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Department of Justice Report on Best Practices to Address Law Enforcement Officer Wellness

*Practices to Foster a Culture of Wellness and Psychological
Health and Well-being of Law Enforcement Agency Personnel*



May 2023

BACKGROUND

On May 25, 2022, in Section 4(a) of the [Executive Order on Advancing Effective, Accountable, Policing and Criminal Justice Practices to Enhance Public Trust and Public Safety](#) (EO 14074), President Biden directed the Department of Justice, in coordination with the Department of Health and Human Services (HHS), to develop and publish a report on best practices to address law enforcement officer wellness, including support for officers experiencing substance use disorders, mental health issues, or trauma-related symptoms. As required by the EO, this report draws from the work undertaken since the passage of the Law Enforcement Mental Health and Wellness Act of 2017 (Public Law 115-1123) and provides information on types of resources available from the federal government as well as needed investments.

This report applies to both sworn and civilian personnel who work in a law enforcement agency.

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References to non-federal entities should not be construed as an endorsement, recommendation, or favoring by the U.S. Department of Justice.

EXECUTIVE SUMMARY

Prioritizing workplace strategies and practices that foster a culture of wellness within a law enforcement agency and among the workforce can help prevent, reduce, and mitigate the effects of stress and exposure to trauma. This is of critical importance because research demonstrates that law enforcement occupations can contribute to diminished psychological health and well-being that can have negative effects on personnel (and their families) and public safety.

This report highlights specific stressors, occupational factors, and barriers that are known to contribute to or have been reported as contributing to negative mental, physical, and behavioral health outcomes among law enforcement agency personnel. To address these areas of concern, the report includes suggested practices for the following overarching strategies and corresponding key principles:

STRATEGY	Eliminate stigma surrounding mental health and other barriers to help-seeking.
PRINCIPLES	<ul style="list-style-type: none"> • Facilitate positive perceptions surrounding mental health and help-seeking. • Improve trust and confidence in services offered. • Reduce apprehension associated with the utilization of behavioral health services and normalize help-seeking. • Use a strategic communications plan. • Improve access to behavioral health services by expanding the network of qualified mental health professional (QMHPs). • Improve access by creating opportunities and adjusting work schedules for personnel to practice self-care and utilize services during work hours, within reason. • Adopt a shared service approach to address barriers to access due to resource constraints. • Utilize technology to minimize barriers to access.
STRATEGY	Demonstrate leadership and prioritize psychological health and well-being.
PRINCIPLES	<ul style="list-style-type: none"> • Strengthen leadership skills. • Define strength as being willing and committed to self-care, mental health support, and intervening with other colleagues to prevent harms. • Invest in, institutionalize, and create infrastructure for multi-dimensional occupational health and wellness programs. • Advance effort by being strategic, intentional, and thoughtful. • Increase skills and confidence among the workforce to demonstrate care, concern, and emotional support for colleagues. • Use data to find specific health risks, protective factors, and opportunities for early intervention.

STRATEGY	Utilize policy to advance health and well-being.
PRINCIPLES	<ul style="list-style-type: none"> • Engage in practices that eliminate/reduce/mitigate occupational stressors using evidence-based/evidence-informed approaches. • Accurately describe mental and physical health symptoms and conditions and how they do/do not impact work readiness, fitness, suitability, and continuity of career. • Establish policies that provide guidance on preparing for and responding to critical incidents and other duty-related exposures to harm. • Support personnel in their recovery and return to work. • Protect against harm to self. • Reinforce confidentiality and privacy protections associated with utilizing peer support/behavioral health services. • Use evidence-based and evidence-informed protocols and procedures that guide agency response after a death by suicide or attempted suicide of personnel (also known as postvention).
STRATEGY	Strengthen protections against stressors, trauma, and negative health outcomes.
PRINCIPLES	<ul style="list-style-type: none"> • Equip personnel with specific knowledge, skills, and abilities at the start and throughout the entire life cycle of the individual's career into retirement. • Offer and provide mental health support and services. • Protect against short and long-term negative health effects of trauma and substance use. • Eliminate, reduce, and mitigate risk for suicide.

The report also provides information about existing federal resources and needed investments to advance agency wellness efforts. Specifically, the report details applicable federal grant programs, training and technical assistance, federal data sources, and relevant reading materials. As required by the Executive Order, the report also sets forth needed investments. For instance, resources are needed for agency consultations with subject matter experts, curricula development and deployment, dedicated behavioral health services, equipment and technology, additional grant funding, a 24-hour helpline(s) with operators trained to support law enforcement personnel, multi-dimensional occupational health and wellness programs, peer support, research, and training, and education.

There is no one-size-fits-all approach to fostering a culture of wellness within law enforcement agencies; however, the strategies, principles, and practices detailed in this report can be a guide to inform agency efforts. Personnel and agency leadership must work together to prioritize psychological health and well-being, which is fundamental to achieving the goals of accountable policing and public safety.

A special thanks goes to the many federal and non-federal agencies and organizations who provided insight toward the development of this report and for their dedication to the noble profession of law enforcement.

INTRODUCTION

Law enforcement agency personnel¹ can be exposed to significant occupational stressors² that can have myriad effects on the individual, which can also affect the organization and public. Some personnel (e.g., uniformed officers, investigators, correctional workers, community supervision officers) routinely encounter highly emotional interactions, danger, and interpersonal conflict that requires quick and high-risk decisions to defuse, de-escalate, and resolve situations. These personnel and others³ are routinely exposed to individuals who have been victimized or otherwise traumatized. Additionally, some personnel have been or will be exposed to a critical incident(s),⁴ either directly or in a responder role. Law enforcement agency personnel also face organizational stressors that can create, compound, and/or exacerbate stress.

Prolonged stress can lead to burnout, a syndrome marked by symptoms of emotional exhaustion, depersonalization, and a sense of low personal accomplishment.⁵ Untreated stress and burnout can result in physical health issues and increased substance use, risk of depression, and absenteeism.⁶ It can also contribute to poor interactions with and more frequent complaints by citizens, increased aggressive attitudes and support for the use of force, and heightened levels of aggression, among other consequences,⁷ which collectively can fracture community trust. Chronic stress over a lifetime also "increases prevalence of hypertension, physical disability, pain, and other chronic diseases as well as psychiatric disorders," and substance misuse.⁸

In addition, those routinely exposed to danger and conflict can be at risk of negative effects to the nervous system from being in a constant state of hypervigilance, which can also increase risk of behavioral health conditions.⁹ Some personnel can also be at risk of secondary traumatic stress responses from secondary exposures to trauma, and those who directly experience a critical incident can be at increased risk of posttraumatic stress (PTS). When traumatic responses are left untreated, they can increase the risk of adverse mental health conditions, such as substance use disorder (SUD), posttraumatic stress disorder (PTSD), and suicide.¹⁰ Among anxiety disorders, PTSD may have the most robust association with

¹ For the purpose of this report, a law enforcement agency is an agency of the federal, state, local, tribal or territorial government involved in crime and juvenile delinquency control or reduction, or enforcement of the criminal laws (e.g., police department, Sheriff's office, corrections department, probation/parole office, juvenile justice center, prosecution office). The term "personnel" refers to both sworn and civilians within a law enforcement agency.

² Occupational stressors are sometimes referred to as stressors related to job responsibilities; however, in this context occupational stressors encompass both operational stressors (stressors related to job responsibilities) and organizational stressors (aspects of the organization which might impact abilities to perform the job).

³ Examples include but are not limited to public safety telecommunicators, victim assistance specialists, evidence response/crime scene technicians and other investigative/policing agency professionals, mental health professionals/peer support members, prosecutors/other prosecution office professionals.

⁴ A critical incident is any incident that is unusual, violent, and involves a perceived threat to or actual loss of human life.

⁵ Maslach et al., 1996. Full citations for this and other references can be found in the references section.

⁶ As cited in Turgoose et al., 2022.

⁷ Ibid.

⁸ As cited in Lampert et al., 2016.

⁹ Gilmartin, 1986.

¹⁰ Komarovskaya et al., 2011; Violanti, 2018; and as cited in Kamkar et al., 2020; Krishnan et al., 2022.

suicide.¹¹ Critical incidents and routine exposures to trauma can deeply challenge people's sense of safety and security in the world. It is not uncommon for these overwhelming circumstances to influence one's interactions with friends, family, coworkers, and others.¹²

Prioritizing the psychological health and well-being of law enforcement and other public safety personnel is critical. And it is fundamental to the safety of our communities. Advancing practices and strategies to strengthen psychological health and well-being are important to counteract the tremendous work stress, fatigue, burnout, and other harms that law enforcement agency personnel may experience. Certain workforce strategies and practices can reduce the risk and impact of psychological harm, strengthen the health of the workforce, and contribute to improved decision-making abilities, which affect the delivery of public safety services to our nation's people. Practices that promote work-life balance and foster psychological health and well-being are also competitive incentives to recruiting and retaining a healthy and resilient workforce. Furthermore, these practices could help to mitigate some of the long-term costs and administrative challenges associated with staff illnesses, injuries, and turnover.

¹¹ Sareen et al., 2005.

¹² Schweitzer Dixon, 2021.

SPECIFIC AREAS OF CONCERN

Certain occupational stressors can increase the risk of adverse mental, physical, interpersonal, and behavioral outcomes among law enforcement agency personnel. Barriers such as stigma around mental health, lack of knowledge about mental health, and lack of access to affordable and qualified mental health professionals are other areas of concern. The following provides an overview of some of the common stressors, occupational factors, negative outcomes, and barriers facing law enforcement agency personnel. It is recommended that law enforcement agencies assess and identify those areas that are most applicable to their agency, as well as any similar and different experiences related to job specific responsibilities and/or demographic categories.

Stigma Surrounding Mental Health

Stigma surrounding mental health is a significant issue that hinders psychological health and well-being, including among law enforcement agency personnel.¹³ Negative attitudes toward and discrimination of individuals who demonstrate or communicate mental health challenges (including diagnosed conditions) perpetuate stigma and can prevent help-seeking and treatment-seeking behaviors. Within law enforcement, expressing challenges and seeking help, particularly from a mental health professional, has been perceived by some as shameful and implying weakness and ineptitude, which can also elicit fear of ridicule, rejection, discrimination, and administrative consequences (e.g., removal from duty). These perceptions can be particularly prominent among men, who make up the majority of personnel in law enforcement agencies,¹⁴ if they embrace traditional masculine gender roles that emphasize self-reliance, invulnerability and stoicism.¹⁵ Furthermore, stigma surrounding mental health may also be an obstacle to accessing needed care among racial and other minority groups within law enforcement agencies, as it can be among the general population.¹⁶ A workplace culture must be created in which personnel are encouraged and supported from leadership in their efforts to practice self-care and seek professional services without shame, embarrassment, or humiliation when experiencing mental health challenges as these practices are foundational to advancing psychological health and well-being.¹⁷

Mental Health and Occupational Suitability

There is a perception among law enforcement agency personnel that expressing and seeking assistance for mental health and substance use challenges will result in a job reassignment and/or termination from employment. In some cases, laws and policies reinforce this fear and perception. Strategies and practices must be deployed to address these issues as they can be barriers to early prevention and treatment that are important protective factors against adverse mental, physical, interpersonal, and behavioral outcomes.

¹³ Daniel & Treece, 2022; Violanti & Steege, 2021; as cited in DOJ, Office of Justice Programs Diagnostic Center & Brower, 2013.

¹⁴ For additional context, 87.2% of full-time law enforcement officers (aka sworn law enforcement personnel) in non-federal agencies were male in 2019. [FBI — Table 74.](#)

¹⁵ Sagar-Ouriaghli et al., 2019.

¹⁶ Centers for Disease Control and Prevention, July 2022.

¹⁷ Kutcher et al., 2023.

Lack of Knowledge about Mental Health

Law enforcement personnel have reported, and research has highlighted, that some personnel lack knowledge and the ability to self-identify mental health concerns or understand their seriousness, which is an important step to preventing and mitigating negative health outcomes.¹⁸ Educating personnel about mental health and equipping them with abilities to self-identify concerns (also known as mental health literacy) should be prioritized by law enforcement agencies as it can reduce stigma and also influence when and how people seek help.

Access to and Availability of Services

Access to readily available, affordable, and evidence-based specialized services can help protect against negative mental health outcomes; however, limited access has been a reported problem across federal, state, local, and tribal law enforcement agencies and in small, rural, mountain, urban, and suburban areas. Specifically, lack of access to preventative services, including access to onsite fitness equipment and peer support, has been a problem for some agencies. Additionally, there is a shortage of mental health professionals with experience and training on the risk factors associated with and culture of law enforcement agencies, also referred to as “qualified mental health professionals (QMHPs).” Lack of options and long wait times to seek assistance from QMHPs, including outpatient and inpatient mental health care, has been identified as a substantial problem. Further, high out-of-pocket expenses associated with utilizing these professional services has been a barrier to accessing support, including among law enforcement personnel with insurance coverage. Auxiliary police (also known as volunteer police or reserve police) can face particular challenges with accessing behavioral health care, particularly if they do not have access to agency offered services or if healthcare coverage from other employment lacks affordable behavioral health coverage. Addressing barriers to access and availability of services is an important component to strengthening psychological health and well-being.

Organizational Factors

Organizational stress factors (i.e., organizational climate or culture, roles and structure within the organization, and interpersonal relationships at work) are primary sources of stress among law enforcement agency personnel that, alone or combined with specific operational stress factors, can contribute to stress-related illnesses (e.g., heart/cardiovascular disease, obesity, depression). Organizational stress factors can also lead to other adverse mental health symptoms and conditions, including anxiety, PTSD, and burnout, which also increases risk of suicide.¹⁹ The following are some examples of situations that contribute to a stressful work environment in law enforcement agencies: lack of social support from the supervisor/organization, a negative leadership climate, organizational culture, bureaucracy,²⁰ sexual harassment,²¹ interpersonal conflicts at work, equipment constraints,²² lengthy

¹⁸ Jetelina et al., 2020; Police Executive Research Forum, 2019.

¹⁹ Centers for Disease Control and Prevention, 2022; and as cited in Turgoose et al., 2022.

²⁰ As cited in Acquadro Maran et al., 2022.

²¹ Taylor et al., 2022.

²² As cited in Maguen et al., 2009.

internal investigations and decision making regarding disciplinary action, inadequate pay, and lack of trust in management.²³ Law enforcement personnel in minority groups and subgroups can also experience increased organizational stress. For example, while underrepresented in law enforcement, research indicates women police officers experience greater personal and perceived stress than colleagues who are men²⁴ and with a higher prevalence of lack of support from leadership.²⁵ Reducing and eliminating organizational stress factors, when possible, is important to the psychological health and well-being of personnel and their families.

Operational Factors and Exposures to Trauma

Practices and strategies are needed to eliminate, reduce and/or protect against potential negative outcomes associated with specific job responsibilities and duties (i.e., operational factors), including negative impacts on community, relationships, and law enforcement families. For instance, some law enforcement agency personnel routinely encounter tense, dangerous situations where they must make quick and high-risk decisions. These exposures can increase risk of negative impacts, including on the nervous system.²⁶ Some personnel also interact with individuals who have been victimized or otherwise traumatized, putting them at increased risk of experiencing secondary traumatic stress. Untreated stress and trauma, including repeated exposure, can increase risk of fatigue, compassion fatigue, burnout, depression, substance use and misuse, and other negative physical, mental, interpersonal, and behavioral outcomes.²⁷ Traumatic events as well as PTSD are also correlated with sleep deprivation and disturbances of sleep, which too have negative effects.²⁸ Additionally, some personnel are also at greater risk of directly experiencing life-threatening situations or other critical incidents during their career in law enforcement. Similar to other specific populations (e.g., veterans, healthcare workers), exposures to specific incidents of moral injury,²⁹ violence and death (including deaths by suicide) can increase risk of adverse mental health conditions (e.g., depression, PTSD) and suicide.³⁰

Sleep Deprivation

Sleep deprivation and disruption have both negative personal health and public safety effects, which has been examined in several studies. Shift work, long work hours, and erratic schedules, which are common in law enforcement occupations, can contribute to fatigue and disruptions in sleep patterns and circadian rhythms.³¹ Disruptions in sleep patterns and circadian rhythms can contribute to sleep conditions (e.g., insomnia), obesity, mental health conditions, and cardiovascular disease.³² Additionally, certain factors

²³ DOJ, Office of Justice Programs Diagnostic Center & Brower, 2013.

