



by Stephanie Conn



“Fit for duty” not just an entry-level requirement

I imagine the headline is alarming to some. I am opening a discussion about a touchy subject. The idea of not being found fit for duty could be devastating and may even contribute to thoughts of suicide in extreme cases.

Unfortunately, there is a stigma against having any kind of mental health concern. Officers who have them are oftentimes considered weak, crazy, not cut out for the job or contributing to their own situation. Being deemed not fit for duty not only forces officers to face the seriousness of their difficulties but to face them publicly in an intolerant environment. Being deemed unfit might seem like an immovable barrier to their livelihood or, worse yet, their professional “calling.”

Being found “not fit” doesn’t have to be seen as the final blow in a bad situation. If used correctly, a fitness for duty evaluation can assist those struggling with a limiting condition to get the support they need. It could save officers from adding to their difficulties by facing the daily demands of the job while trying to manage their own health.

It doesn’t make a lot of sense to keep heaping on additional traumatic or stressful events when the existing ones are still unresolved. It would be like eating candy while brushing your teeth. Ideally, recommended support from the evaluation can assist police officers in becoming mentally and physically prepared to return to the job.

I have worked with individuals on stress leave who were able to return to work once they had taken care of their health. Reaching their low point was the wakeup call they needed in order to prioritize their health over their work. They were able to develop coping skills for stress and traumatic stress, improve their relationships with better communications and create a more balanced and rewarding life by being intentional about how they spent their time.

Additionally, being found unfit due to

mental health concerns improves the safety of both officers deemed unfit and their fellow officers. Many mental health concerns make it very difficult to focus, which is critical in policing. For instance, when individuals are anxious, they tend to be preoccupied by anxious thoughts and noticing symptoms of anxiety in their body to the exclusion of environmental details.

When individuals are traumatized, they may misread environmental cues due to a heightened internal alarm system, which triggers the “fight, flight or freeze” response. A lapse in focus compromises officers’ work and could lead to strain between them and colleagues because it might appear to others that they are lazy or incompetent.

Officers experiencing these symptoms may also believe they are lazy or incompetent. This is because we tend to be quicker to judge and criticize ourselves for what we don’t understand than to be curious and compassionate. Ultimately, a lack of focus could have deadly consequences for all officers involved in the situation.

Removing an “unfit” officer from duty also affects other officers, who may have to cover shifts or answer more calls due to staffing shortages. This is the nature of the 24/7 policing operation and the officer struggling should not be blamed for their absence any more than an officer who went off the road due to a broken arm.

We wouldn’t talk bad about officers with cancer, resenting them for their disease and the added work it created for us. In fact, we might even go out of our way to raise funds for their treatment. Shouldn’t we do the same for a “mental” health problem?

It requires an attitude change to recognize that whatever added stress the additional work puts on you pales in comparison to the distress experienced by the officer taken off the road.

So far, I have focused on all of the negative consequences that may come from a fitness for duty evaluation. Like most other things, there is also an upside. For instance, officers can be found to be fit. Officers can also be found to be fit but in need of some form of support or service.

Evaluators can offer suggestions for work limitations or accommodations. This can only be accomplished when police administrators acknowledge that the psychological injuries are work-related and provide the suggested accommodations and support to assist officers in returning to health.

Additional damage occurs when police administrators regard the support recommendations as optional or treat the officers as if the psychological injury is an isolated issue reflective of their weaknesses, not a common reaction to psychologically difficult work.

Even in the rare case where officers develop a mental health concern independent of their work, it is inhumane to discard them without offering them support services that would be available to another struggling with a “physical” disease such as cancer.

Fitness for duty evaluations play an important role in protecting officers with mental health concerns, their fellow officers and the public. Officers don’t want to ever have to face this situation but, due to the nature of the work and the minimal training and support to cope with it, these evaluations are necessary.

The only appropriate shame in a situation where officers are deemed not fit for duty is that they did not get support sooner.

Stephanie Conn is a registered clinical counsellor and former communications dispatcher and police officer. To find out more visit www.conncounselling.com or email her at stephanie@blueline.ca.
