

Law Enforcement Agency Action Items:

CULTURE CHANGE AROUND MENTAL HEALTH

1. Parity of physical and mental wellness

To effectively address mental wellness and suicide prevention, all levels of leadership must recognize the parity of mental and physical safety and wellness. Law enforcement agencies are committed to officers' physical safety and wellness. From body armor to firearms training, and on-site gyms and fitness programs, there are numerous measures in place to ensure an officer's physical safety. But what is the profession doing to protect and support the mental health of officers? Tragically, many agencies lack the resources and the critical guidance to improve and protect their officers' mental health and wellness.

Barriers to achieving mental health parity

The stigma and fear of reprisal associated with asking for help, particularly in law enforcement, leaves officers in need, with nowhere to turn, and only aggravates feelings of hopelessness. It is incumbent on leaders to protect their officers. It is imperative that all police executives and leaders commit not only to changing the culture, but to institutionalizing effective mental wellness support, so that agencies can address mental health issues successfully and foster resilient and productive police officers. Starting the change may be difficult; it takes time and effort, and progress may be slow. Officers deserve this change, and the outcome is worth the investment. Individuals outside of law enforcement regularly identify and seek mental health treatment for emotional trauma and mental illness for themselves and for others. Why not police?

- The **fear of consequences for seeking help** for emotional problems or mental illness is a reality in our culture. If employees believe that asking for help may hurt their image, slow or stop career advancement, or even end their career, they won't do it.
- Police officers are trained to guarantee the physical safety of their fellow officers, but **officers are not generally trained** to identify or effectively respond to emotional trauma, mental illness, or suicidal behavior in other officers. Officers may be unclear or misinformed about **confidentiality laws and policies**, which impedes both officers seeking help and leaders providing the help to those who need it. Similarly, officers may be confused about the laws and policies governing when an officer's firearm may be removed due to mental wellness issues, which also impedes officers from seeking needed help.
- **Departments with limited resources** may lack the time and capacity to provide the necessary and confidential mental wellness care and training, and suicide prevention programs. Finally, officers may be allowed to bypass supervisors to get counseling. So, while the officer may obtain needed help, the department simultaneously may be unaware of officers with mental wellness issues. This dynamic between an agency's need-to-know and confidentiality concerns may impose serious obstacles to any agency seeking to improve its officers' mental health.

2. Culture Change

Unfortunately, in many law enforcement departments the culture toward mental wellness or addressing emotional problems of any kind is one of disdain and avoidance. The presumption within this culture is often that the mere presence of an emotional problem indicates a weakness on the officer's part. That perception leads to the even more dangerous perception that being open about these issues can make the officer vulnerable, even to the point of losing his or her job.

Significant progress in curbing officer suicide and enhancing officer mental wellness is only achievable if the culture does an about-turn toward openness and support for all aspects of officer health and wellness, particularly mental health. Changing a culture resistant to even acknowledging mental health issues is a great challenge. This culture may be so institutionalized that we may not even be cognizant of its existence. Yet, the reality is that our culture often prevents both officers from asking for help and leadership from providing it. Review the culture change action items below:

Make suicide prevention a top priority for executives

Chiefs should be proactive and speak directly to their officers about mental wellness and officer suicide. Hearing from the chief personally and candidly carries a tremendous amount of weight. In particular, police chiefs or others who have triumphed over their own mental health issues should champion this subject and share their own success stories.

