

**Mental Health Disclosures and Disability Claims: An Analysis of Federal Initiatives and
Challenges Facing RCMP Officers**

By

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Abstract

Using a secondary data collection method, along with a descriptive research design, this project sheds light on the mental illnesses that RCMP officers experience, as well as the growing stigmatization. The RCMP Study (2024) is an ongoing study that has separated officers into two groups, one as status quo and the other receiving extra support, weekly check-ins and tasked with constantly reviewing their own mental health. This study is the start of a new future for the RCMP and how they view mental illnesses, including the disclosure and discussion of mental disorders. Comparing Canada and the RCMP to police forces in Australia and the United Kingdom, highlighted the fact that the RCMP is struggling to keep up, or rather, refusing to update their protocols and policies to conform with modern times. The RCMP is in need of change, and with the current barriers officers are faced with when disclosing mental health information, it is necessary for additional support and resources to limit the stress officers experience. Along with limiting stress, additional support may potentially reduce the stigma surrounding mental illnesses and educate more officers that there is help where they need it.

Introduction

Mental health has become an increasingly prominent issue within law enforcement, particularly the Royal Canadian Mounted Police (RCMP). Nowadays, police officers face high levels of occupational stress, trauma, and rigorous working conditions, all of which contribute to mental health challenges, including post-traumatic stress disorder (PTSD) and depression. Although there has been a growing interest in these challenges and increased awareness, RCMP officers still face many barriers within their job, specifically when disclosing mental health struggles and obtaining adequate access to benefits.

By investigating federal initiatives that have been put in place, as well as any grievances or denial of long-term disability claims to police officers, specifically RCMP, I will shed light on how it affects officers who disclose mental illnesses, which is a topic of great importance. In 2023, the Mass Casualty Commission (MCC) released a statement saying there should be a sweeping change for the current model of RCMP training, as well as changes to the overarching structure of the organization (Heber, 2023). Despite all the efforts put in place, like the Mental Health Commission of Canada (MHCC), the Public Safety Canada's Action Plan on Post-Traumatic Stress Injuries (PTSI) and other federal occupational health programs, many officers in the RCMP still fear the stigma around discussing mental health disorders and potential backlash and grievances caused by disclosing personal information.

The purpose of this study is to figure out why RCMP officers feel pressured when disclosing mental health information regardless of the initiatives currently in place. Although there have been other studies related to mental health among first responders, there has been an increase in suicide rates, as well as rising mental health disorders among officers. Whether this is due to a lack of support by the organization or the stigmatization surrounding an officer

disclosing mental health disorders, this thesis will help discover if the legislation in place is helping or hindering an officer's ability to come forward with mental illnesses and the potential need for further research or studies.

Literature Review

In 2019, two officers took their own lives in Canada. One was a constable, and the other was a detective stationed in Ontario. When a memorial was held for these officers, as well as all the others who had fallen in the line of duty, there was no mention of the two officers who took their lives (Forsyth, 2023). This subtle detail highlights the stigmatization surrounding mental health among officers, being that no one bothered to speak about why they took their lives, let alone the fact they did. In 2024, an RCMP study conducted by an external source noted that “15.9% of RCMP officers had planned to commit suicide in their lifetime, and 4.6% planned to do it last year” (Wilson, 2024). Frequent exposure to traumatic events and inadequate mental health support have caused RCMP officers to be far more likely to exhibit suicidal behaviours. Despite all the initiatives and resources in place, why is mental health support still “inadequate” for RCMP officers, and why are suicide rates increasing when they should be on the decline? That is the main reason for conducting this research.

In August 2022, a study was conducted by the RCMP as a protocol initiative to help reduce posttraumatic stress injuries (PTSI) and improve access to evidence-based assessments, treatments and training (The Public Health Agency of Canada, 2022). This study had 960 participants monitored through training and annually for 5 years post-graduation. Four hundred and eighty (480) participants were involved in the new regiment involving increased support and treatment while the other 480 proceeded as per usual in the RCMP (Carleton et al., 2022). The

study is ongoing; however, the expected outcome is that participants in the RCMP study with support will experience lower levels of PTSI and overall exhibit better mental health.

Throughout this paper, I will also draw literature from Australia and the United Kingdom (UK) to compare with Canada due to the relevance of data and all countries being commonwealth (similar legislation). Per year, Canada has a suicide rate between 0 and 80 among 49 municipal police forces, the UK has a suicide rate of 21 officers, and although Australia does not have much data per annum, a study showed that a total of 123 officers have committed suicide since the year 2000 which is around 5.13 officers per year. The reason for Canada having the highest suicide rate is unknown, which is why I will be comparing legislation, officer support and many other variables among the three countries.