²⁴ Angehrn, et al., 2021.

²⁵ Violanti et al., 2016.

²⁶ Gilmartin, 1986.

²⁷ As cited in Bosma & Henning, 2022; Lampert et al., 2016.

²⁸ As cited in Babson & Feldner, 2010.

²⁹ As referenced by Kamkar et al., moral injury is “exposure to unprecedented traumatic life events wherein one perpetrates, fails to prevent, or witnesses actions that “transgress deeply held moral beliefs and expectations” (Litz et al., 2009, p. 1).”

³⁰ Komarovskaya et al., 2011; Violanti J., 2018; and as cited in Kamkar et al., 2020; Krishnan et al., 2022.

³¹ As cited in Boivin et al., 2022.

³² Ibid.

of sleep (e.g., insomnia, sleep quality) have been found to be separate and independent risk factors for suicide ideation among the general population,³³ making it even more critical to address factors that negatively impact sleep.

Substance Use and Misuse

Various studies have examined substance use, misuse, and disorder among law enforcement personnel, particularly the use of alcohol. Studies have highlighted the social aspect of alcohol use as well as alcohol use as a coping strategy for acute stress, chronic stress, and trauma-related symptoms. Specifically, responding to and witnessing deaths and violence, human misery, and the abuse of children are known factors that precipitate alcohol use and other negative outcomes (e.g., depression, suicidal behavior) among police.³⁴ Substance and alcohol misuse have been further linked to suicide ideation and/or death by suicide of law enforcement agency personnel.³⁵ In a study of trauma and police suicide ideation, Violanti and Samuels found that as PTSD symptomology increased the risk of suicidal ideation also increased.³⁶ They also found that officers who exhibited traumatic stress symptoms and used alcohol were four times more likely to experience suicide ideation. It is imperative that agencies utilize practices to address both the social and occupational factors that contribute to alcohol (and other substance) use, misuse and disorder.

Suicide Ideation, Attempts, and Deaths

Studies have found that deaths by suicide among law enforcement officers in the United States are more common than line of duty deaths (with the exception of deaths related to the coronavirus).³⁷ Prioritizing the psychological health and well-being of law enforcement agency personnel is critical given that certain occupational factors can increase risk of suicidal ideation, suicide attempt, and death. In particular, access to lethal means (e.g., medications, firearms), job stress, exposure to violence, trauma exposure;³⁸ work schedules that contribute to certain sleep problems (e.g., shift work, overtime shifts);³⁹ and psychosocial work factors (i.e., work environments and organizational factors)⁴⁰ can contribute to increased risk. Additionally, work exposure to suicide scenes has been linked to persistent thoughts of the scene, which in turn has been associated with depression, anxiety, and suicidal ideation.⁴¹ Thoughtfully addressing lethal means safety is an important decision for law enforcement agencies as 24-hour access to firearms makes it easier for someone to make an impulsive decision to end their life.⁴²

³³ Harris et al, 2020.

³⁴ As cited in Violanti & Steege, 2021.

³⁵ Krishnan et al., 2022.

³⁶ Violanti & Samuels, 2007.

³⁷ Heyman et al., 2018; Shaul Bar Nissim et al., 2022.

³⁸ Centers for Disease Control and Prevention, November 2022.

³⁹ Harris et al., 2020.

⁴⁰ Milner et al., 2018.

⁴¹ Cerel et al., 2019.

⁴² Violanti, 2007, as cited by Police Executive Research Forum, 2019.

OVERARCHING STRATEGY AREAS

Creating a culture committed to psychological health and well-being requires that agencies utilize strategies to eliminate, minimize, prevent and/or mitigate barriers, stressors, and occupational factors that increase the risk of stress-related symptoms/injuries and other negative outcomes.⁴³ Over the years, research has identified certain evidence-based and evidence-informed strategies and emerging practices⁴⁴ that can advance aspects of psychological health and well-being; however, there have been limited studies on strategies and practices specific to law enforcement agencies and operations, including studies that inform agency implementation. As research expands, we hope to be able to provide more definitive guidance on best practices.

This report highlights specific stressors and occupational factors that are known to contribute to or have been reported as contributing to negative impacts along with strategies to address those areas. Overarching strategies have been identified and key principles have been presented along with examples of corresponding practices and considerations. Certain practices have overlapping suitability for multiple strategies/principles, and will appear in multiple sections of the report. This is intentional to provide agencies with a more fulsome understanding of the intersects.

There is no one-size-fits-all approach to improving culture. Law enforcement agencies across the nation vary in location, size, and other factors, and certain occupations and personnel may have specific needs based on risk and protective factors. Although each agency may need to tailor their practices, all agencies should endeavor to address each of the overarching strategy areas (Table 1) listed below. Additionally, the workforce and its leadership must work together to create a culture committed to psychological health and well-being. Although policies and practices are foundational to the process, improving law enforcement agency culture is complex and requires a deep investment among all those who serve.

TABLE 1	
PRACTICES TO FOSTER A CULTURE OF WELLNESS	
<i>Overarching Strategy Areas</i>	
1	Eliminate stigma surrounding mental health and other barriers to help-seeking.
2	Demonstrate leadership and prioritize psychological health and well-being.
3	Utilize policy to advance health and well-being.
4	Strengthen protections against stressors, trauma, and negative health outcomes.

⁴³ See Appendix A for a detailed list of common stressors, occupational factors, and negative outcomes.

⁴⁴ Evidence-based practices are practices, methods, interventions, procedures and techniques that are based on high-quality scientific evidence and proven improvement in outcomes (Ham-Bayoli et al., 2020). An evidence-informed approach blends knowledge from research, practice and people experiencing the practice. (Australian Institute of Family Studies, 2022). An emerging practice is an activity, procedure, approach, or policy that leads to, or is likely to lead to, improved outcomes (Health Resources and Services Administration, 2022) (as cited in American Hospital Association, Health Research & Educational Trust, 2022).

HIGHLIGHTED PRINCIPLES AND PRACTICES

Eliminate stigma surrounding mental health and other barriers to help-seeking

KEY PRINCIPLES

1. Facilitate positive perceptions surrounding mental health and help-seeking.
2. Improve trust and confidence in services offered.
3. Reduce apprehension associated with the utilization of behavioral health services⁴⁵ and normalize help-seeking.
4. Utilize a strategic communications plan.
5. Improve access to behavioral health services by expanding the network of qualified mental health professionals (QMHPs).⁴⁶
6. Improve access to services by creating opportunities and adjusting work schedules for personnel to practice self-care and utilize services during work hours, within reason.
7. Adopt a shared service approach to address barriers to access due to resource constraints.
8. Utilize technology to minimize barriers to access.

HIGHLIGHTED PRACTICES *(Please refer to Appendix B for additional details on these and other practices.)*

- | | |
|--|---|
| 1. Require evidence-based/evidence-informed education to improve awareness/knowledge about mental health. | 7. Increase personnel's interactions with peer support members and QMHPs. |
| 2. Provide personnel with skills to communicate effectively and safely, without stigma, with colleagues (and others). | 8. Educate mental health professionals, including third-party providers, about the risk factors associated with and culture of law enforcement. |
| 3. Make accurate inferences about prevention (it works), treatment (it is effective), and recovery (it is possible). | 9. Develop appropriate selection criteria and screening processes for vetting individuals to serve on peer support teams and utilize training standards, including routine training, to provide support and strengthen connections to services and resources. |
| 4. Define and communicate strength as being willing and committed to mental health support as an essential, necessary, and routine aspect of providing effective public safety services, and communicate this regularly. | 10. Protect the privacy and confidentiality of personnel seeking or receiving peer support and behavioral health services. |
| 5. Create a work culture where colleagues can openly express and seek support for mental health and wellness challenges without fear of being seen as weak or a liability. | 11. Provide the workforce with training that increases awareness, improves transparency, and clarifies information about privacy and confidentiality involved with participation in and/or requests for information about behavioral health services, including but not limited to referrals for services, counseling, and treatment. |
| 6. Create a work culture where colleagues are supportive of other colleagues in their mental health challenges and informed about how to effectively approach a colleague when performance issues are negatively impacting the team environment. | |

⁴⁵ Behavioral health services are those that assist individuals with mental health, substance use, life stressors and crises, and stress-related physical symptoms.

⁴⁶ For the purpose of this document, a qualified mental health professional (QMHP) is an individual who is credentialed as a mental health professional and has experience/training about the risk factors associated with and culture of law enforcement agencies. Ideally, this would also include expertise in substance use and trauma-related disorders.

12. Consider establishing a policy that personally identifiable client notes will not be taken by peer support members and QMHPs utilized by the agency.
13. Develop training protocols and train managers on how to communicate and protect privacy of personnel who take a leave of absence and return to work; appropriately handle third-party disclosures of concerns about personnel; and respond to inquiries about personnel health issues/injuries, including attempted suicide.
14. Address local/state laws and policies that reinforce stigma and fear among law enforcement personnel (e.g., permanent loss of firearms owners' identification card for mental health treatment, loss of pay/health insurance).
15. Reinforce the critical importance of seeking services as an essential aspect of preventing stressors and traumatic experiences from becoming more difficult to manage.
16. Consider piloting the use of routine, confidential, preventative mental wellness visits⁴⁷ to help normalize help-seeking behavior and strengthen connections to preventative services and other resources.
17. Review and revise policy to clearly define the instances in which a psychological assessment/fitness-for-duty evaluation (FFDE)⁴⁸ is/is not required and/or should not be initiated and educate personnel and managers on applicable policies.
18. Utilize impartial and objective qualified examiners who are mental health professionals to conduct psychological assessment/FFDEs when an assessment/FFDE is necessary.
19. Using evidence-based/evidence-informed approaches, ensure that personnel and managers are provided clear guidance on imminent threat to self, including lethal means safety, keeping in mind the need to balance the threat that a firearm may pose compared to the damage taking it away could cause, particularly among sworn law enforcement officers.
20. Help agency personnel within federal and other applicable agencies make informed decisions about obtaining mental health support by clarifying information about the security clearance process.
21. Be authentic in messaging.
22. Research effective communication strategies that counter stigma and ensure that the impact of strategies can be measured.
23. Start messaging to reduce stigma at recruitment and continue upon hire and throughout the life cycle of personnel's career into retirement.
24. Hire/contract with full-time mental health professionals dedicated solely to deliver services to personnel within law enforcement (and public safety) agencies.
25. Develop and deliver standardized education and training about law enforcement to mental health and healthcare professionals and students as part of continuing education, higher education, and certificate programs to increase competency to serve law enforcement personnel.
26. Consider taking actions (in collaboration with governments, academic institutions, and professional groups) to incorporate competency into licensure and higher education programs for mental health and health care professionals.
27. Educate on the importance of expansions to interstate licensure compacts and health care coverage for individuals to seek care from an out-of-state QMHPs.
28. Consider offering guided fitness, mindfulness, meditation, and yoga classes during work hours, including during evening and night shifts.
29. Authorize personnel to receive peer support and counseling during work hours.
30. Consider implementing a shared services approach (e.g., shared local/regional "center") with other law enforcement (and other public safety) agencies, and remove barriers, if any, to use of public funds for shared services.
31. Share evidence-based/evidence-informed training curriculums and trainers.
32. Consider tele-mental health (using secure platforms).
33. Provide access to mobile technology application tools that protect confidentiality and assist personnel (and their families/support persons) in connecting to resources.

⁴⁷ A routine mental wellness visit is a narrowly defined non-diagnostic meeting that is conducted on agency time with a mental health professional or peer support member. These visits have also been referred to as a mandatory annual mental health check or mental wellness check-in.

⁴⁸ Also known as a mental health evaluation, psychiatric fitness for duty assessment, psychological evaluation/examination, etc.

Demonstrate leadership and prioritize psychological health and well-being

KEY PRINCIPLES

1. Strengthen leadership skills.
2. Define strength as being willing and committed to self-care, mental health support, and intervening with other colleagues to prevent harms.
3. Invest in, institutionalize, and create infrastructure for multi-dimensional occupational health and wellness programs.⁴⁹
4. Advance efforts by being strategic, intentional, and thoughtful.
5. Increase skills and confidence among the workforce to demonstrate care, concern, and emotional support for colleagues.
6. Utilize data to identify specific health risks, protective factors, and opportunities for early intervention.

HIGHLIGHTED PRACTICES *(Please refer to Appendix B for additional details on these and other practices.)*

1. Develop and require evidence-based transformational leadership training for all managers and executives at the earliest stage.
2. Utilize a mentorship program and communities of practice model to help leaders foster skills.
3. Encourage managers and other leaders to model self-care and help-seeking practices and hold them accountable for instilling these values among those they supervise.
4. Using evidence-based/evidence-informed approaches, train and equip managers with skills to:
 - recognize early indicators of cumulative stress, burnout, vicarious trauma, depression, posttraumatic stress injury and disorder (PTSI/PTSD), moral injury, substance use disorder (SUD), and other negative health outcomes;
 - express and demonstrate care, concern, and emotional support to personnel, especially in times of transition, crises, and challenging situations, including after critical incidents;
 - appropriately address issues early to prevent negative outcomes, including adverse impacts on performance and team dynamics as team environments are essential in law enforcement operations;
 - navigate concerns, including performance concerns, that have been raised by colleagues/team members;
 - communicate and protect the privacy of personnel, including those who take a leave of absence and return to work and those with health issues/injuries, including injuries resulting from a suicide attempt; and
 - communicate with personnel who may benefit from a work accommodation, higher level of care (e.g., inpatient treatment, partial hospitalization), or a temporary voluntary surrender of a duty weapon for lethal means safety during a period of high risk.
5. Encourage self-care and help-seeking practices and reinforce that these practices should not instill fear or shame as they are an essential *and* necessary aspect of providing effective public safety services.
6. Encourage personnel to intentionally and respectfully speak up and offer solutions to issues of concern, including concerns for other colleagues and work environments that contribute to and perpetuate an unhealthy culture.
7. Advocate for and create a culture of responsible alcohol use (or abstinence from alcohol), including within social settings with other law enforcement agency personnel.

⁴⁹ Multi-dimensional occupational health programs have also been referred to as comprehensive, whole-person, or holistic wellness programs.

