

## Agency Wellness Standard

### Purpose:

Law enforcement agencies have an obligation to ensure the mental and physical health and safety of their agency personnel. Officer wellness is not only an individual issue-- it is also an agency issue and a public issue, as the negative consequences of poor mental and physical health can impact officer performance and affect community relationships. Law enforcement agencies are uniquely situated to address issues of officer stress and trauma, to reduce the stigma of seeking help and to create an environment of support.

### Standard:

Law enforcement agencies shall establish a written policy specifically focused on the physical and mental wellness of agency personnel. The policy shall address the following areas:

- Education of officers and executive-level staff on issues of physical health, including the importance of exercise and nutrition as a way of reducing stress and improving overall health outcomes.
- Education of officers and executive-level staff on issues of mental health, to include suicide prevention and the range of possible reactions to trauma.
- Access to multiple resources for mental and physical support to officers and their families, such as:
  - Employee Assistance Program resources, such as in-house and/or external clinicians, and other wellness staff who have knowledge of the law enforcement experience
  - Peer support teams<sup>1</sup> to augment (not replace) EAPs or in-house/external clinicians
  - Agency chaplains
  - Non-clinical interventions that promote mental and physical well-being, such as physical exercise, dietary guidance and sleep hygiene.
- Awareness of organizational factors that can impact an officer's mental and physical health on a daily basis. Organizational climate and management techniques should be perceived by officers as fair, transparent, and supportive. Supportive supervision includes encouraging health and wellness through policies, practices, and programming, empowering formal and/or informal peer support, and providing quality leadership and supervision.
- An annual review of this policy, and an assessment of the effectiveness of the agency's wellness programs, with adjustments as needed based on feedback and/or other outcomes.

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<sup>1</sup> If a peer support program is implemented, an applicable policy should address the following: Management and administrative structure for the peer support program; Consultation services from mental health professionals; Selection/de-selection process for peer support program candidates; Initial and ongoing training of peer support program volunteers; Potential of role conflict between peer support program volunteer and client; Appropriate activities for a peer support program; and Confidentiality guidelines. (Taken from IACP Psychological Services Section, "Peer Support Guidelines," ratified by the IACP Police Psychological Services Section, San Diego, CA, 2016).

## Commentary:

Healthy officers create healthy agencies. The mental and physical health and welfare of officers is often overlooked, yet it is a vital consideration, not only to the officer, but also to the officer's family and loved ones, to the agency in which the officer is employed, and even to the community in which the officer lives and works. Investing in officer wellness is a significant step that agencies can take to positively impact their officers' overall well-being and, as a result, to improve the community's trust and perceptions of legitimacy in the organization.

Officer mental health is usually discussed in terms of the impact of critical incidents that may have short- or long-term consequences on an officer. Research has documented the relationships among exposure to traumatic events and resulting physical or behavioral health disorders. While the inclusion of a Critical Incident Stress Management (CISM) policy is beyond the scope of an officer wellness policy, agencies should strongly consider developing a stand-alone CISM policy or procedures, to include defining what constitutes a critical incident, identifying all involved and affected employees, and detailing all post-incident administrative procedures.

Despite the potential for critical incidents to have a significant impact on officers, officers encounter such situations relatively infrequently. In contrast, chronic stressors can be just as, if not more, damaging to an officer than a single traumatic incident. Studies show the connection between the daily stressors of police work and physical and psychological ailments. Officers often bear witness to the pain of those victimized and are present in the moments soon after a dangerous and traumatic event. Research also demonstrates the strong association between chronic stress and organizational climate. When officers perceive their organization to be procedurally fair—thus allowing for effective and open communication, involvement in decision-making, and equitable treatment—they are less likely to be psychologically and emotionally distressed, resulting in greater officer well-being. Left untreated, stress—regardless of its source—significantly increases the risk of mental and substance use disorders and chronic physical diseases. Thus, a policy on officer wellness needs to comprehensively consider the impacts of critical incident trauma, chronic exposure to traumatic events, and chronic exposure to organizational stress.

Traditionally, law enforcement agencies have taken a reactive approach to officer wellness. In short, they have viewed it as largely an individual responsibility to seek clinical intervention or develop coping mechanisms—resources which may or may not be provided by the agency—to mitigate the already-existing symptoms and effects of stress. While these tools are important components to a comprehensive approach to addressing officer wellness, it is ultimately more beneficial for law enforcement agencies to take a proactive approach to wellness and to address the root causes of officer stress. A well-rounded policy on officer wellness must address both the causes of, and the responses to, officer stress. Additionally, prior to retirement, agencies should make available wellness resources to help an officer prepare, as the transition for those who separate or retire from active duty can be difficult. If feasible, agencies should consider extending resources for a period of time after separation.

Finally, law enforcement agencies must consider the lens in which they view officer wellness, particularly mental health wellness. Officers play the role of being the helpers, not looking to others for help. One of the primary barriers to officers seeking help is the stigma associated with needing such

treatment. Executives must acknowledge agencies' investment in the mental health of its officers. There must be a cultural shift at the executive, supervisory, and peer levels that encourages and supports officers to seek assistance and to provide assistance when needed. Regularly-occurring communication with officers about mental health signs and symptoms, wellness strategies, and available resources will de-stigmatize mental health discussions and reinforce the agency's commitment to their employees' overall health and wellbeing.