Methodology

This thesis fits into the descriptive research design category. Essentially, the purpose of a descriptive research design is to observe and describe characteristics or phenomena without manipulating variables (Aggarwal & Ranganathan, 2019). Since this thesis examines the legislation in place, how it affects RCMP officers and the issues surrounding long-term disability claims, this research design is well-suited for this study.

The descriptive research portion of this thesis will utilize a comprehensive literature review, and the method that fits best for this study is a critical review. The critical literature review provides awareness of the current state of knowledge in each area and synthesizes resources showing the strengths and skills of the topic (Jesson & Lacey, 2006). As this research question looks at legislation and how it affects RCMP officers disclosing mental health, using a critical review to note any weaknesses in the legislation and how officers could be better supported is a methodology well suited to address my research question.

Keywords include Royal Canadian Mounted Police, Canada, Australia, United Kingdom, mental health, depression, suicide rates, policing, disability claims, grievances, legislation, policies, stigmatism, and family impact.

This thesis will employ secondary data collection. This will create an unobtrusive data collection method, where the primary data collection method will be collecting scholarly articles and other studies. This will allow me to conduct an empirical and thematic analysis from the texts I collect via various articles and studies, allowing me to identify any legislative gaps. The articles collected will be peer-reviewed, discussing legislation to help RCMP officers with mental health, spanning into Australia or the UK. The reason for choosing to compare Australia and the UK is because there is a vast amount of research and studies coming from these countries for mental health initiatives and other various platforms for officers. They will also be beneficial to look at because they are both common laws, the same as Canada, whereas the United States is not, making legislation much more difficult to compare. I will also look at articles with discussions about long-term disability claims and potential grievances experienced by RCMP officers.

This thesis does not use primary data collection but only raw secondary data, so there is no reason to submit ethics approval. The methods used are unobtrusive, peer-reviewed scholarly sources that do not focus on qualitative collection methods, meaning there is no interaction between individuals.

Once I have collected the data, analyzing the data to be clear and understandable is crucial to outlining the impact that mental health has on RCMP officers and why they experience difficulties discussing disability claims and grievances. By condensing the data into smaller sections, a more accurate analysis of statistics and studies can occur. This will allow me to

compare multiple countries with Canada to see the differences in legislation and discuss any important issues that may be hindering RCMP officers and potentially why their mental health challenges are increasing rather than declining.

Limitations of this research may include issues regarding generalizability, scope restraints, legal and policy changes, and institutional and cultural differences. One of the most consequential limitations is limited access to confidential information. By not having access to RCMP officers' mental health records, disability claims and other policy documents, it will be difficult to examine the challenges these officers face accurately. Therefore, this thesis will rely on publicly available reports for empirical and thematic analysis.

Mental Health

Mental health is a state of well-being, encompassing emotions, psychological, and social well-being, which influences how we think, feel, act, cope with stress, relate to others and make choices. Mental health is important because it affects our day-to-day lives, and if it is disrupted, it can lead to a vast number of mental disorders. Mental disorders emerge from a complex interplay of genetic predisposition, environmental factors, and life experiences. A study done in 2019 revealed that mental health impacts roughly one in every eight people, which is about 970 million people, who live with a mental disorder, with anxiety and depressive disorders (World Health Organization, 2022). In 2020, when COVID-19 began to spread, estimates showed a 26% increase in anxiety and a 28% increase in major depressive disorders. While that is the world average for mental illnesses, 1 in 3 Canadians experience a form of mental illness in their lifetime (Government of Canada, 2017). Humans can be affected by mental illness either directly or indirectly through friends, family and colleagues. Mental disorders do not discriminate, meaning they can affect all ages, cultures, income levels, and education levels, and nobody

expects it to be them. This is why taking care of your mental health is so important, as well as reaching out if you think you have a mental disorder. Although this is a statistic taken from all Canadians, the number of people affected by certain jobs may either increase or decrease. However, when viewing the RCMP, the number of officers affected is roughly 50%. Although PTSD is among the most prevalent, officers screen positive for illnesses such as depression, anxiety, suicidal thoughts, and others.