8. Encourage and empower personnel to obtain a higher level of care (e.g., partial hospitalization, inpatient treatment), when needed, without fear that they will never return to work.
9. Prioritize funding for program investments, ensure that program efforts are overseen by a qualified and credible professional(s) with appropriate credentials, and reflect priorities by updating the organizational chart to identify points of contact.
10. Create and maintain programs that are holistic (i.e., focus on the health of the whole person not just one aspect of health) and incorporate program assessment and evaluation at the onset.
11. Integrate ongoing self-care strategies and evidence-based group interventions into the fabric of the workplace such that they become normalized.
12. Develop safety and wellness training standards.
13. Create, maintain, and market a trained team to provide support and strengthen connections to services and resources.
14. Be transparent and committed to adjusting the organization, when necessary.
15. Provide varied service options, including services that improve physical health given the interconnectedness between mental health and physical health, and how to access those services.
16. Consider consulting with health systems (e.g., hospitals, public health coalitions, Veterans Affairs offices) to enhance knowledge and potential partnerships.
17. Work with federal/state/local/tribal/territorial governments and legislators to educate about needs and resources, including resources to address unique obstacles facing law enforcement in rural, tribal and mountain regions.
18. Aggressively address system barriers to readily available affordable care through robust system changes at the federal and state level.
19. Ensure that officials understand and consider the psychological health and related needs of personnel when negotiating health care plans.
20. Devise a plan to increase access to affordable childcare and backup care services.
21. Educate on the importance of federal, state, and local funding to expand support for families of personnel who die or are injured.
22. Empower the workforce and identify motivations for change and ways to measure improvements and changes in behaviors and culture, incrementally and over time.
23. In partnership with the workforce, devise a strategic plan that intentionally sets priorities and identifies measurable agency goals and objectives and a corresponding action/implementation plan that operationalizes the strategy.
24. Partner with collective bargaining units to advance psychological health and well-being.
25. Address workload stressors by addressing recruitment challenges using a comprehensive local/state strategic plan and action plan, in consultation with subject-matter experts.
26. Create a culture of optimism and hopeful thinking.
27. Infuse health and wellness into routine practices, including at the academy, staff meetings, roll call, trainings, and family events.
28. Use focus groups and workforce advisory groups, locally or shared with other law enforcement agencies, to advance psychological health and well-being.
29. Focus efforts on specific methods of reducing risk factors for and increasing protective factors against stressors, including those external to the occupation.
30. Devise and implement strategies to engage and support family members/support persons, upon hire and throughout the life cycle of personnel's career and during retirement.
31. Using evidence-based/evidence-informed approaches, educate and equip personnel with skills to:
 - develop/enhance emotional intelligence;
 - communicate with colleagues during times of transition, crises, and challenging situations, including during encounters with the public and critical incidents;
 - effectively and safely communicate, without stigma, with colleagues (and others) who experience stress and trauma, and symptoms of SUD, depression, or other mental health conditions; and
 - effectively and safely respond when someone experiencing a mental health crisis expresses thoughts of suicide and/or demonstrates suicidal behaviors.
32. Collect information on health-related behaviors using appropriate data collection tools (e.g., surveys, questionnaires) and partner with the workforce/subset of the workforce to devise/revise questions and address concerns.
33. Consider the use of early interventions systems to potentially identify opportunities to help personnel address mental health challenges early and consider appropriate methods to utilize peer support and QMHPs to help personnel with those issues.
34. Consider partnering with university programs, including programs with expertise in program implementation and evaluation, to help devise tools and implement/evaluate agency efforts.
35. Collect and analyze data on deaths by suicide and attempted suicides to help prevent suicide and inform policies, practices, and programs.

Utilize policy⁵⁰ to advance health and well-being

KEY PRINCIPLES

1. Engage in practices that eliminate/reduce/mitigate occupational stressors using evidence-based/evidence-informed approaches.
2. Accurately describe mental and physical health symptoms/conditions and how they do/do not impact work readiness, fitness, suitability, and continuity of career.
3. Establish policies that provide guidance on preparing for and responding to critical incidents and other duty-related exposures to harm.
4. Support personnel in their recovery and return to work.
5. Protect against harm to self.
6. Reinforce confidentiality and privacy protections associated with utilizing peer support and behavioral health services.
7. Use evidence-based/evidence-informed protocols and procedures that guide agency response after a death by suicide or attempted suicide of personnel (also known as postvention).

HIGHLIGHTED PRACTICES *(Please refer to Appendix B for additional details on these and other practices.)*

1. Conduct a comprehensive and systematic review and assessment of existing agency and applicable government-wide policies that provide guidance to personnel and make needed changes to advance psychological health and well-being, in consultation with the workforce and subject-matter experts.
 - minimize and mitigate family, relationship, and financial stressors, where possible, and help personnel routinely address challenges without having to make a special request; and
 - prioritize equipment that will help personnel perform and enhance their safety and psychological and physical health without personnel having to make a special request.
2. Review policies and procedures related to personnel discipline/investigations and improve processes and organization/system issues, including unreasonable administrative delays in return-to-duty authorization, as these can contribute to psychological harm and suicide risk.
3. Adopt and promote practices and systems that:
 - accurately describe mental and physical health symptoms and conditions;
 - demonstrate and honor commitments to work/life balance and social connectedness;
 - make it possible for personnel to practice self-care and utilize support/services without judgment and with greater ease;
 - minimize bureaucracy, prevent inconsistency among policies, and create work environments that do not unduly or inappropriately create restrictions, prohibit opportunities, or reinforce discrimination;
4. Create, in consultation with subject matter experts, and maintain policies, including education and training protocols, on or that relate to psychological health and well-being, including but not limited to those addressing peer support, chaplaincy, employee assistance programs (EAP), comprehensive critical incident and crisis response, suicide prevention, pregnancy, childcare, sexual harassment, and medication management, among others.
5. Utilize evidence-informed approaches to improve interactions with the public (e.g., defusing and de-escalation training, law enforcement-mental health collaboration programs models) and negative community perceptions of law enforcement, which are sources of occupational stress.
6. Refrain from using language that states or implies an impairment, risk, or disqualification from the job unless it is supported by science.

⁵⁰ Examples of policy include standards, processes, procedures, memos, handbooks, training standards and protocols, and other guidance documents.

7. Develop and maintain medication management policies based in science and ensure that policies do not restrict law enforcement agency personnel from duty simply because they are being treated with psychoactive medication(s), which is consistent with guidance provided by the American College of Occupational and Environmental Medicine (ACOEM).⁵¹
8. Clearly define in policy the instances when a psychological assessment/FFDE is/is not required and/or should not be initiated (before and after being hired).
9. Review and modify policy, as necessary, to clearly define instances in which personnel are/are not required to report or disclose information about psychological and emotional health (of self and/or others) for security reporting and background investigations, and train personnel, background investigators, and polygraphers about these requirements.
10. Understand research related to and for implementing effective critical incident response practices.
11. Ensure that policies and training provide clear guidance to first-line supervisors on how to prepare for a critical incident, how to handle a critical incident, and what to do following a critical incident.
12. Ensure that the incident command system prioritizes the health and well-being of first responders and that support is provided by QMHPs and peer support personnel through and post deployment.
13. Provide protocols and training for communicating with families/support persons, including during and after a critical incident.
14. Ensure that policies prioritize preventative care services in high-risk occupations and assignments.
15. Train managers on how to create and maintain effective team environments when personnel return to work after health issues and injuries, including injuries from a suicide attempt.
16. Utilize guidance from the U.S. Department of Labor on [Recovery-Ready Workplace](#) and [Stay at Work/Return to Work/RETAIN Initiative](#) to develop policy.
17. Using evidence-based/evidence-informed approaches and with assistance from subject matter experts, ensure that policy provides clear guidance and protocols on imminent threat to self, including lethal means safety, keeping in mind the need to balance the threat that a firearm may pose compared to the damage taking it away could cause, particularly among sworn law enforcement officers.
18. Ensure that agencies have access to mental health professionals qualified in suicide risk screening, assessment, and safety planning as these experts should be used to help provide guidance, when needed.
19. Have clear policies, developed with assistance from mental health subject matter experts, that describe protocols for sworn law enforcement officers to request a temporary job modification and/or temporary voluntary surrender of a duty weapon for lethal means safety during periods of risk and the process involved for retrieving a duty weapon.
20. Develop training protocols on suicide prevention, including how personnel can effectively and safely communicate with colleagues who express thoughts of suicide and/or demonstrate suicidal behaviors, including what not to say and skills in having conversations about lethal means safety.
21. Using evidence-based practices and guidance from state/federal laws,⁵² review and make necessary updates to policy and forms that describe “client” rights related to services from a peer support member and/or mental health professional to ensure transparency about privacy protections and confidentiality for those participating in agency-offered peer support and counseling.
22. Develop a guidance document (e.g., Frequently Asked Questions [FAQs]) that answers questions about confidentiality and privacy related to seeking support from peers and mental health professionals.
23. Develop evidence-based protocols and train managers, peer support members, and embedded spiritual leaders and mental health professionals about policies and how to communicate safely, effectively, and appropriately (verbally and in writing) in the aftermath of an employee suicide attempt or death by suicide to prevent contagion and foster healing (including language to avoid and guidance within an agency and on social media).

⁵¹ See other general guidance: [Comprehensive Policy Guidance for implementation of Part D Drug Management Programs \(DMP\)](#).

⁵² Federal agencies are also guided by the [COPS Counseling Act](#).

Strengthen protections against stressors, trauma, and negative health outcomes.

KEY PRINCIPLES

1. Equip personnel with specific knowledge, skills, and abilities, at the start and throughout the entire life cycle of the individual's career into retirement.⁵³
2. Offer and provide mental health support and services.
3. Protect against short and long-term negative health effects of trauma and substance use.
4. Eliminate, reduce, and mitigate risk for suicide.

HIGHLIGHTED PRACTICES *(Please refer to Appendix B for additional details on these and other practices.)*

1. Use research to inform education and training standards for the workforce and training instructors.
2. Institutionalize training for staff when they onboard, including in the academy, and enhance skills with follow-up education and training in varying intervals throughout the career (and into retirement).
3. Provide fitness-related equipment to help law enforcement agency personnel strengthen resiliency and overall physical health.
4. Offer health and cardiac screening, nutrition, and fitness services to personnel, and consider sharing services with another law enforcement agency(ies) and/or leveraging hospitals/community-based organizations.
5. Enhance personnel skills and confidence in effectively managing and de-escalating conflict using evidence-based training and other practices.
6. Require evidence-based/evidence-informed education to improve awareness/knowledge about mental health, including signs and symptoms of distress, trauma, anxiety, and depression; prevention/intervention approaches, including suicide and substance use prevention strategies; and agency-offered services and resources.
7. Teach personnel self-care practices and relaxation techniques and provide skills in stress management, distress tolerance, mindfulness, meditation, yoga, and other evidence-based practices.
8. Require personnel to participate in evidence-based training that increases knowledge about resiliency and provides skills that can be applied to navigate adversity in challenging environments.
9. Offer evidence-based/evidence-informed education on parenting, caregiving, financial literacy, and relationship enrichment.
10. Consider train-the-trainer models and sharing evidence-based/evidence-informed training with other agencies.
11. Offer retirement planning workshops that incorporate strategies for building social connections, encourage personnel to participate in these workshops, and consider inviting family members/support persons.
12. Educate personnel and family members/support persons about resources, evidence-based interventions, and hotlines/helplines, including nationwide availability of 988.
13. Provide personnel with information about anonymous self-assessment tools for screening for stress, depression, and other mental health conditions. Consider consulting with subject-matter experts to design approaches.
14. Ensure that EAPs utilize QMHPs to provide services.
15. Offer personnel and applicable family members no-cost and readily available counseling services from QMHPs, including a 24-hour hotline and counseling to assist with relationship conflict, including during work hours/shift.
16. Offer support and counseling services in times of challenge and transition (e.g., birth/adoption of child; loss/divorce; illness/injury; critical incident; change in duty assignment; discipline/termination; return to duty following administrative leave, military deployment, or a personal situation; retirement, death/line-of-duty death).
17. Allow retired personnel and personnel who separate from the agency to make use of peer support programs for a select period of time post-retirement or separation.

⁵³ Education and training programs must embrace adult learning theory and be updated regularly to maintain relevance.

18. Utilize peer support and EAPs to educate personnel and make connections to mental health resources, including external resources.
19. Consider offering support groups, including for those in recovery and those approaching retirement, and consider shared support groups with other law enforcement agencies.
20. Educate personnel and family members/support persons about evidenced-based intervention/treatment practices that are effective for cumulative stress, burnout, substance use, trauma, and intrusive memories resulting from exposure to trauma.
21. Provide access to mobile technology applications for support and services that protect confidentiality and assist personnel (and their family members/support persons) in connecting to virtual and in-person resources.
22. Provide evidence-based/evidence-informed training to personnel on self-guided/self-directed interventions to cope with and increase growth following a traumatic exposure.
23. Utilize peer support and EAP staff to proactively identify QMHPs and substance use treatment centers and provide referrals for screening, assessment, and interventions.
24. Offer personnel and applicable family members no-cost and readily available counseling services from QMHPs to help manage/mitigate the impacts of cumulative stress, burnout, substance use, and trauma, including unresolved trauma before law enforcement service (e.g., victimization, adverse child experiences, certain military experiences).
25. Utilize well-trained peer support members to provide social support⁵⁴ to personnel involved in critical incidents and for other work or personal situations.
26. Devise concrete strategies to communicate with and assist applicable family members of personnel involved in critical incidents.
27. After a critical incident, emphasize the importance of early interventions and make it easy for personnel and applicable family members to access peer support and/or a mental health counseling.
28. Help personnel manage trauma and sleep issues associated with trauma *early*, to reduce risk of developing posttraumatic stress injury and disorder.
29. Ensure that personnel in certain work assignments with greater exposure to trauma (e.g., covert assignments, victim assistance, child abuse and exploitation, violent crimes, sex crimes, mass casualty, terrorism, peer support, mental health counseling) are encouraged to engage in preventative practices. In consultation with subject-matter-experts, consider whether to require certain preventative practices as a condition of maintaining the assignment.
30. After a known suicide/suicide attempt, deploy postvention policy and deliver services to personnel and family members/support persons.
31. Utilize policy on imminent threat to guide practice, including lethal means safety.
32. Ensure that personnel are aware of warning signs of suicide and familiar with strategies for lethal means safety.
33. Develop and implement evidence-based suicide prevention practices (e.g., develop a strategic plan; increase understanding about the occupational factors that contribute to and protect against suicide risk; develop a comprehensive approach, to include the use of training, prevention resources/hotline information, educational campaign).
34. Provide personnel with training that increases skills to effectively and safely communicate with colleagues who express thoughts of suicide and/or demonstrate suicidal behaviors, including who to contact for assistance.
35. Ensure that peer support and agency QMHPs have been trained on terminology (e.g., gesturing, ideation, suicide intent), about screening for suicide risk factors, and how to triage, refer, and navigate immediate risk situations.
36. Identify, create, and keep an updated list of QMHPs who the agency can contact to promptly assist in screening, assessment, and safety planning.
37. Provide personnel skills in communicating with colleagues who may benefit from a higher level of care (e.g., inpatient treatment, partial hospitalization) or a temporary voluntary surrender of a duty weapon for lethal means safety during periods of high risk.

⁵⁴ Social support in this context is defined as a) informational, (b) emotional, (c) esteem, (d) social network support, and (e) tangible support.

FEDERAL RESOURCES AVAILABLE

U.S. Department of Justice (DOJ)

DOJ is investing resources in the psychological health and well-being of law enforcement agency personnel, both within and external to the agency. Within DOJ, particularly among the law enforcement components,⁵⁵ information about available behavioral health resources and strategies for improving well-being are regularly provided to the workforce. DOJ also has a dedicated [website](#) that includes a compilation of resources (e.g., articles, podcasts, infographics, trainings, webinars, publications) related to fostering wellness of law enforcement personnel and their families, which can be used to assist agencies assemble or enrich their program efforts. Several of DOJ's components and offices, as identified below, are deeply invested in this work through federal grant and training and technical assistance programs.

Office of Community Oriented Policing Services (COPS Office)

The COPS Office has created and funded numerous publications that can be found on their [Resource Center](#) to assist law enforcement agencies. Additionally, the COPS Office has been receiving federal grant funding since Fiscal Year (FY) 2019 to oversee the [LEMHWA Program](#), which supports the delivery of and access to mental health and wellness services for non-federal law enforcement, including urban, suburban, rural, and tribal agencies. The LEMHWA grant program supports the implementation of peer support, training, family resources, suicide prevention, and other promising practices for wellness programs for non-federal law enforcement agencies.

