know each other well, which helps them build strong relationships throughout their lives.³⁴⁷

As mentioned, all military branches employ a battle buddy concept to help build resilience and reduce suicides. The Air Force's take on the battle buddy concept uses the acronym ACE, which encourages wingmen to ask difficult mental health questions, to listen actively, and never to leave their wingman alone if they suspect their wingman is in danger.³⁴⁸ ACE stands for: ask your wingman, care for your wingman, and escort your wingman.³⁴⁹ The Airforce also has a Wingman Toolkit, which provides airmen with resources, resilience training, and more to help airmen identify signs of suicide and poor mental health in their wingmen and assist them with the next steps.³⁵⁰ Similarly, the Navy uses the acronym ACT: ask, care, treat.³⁵¹ Although the branches may have different approaches to the battle buddy concept, their ultimate goals (as they relate to mental health) are the same: improve resilience and reduce suicides.

The battle buddies concept appears to improve mental health, evident in its ability to influence similar programs in other fields, such as medicine. Despite this, few scientific studies can prove that the concept works. What is known about the battle buddy concept is that its success is limited by how much effort the battle buddies are willing to give to each

³⁴⁶ Leigh Maisano and Beder.

³⁴⁷ Russell Sellers, "Soldiers Helping Soldiers--Battle Buddies Assist in Military Training, Life," U.S. Army, August 26, 2010, https://www.army.mil/article/44252/soldiers_helping_soldiers_battle_buddies_assist_in_military_training_life; Albott et al., "Battle Buddies."

³⁴⁸ Riley Johnson, "Suicide Prevention Epitome of Wingman Concept," Air Force Space Command (Archived), September 20, 2013, <https://www.afspc.af.mil/News/Article-Display/Article/731472/suicide-prevention-epitome-of-wingman-concept/https%3A%2F%2Fwww.afspc.af.mil%2FNews%2FArticle-Display%2FArticle%2F731472%2Fsuicide-prevention-epitome-of-wingman-concept%2F>.

³⁴⁹ In the Air Force, the term 'wingman' or 'wingmen' is used to refer to battle buddies. Johnson.

³⁵⁰ Dorrie E. Stall, "Suicide in the Guard and Reserve: Variables in Mental Health Access and Support" (research report, Air Command and Staff College, 2016), <https://apps.dtic.mil/sti/citations/AD1041215>.

³⁵¹ "Sailors Unite for Suicide Prevention," *All Hands*, no. 1103 (February 2009): 6.

other.³⁵² If the partnered servicemembers do not like each other, they may not take the time to get to know each other and lean on each other for support.³⁵³ No positive interactions will result from their partnership. Like EAT, battle buddies have no clear explanation, making it challenging to analyze. One point Kay et al. make is that on top of not understanding the purpose and meaning of battle buddies, it is also unclear how battle buddies differ from friends.³⁵⁴

b. Effect on Resilience

There is little research on the battle buddy system that shows its impact on the military. Only a handful of studies discuss the battle buddy system, and resilience is only covered briefly, if at all. In one of the studies, 80% of soldiers reported feeling satisfied with their relationship with their battle buddy but did not mention improved resilience as a factor.³⁵⁵ In Silva's analysis of the battle buddy system, some common themes discussed among battle buddies were dependability, trustworthiness, and helpfulness.³⁵⁶ Still, they did not discuss how having a battle buddy helped them improve their resilience.³⁵⁷

It can be inferred that battle buddies are effective based on their use in other settings. In 2019, medical personnel developed a plan to implement the battle buddy system to help build mental health resilience during the COVID-19 pandemic.³⁵⁸ NYC Health and Hospitals implemented the Battle Buddy Support Program modeling off the battle buddy system used in the military.³⁵⁹ On its website, NYC Health and Hospitals mention that its

³⁵² Peter F. Ramsberger, Lisa Mills, and Peter Legree, *Evaluation of the Buddy Team Assignment Program*: (Alexandria, VA: U.S. Army Research Institute for the Behavioral and Social Sciences, 2002), <https://doi.org/10.21236/ADA408486>.