Federal Initiatives and Mental Health Policies for Policing

To analyze and process the issues involving RCMP officers accessing disability claims and grievances that occur among them, one must fully understand what federal policies and initiatives are already in place. In 2021, the RCMP implemented the Employee Well-Being Strategy. The objective of this is to “focus on the provision of support services, early intervention, and the prevention and treatment of employee mental health challenges as a part of building a healthy, safe and productive workspace” (Royal Canadian Mounted Police, 2025). Being an RCMP officer comes with an increased risk of mental health challenges. Introducing such a policy will enhance the specialized training for officers and offer better tools, resources and treatment which will overall prevent and restore mental health throughout the RCMP. The RCMP, as well as many other police agencies, are trying to promote inclusivity and create a safe workspace. The RCMP has many initiatives in place through the organization to help with mental health, including the Peer-to-Peer Program (P2P), Support for Operational Stress Injuries (SOSI), and the National Reintegration Program. Along with these initiatives, there are also readily available support services like Employee Assistance Services, which provides professional and confidential counselling, and an internet-based cognitive behaviour therapy program (PSPNET), which is tailored to current and retired public safety personnel (RCMP, 2025). All these initiatives have been implemented in hopes to help control and reduce mental

health challenges in the RCMP, however, a study done by the University of Regina this past year, showed that not only are officers six times more likely to screen positive for any mental health disorder than the population and twice as likely to screen positive than any other public safety personnel, but that mental health of active RCMP members are getting worse (Carleton, 2024).

In Canada, according to the Canadian Mental Health Association, 1 in 5 people will personally be affected by mental health problems or illnesses (Pineau, 2024). This underlines the urgent need for further research to be conducted to figure out the next steps for these people who are struggling. Compared to the general public, 64.7% of RCMP officers stated they struggled with mental health disorders, they have the highest average number of exposures to potentially psychological traumatic events (PPTs), and recruits for the RCMP had a lower prevalence of mental disorders (Fleischmann & Lair, 2024). There is an ongoing study called the “RCMP Study” that is trying to mitigate these numbers and find solutions to improve officers’ mental health. This study aims to develop, implement, and assess mental health solutions that can be integrated into cadet mental health training. The current research focuses on the mental health of RCMP cadets at the beginning of the Cadet Training Program (CTP) by following the training of 960 cadets. Four hundred eighty participants are involved in the new regiment involving increased support and treatment, while the other 480 proceed as usual in the RCMP. Although the study is ongoing, the expected outcome is that participants in the RCMP study with support will experience lower levels of PTSD and overall exhibit better mental health overall.

Federal initiatives and mental health policies play a key role in combating the growing mental health issues impacting RCMP officers. Due to this, many studies have been conducted looking into the prevalence of suicide, depression, anxiety, PTSD and other illnesses. One study, in particular, stood out, which highlights any suicidal ideation, planning, and attempts among the

RCMP. This study was completed in 2024 and provided many insights into the overarching mental illnesses impacting the RCMP. This study compared the results to other studies conducted in previous years and found that in 2023, RCMP officers reported significantly higher numbers of lifetime and past-year suicidal ideation, planning, and attempts. (See Table 1 below).

Table 1

Prevalence of Lifetime and Past-Year Suicidal ideation, planning, and attempts.

		Lifetime			Past-Year		
		Ideation	Planning	Attempts	Ideation	Planning	Attempts
		% (n)	% (n)	% (n)	% (n)	% (n)	% (n)
Total Sample	RCMP Officers (Current Sample)	34.1 (424)	15.9 (198)	4.0 (50)	11.4 (141)	4.6 (57)	^
	Previous PSP Sample	27.8	13.3	4.6	10.1	4.1	0.3
	Comparing Total Sample and Previous						
	PSP	29.91***	73.35***	153.52***	38.53***	47.45***	^
	Sample-Test statistic						
	Previous RCMP Sample	25.7	11.2	2.4	9.9	4.1	0.2
	Comparing Total Sample and Previous						
	RCMP	32.36***	81.33***	215.19***	39.01***	47.45***	^
	Sample-Test statistic						

Note. * $p < .05$; ** $p < .01$; *** $p < .001$ - Statistically significantly different. The total sample of RCMP officers who participated in the study, compared to previous studies, including PSP and other RCMP officers. Adapted from "Suicidal Ideation, Planning, and Attempts among Royal

Canadian Mounted Police (RCMP)” by J. Nisbet, et al., 2024, *Journal of Police and Criminal Psychology*, 40, 55-67.

This table compiles the results of all RCMP officers who completed the survey and breaks it down into the ideation, planning and attempts of suicide over their lifetime as well as the year before the study. Not only does this study include RCMP officers but it also includes the results of public safety personnel (PSP) which can be used to determine where the RCMP officers rank in terms of suicidal thoughts. As this table suggests, 34.1% of RCMP officers have thought of suicide in their lifetime, whereas only 27.7% of PSP have had those same thoughts. Although these numbers are not that different, it is important to note the number of RCMP officers selected to participate in this survey and we simply do not know how many PSPs are included in the percentage for their results. It is also important to note that this study has broken up the research and categorized it into gender to understand better where mental illnesses are more prevalent. (See Tables 2 and 3 below).

