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'The environment says it's okay': The tension between peer support and police culture

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Abstract

This study evaluates the implementation and subsequent operation of a peer support program in a Canadian police service. Data was collected from an online survey, available to the police service for a period of one year, and 16 in-depth interviews with peer support team members. There is very little data on police peer support programs in the literature. Thus, the purpose of the survey was to gain an understanding of what issues members believe a peer support program should address, the circumstances under which they would seek help from the peer support program, and the reasons they may or may not use the program. The interviews were conducted with a view to eliciting respondent views on program training, implementation, logistics, and issues of policy and practice. According to the literature, police peer support programs should work, in theory, based on the belief that police officers relate to and trust other officers more than they do outsiders. However, this study found that cultural issues involving trust, confidentiality and stigma attached to mental health, stand as potential barriers to the success of the program.

Keywords

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Thank you,
Cindy

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1. Introduction

Recent reports of high rates of PTSD among first responders have sparked public interest in police stress and the toll it takes on officers. Amidst reports of increased incidents of PTSD in police officers (Ball, 2017; Cassidy, 2015; Freeze, 2016; Laucuius, 2016) and officer suicides (Haines, 2014; CBC News, 2016) is the contention that officers are often alone in their struggle (Ball, 2017). Although police officers' reactions to stress are not always as extreme as these headlines, the stressful nature of police work has been associated with greater risk for depression, anxiety, burnout, and post-traumatic stress (Gershon, 2009). The study of mental health among police officers is not a new research field, but recently research has shifted from a focus on stressors to also include examinations of positive coping strategies. One area that remains underexplored, however, is the use of peer support programs.

One factor may be that although peer support programs began to appear in the 1970s in the United States, their popularity in Canada has only grown within the last decade[1]. While many studies argue that peer support is a viable avenue for mental health assistance for police officers, owing primarily to their first-hand knowledge of the job (cf. Greenstone, 2005; Goldstein, 2006), few discuss in detail the purpose and design of peer support programs. Creamer et al. (2012) authored one such study, which outlines eight principles of peer support programs in high-risk organizations, ranging from training to program evaluation. They contend that peer support programs should address barriers to professional mental health care, including stigma, poor access to providers, lack of trust, and fear of job repercussions. Further, Creamer et al. (2012) concluded that the goals of peer support should include identifying at-risk colleagues

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[1] Calgary Police Service's peer support team has been running since 1998 (Canadian Mental Health Association First Responder Toolkit, 2015), while others, like York Regional in 2014, have begun more recently (Haines, 2014).

and providing low-level psychological intervention, described as active listening, administering psychological first aid and providing information about referrals to professional resources.

An emergent body of research cites the need for peer support programs to fill the gap between informal and professional support; however, there is no empirical evidence to suggest these programs are working (Grauwiler, Barocas and Mills, 2008). As well, there is little consensus as to how these programs should be implemented in high-stress organizations (Creamer et al., 2012). Moreover, what is not well understood is the interplay between police culture and peer support.

Police culture has been deemed by some to have developed, at least in part, as a protective measure (cf. Crank, 2004). Occupational culture serves to shield officers from the public, the administration or anyone else encountered on the other side of the 'thin blue line'. Although some research has argued the existence of a monolithic police culture (cf. Reiner, 1992), others contend that police officer attitudes vary along important dimensions, such as officer views of the public (Paoline, Myers & Worden, 2003). Yet, the extent to which officers adopt and make use of traditional norms within police culture to inform their views about mental health in general and, more particularly, about peer support is unknown.

The purpose of this research is to gain an understanding of the challenges and successes of the implementation and operation of a police peer support program in order to deepen our understanding of these programs and to aid in the development of strategies for overcoming barriers and practical guidelines for future use.

In 2016, the Citybend Police Department[2] (CPD) launched its peer support program. In order to address the gap in the police peer support literature, this thesis aims to answer the following research questions:

1. How has the program been implemented and used?
   1a. What are its key objectives?
   1b. How has 'success' been defined?
2. What structural or other supports are in place to maximize program success?
3. What barriers or limitations exist that can hinder program success?

This thesis is comprised of the following sections. Chapter 2 reviews the relevant literature on stress in policing, police culture and the literature concerning peer support within police organizations. There is little consensus among researchers as to the essence of police culture, to what extent traditional descriptions of police culture remain useful and how police culture shapes the worldview of officers. In order to understand how peer support programs fit within policing, it is necessary to explore not only the factors that contribute to the success of the program, but to identify possible barriers to success. Chapter 3 describes my methodology. The rationale for a mixed-methods design utilizing a survey and in-depth interviews is discussed in the chapter. Chapter 4 presents an analysis of the data, while discussion, limitations, future research, and final conclusions are addressed in Chapter 5.

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[2] Citybend Police Department is a pseudonym

2. Previous Research

> In the 1980s … peer support amounted to a cup of coffee, a half hour to vent, and
> the advice that he had better keep quiet, since talking about his emotional problems
> would not be a positive step towards promotion (Marin, 2012, p. 22).

2.1. Introduction

In this chapter, I will introduce the types of stressful situations faced by police officers

and the methods of coping commonly reported in the literature on police work. A more

comprehensive view of police culture as a dynamic and segmented ecosystem challenges the

traditional view of police culture. Next, the evolution of peer support is described from its

informal beginnings to its current, more formalized, state within many police services. A review

of the relevant literature on police culture and peer support programs illustrates a potential niche

for peer support programming in policing. Following the recommendations found in the

literature concerning implementing peer support programs, I will outline the potential issues

identified by recent studies in peer support literature within policing. The chapter closes with a

brief discussion of organizational and cultural change. A review of how health education

programs are adapted to fit communities illuminates the potential for breakthroughs in

establishing peer support programs in police services.

2.2. Stress and coping

Police officers may encounter a range of stressful situations while on duty, including

exposure to communicable diseases, abuse or death investigations (Weiss et al., 2010), being the

subject of negative media coverage (Techmanski, 2013), or being stuck with a contaminated

needle (Gershon, Barocas, Canton, Li & Vlahov, 2009). The risk to personal safety is

compounded by the emotional and mental demands of these situations. Furthermore, when out

on patrol, officers must maintain control of their emotions while dealing with victims and

witnesses, or while encountering armed suspects (Waters & Ussery, 2007). As well, police

officers are asked to play many roles, including social worker and mental health advocate, roles

for which they may have not received adequate training or support (Huey & Riccardelli, 2015).

Finally, attending court and managing expectations of the public (Duxbury & Higgins, 2012)

round out some of the unique circumstances surrounding police work.

Organizational factors are also thought to contribute to stress in police officers. Some

argue these may actually have a greater impact on police personnel than operational stressors

(McCreary & Thompson, 2006; Pienaar, Rothman & Van de Vijver, 2007). For example,

dealing with multiple competing demands and understaffing issues are thought to be a main

source of stress for police (Duxbury & Higgins, 2012). However, many stressors identified as

highly stressful are not specific to policing. These include lack of consultation and

communication, lack of control over workload and general excessive workload (Collins & Gibb,

2003), lack of participation in decision-making, shiftwork, and inadequate organizational support

(Violanti & Aron, 1995).

Link and Phelan (2001) contend that stigma must result in loss of status and

discrimination, leading to unequal distribution of life chances, including career advancement,

social ties, etc. They further argue that the process of stigmatizing someone or some condition

occurs within a power situation that allows the process to unfurl (Line & Phelan, 2001). In an

effort to destigmatize mental health issues, the Canadian Forces reclassified them as operational

stress injuries (OSIs) to reinforce the idea that these are combat-related as opposed to a fault

attributed to the individual. OSIs are defined as persistent psychological impairment resulting

from operational duties and include post-traumatic stress disorder (PTSD), depression, substance

abuse, and anxiety and panic disorders (Heber et al., 2006). Police services have adopted the

term to describe psychological impairment sustained in the line of duty. Research suggests that police officers are at substantial risk for OSIs (Sheehan & van Hasselt, 2003; Waters & Ussery, 2007).

To be clear, stressful situations in and of themselves do not necessarily lead to adverse reactions. Rather, the discrepancy between the demands of a situation and the resources one has to cope contributes to a 'stress reaction' (Lazarus & Folkman, 1984). Police officers use a variety of coping techniques, some positive and some less so. Traditionally, officers have sought stress relief through some combination of the 'booze and buddies' method (Digliani, 2016), denying the problem (Miller, 1995) resorting to crude jokes (Chan, 2007), talking with colleagues (Alexander & Walker, 1994), exercising, and trying not to worry (Burke, 1993). However, these methods are not always effective in alleviating stress (Morash et al., 2011). When levels of stress exceed their ability to cope, police officers can access professional mental health care through their employee assistance programs, but Digliani (2015) argues these may not meet the needs of officers because mental health professionals often lack knowledge of police culture and experience. As well, there is significant stigma attached to seeking mental health treatment within police culture and, consequently, many officers simply will not go (White, Shrader & Chamberlain, 2015).

2.3. Culture

Traditional academic conceptions of police culture trace their roots to the 1950s and 60s. One of the most impactful descriptions of police culture from that time is Jerome Skolnick's *Justice without Trial* (1966), in which he examined police culture in the midst of violent and tumultuous times. Skolnick (1966) argued that police culture is grounded in the characteristics of the 'working personality', which is composed of the elements of danger, authority and

efficiency. Skolnick argues the constant threat of danger breeds suspicion, which in turn leads to social isolation. Authority puts officers in a position to be thought of as hypocritical, which engenders cynicism and further isolates them from the public, while simultaneously reinforcing their bonds with each other. Finally, Skolnick argues that police face the sometimes competing principles of efficiency and fairness in dispensing justice. The idea of police officers as universally authoritarian, suspicious, insular, and macho has informed countless contributions to the scholarship on policing (Sklansky, 2007). For example, Waddington (1999) argues than an overarching insular police culture arises from the difficulties officers face in occupying a marginalized position in society, largely due to their authority over fellow citizens.

Traditional descriptions of police culture are not without criticism. Manning (2007) argues that the best police ethnographies are outdated and reductionist, yet are still used as a touchstone to explain all police behaviour. The focus on street-cop culture in these early descriptions fails to take into account various subcultures within policing, such as civilian and specialty units (Manning, 2007). At the same time, the notion of solidarity and isolation, or figuratively the 'thin blue line', ignores conflicts within the organization (Reiner, 1992). Finally, Waddington (1999) contests the idea that police culture generates action (Shearing & Ericson, 1991), arguing instead that agency is forged on the street.

It is also worth noting that officers are not passively socialized into a homogenizing police culture (Chan, 1996; Shearing & Ericson, 1991). At once officers contribute their individual values and beliefs into a dynamic cultural mosaic and filter cultural knowledge to use as a resource in decision-making (Chan, 1996; Shearing & Ericson, 1991). Chan (2007) reminds us that police officers, and thus police subcultures, are influenced by the wider society and its norms. This idea finds support with Waddington (1999), who points out that just because police

officers share common traits does not mean these are distinctive traits exclusive to this particular group. Indeed, the stigma surrounding mental illness (Phelan, Link, Stueve & Pescosolido, 2000) is also seen within the police service. Culture, then, is a product of joint learning (Schein, 1990) that emerges from the "shared application of practical skills to concrete problems" (Crank, 2004, p. 32).

While Waddington (1999) contends that police 'canteen culture' does not influence behaviour on the street, it arguably has a normative influence over behaviour in the house. For example, seeking mental health treatment has not traditionally been viewed favourably by police (Dowling, Genet & Moynihan, 2005; Greenstone, 2003). This is consistent with findings that police do not often seek assistance for mental health issues (Alexander & Walker, 1994) and that this is at least in part due to perceived stigma (White, Shrader & Chamberlain, 2015). While this unfavourable view of mental health treatment directs their public behaviour, Karaffa and Tochkov (2013) found that many police officers do not privately hold this view. So, cultural maxims about what police should do appear to influence beliefs about stigma and what constitutes stigmatized behaviours.