Office of Justice Programs (OJP), Bureau of Justice Assistance (BJA)

BJA manages the [Officer Robert Wilson III Preventing Violence Against Law Enforcement and Ensuring Officer Resilience and Survivability \(VALOR\) Initiative](#). The VALOR Initiative is a multi-faceted national effort to improve the immediate and long-term wellness, safety, and resilience of law enforcement agency personnel through robust training and technical assistance (TTA), research, resources, and partnerships. Through the VALOR Initiative, BJA funds in-person, virtual, and online TTA focusing on evidence-based resiliency and comprehensive officer safety and wellness programs to include improving wellness and resilience, recognizing indicators of dangerous situations, applying defusing and de-escalation techniques, implementing casualty care and rescue tactics, roadway safety, and emphasizing professional policing standards. BJA funds the following VALOR Initiative programs that

⁵⁵ For example, Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF), Bureau of Prisons (BOP), Criminal Division (CRM), Drug Enforcement Administration (DEA), Federal Bureau of Investigation, Office of Inspector General (OIG), United States Attorneys' Offices, United States Marshals Service (USMS).

address officer wellness, each with their own set of resources:

- [National Consortium on Preventing Law Enforcement Suicide](#)
- [National Suicide Awareness for Law Enforcement Officers \(SAFLEO\) Program](#)
- [VALOR Officer Safety and Wellness Program \(VALOR Program\)](#)
- [Law Enforcement Agency and Officer Resilience Training Program \(Resilience Program\)](#)

With grant funding, BJA also supported the October 2021 publication of a monograph, [Correctional Employee Wellness: Improving the Health of Our Greatest Assets](#), that provides results of a national scan of correctional employee wellness programs and services, particularly by state and local correctional agencies. The project, managed by the American Correctional Association (ACA), aimed to help increase awareness and provide leverage for agencies to seek funding support to improve to efforts.

OJP, Office of Juvenile Justice and Delinquency Prevention (OJJDP)

OJJDP has funded a comprehensive mental health and wellness program for the Internet Crimes Against Children (ICAC) task forces as part of the [ICAC Task Force Program](#). This work, conducted by the Innocent Justice Foundation, provides:

- TTA to ICAC task force members and affiliated personnel to help them manage emotional responses to trauma from work-related exposures to images of child sexual exploitation;
- support and evidence-based interventions during specific operational activities to help reduce the impact of exposure to traumatic material and events; and
- in-person and virtual TTA and resources for law enforcement agencies, mental health professionals who work with law enforcement agencies, friends and family, prosecutors, judges, and other judicial professionals through [Supporting Heroes in Mental Health Foundational Training \(SHIFT\)](#). SHIFT also educates the public about child safety, the scope of the problem with child exploitation crimes, and the impact it has on those involved in the investigation and prosecution.

OJP, Office for Victims of Crime (OVC)

OVC invests in education and training to support the behavioral health of law enforcement and others in public safety. OVC maintains a [Vicarious Trauma Toolkit \(VTT\)](#) to help those exposed to the traumatic experiences of other people become informed about and supported in their experiences of vicarious trauma. The VTT includes tools and resources tailored specifically to law enforcement and other fields at greatest exposure to vicarious trauma, which can be found [here](#). The site contains a blueprint to laying a foundation to becoming vicarious trauma-informed; an organizational readiness guide for law enforcement; an action plan and tracking sheet of strengths and gaps to analyze agency needs and prioritize areas of organizational health; and a compendium of resources to help agencies implement their

action plan.

OVC is also funding three projects through its [FY 2021 Fostering Resilience and Hope: Bridging the Gap Between Law Enforcement and the Community](#) program, which will support the development, implementation, and dissemination of a community of practice to develop a trauma-informed, hope-centered framework to assist law enforcement officers with addressing their own trauma and adversity in order to repair and rebuild relationships within the community. This work is intended to result in increased trust between law enforcement and the communities they serve, enhancing law enforcement officers' ability to effectively engage with community members, as well as increasing the likelihood that the community will assist in investigations to make communities safer and hold offenders accountable, and make it more likely that crime victims will report their victimizations to the police, reducing the likelihood of re-victimization.

Bureau of Prisons, National Institute of Corrections (NIC)

NIC is committed to advancing wellness efforts within corrections and community supervision. NIC funds TTA to address the systemic promotion of wellness and resiliency among correctional staff; has held virtual conferences focusing specifically on staff wellness and best practices; and has entered into collaborative agreements targeting occupational stressors and their effects and solutions. The following provides additional information on resources provided through NIC:

- [Wellness for Corrections and Supervision Professionals](#) (Resource Hub)
- [Current and Innovative Practices in Reducing Staff Trauma and Organizational Stress in Corrections for Correctional Officers](#)
- [Community Supervision Peer Support Guidelines](#)

U.S. Department of Homeland Security (DHS)

DHS through the Federal Emergency Management Agency (FEMA) manages [preparedness grants](#) that can be used to support first responders to build, sustain and improve capability to prepare for, protect against, respond to, recover from, and mitigate mass casualties, disasters, emergencies, and other incidents.

FEMA also provides training and tools on the [Incident Command System \(ICS\)](#), which is part of [National Incident Management System \(NIMS\)](#). ICS sets out standards for responding to on-scene, all-hazards incidents and enables responders at all jurisdictional levels and across all disciplines to work together more effectively and efficiently.

U.S. Department of Health and Human Services (HHS)

Substance Abuse and Mental Health Services Administration (SAMHSA)

HHS through SAMHSA funds an array of suicide prevention grant programs focusing on both health systems and communities, including the [Suicide Prevention Resource Center \(SPRC\)](#), which serves as a repository for information. The SPRC includes information for [employers, and the 988 Suicide and Crisis Lifeline](#), which was launched in July 2022 to provide support and services to help individuals in crisis. SAMHSA also funds the Garrett Lee Smith Youth Suicide Prevention grant programs focusing on youth and young adults, Native Connections grants focusing on tribal youth, the Zero Suicide grant program focusing on strengthening suicide prevention in health care systems, and the National Strategy for Suicide Prevention grant program focused on community suicide prevention among adults including reducing access to lethal means.

Health Resources and Services Administration (HRSA)

HRSA has awarded over \$68 million in American Rescue Plan Act funding for the novel Health and Public Safety Workforce Resiliency Training Program (HPSWRTP). Through December 2024, [34 HPSWRTP recipients](#) will provide training opportunities to mitigate burnout and promote workplace mental health and resiliency for health and public safety professionals, among others. For more information, please visit the [technical assistance center](#).

Federal Data Sources

The continuous process of collecting, analyzing, and interpreting data (also known in public health as “surveillance”) is essential for understanding and preventing illnesses, injuries, and deaths among law enforcement (and other public safety) agency personnel, and data systems (although not by themselves) are important tools. There are several federal data systems and sources that can be utilized to better understand statistics on injuries and deaths, including deaths by suicide, among the general population and by occupation, which can be found in Appendix C.

INVESTMENTS NEEDED

Consultation with Subject Matter Experts

Resources are needed for federal, state, local, tribal, and territorial law enforcement agencies to consult with subject matter experts, such as QMHPs, toward the development and implementation of policies, practices, training, and programs. These services can be particularly useful to ensure that evidence-based/evidence-informed practices and standards are being utilized. Subject matter experts can also consult with agencies regarding best practices for shifting culture to one which is supportive of help- and treatment-seeking.

Curricula Development and Deployment

Evidence-based training to advance psychological health and wellbeing is often expensive and difficult to deploy consistently and efficiently across government, particularly if training is proprietary. Evidence-based non-proprietary curricula and specialty trainers are needed across governments, including across the federal government, to institutionalize efforts and provide consistent training to law enforcement agency supervisors and personnel at various intervals. Resources are needed to develop education and training standards, in consultation with subject-matter experts (e.g., QMHPs), that include conveyance of training (e.g., live, virtual, computer-based, by professional or paraprofessional), target populations (e.g., supervisors, operators, family/support persons), periodicity of training (e.g., at entrance/academy, periodic/recurring, contingencies of new assignments/roles/milestones), and essential training objectives (e.g., knowledge, attitudes, skills, behavior change).

Dedicated Behavioral Health Services

Resources are needed by federal, state, local, tribal, territorial law enforcement agencies to hire or contract with full-time QMHPs at the local/field level to provide direct services to law enforcement agency personnel. Direct services, including those that are embedded within the agency, should be offered where the client is most comfortable receiving the services. Resources for shared centers that provide a full range of wellness services for law enforcement (and other public safety) agency personnel could be particularly helpful in some regions.

Equipment/Technology

Resources should be prioritized for equipment to help personnel perform and enhance their safety, psychological, and physical health. Properly sized equipment and gear that meets the highest standards of protection is particularly important. Given the impact that stress has on physical health, equipment (and related technology) that helps personnel address health and fitness should also be prioritized.

Grant Funding

Additional grant funding for the following programs/agencies would help increase capacity for existing program objectives and create new opportunities for non-federal prosecution, corrections, and community supervision agencies.

- [LEMHWA Program](#)
- [VALOR Initiative](#)
- [ICAC Task Force Program/Wellness Program](#)
- Corrections and Community Supervision Wellness/National Institute of Corrections

Additionally, a new dedicated formula grant program could support non-federal governments in their efforts to build sustainable programs, improve data collection, and analyze/evaluate agency efforts. A formula grant program should provide adequate support to small, rural, tribal, and territorial agencies, which often struggle with resources. Capacity for micro-grants and technical support on policy, procurement contracts, cross-agency sharing agreement language, and other needs would be useful.

Helpline/Crisis Hotline/Text Line

Resources for a helpline/crisis hotline/text line with operators trained to specifically support law enforcement and other public safety officers in crisis and make connections to local resources would be a useful investment and has been a consistent recommendation over the years.

Multi-dimensional Occupational Health and Wellness Programs

Funding is needed for agencies to develop and maintain evidence-based multi-dimensional occupational health and wellness programs. Resources are needed for:

- staffing and service delivery;
- evidence-based technology (e.g., early intervention systems, personal health apps);
- routine guided classes (e.g., fitness, mindfulness, meditation, yoga);
- health and cardiac screening, nutrition, and fitness services;
- strategic communication campaigns (e.g., graphics, videos, infographics, educational materials, focus group testing, social media buys);
- integrated assessment of efforts and short and long term evaluation;
- wellness incentives;
- education and engagement with families;
- consultation with subject matter experts to assist with development of policies, practices, and programs (see section above);
- education and training (see section below); and
- other related needs.

Peer Support

Peer support is relatively low cost; however, resources are needed to train staff regularly and backfill when peers are deployed to deliver services to colleagues. Resources are also needed for peer support members to help them facilitate outreach to their colleagues.

Research

Critical investments are needed in research, including community-based participatory research, short-term and longitudinal studies,⁵⁶ program evaluations, process and quality improvement efforts, and demonstration projects that also lead to adaptable and scalable solutions to advance psychological health and well-being within law enforcement agencies. Science is particularly lacking on best practices for the development and implementation of strategies. Appendix E provides more details on research gaps and needs.

Training and Education

Resources are needed to:

- Develop and deliver evidence-based transformational leadership training to all managers and executives, at the earliest stage.
- Develop and deliver evidence-based/evidence-informed training that equips managers with skills to:
 - recognize early indicators of cumulative stress, burnout, vicarious trauma, depression, PTSI/PTSD, moral injury, substance use disorder, and other negative health outcomes;
 - express and demonstrate care, concern, and emotional support to personnel, especially in times of transition, crises, and challenging situations, including after critical incidents;
 - appropriately address issues early, including to prevent adverse impacts on performance and team dynamics as team environments are essential in law enforcement operations;
 - navigate concerns, including performance concerns, that have been raised by colleagues/team members;
 - communicate and protect the privacy of personnel, including those who take a leave of absence and return to work and those with health issues/injuries, including injuries resulting from a suicide attempt;
 - appropriately handle third-party disclosures of concerns about personnel;
 - prepare for, manage, and respond after a critical incident; and
 - communicate with families/support persons.

⁵⁶ Similar to the [Army STARRS/STARRS-LS](#) research (Centers for the Study of Traumatic Stress, 2022).

- Develop and deliver evidence-based/evidence-informed training to all personnel that:
 - improves awareness/knowledge about mental health, including signs and symptoms of distress, trauma, anxiety, and depression; prevention/intervention approaches, including suicide and substance use prevention strategies; and agency-offered services and resources;
 - develops/enhances emotional intelligence;
 - improves abilities to communicate with colleagues during times of transition, crises, and challenging situations, including during encounters with the public and critical incidents, and effectively and safely communicate, without stigma, with colleagues (and others) who experience stress and trauma, and symptoms of SUD, depression, or other mental health conditions;
 - increases knowledge about imminent threat to self and suicide prevention, and improves abilities to effectively and safely communicate with colleagues who express thoughts of suicide and/or demonstrate suicidal behaviors, including what not to say and skills in having conversations about lethal means safety;
 - provides skills in communicating with colleagues who may benefit from a higher level of care (e.g., inpatient treatment, partial hospitalization) or a temporary voluntary surrender of a duty weapon for lethal means safety during periods of high risk;
 - increases knowledge about resiliency, self-care practices, and relaxation techniques and provides skills in resilience, stress management, distress tolerance, mindfulness, meditation, yoga, and other evidence-based practices; and
 - provides evidence-based/evidence-informed training to personnel on self-guided/self-directed interventions, including to cope with and increase growth from a traumatic exposure.
- Develop and deliver evidence-based training for managers, peer support members, and embedded spiritual leaders and mental health professionals about how to communicate safely, effectively, and appropriately (verbally and in writing) in the aftermath of an employee suicide attempt or death by suicide to prevent contagion and foster healing (including language to avoid and guidance within an agency and on social media).
- Deliver training that increases skills and confidence in effectively managing and de-escalating conflict using evidence-based practices.
- Offer evidence-based/evidence-informed education on financial literacy, parenting, caregiving, and relationship enrichment.
- Offer retirement planning workshops that incorporate strategies for building social connections.
- Develop and deliver standardized education and training about law enforcement to mental health and healthcare professionals and students as part of continuing education, higher education, and certificate programs to increase competency to serve law enforcement personnel.
- Provide education and training to families/support persons that improves awareness/knowledge about mental health, including signs and symptoms of distress, trauma, anxiety, and depression; prevention/intervention approaches, including suicide and substance use prevention strategies; and services and resources available.

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APPENDICES

APPENDIX A

Stressors, Occupational Factors, and Negative Outcomes

Stressors and Occupational Factors that Increase Risk of Negative Health Outcomes

- Emotional Exhaustion
- Family/Relationship Stressors
- Financial Stressors
- Isolation/Lack of Social Connectedness
- Lack of Knowledge about Mental Health
- Lack of Mental Health Support and/or Access to Mental Health Support
- Operational Stress Factors
 - Contact with individuals who have been victimized/traumatized
 - Chronic stress associated with operational harms
 - Defusing and de-escalating conflict
 - Experiencing, witnessing, or indirect exposure to danger, violence, death, human despair/suffering, other trauma, critical incidents
 - High responsibility/liability
 - Low pay
 - Moral injury
 - Threatening environments
 - Work-related injury
- Physical Exhaustion
- Sleep Deprivation, Conditions and Disturbances
- Stigma Surrounding Mental Health
- Strained Community-Law Enforcement Relations
- Symptoms of a Mental Health Condition
- Work-Life Balance Stressors
- Organizational and Other Occupational Stress Factors
 - Apathetic and/or interpersonal conflicts with colleagues
 - Delays in internal affairs investigations
 - Delays in fitness-for-duty evaluations
 - Discrimination/unequal treatment
 - Distrust of others in the workplace
 - Dysfunctional organizational politics
 - Excessive administrative pressure
 - Heavy workload/long shifts
 - Inadequate, inaccurate, and/or poor communication by supervisors/leaders
 - Inadequate resources (including equipment)
 - Inadequate support from supervisor/leadership
 - Inconsistency in policies and practices
 - Insufficient/lack of training/professional development
 - Lack of access to services
 - Lack of control over workloads
 - Lack of organizational support for needs related to health conditions, childcare/family
 - Lack of professional advancement
 - Lack of transparency
 - Management/leadership style
 - Mandatory overtime
 - Organizational culture
 - Overly bureaucratic organizational system
 - Sedentary tasks (punctuated with brief periods of intense physical activity)
 - Sexual harassment
 - Shiftwork/irregular work hours
 - Time pressures
 - Unsubstantiated/overly restrictive regulations and procedures

Examples of Negative Health Outcomes

- Anxiety/Anxiety Disorders
- Apathy
- Burnout
- Compassion Fatigue
- Depression
- Diminished Sense of Purpose
- Disturbing/Intrusive Memories
- Emotional Exhaustion
- Fatigue/Physical Exhaustion
- Feelings of Sadness/Loss of Interest in Activities
- Maladaptive Coping Strategies
- Physical Health Problems
 - Diabetes
 - Gastrointestinal problems
 - Heart/cardiovascular disease
 - Weight issues (e.g., overweight, obese)
- Posttraumatic Stress (PTS)/Injury (PTSI)/ Disorder (PTSD)
- Secondary Trauma
- Shortened Life Span
- Sleep Conditions and Disturbances
- Substance Use (related or unrelated to occupational factors)
- Suicidal Behaviors and Outcomes
- Vicarious Trauma

APPENDIX B

Strategies, Principles, Practices, and Considerations

TABLE OF CONTENTS		
STRATEGY	Eliminate stigma surrounding mental health and other barriers to help-seeking.	Page 36
PRINCIPLES	<ul style="list-style-type: none"> • Facilitate positive perceptions surrounding mental health and help-seeking. • Improve trust and confidence in services offered. • Reduce apprehension associated with the utilization of behavioral health services⁵⁷ and normalize help-seeking. • Use a strategic communications plan. • Improve access to behavioral health services by expanding the network of qualified mental health professionals (QMHPs).⁵⁸ • Improve access by creating opportunities and adjusting work schedules for personnel to practice self-care and utilize services during work hours, within reason. • Adopt a shared service approach to address barriers to access due to resource constraints. • Utilize technology to minimize barriers to access. 	
STRATEGY	Demonstrate leadership and prioritize psychological health and well-being.	Page 41
PRINCIPLES	<ul style="list-style-type: none"> • Strengthen leadership skills. • Define strength as being willing and committed to self-care, mental health support, and intervening with other colleagues to prevent harms. • Invest in, institutionalize, and create infrastructure for multi-dimensional occupational health and wellness programs.⁵⁹ • Advance effort by being strategic, intentional, and thoughtful. • Increase skills and confidence among the workforce to demonstrate care, concern, and emotional support for colleagues. • Utilize data to identify specific health risks, protective factors, and opportunities for early intervention.⁶⁰ 	

⁵⁷ Behavioral health services are those that assist individuals with mental health, substance use, life stressors and crises, and stress-related physical symptoms.

