Exploring the Link Between Mental Health Stigma and Help-Seeking Behavior in Law Enforcement Officers

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ABSTRACT
Law enforcement officers work in high-stress situations with frequent exposure to traumatic events. This increases their likelihood of experiencing an impact to their mental health, yet many officers hesitate to seek professional support. Stigma persists as an important factor affecting help-seeking behaviors in many individuals. The present study surveyed 46 law enforcement officers using an anonymous Qualtrics questionnaire to assess how perceived stigma relates to willingness to seek support. Most (87.0%) reported mental health challenges as common in their field, yet few felt comfortable discussing such issues with their supervisors or therapists affiliated with their work. Conversely, 45.7% were comfortable discussing these topics with coworkers, and 52.1% with a therapist outside of their work. Additional barriers cited by officers included concerns of job security (47.8%), confidentiality (28.3%), and judgment from peers (30.4%). 52.2% of officers reported personally witnessing or experiencing stigma at their workplace, and 54.3% believed reaching out for help leads to receiving negative perceptions from peers. Spearman's rank correlation analyses found that officers who experienced stigma were less comfortable seeking help from internal resources. Additionally, qualitative data highlighted the need for confidential support resources, organizational support, and a culture change in their organization. These findings align with current research that stigma harms help-seeking behaviors and highlights the need for targeted interventions, such as anti-stigma training and peer programs.

KEYWORDS
Mental health; Stigma; Law enforcement; Help-seeking behavior; Stigma reduction, Mental illness, Perceived stigma; Workplace culture

INTRODUCTION

Many people around the world suffer from mental health challenges, whether or not they have an official diagnosis. One in two individuals suffers from diagnosed mental health disorders, while only one in four receives a form of treatment.[1,2] This underutilization of support services is a major concern among public health professionals.[3–5] Many studies focus on the help-seeking behaviors of different cultural or social groups, while only a few studies have focused on specific careers.[6–9] Some social groups studied include groups residing in low-resource settings, female veterans, and diverse ethnic groups. Several recent studies are shifting their focus to what specific factors play into the underuse of these services and avenues of support.[10–13] Despite this, the exploration of these factors in certain careers remains underrepresented.

Law enforcement officers work in a profession of constant exposure to threats, trauma, and high-stakes decision-making.[14] Many report that they face a heightened workload in addition to a lack of proper rest.[15] These stressors place officers at an increased risk of developing mental health disorders such as depression, post-traumatic stress disorder (PTSD), and anxiety.[17,18] A study surveying law enforcement in Texas found that 12% of police officers had a diagnosed mental health disorder, but 26% were currently experiencing mental illness symptoms.[19] Untreated mental health issues among police may contribute to increased substance use, higher rates of sick leave, and potentially higher suicide rates.[17,20,21] Despite these risks, utilization of mental health services among officers remains low.

One of the most persistent explanations is mental health stigma. Stigma operates at many different levels: public, self, and perceived.[22,23] Self-stigma specifically is associated with decreased self-esteem, willingness to seek help, and increased social withdrawal.[24] In policing culture, stigma may be amplified by norms of toughness and fear of being seen as unfit for duty.[25,26] Stigma is negatively associated with law enforcement help-seeking attitudes in several studies.[16,27,28] A meta-analysis in 2015 found that stigma exerts a small-to-moderate negative effect on help-seeking behavior in general populations.[27] However, a study that

surveyed 248 police officers in Texas and Oklahoma on their attitudes toward seeking mental health services and mental health stigma found that stigma significantly negatively affected officers' help-seeking behavior. This study also made a distinction between public stigma and self-stigma, and it was found that both were negatively associated with attitudes toward seeking mental health services.[25] Additionally, a study surveying multiple Wisconsin police departments found that perceived public stigma significantly reduced help-seeking intentions amongst officers and was fully mediated by self-stigma. They also suggested that low help-seeking intent among police officers could result in a buildup of stress and anxiety, which can cause many issues if not treated.[29]