2.4. Peer support programs

Given police officer resistance to outside intervention, peer support may be an option for providing "emotional first aid" (Levenson, 2007, p. 18). Peers not only share an understanding of the job, they are more accessible than external mental healthcare providers, are non-threatening (Finn & Tomz, 1998) and the amount of time they spend together allows peers to identify changes in their coworkers (Alberta Health Services [AHS], 2010). Peer support finds a niche in mental health and wellness by bridging the gap between peer and mental health professional (Greenstone, 2005; Goldstein, 2006).

Peer support programs date back to the 1970s, and although a few programs used officers as peer companions and liaisons between peers and professional resources (Greenstone, 2005), these early versions lacked formal training (Allen, 1972). In 1984, the Ontario Provincial Police established a peer support program, which served as a forum to express frustrations, but the program was perhaps too informal to provide adequate support (Marin, 2012). In the 1990s, U.S. police departments began implementing crisis hotlines and in-person peer support programs grounded in intensive training, including POPPA in New York (Dowling, Genet & Moynihan, 2005), the statewide COP-2-COP in New Jersey (Waters & Ussery, 1996) and Vermont State Police Peer Support Program (Goldstein, 2002). In 2000, Service de Police de la Ville de Montréal implemented a peer support program combining in-person contact and a 24-hour helpline, which has apparently contributed to a significant reduction in police suicides (-79%) since its inception (Beshai et al, 2016).

From their review of the extant literature, Beshai et al. (2016) learned that first responder peer support programs in Canada are primarily crisis-focused psychological intervention programs, more akin to critical incident stress debriefing than peer support. Indeed, several studies emphasize that the main role of peer support is to screen for mental health issues, support members and act as a bridge to mental health professionals (Dowling, Genet & Moynihan, 2005; Greenstone, 2005; AHS, 2010; Creamer et al., 2012). The peer support role is not to diagnose or counsel (Australian Psychological Society [APS], 2013). Further, Beshai, et al. (2016) found that standalone peer support programs "differ with respect to language, mission, criteria, training, and methods of implementation" (p. 38). Others suggest that peer support should build resiliency and readiness to cope with stressors (Beshai, et al., 2016), emphasize stressful life events in both work and non-work domains (Patterson, 2003) and should be a routine part of the

health and welfare of all employees (AHS, 2010; Creamer et al., 2012). This conception of peer support suggests that these programs should act as preventative medicine rather than simply intervening after a critical incident.

Several studies recommend psychological oversight for peer support teams (Beshai et al., 2016; Creamer et al., 2012; Greenstone, 2005; Techmanski, 2013). Ready access to a clinician is good way to ensure team members can get advice about how to deal with a specific situation. One drawback to clinical supervision is the financial burden. Arguably, strained police service budgets cannot accommodate the salary of a clinical supervisor and, with the exception of the RCMP, most police services in Canada do not maintain a psychologist on staff (CBC News, 2014). Unfortunately, there is no research indicating how or whether peer support programs should operate in the absence of supervision, or whether viable alternatives exist, such as sharing a supervisor with other police services in the area.

Confidentiality is perhaps the most important aspect of peer support programs and is critical to their success (Greenstone 2005; Techmanski, 2013). Yet, methods for fostering confidentiality in peer support programs have received little attention. Peer support programs in disparate fields suggest instituting guidelines (Alberta Health Services [AHS], 2010), training in ethics and confidentiality (Davidson, Bellany, Guy & Miller, 2012) and/or signing confidentiality agreements (Robinson & Neimer, 2010) as a means of ensuring confidentiality. A well-chosen team may also increase the perception of confidentiality. One key consideration in team selection involves choosing people who peers already seek out informally and have a reputation for keeping information confidential (Finn & Tomz, 1998). Digliani (2016) goes further, arguing that peer support programs would function better with statutory confidentiality protections in place, similar to legislation protecting caregiver-patient communication. The

question remains, however, whether merely saying peer support is confidential will assuage fears.

Several studies exist within the peer support literature which address the role and design of peer support programs in policing services. However, there are none that assess the efficacy of these programs (Beshai et al., 2016; Grauwiler, et al. 2008). Anderson, Swenson and Clay (1995) found that police services where peer counsellors are available see greater productivity, less absenteeism, fewer disciplinary actions, and improved employee morale. However, others, notably Patterson, Chung and Swan (2014), argue that further research is needed to identify the types of stress these intervention programs intend to address and to develop rigorous methods to evaluate outcomes[3].

2.5. Peer support and culture collide

Rather than trying to understand culture as a whole, it may be more useful to see how culture impacts a particular problem (Schein, 1985). The introduction of a program like peer support poses just such a 'problem' because it collides with existing cultural beliefs about mental health treatment and its introduction is, for many within that culture, virtually unknown territory.

The goal of peer support is to overcome barriers to standard care, including stigma, fear of job repercussions and lack of trust between police officers and therapists (Creamer et al, 2012). Research suggests that trust within groups may be more easily established than with outsiders (Foddy, Platow & Yamagishi, 2009), and particularly among police who are thought to bond over the job (Paoline, 2003; Violanti, 2007). Yet, some police officers do not trust their peers in the capacity of peer supporter (cf. Chan, 2007; Grishkina, 2016). Officers are concerned that details of their struggles will get passed along to management (Thompson, 2009). Others

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[3] It should be noted that Patterson et al. (2014) did not contemplate standalone peer support programs specifically, but social support was a noted intervention.

have suggested a competitive promotion system (Chan, 1996), or the belief that seeking

treatment is viewed as weak (Chapin, Brannen, Singer & Walker, 2009), factor into the distrust.

The dearth of research concerning police peer support programs limits our ability to understand

the breadth of the lack of trust across police services and the reasons for it.

2.6. Organizational and cultural change

The organizational change literature revolves primarily around methods of gaining

support for the implementation of top-down policies and programs. New programs often

encounter resistance to change, which managers are expected to anticipate and develop strategies

to address (Hammer & Champy, 1993; Kotter & Schlesinger, 2008). Forms of resistance may

come from a lack of understanding of the implications of change, individual low tolerance for

change (Kotter & Schlesinger, 2008) and cynicism (Stanley, Meyer & Topolnytsky, 2005).

Attempts to address barriers can range from educating employees to threatening the loss of their

jobs (Kotter & Schlesinger, 2008).

A subset of the organizational change literature addresses readiness for change, which

focuses on fostering a mindset accepting of the change ahead of implementation. Change

theorists have generally suggested strategies that involve 'unfreezing' existing mindsets in order

to motivate change (Schein, 1990). In other words, employees as a group must agree that change

is necessary and display a commitment to the end-state desired by management. Weiner (2009)

questions the theoretical development of readiness for change on the basis of the ability of the

group to think the same way.

Alternatively, grassroots innovation (Kanter, 1983) and bottom-up strategies (cf.

Sarbaugh-Thompson, 1998) see programs develop at the street-level among employees who

engage with the program. However, employees ultimately must seek managerial support and

funding. The obvious benefit of grassroots programs is that employees identify areas for change, rather than having changes imposed upon them.

Resistance and readiness as conceived above appear to be two sides of the same coin. However, a more holistic approach has been to examine the power relations which can set resistance in motion (Ford, Ford & D'Amelio, 2008; Piderit, 2000; Thomas, Sargent & Hardy, 2011). In deciding that resistance is necessarily negative (Pidreit, 2000), managers label employee concerns as an obstacle to overcome (Thomas, Sargent & Hardy, 2011). This 'change agent-centric' view constructs change as good and those who oppose it as bad (Ford, Ford & D'Amelio, 2008).

Organizational culture is the personality (Schein, 1990) or identity (Dutton & Durkerich, 1991) of the organization. However, the occupation of policing in its varied forms is practised within an organization (Manning, 2007). Thus, it is important to distinguish between the occupational culture of the officers and the culture of the organization in which they are embedded (Paoline, 2003). The organization has all the complexities of a corporation, including stakeholders, budgetary concerns and an oversight board, while the occupation has the feel of a trade, whereby on-the-job training and experience often trump formal education. Indeed, Chan (1996) found that policies implemented at the command level do not necessarily take hold at the lower levels due to differences in interpretation of the policy and a lack of reinforcement of procedures.

From this perspective, neither top-down nor bottom-up organizational change strategies appear to fit well with adapting peer support programs to accommodate police culture. Because it is not a program directed at the day-to-day operation of the organization or street-level work with the public, peer support is not a traditional program. Thus, it cannot be viewed through the lens

of traditional frameworks. Neither is the program a grassroots initiative because although it is for and by peers, it does not necessarily enjoy a groundswell of support, in part due to confusion over what exactly peer support is (Beshai et al., 2016) and in part due to the cultural barriers discussed earlier. Peer support is perhaps more akin to a community program initiative.

In their study of public health intervention into a small traditional community in the United States, Castro, Barrera, Jr. and Martinez, Jr. (2004) found that the mismatch between the program validation group and the consumer group has the effect of limiting buy-in to the program by community members. For example, programs written in English introduced to primarily Spanish-speaking communities resulted in program failure due to an inability of users to understand the program. Cultural 'blindness', lack of consultation with community members and community readiness are other factors in the mismatch of program and community (Castro, Barrera, Jr. & Martinez, Jr., 2004). Program adaptation is seen by others as a necessary step in ensuring program uptake (Backer, 2001; Ringwalt, Vincus, Ennett, Johnson & Rohrbach, 2004). Thus, instead of merely overlaying existing peer support program models onto the policing environment, the deeper cultural structure of the occupation must be addressed.

Much of the research into peer support programs in police services focuses on the reasons peer support should work, while a portion questions whether peer support will work, but ultimately there is no research indicating they do work. Moreover, there is no research that tracks the implementation of a peer support program. The aim of this study is to shed light on the challenges faced by one team introducing a peer support program into a police service and to identify areas for further study. By talking with team members about their experiences concerning culture, change and stigma, as well as their perceptions of cultural and organizational

impediments, this research hopes to contribute to the body of knowledge concerning peer support

programs.

3. Methodology

3.1. Purpose

An underlying assumption in much of the research and grey literature is that peer support programs should work, in theory, based on the belief that police officers relate to and trust other officers more than they do outsiders. The fundamental problem, however, is that there is very little empirical data regarding the actual utility of peer support programs. The informal way in which peer support programs operate is partly to blame for the lack of empirical data, as support comes in the form of a private conversation between co-workers. Others contend that previous research into peer support programs have lacked methodological rigour (Grauwiler, Barocas & Mills, 2008). This study extends existing knowledge and challenges assumptions concerning police peer support programs by answering the following research questions:

1. How has the program been implemented and used?
   1a. What are its key objectives?
   1b. How has 'success' been defined?
2. What structural or other supports are in place to maximize program success?
3. What barriers or limitations exist that can hinder program success?

3.2. Method

This study uses a mixed-methods design combining surveys and in-depth qualitative interviews. The surveys and interview questions were constructed by Dr. Laura Huey with the intention of providing an internal review to CPD of the peer support program.

The rationale for using surveys and interviews in this study derives in part from the lack of prior data concerning this subject and in part because each was asking somewhat different questions. The focus of the surveys was on the construction of the peer support program as well as attitudes about it, while the interviews provided an opportunity to explore why people might feel one way or another about the program.

