



Building Resilience in Law Enforcement Through a Mental Wellness Program

Margaret A. Taylor¹

Accepted: 7 September 2021 / Published online: 18 September 2021
© Society for Police and Criminal Psychology 2021

Abstract

Historically, few resources exist for law enforcement that promote mental wellness in officers, leaving departments deficient in how to promote such an important aspect of wellness. Failure to promote and engage in mental health programs for law enforcement can result in mentally unwell officers. An unhealthy officer potentially poses a risk not only to himself but also to his fellow officers and the community as a whole. Furthermore, officers who are impaired open themselves to the possibility of making rash and impulsive decisions, thus jeopardizing the safety of others. The following article will discuss the importance of a mental wellness program for law enforcement and how to implement a program into departments. This process involves a formal departmental policy, leadership from within the department, a culturally sensitive and trained mental health professional, and a structured mental wellness plan.

Keywords Law enforcement · Mental wellness · Post-traumatic stress disorder

Introduction

Recent events in the United States have led to increased scrutiny of law enforcement officers. Despite the distress this has caused to the profession and its officers, light has been brought to the importance and necessity of mental wellness for law enforcement. The profession of law enforcement is considered a “critical occupation,” one that is encompassed by traumatic events and the ensuing consequences of such events (Tovar 2011). Stress is encountered daily in most professions but increasingly so in law enforcement. Tovar (2011) defines stress in law enforcement as a universal experience comprised of the everyday pressures of working efficiently, the willingness to increase one’s responsibilities, and the ability to swiftly solve an exhaustive number of problems. The combination of stress and the exposure to traumatic events increases the possibility of mental health issues, making the development of a mental health program for law enforcement essential.

Over the past 30 years, law enforcement agencies have begun to make progress towards supporting the mental

health of their officers; however, programs can be more reactive than proactive (Lapum 2020). Often mental health is only addressed when a problem is reported by a supervisor or community member, resulting in a referral for mental health services after damage has already occurred to either the officer or community. A reactive approach to the mental health of officers is no longer acceptable; therefore, mental health programs must be implemented to prevent incidents from occurring rather than attending to the disarray that has already occurred (Lapum 2020).

Prior to 1980, few resources have existed for law enforcement that promote mental wellness in officers, leaving departments deficient in how to promote such an important aspect of wellness. Two important programs came about between the 1980s and 1990s: wellness programs and employee assistance programs. However, even with the development of these two programs, several police departments do not have an employee system/program to promote officer wellbeing. As officer wellness continues to gain increasing concern in many communities there must be a sustainable effort to supply more than a facade of support to police officers (Lapum 2020).

Recently, research and government legislation have stressed the importance of departments engaging in peer mentoring programs and annual mental wellness checks; however, many departments are not participating in mental wellness

✉ Margaret A. Taylor
barnema@auburn.edu

¹ Auburn University, 2084 Haley Center, Auburn, AL 36830, USA

checks despite this recommendation (Zielinska 2019). Failure to promote and engage in mental health programs for law enforcement can result in mentally unwell officers. An unhealthy officer poses a risk not only to himself but also to his fellow officers and the community as a whole. Furthermore, officers who are impaired open themselves to the possibility of making rash and impulsive decisions, thus jeopardizing the safety of others (Lapum 2020). The following article will discuss the importance of a mental wellness program for law enforcement and how to implement one specific program into departments. The mental wellness program discussed in this article involves a formal departmental policy, leadership from within the department, a culturally sensitive and trained mental health professional, and a structured mental wellness plan.

Rationale

It is no secret occupations like law enforcement have an increased risk for developing Post-Traumatic Stress Disorder (PTSD) and other mental health concerns. As stated previously, police departments often attend to the physical wellness of officers but neglect their emotional and mental health. There are over 900,000 police officers sworn to protect our communities in the United States. Of those officers, 19% report suffering from PTSD while 34% report PTSD symptoms but not a full diagnosis of PTSD (Kirschman 2017). It is no wonder PTSD is prevalent as officers witness an average of 188 critical incidents throughout their career as law enforcement officers (Violanti et al. 2013).