³⁵³ Ramsberger, Mills, and Legree.

³⁵⁴ Shelley S. Kay et al., "Conducting Focus Groups with Military Populations: Lessons Learned from the Field," *Journal of Ethnographic & Qualitative Research* 9, no. 3 (Spring 2015): 209–20.

³⁵⁵ Albott et al., "Battle Buddies"; Ramsberger, Mills, and Legree, *Evaluation of the Buddy Team Assignment Program*.

³⁵⁶ Silva, "A Phenomenological Study of Veterans' Perspectives."

³⁵⁷ Silva.

³⁵⁸ Albott et al., "Battle Buddies."

³⁵⁹ "Battle Buddies Support Program," New York City Health and Hospitals, accessed January 4, 2023, <https://ess.nychhc.org/battle-buddy-program.html>.

program builds resilience.³⁶⁰ The Battle Buddy Support Program, created and evaluated by the U.S. Armed Forces, works similarly to the military’s battle buddy program, except that medical personnel volunteer to participate.³⁶¹ NYC Health and Hospitals report that the program has had a positive impact in the healthcare setting, improving in such areas as confidence and morale.³⁶² Unlike military battle buddies that are mostly partnered up at random, the Battle Buddy Support Program allows buddies to be paired based on preference to allow for a better match.³⁶³ Also, during the COVID-19 pandemic, the University of Minnesota developed the Minnesota Resilience Action Plan (MinnRap) based on the battle buddy program to assist mental health.³⁶⁴ MinnRap comprises two components: the battle buddy system, implemented based on the U.S. Army’s program, and access to mental health consultants (MHC).³⁶⁵ An essential feature of the military’s battle buddy program that MinnRap focuses on is that relationships are established over time to ensure success.³⁶⁶ MinnRap compares the battle buddy program to running a marathon; one must train in advance to maximize success.³⁶⁷ In the same way, battle buddies must form a relationship as soon as they are partnered to strengthen resilience and handle stress better in moments of crisis.

³⁶⁰ NYC Health and Hospitals.

³⁶¹ NYC Health and Hospitals.

³⁶² NYC Health and Hospitals.

³⁶³ In some cases in the U.S. military, battle buddies may be reassigned if a soldier is experiencing training challenges. Additionally, if possible, English as a Second Language (ESL) soldiers are partnered up with soldiers that are fluent in English. Lastly, as mentioned earlier in the chapter, soldiers are typically partnered with someone of the same gender. NYC Health and Hospitals; Department of the Army, “Policy Letter 7 – Battle Buddy System” (Washington, DC: Department of Defense, June 19, 2018), <https://sill-www.army.mil/30ada/2-6/docs/Policy%20Letter%206-%20Battle%20Buddy%20System.pdf>.

³⁶⁴ Alex Jokich, “Battle Buddies: New U of M Program Helping Health Care Workers on Front Lines Deal with COVID-19 Stress,” KSTP Eyewitness News, February 22, 2021, <https://kstp.com/health-medical/battle-buddies-new-u-of-m-program-helping-health-care-workers-on-front-lines-deal-with-covid-19-stress/>; “MN Resilience Program,” University of Minnesota, May 15, 2020, <https://med.umn.edu/covid-fatigue/minnrap>.

³⁶⁵ University of Minnesota Medical School, “MN Resilience Program.”

³⁶⁶ University of Minnesota Medical School, “I Have a Buddy – Now What?” (Minneapolis, MN: University of Minnesota, 2022), https://med.umn.edu/sites/med.umn.edu/files/peer_to_peer_tip_sheet.pdf.

³⁶⁷ University of Minnesota Medical School.

