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Policy Analysis Outline and References

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## Policy Analysis Paper

### Problem Statement or Need Domain

#### 1. Based on your reading, and other preparation, what is the need and the social problem related to this unmet need?

The Army's first study of the mental health of troops who fought in Iraq found that about one in eight reported symptoms of post-traumatic stress disorder. The survey also showed that less than half of those with problems sought help, mostly out of fear of being stigmatized or hurting their careers. Several new policies have been implemented that discriminates against not only soldiers returning from combat but also against women who have been raped, 9/11 survivors and their families, individuals who have been subject to any traumatic event which causes them to have trouble sleeping, irritability, and mood swings.

Even as the new edition of the DSM is being written at this time authors have acknowledged that much still remains unknown about PTSD and it is one area in which the new DSM is having problems setting guidelines for the illness. In recent news the state of Georgia is considering putting it on someone's driver's license if they are diagnosed with PTSD. Better understanding of PTSD by mental health personal is needed to fully understand to current epidemic.

One important question needs to be asked: How is a Post-Traumatic Stress Disorder (PTSD) diagnosis made? Not everyone who has experienced a traumatic event also has PTSD. Many people experience traumatic events during their life. After a traumatic event, it is normal to have strong feelings of anxiety, sadness, or stress. Some people may even experience some PTSD symptoms such as nightmares, memories about the event, or problems sleeping at night. However as it stands right now individuals who are suffering from something like depression can also be diagnosed with PTSD and the stereotype that Hollywood has placed on it make the common citizen believe that individuals with PTSD are individuals waiting to snap.

#### 2. To define the problem how are you going to use symbols, numbers, causes, interests, and decisions?

A recent study conducted by the Army's Mental Health Advisory Team found that 17 percent of soldiers suffered from PTSD and a Rand study put the number at 14 percent, his model found that about 35 percent of soldiers who deploy to Iraq will ultimately suffer from PTSD. That would put the number at around 300,000 people, with 20,000 new suffers for each year the war continues.

On average the United States military employees 2,271,475 soldiers and of those more than half or 1.4 million are combat troops which have the chance of seeing combat sometime within their career. In 1997 Congress passed the "Troops to Cops Bill" which would make it easier for returning war veterans to become police officers. The bill was designed to encourage the hiring of recently separated members of the armed forces to serve as law enforcement officers. Grants are to be used by law enforcement agencies for expenses

associated with the hiring of new police recruits. In 2009 alone more than 2000 former soldiers used this bill to obtain jobs as police officers.

Also the new your police Department has recently released studies showing that more than half of their 34,500 officers currently suffer from PTSD as a result of the 9/11 attacks. In a recent study it has been found that almost 84 percent of police officers suffer from some symptoms of PTSD.

**3. Based on the above discussion, what are the primary policy issues and sub-issues you wish to address?**

The primary police issues I want to address are how individuals with PTSD and other mental disabilities are being discriminated against just for having a mental disorder. The main policy I want to look at is the Tennessee Peace Officer Standards and Training Commission who states that any individual with a mental disorder can serve in a law enforcement capacity and that no wavier for a mental disorder can be granted. This means individuals that suffer from something such as depression cannot become police officers in this State and no matter how well a doctor says you are or that you are fit for duty you cannot obtain a waiver. I understand there has to be some perimeters however to just eliminate a person for simply being diagnosed with a mental disorder is outrageous.

**The Policy Development Process or History**

**1. What is the existing policy?** The Tennessee Peace Officer Standards and Training Commission has promulgated policies implementing Tennessee Statutes 41-1-116, 37-5-117, 8-8-102, and 38-8-106, which violate the Americans with Disabilities Act. These policies are followed in order to be certified as a police officer in the state of Tennessee.

Tennessee Code Annotated 38-8-106 outlines the standards to be followed when issuing police certification within the state of Tennessee. All persons employed as a full-time law enforcement officer, after July 1, 1982, must be certified by POST and shall comply with the all guidelines set for the in TCA 38-8-106. The existing policy Rule 1110-02-.03, (1) (i) states “Have been certified by a Tennessee Licensed Health Care Provider qualified in the psychiatric or psychological fields as being free from any disorder, as set forth in the current edition of the DSM. No waiver will be granted for mental disorders.”