⁵⁸ For the purpose of this document, a qualified mental health professional (QMHP) is an individual who is credentialed as a mental health professional and has experience/training about the risk factors associated with and culture of law enforcement agencies. Ideally, this would also include expertise in substance use and trauma-related disorders.

⁵⁹ Multi-dimensional occupational health programs have also been referred to as comprehensive, whole-person, or holistic wellness programs.

⁶⁰ An exposure to a psychological health risk can heighten risk of negative mental health outcomes, but the actual impact of those experiences depends on the protective factors of each person. Protective factors help to counteract risks and can be acquired before and throughout the profession.

STRATEGY	Utilize policy ⁶¹ to advance health and well-being.	Page 45
PRINCIPLES	<ul style="list-style-type: none"> Engage in practices that eliminate/reduce/mitigate occupational stressors using evidence-based/evidence-informed approaches. Accurately describe mental and physical health symptoms and conditions and how they do/do not impact work readiness, fitness, suitability, and continuity of career. Establish policies that provide guidance on preparing for and responding to critical incidents and other duty-related exposures to harm. Support personnel in their recovery and return to work. Protect against harm to self. Reinforce confidentiality and privacy protections associated with utilizing peer support/behavioral health services. Use evidence-based/evidence-informed protocols and procedures that guide agency response after a death by suicide or attempted suicide of personnel (also known as postvention). 	
STRATEGY	Strengthen protections against risks and negative health outcomes.	Page 50
PRINCIPLES	<ul style="list-style-type: none"> Equip personnel with specific knowledge, skills, and abilities, at the start and throughout the entire life cycle of the individual's career into retirement.⁶² Offer and provide mental health support and services. Protect against short and long-term negative health effects of trauma and substance use. Eliminate, reduce, and mitigate risk for suicide. 	

DETAILED STRATEGIES AND PRACTICES

Eliminate stigma surrounding mental health and other barriers to help-seeking.

KEY PRINCIPLE: Facilitate positive perceptions surrounding mental health and help-seeking.

Practices

- Require evidence-based/evidence-informed education to improve awareness/knowledge about mental health, including signs and symptoms of distress, trauma, anxiety, and depression; prevention and intervention approaches, including suicide and substance use prevention strategies; and agency-offered services and resources.
- Provide personnel with skills to communicate effectively and safely, without stigma, with colleagues (and others), using evidence-based/evidence-informed communication.
- Make accurate inferences about prevention (it works), treatment (it is effective), and recovery (it is possible). ([See ADA Fact Sheet](#) and [SAMHSA](#) for reference material.)

⁶¹ Examples of policy include standards, processes, procedures, memos, handbooks, training standards and protocols, and other guidance documents.

⁶² Education and training programs must embrace adult learning theory and be updated regularly to maintain relevance. Incorporate education and training opportunities at the start and throughout the entire life cycle of an individual's career and throughout retirement.

- Define and communicate strength as being willing and committed to mental health support as an essential, necessary, and routine aspect of providing effective public safety services and communicate this regularly.
- Create a work culture where colleagues can openly express and seek support for mental health and wellness challenges without fear of being seen as weak or a liability.
- Create a work culture where colleagues are supportive of other colleagues in their mental health challenges and informed about how to effectively approach a colleague when performance issues are negatively impacting the team environment.

KEY PRINCIPLE: Improve trust and confidence in services offered.

Practices

- Increase personnel's interactions with peer support members and QMHPs.⁶³
- Educate mental health professionals, including third-party providers, about the risk factors associated with and culture of law enforcement, including occupational stressors and factors that contribute to work-related posttraumatic stress, secondary and vicarious trauma, and moral injury.
 - For governments/agencies that contract with third-party providers, including through employee assistance programs, include a contract clause that requires the education/training *before* the delivery of services to personnel and applicable family members.
 - Mental health professionals who serve/will serve campus and/or tribal law enforcement agency personnel should receive additional cultural-specific training.
- Develop appropriate selection criteria and screening processes for vetting individuals to serve on peer support teams and utilize training standards, including routine training, to provide support and strengthen connections to services and resources.
- Protect the privacy and confidentiality of personnel seeking or receiving peer support and behavioral health services.
- Provide the workforce with training that increases awareness, improves transparency, and clarifies information about privacy and confidentiality involved with participation in and/or requests for information about behavioral health services, including but not limited to referrals for services, counseling, and treatment.
- Using evidence-based practices and guidance from state/federal laws,⁶⁴ review and make necessary updates to forms that describe "client" rights related to services from a peer support member and/or agency-provided mental health professional to ensure transparency about privacy protections and confidentiality for those participating in agency-offered peer support and counseling.
- Develop presentation materials and guidance document (e.g., Frequently Asked Questions [FAQs]) that answers questions about confidentiality and privacy related to seeking support from peers and mental health professionals, including information about the "client" rights form.
- Consider establishing a policy that personally identifiable client notes will not be taken by peer support members and QMHPs utilized by the agency.

⁶³ Explore roll call, ride-alongs, walk and talks, and other strategies for QMHPs to increase interactions with personnel in the field.

⁶⁴ Federal agencies are also guided by the [COPS Counseling Act](#).

- Develop training protocols and train managers on how to communicate and protect privacy of personnel who take a leave of absence and return to work; appropriately handle third-party disclosures of concerns about personnel; and respond to inquiries about personnel health issues/injuries, including attempted suicide.

KEY PRINCIPLE: Reduce apprehension associated with the utilization of behavioral health services and normalize help-seeking.

Practices

- Address local/state laws and policies that reinforce stigma and fear among law enforcement personnel (e.g., permanent loss of firearms owners' identification card for mental health treatment, loss of pay/health insurance).
- Reinforce the critical importance of seeking services as an essential aspect of preventing stressors and traumatic experiences from becoming more difficult to manage.
- Review and revise policy to clearly define the instances in which a psychological assessment/fitness-for-duty evaluation (FFDE)⁶⁵ is/is not required and/or should not be initiated and educate personnel and managers on applicable policies.⁶⁶
- Utilize impartial and objective qualified examiners who are mental health professionals to conduct psychological assessment/FFDEs when an FFDE is necessary.
- Communicate that psychological assessments/FFDEs, when necessary, can be opportunities to maintain careers and work assignment.
- Using evidence-based/evidence-informed approaches, ensure that personnel and managers are provided clear guidance on imminent threat to self, including lethal means safety, keeping in mind the need to balance the threat that a firearm may pose compared to the damage taking it away could cause, particularly among sworn law enforcement officers.
- Use empathic and non-stigmatizing language in policies.
- Consider piloting the use of routine, confidential, preventative mental wellness visits⁶⁷ to help normalize help-seeking behavior and strengthen connections to preventative services and other resources and ensure that these visits are not viewed as a psychological assessment, examination, or screening that determines occupational suitability.
- Help agency personnel within federal and other applicable agencies make informed decisions about obtaining mental health support by clarifying information about the security clearance process.
 - Consider developing a guidance document and an education strategy that provides greater clarity about what is/is not required to be reported or disclosed about psychological and emotional health for the background investigation.
 - Educate personnel about how psychological and emotional health could impact a security clearance.
 - Ensure that background investigators and polygraphers are educated about these requirements.

⁶⁵ Also known as a mental health evaluation, psychiatric fitness for duty assessment, psychological evaluation/examination, etc.

⁶⁶ Consider reviewing the IACP's [Psychological Fitness-for-Duty Evaluation Guidelines](#).

⁶⁷ A routine mental wellness visit is a narrowly defined non-diagnostic meeting that is conducted on agency time with a mental health professional or peer support member. These visits have also been referred to as a mandatory annual mental health check or mental wellness check-in.

- Federal agencies should consider collaborating on these practices as policies are typically consistent across the federal government.

KEY PRINCIPLE: Use a strategic communications plan.

Practices

- Be authentic in messaging.
- Start messaging to reduce stigma at recruitment and continue upon hire and throughout the life cycle of personnel's career into retirement.
- Research effective communication strategies that counter stigma ([Communication Strategies](#) and [Use Person-First Language](#)) and ensure that the impact of the strategies can be measured.
- Work with local media to help remove stigma surrounding mental health, which could have broader impact on stigma among law enforcement.
- Collaborate and share educational resources with other law enforcement agencies.
- Contract support to help develop and implement a communication strategy with messaging materials using evidence-based principles.
- Develop and disseminate content (e.g., graphics, videos, infographics, educational materials) that reaches personnel within different occupational groups and refresh materials periodically.
- Test communication materials with a focus group(s) before launching.
- Utilize both incremental and long-term metrics that can be used to assess the impact of messaging and potential modification of materials.
- Develop and launch ongoing communication campaigns with extensive strategic communication campaigns during Mental Health Awareness Month (May) and National Suicide Prevention Month (September).

KEY PRINCIPLE: Improve access to behavioral health services by expanding the network QMHPs.

Practices

- Hire/contract with full-time mental health professionals dedicated solely to deliver services to personnel within a law enforcement (and/or public safety) agency.⁶⁸
- Ensure sufficient levels of funding and full-time employees are dedicated to mental health and wellness efforts.
- Consider embedding services within the agency (and at the field level for federal/state agencies), which may also serve to normalize help-seeking.⁶⁹

⁶⁸ Considering referring to the [Wellness Provider Vetting Guide for assistance with identifying QMHPs](#).

⁶⁹ Direct services, including those that are embedded, should be offered where the client is most comfortable receiving the services. If services are embedded within the agency and/or its employee assistance program (EAP), clear guidelines on confidentiality should be established and followed to ensure that individuals take advantage of these services. Additionally, QMHPs who provide counseling and treatment to personnel should not be the same professionals who conduct psychological assessment/FFDE of employees to determine or decide occupational suitability as it could diminish trust and reduce utilization of these critical services.

- Develop and deliver standardized education and training about law enforcement to mental health and healthcare professionals and students as part of continuing education, higher education, and certificate programs to increase competency to serve law enforcement personnel.⁷⁰
- Consider taking actions (in collaboration with governments, academic institutions, and professional groups) to incorporate competency into licensure and higher education programs for mental health and health care professionals.
- Consider establishing internship agreements between university mental health programs and law enforcement (and public safety) agencies.
- Educate on the importance of expansions to interstate licensure compacts and health care coverage for individuals to seek care from an out-of-state QMHPs.
- Collaborate with university programs about ways to generate interest in the specialty of law enforcement mental health/substance use treatment and recruit for the program.
- Consider recruiting active or former law enforcement looking for a second/new career to build the inventory of QMHPs.

KEY PRINCIPLE: Improve access by creating opportunities and adjusting work schedules for personnel to practice self-care and utilize services during work hours, within reason.

Practices

- Ensure policies reflect opportunities to practice self-care and utilize services during work hours, without being negatively perceived or impacted.
- Provide fitness-related equipment to support physical health endurance and overall resilience of personnel.
- Consider offering guided fitness, mindfulness, meditation, and yoga classes during work hours, including during evening and night shifts.
- Authorize personnel to receive peer support and counseling during work hours.

KEY PRINCIPLE: Adopt a shared service approach to address barriers to access due to resource constraints.

Practices

- Consider implementing a shared services approach (e.g., shared local/regional “center”) with other federal, state, local, tribal and territorial law enforcement (and other public safety) agencies to improve access to QMHPs (and other services), and remove barriers, if any, to use of public funds for shared services.
- Share evidence-based/evidence-informed training curriculums and trainers.
- Consider the utility of sharing expenses for fitness-related equipment, training, and routine guided mental health and wellness classes (e.g., yoga, mindfulness, meditation) with other public safety agencies.
- Establish inter and intra-agency agreements and standards that guide shared services, including across governments.

⁷⁰ Consider collaborating with other law enforcement (and other public safety) agencies to develop and execute a plan of action and prevent duplication of efforts.)

KEY PRINCIPLE: Utilize technology to minimize barriers to access.

Practices

- Consider tele-mental health (using dedicated secure platforms).⁷¹
- Utilize agency website and technology applications to store and organize educational materials, information about services and resources, and self-care tools.
- Provide access to care through helplines/crisis lines and ensure those operators are trained and qualified to provide help to law enforcement agency personnel.⁷²
- Provide access to mobile technology application tools that protect confidentiality and assist personnel (and their family members/support persons) in connecting to virtual and in person resources.
- Put in place measures to analyze and evaluate the effectiveness of technology.

Demonstrate leadership and prioritize psychological health and well-being.

KEY PRINCIPLE: Strengthen leadership skills.

Practices

- Develop and require evidence-based transformational leadership training to all managers and executives at the earliest stage.
- Utilize a mentorship program and communities of practice model to help leaders foster skills.
- Encourage managers and other leaders to model self-care and help-seeking practices and hold them accountable for instilling these values among those they supervise.
- Recognize and reward personnel for a job well done.
- Using evidence-based/evidence-informed approaches, train and equip managers with skills to:
 - recognize early indicators of cumulative stress, burnout, vicarious trauma, depression, posttraumatic stress injury and disorder (PTSI/PTSD), moral injury, substance use disorder, and other health negative outcomes;
 - express and demonstrate care, concern, and emotional support to personnel, especially in times of transition, crises, and challenging situations, including after critical incidents;
 - appropriately address issues early to prevent negative outcomes, including adverse impacts on performance and team dynamics as team environments are essential in law enforcement operations;
 - navigate concerns, including performance concerns, that have been raised by colleagues/team members;
 - communicate and protect the privacy of personnel, including those who take a leave of absence and return to work and those with health issues/injuries, including injuries resulting from a suicide attempt; and

⁷¹ Ensure that teletherapy technology meets HIPAA encryption requirements. Ensure that information about names and contact information of peer support members, spiritual leaders, QMHPs, and mental health treatment centers is accessible through technology so that personnel and their families can access these services with greater ease. Before contracting with a vendor to provide services via a mobile technology application, work with personnel to understand how they would use the service, potential barriers, and necessary design features. Perceived privacy limitations could be a barrier to explore.

⁷² Educate about [988](#) as well as other helplines, such as [Cop2Cop](#) and [COPLINE](#).