Preventing the development of PTSD is just one of the many reasons for focusing on the mental wellness of law enforcement officers. Research indicates law enforcement officers have one of the highest rates of harm and illness among all occupations, classifying the job as one of the most stressful and hazardous (Department of Labor, 2016). The job is not only detrimental to their mental and emotional state but also places them at higher risk for experiencing diseases such as heart disease, diabetes, obesity, ulcers, cirrhosis, and chronic pain, especially in their back. Furthermore, research sadly indicates law enforcement officers are at higher risk for an early death (Tanigoshi et al. 2008). A mental wellness program can instill stress management techniques which address not only mental health but also physical health. Furthermore, mental wellness includes areas such as nutrition and physical activity. Promoting these activities through a mental wellness program may decrease the risk of early death and improve physical and mental health.

Central to the entire field of law enforcement is being immersed in intense environments, potentially consisting of the darkest parts of the human experience. The ongoing effects of being in such an environment on a daily basis can lead to an officer enduring emotional, mental, and physical

burnout (Willis 2010). This burnout and depletion can manifest in the form of depression, maladaptive emotional experiences such as hopelessness and bitterness, and suicidal thoughts. Mental, emotional, and spiritual depletion leaves an officer vulnerable to providing ineffective services (Willis 2010) and potentially being a danger to oneself and others. Furthermore, this exhaustion leaves an officer unable to be fully present and available for their family, possibly contributing to an unhealthy family environment. This experience may leave an officer feeling isolated from both his work family and home family.

As recent as 2019, twice as many law enforcement officers died by committing suicide compared to dying while working (Blue Help 2019). Police officers are more vulnerable to depression and ultimately suicide when they are incapable of dealing with high levels of stress and job-related traumatic events (Zielinska 2019). A recent study conducted by Jetelina et al. (2020) indicated law enforcement officers are suffering from not only PTSD but other mental health concerns including depression, anxiety, and self-harm. Based on their research, they recommended a proactive approach to officer mental health be employed to prevent mental health issues. This may include a mental health practitioner outside of the department who meets with officers annually to attend their mental wellness. Attending to the mental wellness of officers is not meant to be a Fitness for Duty examination. The program is intended to increase an officer's knowledge, understanding, and awareness of their own mental wellness. Due to the growing concern surrounding officer wellness, Lapum (2020) believes it is imperative that officers have access to such a vital service as a mental wellness program, further stating that agencies without such resources are unacceptable. Therefore, it is essential police department leadership begin to implement mental health programs that protect the needs of their officers and community members.

Barriers to Seeking Help

Various barriers contribute to an officer's decision to seek help for mental health concerns. It is important leadership within the department understand these barriers so to address these challenges and overcome them. A study conducted by Jetelina et al. (2020) indicated officers did not pursue mental health treatment for three reasons. These reasons included fear of a breach of confidentiality to the department, being misunderstood by the counselor, and fear they would be found unfit for duty. Each of these barriers can be reduced with the development of an appropriate program designed specifically for law enforcement. The program policy and counseling policy will stress the importance of confidentiality; however, if an officer is found to be a danger to oneself or others, an exception to confidentiality will occur.

Additionally, departments should seek a counselor who is sensitive and educated on the culture of law enforcement so to decrease the chances of an officer feeling misunderstood or judged. These factors will be discussed in detail later in this article.

Possibly the largest barrier to law enforcement engaging in counseling is the stigma of seeking help. Officers often believe they are weak and run the risk of being unfit for duty if they ask for help (Phillips 2020). Research suggests males are less likely to seek mental health treatment because of the mindset that asking for help makes one weak and a failure (Wester et al. 2010). Law enforcement culture often promotes masculinity and toughness, and this creates a barrier for officers who need mental health treatment (Zielinska 2019). Researchers identified two types of stigma — self stigma and public stigma. An officer experiences a loss of self-esteem (self stigma), when they seek help from a mental health professional. Secondly, law enforcement officers experience various fears of repercussions should they ask for mental health assistance (public stigma). These fears include being seen as unfit for duty, being given a psychological diagnosis, and losing their job as a result of their mental health concern (Wester et al. 2010). These stigmas can be reduced with supportive leadership within the department and a department policy that removes stigma.

Additionally, silence in police departments serves as a significant barrier to officers seeking mental health treatment. This culture of silence minimizes the trauma and stress officers experience. Officers are trained to be in control of everything around them. When their control has been taken from them, an officer becomes confused and unsure how to cope. Rather than ask for help, the officer remains silent, ultimately suffering in silence because of the stigma related to mental health (Wu and Courtney 2021). Further contributing to the silence, officers do not want to burden others with their experiences, including family, friends, fellow officers, and professionals. This mentality contributes to isolation, relationship problems, and ultimately the perpetuation of mental health issues. Therefore, it is crucial department leadership begin to promote mental wellness in their officers and reduce the stigma that prevents officers from seeking assistance.