**2. Are there other relevant policy sources?** There is a federal case of United States of America v. State of Tennessee that was filed in 2002 and both parties entered into a consent order. The United States Department of Justice is the federal agency responsible for administering and enforcing Title II and Title I (with respect to public employers) of the

Americans with Disabilities Act. The Department of Justice states that these policies discriminate against individuals on the basis of disability and is a violation of the ADA.

In 2002 Tennessee agreed with the Department of Justice and agreed not to enforce the policy and to present the Governor for inclusion in his legislative package, which was to be submitted to the Tennessee Legislature in 2003. The Tennessee Attorney General also agreed to inform the Tennessee Legislature that this statute is invalid because it conflicts with federal law. Tennessee also agreed not to enforce or implement Tennessee Statute 38-8-106 and notification was sent to every city and county in the state advising them not to follow this policy.

### **3. What are the historical and ideological bases of the policy?**

Post-traumatic stress disorder (PTSD) is known as a particular emotional distress that can pursue a major mentally traumatic incident. This rare event would usually produce panic and anxiety in anybody who experienced it. Instances can be rape or physical attack, a natural disaster, being part of or examining a severe accident, major surgery, and time of war combat duty. Signs may begin instantly or not surface for 6 months, a year, or even longer (Boscarino, 1995). It was first added to the DSM-III, in 1980 when little or no research had been done on the topic.

In addition to PTSD, the sub-work group has proposed revised diagnostic criteria for several mental disorders in the upcoming edition of the DSM. The new DSM is considering several diagnoses that do not appear in *DSM-IV*. These include DESNOS, prolonged/complicated grief, and developmental trauma disorder. This would limit the individuals that are actually diagnosed with PTSD when it is actually something else altogether they are suffering from.

After much research I am still unable to determine the historical bases of the policy however I do believe that the legislator's intentions were in the right place when putting this policy in place as when most people think about mental disorders they think of someone that has gone crazy and are not fit to carry a weapon in public. However when adding such broad topics on individuals with mental disorders it does more to stigmatize them than to help them.

### **4. What value, economic, political, and other factors influenced the development of the existing policy?**

The existing policy was influenced by the Tennessee Sheriff's Association and the ever so popular Media. About the same time that this policy was implemented in 2002 Hollywood was pumping out several war movies ranging from World War I, II, Korea, Vietnam, and Iraq. Several of these movies portrayed soldiers returning home from combat and going crazy such as digging ditches in the yard and going nuts in public places unable to control their emotions.

The Tennessee Sheriff's Association has also had a huge role in keeping the policy on the books for the past several years. It's very odd that the association claims to support the soldiers in Iraq and Afghanistan and several of them are veterans themselves, but they refuse to back the implementation of a new policy maybe because it takes away a tool in which they can use to terminate individuals they deem unfit.

## **5. Were there significant leaders (political and/or expert) shaping the policy?**

Many times when new laws and policies are implemented that concerns law enforcement the PERF is the leading body that accepts or disapproves policy and laws that are implemented. "The Police Executive Research Forum (PERF) is a national membership organization of progressive police executives from the largest city, county and state law enforcement agencies. PERF is dedicated to improving policing and advancing professionalism through research and involvement in public policy debate. Incorporated in 1977, PERF's primary sources of operating revenues are government grants and contracts, and partnerships with private foundations and other organizations." Furthermore, PERF has various functions--conducting research in policing, performing management studies of police departments, developing "best practice" policies, producing publications, and other functions. These members are often Mid- to upper-level managers (sworn or civilian) with significant field and/or administrative experience. With that being said many of these individuals have spent years in an office with little or no experience as to what present day police officers do. Many have spent their career in Law enforcement and have no clue about military life and military combat situations.

