

TAKING A PROACTIVE APPROACH TO OFFICER WELLNESS:

EARLY DETECTION, INTERVENTION
AND ACCESS TO CARE

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The culture of policing stereotypically emphasizes negative methods of coping with stress and trauma, such as severe alcohol use, infidelity in relationships and generally destructive behaviors, rather than seeking out support or mental health services. The recent recognition that more officers now die by suicide than in the line of duty¹ is a grim statistic that serves as a dire warning.

But let's consider a possibility even more daunting than the current narrative: What if this scenario is just the tip of the iceberg? What if the real crisis in public safety is broader and deeper than we've dared to acknowledge? What if our traditional reactive approach to wellness is not just insufficient but contributing to the problem?

Terms like "stress," "self-care," and "resilience" have become the new buzzwords in law enforcement, echoing the popularity of phrases such as "community policing" and "de-escalation." Despite widespread recognition of the impact and significance of stress management, there remains a glaring lack of consensus over how to measure and address it effectively. The ramifications of unmanaged stress are extensive, infiltrating various facets of an officer's life. Physiologically, officers face alarming rates of cardiovascular disease and high blood pressure.² Psychologically, they are more prone to anxiety, depression, suicidal ideation, and alarmingly, actual suicide attempts and completions.^{3,4} Behaviorally, the implications include excessive substance use and relationship distress, which are manifested in higher divorce rates and instances of domestic violence than the general population.^{5,6}

These personal struggles further extend into officers' professional lives, often leading to increased use-of-force incidents, threatening community relationships, amplifying legal challenges and putting an officer's career at risk. Organizational impacts are equally severe, resulting in lower job satisfaction, increased turnover and tears in the fabric of the culture of a department. The pervasive and detrimental effects of untreated mental health issues underscore the urgent need for a fundamental shift in our approach to mental health and wellness within the force.

The historical approach to wellness

The concept of officer wellness referring to more than just physical fitness has only gained traction within the last decade. Historically, the notion of considering officers' psychological and mental health as part of their overall wellness was nearly non-existent. Over the course of my 20-year career as a therapist working with first responders, I've witnessed a significant transformation in how wellness

is discussed within law enforcement circles. The shift in thinking becomes even more obvious when considering my experience as a young spouse of an officer going through the academy in the early 2000s. Back then, there was a pervasive silence. Talking about mental health was taboo, and doing so would label you as weak or broken. Many of us recall the day of “suck it up, buttercup” as the standard response to emotional struggle. Gradually, the narrative has been shifting to a more accepting tone, but only under certain circumstances — wellness discussions were not accepted unless the triggering event or critical incident was deemed severe enough.

Today, while we have come miles from where we were and there is more openness about mental health, many department wellness programs still primarily operate on a reactive basis. This approach involves mobilizing support only after a crisis or critical incident occurs or when an officer finally musters the courage to seek help.

Despite the best of intentions, the existing wellness frameworks are challenged by a lack of:

Sustainability: Programs that rely heavily on a few individuals often falter when these key people leave their roles. This can happen in peer support teams and mental health programs, both of which have limited numbers of individuals providing the primary support.

Trust: Not all officers feel comfortable reaching out to internal team members due to concerns about privacy and confidentiality, which are paramount in such sensitive interactions. Lack of access to confidential care remains a primary barrier for officers in getting help at the early stages of their struggle.

Information: Different groups within a department’s support system frequently operate separately in silos, and information does not always flow between these groups. This results in a lack of awareness of each other’s actions, which can lead to disjointed care and support.

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The consequences of delayed or reactive care

A significant issue within the current wellness paradigm is the inherent resilience of officers, which paradoxically can also be a detriment. By nature, officers are incredibly resilient. And as an industry, we ensure that when a new officer is recruited, he or she is heavily screened psychologically for wellness and adaptability. As a result, officers tend to

endure silently until they no longer can, meaning that by the time they do seek help or respond to a crisis, the situation has been growing for months and even years. In many cases, the request for help or a critical incident is merely the last straw in a series of unaddressed challenges. We are missing the red flags until it is often too late, and we are losing officers to PTSD, disability and even death as a result.

The gaps in early detection, proactive intervention and accessible, continuous care are not just theoretical concerns. They manifest themselves vividly in the escalating rates of psychological distress among officers. It’s clear that to genuinely support our law enforcement personnel, a shift from reactive to proactive wellness is not just beneficial — it is essential.

