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Perspective

Out of the Darkness, Glimmers of Light

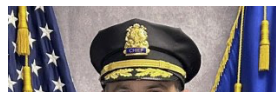
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Mental health and officer wellness have had law enforcement's attention since the profession's earliest days. For too long, meaningful, frank discussions on the subject have been lacking—if they occur at all.

Shortly into my career, I encountered the uncomfortable topic of police suicide when learning about an officer who had worked at the department nearly a decade before. I had discovered some relics of the officer's tenure and asked

who the individual was and where they ended up. A veteran officer



quickly hushed me and said that no one liked to speak of that officer anymore. Eventually, I found out that they had committed suicide.



It seemed that all memory and connection with the officer had been erased with the same severity and suddenness of their death. During my career, I have had four colleagues take their own life.

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Critical Issue

By 2020, various external and internal pressures had significantly increased law enforcement's challenges. Between COVID-19; the resulting restrictions, protests, and riots; and ensuing personnel shortages, the issue of officer wellness forced its way to the surface. During that year, 186 officer suicides occurred.¹

The New York City Police Department (NYPD)—the nation's largest—suffered 10 officer suicides in 2019 and began openly discussing the subject and appealing for officers to ask for help if needed. Employee assistance personnel worked to destigmatize seeking assistance, and the NYPD hired additional mental health clinicians. As perhaps the most significant step, department leadership publicly addressed officer suicide as a problem and acknowledged that more needed to be done.²

Connecticut's Response

Amid reform legislation passed after 2020, addressing officer wellness became a practical component of the overall efforts to reform policing. Certainly, healthy officers will more likely have positive interactions with citizens and make better split-second decisions.

To this end, Connecticut passed a wide-ranging bill, An Act Concerning Police Accountability, requiring that:

[S]tarting January 1, 2021, the administrative heads of law enforcement units must require each police officer employed by the unit to submit to a periodic behavioral health assessment at least every five years as a condition of continued employment.³

Due to the circumstances and timing of reform legislation, some in law enforcement viewed it negatively rather than as an opportunity to have clinicians check in with officers.

Outside of an initial check-in, departments can customize interactions with clinicians to give officers resources, encourage positive lifestyle changes, and make referrals to separate providers. As a result, an officer should not fear

professional consequences for disclosure on more significant aspects of their health or wellness.

Selecting the right clinician is essential.
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“Certainly, healthy officers will more likely have positive interactions with citizens and make

Fortunately, my agency has seen an expanding number of mental health workers who specialize in not just first responders but law enforcement. Ensuring that a provider can interact with officers meaningfully and positively can also help destigmatize seeking help for officers in case they face trauma or otherwise need assistance again during their career. If a department does not carefully choose the appropriate clinician for a session, the encounter may stigmatize mental health treatment for an officer and make them shy away from reaching out to a clinician when they need it most.

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In addition to its recent legislation, Connecticut adopted a model policy instituting peer support teams and post-critical-incident best practices.⁴ This standardized efforts to better support officers after a critical incident. From a leadership standpoint, it allowed supervisors to direct nondisciplinary concerns toward a group of trusted peers and have them check on a struggling officer to attempt intervention before discipline becomes necessary.

SAFLEO Program

Another example of increased efforts to combat law enforcement suicide is the U.S. Department of Justice, Bureau of Justice Administration's commitment to funding the National Suicide Awareness for Law Enforcement Officers Program (SAFLEO). This effort is designed as a national suicide prevention and awareness program hosted across the United States. It has a specific curriculum on suicide awareness and training for audiences including executive,

supervisory, and first-line officers.⁵

Programs like SAFLEO are excellent for providing resources tailored to officers in crisis; helping to identify those displaying early warning signs; and showing how to create and foster an environment without many aggravating factors that can, over time, increase an officer's risk of suicide.

Departments can help personnel achieve a healthier lifestyle through education on nutrition and fitness. Training budgets should account for resources that equip officers with the toolset to avoid sleep loss, combat weight gain, and boost mindfulness to combat stressors.

Recruitment Concerns

While law enforcement still grapples with staffing shortages, departments are also burdened with archaic civil service-style processes that require months to hire and process replacement personnel, even when departures (such as retirements) are planned months in advance.

Agencies must fill vacancies quickly to avoid needless involuntary overtime for their officers. Mandated shifts quickly burn personnel out and can lead to more attrition, further depleting staffing levels and causing an endless loop of required shifts and increased turnover.

At the same time, officers can work overtime and quickly supplement their income. This is a great

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short-term solution for staffing issues, and many departments are happy to accommodate personnel who want to work added hours. However, agencies need to further financial education for these same officers so they do not become dependent on this additional income and develop many of the unhealthy habits that can lead them to become at-risk employees.

exhibiting warning signs or at-risk behaviors.”

Conclusion

It is still too early to see if statistics will reveal a decline in officer suicide and improvements in the overall wellness of employees. Statistical anomalies can be anticipated as services are normalized and cultural shifts occur in departments where risky behaviors, such as alcohol abuse, are confronted sooner and more often.

Ideally, law enforcement will face this problem with a multifaceted solution of preventative measures, as well as treatment options for employees exhibiting warning signs or at-risk

behaviors. It will take decades until education and interventions can work their way through agencies nationally.

There is no quick fix to force law enforcement to look inward. Instead, confronting this issue will involve a series of minor course adjustments and movements that will incrementally improve wellness and reduce suicide rates. For a profession that has always viewed change as being forced from the outside, addressing our