The purpose of the *development design* is to increase the validity of constructs by using data from one method to inform the collection and/or analysis of data of the other method (Greene, Caracelli & Graham, 1989). Typically, qualitative data is used to inform survey construction when little is known about a topic. In this case, some of the survey responses, in particular the open-ended responses, and the low response rate itself were used to provide context for project overall and aided in the development of additional interview questions.

Survey data was collected via a two-stage cross-sectional survey created using Survey Monkey. Beginning in January 2016, links to the online surveys were emailed to all current and retired sworn and civilian members. Reminder emails were sent out at the beginning of February and again in mid-March. Links to the surveys were also added to the routine order of the Chief, dated January 5, 2016, announcing the program. The surveys were available for one year. **Table 1** below shows key dates for the study.

Table 1. Project Timeline

Date	Step in process
January 1, 2016	Surveys posted online
January 5, 2016	Routine Order from the Chief introducing the peer support program
January 26, 2016	Routine Order from the Chief listing peer support team members and reminding members of surveys
February 9, 2016	Email reminder about surveys sent out
March 14, 2016	Email reminder about surveys sent out
May 9-13, 2016	Interviews conducted

CPD boasts approximately 800 current members, with three-quarters of those being sworn officers and one-quarter civilian members. The exact number of retired members who received an invitation to complete the survey is unknown, but it is believed to be approximately 200. The general survey received 71 responses, while the user survey received none. Therefore,

the overall response rate for the general survey was approximately 7%. Survey data was analyzed using Microsoft Excel 2013 and is reported as descriptive statistics in Appendix "A".

The first survey was a general survey intended to obtain baseline information on the issues members believe a peer support program should address, the circumstances under which they would seek help from the peer support program, and the reasons they may or may not use the program. All sections comprised a multiple-choice format with optional text space for other written information the respondent wished to add. This survey was intended to provide some direction as to the factors relevant to the investigation of the peer support program and as way to tap into general attitudes about the program.

The second survey was intended for the consumers of the program. Using a Likert rating scale, this user survey sought to elicit information about the members' satisfaction with the program, as well as any concerns and/or recommendations for improvement. Space was provided for additional comments. There were no responses to this survey, which may speak to several factors, including low volume of use so early after launch of the program or to issues of confidentiality. The latter are discussed in the following chapter.

Non-response bias impacted the utility of the survey data. Consideration was given to whether those who answered the survey differed meaningfully from those who did not. For example, of the 23 respondents who provided open-ended comments, there were several negative responses, as well as two impassioned comments supporting the program, suggesting that respondents' strong feelings, either way, led them to answer the survey. Conversely, the fact that only about 31% of respondents provided comments at all suggests the opposite. Moreover, there was no significant difference observed in relation to those who commented in the open-ended sections.

Research suggests that low response rates in organizations correspond to survey fatigue, busyness, or because the survey topic is not considered relevant (Baruch & Holtom, 2008). Several team members suggested that patrol officers cannot access the internet or emails in their cars in order to complete the survey while on duty. In order to increase response rates, it was suggested by team members that surveys be administered during parade[4]. Survey respondent demographics are reported in **Table 2**.

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[4] Parade refers to the meeting of patrol members at start of shift where roll-call is conducted and important information is disseminated and assignments handed out

Table 2. Survey Respondent Demographics

Characteristics	*N*	**%**
Overall	**71**	
Gender		
Male	45	63.4
Female	26	36.6
Marital Status		
Married	47	66.2
Common-law	2	2.8
Separated	9	12.7
Widowed	1	1.4
Divorced	1	1.4
Single-Never married	4	5.6
Do not wish to report[%]	7	9.9
Children		
Yes	62	87.3
No	6	8.5
Do not wish to report[%]	3	4.2
Member Status		
Sworn	25	35.2
Civilian	11	15.5
Retired (sworn & civilian)	27	38.0
Do not wish to report	8	11.3
Rank (current & retired)[$]		
Senior officers*	6	8.5
NCOs+	22	31.0
Constables	19	26.8

* Includes Inspectors, Superintendents, Deputy Chiefs & Chiefs
+Non-commissioned officers, including Sergeants & Staff Sergeants
% Includes blanks
$ Some sworn members did not report rank

Sixteen in-depth interviews were conducted with peer support team members over a two-week period in May 2016. Due to scheduling conflicts, not all 26 team members were available to be interviewed. In an effort to protect the privacy of the interviewees, the interviews were recorded and transcribed by this researcher. The recordings were stored on a private computer not attached to any network, and the recordings were assigned a number and did not contain the names of participants.

The interviews were conducted with a view to eliciting respondent views on program training, implementation, logistics, and issues of policy and practice. Participants were asked about their motivation for joining the team, their expectations of the program, the programs strengths and weaknesses. The specifics of interactions between team members and peers were not shared with the interviewer. All interviews with recorded with the permission of the participant.

Creamer et al. (2012) agree that significant gains have been achieved by talking to people involved in peer support programs. Asking team members about program delivery and reception by their fellow officers provided valuable insight that otherwise would not have been attainable. In many instances, team members were able to comment on concerns raised by survey respondents. Team members discussed issues without compromising confidentiality or risking harm to users of the program as may have occurred with direct questioning of program users. In fact, team members were in a better position than general survey respondents to discuss the practical aspects of the operation of the program.

This research followed a primarily inductive approach. For example, the idea that police culture would clash with the beliefs and values underlying the concepts of a peer support program was an open question that emerged initially from a review of the literature on traditional

police culture, but became a point of inquiry following the surveys, one that was developed further in the interviews. Other themes were derived *a priori* from the literature, which in turn informed the survey questions, which ultimately informed the interviews. For example, the issue of confidentiality was raised in the literature and by most survey respondents as an important aspect of and potential problem for the program, and interviewees were specifically asked to address this issue.

The interview data was analyzed through the use of thematic coding. I personally conducted and transcribed the interviews and read the transcripts numerous times to immerse myself in the data. I marked up the text to identify meaningful segments to which I assigned initial codes. I subsequently employed a focused coding strategy whereby I linked and categorized initial codes into several analytical concepts based on my interpretation of the interview data and with reference to the survey data. Initial codes which were not repeated or did not fit into any larger category were discarded. Finally, in order to avoid bias, contrasting views were inspected for possible meanings. For example, because team members' experiences as police professionals affords an insider perspective, they were asked to lend perspective to the negative attitudes toward the program raised by some survey respondents.

3.3. Ethics

Since no users of the program were interviewed directly, the potential for harm to participants was low. Ethics approval for this project was granted by Western University Non-Medical Research Ethics Board on August 27, 2015.

4. Analysis

4.1. Introduction

While much has been written on police culture, there is little discussion in the academic literature on its potential to clash with peer support. The literature sets out clear guidelines about the practicalities of implementing a peer support program, including those concerning program mandate and team member selection, training and accreditation. However, the challenges faced by the peer support program at CPD are as much cultural as they are practical. Although police culture is comprised of various subcultures and individual actors within those subcultures, remnants of broad traditional police culture remain, characterized by toughness, cynicism and resistance to change. Furthermore, those cultural traditions appear to be indelibly written upon the occupational culture such that they inform the outlook of individual CPD members regardless of the extent to which they subscribe to them.

Since the response rate for the survey was extremely low, its use was relegated to a development scheme (Greene, Caracelli & Graham, 1989), where it was used to inform the team interviews. In addition to answering basic questions about peer support, team members were asked to address the concerns raised by survey respondents. As such, several themes emerged from the data that are useful for answering the research questions, including confidentiality, trust of both the organization and team members, perceived lack of management support of the program, stigma surrounding mental health issues, and lack of interest in the peer support program in general.

The aim of this chapter is to explore 'what works' in peer support programming within police organizations. Although it is beyond the scope of this chapter to evaluate the efficacy of the peer support program at CPD, the following analysis highlights some of the challenges faced

by the team during implementation that affect the subsequent uptake and operation of the program.

This chapter begins by answering the research questions. The first question concerns implementation of the program, a process that includes team selection and training, as well as promotion and use of the program, each of which are addressed in turn. Next, key objectives and definitions of success are discussed. The next section answers question two by outlining the supports in place to ensure the success and continued maintenance of the program. In answering question three, the focus shifts to a discussion of the potential barriers to the success of the program. Finally, two additional themes are presented.

4.2. Implementation (Research Question #1)

In his 2012 report, *In the Line of Duty,* the Ombudsman for Ontario, André Marin, recommended the Ontario Provincial Police (OPP) establish formal peer support programs within its detachments. Marin's report influenced CPD's decision to implement its own program, and in December 2014 a committee, consisting of several volunteers, convened to create the peer support program at CPD. Information sessions were held shortly thereafter, but these were not mandatory and, according to some team members, were not well-attended.

CPD modelled its peer support program after policies and procedures borrowed from an established program within another municipal police service. However, one team member felt the team missed an opportunity to better understand how to get the peer support program up and running. Rather than merely using their procedures, this team member wondered, "What is it about their environment that has created an acceptance in their members, as opposed to what we do here?" This quotation raises the question of whether there is something inherently different about the other service that allowed its program to flourish.

4.2.1.   Team selection and training

The committee solicited nominations for peer team selection, a process that was carried out differently across the various units and patrol sections. One team member noted that on his patrol section, the Sergeant asked if anyone was even interested in the role before he sought nominations. The rationale provided for this method was that he did not "want to nominate somebody who doesn't care about it, right?" Yet, another team member stated that her motivation to become part of the peer support team came only after being nominated, while another was uncertain whether he could spare the additional time required to be on the team, but eventually agreed. A team member advised that the "process of how the team came about did not go according to plan," citing the inability of the committee to interview all 150 nominees and difficulties scheduling the initial training for the team. It is likely that some of the nominees declined to be on the team, whittling down the list, but it is not clear what criteria were used to select the eventual team.

According to Greenstone (2005), it is essential to properly vet nominees in order to ensure they possess the qualities of a good team member and are properly motivated. Creamer et al. (2012) contend that peer supporters should have considerable experience in their field and should undergo a formal application and selection process. That process can include providing a statement of interest and a psychological evaluation (Greenstone, 2005). While the latter is not necessarily appropriate, it is necessary to have a set of criteria by which team members are selected from among nominees.

The eventual peer support team was comprised of 26 members divided among 21 sworn and retired officers and 5 civilians from within and outside the organization. I was fortunate enough to observe the CPD peer team training sessions. The training took place over three days

and was led by a psychologist who headed up a peer support program in an emergency medical service. The general sense was that the team members found the training informative and the trainer credible. Some said the trainer "got" police officers, largely due to her experience with emergency services. "Getting it" is an important part of dealing with police officers, as some feel that many outside of the service do not understand their jobs and what is asked of them on a daily basis.

Day three of training involved role-playing scenarios to provide officers with a chance to employ their newly acquired skills. Some of the scenarios were extreme in nature, such as an officer contemplating suicide. During the interviews, team members commented that they were not seeing the types of cases reviewed in the training. The reality is that the everyday stressors of the job will be what peers need help with, as articulated by one team member who said, "I think it's a lot more stressors. Like, it's the everyday. Like, that stuff that really weighs you down, day in and day out." Extreme or not, another team member wondered how team members will "debrief" from intensive discussions with peers, which might be an important aspect to consider for future training.

4.2.2. Promotion and use

One of the challenges with implementing a new program is promoting it within the organization. While information sessions were held early on and CPD members were aware that the peer support program had been created,[5] there were no launch activities whereby peers could meet team members in person. Of course, promoting the program goes beyond just informing members of its existence, promotion also needs to dispel myths and negative talk about the

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[5] A general order was put out by the Chief in January 2016 announcing the official beginning of peer support.

program. Team members felt that it was important to consider how this could be accomplished without "shoving it down their throats."