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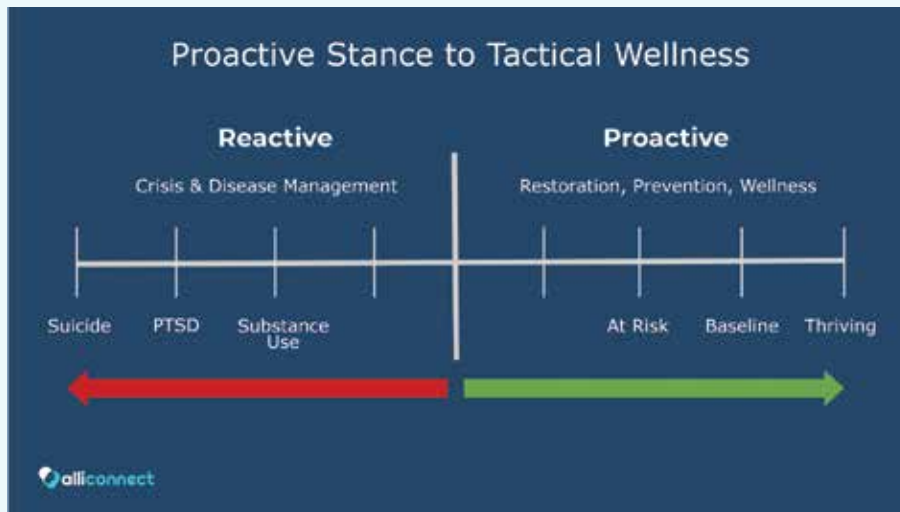
The drive for change

In recent years, various associations and legislative bodies have pushed for the improvement of the mental health and wellness of officers. This push reflects a growing acknowledgment of the need not only to support officers in distress but also to address conditions such as PTSD at earlier stages and to educate officers about the risks associated with their duties. Across the United States, efforts are underway to enhance the way officer mental health is managed, with a particular focus on improving access to care for mental health conditions like anxiety, depression and PTSD or PTSD.

To counter the reactive nature of many existing programs, leading organizations such as the 21st Century Policing Task Force and the International Association of Chiefs of Police (IACP) have developed guidelines aimed at reforming wellness programs within public safety agencies. These guidelines emphasize the importance of data-driven decision-making and the need to measure the effectiveness of wellness initiatives. Such an approach ensures that programs are not just well-intentioned and well-utilized but are validated as beneficial and based on evidence-based practices.

The 21st Century Policing Task Force, in its comprehensive report,⁷ underscores officer safety and wellness as a critical pillar of modern policing. This recognition is pivotal, as it places officer wellness on par with other core areas of policing reform, emphasizing its importance to law enforcement agencies’ overall effectiveness and integrity. The task force’s final report highlights various strategies and recom-

Graphic 1



Graphic 2: A Proactive Wellness Program addresses all aspects of an officer’s well-being.



recommendations for integrating wellness at every level of police work, ensuring that officers receive the support they need both early and often during their active duty service.

Additionally, the IACP provides a practical tool for departments to assess their current wellness strategies. The Officer Health and Wellness Agency Assessment Tool and Action Planning Roadmap⁸ is an excellent resource to help departments identify and address gaps in their wellness programs. This self-inventory survey encourages departments to critically evaluate their existing approaches and adopt more preventative, evidence-based and proactive strategies.

Moving forward to proactive tactical wellness

While these initiatives are a significant step in the right direction, the ultimate goal should be to transition from a reactive model of crisis management and treatment to one that is proactive and preventative and supports officers in

sustaining their natural resilience. By doing so, law enforcement agencies can ensure that the wellness of their officers is not only a response to crises but a fundamental and ongoing priority. (See graphic 1.)

In the same way we consider a ballistic vest an essential piece of tactical equipment, we must consider caring for and supporting the human inside the vest as just as critical. An officer is expected to wear a vest at all times to provide protection, and we hope he or she never finds themselves in a circumstance where they need it to stop a bullet to save their life. In the same way, investing in officer wellness and proactive wellness programs from day one provides that officer and their family with the psychological protection needed to ensure they do not deteriorate to crisis and potential suicide. The cost of not making this investment is unthinkable.