The concept of battle buddies has existed in the military for decades, yet its advantages for resilience remain unclear as battle buddies continue to be understudied. In some ways, battle buddies can be viewed as peer support, which most organizations already employ. However, unlike peer support, a formal, voluntary program with rules and regulations, military battle buddies are informal, allowing soldiers to speak more freely. Battle buddies are also assigned during the basic academy, which gives buddies a chance to form a bond and always have someone to lean on during the basic academy (7–10 weeks, depending on the military branch). With traditional peer support programs, peer support members must be trained, and those in need must proactively seek out peer support members. With battle buddies, buddies are always together, almost serving as personal peer support without the stigma and fears associated with utilizing peer support, as mentioned in the literature review.

c. Ease of Implementation

As difficult as it is to define battle buddies or find information on how the concept came to be, it is even more difficult to find information on what it took to implement battle buddies into the U.S. military. Because literature about the battle buddy concept in the DOD is obscure, the implementation process in other settings was assessed. Albott et al. researched implementing a resilience program based on the battle buddy system in the medical field. Their study concluded the battle buddy concept is “highly scalable, has no cost, and requires very few resources apart from endorsement on the part of the unit and department leaders” as it is essentially peer support.³⁶⁸ The Federal Bureau of Prisons (BOP) implemented its battle buddy program modeled off the military’s program with the assistance of healthcare experts at the University of Michigan and Michigan State. BOP’s program, linked to the VA, is a voluntary program that allows veterans to be partnered up with other veterans.³⁶⁹ The battle buddy program BOP implemented is more of a peer-support program with reporting requirements compared to the military’s concept, which

³⁶⁸ Albott et al., “Battle Buddies.”

³⁶⁹ Federal Bureau of Prisons, *Battle Buddy Program* (Washington, DC: Federal Bureau of Prisons, 2016), https://www.bop.gov/policy/progstat/3792_009.pdf.

differs from the program implemented in the medical field, which mentions no reporting requirements.³⁷⁰

C. CONCLUSION

Mental illness has been a concern for the U.S. military since at least the civil war, but doctors at that time were unsure how to cure it because they did not understand the ailments suffered by service members. Mental illness was initially thought of as only an illness that affects women. Men were eventually diagnosed with neurosis or shellshock. As more studies came to light, PTSD was recognized as a mental health condition, and doctors began understanding more of what their patients were experiencing. However, little has changed today in mental health treatment, as there is still no definitive cure or treatment path. What may work for one individual may not work for another, as people experience different traumas and life experiences.

The two programs discussed in this chapter, EAT and the battle buddy system, continue to be utilized throughout all military branches to improve the mental wellness of military personnel. Whether the programs have saved lives and made a difference in mental health depends on how they are analyzed. EAT is considered beneficial for overall wellness but has little effect on resilience. For the battle buddy system, improved resilience can only be inferred from numerous entities having also chosen to implement it. What can be said is that the military has gone a long way in treating mental illness as new campaigns change the military views mental illness and builds resilience.

³⁷⁰ Federal Bureau of Prisons; Albott et al., “Battle Buddies.”

V. CONCLUSION

This thesis sought to answer how the U.S. Border Patrol can promote greater mental health resilience in its force. First, it explored mental health programs that encourage resilience building. Since the U.S. military has similar mission goals and its members face similar stressors, I analyzed the military's two resilience programs, the battle buddy program and equine assistance therapy. This chapter discusses the findings of the two resilience programs and provides specific recommendations stemming from the results.

A. FINDINGS

This thesis focused on finding programs that improve mental health resilience. In that regard, neither program demonstrated noteworthy improvement for participants. Unsurprisingly, studies do not show significant improvement because both programs are understudied and relatively new. Regardless, this thesis found that both initiatives, EAT and battle buddies, are worth the investment. Although neither program promises to heal participants completely, scholars have proven that the programs are just as helpful as other resilience programs.