Components of a Mental Wellness Program

It is clear officer wellness should be a priority for every department to protect their officers and community members. Many departments are seeking solutions that will promote mental wellness in their officers but are unsure of how to structure the program. This author proposed the following components be included in a mental wellness program: the development of a formal policy, administrative department

leadership, a trained and culturally aware mental health professional, and a structured wellness model approach (see Fig. 1).

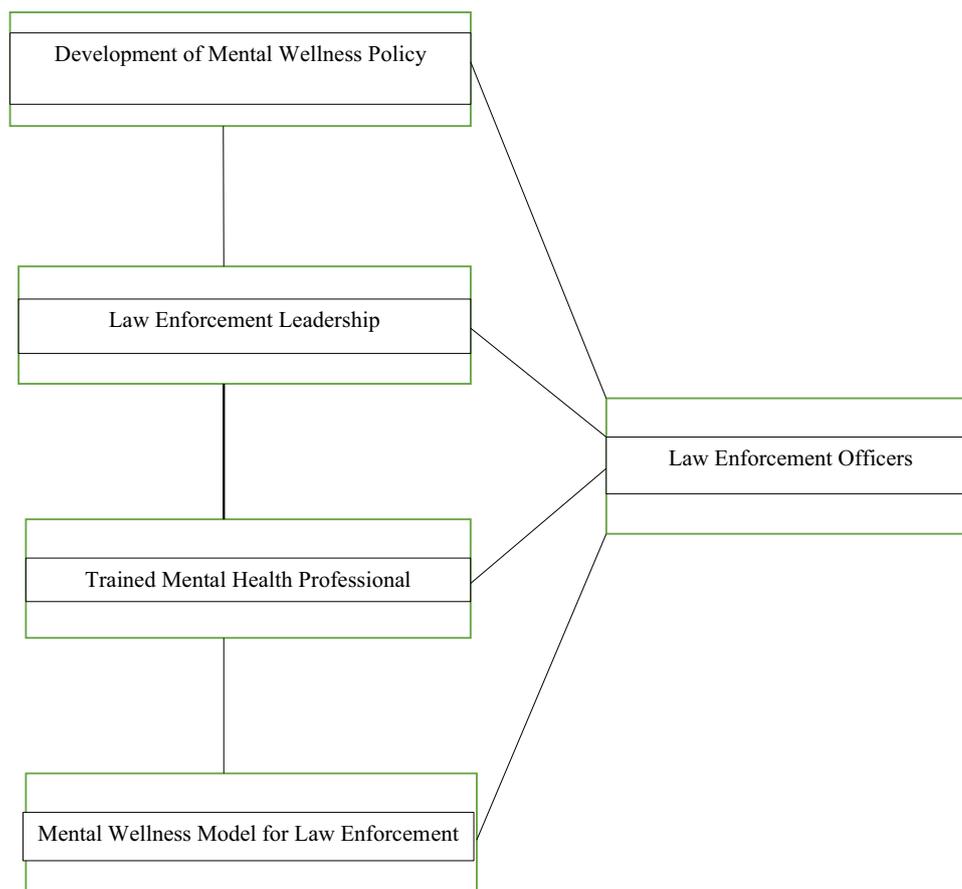
Mental Wellness Policy Development

An effective mental wellness program begins with the development of a mental wellness policy. In 2017, the United States government took a stand on the health of law enforcement officers by establishing the Law Enforcement Mental Health and Wellness Act. This act states that federal and local officers should adopt mental health practices including regular mental health checks (Weichselbaum 2017). The passing of this federal act should encourage departments across the United States to establish mental wellness policies in their departments.

Central to a mental wellness program is the development of a formal departmental policy. Research has indicated programs without an organization policy and coordination between the mental health counselor and the law enforcement department are often ineffective (Nanavaty 2015) therefore, it is imperative a formal policy be developed and agreed upon between both parties. Agencies can dispel fears of repercussions for seeking mental health by creating a policy that requires or mandates mental health treatment for all officers whether or not they have been exposed to critical incidents (Schwartz 2019). One way of phrasing the mental health program in the policy is to refer to it as building awareness of their own mental health and acquiring stress management tools (Price 2017). Requiring all officers to attend one appointment a year with a mental health professional decreases the stigma and increases the permission to seek help without having to call oneself out and request it (Hodges 2019). Mandated appointment reduces the stigma and normalizes participation by requiring all participate rather than pointing out those who are struggling (Schering 2020). Ironically, there is more confidentiality with this approach, in that if an officer is struggling the entire department will not be aware because everyone is being required to attend whether there is an issue or not.