## **Policy Goals**

- 1. What are the policy goals? Which goal was paramount during policy shaping? Policy implementing?** The goal when implementing this policy was to ensure the safety of the citizens these police officers were sworn to protect. One must ask themselves if they were in charge of a police department would they take the risk of giving a gun to someone with mental problems and trust that their actions will be the right ones to take when facing a changeling situation. People, by nature, fear what they do not understand. Mental illness is grossly misunderstood not only by the sufferers; but by the community at large, including law enforcement. This misunderstanding inevitably leads to misconception and results in stigmatization.
- 2. Is there any evidence of policy paradoxes (contradictions in policy results)?** The stigma of mental health/illness in the field of law enforcement is twofold. First off, law enforcement officers are as susceptible to mental illness as is anyone else. Secondly, officers interact daily with mentally ill individuals in the community. Not only does an officer have to overcome an internal stigma, he/she must possess accurate knowledge of mental health and illness when dealing with citizens, victims, and/or suspects who have mental disorders. This is hugely significant considering that approximately 9% of all law enforcement emergency dispatch calls are related to a mental illness crisis. Misconceptions can only be corrected by educating

yourself about mental health and illness. Dispelling common myths is an essential step toward abating the stigma and diminishing the fears associated with mental illness. Many individuals still believe that mental health problems are uncommon, that individuals that are diagnosed with mental illnesses are dangerous and violent and that mental health disorders are often life-long and difficult to treat when in all actually many times individuals, with a newly diagnosed disorder such as depression or anxiety, are prescribed medication. Yet, when they question their physician about how long they must remain on medication, they are only told As long as you need to be. Actually, most medications, with a few exceptions, (such as those prescribed for bipolar disorder and schizophrenia) prescribed for mental disorders should be taken for short-term (under a year) symptom relief. The State of New York has implemented Police Organization Providing Peer Assistance (POPPA) which is an independent, not-for-profit agency, offering entirely confidential services through trained volunteer officers from the NYPD. POPPA provides peer support for New York City police officers experiencing personal or professional problems, such as traumatic stress, personal stress, depression or anxiety, alcohol abuse, or family problems. After 9/11 POPPA talked to thousands of police officers and helped them work through the grief and uncertainty after the attacks.

## **Policy Solutions**

1. **What are the primary policy solutions now---Inducements? Rules? Facts? Rights? Powers?** The Tennessee policy still stands at this time but was one again ruled unconstitutional by a Hamilton County court just a short time ago. The state has agreed to finally remove the statue and a new policy is being written at the time of this paper. Some cities such as Chattanooga have argued that they will continue to enforce the policy until it is actually stricken from the books and have since filed an appeal with the Tennessee Court of Appeals to keep the policy on the books.
2. **How do the solutions relate or fail to relate to the current policy goals?** More than 54 million Americans suffer from mental illness in any given year. 2/3rd of all people with a diagnosable mental disorder do not seek treatment. A majority of these individuals hesitate to get help for their mental health problems because of stigmatization. This is extremely unfortunate because effective treatment exists for almost all mental illnesses. One out of every four police officers will suffer from some form of mental disorder within their career. The current policy fails to help these individuals that actually need help and actually forces them to not seek help for fear of losing their jobs. In Chattanooga alone I know of 24 other police officers who saw the saw veteran's counselor I did and have sense left counseling out of fear of being fired due to this policy.
3. **What is the impact on the targeted populations? Positive and/or negative impacts?** The impact on the targeted population has had enormous negative impact. Although the numbers are not available at this time, I have been contacted by three individuals within

the state of Tennessee that have said they were fired over this same policy. I myself was terminated on this policy and after losing my job no other police department will even talk to you about a job because the stigma linked to having PTSD described as a mental disorder. Because this policy was put in place and enforced I have since lost everything I owned and am now trying to raise a daughter without a job. Although this is only my story I'm sure there are many more that you don't hear of. I have spoken with several officers with whom I have worked and they have advised they are now in fear that if they seek treatment for PTSD or that if anybody finds out they have PTSD they will lose their jobs. I have spoken with veterans representatives that have reported that their clients, many of whom are local police officers have advised they are going to stop coming to their counseling sessions for the same fear of losing their jobs. This has caused many individuals that desperately need these counseling services to not get them because of policies such as this one. It has often been said that it's not the people seeking treatment for PTSD or any other mental disorder that you need to be worried about, it's the ones that don't seek treatment that are ticking time bombs.

## **Policy Alternatives**

### **1. What policy alternatives to the present policy are being considered?**

The current policy is still on the books at this time but the Police Officers Standards and Training Commission has amended the policy until it can be removed from the books. The new policy states "Have been certified by a Tennessee Licensed Health Care Provider qualified in the psychiatric or psychological fields as being free from any disorder, as set forth in the current edition of the DSM that would, in the professional judgment of the examiner, impair the subject's ability to perform any essential function of the job."

