



Sgt. Andy O'Hara, retired, Combats Police Officer Suicide

Andy O'Hara is a former California Highway Patrol officer, and the founder of The Badge of Life, an organization of active and retired law enforcement officers dedicated to preventing law enforcement suicide.

A Build-up Incidents

Rather than coming from one main event, my PTSD was cumulative. I compare all the things that happen on a regular basis in police work to bumblebee stings. One is tolerable, but as they build up, the pain becomes overwhelming.

In the course of my career with the California Highway Patrol, I accumulated 24 years of stuff—11 years as a sergeant, the rest as a traffic officer. I spent most of my career on the road, so I saw accidents on a daily basis. Some were very gruesome: decapitations, dismemberments. I heard a lot of screams, and honestly you become very tired of them. I responded to murders and suicides, backing up our local police departments. I saw injured and abused children. I was assaulted.

Probably the biggest incident that finally triggered a full blown case of PTSD was when an officer of mine was killed. He wanted to work overtime, and I knew he was tired. He pleaded with me to work, and I didn't want him to, but I relented and let him. He fell asleep on his motorcycle. I responded to the scene and half of his head was missing.

Cumulative PTSD can be very difficult to treat because you've got so many things to deal with. You get into feelings like guilt and self-blame. You've got mistakes—dirty little secrets, mistakes in judgment. Everybody makes mistakes. In police work, the opportunity for mistakes is pretty high and they

haunt you. You take a lot of responsibility for things that happen out of on the road. Officers think about how they might have prevented it, how they might have gotten there sooner. All the what-ifs will kill you.

It all begins to compile and becomes a big bundle of yuck that catches up to you in nightmares, depression and flashbacks.

Struggling to Cope

After my officer died, I took on the blame for it. I couldn't forgive myself. I went through crying spells. My temper flared at home and at work. It became explosive. I started having panic attacks and anxiety. I started withdrawing. I became almost agoraphobic. The flashbacks reached a point where I couldn't sleep. I tried alcohol as a coping technique, and it worked! I could sleep.

I was a closet drinker. At first, I always quit 8-10 hours before work, but eventually I became an alcoholic. I was starting to show up to work with an odor of alcohol on my breath. Ultimately, drinking just made it worse. I wasn't able to suppress the feelings with the alcohol.

I started to get scared of losing my career. And there was pressure from my wife. I knew I had to quit drinking and when I did, I felt worse because I didn't have the sedative effects of the alcohol to overcome the flashbacks and anxiety.

About a year later, I became suicidal and went into the hospital. I've been on meds and in therapy since then, and I eventually retired on disability.

Managing PTSD

I've been able to manage my problems. You don't cure PTSD; you learn to manage it. I've been able to manage the depression, the flashbacks and the problems sleeping. But I still get panic attacks and anxiety, especially in traffic and in crowds. I don't handle stress very well. When I was on patrol, I was the figure of calm, nothing could bother me. Today, even driving is a challenge for me.

After I had gone through a lot of recovery, I reflected back on things that I could have done to avoid the predicament I got into. It never occurred to me to get

into therapy during my career; I had never even heard of therapy. But it works pretty well. If I had gotten therapy back then, I might not have had to retire.

I got to thinking about why officers don't try therapy or medication. There are officers suffering from anxiety and PTSD and they are determined to suffer through it for the rest of their lives. I think in this day and age, where officers are being questioned on a lot of things—shootings, arrests, brutality—a lot of that could be avoided through some good therapy. And I think people are scared of medication. Medication doesn't necessarily affect your ability to work, but officers don't know that.

To learn more about officer mental wellness, visit www.nami.org/cit and look out for our upcoming guide: *The Chief's Role in Safeguarding Officer Mental Health After Mass Casualty Events*.