There are several barriers outside of stigma that are often recognized among law enforcement officers. These include concerns of job security, confidentiality, and a lack of resources.[14,30] One study conducted a systematic review of 14 articles analyzing first responders' experience with stigma. They found that the most frequently endorsed barriers were fears of confidentiality and fears that seeking help would have negative consequences on their profession. These barriers, along with stigma, greatly affect a significant number of first responders, leading to decreased support for mental health.[31] Understanding how not only stigma, but also other factors affect individuals' willingness to seek help is important for creating targeted interventions to improve support services.[32]

Stigma likely plays a significant role in the reluctance of officers to seek out mental health support.[33] However, research is relatively scarce, with many studies relying on quantitative data rather than open-ended questions. Small-sample, mixed-method design approaches may supplement the general picture by providing a deeper understanding of officers' perception of stigma. This study aims to examine how perceived mental health stigma affects help-seeking behaviors among law enforcement officers. Specifically, this study explores the relationship between stigma exposure and officers' comfort seeking support from internal and external sources, as well as the organizational and structural barriers that shape these behaviors. It is hypothesized that officers who report experiencing or witnessing mental health stigma will report lower comfort seeking help from internal organizational resources.

METHODS AND PROCEDURES

Study design and participants

This cross-sectional study examined how the perception of mental health stigma influences officers' willingness to seek professional support services by utilizing an online, anonymous survey. The survey was distributed electronically to officers within a Wisconsin deputy sheriffs' association in the United States. The survey was created and administered using Qualtrics between June 20 and July 4, 2025 (Qualtrics, Provo, UT). Participation was entirely voluntary. The survey opened with an informed consent form describing the study's purpose, procedures, and participants' rights. By continuing to take the survey, participants agreed to participate in the study. To ensure anonymity, no identifying information, including name, rank, department, or exact age, was collected. To ensure confidentiality, the deputy sheriffs' association only had access to a QR code and link prompting them to fill out the survey. The responses were accessed only by the researchers through password-protected Qualtrics accounts. This study was reviewed and approved as exempt by the University of Central Florida Institutional Review Board. Participants were eligible if they were at least 18 years old and currently employed in the law enforcement profession. Recruitment was facilitated by the president of the sheriffs' association, who distributed the survey link to members via email.

Measures

The survey consisted of 14 questions, roughly 5 minutes, designed to assess perceptions of mental health stigma, help-seeking behaviors, and the workplace culture within the organization (see Appendix). The survey instrument was developed independently by the researchers and did not employ standardized or previously validated stigma scales. A new instrument was created to capture law enforcement-specific experiences and perceptions of mental health stigma, including organizational, cultural, and operational factors that may not be addressed in general stigma scales. The questions were tailored to capture relevant information specific to the law enforcement culture. The survey collected both quantitative and qualitative data. Open-ended questions at the end of the survey asked officers to suggest what they think could be done to reduce stigma in the workplace, as well as to provide any additional comments or experiences if they wished.

Participants were asked to provide basic demographic data: their current profession, their age reported in ranges of 10 years, and how many years of service they have within the profession, reported as an open-ended numeric response. Race and gender were not collected as the aim of this study was to explore mental health stigma and help-seeking behaviors in the law enforcement profession, rather than to investigate potential differences associated with individual demographic characteristics. Officers were then asked to rate the perceived prevalence of mental health challenges in their profession and their level of comfort discussing mental health with different individuals. Mental health challenges were defined as "any difficulty or disruption in one's emotional, psychological, or social well-being that impacts how one thinks, feels, or behaves. This can include a range from diagnosed disorders to temporary anxiety or stress." Comfort level was assessed for coworkers, supervisors, and therapists affiliated with work and outside of work. Each item was rated on a five-point Likert scale ranging from "extremely uncomfortable" to "extremely comfortable." Participants were also asked about coworkers' reporting of mental health, as well as what barriers they

face to seeking help. The survey also asked respondents if they had personally witnessed or experienced stigma in their workplace. In the survey, stigma was defined by the researchers as "the negative attitude about a person that leads to negative actions/thoughts or discrimination."