- communicate with personnel who may benefit from a work accommodation (see guidance from the [U.S. Department of Labor](#)), higher level of care (e.g., inpatient treatment, partial hospitalization), or a temporary voluntary surrender of a duty weapon for lethal means safety during a period of high risk.⁷³

KEY PRINCIPLE: Define strength as being willing and committed to self-care, mental health support, and intervening with other colleagues to prevent harms.

Practices

- Encourage self-care and help-seeking practices and reinforce that these practices should not instill fear or shame as they are an essential *and* necessary aspect of providing effective public safety services.
- Encourage personnel to intentionally and respectfully speak up and offer solutions to issues of concern, including concerns for other colleagues and work environments that contribute to and perpetuate an unhealthy culture.
- Advocate for and create a culture of responsible alcohol use (or abstinence from alcohol), including within social settings with other law enforcement agency personnel.
- Encourage and empower personnel to obtain a higher level of care (e.g., inpatient treatment, partial hospitalization), when needed, without fear that they will never return to work.
- Make it routine for personnel to request a temporary (or permanent) modification to duty, without judgment, when necessary, to protect against negative health outcomes.

KEY PRINCIPLE: Invest in, institutionalize, and create infrastructure for multi-dimensional occupational health and wellness programs.

Practices

- Prioritize funding for program investments, ensure that program efforts are overseen by a qualified and credible professional(s) with appropriate credentials, and reflect priorities by updating the organizational chart to identify points of contact.
- Create and maintain programs that are holistic (i.e., focus on the health of the whole person not just one aspect of health) and incorporate program assessment and evaluation at the onset.
- Integrate ongoing self-care strategies and evidence-based group interventions into the fabric of the workplace such that they become normalized.
- Develop a standard for safety and wellness training for law enforcement agencies.
- Create, maintain, and market a trained team of managers, peer support members, QMHPs, and chaplains to provide support and strengthen connections to services and resources.
 - For agencies that do not have peer support, conduct research on peer support programs and discuss/survey the workforce. Consider partnering with other law enforcement agencies to help address certain resource obstacles.

⁷³ Self-surrendering firearms and lethal means safety interventions by the agency can induce fear of permanent weapon seizure, loss of pay, and loss of insurance coverage, and can be extremely difficult decisions for both the employee and agency. Safety intervention for lethal means should emphasize the temporary nature of limiting access to firearms in order to place distance between an individual and firearms during periods of risk. (See Stanley, Hom, & Joiner, 2016) Additionally, consider watching [CALM, Counseling on Access to Lethal Means](#) for greater awareness about lethal means.

- Utilize publications to guide the development of peer support.
- Be transparent and committed to adjusting the organization, when necessary.
- Provide varied service options, including services that improve physical health given the interconnectedness between mental health and physical health, and how to access those services.
- Consider consulting with health systems (e.g., hospitals, public health coalitions, Veterans Affairs offices) to enhance knowledge and potential partnerships.
- Work with federal/state/local/tribal/territorial governments and legislators to educate about needs and resources, including resources to address unique obstacles facing law enforcement in rural, tribal and mountain regions.⁷⁴
- Aggressively address system barriers to readily available affordable care through robust system changes at the federal and state level.
- Consider the use of wellness incentives, including for meeting certain fitness and mental health goals.
- Ensure that officials understand and consider the psychological health and related needs of personnel when negotiating health care plans.
- Identify existing guidance and research on model programs with subsequent evaluation.
- Devise a plan to increase access to affordable childcare and backup care services.⁷⁵
- Educate on the importance of federal, state, and local funding to expand support for families of personnel who die or are injured.

KEY PRINCIPLE: Advance effort by being strategic, intentional, and thoughtful.

Practices

- In partnership with the workforce, devise a strategic plan that intentionally sets priorities and identifies measurable agency goals and objectives and a corresponding action/implementation plan that operationalizes the strategy.
- Partner with collective bargaining units to advance psychological health and well-being.
- Mitigate workload stressors by addressing recruitment challenges using a comprehensive local/state strategic plan and action plan in consultation with subject matter experts.
- Draw on positive aspects of the culture (e.g., commitment to others, teamwork, perseverance) to offset needed changes.
- Create a culture of optimism and hopeful thinking.
 - Consult with college/university partners with expertise in hope theory and positive psychology to provide a construct.
 - Gain buy-in from the workforce and devise a strategy for advancing key elements.
- Infuse health and wellness into routine practices, including at the academy, staff meetings, roll call, trainings, and family events.

⁷⁴ If grant programs are utilized for state and local efforts, a plan for sustainability is essential as these type of funding sources create challenges with long-term sustainability.

⁷⁵ Consider exploring public-private partnerships and the work of the [National Law Enforcement Foundation](#).

- Use focus groups and workforce advisory groups, locally or shared with other law enforcement agencies, to advance psychological health and well-being.
- Consider strategies to reach and address the needs of different demographic subgroups.
- Focus efforts on specific methods of reducing risk factors for and increasing protective factors against stressors, including those external to the occupation.
- Empower the workforce and identify motivations for change and ways to measure improvements and changes in behaviors and culture, incrementally and over time.
- Devise and implement strategies to engage and support family members/support persons, upon hire and throughout the life cycle of personnel's career and during retirement.
 - Ensure families/support persons have access to education and services, including through technology (e.g., websites, blog posts, podcasts).
 - Clearly communicate confidentiality and explore ways for families to seek assistance anonymously.
 - Consider ways to provide flexible options for family support.
 - Consider ways to provide family support during geographic relocations and transitions.
 - Ensure services are culturally competent to address the needs of diverse families (e.g., single parent, LGBTQ+ families, grandparent-led families)
 - Consider use of support family support groups.
- Examine works on reducing health risks from sedentary work and devise solutions to those challenges.

KEY PRINCIPLE: Increase skills and confidence among the workforce to demonstrate care, concern, and emotional support for colleagues.

Practices

- Using evidence-based/evidence-informed approaches, educate and equip personnel with skills to:
 - develop/enhance emotional intelligence;
 - communicate with colleagues during times of transition, crises, and challenging situations, including during encounters with the public and critical incidents;
 - effectively and safely communicate, without stigma, with colleagues (and others) who experience stress and trauma, and symptoms of SUD, depression, or other mental health conditions; and
 - effectively and safely respond when someone experiencing a mental health crisis expresses thoughts of suicide and/or demonstrates suicidal behaviors.

KEY PRINCIPLE: Utilize data to identify specific health risks, protective factors, and opportunities for early intervention.

Practices

- Improve data collection and knowledge sharing across public health/mental health and public safety organizations, where and when applicable.

- Collect information on health-related behaviors using appropriate data collection tools (e.g., surveys, questionnaires) and partner with the workforce/subset of the workforce to devise/revise questions and address concerns.
- Collaborate with experts in data science and analysis to analyze data on a regular basis and report the results in ways that can be translated to action.
- Consider the use of early interventions systems to potentially identify opportunities to help personnel proactively address mental health challenges and consider appropriate methods to utilize peer support and QMHPs to help personnel with those issues.
- Collect anonymous information that helps to identify risks and protective factors,⁷⁶ including those associated with exposure to suicide deaths and the experience of ‘suicide by cop.’
- Consider partnering with college/university programs, including those with expertise in program implementation and evaluation, to help devise tools and implement/evaluate agency efforts.
- Determine barriers, if any, that reduce willingness to supply anonymous information, and use a variety of tools and strategies (e.g., incentives) to help gather information and address barriers.
- Ensure that exit interviews are conducted and track data from those interviews to improve psychological health and wellness efforts.
- Collect and analyze data on deaths by suicide and attempted suicides to help prevent suicide and inform policies, practices, and programs.
 - Consider collecting data that has been recommended by the Data and Research Task Force of the National Consortium on Preventing Law Enforcement Suicide (see Table 1, page 10, of [Final Report.](#))
 - Leverage data and reports from CDC’s [National Violent Death Reporting System.](#)
 - Submit data to the [Law Enforcement Suicide Data Collection \(LESDC\) Program.](#)⁷⁷
 - Consider the use of a formal process, such as a psychological autopsy, to gather data on the psychosocial environment of an individual who has died by suicide, while also respecting the privacy of survivors. Ensure that individuals are properly trained to perform this work. Consider the use of a skilled cadre of state/regional specialists.

Utilize policy to advance health and well-being

KEY PRINCIPLE: Engage in practices that eliminate/reduce/mitigate occupational stressors using evidence-based/evidence-informed approaches.

Practices

- Conduct a comprehensive and systematic review and assessment of existing agency and applicable government-wide policies that provide guidance to personnel and make needed changes to advance psychological health and well-being, in consultation with the workforce and subject matter experts.

⁷⁶ Although anonymous surveys can be useful, some in law enforcement have expressed skepticism about the anonymity of surveys, including web-based surveys. For smaller agencies, anonymity could be more challenging. Consider whether there could be value in teaming up with other law enforcement agencies in the county/region to gain needed information and using protective measures and education campaigns to address concerns regarding privacy.

⁷⁷ [The LESDC Program](#) is intended to be a central repository for data across the United States and its territories about deaths by suicide and attempted suicide of law enforcement officers [as defined by the [Law Enforcement Suicide Data Collection \(LESDC\) Act](#)].

- Review policies and procedures related to personnel discipline/investigations and improve processes and organization/system issues, including unreasonable administrative delays in return-to-duty authorization as these can contribute to psychological harm and suicide risk.
- Adopt and promote practices and systems that:
 - accurately describe mental and physical health symptoms and conditions;
 - demonstrate and honor commitments to work/life balance and social connectedness;
 - make it possible for personnel to practice self-care and utilize support/services without judgment and with greater ease;
 - minimize bureaucracy, prevent inconsistency among policies, and create work environments that do not unduly or inappropriately create restrictions, prohibit opportunities, or reinforce discrimination;
 - minimize and mitigate family, relationship, and financial stressors, where possible, and help personnel routinely address challenges without having to make a special request; and
 - prioritize equipment that will help personnel perform and enhance their safety and psychological and physical health without having to make a special request.
- Create language for policies using positive, trauma-informed, person-centered communication, when possible, and use non-ambiguous language.
- Create, in consultation with subject-matter experts, and maintain policies, including education and training protocols, on or that relate to psychological health and well-being, including, but not limited to, those addressing peer support, chaplaincy, employee assistance programs (EAP), comprehensive critical incident and crisis response, suicide prevention, pregnancy, childcare, sexual harassment, and medication management.⁷⁸
- Ensure that policy is utilized to eliminate and/or reduce instances of moral distress/injury.
- Enhance connections to internal and external resources that protect against negative health outcomes (e.g., peer support, mental health professionals, spiritual leaders, helplines, fitness/nutrition programs, spiritual leaders).
- Utilize evidence-informed approaches to improve interactions with the public (e.g., defusing and de-escalation training, law enforcement-mental health collaboration programs models) and negative community perceptions of law enforcement, which are sources of occupational stress.

KEY PRINCIPLE: Accurately describe mental and physical health symptoms and conditions and how they do/do not impact work readiness, fitness, suitability, and continuity of career.

Practices

- Refrain from using language that states or implies an impairment, risk, or disqualification from the job unless it is supported by science.
- Consider consulting with experts in mental health to devise language that does not reinforce stigma surrounding mental health.

⁷⁸ Consider reviewing the IACP's policy center guidance on [Pregnancy](#) (2021) and [Sexual Harassment and Misconduct](#) (2022). (Note: These links are only accessible to IACP members.)

- Assess for resiliency at recruitment, pre-employment and/or before work assignment in a high-risk occupation or assignment and develop an individualized plan to build and maintain protective factors in a way that protects the privacy of personnel.⁷⁹
- Ensure that personnel who seek workers' compensation benefits for services are not prevented from returning to duty solely because they claimed and utilized behavioral health services or benefits to obtain behavioral health services.
- Develop and maintain medication management policies based in science and ensure that policies do not restrict law enforcement agency personnel from duty simply because they are being treated with psychoactive medication(s), which is consistent with guidance provided by the American College of Occupational and Environmental Medicine (ACOEM).⁸⁰
- Clearly define in policy the instances in which psychological assessment/FFDE is/is not required and/or should not be initiated (before and after being hired).⁸¹
 - Using evidence-based/evidence-informed approaches and with assistance from subject-matter experts, ensure that policy provides clear guidance and protocols on imminent threat to self, including lethal means safety, keeping in mind the need to balance the threat that a firearm may pose compared to the damage taking it away could cause, particularly among sworn law enforcement officers.
 - Utilize impartial and objective qualified examiners who are mental health professionals.
 - Emphasize in policy psychological assessments/FFDEs, when necessary, should be utilized as opportunities to maintain careers and work assignment and not used to remove personnel from duty or a specific work assignment.
 - Establish processes so that a mental health professional who provides preventative counseling/treatment to personnel does not also conduct a psychological assessment/FFDE of that individual as it could diminish trust and credibility and reduce the utilization of critical preventative services.
 - When personnel are required to complete a psychological assessment/FFDE, do not prevent them from returning to duty solely because they identified a mental health need and/or sought behavioral health services.
 - Educate and train personnel/managers on applicable policies, including protected time off for accessing behavioral health services.
- Review and modify policy, as necessary, to clearly define instances in which personnel are/are not required to report or disclose information about psychological and emotional health (of self and/or others) for security reporting and background investigations, and train personnel, background investigators, and polygraphers about these requirements.

KEY PRINCIPLE: Establish policies that provide guidance on preparing for and responding to critical incidents and other duty-related exposures to harm.

Practices

- Understand research related to and for implementing effective critical incident response practices.

⁷⁹ Consider working with mental health professionals and other experts to develop an evidence-informed screening tool and design a customized plan for building protective factors.

⁸⁰ See other general guidance: [Comprehensive Policy Guidance for implementation of Part D Drug Management Programs \(DMP\)](#)

⁸¹ Consider reviewing [Psychological Fitness-for-Duty Evaluation Guidelines from IACP](#).

- Ensure that protocols address ‘suicide by cop’ and exposures to deaths by suicide in the community and of other law enforcement personnel.
- Ensure that policies use non-ambiguous language.
- Provide evidence-based/evidence-informed education and training to personnel, managers, peer support members, chaplains, and QMHPs.
- Ensure that policies and training provide clear parameters for personnel to speak with a QMHP after responding to a traumatic event.
- Ensure that policies and training provide clear guidance to first-line supervisors on how to prepare for a critical incident, how to handle a critical incident, and what to do following a critical incident.
- Ensure that the incident command system prioritizes the health and well-being of first responders and that support is provided by QMHPs and peer support personnel through and post deployment.
- Provide protocols and training for communicating with families/support persons, including during and after a critical incident.
- Ensure that policies prioritize preventative care services in high-risk occupations and assignments.

KEY PRINCIPLE: Support personnel in their recovery and return to work.

Practices

- Train managers on how to create and maintain effective team environments when personnel return to work after health issues and injuries, including injuries from a suicide attempt.
- Utilize guidance from the U.S. Department of Labor on [Recovery-Ready Workplace](#) and [Stay at Work/Return to Work/RETAIN Initiative](#) to develop guidance.
- Consult with subject-matter experts when devising policies.
- Consider seeking voluntary and anonymous feedback from personnel who are in recovery for assistance devising policies and protocols.
- Ensure that Human Resources Officers and other managers are familiar with policies and support recovery and return to work practices.
- Ensure that personnel are provided access to information about external financial assistance to address potential expenses for treatment of injuries and illnesses.

KEY PRINCIPLE: Protect against harm to self.