Table 2

Prevalence of Lifetime and Past-Year Suicidal ideation, planning, and attempts.

		Lifetime			Past-Year		
		Ideation	Planning	Attempts	Ideation	Planning	Attempts
		% (n)	% (n)	% (n)	% (n)	% (n)	% (n)
Women	RCMP Officers (Current Sample)	31.1 (87)	15.0 (42)	4.3 (12)	7.1 (20)	3.2 (9)	^
	Previous PSP Sample	29.6 (483)	15.7 (251)	7.6 (123)	9.6 (162)	3.7 (62)	0.5 (8)
	Comparing Total Sample and Previous	14.35***	31.79***	55.53***	21.16***	25.30***	^
	PSP						

Sample-Test statistic						
Previous RCMP Sample	23.3	10.6	4.2	7.4	2.7	^
Comparing Total Sample and Previous						
RCMP	17.99***	40.35***	76.19***	24.60***	29.86***	^

Sample-Test statistic

Note. * $p < .05$; ** $p < .01$; *** $p < .001$ - Statistically significantly different. Results from the women who participated in the study, comparing their suicidal thoughts to previous studies, including PSP and other RCMP officers. Adapted from "Suicidal Ideation, Planning, and Attempts among Royal Canadian Mounted Police (RCMP)" by J. Nisbet, et al., 2024, *Journal of Police and Criminal Psychology*, 40, 55-67.

Table 2 shows the results of all the female participants from the study. For this thesis, we are using the first row labelled "RCMP Officers (Current Sample)" and the fourth row labelled "Previous RCMP Sample". The first row shows the ideation (first column), planning (second column) and attempts (third column) of suicide among the current study group during the year before the study and throughout their lifetime. The fourth row also uses the female participants' results, except that these are the previous results taken from other studies. Comparing these results are crucial in order to identify if suicidal thoughts are increasing or decreasing among females in the RCMP.

Table 3

Prevalence of Lifetime and Past-Year Suicidal ideation, planning, and attempts.

Lifetime	Past-Year
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		Ideation	Planning	Attempts	Ideation	Planning	Attempts
		% (n)	% (n)	% (n)	% (n)	% (n)	% (n)
	RCMP Officers (Current Sample)	34.6 (323)	16.0 (149)	3.5 (33)	12.6 (118)	4.9 (46)	^
	Previous PSP Sample	26.8 (894)	12.0 (394)	3.1 (101)	10.3 (349)	4.2 (141)	0.3 (10)
	Comparing Total Sample and Previous						
	PSP	26.57***	67.60***	164.26***	31.23***	39.31***	^
	Sample-Test statistic						
Men	Previous RCMP Sample	26.4	11.4	1.7	10.8	4.7	^
	Comparing Total Sample and Previous						
	RCMP	26.97***	69.70***	223.53***	30.29***	36.97***	^
	Sample-Test statistic						

Note. * $p < .05$; ** $p < .01$; *** $p < .001$ - Statistically significantly different. Results from the men who participated in the study, comparing their suicidal thoughts to previous studies, including PSP and other RCMP officers. Adapted from "Suicidal Ideation, Planning, and Attempts among Royal Canadian Mounted Police (RCMP)" by J. Nisbet, et al., 2024, *Journal of Police and Criminal Psychology*, 40, 55-67.

Table 3 separates the males from the study groups and shows their results only. For the purpose of this thesis, we will be reviewing the same elements as we did with Table 2. Row one which shows the ideation, planning and attempts of male RCMP officers over the past year before the study was administered as well as throughout their lifetime. Row four also looks at the

same ideation planning and attempts however, this row is strictly for previous studies conducted with similar parameters.

As the tables suggest, both male and female groups reported higher numbers compared to previous years. Although the tables do not show any sociodemographic factors, the study also reviewed marital status, rank, and area of operation in the RCMP. It was found that officers in a committed relationship were less likely to report suicidal behaviours which may be an attempt not to worry their partner by withholding the truth, however, it could also be because they are supported in their home life more than those who are single. This study also discovered that Sergeants and Staff Sergeants are less likely to report suicidal behaviours than lower-ranking officers. The authors implore that this may be caused by “occupational stressors related to specific job responsibilities and duties” (Nisbet, Andrews & Jamshidi, 2024). This was purely done to examine how many officers experience symptoms of depression and the attempt, ideations and planning of suicide. This study does not provide any insight into the actual RCMP as the methods and resources are not publicly available, which is why more studies need to occur.