Review mental wellness and suicide prevention policies and practices

One of executives' most important tasks in this effort is to be held accountable for the review, improvement, and auditing of mental wellness and suicide prevention policies and practices. Police chiefs should appoint and personally oversee a specific employee to begin such an agency review, including identification of resources needed and implementation deadlines. **This assessment tool or "checklist" could include items found in Table 1 (see page 5).**

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3. Institutionalize these policies and practices

After reviewing an agency's mental wellness and suicide prevention policies and practices, determine where to make changes or enhancements, or to redeploy resources, in order to ensure a healthier police force. The following should be undertaken:

- Ensure policies and practices to adequately address mental wellness and suicide prevention, intervention strategies after a traumatic event for involved officers, and post-suicide protocol and policies for families, the agency, and the community.
- Formalize policies and practices in writing and ensure that they are published agency-wide and routinely reiterated via public awareness campaigns.
- Train officers on these policies and practices throughout officer careers and in all types of training—for example, academy training, routine resiliency training ["rest and relaxation (R&R) training"], critical incident training, and retirement transition training. Include them in both formal training (e.g., academy presentations) and informal exercises (e.g., roll call discussions).
- Conduct regular audits of your policies and practices to ensure they're effective and consistently enforced.
- Institutionalize these policies and practices to ensure their survival in future administrations.
- Initiate mental wellness programs and suicide prevention campaigns.
- Flood offices with information, such as training, posters, brochures, and wallet cards, and similarly leverage and update services to identify and publicize available resources for officers in need, including those who suffer from mental illness or are affected by officer suicide.
- Train officers to recognize indicators and warning signs of chronic stress and mental illness within themselves and in their peers.

- Educate officers on self-care, stress-management, and general well-being as a holistic approach to ensure officer mental fitness.
- Provide successful intervention methods, such as the appropriate actions to take when a supervisor recognizes an at-risk officer.
- Encourage officers to police themselves for mental health issues and to look out for the mental well-being of one another. Officers should check in annually with peer support counselors, department psychologists, or outside therapists.
- The chief and the entire command staff must be out in front on these campaigns. This is the most important point of all.

These departmental awareness campaigns can ensure that effective mental wellness and suicide prevention policies and practices endure from one administration to the next. However, a mental wellness and suicide prevention campaign may be a difficult “sell” in an agency. The following identifies four of the reasons why such a campaign might face opposition, and corresponding strategies for overcoming that challenge:

- 1.) **A particular department may not have experienced officer deaths by suicide.** However, for every suicide that is carried out successfully, there are as many as 25 attempts. Agencies may be unaware of officers’ suicide attempts or even their suicidal behavior or ideation. This potential lack of agency awareness, coupled with a lack of comprehensive research, may make it a challenge to sell mental wellness or suicide prevention campaigns in an agency. Any officer with serious mental health issues or suicidal behavior or ideation is vulnerable, and leaders need to be able to identify these officers quickly and early for effective intervention. If an agency has not suffered a suicide tragedy, they should not wait for one to occur. Do not allow mental illness or other significant risk factors to remain unidentified and go untreated. Be proactive. Officers should be given the mental health support and resources they deserve.
- 2.) **If officers are not self-reporting, commanders may be unaware of mental illness or suicide risks, and an awareness campaign may be perceived as unnecessary.** The stigmas associated with self-reporting mental health issues, and the perceived and possibly real fear of consequent job loss, prevent agencies from being aware of problems and from providing the necessary resources. Ineffective or nonexistent mental health professionals to identify and treat at-risk officers, as well as stringent confidentiality rules, also may prevent executives from being aware of officers with mental health issues, mental illness, or suicidal behavior or ideation. As such, executives may not fully grasp the need to prioritize mental wellness or suicide prevention campaigns in their agency. Nonetheless, other indicators may be present in a department. Have any officers ever abused alcohol or prescription drugs? Been involved in domestic violence incidents? Used excessive force? These officers, and officers subject to internal affairs investigations, serious disciplinary actions, unwanted job changes, or relationship trauma, may need mental health counseling or other types of treatment. These events, of course, do not forecast mental illness or suicide risks, but they can be risk factors for or warning signs of underlying mental health issues. Resolve to address these potential mental health issues now, and to target serious mental illness such as depression or suicidal behavior. Begin by instituting an agency-wide campaign on mental wellness.
- 3.) **Any new program costs money and agencies may lack sufficient resources.** While new programs undeniably cost time and money, it may be more cost effective to treat a veteran cop with mental health issues than to hire a brand-new officer. If an agency institutionalizes effective detection, prevention, and intervention strategies, the cost of sick time, lost productivity, legal fees, and other expenses may be diminished. Chiefs may want to reach out to risk management professionals to calculate these real costs and to better understand the payoffs involved. As noted above, IACP already has developed suicide prevention campaign material. Participants recommended that IACP develop a similar model in a mental wellness campaign kit. These ready-made and inexpensive resources may be a solution to tight budgets