Team members thought that educating peers about the new program, including explaining the training the team underwent and the purpose of the program, was the key getting it off the ground. While there was an understanding that some CPD members would never approve of or use the program, team members seemed to believe the majority would in time. This notion is summed up the following comment:

> I know we haven't gotten to the point where we've educated people enough about the training we've got, who's involved, that sort of stuff. So it's going to take some time.

Ultimately, team members agreed that promotion was essential and offered a variety of methods. Posting biographies about team members on the intranet and introducing the program at in-service training were two specific methods suggested by team members that have the potential to educate members about the program and promote it effectively.

Posting biographies has the twofold effect of promoting the team in a non-threatening manner while giving peers an idea of the background experiences of team members. The rationale was that if a team member has experience with addiction or illness, for example, a peer facing a similar issue might identify and feel more comfortable with that team member. This method of connecting peers based on shared experiences is consistent with methods used in early programs (Greenstone, 2005). However, the survey showed it was less important to speak to someone who had been through a similar experience (56%, *n=64)* than it was to speak to someone who was compassionate and trustworthy (87.5%).

Biographies were also seen as problematic by several team members because they could be too extensive or personal. Team members felt that making public their prior mental health or addiction issues or civilian oversight investigations would be stigmatizing. Others were

concerned that CPD members would view biographies as an attempt to portray an area of

expertise. Team member concerns are voiced as follows:

> I would like to see [biographies] work, but I don't know if it would because the thing is you're getting back to the cynicism. You'll see you have people who will just tear that apart and they'll say [he] thinks he's a pro in this and this and this.

To help combat this problem, one team member suggested the biographies could be kept in a

place where only those wanting to access the peer support service would see them, rather than

being on display for everyone.

While team members had positive and negative things to say about biographies, the

majority of team members thought that introducing the program at in-service training was the

most effective means of promoting the program. In-service training works because attendance is

mandatory, the presenter has a captive audience and it is a means of educating those who have

yet to make a decision about peer support. These sentiments are summed up in the following

quotation from a team member:

> I would be very surprised if you saw the same group of people [after] they had in-service training and they filled out the surveys … maybe they'd be a little bit more positive, but we need to get the word out there. People who are negative about it might still be negative about it afterwards, but there's a lot of people who will get the information they need to make an informed decision.

It is not surprising that in-service training garnered such support, given that training is

integral to the policing occupation. For this type of training to be effective, the people leading

the units must be on board with the message (Mastrofski, 2007). In other words, even if peers

see the benefit of the peer support program, if, following training, they return to units where peer

support is not considered useful, or worse, a joke, then training may have been wasted. By

deeming the program important enough to be part of regular training, management signals not

only support of the program but approval.

Approval is imperative to the program's success (Canadian Mental Health Commission [CMHC], 2013). However, many team members felt management was ambivalent or non-committal about its position concerning peer support. The following quotation is reflective of the sentiment of several team members, who felt that management buy-in needed to be more conspicuous:

> That again in my estimation is the best way, or one of the good ways at least, to promote the program by having the management teams at whatever level they are [be] aware of the program, supportive of the program and encouraging of the program.

Program promotion needs to not only address the culture, but it needs to clarify the program's purpose. The general consensus among team members and survey respondents is that peer support is primarily for critical incidents. Several participants contextualized this notion by noting their attendances at infant death calls. One survey respondent emphasized that peer support should complement rather than stand in place of other wellness programs. Another commented that "[issues] would have to be very serious before I would seek assistance." However, research suggests that while peer support can be the first point of contact following a critical incident (Creamer et al., 2012), peer supporters are not counsellors (APS, 2013) and do not replace critical incident debriefings. Further, peer support should be thought of as a resource for all employees in order to diffuse small issues before they become larger problems (AHS, 2010). Thus, the mandate of the peer support program needs to be clearly established. The following quotation from a team member sums up the core elements of the peer support role:

> …you are not the counsellor, you are here to help that person realize that [they] are not alone and that there's people here who want to support [them] and we can help make that connection. So it was always about making that next connection, if it's something that is going to be ongoing or is beyond a friendly ear.

At the time of the team interviews, use of the program had been fairly low, with some team members reporting they had not spoken to anyone. The slow uptake was not entirely

unexpected. The way peer support is used will likely evolve over the course of the program's

duration. However, at this stage there are several key factors affecting use, including how and

where contact will be made and what will be discussed. How contact is made centres on team

members' willingness and ability to reach out to peers. Reaching out is important because, as

one survey respondent articulated, "asking for help is not always easy." Indeed, most of the

team members who had spoken to peers at the time of the interview had initiated contact.

However, the decision to reach out and to whom varies among team members. While some

members will talk to coworkers who have been involved in a tough call, others said that if they

heard of someone going through a personal experience, they might reach out to them.

Communication among team members appears to be limited in this regard, which leads to the

question of how members determine who has been approached in the first place. The following

quotation highlights this problem:

> I would hate to be the person who comes in Monday for an incident that
> happened on the weekend and be the 10th person to reach out to this person, not
> knowing.

The same team members proposed "streamlining communication among the membership."

Any discussion of use of the program must also consider the question of where team

members will meet with peer contacts. Street officers frequently meet "door to door" in their

patrol cars to discuss business, and it was suggested that this was a viable way for these team

members to meet with peers. However, this method has the potential to compromise

confidentiality. One team member noted that in order to meet on the street both officers would

have to show themselves as unavailable to respond to a call, which might raise suspicion that

they were meeting. A team member who is also assigned to a patrol section commented that

"I'm assuming people coming to talk to us we will know really well and can say hey you know

what come to my place or go for a drink or meet at your place." However, that may not the case for all groups.

Those who work inside the station often work in "silos." In business parlance, silos refers to people who are working toward the same goal but do not share information (Hughes, 2016). In this case, the team member was making reference to the divide between those who work inside the station and those who work on the street. Inside workers are not necessarily aware of the major calls to which officers respond on a daily basis. The expectation is that because they are more likely to be aware of the daily occurrences, team members on patrol sections will talk to peers on patrol sections. Furthermore, inside workers do not have access to a large number of coworkers during working hours, nor do they necessarily have the flexibility to leave their posts to talk during working hours. This is further complicated by the fact that even during a break there may be not be a private space to talk in the station. In fact, one survey participant felt that all team member-peer interactions should be held off-site. The lack of opportunity to socialize outside their units and the need to know peers well enough to infer their needs emphasizes the importance of selecting a cross-section of team members to ensure each unit has a peer team member within its ranks.

Finally, survey respondents disagreed about the types of issues for which peer support should be used. While some thought both personal and work-related issues were appropriate for peer support, others were adamant that personal issues were not. A survey respondent stated that, "There are other programs in place to support these non-workplace issues." However, alcohol abuse and relationship issues were checked by many respondents as issues that peer support should be able to address. Historically, there is some crossover between work-related

issues and these personal issues. Peers should feel free to limit or engage in discussions as they see fit.

Ultimately, the nuanced texture of the peer support program is difficult to capture in a set of protocols; rather the dynamic nature of the program requires flexibility. Part of learning what will work for this team will likely flow from experience over time.

4.3. Key objectives and definitions of success (Research Questions #1a & 1b)

The team had yet to establish key objectives for the peer support program at the time of the interviews. Overwhelmingly, team members joined the peer support team with one goal in mind: "They just want to help." One team member stated there were no expectations for numbers, rather "if you ask you will get a response," suggesting that, at least initially, the team's goals were informal.

The co-ordinator began keeping track of the number of (anonymous) contacts made with peers in anticipation of being asked by management to provide data. Tracking numbers may be easier said than done, as team members reported they are not always sure a peer support interaction has taken place. For example, one team member commented that "when people do reach out, I don't know if it's a personal level thing or if it's because of peer support thing."

Others noted that one of the reasons for keeping statistics was to identify areas for improvement. However, improvement is relative based on the evaluation of whether targets have been met. For example, there were no specific goals set for the number of people to whom the team should strive to reach out. The collection of numbers suggests that the peer support program, like any other program, will have to justify its existence in terms of return on investment with regard to the time and funds devoted to training and other activities of the team.

Thus, setting goals, even modest ones in the beginning, is important so the team can see where it has been and where it needs to go.

Definitions of success varied among team members. For some, being a successful peer supporter and having a successful team were conflated. Indeed one team member felt that because he had not talked to anyone yet, the team was not working as whole. Team members wanted to know if the team was working, but had little communication with one another in this regard. When asked what 'working' looked like, one team member felt that the program was really working when peers were reaching out to team members, stating, "That's the key. That's how you know you've arrived and it's there and it's working."

Another measure of success noted by team members involved peers suggesting peer support to their friends. Word of mouth promotion suggests internal uptake of the program by peers and a normalization of peer support in general. One team member suggested that the more people who were known as peer support members, the more normalized peer support would become. However, the same team member was concerned that the program had "certainly fallen out of the radar. We have fulfilled some checklist, we are created and that's it."

4.4. Structural and other supports (Research Question #2)

At the time of data collection, there were no policies or guidelines in place concerning the operation and maintenance of the team. Some team members felt they lacked direction with respect to how to handle some situations. Yet, others were concerned that policy would hinder rather than help their cause, as reflected in the following quotation:

> And people don't like policy, especially police officers. They don't want to adhere
> to some policy, so if they hear that we are governed by all these policies, they're
> going to be like 'I'm not going to peer support'.

Management demonstrated its willingness to back the peer support program by sanctioning it in the first place. However, given that this is a peer-driven program, it is unclear

the role the organization intends to take with respect to the program's ongoing maintenance, in terms of replacing outgoing members, continuing education and the like. Several team members offered that the organization could show its support by instructing supervisors to allow time for team activities and training, as is the case for other groups. It was also suggested by one team member that the peer support program should be presented to the Police Services Board in an effort to illustrate the need for the program. Further, Iacobucci (2016) suggests that the importance of an issue can be assessed by its placement or lack of placement within the missions and values statement. Thus, the question becomes how will peer support be seen in terms of the organization's mission?

Research suggests that peer support teams should have psychological oversight in order to provide assistance with peer contacts. The program does not have anyone in this position and it is unclear how this will affect the program in the long run.

Finally, external supports exist in the form of peer support resource networks. For example, Badge of Life Canada is currently working to develop a national training and resource network. However, it does not appear there is a formal association of police peer support teams in the province, where team members can meet and share ideas about how to further the work of their own teams.

4.5. Barriers to success (Research Question #3)

The original task of evaluating the implementation and subsequent operation of the peer support program at CPD was complicated by several factors. Shortly after they were sent out, it became apparent that the surveys would not garner the response rate necessary to be of use beyond informing the interview questions. The team coordinator discovered he did not have time to produce and disseminate promotional materials or to arrange team meetings and further

training for team members. Moreover, at the time of the team interviews, some team members

voiced concern that uptake of the program was slow while others felt dubious about the

program's usefulness:

> It's kind of stalled out. I was actually talking to another member about it and we
> were all gung-ho after the training and then it was probably about a month or two
> later and we both kind of commented that it just kind of grinded [sic] to a halt for
> now.

In short, the task shifted from simply evaluating the implementation and uptake of the

program to finding out why it had stalled. The success of the peer support program hinges on a

number of factors, not the least of which is buy-in from peers and management alike. Two

cultural themes emerged as potential barriers to the success of the program.