Policy Comparison

Policy implementation is becoming more prominent in Canada for RCMP officers regarding mental health, however, this question still stands as to why the suicide rates and mental illnesses are becoming more prevalent among officers. By comparing the legislation in Canada with other countries and cross-sectioning it with the suicide rates among their officers, we can gather more information as to what the underlying issue is. The two countries that will be discussed are Australia and the United Kingdom, simply because they are similar in size, government, and laws protecting citizens which their officers abide by.

Australia

In Australia, there are roughly 65,000 police officers in the Police Federation of Australia (PFA), including the Australian Federal Police (AFP), as well as city and state police (Police Federation of Australia, 2025). Australian police forces are similar in terms of the RCMP as there is an increase in focus on mental health policies, which include resources and support for officers, including access to mental health treatments, training on mental health issues, and initiatives to reduce stigma and encourage seeking help (Arjmand et al., 2024). Among these policies, one of the more prominent ones is the mental health treatment plan. This plan is part of the “Better Access Initiative,” which gives Medicare rebates to help people access professional mental health care and aims to improve outcomes for people suffering from mental health conditions (Department of Health and Aged Care, 2025; Healthdirect Australia, 2023). Although there is no legislation addressing police officers across the country, each state and territory has its own mental health act.

With these policies and legislation put in place to help police officers struggling with mental health illnesses, studies have been conducted to see whether they have made an impact. A study published by the Australian and New Zealand Journal of Psychiatry looked at the ideation, planning, and attempts of suicide by police and emergency services in Australia. This study is the first of its kind as there is little to no research exploring suicidal thoughts among emergency services. The article was released in 2020 at the beginning of COVID-19 which may have skewed the results as some first responders may have shared their results during a pandemic, leading to a higher percentage of suicidal thoughts. In total, 14,868 participants were tasked with reporting any suicidal thoughts, plans or attempts in the 12 months before the survey or at any stage in their life. Table 4 represents the overall percentage of services that participated in the survey whereas Table 5 shows the hard data split up into the two groups.

Table 4*Sample characteristics*

Police		
	N	%
Gender-		
Male	4945	62.6
Female	3143	37.4
Age-		
Less than 35 years	1607	27.9
35-44 years	2373	31.7
45-54 years	2892	28.8
55 years or over	1216	11.6
Total Service-		
Less than 2 years	252	4.0
2-5 years	1048	15.6
5-10 years	1007	14.4
Over 10 years	5781	66.0

Note. Percentage of police officers who participated in the study, separated by demographic.

Adapted from “Prevalence and predictors of suicidal thoughts and behaviours among Australian police and emergency services employees” by M. J. Kyron, et al., 2020, *Australian & New Zealand Journal of Psychiatry*, 55(2):180-195.

Table 5

Proportion and odds of employees indicating suicidal thoughts and/or behaviours by service and demographic factors.

Suicidal thoughts in the past 12 months	Lifetime suicidal thoughts
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Ideation							Plans							Attempts						
OR							OR							OR						
%							(95%							%						
CI)							CI)							CI)						
Total	5.3	-	2.0	-	0.3	-	12.3	-	5.7	-	1.9	-								
Sector -																				
Police	4.7	1 (ref)	1.6	1 (ref)	0.2	1 (ref)	10.6	1 (ref)	4.7	1 (ref)	1.4	1 (ref)								

Note. Police officers in the surveyed group who indicated suicidal thoughts. Adapted from “Prevalence and predictors of suicidal thoughts and behaviours among Australian police and emergency services employees” by M. J. Kyron, et al., 2020, *Australian & New Zealand Journal of Psychiatry*, 55(2):180-195.

Table 5 shows the prevalence of suicidal ideation, plans, and attempts, which are separated into two categories: suicidal thoughts in the past 12 months before the study and suicidal thoughts over the span of the participants lifetime. Although there is no exact time frame for when the lifetime suicidal thoughts occurred, we can see that based on the numbers, out of roughly 8,000 police officers, there were few suicidal thoughts in the 12 months before this study. Since this study was conducted prior to COVID-19, the results may have differed if it had been taken a year later. These numbers further emphasize the strength of the policies put in place for officers in Australia, confirming that the legislation is working and potentially saving the lives of many officers. Although the work atmosphere and stressors faced to Australian police are not provided, as well as there are no statistics on how many officers reach out for help, it is only an assumption that one of the reasons these officers have low suicidal thoughts is due to the help and support available to them.