Data analysis

Quantitative data were analyzed using JASP 0.95.4. Descriptive statistics (frequencies, percentages) were calculated for categorical items. Associations between stigma exposure and comfort with various individuals were tested with Spearman's rank correlation and chi-square analysis, where binary categories were applied. Significance was set at $p<0.05$. Spearman's rho was selected instead of Pearson's r because several key variables in this study were ordinal or not normally distributed. This method does not assume normality or linearity, making it appropriate for assessing associations between stigma and comfort discussing mental health.

Qualitative responses to the two open-ended questions at the end of the survey were reviewed and analyzed using thematic analysis, a method suitable for identifying, organizing, and interpreting patterns within textual data. Two different rounds of inductive coding were employed on Microsoft Excel to identify recurring ideas or concepts and ensure consistency. Codes were then grouped into broader themes based on conceptual similarity, resulting in categories such as barriers, workplace culture, and recommendations. Coding was first done by one researcher, then a second researcher reviewed the coding structure and thematic assignments to ensure consistency and clarity. After the codes were independently reviewed by the researchers, they collectively determined the final themes that emerged for each response. Representative quotes were selected to illustrate each theme. This approach was chosen as it allows for systematic exploration of participants' perspectives and understanding of attitudes and experiences related to mental health stigma.

RESULTS

Descriptive Statistics

A total of 46 law enforcement officers completed the survey. Demographic information collected in this survey included years of service and age. Age and years of service were collected, as previous research suggests that both factors can influence attitudes toward mental health and willingness to seek help. Including these categories allows for examination of whether comfort discussing mental health and experiences of stigma vary across different career stages.

Years of service ranged from two to 33, with a mean of 14.4 years and a standard deviation of 10.7 years. The ages of 45 participants were recorded, as one officer opted not to answer this question. **Table 1** presents the age ranges of the 45 participants, collected in ranges of 10 years. The mean age was 38.7 years with a standard deviation of 11.2 years. Demographic variables were treated as exploratory covariates rather than control variables. They were not used to adjust or control the primary analyses, but were examined to explore if patterns in mental health stigma differed across demographic subgroups. No significant differences were found for any demographic variables, indicating that stigma and related outcomes were generally consistent across age, years of service, and professional role in this study.

Age Range	Number of Participants
18-30 years	11
31-40 years	16
41-50 years	9
51-60 years	9
61-70 years	0
71+	0

Table 1. Age of participants reported in ranges of 10 years (n=45).

When asked how common mental health challenges are in their profession, the majority of respondents reported very common (52.2%) or common (34.8%), with the remainder outlining them as only somewhat common. No respondents reported rare. Comfort level when discussing mental health varied by who they discussed the topic with. **Table 2** presents the full breakdown of responses. This data was organized into categories to analyze relative willingness to discuss mental health. Roughly 45.7% of officers expressed some degree of comfort with speaking to coworkers, whereas only 23.9% felt the same towards their supervisor. Additionally, only 17.4% felt comfortable speaking with a therapist affiliated with their work. In contrast, 52.1% were comfortable discussing mental health with a therapist outside of their work.

	Extremely uncomfortable	Somewhat uncomfortable	Neutral	Somewhat comfortable	Extremely comfortable
Coworker	10.9%	21.7%	21.7%	28.3%	17.4%
Supervisor	32.6%	26.1%	17.4%	13.0%	10.9%
Internal therapist	32.6%	26.1%	23.9%	6.5%	10.9%
External therapist	6.5%	19.6%	21.7%	30.4%	21.7%

Table 2. Reported comfort levels discussing mental health issues with different groups (n=46).