4.5.1.   Confidentiality and trust

There is no question confidentiality is essential to the success of peer support programs

(Greenstone 2005; Techmanski, 2013). Indeed, 92% of survey respondents cited confidentiality

as a key feature of the program ($n = 63$). Of those respondents who provided reasons why they

would not use the program ($n = 23$), only a about a quarter (26%) felt peer support was not

useful, while the most frequently cited (65%) reason for not using the program was feeling

uncomfortable talking to somebody at work. It is not surprising that people value their privacy.

However, the open-ended survey responses revealed that the unwillingness to talk to coworkers

may be rooted in distrust. Most of the negative comments involved distrust of the organization

itself. If team members were implicated, it was mainly to the extent that they would be

subverted by the organization.

It should be noted that only about one third of the respondents ($N = 71$) provided

comments in the open-ended sections, and only four of those were extremely distrustful, with

another four having milder concerns. Respondent concerns ranged from organizational

requirements to report peer contacts to use of "back channel" methods to uncover information about peers using the program. While only a small number of respondents raised trust concerns, these may be more widespread than indicated by the survey alone.

The survey data revealed a lack of clarity about, and trust in, the team selection process. One respondent suggested that team selection resembled a popularity contest, while another stated that team members were self-interested and merely "checking a box" toward career development. Further, another respondent believed management selected the team and suggested team members would be expected to betray confidences:

> There are a lot of people within this organization that have been exposed to serious critical incidents who also have significant respect amongst their peers, but the organization continues to ignore those people in preference to those that are seen to be the type who will heel to the organization's wishes, not the best interests of the affected member. So long as this exists—or even the appearance of same—there will be reluctance to participate. This is an important program but it lacks the confidence of the people who need it most.

The root and breadth of this lack of trust is unclear. Although the responsibility to address the issues lies with whomever is at the helm, present management cannot be blamed for the lack of trust. These feelings appear to be deeply ingrained as though built up over time through a history of negative experiences. In order to gain an understanding of the lack of trust, team members were asked to comment on the issue. Team members offered a sense that those who believe the team is compromised are few. One team member observed, "They'll never talk to us anyway," suggesting that the team members were not the real concern, but the idea of peer support. Others felt being popular was a good thing:

> So, popularity contest or not, is it somebody you're willing to turn to and trust if you have a personal issue and I think that's the biggest thing. You talk about confidentiality, but just trusting that person that they're reliable and they're not going to tell anybody. If that's a popularity contest, those are people you want to hang out with anyways.

Moreover, it is clear from the interviews that team members' motivations for joining the team stem from a place of goodwill. This sentiment is summed up by one team member who felt that, "as a police officer you always like to help people and I figure this is another way of paying back." Many were already talking to their peers informally prior to joining the team, and most team members felt they were a "natural fit" for the work.

Another aspect of distrust revolves around the notion that management will require team members to report on their peers. The concern expressed by respondents and team members that management will take an interest in those using the program is summed up in the following comment by a team member:

> I think as a constable if I was to talk to a sergeant I think naturally I would be a little bit worried that 'well, is this going to affect me' because I have a lot of places I want to go and I don't want them to think I'm unstable or to think I'm not in control.

The above comment raises the issue of whether peers should only talk to those of the same rank. Greenstone (1995) notes that peers are equals and would be confidants even if they were not peer supporters. The suggestion that a sergeant would either report on the peer or take a dim view of the peer which could, in turn, result in a poor evaluation is problematic. As a peer team member, the sergeant must be trusted to hold confidences; yet, as a sergeant, he or she may be bound by a duty to the organization to use information about a peer to inform evaluations or provide input concerning promotions or fitness for duty. In any event, the peer's problems may colour the sergeant's view of him. This is an important concern worthy of further discussion.

Nevertheless, several team members were adamant that the peer support program was independent of the organization and that there was absolutely no requirement to report peer interactions to management. Moreover, the following quotation from a team member suggests that reporting a problem is not a normal part of the peer support role:

> Like, you know, if you are having issues with your boss I'm not going to go running to someone to report on that or to try and get them in trouble. That's not my job. My job is to support you.

However slim the likelihood, the reality is that situations will arise that require reporting to a supervisor. When asked about when to report and to whom, many team members did not have a definitive answer and indicated they would ask the co-ordinator. One team member voiced the following view on reporting a hypothetical incident of sexual harassment:

> It would have to be concerning enough that their wellbeing or someone else's wellbeing would be a concern for me, I think. With that kind of thing, I would really have to be worried to breach that confidentiality. Whereas what I would probably do is encourage them to step forward themselves. Because it's not going to help them if I go and tell on someone and they just end up looking like the bad guy and their confidentiality with me is breached and they have no trust with anyone.

Alberta Health Services (2010) suggests drafting guidelines setting out the limitations of confidentiality. For example, guidelines could set out specific circumstances when team members will breach confidentiality, such as when the safety of the peer or the peer's family is in jeopardy. However, potentially dangerous or criminal situations might not be easy to discern without involving other parties. Placing the decision on individual team members to determine the course of action opens them up to criticism and potentially to legal issues (Finn & Tomz, 1998). Furthermore, the team must strike a delicate balance between reporting and facilitating communication. If guidelines leave no room for discretion, peers may not open up. Whatever guidelines are put in place must be very clear and made known to the CPD membership.

Fostering confidentiality and trust is an important step in getting the program off the ground, yet there is little research outlining concrete steps to take in order to address the issue. The anonymous use of hotlines or working with another police service were rejected outright by most team members. One team member stated, "A peer to me is somebody you know is your peer not you're just told is your peer." Several team members suggested the need for a secure

space to talk to avoid being noticed talking to a peer. Another team member thought it was important to convey the team's commitment to the program and the underlying reasons members joined, noting that "people don't know why we're interested, so I think that would be a big part of acceptance for some people." In other words, if the CPD membership understood that team members simply want to help and are not 'agents of the organization', this would go a long way to garnering the trust of their peers. Finally, other team members thought uptake would be a matter of time and word of mouth. In this case, the team would have to earn the trust of their peers by proving themselves trustworthy.

4.5.2. Stigma

Chan (2007) reminds us that police culture must be viewed in the context of the society in which a service is embedded. Though the climate has improved, there continues to be significant stigma surrounding mental health treatment in the general population (Phelan, Link, Stueve & Pescosolido, 2000), and these views are naturally reflected in police culture. The following quotation from a team member illustrates how engrained are the notions of stigma surrounding mental health:

> When I talk about resistance, officers just want to deal with it themselves…I guess it's just trying to break those old school barriers… I kind of struggle with the whole peer support program. If I'm an officer who is having issues and dealing with either an incident or just an accumulation of stress, would I rather go to a peer and put it out there to a peer support member or would I rather use my employee assistance program and go to a mental health professional, right? And, um, if it were me I would go to the professional first.

The sense of trepidation about using peer support was evident in the team member's voice. However, his attitude possibly reflects the types of officers he knows. The same team member encountered fellow officers who "don't necessarily support the peer support program and call it…the hugging course." Other team members reported hearing similar comments about peer support, alluding to its emotional or feminine nature. The soft side of peer support appears

juxtaposed with the tough veneer of police work. The message is you are either a good cop or you are in peer support, not both. This sentiment is evidenced by a comment from a survey respondent:

> [The peer support program] is very important. I still suffer the scars of horrible occurrences/investigations where the "best" counselling available/offered was 'suck it up son. You're a big guy'.

Several team members commented that the types of people who go into policing are those who will not admit they need help, "because that's a sign of weakness." The following quotation by a team member illustrates his conception of what was expected of him as a new constable:

> I remember for myself going to my first death and I remember getting the call and going 'okay, I've seen dead bodies before doing this job, but I cannot, no matter what I see here – this is what I'm thinking in my head – no matter what I see here do not show any emotion. I would not have let my coach officer know if that was the worst thing I had ever seen in my life and I wasn't going to sleep for weeks, I never would have told him.

Another team member commented that it was rare to hear someone say he was upset about something, noting, "We kind of made a joke about whatever it was," which is "part of the culture." Yet another team member imparts a sense that officers are required to compartmentalize the tough calls in order to move onto the next one.

> I started in [year], and there was certainly a different attitude about not showing the weaknesses and all the rest. It's gotten better, but I still think that it's, you know, you see a lot of bad things...

It is not clear from the survey why some respondents felt management would attempt to seek information about peer contacts, and the breadth of this sentiment across CPD is unknown. However, prior research suggests officers may be fearful of job repercussions, such as denial of promotion based on perceived mental health issues (Chan, 2007; Creamer et al., 2012). Team members were sympathetic to these concerns and several explained the need to be seen as "in control." The sentiment is summed up by a team member in the following quotation:

> If I appear incompetent or if I appear that I'm not 100%, that's going to come back to hurt me in my job and it may well hurt me in my promotion and moving up the ranks and things of that kind.

The burden of having to appear 100% sends the message that it is better to hide than to been seen as struggling and risk losing competitive advantage. However, most officers will suffer some form of psychological injury at one time or another (Miller, 1995), so the question is not whether but when someone will need help.

Anti-stigma programs like Bell's "Let's Talk"[6] presage a shift in how we think about people with mental health issues. But change does not happen overnight. It can take three to five years of programming before an organization sees significant change (CMHA-Ontario). The notion that new ideas take time to become part of the mindset of the organization or group is supported by one team member who said simply, "cops hate change." However, this cultural maxim is not necessarily congruent with the beliefs of individual officers. The following is a selection from a team member who was very positive about the changes in police culture:

> I think [policing is] always changing a lot. Like I've noticed just in the…I've been here [several] years. So it's changed a lot, but it does take time. I think the Service itself is doing a good job with trying to promote that.

However, with respect to the peer support program in particular, the same team member offered that uptake might be slow because, "At the end of the day, I still think people think 'that's not going to happen to me'." Coupled with this sentiment is the difficulty some members might have in reaching out, as eloquently put by one survey respondent:

> Peer support should take initiative to reach out to those who may need help—asking for help is not always easy—there should be a way for them to reach out in a generic manner to open the door to the person who may need help but

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[6] Bell Let's Talk is a mental health anti-stigma campaign that began in September 2016 with the goal of promoting awareness and action built on fighting stigma, improving access to care, supporting research, and leading by example in the workplace.

doesn't know if their situation warrants help from peer support—not sure if this makes sense but it isn't always easy to ask for help.

One team member agreed and suggested that reaching out may not be easy for team members either, stating that "being comfortable being uncomfortable" is something team members should embrace. Another team member felt the training was silent on the issue and suggested more instruction should be given on strategies for reaching out to peers. Yet another team member thoughtfully suggested that members will know the team is working when peers are reaching out to them.

It is difficult to assess the breadth of the stigma attached to seeking mental health treatment in CPD. While the fear of showing weakness seems to be culturally engrained, members have joined the team, are supportive of it and/or use the program. More than one officer thought that a negative attitude toward peer support was not widespread:

> The naysayers are very minimal. And the thing is they stand out because the thing is they talk all the time. [Interviewer: About what?] Well, just how unhappy they are with things. This should change, that should change and they don't do anything to change it. You look at a situation like peer support and they would laugh at it. There's people who have laughed at that. Oh you went to that. I remember, I kind of adopted this—and people would laugh after the fact—what type of training did you do? Oh you were doing the hand holding training so I was like okay I was in the handholding, you're right. So it's people like that, like no matter what, they're going to be angry about something.

Yet, team members suggested that officers who take leave for mental health issues can be judged harshly. In the estimation of another team member, there are a lot of "broken toys" who outwardly appear okay. Another stated "Non-deployable. You don't want to be called that." One team member was insightful in stating that it is not the team members who needs to convince the peer that taking time off is acceptable, the environment needs to say it is okay. In other words, members need to feel like taking time off when needed is an acceptable route, that they are not going to be judged and that their job will be waiting when they return.