United Kingdom

In the United Kingdom, there are roughly 147,000 full-time equivalent (FTE) officers. This is the highest police count the UK has seen since 2003, slowing down in recent years as there was only a 0.2% increase from last year (Home Office, 2024). With this many officers, having policies for mental health is crucial as they will be needed to govern every single officer and have support for them when needed. As a part of the “Right Care, Right Person” model, the UK is focused on improving police officer’s well-being, while providing practical, emotional, and financial support for these officers and their families who may have been affected by mental health issues (Government Events, 2024). Along with this initiative, there are also programs such as “Mind’s Blue Light Programme” which is an officer mental health support line, and “Samaritans”, a confidential support line and listening ears for all officers. Numerous charities in the United Kingdom collaborate with one another to benefit and support all serving and former members of police officers and their families, the main organization is “Police Charities UK” (College of Policing, 2025).

As we can see, there are several different policies and legislation put in place to help support police officers struggling with mental health. With the amount of officers serving in the UK, there are also challenges that come with the job. Since the UK is quite a large country, there is a lot of crime that occurs, which is why studies have shown that roughly 90% of police officers have experienced trauma in the workplace, and one in five of those participants (11,000) reported symptoms of either PTSD or Complex PTSD (University of Cambridge, 2025). Time pressures and workload often lead to increased stress which led to officers being unwilling to seek support. Searching up suicide prevalence among UK officers in Google Scholar will take you to a couple sources which do not have much statistics regarding the entire country, however an article by the Office for National Statistics reveals that the information requested “would constitute personal information about individuals owing to the very low figures involved,” which

hints towards there being very few suicides among the police in the United Kingdom. Cambridge University found that from their study conducted with 11,000 officers, 8.0% revealed they had PTSD and 12.6% experienced Complex PTSD. Although there may be some overlap between the two responses, this figure is quite low considering the number of officers who exhibited symptoms of trauma.

Comparison

When looking at Australia and the UK, we can see that the number of police officers who exhibit signs of mental health illnesses and PTSD are quite prevalent. That being said, they are much better off than the RCMP. Although the UK did not have any statistics for the ideation, planning or attempt of suicide by police officers (due to them preferring not to disclose that information), we can see from Australia that 5% of the officers involved in the study said they had the idea of suicide in the year before the study. In contrast, the participants in the RCMP reported a 12% ideation rate. Although it does not seem like a big gap when reviewing the data, when looking at lifetime rates for suicidal thoughts, the RCMP officers are more than twice as likely to report suicidal thoughts. The United Kingdom did not have any data for suicidal thoughts, but they did have some statistics for PTSD. It is surprising that in a study of over 10,000 officers, only 8% reported PTSD symptoms, which is a very low figure, suggesting that Australia and the UK are doing something the RCMP should consider. Since this thesis does not use any qualitative data, it is difficult to get the entire picture as to what the cause is for these suicidal thoughts and why the RCMP is experiencing a much higher rate among officers. That is why using tables to analyze the hard data is necessary because although the whole picture is not shown, the numbers speak for themselves.

Factors Affecting RCMP PPTEs

RCMP officers frequently endure PPTEs, and on average, they are exposed to at least 13 different types of PPTEs, which is significantly higher than the public. There is no quantitative data regarding Australia and the United Kingdom and the officers experiencing PPTEs, so it is difficult to quantify why the RCMP is experiencing such high numbers compared to other countries. Although it may be difficult, there are a couple of factors that could contribute to the higher numbers of PPTEs experienced by the RCMP.

One of the factors that could be contributing to the RCMP experiencing higher levels of PTSD could be the vast geographic coverage and potential remote postings. In the RCMP, officers are not strictly zoned to a certain urban area. Instead, they are zoned to a region which includes urban, rural and remote Indigenous communities that are isolated from medical assistance and potential backup which may take hours to arrive. The officers in the remote postings could also experience extreme isolation from society, harsh weather and lack of resources which can result in higher levels of stress and other mental health challenges (RCMP, 2025). When comparing this to police forces in Australia or the United Kingdom, they typically operate within smaller and more densely populated regions reducing response times and isolation risks.

Another factor contributing to the higher rate of PPTEs experienced by the RCMP could be the broad scope of duties and responsibilities these officers have. Unlike certain municipal and provincial police, the RCMP functions as a federal, provincial and municipal force which requires officers to handle a wide variety of policing duties, including, but not limited to, counterterrorism, border security, drug enforcement and cybercrime (Royal Canadian Mounted Police, 2023). Although Canada has city police, the RCMP are still stationed in cities, both rural and urban, to contribute to the overall policing responsibilities. In contrast, Australia and the United Kingdom have separate agencies and police forces for many of these tasks, reducing the

burden on the frontline officers. Along with the increased responsibilities, the RCMP is very similar to the United States regarding carrying firearms, regularly responding to calls that require the use of firearms, where backup may be limited. While this is for the RCMP, the same cannot be said for police officers in Australia or the United Kingdom. Most officers in the UK do not carry firearms. This is because they are reserved for the Authorised Firearms Officers (AFOs) deployed for incidents requiring firearms (Metropolitan Police, 2025). In Australia, most officers carry firearms, however, they operate in more urbanized environments with quicker access to specialized units, limiting the use of firearms.