In developing proactive wellness programs for law enforcement, it’s crucial to recognize that officers are not just professionals but whole human beings with diverse needs that influence their overall well-being. A truly holistic wellness program addresses these needs comprehensively, drawing parallels to Maslow’s hierarchy of needs, which

suggests that individuals must have their basic necessities met before they can achieve higher levels of performance and functioning.

Foundational elements of proactive wellness

Just as Maslow’s hierarchy emphasizes the fulfillment of foundational needs like food and shelter before addressing higher psychological needs, a proactive wellness program must construct a strong base that supports all other aspects of an officer’s life. This foundational approach ensures that each component of wellness is addressed, preventing the neglect of one area that could detrimentally impact the whole and thereby creating a gap in the program that a person might slip through. (See graphic 2.)

Data-driven decision-making: At the base of this structure lies the imperative to make data-driven or data-informed decisions. This means collecting and analyzing relevant data to understand the specific needs and risks existing

within the department and for its individual members. By basing decisions on concrete data, programs can be tailored to address the actual challenges officers face rather than generalized issues.

Psychological support: Building on this foundation, psychological support must be a core component of any wellness program. This includes regular access to mental health professionals, stress management training and resources to help officers cope with the unique pressures of their jobs. Psychological wellness is not merely about addressing mental health crises but providing continuous support to prevent psychological injury from becoming a crisis.

Physical, financial and social wellness:

- **Physical wellness:** A focus on physical health through fitness programs, nutritional guidance and regular medical check-ups ensures that officers maintain the physical resilience required for their demanding roles.

- **Financial wellness:** Financial counseling and planning services help officers secure their economic future, which in turn reduces stress and enhances their mental health.

- **Social and spiritual wellness:** Developing social relationships and addressing spiritual needs are also vital. Programs that encourage social connectivity and provide access to spiritual support foster a well-rounded sense of community and belonging.

Privacy and confidentiality

Overlaying all of these components must be a rigorous commitment to individual privacy and confidentiality. It is essential that officers trust that their personal information and participation in wellness programs will always remain confidential. This trust is crucial for the success of any program, as it assures participants that their personal and professional integrity is safeguarded.

A unified approach

To truly enhance officer wellness, it’s essential to move beyond siloed approaches and create a comprehensive, interconnected system. This multi-layered approach ensures that the various components of wellness are not isolated but work in harmony to provide a safety net that addresses all aspects of an officer’s well-being.

In a multi-layered wellness program, the core components — psychological, physical, financial and social wellness — are supported through a combination of internal and external programs, all under-

pinned by robust, data-driven measures. This integration ensures that each component complements the others, thereby eliminating gaps that might otherwise exist in more fragmented systems. (Graphic 3)

Internal programs:

- **Peer support:** “The Power of the Peer” provides officers with the chance to receive support and guidance from colleagues who have faced similar challenges. The shared experiences among peers foster a unique level of understanding and empathy.

- **Chaplains:** Spiritual support remains a critical component, offering counsel and comfort, helping officers navigate personal and professional crises in a confidential setting.

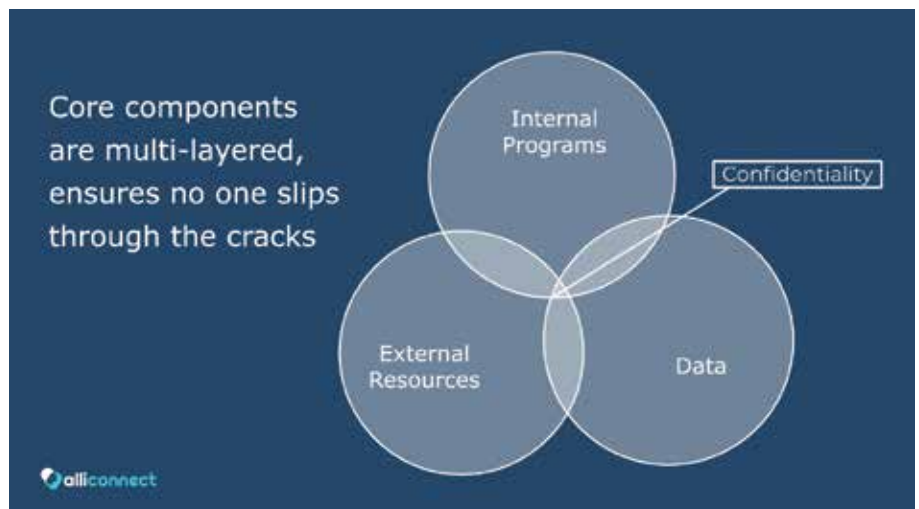
- **Training:** Ongoing educational programs equip officers with the skills and knowledge necessary to manage stress, recognize signs of mental health issues and effectively support their colleagues.