Research suggests that peer support should work because the team members understand the job (Greenstone, 2005; Goldstein, 2006) and therefore can relate to the problems of their peers. The following quotation suggests that police officers should be willing to open up to each other about their problems:

> This is a very social job. You need to get along with your peers and you need to be able to trust them. I think when you have that kind of brotherhood and sisterhood with these people, you share things you normally wouldn't.

On the other hand,

> …a lot of times someone who is on a section with a couple of members of the peer support team may be like 'I'm too close to them. I don't want to go to them'.

Brother/sisterhood seems to stop short of mental health issues. In order to begin to break down the walls of stigma, the conversation needs to change. Even if individual officers agree the team is needed, resistance remains.

4.6. Additional themes

Making referrals to outside resources and the necessity of team cohesion are two themes that emerged as important for many members of the team, primarily because they affect the day to day operation of the program. These are discussed in the following sections.

4.6.1.   Referrals

One of the objectives of the peer support program is to facilitate referrals to professionals (Creamer et al., 2012). However, team members indicated they are not clear when, how or to whom they should refer peers. There are no guidelines in place, nor have team members been furnished with a resource list. Instead, they appeared to rely heavily on the coordinator to assist with making referrals. Furthermore, while team members acknowledged that information about healthcare options is located on the CPD intranet, some noted this was insufficient for various reasons, including lack of ease navigating the intranet and because non-CPD or retired CPD team

members do not have access to the intranet. Some team members felt that leaving peers to search out options on their own was inappropriate. The problem as expressed in the following quotation by a team member suggests a concrete process for making referrals is needed:

> Because the one thing I kind of felt was absent from the training was, okay so we've spoken to an individual who's in crisis, what resources do we have to offer them? I know we kind of had briefly touched on them during the training. Like, oh yeah you can suggest they go to [a healthcare service provider], but do we really have a real process for getting this person the resources?

Another aspect of making referrals that arose during training is the importance of having resources who understand policing. The following quotation highlights these concerns:

> I remember they were discussing that at the training. They were trying to get a list of people in regards to psychologist, psychiatrist. I think one of the obstacles in policing is getting somebody that understands the job. You can go talk to somebody but if they don't understand shift work and policing as a whole than that can be very frustrating for an individual…They talked about that we may get a list of certain names.

Finn and Tomz (1998) argue that police are more likely to attend with a mental health professional if referred by a trusted peer. Having a list of police-friendly resources allows team members to discuss referral options with peers, make a call together or simply provide the list, rather than leaving it up to the peer to search out the information. One team member had a rather innovative idea for passing along information:

> I would say something we can put on our phone, just like a text message with all the stuff on it so I could forward it to somebody…because everyone has their phone…to have it and say 'here you go' and then they've got my number and…all the resources available to us.

4.6.2. Team cohesion

Research suggests that team cohesion is important for mission-orientation, commitment to the work of the group and a desire to stay in the group (Piper et al., 1983; Beal, Cohen, Burke & McLendon, 2003). Team members need to have a sense of purpose, a connection to one

another and a support system. However, this may be easier said than done, given that team

members are separated by role, physical location and shift.

Most team members agreed there was a lack of team cohesion and many expressed a

desire for more connection with other the members to share concerns, to help maintain and

improve skillsets and to allay fears of being ineffectual. One team member summed up the

concerns this way:

> I would like to see the meeting maybe quarterly, or however long, just to keep in touch with everybody that's involved and if there's any discussion points that we can iron out or things that we want to see changed in the unit. It's a good opportunity to communicate changes coming. So I think it's been kind of, we did the training— and this ties into how things grinded [sic] to a halt—we did the training and everybody's gung-ho and now we haven't heard anything. We realize its early stages, but I really do think just having that cohesion amongst each other would be very helpful.

It should be noted that not everybody was on board with the idea of team meetings. One

team member wondered, "What would you do at team meeting?" This team member

underscored that fact that team meetings could not be used to discuss peer contacts. However,

seeing the value in connecting with teammates, while recognizing the difficulties in getting

everyone in the same room, this same team member suggested a buddy system as an alternative

to meetings:

> I wonder instead of meetings if you could almost have like a couple buddies that as peer support that you check in with and ask how things are going […] so we ask that you check in with your buddies once per month. Whether you have a team of 3 or 4 you can make on your own time—someone that works in your area so that you see what's going on in [terms of] the stress.

One caveat is that rather than acting as a stand-in for regular team meetings, the buddy system

should augment team meetings during which the co-ordinator could not only provide direction to

the team, but also assess how the team is working and the need for additional training.

      More importantly, the buddy system idea touches on the important issue of burnout in peer support team members (Finn & Tomz, 1998). Creamer et al. (2012) recommend that peer supporters have access to a mental health provider. Checking in with each other is a good way for team members to ensure their teammates are not becoming overwhelmed by secondary exposure to stress and recognize when they need a break. The successful implementation of the peer support program relies in part on having a strong and able team.

5. Discussion & Conclusions

This study provides insights into potential barriers to success of peer support programs. In the preceding pages, I highlighted apprehension about the program on one end of the spectrum and indifference toward the program on the other. For the most part, the literature does not examine the collision between police culture and peer support programs. Indeed, much research contends that police peer support programs will work for the very reasons that may actually hamper their effectiveness. Trust bred of the willingness to share emotional issues based on mutual experience underpin arguments for police peer support programs. However, this study has shown that camaraderie alone does not necessarily translate into trust. Indeed, lack of trust, fear of confidentiality breaches, and lack of ability to overcome cultural inclinations to eschew weakness, may hinder the adoption of peer support programs. Based on the preceding analysis, what works, what has not worked, and what may work better, for peer support teams at CPD and elsewhere, can be summed up in the following three points.

First, the purpose of the peer support program within CPD is ill-defined. This study found that several CPD members view peer support as either a replacement for other wellness programs or as an option of last resort. Either position fails to recognize peer support as a complementary resource for current and retired members as well as members' families. Even some team members were not clear on the program's mandate. Moreover, some respondents voiced concerns that team members were not properly trained to handle mental health issues. This emphasis on training suggests members do not understand that peer support is not treatment or counselling. Any literature or policy concerning peer support should state precisely what peer support aims to accomplish and for whom.

Establishing the purpose of the peer support program will also facilitate the collection of empirical data to demonstrate the program's efficacy (Guilfoyle, 2013). Creamer et al. (2012) stress the need for teams to set clear goals linked to specific outcomes. Team members noted CPD is "results-driven." However, the team did not set hard targets. This is understandable in the first year, particularly given the slow uptake. Creamer et al. (2012) suggest collecting adjunctive data concerning absenteeism, turnover and work performance when evaluating peer support programs. While evidence that the program is working is necessary in order to make decisions regarding allocation of resources, numbers alone do not tell the complete story. Program review should also include the collection of qualitative data that speak to the impact peer support has on individual users, overall morale of the membership and shifts in attitude about mental health in general.

Second, one gleans from the interviews a sense that the peer support program was intended to operate at arm's length from management. Maintaining autonomy over the program would ostensibly engender a sense of confidentiality and maintain the 'peers only' aspect of the program. Yet, team members highlighted the importance of organizational support in the success of the peer support program. While little attention is paid to the role of management in the literature, this study found that management involvement is necessary for organizing in-service training, permitting time off for team training and meetings and for addressing budgetary needs. Moreover, without a point person in senior management with whom to collaborate to ensure these needs are met, the coordinator could quickly become overwhelmed with or unable to meet these responsibilities.

Approval from senior management is not enough. Actual endorsement of the program is necessary to send the message that the program is valued and that participation is expected

(CMHC, 2013). Recruits are deemed physically and psychologically fit for duty when they join the police service (Waters & Ussery, 2007), so it stands to reason their continued fitness for duty is important. Team members were clear that management is invaluable in setting the example for frontline officers concerning mental wellness. The organization, in conjunction with peer support and other internal mental wellness programs, should present a united front in the promotion of mental wellness.

Third, this study emphasized the relevance of culture on the uptake of the peer support program. Policing lore is full of cultural maxims, such as 'cops hate change' or 'cops don't show weakness', which are value-laden and normative. Team members invoked maxims to explain the reluctance of their fellow officers to accept and use the peer support program, to complete the surveys and to attend information sessions. As noted earlier, they also expressed the importance being *seen* as fit for purpose, primarily by not showing emotions or taking time off work for mental health reasons. Nevertheless, team members gave the impression that in spite of a dismissive attitude toward peer support, many officers held positive individual beliefs about the utility of the program. Indeed, as noted above, some of the most vocal opponents of the program were also users of the program. The vigorous denial is further evidence of the normative function of cultural maxims.

The point here is not to reduce police culture to a set of maxims, rather it is to highlight what Wood and Marks (2007) refer to as a fragmented culture hidden beneath broad patterns. Team members and survey respondents revealed a mix of support and apprehension about peer support. By acknowledging the cultural inhibitions concerning peer support and emphasizing that individuals are not necessarily aligned with the broad culture, peer support teams can adopt strategies to overcome these barriers to success. For example, having a well-respected "cop's

cop" address the membership about personal mental health struggles challenges the myth that struggling with mental health issues equates to personal weakness.

Link and Phelan (2001) contend that addressing one behaviour in one particular group does little to combat the problem of stigma on a fundamental level, leaving any successes in that group to vulnerable to the influence of stigma in the broader context. For example, instituting policies regarding time off for psychological injury to mirror those for physical injury in one police service may be successful in changing attitudes in the short term, but that success may lessen over time because other police services, not to mention wider society, may not have enjoyed the same changes in attitudes. Instead, any attack on stigma must be targeted at the multiple levels and layers of its depth and particularly at its root cause, which are deeply held attitudes that lead to "labelling, stereotyping, setting apart, devaluing, and discriminating" (Link & Phelan, 2001). Therefore, small steps can and should be taken within police services that might contribute to actual change in attitudes over time. Using the term OSIs, having respected officers speak out, having a peer support program, and having the organization add mental wellness to its long-term goals are examples of these small steps, when taken together have the power to make an impact on attitudes and beliefs about what constitutes mental illness and mental wellness.

Other cultural barriers to the success of the program lie in the intertwined issues of confidentiality and trust. The team highlighted the need to ensure confidentiality by providing a 'safe space' to talk with peer contacts, in person or by telephone, as well as maintain a policy of no record-keeping in relation to peer contacts. However, peers must trust that team members will keep their information confidential, and garnering this trust may be easier said than done.

Shearing and Ericson (1991) argue that police culture is transmitted primarily through storytelling, which results in a cumulatively built-up repository of knowledge about the occupational culture. Thus, whether or not an officer personally shares the experiences of others, he or she is privy to what has been learned through those experiences. By extension, this argument can be applied to lack of trust. The idea that 'everyone talks about each other' or that management will use 'back-channel' methods to uncover information about peers becomes part of a shared belief system. Moreover, the literature indicates that lack of trust among peers stems from fear of job repercussions in a competitive promotion system (Chan, 1996). Directly speaking to concerns about the use of so-called back-channel methods to obtain information could allay fears. In order to clarify its position, management should specify that it will not make enquiries of peer supporters about officers, particularly in assessing a candidate for promotion.

5.1. Limitations and future research

This study is exploratory in nature and thus has certain limitations. For example, the focus on a single police service limits its generalizability. Although police culture is often conceptualized by academics as having universal properties, it would be inappropriate to extrapolate CPD culture and the findings herein to another service. Instead, the findings can serve to inform other studies.