More progressive law enforcement agencies across the United States have developed mental wellness programs and indicated benefits from the program. St. Paul Minnesota Police Department reported decreases in employee absences, reduced insurance claims, and improved performance on the job (Lapum 2020). Furthermore, Sgt. Apadaco from Los Angeles California reported his mental fitness program received support from officers and was received positively (Lapum 2020). Hodges (2019) stated his mandatory mental health program has been accepted by most officers within the department and found to be beneficial to their overall mental health. Officers appreciated that everyone was required to attend, eliminating anyone being singled out. Additionally,

Fig. 1 Components to a law enforcement wellness model



in 2019, West Lake Hills, Texas, Police Department developed a mandatory mental wellness program (Gerdes 2020). The program requires each officer to attend an annual mental wellness check with a mental health professional. Leadership within the department wanted to break the stigma of mental health and thought the best way to do so was mandating mental wellness checks. The Chief took the first appointment, followed by administrative leadership to demonstrate to officers the importance of mental wellness. Chief Radford believes he is giving his officers the best tools to remain mentally well (Gerdes 2020).

Administrative Leadership

In order for a mental health program to be successful, the leadership in the department must be supportive and educated about mental health (Hodges 2019). The National Institute on Mental Health developed a list of suggestions on how to fight mental health stigma in organizations. Olson and Wasilewski (2016) modified this list to meet the needs of law enforcement. The following suggestions are crucial for leadership to convey understanding and support to their department.

Leaders within the department must speak openly about mental health (Olson and Wasilewski 2016). As stated earlier, a mental health stigma exists within the culture of law enforcement. It is the responsibility of those in leadership to break the stigma and model for officers the importance of mental health by speaking openly and honestly about the importance of not only physical health but also mental health (IACP, 2014). A key issue in promoting and maintaining the wellbeing of officers is open discussion with supervisors and command staff, training, and resources that benefit the officers' spiritual vitality and connection (Willis 2010). Leaders may hold trainings on the topic of mental health, inviting mental health professionals to speak to the importance of wellness and specific coping strategies to mitigate stress (Zielinska 2019). When officers see their leaders promoting wellness, it may feel safer to then seek mental health assistance.

Furthermore, Olson and Wasilewski (2016) suggest department leadership educate themselves on mental health. It is imperative leadership understands mental health themselves to provide education on mental health to their officers that is accurate and research based. When having these discussions, it is recommended (Olson and Wasilewski 2016) leaders be mindful about the language they use when

discussing mental health. Speak professionally and respectfully about the topic of mental health to encourage respect from officers on this topic. If a leader speaks jokingly or lightly about the importance of mental wellness, officers are likely to take the issue less seriously and not seek assistance, if needed.

Olson and Wasilewski (2016) further recommend law enforcement leadership display empathy for those officers struggling with a mental illness. Rather than judging the person for their struggles with a mental health related condition (PTSD, anxiety, depression, etc.), provide support to the officer by empathizing and normalizing their condition. Ideally, the department will identify a counselor in the community who is trained to work with law enforcement and is willing to partner with the agency. If this is the case, then leadership can refer the individual officer to the counselor for assistance. Each of these interventions demonstrates to the officer that leadership views them as an officer and person, not a mental illness (Olson and Wasilewski 2016). Officers are looking to their department leaders for guidance and encouragement. Promoting mental wellness is one of the best methods leaders can use to care for their officers, increase morale, and create a community of acceptance and safety.

Trained Counseling Professional

The third piece to designing a mental wellness program for law enforcement is a mental health professional who has been trained to work specifically with law enforcement and understands the culture. When working with law enforcement, first and foremost, the counselor must communicate that counseling is a secure place to talk about their experiences and express their needs (Schwartz 2019; Schering 2020). It is essential counselors do not immediately address traumatic experiences as it may cause re-traumatization. Central to trauma informed care is to establish safety first (NCBI, 2014). Counselors should take the time to understand the officer as a human, asking about their interests, family, and overall wellbeing before addressing traumatic events (Phillips 2020). Doing so develops the rapport and safety necessary to facilitate a healthy and effective therapeutic relationship. Once the relationship has been established, skills such as cognitive therapy, psycho-education, social skills training, relaxation/stress management training, and self-care lifestyle habits can be addressed to help the officer live a more balanced lifestyle (Tanigoshi et al. 2008).