### **2. If there are alternatives, what changes in goals, problem definition, and solutions seem to be evolving?**

There are alternatives to this policy and solutions to fixing this policy are evolving every day. The state can write new policies to replace the current policy and actually take action like they were ordered to do back in 2002. Even though the state has agreed to change the law and to not enforce they can make certain the cities and counties are aware not to enforce the policy. In a recent court case the City of Chattanooga advised they had never been told not to enforce the law and because it was still on the books they believe it to be valid. With the recent case of Hoback V. Chattanooga the State of Tennessee has taken a stand against the city of Chattanooga and testified that they were in fact notified of the change to not enforce the policy. The state has within the

last two months sent out orders to all cities and counties within the state to not enforce this law as it is being changed at this time.

**3. What is your assessment of the possibility that change from a policy alternative will occur?**

My assessment that change to this policy will occur is very positive. The State of Tennessee was sued in 2002 by the United States Department of Justice and agreed they would not enforce this policy. They also agreed to notify all municipalities to not enforce this policy and agreed to present to the Governor for inclusion in his legislative package, which would have been submitted to the Tennessee Legislature in 2003, and thereafter as necessary, a request to rescind these policies. The Tennessee Office of the Attorney General also agreed to inform the Tennessee Legislature that the policies are invalid because they conflict with federal law. Wee it's been seven years since they agreed to do these things and they have yet to be done. Another recent court case has brought the issue to the forefront in recent legal proceedings and now the State of Tennessee is in a position to answer to the United States Department of Justice as to why they have taken no action and continue to enforce the policy. At this time a Hamilton County Court has ruled the policy invalid again and has asked the state to answer why it has taken no action. A federal lawsuit is also scheduled for August of this year which should force the state to take action and change the policy.

**4. If the change does occur, what will be the advantages and limitations for the targeted population?**

If change does occur it will have far reaching advantages for individuals diagnosed with not only PTSD but other disorders that would not hinder them from working as a police officer. Individuals with common disorders such as adjustment disorder, anorexia nervosa, anxiety disorder, Gender identity disorder, and several common disorders are under the currently policy not fit to be police officers. So that means that if you wash your hands too many times, drink too much caffeine, are gay or are preoccupied with your religious beliefs, you can't be a police officer in Tennessee because these are mental disorders under the DSM.

Even if change does occur there will still be barriers for people with mental disorders in that you still must take a psychological exam before you are permitted to work and it's up to the examiner as to whether you can perform the essential functions of the job. You will have to constantly be aware of what's going on and ensure that you work harder and act better than your co-workers because the first time you mess up it will be critiqued by administrators due to them being diagnosed with a mental disorder and the fear of liability to the department.



## **Professional Response**

### **1. Given your current assessment and analysis of the policy and its context, what would an appropriate social work role be in the current policy discourse?**

An appropriate social work role in the current policy discourse would be to engage in policy advocacy. As social workers one of the Competencies is advancing human rights and social and economic justice. The law permits interest groups to set up organizations called political action committees to make donations to political campaigns. PACs solicit donations from their members and give these donations to political candidates. The PAC then transfers these funds to a candidate who they believe has the power to help them in their fight against a social injustice. The NASW has a PAC called PACE and it raises money from social workers and endorses candidates. This gives social workers an edge when trying to change existing policies. Social workers can help create new policies and laws, lobby for existing laws, and advise the lawmakers on ways to better the lives of all people, and research trends in society that are potentially dangerous to the society at large.

### **2. What are your professional recommendations for the future of the policy? My professional recommendations for the future policy would be to evaluate an individual on a case by case basis. I would hope that this policy be removed from the books here in Tennessee and the statute not enforced by the state. The policy in whole is a pretty good one without the subsection of mental disorders and there being no wavier. Thousands upon thousands of individuals in Tennessee alone suffer from some type of mental disorder and to eliminate these people from working in a field in which they chose is outrageous. I hope that the State of Tennessee would agree to promulgate new written policies to replace the current policy and which would comply with the ADA on employment discrimination provisions and specifically how they apply to psychological evaluations and physical evaluations of job applicants and employees. The state needs to offer some type of workshops to the counties and municipalities of the State of Tennessee on an annual basis, regarding the employment discrimination provisions of the ADA and specifically how they apply to psychological evaluations and physical evaluations of job applicants and employees.**

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