Only a small percentage (<10%) of the full complement of CPD participated in providing data for this study, either through completing the survey or by agreeing to be interviewed. We might expect people whose attitudes fall at the extreme ends of the spectrum to answer surveys, resulting in a non-response bias that fails to accurately reflect the attitudes and beliefs of the target group. If we assume non-response bias is at work here, then the large majority of CPD

members did not take a terribly strong position with respect to peer support. Undoubtedly, the reasons for not participating vary among individuals, but their silence nonetheless conveys the message that they were not invested enough in the subject to respond. Whether the low response is a matter of accessibility, as suggested by some, lack of interest, or whether there is more to the story, is beyond the scope of this study.

It was hoped the survey would garner enough responses to say something concrete about the peer support program at CPD. Ultimately, the survey was used as a means of understanding the context of peer support in CPD culture and to aid in the construction of interview questions. The team interviews confirmed that some of the issues raised by survey respondents do exist among the membership; however to what degree and whether these concerns are founded is unknown.

In order to develop strategies to facilitate and promote uptake of the peer support program, future research should aim to tap the attitudes of those members who remain silent, whether they have used the program or not. It is unclear if these members hold moderate views, are completely disinterested, or are afraid to stand out. Additionally, it is not known whether stigma surrounding mental health or fear of job repercussions has more impact on uptake of the program, or whether it is some unknown factor. Furthermore, it is possible that peer support represents a means of tearing down walls that help officers compartmentalize their feelings in order to do their jobs. This is a consideration in high-risk organizations, such as police, fire and EMS, that is not necessarily contemplated by employee peer support programs more generally, and more work needs to be done in this area. Finally, future studies into police culture and peer support should aim to address these cultural barriers head-on. For example, rather than simply

asking what officers think about peer support, studies might ask the more pointed questions about stigma and trust.

5.2. Final conclusions

This study set out to track the implementation and subsequent operation of the peer support program at CPD. Instead, this process was overshadowed by cultural barriers to successful uptake of the program. This study gleaned some insights from a very small sample of CPD members who appeared somewhat polarized in their beliefs about the peer support program at CPD. The implementation of the peer support program met a few stumbling blocks, which are collapsed into three broad categories. The mandate or purpose of the peer support team needs to be defined. Without a clear sense of purpose, the team cannot hope to define and measure outcomes necessary for evaluation of the program, nor can members be expected to embrace a program they do not fully comprehend. Second, organizational support and endorsement is required; this is especially true if organizational resources will be consumed. Management must incorporate peer support into its organizational philosophy in order to facilitate service-wide changes in attitudes toward mental wellness. Third, cultural impediments to new programs such as peer support need to be anticipated and addressed. In collaboration with CPD, the peer support team should seek to develop strategies to overcome the stigma surrounding mental health issues and to foster confidentiality and trust in the team and program. Finally, understanding that privately held beliefs of officers concerning peer support may differ from their outward behaviour can become a jumping off point for the development of these strategies, to increase uptake and to inform future research.

By challenging attitudes about police culture and mental health, the concept of peer support reaches beyond its intended function and should continue to shape the attitudes of police

officers and police services well into the 21st century. Ultimately, time will be the final arbiter of the fate of peer support programs at CPD and elsewhere.

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Appendix "A"

General Survey Results

Question 1

What is your age in years?	
Answer Options	Response Count
	67
answered question	67
skipped question	4

Question 2

What is your gender?		
Answer Options	Response Percent	Response Count
Male	63.4%	45
Female	36.6%	26
answered question		71
skipped question		0

What is your gender?
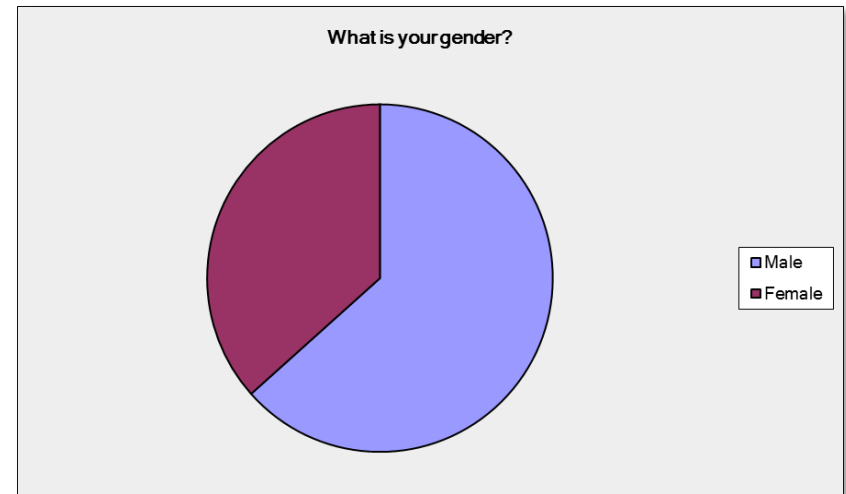
Question 3

What is your marital status?

Answer Options	Response Percent	Response Count
Married	67.1%	47
Living common-law	2.9%	2
Divorced	1.4%	1
Separated	12.9%	9
Widowed	1.4%	1
Single-never married	5.7%	4
Do not wish to report	8.6%	6
answered question		70
skipped question		1

What is your marital status?

- Married
- Living common-law
- Divorced
- Separated
- Widowed
- Single-never married
- Do not wish to report
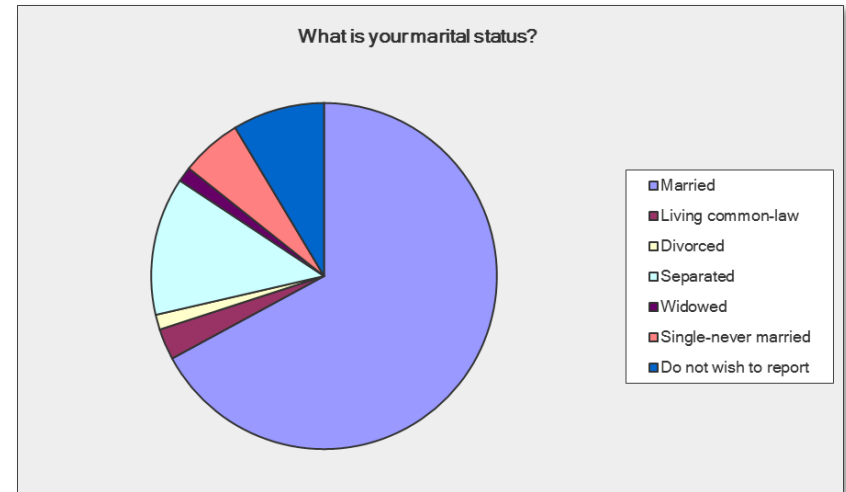
Question 4

Do you have children or step-children?

Answer Options	Response Percent	Response Count
Yes	88.6%	62
No	8.6%	6
Do not wish to report	2.9%	2
answered question		70
skipped question		1

Do you have children or step-children?

- Yes
- No
- Do not wish to report
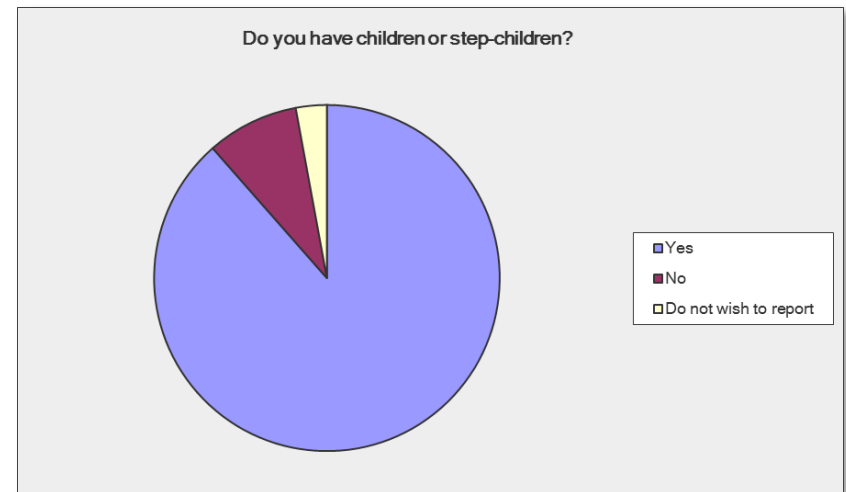
Question 5

You are presently...

Answer Options	Response Percent	Response Count
A regular police member	35.2%	25
A civilian member	15.5%	11
Retired	38.0%	27
Do not wish to report	11.3%	8
answered question		71
skipped question		0

You are presently...

Legend:
- A regular police member
- A civilian member
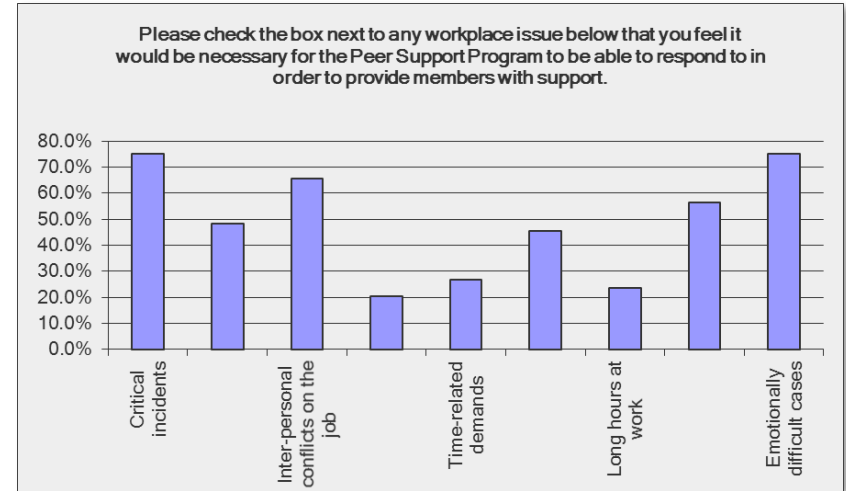- Retired
- Do not wish to report
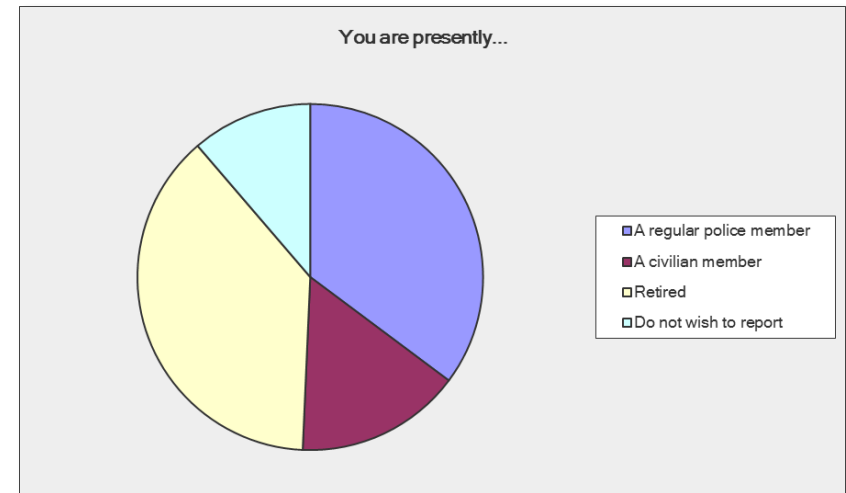
Question 6

If you are a police member, what is your rank? (Former police members please list your rank at retirement.)