Supervisors were included as a distinct workplace-based source of support rather than a clinical support provider. While supervisors do not provide therapeutic care, they often serve as gatekeepers to formal resources, accommodations, time off, and referrals, making them a relevant point of contact in discussions of help-seeking. Analyses examining supervisors should therefore be interpreted as reflecting organizational and relational support, not clinical mental health care.

Inferential Analyses

Correlational analyses revealed that the perception of stigma is significantly associated with decreased comfort when seeking help internally. Participants were asked whether they had personally experienced or witnessed mental health stigma in their workplace with a dichotomous (yes/no) question. Exposure to stigma was operationalized as 0 = no exposure and 1 = exposure. Comfort discussing mental health was measured on a Likert scale in which higher scores indicated lower comfort levels. Spearman correlational analyses indicated that stigma exposure was associated with reduced comfort discussing with coworkers (ϱ=0.32, p=0.04) and with internal therapists (ϱ=0.38, p=0.01). No significant correlations were found for comfort discussing mental health with supervisors (ϱ=0.26, p=0.11) or with external therapists (ϱ=0.06, p=0.71). The majority of officers (65.2%) reported they had been approached by a coworker with concerns about their mental health. But only 30.4% reported elevating these concerns to their supervisor.

Stigma was a widely reported barrier amongst law enforcement. More than half (52.2%) reported personally witnessing or experiencing mental health stigma. Similarly, 54.3% revealed that officers who discuss their mental health challenges are treated differently. A chi-square test of associations between exposure to stigma and perception of being treated differently for seeking help approached but did not reach significance (X^2=2.56, p=0.11). Likewise, no significant association was found between exposure to stigma and access to mental health leave (X^2=0.96, p=0.33).

Respondents were provided a multiple-choice list of potential barriers with the ability to select all that applied. Barriers are reported descriptively to highlight the most common concerns among participants. Due to the small sample size, analyses examining differences in barriers by stigma exposure, age, or years of service were not feasible. The most frequently reported barriers were organizational barriers, such as concerns affecting job security or promotions. Although organizational barriers were the most commonly reported, logistical barriers were also reported several times, including time constraints and financial cost. **Table 3** reflects the distribution of the most commonly reported barriers and their percentages. Three participants provided barriers using the "other" option, citing fear of their struggles being used against them, and perceiving mental health needs as personally manageable.

Barrier	Percent Endorsed
Fear of job security or promotions	47.8%
Lack of time	30.4%
Judgement from peers	30.4%
Confidentiality concerns	28.3%
Financial cost	13.0%

Table 3. Reported barriers to receiving mental health treatment (n=46).

Qualitative results

Open-ended questions were analyzed with two rounds of inductive coding then subsequently were reviewed by a second researcher. The final themes of each response were collectively decided by both researchers. These questions asked respondents what they believed could be done to reduce stigma in their field (32 responses), as well as whether they had any additional thoughts or experiences they wanted to share (20 responses). These responses were analyzed for any emerging themes to deepen the understanding beyond quantitative data. Nineteen themes emerged from these responses, with multiple themes sometimes appearing in a single response. The number of times each theme emerged is outlined in **Table 4** below. These themes were grouped into four higher-order categories: cultural and stigma-related factors, organizational and leadership influences, resource and support needs, and the need for awareness and education.

Of the themes that emerged from the qualitative responses, cultural and stigma-related factors were a primary topic. Many responses referenced workplace culture and the normalization of mental health challenges. Participants described the need to "make it okay to have feelings," to "talk about it more," and to create an "all-encompassing culture of real concern for our wellness." Some noted that officers are trained to control their emotions "to the point where… It's natural for them to suppress them even when it's unhealthy." Others described negative workplace environments, stating that a "toxic environment" forced them to ignore their mental health. Several responses reflected distrust in the organization, including reports of supervisors attempting to discipline officers for mental health concerns, or comments that support was promised but they do not follow through. A small number of responses suggested no change was needed or that change was unlikely, including statements such as "law enforcement will never change significantly" and "I don't think that's possible" when asked what they think can reduce stigma in their field.