One trend observed among both programs is the lack of official terminology and definitions. Determining what constitutes a successful program's parameters is difficult without a clear understanding of what the two programs entail. Most of the battle buddy data is from cases in other organizations because of the lack of data on the military program. This gap in data might be attributable to the lack of clear guidance on how the military program is conducted and how it can be studied. Furthermore, it is difficult to compare existing studies to one another without understanding what the programs are and do. In terms of the equine programs, for example, research demonstrates various names for similar equine programs and different standards for which a program might use to operate. This thesis chose to encompass all the variations of equine programs into a single term, EAT. However, to truly gauge what works best and conduct a proper analysis, there should be a clearer understanding of what the programs entail and universal terminology.

In addition to assessing the value of these programs, this thesis attempted to evaluate what it takes to implement them. Again, it was difficult to analyze the military's programs because although its employees utilize both, neither appear to have a clear structure describing how the program should be run. The battle buddy program appears to be more simplified in that it takes little effort to implement in a military setting. However, it is difficult to implement in other organizations because of the lack of structure. In the medical setting, it was utilized more like a volunteer peer support program where participants could choose their partners, as opposed to in the military, where all new recruits must participate and are assigned a battle buddy. From a distance, the difference between friend and battle buddy is undistinguishable, which may make it difficult to obtain agency buy-in since friends can take care of each other without implementing the battle buddy program. Similarly, the implementation of EAT is difficult to assess in the military context because the military does not have its own established program. It relies on other organizations to provide this resource to military personnel. Examination of the EAT organizations showed the depth of difficulty in creating an EAT program because of the excessive logistics involved. The difficulty of establishing an EAT program leads to the conclusion that it may deter agencies from considering the program. Despite implementation and buy-in challenges, this thesis still recommends both programs, and specific recommendations can be found in the following section.

A theme apparent throughout this thesis is the impact of barriers to seeking mental health treatment. CBP continuously tries to help its employees with their mental health, but barriers such as stigma bar them from utilizing the programs. Getting rid of stigma will not happen overnight because factors such as the law enforcement culture and public perception reinforce negative thoughts about mental illnesses. Nevertheless, CBP can still make a difference in reducing stigma through continued transparency and education and by considering the following recommendations.

B. RECOMMENDATIONS

In line with these findings, the following recommendations are offered for improving mental health resilience.

1. Barriers to Seeking Treatment

To answer the initial question posed in this thesis—“Law enforcement officers must help keep communities safe, but who will protect them from the dangers of their job?”—the answer lies within the law enforcement community and the public. The Veterans Affairs Police motto of “protecting those who served” exemplifies what other agencies and the community can strive to accomplish. Scholars note that the fear of being labeled negatively or stereotyped stops law enforcement officers from seeking mental health treatment.³⁷¹ Therefore, society and USBP’s job is to change how mental illnesses are perceived so BPAs can feel comfortable seeking help.

In this connection, the first set of recommendations is as follows:

- Continue to promote the use of mental health services and change the conversation surrounding their negative views through mediums like social media, government email, posters on centrally located billboards at the stations, and hosting mental health fairs open to the public.
- Educate employees on types of stigmas and provide them with tools to help rid themselves of stigma, self-stigma, and public stigma.
- Educate the public on mental health stigma and how it hinders officers and agents from seeking treatment. Reinforce that society needs healthy agents to protect America.

³⁷¹ Carter, Golant, and Cade, *Within Our Reach*.

2. Equine Assisted Therapy

Throughout the literature, scholars note that not all those who could benefit from mental health programs use them. Part of the reason mental health programs are underutilized is because people are uncomfortable speaking about their issues. CBP has recently begun utilizing support dogs through the Support Canine Program to improve the mental wellness of its employees and their families.³⁷² Expanding on using animals for therapy, EAT would provide BPAs with an alternative source of comfort during therapy. While EAT is not a miracle program that will cure BPAs' struggles with mental health, it has proven beneficial to overall wellness. If BPAs are wary of utilizing the programs that are currently in place, it will behoove CBP to consider non-traditional forms of therapy that BPAs may like better.