Practices

- Using evidence-based/evidence-informed approaches and with assistance from subject matter experts, ensure that policy provides clear guidance and protocols on imminent threat to self, including lethal means safety, keeping in mind the need to balance the threat that a firearm may pose compared to the damage taking it away could cause, particularly among sworn law enforcement officers.⁸²

⁸² Self-surrendering firearms and lethal means safety interventions by the agency can induce fear of permanent weapon seizure, loss of pay, and loss insurance coverage, and can be extremely difficult decisions for both the employee and agency. Safety intervention for lethal means should emphasize the temporary nature of limiting access to firearms to place distance between an individual and firearms during periods of risk. (See Stanley, Hom, & Joiner, 2016)

- Ensure that agencies have access to mental health professionals qualified in suicide risk screening, assessment, and safety planning as these experts should be used to help provide guidance, when needed.
- Have clear policies, developed with assistance from mental health subject-matter-experts that encourage personnel to obtain a higher level of care (e.g., partial hospitalization, inpatient treatment), when needed, and ensure that policies are communicated with clear guidance on and support available when returning to work, with a focus on *returning* to work not termination from employment.
- Have clear policies, developed with assistance from mental health subject matter experts that describe protocols for sworn law enforcement officers to request a temporary job modification and/or temporary voluntary surrender of a duty weapon for lethal means safety during periods of risk and the process involved for retrieving a duty weapon. Policies should:
 - provide information about pay status and accommodations, if applicable;
 - not prohibit other sworn law enforcement officers/colleagues from providing temporary safe storage in these situations and should be encouraged to support colleagues in their safety planning;
 - emphasize the importance of requesting a temporary voluntary surrender rather than putting the agency in a position to require the removal of the firearm;
 - be communicated at the academy and regularly, including during firearms training; and
 - consider temporary voluntary surrender of non-duty related firearms from sworn and non-sworn personnel.
- Develop training protocols on suicide prevention, including how personnel can effectively and safely communicate with colleagues who express thoughts of suicide and/or demonstrate suicidal behaviors, including what not to say and skills in having conversations about lethal means safety.

KEY PRINCIPLE: Reinforce confidentiality and privacy protections associated with utilizing peer support/behavioral health services.

Practices

- Provide the workforce with training that increases awareness, improves transparency, and clarifies information about privacy and confidentiality involved with participation in and/or requests for information about behavioral health services, including but not limited to referrals for services, counseling, and treatment.
- Using evidence-based practices and guidance from state/federal laws,⁸³ review and make necessary updates to policy and forms that describe “client” rights related to services from a peer support member and/or mental health professional to ensure transparency about privacy protections and confidentiality for those participating in agency-offered peer support and counseling.
- Develop a guidance document (e.g., FAQs) that answers questions about confidentiality and privacy related to seeking support from peers and mental health professionals.
- Develop training protocols for managers on how to communicate and protect privacy of personnel who take a leave of absence and return to work; appropriately handle third-party disclosures of concerns about personnel; and respond about personnel health issues/injuries, including attempted suicide.

⁸³ Federal agencies are also guided by the [COPS Counseling Act](#).

KEY PRINCIPLE: Use evidence-based/evidence-informed protocols and procedures that guide agency response after a death by suicide or attempted suicide of personnel (also known as postvention).⁸⁴

Practices

- Develop evidence-based protocols and train managers, peer support members, and embedded spiritual leaders and mental health professionals about policies and how to communicate safely, effectively, and appropriately (verbally and in writing) in the aftermath of an employee suicide attempt or death by suicide to prevent contagion and foster healing.
- Ensure that policies cover communication within an agency and on social media and guidance on language to avoid.⁸⁵
 - Avoid expressions “committed suicide” as “committed” connotes a crime. Use “died by suicide” instead.
 - Never refer to a “failed attempt” or “unsuccessful” suicide.
 - Do not provide the public with information about the method of suicide.
 - Do not publicize information from suicide notes to protect the privacy of the family, at least not without permission from the family.
 - Avoid public speculation as to the cause of suicide as there is rarely one clear reason as to why an individual died by suicide.

Strengthen protections against stressors, trauma, and negative health outcomes.

KEY PRINCIPLE: Equip personnel with specific knowledge, skills, and abilities, at the start and throughout the entire life cycle of the individual’s career into retirement.

Practices

- Use research to inform education and training standards, including conveyance of training (e.g., live, virtual, computer-based, by professional or paraprofessional), target populations (e.g., supervisors, operators, family/support persons), periodicity of training (e.g., at entrance/academy, periodic/recurring, contingencies of new assignments/roles/milestones), and essential training objectives (e.g., knowledge, attitudes, skills, behavior change).
- Institutionalize training for staff when they onboard, including in the academy, and enhance skills with follow-up education and training in varying intervals throughout the career (and into retirement).
- Create a selection of recommended reading materials, audio books and podcasts to help personnel increase knowledge and skills.
- Provide fitness-related equipment to help law enforcement agency personnel strengthen resiliency and overall physical health.
- Offer health and cardiac screening, nutrition, and fitness services to personnel, and consider sharing services with another law enforcement agency(ies) and/or leveraging hospitals/community-based organizations.

⁸⁴ Postvention facilitates healing and recovery from grief and distress, mitigates negative effects and risk factors, and strengthens mental health through immediate and long-term support.

⁸⁵ See page 52, “[An Occupational Risk: What Every Police Agency Should Do to Prevent Suicide Among its Offices](#),” Police Executive Research Forum (2019); [Suicide Prevention Messaging.org](#); [A Guide for Speaking Publicly About Suicide](#); and [Reporting on Suicide.org](#).

- Enhance personnel skills and confidence in effectively managing and de-escalating conflict using evidence-based training and other practices.⁸⁶
- Require personnel to receive and offer family members/support persons evidence-based/evidence-informed education to improve awareness/knowledge about mental health, including signs and symptoms of distress, trauma, anxiety, and depression; prevention/intervention approaches, including suicide and substance use prevention strategies; and agency-offered services and resources.
- Teach personnel self-care practices and relaxation techniques and provide skills in stress management, distress tolerance, mindfulness, meditation, yoga, and other evidence-based practices.
- Require personnel to participate in evidence-based training that increases knowledge about resiliency and provides skills that can be applied to navigate adversity in challenging environments.
- Offer evidence-based/evidence-informed education on parenting, caregiving, financial literacy, and relationship enrichment.
- Consider train-the-trainer models and sharing evidence-based/evidence-informed training with other agencies.
- Offer retirement planning workshops that incorporate strategies for building social connections, encourage personnel to participate in these workshops, and consider inviting family members/support persons.
- Explore ways to improve the storage and organization of information (e.g., including guidance documents, practical and adaptable tools, research, data and data collection tools, approaches, best practice interventions, evidence-based training/curricula) to enhance access by personnel and family members/support persons.

KEY PRINCIPLE: Offer and provide mental health support and services.

Practices

- Educate personnel and family members/support persons on evidence-based interventions and hotlines/helpines, including the nationwide availability of 988.
- Provide personnel with information about anonymous self-assessment tools for screening for stress, depression, and other mental health conditions. Consider consulting with subject-matter experts to design approaches.
- Ensure that EAPs utilize QMHPs to provide services.
- Offer personnel and applicable family members no-cost and readily available counseling services from QMHPs, including a 24-hour hotline and counseling to assist with relationship conflict, including during work hours/shift.
- Offer support and counseling services in times of challenge and transition (e.g., birth/adoption of child; loss/divorce; illness/injury; critical incident; change in duty assignment; discipline/termination; return to duty following administrative leave, military deployment, or a personal situation; retirement; death/line-of-duty death).
- Allow retired personnel and personnel who separate from the agency to make use of peer support programs for a select period of time post-retirement or separation.

⁸⁶ Consider consulting with applicable personnel about specific challenges and review body-worn camera footage and citizen complaints. Target training and education to improve response, skills, and confidence.

- Utilize peer support and EAPs to educate personnel and make connections to mental health resources, including external resources.
- Consider offering support groups, including for those in recovery and those approaching retirement, and consider shared support groups with other law enforcement agencies.

KEY PRINCIPLE: Protect against short and long-term negative health effects of trauma and substance use.

Practices

- Educate personnel and family members/support persons about evidenced-based intervention/treatment practices that are effective for cumulative stress, burnout, substance use, trauma, and intrusive memories resulting from exposure to trauma.
- Provide access to mobile technology applications for support and services that protect confidentiality and assist personnel (and their family members/support persons) in connecting to virtual and in-person resources.⁸⁷
- Provide evidence-based/evidence-informed training to personnel on self-guided/self-directed interventions to cope with and increase growth following a traumatic exposure.
- Utilize peer support and EAP staff to proactively identify QMHPs and substance use treatment centers and provide referrals for screening, assessment, and interventions.
 - Consider consulting with other law enforcement/public safety agencies and the local/regional Veteran Affairs Office for help identifying potential community-based providers (as well as services and connections available for veterans).
 - Work to identify providers who specialize in treating law enforcement and other public safety officials.
 - Consider using providers where risk is lower for personnel to encounter someone with whom they have arrested/investigated.
- Offer personnel and applicable family members no-cost and readily available counseling services from QMHPs to help manage/mitigate the impacts of cumulative stress, burnout, substance use, and trauma, including unresolved trauma before law enforcement service (e.g., victimization, adverse child experiences, certain military experiences).
- Leverage workers' compensation for law enforcement agency personnel to obtain mental health and substance use treatment services for stress injuries and mental health conditions to aid in their resilience, growth, recovery, and return to work.
- Utilize well-trained peer support members to provide social support⁸⁸ to personnel involved in critical incidents and for other work or personal situations.
- Devise concrete strategies to communicate with and assist applicable family members of personnel involved in critical incidents.

⁸⁷ Ensure that teletherapy technology meets HIPAA encryption requirements. Ensure that information about names and contact information of peer support members, spiritual leaders, QMHPs, and mental health treatment centers is accessible through technology so that personnel and their families can access these services with greater ease. Before contracting with a vendor to provide services via a mobile technology application, work with personnel to understand how they would use the service, potential barriers (e.g., perceived privacy limitations), and necessary design features.

⁸⁸ Social support in this context is defined as a) informational, (b) emotional, (c) esteem, (d) social network support, and (e) tangible support.

- After a critical incident, emphasize the importance of early interventions and make it easy for personnel and applicable family members to access peer support and/or mental health counseling.
- Help personnel manage trauma and sleep issues associated with trauma *early*, to reduce risk of developing PTSI/PTSD.
- Ensure that personnel in certain work assignments with greater exposure to trauma (e.g., covert assignments, victim assistance, child abuse and exploitation, violent crimes, sex crimes, mass casualty, terrorism, peer support, mental health counseling) are encouraged to engage in preventative practices. In consultation with subject matter experts, consider whether to require certain preventative practices as a condition of maintaining the assignment.

KEY PRINCIPLE: Eliminate, reduce, and mitigate risk for suicide.

Practices

- After a known suicide/suicide attempt, deploy postvention policy and deliver services to personnel and family members/support persons.⁸⁹
- Utilize policy on imminent threat to guide practice, including lethal means safety.⁹⁰
- Ensure that personnel are aware of warning signs of suicide and familiar with strategies for lethal means safety.
- Develop and implement evidence-based suicide prevention practices (e.g., develop a strategic plan; increase understanding about the occupational factors that contribute to and protect against suicide risk; develop a comprehensive approach, to include the use of training, prevention resources/hotline information, educational campaign).
- Provide personnel with training that increases skills to effectively and safely communicate with colleagues who express thoughts of suicide and/or demonstrate suicidal behaviors, including who to contact for assistance.
- Ensure that peer support and agency QMHPs have been trained on terminology (e.g., gesturing, ideation, suicide intent), screening for suicide risk factors and how to triage, refer, and navigate immediate risk situations.
- Identify, create, and keep an updated list of QMHPs who the agency can contact to promptly assist in screening, assessment, and safety planning.
- Provide personnel skills in communicating with colleagues who may benefit from a higher level of care (e.g., inpatient treatment, partial hospitalization) or a temporary voluntary surrender of a duty weapon for lethal means safety during periods of high risk.

⁸⁹ Ensure that services are provided by those specifically trained in how to communicate about suicide, loss and grief, and mental health to prevent contagion and foster healing.

⁹⁰ Self-surrendering firearms and lethal means safety interventions by the agency can induce fear of permanent weapon seizure, loss of pay, and loss insurance coverage, and can be extremely difficult decisions for both the employee and agency. Safety intervention for lethal means should emphasize the temporary nature of limiting access to firearms to place distance between an individual and firearms during periods of risk. (See Stanley, Hom, & Joiner, 2016)

APPENDIX C

Federal Data Sources

Name of System	Data Source/Type of Data	Program Agency
National Violent Death Reporting System (NVDRS) Program Link	<ul style="list-style-type: none"> All 50 states, the District of Columbia, and Puerto Rico. Other U.S. territories are also eligible to participate. Multiple source approach: death certificates, coroner/medical examiner reports (including toxicology reports), and law enforcement reports De-identified data on violent deaths of all persons (case definition: homicide, suicide, deaths of undetermined intent, deaths due to legal intervention, and unintentional firearm deaths) Submissions to NVDRS are required 	U.S. Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC)
National Electronic Injury Surveillance System Program (NEISS-AIP) Program Link <hr/> NEISS- Work Program Link	<ul style="list-style-type: none"> De-identified emergency room data Nonfatal injuries of all persons Submissions to NEISS-AIP are voluntary <hr/> <ul style="list-style-type: none"> Non-fatal injuries that occur at work, including intentional events, are also reviewed through NEISS-Work 	Consumer Product Safety Commission (CPSC) <hr/> National Institute for Occupational Safety and Health (in conjunction with CPSC)
National Occupational Mortality Surveillance (NOMS) Program Program Link	<ul style="list-style-type: none"> De-identified death certificate data issued by state vital records offices. Deaths of all persons Submissions to the NOMS Program are voluntary 	HHS, CDC
National Syndromic Surveillance Program (NSSP) Program Link	<ul style="list-style-type: none"> De-identified emergency room data Nonfatal injuries of all persons 73% of emergency room departments contribute to NSSP 	HHS, CDC
National Survey on Drug Use and Health Program Link	<ul style="list-style-type: none"> Survey on tobacco, alcohol and drug use and mental health and other health-related issues in the United States 	HHS, Substance Abuse and Mental Health Services Administration

	<ul style="list-style-type: none"> Household address randomly selected through scientific methods to take the survey Participation in National Survey is voluntary 	
Law Enforcement Suicide Data Collection (LESDC) Program Program Link	<ul style="list-style-type: none"> Data specific to deaths by suicide and attempted suicide Data is limited to incidents of law enforcement officers (LEOs), as defined by the LESDC Act Data does not contain names of LEOs Submissions made by law enforcement agencies, as defined by the LESDC Act Submissions to LESDC Program are voluntary 	Department of Justice, Federal Bureau of Investigation, Criminal Justice Information Services Division
Census of Fatal Occupational Injuries (CFOI) Program Link	<ul style="list-style-type: none"> A review of all fatal occupational injuries, including deaths by suicide that occur at the place of work Data reviewed for the census includes, death certificate data, workers' compensation reports, federal and state agency administrative reports (original source) Census data is substantiated with two or more independent source documents or a source document and a follow-up questionnaire 	Department of Labor, Bureau of Labor Statistics

APPENDIX D

Additional Reading Materials

CORRECTIONAL STAFF WELLNESS

- [Wellness for Corrections and Supervision Professionals](#) (National Institute of Corrections [NIC])
- [Prioritizing Wellness for Corrections Officers](#) (The National Reentry Resource Center)
- [Prison Research Meets Practice: A Conversation on Correctional Staff Wellness](#) (Urban Institute – 2023)
- [Staff Wellness Resources](#) (American Correctional Association [ACA] - 2021)
- [Corrections Employees Staff Wellness: National Scan on Wellness Programs and Services](#) (ACA - 2020)
- [Staff Health and Wellness](#) (American Jail Association)

FAMILY

- Family Matters Publications (Community Oriented Policing Services [COPS] Office/ International Association of Chiefs of Police [IACP] – 2021)
 - [Agency Consideration for Officer Family Preparedness](#)
 - [Executive Guide for Developing Family-Friendly Policies, Procedures and Culture](#)
 - [Emergency Preparedness Considerations for Law Enforcement Families](#)
- [Best Practices for Family Support Programs: A Call to Action](#) (COPS Office/St. Petersburg College - 2021)
- [How to Start a Law Enforcement Family Support Group: Insights and Considerations](#) (COPS Office/IACP - 2019)