External Resources:

- **Culturally competent therapists:** Establishing a network of external mental health professionals who not only are diverse and vetted but also evolve with the department ensures that every officer can find a therapist who suits their needs. This diversity supports the whole system around the office, not just the individual, and adds an additional layer of confidentiality. This can be one of the most challenging elements of a program for a department to navigate on its own. Engaging with third parties, rather than in-house professionals or resources for assistance, can provide an extra layer of confidentiality and expertise to effectively secure access to culturally competent providers.

- **Access to specialized care:** It’s crucial to provide officers with access to both higher-level psychological care and community-based support systems. This would allow for a broad range of treatment options tailored to

Graphic 3



individual needs. These can include regular mental health sessions, intensive outpatient programs and residential treatment programs.

Data-driven oversight: Focusing on utilization metrics as the measure of success is a common pitfall in many wellness programs. Instead, a data-driven approach emphasizes the effectiveness and outcomes of each program component:

- **Early indicators:** Data analytics should be employed to detect early signs of distress or need, allowing for timely interventions before there's a crisis.

- **Specific needs assessment:** Data should inform us about the specific needs or issues an officer might be facing, ensuring that the support provided is targeted and appropriate. This can be expanded to evaluate the whole department with special protection and attention to each individual's privacy and confidentiality.

- **Outcome evaluation:** After implementing a support measure, it is vital to assess its success in meeting the intended goals, ensuring that the action taken was not only appropriate but effective.

Ensuring no officer is left behind

There is genuine reason for optimism as we stand at the crossroads of tradition and innovation in officer wellness programs. The shift toward a holistic, proactive and integrated approach to officer wellness marks a paradigm shift in not just wellness but in the industry as a whole. This vision for the future is built on the foundation of unity and comprehensive support, where internal and external resources collaborate seamlessly under the guidance of data-driven insights. Such an approach ensures that every officer has access to the support they need to thrive, not just survive. With each component of the wellness program interlinked, we eliminate the silos that historically have hindered effective support, creating a robust network that uplifts every member of the policing community.

Moreover, the emphasis on privacy and confidentiality within these programs ensures that officers can seek help without fear of stigma or repercussions, fostering an environment of trust and openness. This is crucial, as it encourages officers to address potential issues early, leading to better outcomes, a healthier workforce and an end to the suicide crisis.

As we move forward, let us remain committed to refining and expanding these wellness programs, driven by the ongoing evaluation of their effectiveness and the evolving needs of our officers. Our mission is clear: to ensure that every officer ends their career as healthy as they started.

With continued dedication, collaboration and innovation, the future for officer wellness is not just hopeful — it is bright. Together, we will build a legacy of health and vitality that will empower our officers to face the challenges of their

roles with the resilience they came to this career with, benefiting not only themselves but the communities they serve. This is our mission, our promise and our commitment to those who protect and serve.

Endnotes

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About the author



Colleen Hilton is a licensed marriage and family therapist and serial entrepreneur in first responder and military mental health. Currently serving as CEO of Alli Connect, she aligns her clinical expertise and business leadership to tackle the biggest challenge in 21st-century policing: officer mental health and wellness.

Hilton brings a unique perspective to mental health for first responders as a licensed clinician, strategic business leader, military family member and former police spouse. She is outspoken on national podcasts and stages on the mental health crisis in the first responder community and the need to challenge the status quo, shifting to a preventive and proactive approach to psychological resilience. She holds a master's in counseling psychology, and a bachelor's degree in psychology, with a minor in criminal justice. She maintains certification in mass disaster mental health and CISM, with expertise in department program development and response. Hilton is proud to have worked with agencies at both the local and federal level including Seattle PD, Bellevue PD & Fire, King County Sheriff, the DoD and the American Red Cross.

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