Answer Options	Response Count
	49
answered question	49
skipped question	22

Question 7

Please check the box next to any workplace issue below that you feel it would be necessary for the Peer Support Program to be able to respond to

Answer Options	Response Percent	Response Count
Critical incidents	75.0%	48
Harassment	48.4%	31
Inter-personal conflicts on the job	65.6%	42
Court attendance issues	20.3%	13
Time-related demands	26.6%	17
Lack of control over work environment	45.3%	29
Long hours at work	23.4%	15
The effects of shift work	56.3%	36
Emotionally difficult cases	75.0%	48
Other (please specify)		5
answered question		64
skipped question		7

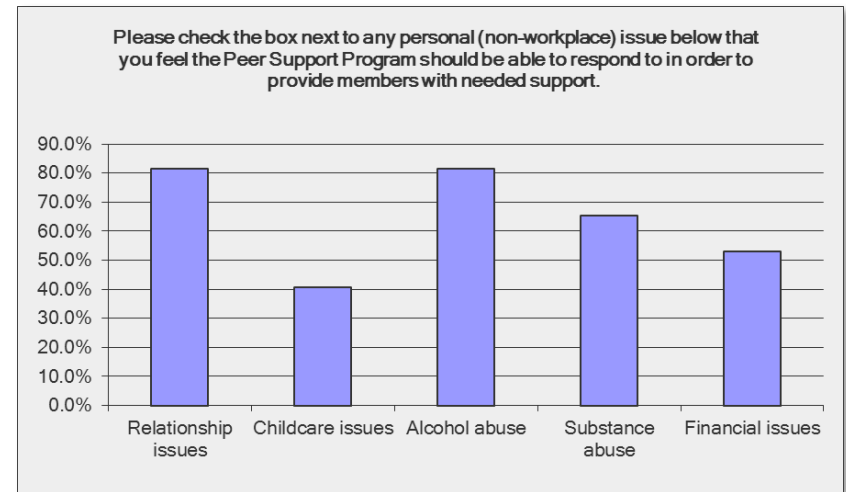Please check the box next to any workplace issue below that you feel it would be necessary for the Peer Support Program to be able to respond to in order to provide members with support.

Question 8

Please check the box next to any personal (non-workplace) issue below that you feel the Peer Support Program should be able to respond to in

Answer Options	Response Percent	Response Count
Relationship issues	81.6%	40
Childcare issues	40.8%	20
Alcohol abuse	81.6%	40
Substance abuse	65.3%	32
Financial issues	53.1%	26
Other (please specify)		8
answered question		49
skipped question		22

Please check the box next to any personal (non-workplace) issue below that you feel the Peer Support Program should be able to respond to in order to provide members with needed support.
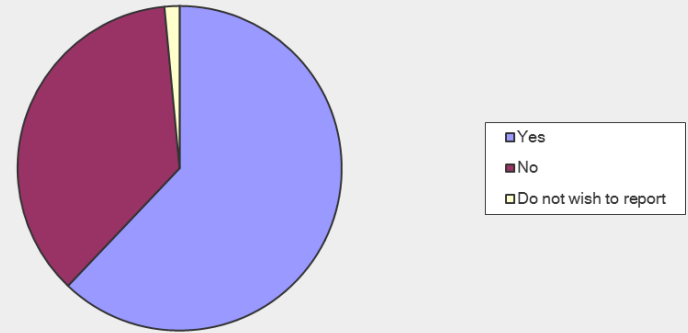
Question 9

If you had an issue that was bothering you, would you be willing to use the Peer Support Program?

Answer Options	Response Percent	Response Count
Yes	62.1%	41
No	36.4%	24
Do not wish to report	1.5%	1
	answered question	66
	skipped question	5

If you had an issue that was bothering you, would you be willing to use the Peer Support Program?
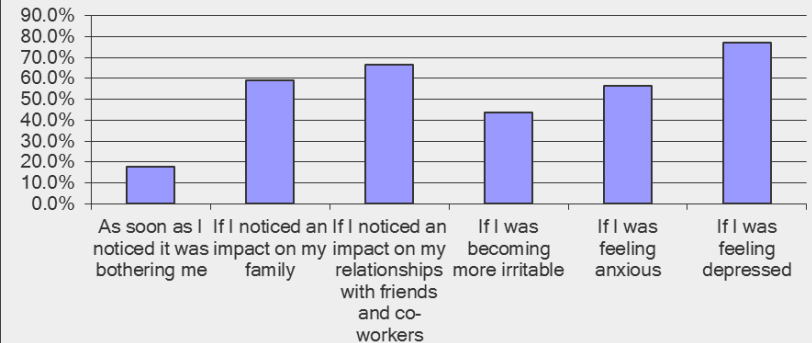
Question 10

If you answered "Yes" to Q. 9, under what circumstances would you seek assistance? Check all boxes that apply.

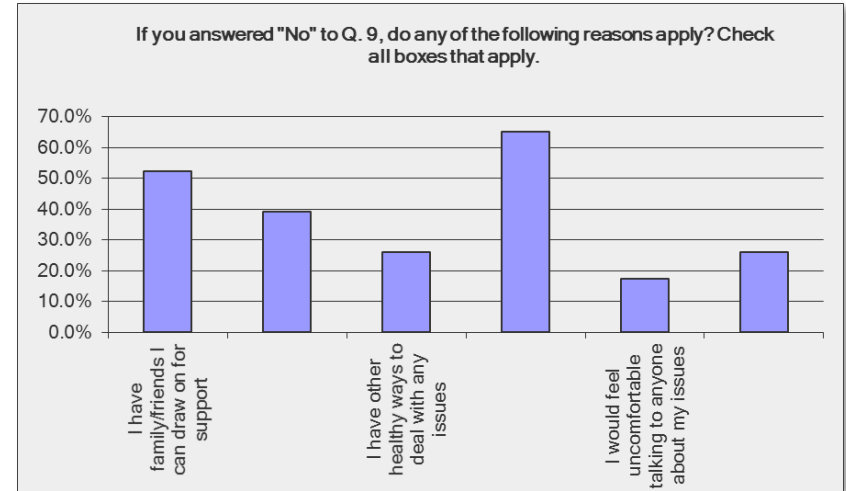| Answer Options	Response Percent	Response Count
As soon as I noticed it was bothering me	17.9%	7
If I noticed an impact on my family	59.0%	23
If I noticed an impact on my relationships with friends	66.7%	26
If I was becoming more irritable	43.6%	17
If I was feeling anxious	56.4%	22
If I was feeling depressed	76.9%	30
Other (please specify)		5
	answered question	39
	skipped question	32

If you answered "Yes" to Q. 9, under what circumstances would you seek assistance? Check all boxes that apply.

Question 11

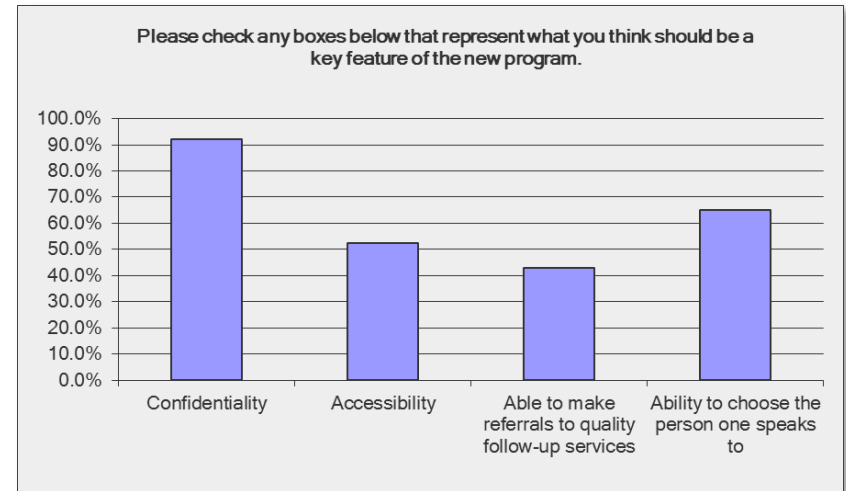**If you answered "No" to Q. 9, do any of the following reasons apply? Check all boxes that apply.**

Answer Options	Response Percent	Response Count
I have family/friends I can draw on for support	52.2%	12
I have professional counseling services I can use for	39.1%	9
I have other healthy ways to deal with any issues	26.1%	6
I would feel uncomfortable talking to someone at work	65.2%	15
I would feel uncomfortable talking to anyone about my	17.4%	4
I don't believe peer support services are useful	26.1%	6
Other (please specify)		9
answered question		23
skipped question		48

If you answered "No" to Q. 9, do any of the following reasons apply? Check all boxes that apply.

Question 12

Please check any boxes below that represent what you think should be a key feature of the new program.

Answer Options	Response Percent	Response Count
Confidentiality	92.1%	58
Accessibility	52.4%	33
Able to make referrals to quality follow-up services	42.9%	27
Ability to choose the person one speaks to	65.1%	41
Other (please specify)		4
answered question		63
skipped question		8

Please check any boxes below that represent what you think should be a key feature of the new program.

Question 13

What qualities would make for a good peer support team member?

Answer Options	Response Percent	Response Count
Empathy	60.9%	39
Active listening skills	73.4%	47
Is trustworthy	87.5%	56
Good sense of humour	32.8%	21
Relatable/someone I can identify with	56.3%	36
Good problem solving skills	43.8%	28
Has credibility	75.0%	48
A lot of policing experience	18.8%	12
Other (please specify)		6
answered question		64
skipped question		7

What qualities would make for a good peer support team member?
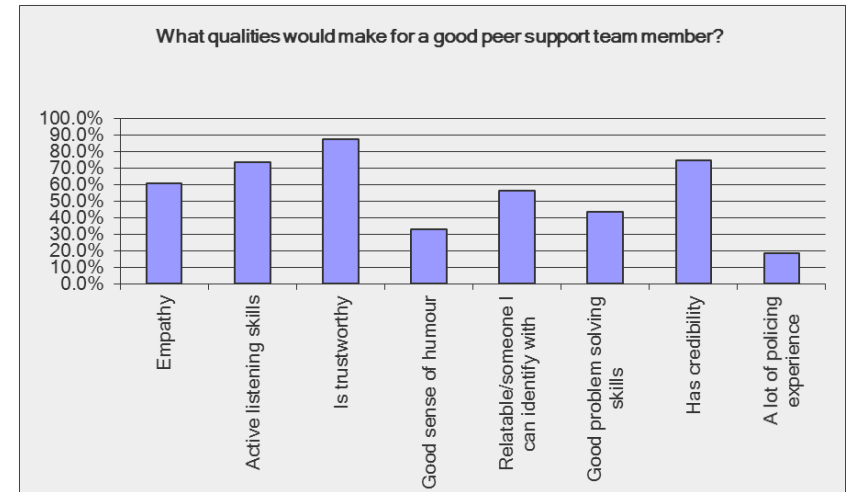
Question 14

Your Thoughts! We want to hear what you think! Below we have provided space for you to provide any additional

Answer Options	Response Count
	20
answered question	20
skipped question	51

Curriculum Vitae

Name:	Cindy Hohner
Post-secondary Education and Degrees:	Fanshawe College of Applied Arts & Technology London, Ontario, Canada 2001 – 2003 Law Clerk (Honours) Diploma
	Western University London, Ontario, Canada 2008 – 2015 B.A.
	Western University London, Ontario, Canada 2015 – 2017 M.A.
Honours and Awards:	MF (Peggy) Collins Memorial Award (2010) Western University Dean's Honour List (2010, 2014 & 2015) Fanshawe College President's Honour Roll (2003)
Related Work Experience:	Teaching Assistant Western University 2015 – 2017
Publications:	Dermo, C. (2013). Maternal Employment: A Look at Non-Economic and Economic Factors. *Sociological Imagination,* 2 (2)(10). Available at: http://ir.lib.uwo.ca/si/vol2/iss2/10
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