Theme	Number of Times Emerged
Normalization of mental health challenges	12
Job stress	10
Proactive support	8
Need for time off	8
Organizational culture	7
Providing resources for health and wellness	6
Education of mental health challenges	6
Leadership engagement	6
Concerns of job security	6
Confidentiality	4
Need for reduction of stigma	4
Support for mental health treatment	3
Culture is beyond fixing	3
Uncertainty about solutions	2
Leadership accountability	2
Distrust in organization	1
Need for mental health policies	1
No change needed	1
Importance of mental health services	1

Table 4. Themes emerged from qualitative responses (n=52).

Another main topic discussed was organizational and leadership influences. Several responses called for supervisors to be "more involved," "more in touch with their employees," or to have "more face-to-face contact." Others described concerns about job security, including statements that officers have been fired "depending on mental status" or that people fear "losing their badge for getting help." Some responses emphasized the need for leadership accountability and policy changes, such as enforceable penalties for managers who violate best practices or policies guaranteeing mental health time off and protection from employment consequences.

Respondents also highlighted the need for resources and support. Participants suggested measures such as "mandatory yearly therapist visits," "have a psychologist on staff," and providing "mental health time off" or insurance-covered sessions. Time off and workload reduction were also frequently mentioned, including requests for "more time off…to be with family and friends to decompress," "less forced overtime shifts," and reduced workload expectations. Several responses also described the profession as "extremely taxing on your mental health" due to long hours and stress. Other responses emphasized proactive support, such as encouraging officers to talk to someone before problems build up or having supervisors identify employees who appear stressed.

Finally, officers emphasized the need for awareness and education. Participants suggested "recurring training," "continuous talk and sharing of relatable resources," and "being open about it." Some responses described the stress of the profession, noting that the job "has such a drain on your mental health" or describing daily anxiety as "a meat grinder." Confidentiality concerns were also mentioned, including fears that internal programs were "too closely affiliated with work" or that wellness programs might notify employers. A few responses reflected uncertainty about solutions, with participants stating, "not sure" or "if I had the answer…I would've offered it already."

Collectively, the qualitative responses provided contextual detail that expanded upon patterns observed in the quantitative results. Participant narratives provided detailed descriptions of respondents' experiences related to stigma, confidentiality, and workplace context. Across themes, respondents described structural and cultural conditions shaping their willingness to discuss mental health concerns and engage with available resources. These qualitative findings, therefore, serve to contextualize and enrich the quantitative outcomes by highlighting the lived experiences underlying reported attitudes and behaviors.

DISCUSSION

Altogether, the findings suggest that stigma functions as a central mechanism shaping help-seeking behaviors among officers. Internalized and perceived stigma appear to influence not only attitudes toward mental health care but also trust in organizational resources, which in turn affects willingness to seek support. These dynamics are further compounded by organizational culture and structural barriers, such as time constraints and financial cost. Framing the results within these broader mechanisms helps situate the findings within existing literature while clarifying their implications for intervention.

This study offers an insight into how law enforcement officers within a single Wisconsin agency perceived and experienced mental health stigma by integrating quantitative survey data with qualitative narratives. Rather than offering conclusions applicable to law enforcement broadly, these findings reflect the experiences and perceptions of officers within this specific organizational context. Within this sample, a core finding is that stigma remains a restraint to seeking help, particularly in relation to organizational culture.