In this connection, the second set of recommendations is as follows:

- Contract a company to run EAT program for USBP. Outsourcing will reduce expenses and time for implementation.
- Utilize retired USBP wild mustang horses in EAT program to give horses another purpose and save on the cost of finding horses.
- Inform agents of the EAT programs available nationwide that already provide law enforcement and veterans with free sessions. Additionally, consider partnering with the already established programs.

3. Battle Buddy Concept

Border Patrol Agents proudly wear their uniforms with the USBP badge over their heart. Being a BPA means belonging to a family that bleeds green and being part of a law enforcement culture that is often uncomfortable with sharing feelings with people perceived as untrustworthy or that may not understand. Implementing a battle buddy

³⁷² "Border Patrol Launches Support Canine Program," U.S. Customs and Border Protection, January 19, 2023, <https://www.cbp.gov/newsroom/national-media-release/border-patrol-launches-support-canine-program>.

program in USBP can reinforce the need to remain a close-knit USBP family because, if we cannot take care of ourselves and our own families, how can we help care for our communities and the country?

To this end, the third set of recommendations is as follows:

- Based on military standards, utilize the battle buddy program at the basic academy to instill the importance of taking care of one another and building mental health resilience together.
- Consider allowing participants who are friends and family to attend the USBP academy together and attend the same first duty station, as it is beneficial to their mental health. An unintended yet beneficial consequence of permitting families and friends to attend the academy together could be improved retention and recruitment rates.
- Provide agents with training on how to be good listeners to help each other. Battle buddies may be like peer support members, except battle buddy relationships do not just exist during a formal session. Similarly, battle buddies can be like friends. What sets battle buddies apart is that they can comprise entire units, groups of people, or partners. With the right tools and trust in each other, agents can change the stigma and seek professional help when needed. Providing all agents with basic training to be better battle buddies can help save lives.

4. Transparency

A common theme throughout this thesis is the lack of sufficient data surrounding mental health issues affecting BPAs. As important as the topic of mental health among BPAs is, there is little USBP and CBP data that could be utilized for this thesis. Understandably, data regarding individual participants' use of EAP and other confidential treatment programs will never be released. Nevertheless, additional information regarding BPA struggles with mental illness and continued transparency on suicides can help guide future research.

To achieve this goal, the last set of recommendations is as follows:

- Continue to be open about employee suicides and include end-of-year statistics and data on suicide rates and factors that affect mental health so that scholars can analyze them.
- Allow study on mental illness, resilience, and utilization of programs to be completed on BPAs. With a study of current stressors and an accurate representation of program utilization, the agency can better understand where to focus its efforts and in which programs to continue to invest.

C. FINAL THOUGHTS

Because the media portrays officers as superheroes and seemingly above the law, it can be easy to forget that they have emotions like regular people. As Atkinson-Tovar and Kiernan describe, police officers are ordinary people trying to complete extraordinary jobs.³⁷³ In addition, it takes a special kind of person to conduct the unique job of a BPA. Not everyone has what it takes to be a BPA, and the agency must take care of them, mentally and physically, while there are still BPAs willing to fulfill the duties of an agent.³⁷⁴ CBP reports that the agency will experience a “significant surge in BPA and [Customs and Border Protection Officer] retirements in the next ten years,” which will further reduce manpower numbers if more agents are not recruited and retained.³⁷⁵ There may be little CBP can do about officers and agents retiring. Still, CBP can continue to promote the importance of mental wellness and resilience, leaving room for future generations to want to continue the legacy of protecting America. Mental health programs are not one-size-fits-all, so the more programs and resources the agency can provide to its employees, the better chance the employees will have of finding one that suits them.

³⁷³ Atkinson-Tovar and Kiernan, “Behind the Badge.”

³⁷⁴ Broyles and Haynes, *Desert Duty*.

³⁷⁵ Customs and Border Protection, U.S. Customs and Border Protection Budget.

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