Lastly, spanning across the entire country, Canada has over 600 recognized Indigenous communities (Government of Canada, 2024). The RCMP has officers monitoring every single community, often dealing with intergenerational trauma, missing and murdered Indigenous women (MMIW) and mental health crises, which contribute to the trauma these officers are exposed to. These types of traumas can be emotionally taxing to officers and potentially put them in a vulnerable spot regarding socio-political tension. Although Australia and the United Kingdom also have Indigenous populations with historical grievances, they are much more minimal, considering the UK does not have any “recognized” Indigenous populations. These situations and experiences lead to many RCMP officers being exposed to PPTs and suffering mental illnesses because of them.

Barriers to Mental Health Disclosure

Exploring the policies and legislations that have been implemented reveals numerous initiatives to assist RCMP officers. However, the question still stands as to why mental health is not improving. Along with mental health comes grievances and officers accessing long-term disability claims. For an RCMP officer, if they are having trouble with mental health, there are

steps they must take to seek help. As mentioned, there are multiple resources for officers, yet the first step can always be difficult because most of the help is administered over the phone which does not have a personal touch. For this very reason, in 2019, Sergeant Jesse Gilbert decided to arrange mental health counselling for employees at the RCMP detachment in Fort Smith (Northcott, 2019). In this article, an anonymous RCMP officer mentions that it is difficult to reach out as there is a mentality among officers to “suck it up and move on,” which evermore reinstates the stigma in the RCMP for them to “be tough.” No amount of legislation can get rid of the “police culture” in the RCMP, which has been criticized as being “overtly masculine, politically conservative, communally isolated, cynical, action-oriented, and marked by extreme loyalty among officers” (Buchanan & Burns, 2020). The reality is that nothing can change the impact officers face from their day-to-day jobs. Factors such as operational, organizational and family stressors will always impact officers' mental health, even when there are preventative measures and tools for them to use.

Fear of Job Loss

While the RCMP has taken steps to improve mental health resources and policies, there are still concerns that persist and continue to discourage officers from speaking out about their struggles. One of the factors that may be causing an increase in mental health illnesses is the fear of job loss or career stagnation among officers. If an officer comes forward about their mental illness, they could be placed on administrative duty, have their firearm taken away, or even face medical discharge if their condition is deemed “too severe.” Suppose something like this occurs to an officer. In that case, it will go on their permanent record and by further seeking help or disclosing more about their health condition, this may lead to them being passed over for a promotion, may not be able to apply for specialized roles and, worst-case scenario, they may lose their leadership position within the RCMP and have little to no hope of re-obtaining it. Although

job loss occurs everywhere in the world, most jobs encourage people to reach out about mental illnesses. While the RCMP does as well, it seems that most officers would rather suffer with their illness than suffer the consequences of being diagnosed with a “severe” illness and potentially ruining their careers.

Cultural Stigma Within RCMP

Another reason officers may choose not to come forward or speak up about their mental illness could be due to a cultural stigma within the RCMP. Although stigmatization occurs in other law enforcement agencies, the RCMP is built on tradition and has a certain way of doing/dealing with everything. When an officer discloses his or her mental illness, there is a certain degree of privacy that is taken to ensure the anonymity of the officer. Although this may be the case, there could still be a distrust about how mental health disclosures are handled and whether private information could affect their reputation within the force if it were to get out. This can be found in a discussion paper from the RCMP External Review Committee, highlighting that “in policing, seeking psychological support can lead to managerial and peer concerns about an officer’s capability. This apprehension may deter officers from seeking necessary treatment, fearing that their medical information might not remain confidential and could negatively affect their careers” (Parent, 2015). On top of this, not only are officers worried about the distrust of their confidential information and how it is handled, but they may also be worried about how colleagues perceive them, which may lead them to be seen as unreliable or incapable of doing a particular job. This could potentially end up with them feeling isolated and excluded, which can have a major impact on their job performance and morale. Lastly, the RCMP prides themselves on resilience and toughness, making it harder for officers to seek help without fearing repercussions.