Internal sources of support were less trusted than external ones. 52.1% of respondents were comfortable with external therapists; fewer expressed comfort with supervisors (23.9%) or internal therapists (17.4%). These results suggest that, among participants in this study, internal organizational roles were perceived as less safe for disclosure. This is consistent with broader findings in first responder and policing literature.[29] Many officers reported concerns about job security (47.8%) and confidentiality (28.3%), indicating that organizational and cultural factors within this setting may influence help-seeking behavior. One past study in particular also cited confidentiality as one of the most commonly reported barriers.[31] Interestingly, this study found logistical barriers such as time constraints and finances affecting help-seeking behavior among officers.[34] Officers in the present study reported that lack of time (30.4%) and financial cost (13.0%) were barriers. This data shows participants emphasized that both cultural and structural factors affect help-seeking behaviors.

Qualitative responses further contextualized these patterns by illustrating how participants described confidentiality concerns and distrust of institutional supports in their own words. Respondents frequently referenced the perceived independence of external services as a reason they might be more willing to seek help outside their organization. Similar themes have been described in prior qualitative studies of first responders, which stressed the role of institutionalized stigma and confidentiality concerns.[35] The present findings extend this work as exposure to stigma was found to be correlated with reduced comfort in seeking help from both coworkers ($p=0.044$) and internal therapists ($p=0.014$), suggesting officers in this organization experience cultural stigma in their workplace often. Importantly, these qualitative accounts should be understood as illustrative rather than exhaustive, reflecting the perspectives of respondents who chose to participate.

Participants also described a range of organizational strategies they believed could reduce stigma, including wellness programs, routine check-ins, and leadership visibility. These suggestions are consistent with interventions discussed in prior literature, such as anti-stigma training, but in this study, they represent participant perceptions rather than evaluated outcomes.[11,29,36] Notably, recommendations such as mandatory wellness checkups were often described conditionally, with respondents emphasizing the importance of confidentiality and independence from disciplinary oversight, such as an external staff psychologist and a confidential reporting line. Qualitative responses indicate that officers may be more likely to seek help when secure and reliable resources are available. Findings also showed that stigma is highly internalized and shapes the perceptions of disclosure amongst officers. Many officers emphasized the prevalence of mental health challenges (52.2% very common, 34.8% common), yet reported the negative perception of individuals who do seek help (54.3%). As such, these findings do not imply that existing internal services are effective but rather underline the types of structural features participants believed would be necessary for such supports to be acceptable within their organizational context, highlighting a potential area for further study. Peer support networks led by other officers were another suggestion by participants as a mechanism to potentially reduce stigma by offering a trusted point to receive support. Several peer programs have been implemented in other first responder organizations, offering insight into how other organizations are approaching stigma in the workplace.[36-38] While the present study cannot determine the effectiveness of these strategies, the data indicate that officers in this Wisconsin agency perceive organizational and peer-based resources as potentially important for mental health support.

Although participants reported substantial distrust toward internal mental health resources, suggestions for mandatory wellness checkups were not framed as an endorsement of existing internal services. Rather, respondents described mandatory check-ins as a potential mechanism to normalize mental health care and remove the burden of self-disclosure in a stigmatized environment. Several participants emphasized that such measures would only be acceptable if confidentiality were guaranteed and services were independent from disciplinary or administrative oversight. These concerns highlight the broader need for structural supports that promote confidential and stigma-free access to mental health resources within law enforcement agencies. Federally, programs such as the Law Enforcement Mental Health and Wellness Act (LEMHWA) offer funding to build peer support, training, and reduce stigma for organizations.[39] These programs provide organizations with resources they may utilize to develop confidential wellness support services, though the present study cannot determine their effectiveness.[40]