Consider implementing some of these “best practices”

- Anonymous counseling outside the police department

- Consortiums or regional support centers with money set aside for a prescribed number of officer visits per year
- Emphasis on formally trained peer counselors and police officer support groups
- The display and routine update of posters reflecting photos of respected officers with the caption: “We’re here to help you”
- Training of lieutenants and sergeants on how to talk about emotional wellness
- Installation of a formal suicide funeral policy

4. Recruit and hire the right people

Finally, hire the right people to implement and follow through on effective mental wellness and suicide prevention policies, practices, and programs. Recruit chiefs who will make these issues a priority, will hire resilient police officers, and will adequately screen new recruits. Some of the key personality traits of officers who demonstrate long-term emotional wellness and resiliency were identified as:

- Service orientated and committed to social service
- Empathic balanced with a “cool head”
- Socially competent
- Minimal risk behavior
- Team player
- Demonstrates integrity
- Good impulse and stress control

Participants considered mental health screenings critical to any hiring protocols and in identifying early warning signs of mental illness. Over half the police departments in the United States do not conduct pre-employment psychological screenings consistent with [IACP Police Psychological Services Section Guidelines](#). Consider implementing these recruit screenings if a department has not done so already.

To read the full Symposium report, [click here](#).

Table 1. Suggested Checklist for Comprehensive Mental Wellness and Suicide Prevention Programs

POLICY/PRACTICE REVIEW	TO DO
Does your agency treat officer mental and physical safety and wellness equally?	Does your agency treat officer mental and physical safety and wellness equally?
Do you and your officers know the early warning signs of depression, other mental illness, and suicidal behavior?	Implement effective education and training initiatives, and aggressively (and routinely) publicize how officers can get the mental health assistance they need.
Do you have an effective Employee Assistance Program (EAP), peer support group, a consortium approach, or other mental health providers dedicated to law enforcement? Do you have a relationship with a local hospital with trusted doctors to treat officers?	Review the mental health resources identified in this report. Know what mental health assistance is available to your department, and find out how you can improve the quality of mental health services delivered to your officers
What are your mental health intervention protocols for at-risk officers and after critical incidents?	Make sure these protocols are effective and consistent.
Do your training programs from academy recruits to retirees include routine training on mental wellness and stress management? Do you incorporate these curricula at critical incident training?	Invest in this training throughout an officer’s career. It is as important as firearms training or wearing bullet proof vests.
If your officers have a union, is the union on board with your mental wellness program?	The union might be the go-to contact for a line officer. Work with your unions to foster support for mental wellness programs.
Do you have clear guidance on confidentiality laws and rules?	Confidentiality laws are complex and have serious ramifications. Educate your agency
Does employee self-reporting result in discipline or negative consequences, either intentional or unintentional? Do officers fear that self-reporting will result in discipline or even job loss? Do you have clear guidance on the laws and policies that govern when an officer’s firearm must be removed due to mental health issues?	<p>Fear of self-reporting may be one of the greatest barriers to achieving a healthy department. Change your culture so that officers are encouraged to self-report.</p> <p>When an officer sees another officer getting help without being de-gunned or de-badged, it is very reassuring.</p>
What are your policies addressing suicides in your department?	Be sure you have an established notification and funeral policy in place for officers who die by suicide, to include outreach, education, support for family members and fellow officers, and media coordination.

Data Sources: IACP National Symposium on Law Enforcement Officer Suicide and Mental Health: Breaking the Silence on Law Enforcement Suicides