Disability Claims and Grievances

RCMP officers who seek long-term disability (LTD) benefits often encounter several bureaucratic hurdles that can hinder their access to necessary support. Supporting officers plays crucial in the government and providing support for the RCMP and other PSP. Although this is the case when an officer tries to claim LTD, they are met with a complex and prolonged claims process; there can be a lack of communication between agencies and the claimant, and worst of all, there may be a lack of resources for the officers in the disability management programs. According to the Government of Canada, issued by the Senior Director in 2020, “While Veterans Affairs Canada (VAC) adjudicates and administers disability pension claims for the RCMP, effective collaboration is essential. Any misalignment or communication gaps can result in processing delays and misunderstandings” (Government of Canada, 2020). These delays and misunderstandings can lead to officers having no support or being unable to access their disability claims due to the lack of communication. Besides communication, there are many reasons as to why the approval process may take longer than anticipated. These can be due to the lengthy paperwork involved, extensive medical documentation, contacting multiple agencies, and even waiting for approval on payment causes further delays.

Another key factor in why some officers choose to go through obtaining LTDs or have difficulty is the lack of support from leadership, ultimately stemming from the cultural barriers and stigma. By filing a claim, some officers risk the ability to apply for promotions, being excluded, or potentially fired if the claim comes back severe enough. When an officer goes through making a claim, they must prove their injuries and when it comes to mental illnesses like PTSD or depression, these may be difficult to “verify.” Officers may struggle to find the root cause of their symptoms and, in doing so, could lead to skepticism in the evaluator. All of these factors play a major role in the process of obtaining an LTD which is why many officers choose not to go through with it because of the hassle or the stigma surrounding “toughness.”

How to Change This Reality

The RCMP has been around for decades. When it was established in 1873, there was little to no knowledge of mental illnesses or other health-related issues that may arise from the job. Over time, the RCMP has seemingly kept many of the practices they once used and continues to hold onto too many stigmas and other views on what makes a “good” officer. Due to this, they may have fallen behind the rest of the world and by continuing these old practices, they are creating a sense of fear and dissatisfaction among officers which is evident by the increase in medical discharge and resignations. Between 2013 and 2019, a statistic from the RCMP showed that the number of medical discharges jumped to 1,112, which was roughly 150 in 2013 (Gerster, 2019). This increase first started in 2013 when Steven Harper repealed section 45.27 of the RCMP Act. This allowed the discharge or demotion of a Mountie until their appeal or claim had been determined. By comparing the RCMP to other police forces, such as Australia and the United Kingdom, there is much room for growth. It might be beneficial to apply similar tactics to Canada’s police forces to better the officer’s mental health and provide more resources and support.

Dissemination

This thesis could be used for many different purposes and by different groups such as police and mental health advocacy associations. Some branches of the RCMP could use it to improve the current routine practice when an officer talks about mental health disorders and the protocols in place. These findings may be helpful for the government in bringing about legislative changes to help protect the officers and the potential grievances faced when lodging a long-term disability file. One particular aspect noted when comparing the legislation between Australia and Canada, is that Australia appears to offer more support for its officers. This could

well be a learning opportunity for the RCMP. At the very least, the stigmatization of open discussion of mental health issues could be reduced and hopefully eliminated.

Conclusion

Overall, this thesis has added important insight to the existing work surrounding mental health among RCMP officers and legislation in place to help, as well as areas where certain policies may be lacking. This project revealed that there are many policies and regulations in place to help RCMP officers, yet mental illnesses continue to increase year after year. With the comparison of police forces in Australia and the United Kingdom, it is evident that while the RCMP does deal with various challenges that other countries may not be, there are certain areas where there is minimal support for officers and a strong stigma which leads many officers to stay quiet instead of simply reaching out. Although the studies that were compared have varying numbers in participants, one thing is evident, and it is that RCMP officers experience greater than usual numbers in suicidal thoughts, ideation, and planning. With the limited resources readily available, it is no shock that these officers suffer more from mental illnesses than many other countries police force, especially when compared to the general population. Further issues may arise depending on the results of the RCMP Study, since it is evident that with the extra support given to certain officers, there is an increase in their mental health. On the contrary, officers who are proceeding without any adaptations are experiencing more challenges with mental health due to the lack of help. There are many barriers that RCMP officers experience when dealing with mental health disclosures, many which are due to the current policies and legislation which have greatly impacted these officers since they may feel lesser than if they come forward.

This project was centred around the pre-existing legislation and comparing them to other countries in order to gain a clearer understanding of why RCMP officers are struggling so much. Whether it is through non-profit organizations or government-funded programs, there needs to be a greater increase in support for these officers. The RCMP has been around for centuries with very little change and with the ever-increasing mental illness rates and suicidal thoughts, it would be beneficial for the RCMP to be more open with the idea of disclosing mental health disorders. While some countries view comparing themselves with other countries as a negative thing, in this case, it is beneficial for Canada to take the time to consider adapting their legislation and RCMP policing model more in line with a similar country such as Australia or the United Kingdom.

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