This study offers several contributions to the literature on mental health stigma in law enforcement. By integrating quantitative measures of stigma and qualitative narratives, this study provides a more nuanced understanding of how stigma manifests in officers' daily experiences than quantitative-only studies. The qualitative findings add context to observed patterns in help-seeking comfort and perceived barriers, clarifying how organizational culture and confidentiality concerns shape these outcomes. This study uniquely highlights the disparity between trust in internal versus external mental health supports, suggesting that organizational culture may play a key role in shaping help-seeking behaviors. Additionally, capturing both cultural and structural barriers offers a comprehensive view of factors limiting help-seeking among officers. Findings also suggest that stigma may be socially transmitted within the workplace, influencing perceptions of disclosure and mental health challenges. By identifying the types of support officers perceive as trustworthy, this study informs the design of future interventions that align with officers' preferences, potentially enhancing uptake and effectiveness. Finally, these findings contribute law enforcement-specific data to the broader first responder literature, which has largely focused on other occupational groups, while reinforcing and expanding upon prior research on organizational and cultural determinants of stigma.

Despite its contributions, this study has limitations. The small sample size (n=46) restricts generalizability to all officers within both the organization surveyed and the profession of law enforcement itself. The small sample also restricts statistical power, making subgroup analyses of age or years of service not feasible. A formal power analysis was not conducted, which may have constrained the study's ability to detect smaller effects. Additionally, degrees of freedom and confidence intervals for correlations were not calculated, which limits the precision of reported associations. The lack of survey reminders due to the short period of data collection may have contributed to the lack of responses. Additionally, no response rate was calculated as the total number of officers invited to participate in this study was not provided to the researchers. The self-selected nature of participation also introduces the possibility of bias, as officers interested in mental health services and making support proactive may have been overrepresented. By relying on self-report and recall, responses to questions are subject to the ability to accurately recall past experiences and potentially even concerns of confidentiality, even though anonymity was assured. As the survey itself employed single-item measures and was developed independently, it was not pilot tested or tested for internal consistency. This may have caused individuals to respond in ways that were not anticipated. Additionally, without pre-validated stigma scales, such as POSS, our binary measurement of stigma may not capture self-stigma or perceived public stigma accurately.[41] The qualitative component of this study did not directly address the potential link between mental health stigma and help-seeking behavior, limiting the ability to fully illuminate the psychological mechanisms underlying this relationship. This study did not collect race or gender information, nor did it examine the role of culturally related factors on mental health stigma or help-seeking behaviors, which constrains the interpretability and generalizability of the current findings. Lastly, this study design is cross-sectional and correlational; we cannot infer causality or directionality, limiting conclusions of real-world behavior.

Future research should acknowledge these limitations. Larger, wider-ranging, and multi-agency samples may improve external validity and applications. Incorporating validated stigma scales could increase the insight gained from responses. Longitudinal designs could examine how stigma evolves over the course of officers' careers and whether organizational supports influence perceived stigma. These experimental studies could directly test how help-seeking behavior among law enforcement changes with interventions.

CONCLUSIONS

This study emphasizes the critical need for law enforcement organizations to address the deep-rooted stigma surrounding mental health in the workplace. Participants suggested several mechanisms to potentially reduce this stigma and increase the normalcy of mental health issues within this organization. Future research should investigate how specific factors, such as organizational policies and leadership attitudes, influence help-seeking behaviors across departments of varying sizes and regions. Longitudinal and intervention-based studies could also evaluate if implementing external counseling, routine wellness checkups, or stigma reduction training leads to measurable changes in the well-being of officers.

Broadly, this work contributes to the growing recognition that mental health stigma within law enforcement is not only an individual issue but a cultural one. By organizing these findings with the current body of literature on occupational mental health, future studies can build a foundation for national standards. Consistent and validated mental wellness programs could ensure the normalization of mental health care as an integral component of professional integrity in policing.

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PRESS SUMMARY

Law enforcement officers regularly face high-stress and traumatic situations, placing them at greater risk for mental health challenges. This study surveyed 46 officers to examine how stigma influences their willingness to seek professional support. Results showed that while most officers recognize mental health struggles as common in their field, many avoid seeking help due to fears about job security, confidentiality, and stigma. These findings highlight the urgent need for confidential resources, organizational support, and anti-stigma initiatives to promote a healthier culture within law enforcement.