MENTAL HEALTH AND WELLNESS PROGRAMS AND POLICIES

Law Enforcement Specific

- [Facets of Wellness](#) (IACP Police Chief – 2021)
- [Promising Strategies for Strengthening Police Department Wellness Programs](#) (COPS Office/Police Executive Research Forum [PERF] – 2021)
- [Addressing the Four OSW Pillars in Smaller and Rural Communities](#) (COPS Office/Bureau of Justice Assistance [BJA] – 2020)
- [Officer Health and Wellness Agency Assessment Tool and Action Planning Roadmap](#) (IACP – 2020)
- [Law Enforcement Mental Health and Wellness Programs: Eleven Case Studies](#) (COPS Office – 2019)

- [Law Enforcement Mental Health and Wellness Action: Report to Congress](#) (COPS Office – 2019)
- [Building and Sustaining an Officer Wellness Program: Lessons from the San Diego Police Department](#) (COPS Office/PERF – 2018)
- [Promising Practices for Total Worker Health, Bend Police Department](#) (National Institute for Occupational Safety and Health [NIOSH] -2018)
- [Officer Health and Organizational Wellness: Emerging Issues and Recommendations](#) (COPS Office/BJA – 2017)
- [Research: The SHIELD \(Safety and Health Improvement Enhancing Law Enforcement Departments\) Study: Mixed Methods Longitudinal Findings](#) (Kuehl et al., 2016)
- [Making Officer Wellness a Priority](#) (COPS Office/Major Cities Chiefs Association – 2014)

Not Specific to Law Enforcement

- [Guidelines on Mental Health at Work](#) (World Health Organization)
- [Health and Wellness Programs](#) (Indian Health Service [IHS])
- [Mental Health](#) (Centers for Disease Control and Prevention [CDC])
- [Mental Health Treatment Works](#) (Substance Abuse and Mental Health Services Administration [SAMHSA])
- [Recommended Practices for Safety and Health Programs](#) (Occupational Safety and Health Administration [OSHA])
- [Total Worker Health®](#) (NIOSH)
- [Workplace Well-Being](#) (Department of Health and Human Services [HHS])
- [Framework for Workplace Mental Health and Well-Being](#) (HHS – 2022)
- [Addressing Burnout in Behavioral Health Workforce Through Organizational Strategies](#) (SAMHSA - 2022)
- [Employee Whole Health](#) (Department of Veterans Affairs – 2022)
- [Workplace Wellness Best Practices Study 2022](#) (Wellness Council of America – 2022)
- [Whole Person Health: What You Need to Know](#) (National Institutes of Health [NIH] – 2021)
- [Research: Organizational Best Practices Supporting Mental Health in the Workplace](#) (Wu et al., 2021)
- [Creating a Healthier Life: A Step-By-Step Guide to Wellness](#) (SAMHSA – 2016)

PEER SUPPORT

- [Implementing Peer Support Services in Small and Rural Law Enforcement Agencies](#) (COPS Office – 2023)
- [Community Supervision Peer Support Program Guidelines](#) (NIC – 2022)

- [Developing a Critical Incident Peer Support Program: Model Policy](#) (COPS Office/St. Petersburg College– 2021)
- [Peer Support as a Powerful Tool in Law Enforcement Suicide Prevention](#) (IACP – 2020)
- [Responding to Mental Health and Wellness Challenges: Ideas from the Field](#) (COPS Office – 2020)
- [Building and Sustaining an Officer Wellness Program: Lessons from the San Diego Police Department](#) (COPS Office/PERF – 2018)

POLICE-MENTAL HEALTH COLLABORATION PROGRAMS

- [Police-Mental Health Collaboration Programs Grant Program](#) (BJA)
- [Assessing the Impact of Co-Responder Team Programs: A Review of Research](#) (IACP/University of Cincinnati Center for Police Research and Policy - 2020)

PROSECUTOR HEALTH

- [Wellbeing Task Force](#) (National District Attorneys Association)
- [Wellness Articles](#) (American Bar Association)
- [National Task Force on Lawyer Well-being](#) (American Bar Association – 2017)

RECOMMENDATION REPORTS

- [The Ruderman White Paper Update on Mental Health and Suicide of First Responders](#) (Ruderman Family Foundation – 2022)
- [Addressing the Four OSW Pillars in Smaller and Rural Communities](#) (COPS Office/BJA – 2020)
- [President’s Commission on Law Enforcement and the Administration of Justice](#) (Department of Justice – 2020)
- [National Consortium on Preventing Law Enforcement Suicide: Final Report](#) (BJA/IACP – 2020)
- [An Occupational Risk: What Every Police Agency Should Do to Prevent Suicide Among its Officers](#) (PERF – 2019)
- [The Law Enforcement Mental Health and Wellness Act: Report to Congress](#) (COPS Office – 2019)
- [The Law Enforcement Mental Health and Wellness Programs: Eleven Case Studies](#) (COPS Office – 2019)
- [Officer Health and Organizational Wellness: Emerging Issues and Recommendations](#) (COPS Office/BJA – 2017)
- [Transforming Law Enforcement by Changing the Face of Policing](#) (Women in Federal Law Enforcement et al., 2016)

RETIREMENT

- [Chapter 2: How Police Chiefs and Sheriffs Are Finding Meaning and Purpose in the Next Stage of Their Careers](#) (PERF – 2019)

STRESS MANAGEMENT/TRAUMA/CRITICAL INCIDENT RESPONSE

- [Critical Incident Response Toolkit for First-Line Supervisors \(COPS Office/PERF\)](#)
- [Caring for your Mental Health](#) (National Institute of Mental Health [NIMH])
- [Overview: Psychological First Aid Online](#) (SAMHSA)
- [Psychological First Aid \(PFA\) and Skills for Psychological Recovery \(SPR\)](#) (The National Child Traumatic Stress Network)
- [Stress at Work](#) (NIOSH)
- [Vicarious Trauma Toolkit](#) (Office of Victims of Crime)
- [Coping with Traumatic Events](#) (NIMH – 2022)
- [A Guide to Managing Stress for Disaster Responders and First Responders](#) (SAMHSA – 2022)
- [Trauma and Violence](#) (SAMHSA– 2022)
- [The Cost of Alcohol as a Coping Mechanism \(BJA/National Suicide Awareness for Law Enforcement Officers Program – 2021\)](#)
- [Officer Safety and Wellness Group Meeting Summary: Promoting Positive Coping Strategies in Law Enforcement—Emerging Issues and Recommendations](#) (COPS Office/BJA – 2020)
- [Research: Interventions for the Prevention and Management of Occupational Stress Injury in First Responders: A Rapid Overview of Reviews](#) (Antony, et al., 2020)
- National Guidelines for Behavioral Health Crisis Care (SAMHSA – 2020)
 - [Best Practices Toolkit](#)
 - [Best Practices Toolkit Executive Summary](#)
- [Protecting Against Stress and Trauma: Research Lessons for Law Enforcement - Research and Practice](#) (NIJ – 2019)
- [Coping with a Disaster or Traumatic Event](#) (CDC– 2018)
- [Employing Returning Combat Veterans as Law Enforcement Officers](#) (BJA/IACP – 2009)

SUBSTANCE USE TREATMENT AND RECOVERY

- [Find Support](#) (SAMHSA) **This link includes support for mental health and substance use.*
- [Prevention of Substance Use](#) (SAMHSA)
- [Recovery and Recovery Support](#) (SAMHSA)
- [Mental Health Conditions in the Workplace and ADA: Fact Sheet](#) (ADA National Network)
- [Recovery-Ready Workplace](#) (Department of Labor [DOL])

- [Stay at Work/Return to Work/RETAIN Initiative](#) (DOL)

SUICIDE PREVENTION

Resource Information

- [Interactive Screening Program \(ISP\) for Employee Assistance Programs, Organizations and Workplaces](#) (American Foundation for Suicide Prevention)
- [National Action Alliance for Suicide Prevention](#)
- [National Consortium on Preventing Law Enforcement Suicide](#) (BJA/IACP)
- [National Suicide Awareness for Law Enforcement Officers \(SAFLEO\) Program](#) (BJA)
- [Preventing Suicide Among Law Enforcement Officers: An Issue Brief](#) (BJA/IACP/National Officer Safety Initiatives – 2020)
- [Research: Long-Term Effects of a Comprehensive Police Suicide Prevention Program](#) (Mishara & Fortin, 2021)
- Suicide Prevention Awareness Training
 - [Gatekeeper Training for Suicide Prevention: A Theoretical Model and Review of the Empirical Literature](#) (RAND Corporation – 2015)
 - Evidence-based Training Providers:
 - [Applied Suicide Intervention Skills Training ASIST](#) (LivingWorks)
 - [Question. Persuade. Refer.](#) (QPR Institute)
 - [Mental Health First Aid](#) (National Council for Mental Wellbeing)
- [Suicide Prevention Resource Center](#) (SPRC)
 - [Workplaces](#)
 - [Identify and Assist Persons at Risk](#) (SPRC best practice screening tools for suicide risk)
- [Zero Suicide Institute \(Education Development Center\)](#)
 - [Counseling on Access to Lethal Means](#)
 - [Zero Suicide Toolkit](#)

Response to Suicide or Suicide Attempt

- [A Framework for Successful Messaging](#) (National Action Alliance for Suicide Prevention [Action Alliance])
- [A Manager's Guide to Suicide Postvention in the Workplace](#) (Carson J Spencer Foundation, Crisis Care Network, National Action Alliance for Suicide Prevention and American Association of Suicidology – 2013)
- [After a Suicide in Blue: A Guide for Law Enforcement Agencies](#) (BJA/IACP)
- [Leaders Suicide Prevention Safe Messaging Guide](#) (DPSO)
- [Messaging about Suicide Prevention in Law Enforcement](#) (BJA/IACP)
- [Postvention Toolkit for a Military Suicide Loss](#) (Defense Suicide Prevention Office [DPSO])

- [Recommendations for Reporting on Suicide](#) (Reporting on Suicide)
- [Responding to Grief, Trauma, and Distress After a Suicide: U.S. National Guidelines](#) (Action Alliance – 2015)
- [StandBy – Support After Suicide](#) (funded by the Australian Government)

U.S. Department of Health and Human Services Resources

- [988 Suicide and Crisis Line](#)
- [CDC’s National Center for Injury Prevention and Control \(NCIPC\)](#)
- [CDC’s Comprehensive Suicide Prevention \(CSP\) and Resource for Action](#)
- [Health Resources and Service Administration \(HRSA\)](#)
- [Indian Health Service](#)
- [NIH](#)
- [NIOSH](#)
- [National Library of Medicine](#)
- [National Strategy for Suicide Prevention \(2012\)](#) and [Surgeon General’s Call to Action \(2021\)](#)
- [SAMHSA](#)

TRAINING

Awareness/Knowledge about Mental Health

- [Mental Health First Aid - Overview](#) (SAMHSA)
- [Mental Health First Aid for First Responders](#) (National Council for Mental Wellbeing)
- [Mental Health Literacy](#)
- [Psychological First Aid Online](#) (SAMHSA)
- [Research: Road to Mental Readiness \(R2MR\), A Canadian Model](#) (Johnston et al., 2023)
- [Research: Increasing Mental Health Literacy in Law Enforcement to Improve Best Practices in Policing - Introduction of an Empirically Derived, Modular, Differentiated, and End-User Driven Training Design](#) (Lorey et al., 2021)

Mindfulness

- [Research: Mindfulness-Based Resilience Training for Aggression, Stress and Health in Law Enforcement Officers](#) (Christopher et al., 2020)
- [Police use of Mindfulness Training for Mental Health](#) (COPS – 2021)
- [Mindfulness Toolkit for Law Enforcement](#) (IACP)

Resiliency Training

- [Prosecutor Wellbeing Resources](#) (National District Attorneys Association)

- [VALOR Initiative: VALOR Officer Safety and Wellness Program \(BJA\)](#)
- [VALOR Initiative: Law Enforcement Agency and Officer Resilience Training Program \(BJA\)](#)
- [Penn Resilience Program and Perma™ Workshops \(University of Pennsylvania\)](#)

APPENDIX E

Research Gaps and Needs

Critical investments are needed in research, including community-based participatory research, short-term and longitudinal studies,⁹¹ program evaluations, process and quality improvement efforts, and demonstration projects that also lead to adaptable and scalable solutions. Improvements in research are needed on:

1. implementation of comprehensive, multi-dimensional prevention, intervention, and postvention programs within law enforcement [and other public safety] agencies to reduce and protect against negative outcomes, including but not limited to: policy implementation and identifying key metrics that foster measurement and evaluation of health and wellness (in a more standardized way); organizational elements; resource sharing; and the impacts of management approaches;
2. protective and mitigating factors for suicide specific to law enforcement agency personnel, including the impact of exposure of law enforcement personnel to suicidal behavior, including exposure or involvement with ‘suicide by cop;’
3. identifying the organizational and operational factors that moderate suicide risk among personnel in law enforcement agencies, perhaps as compared to other occupations;
4. the specific factors and combination of factors, including specific operational or organizational stressors, hazards, and tasks, that make law enforcement agency personnel and specific populations/groups at elevated risk for suicide, posttraumatic stress disorder, and other adverse health outcomes;
5. the unique experiences, help-seeking patterns, and health related outcomes for specific subpopulations/groups;
6. the impact of work-life balance on overall well-being;
7. identifying the factors that facilitate and inhibit help-seeking and treatment-seeking at the individual, leadership, and organizational levels;
8. identifying best practices for mitigating common barriers to care engagement, including mental health stigma, fear of adverse career impacts, privacy concerns, and negative treatment beliefs;
9. identifying the elements of a successful peer support program, including number of peer support personnel needed proportional to the workforce, and other peer intervention approaches within a law enforcement or other public safety agency that are effective in suicide prevention;
10. identifying the elements of effective engagement with family/support persons to reduce risk and strengthen protections;

⁹¹ Similar to the [Army STARRS/STARRS-LS](#) research (Center for the Study of Traumatic Stress, 2022).

11. the efficacy of confidential, routine individual mental wellness visits⁹² for law enforcement personnel to provide assistance, reduce stigma, and normalizes help-seeking and treatment-seeking behavior;
12. the efficacy of and best practices for critical incident stress debriefings/management;
13. the efficacy of mobile wellness and behavioral health applications for law enforcement;
14. effective clinical support, including the number of mental health clinicians needed proportional to the workforce, types of interventions and modes of delivery (including embedded mental health professionals), and placement, for law enforcement or other public safety agency personnel, including the application of universal prevention approaches, selective prevention methods (for specific populations and groups), and indicated prevention strategies (for those with already identified needs for clinical support);
15. effective lethal means safety strategies for law enforcement or other public safety agency personnel that can be utilized by the agency, individuals, and family/support persons;
16. specific education and training that is effective to reduce risk factors for and build protective factors against suicide including, but not limited to topics on psychological resilience, stress management, health promotion, preventing and mitigating trauma exposure, workforce culture; conveyance of training (e.g., live, virtual, computer-based, by professional or paraprofessional); target populations (e.g., supervisors, operators, family/support persons); periodicity of training (e.g., at entrance/academy, periodic/recurring, contingencies of new assignments/roles/milestones); and essential training objectives (e.g., knowledge, attitudes, skills, behavior change);
17. the elements of effective communication approaches by agencies and supervisors in a law enforcement agency, across the span of prevention, intervention and postvention, to personnel and family/support persons, including the use of technology and technology applications being used by law enforcement [or other public safety] agencies;
18. evaluation of the efficacy of culturally-competent, national crisis lines for law enforcement, with consideration given to extending 988 capabilities for this purpose;
19. the effect of trauma-informed organizational policies and procedures, especially in the context of significant events including, but not limited to, a work-related injury and/or involvement in a shooting, in order to mitigate the impact of traumatic experiences;
20. the effect of occupational health and wellness programs and activities, such as the promotion of relaxation activities including agency-offered relaxation mobile applications, yoga, mindfulness, and other similar activities; and
21. the effects of organizational and social changes on staff morale, retention, behavioral health, and suicide.

⁹² A routine mental wellness visit is a narrowly defined non-diagnostic meeting that is conducted on agency time with a mental health professional or peer support member. These visits have also been referred to as a mandatory annual mental health check or mental wellness check-in.