The success of a mental fitness program for law enforcement depends on the counselor's familiarity with the culture of law enforcement. There is a distinctive culture within law enforcement that must be thoroughly understood by mental health counselors. This comprehensive understanding can contribute to the collaborative effort it requires to develop

an effective mental wellness program for law enforcement (Tanigoshi et al. 2008). Therefore, the counselor must make time to develop a relationship with their local police department so to communicate the importance of understanding them as individuals and their unique culture (Phillips 2020).

Additionally, counselors must be prepared to handle the unique circumstances of law enforcement. This may include listening to graphic details of events experienced while on duty including events such as car accidents, homicides, suicides, and sexual assaults. The counselor needs to be prepared to hear these details and mitigate the potential for his or her own vicarious trauma. Additionally, officers are likely to be armed during session and a counselor must be comfortable with this presentation, as it is a requirement of the profession. Many officers will attend sessions while on duty and in full uniform. Being comfortable with this presentation is a demonstration of respect to the officer. Finally, tolerance of a morbid sense of humor is also necessary, as this is a common coping strategy for officers during traumatic events (Phillips 2020). Officers are often hesitant to admit they have a morbid sense of humor for fear of being judged. It is important counselors normalize this experience for officers and not pass judgement for this unique coping strategy.

Locating a mental health professional who understands the culture of law enforcement may be a challenge. Several organizations have members who are mental health professionals with experience and education in working with law enforcement officers. The following professional organizations could be helpful in locating mental health professionals in geographical areas: American Psychological Association (APA), American Counseling Association (ACA), the International Association of Chiefs of Police, Police Psychological Services Section (IACP-PPSS), and the Society for Police and Criminal Psychology (SPCP).

Mental Wellness Program Model

This following program is based upon research and experiences of this author in practice as a licensed mental health professional, certified in treating trauma. Feedback from numerous law enforcement organizations indicate a need for programs that prevent and promote mental health of officers; however, most current programs are reactive rather than proactive (US Congress 2017). As stated previously, programs need to be more preventative rather than reactive by continually attending to the mental wellness of its officers. Most mental wellness programs are voluntary, leaving the decision to the officer; however, this is not an effective practice (Lapum 2020). As stated previously, programs should be mandatory, requiring annual counseling appointments where mental health is evaluated and wellness is encouraged for all officers. Corporations have implemented such programs and

indicate success (Hodges 2019; Gerdes 2020; Schering 2020; Schwartz 2019). Similar principles of a mandatory mental wellness program can be applied to law enforcement agencies (Lapum 2020).

Counselors working with law enforcement can be guided by Sweeney and Witmer's Wheel of Wellness and Myers and Sweeney's Indivisible Self Model (Myers and Sweeney 2004). Sweeney and Witmer developed the Wheel of Wellness in 1991, and based on this model Myers and Sweeney developed the Indivisible Self Model in 2004 (Myers and Sweeney 2004). The Indivisible Self Model is an evidence-based wellness model that believes wellness should be viewed more holistically across a person's entire life (Tanigoshi et al. 2008). Areas included in the wellness wheel are the essential self, the creative self, the coping self, the social self, and the physical self. The essential self attends to the spirituality of the person, their cultural identity, and self-care practices. The creative self addresses a person's emotions, control, humor, and thought patterns. The coping self covers a person's stress management, self-worth, and leisure activities. The social self addresses a person's friendships and ability to love. Finally, the physical self views a person's exercise habits, sleep patterns, and nutrition (Myers and Sweeney 2004).

The counselor follows a specific process when utilizing the wellness model with law enforcement. First, the counselor provides psycho education on the wellness model by defining and explaining the rationale and meaning of the model. Second, the counselor reviews the benefits of healthy lifestyle behaviors and the positive impact they can have on a person's quality of life. Third, the officer and the counselor use the wellness wheel to assess their wellness, taking note of areas of strength and areas of improvement (Tanigoshi et al. 2008). Utilizing this process assists the officer in creating self-awareness and acquiring knowledge of their strengths and areas of change. A study conducted by Tanigoshi et al. (2008) sought to understand the effect of individual wellness programs on a law enforcement officer's mental health. The study measured the level of wellness after participating in individual counseling, specifically the wellness model. The outcomes showed a considerable difference between pre- and post-test scores for participants receiving wellness counseling, as evidenced by the higher wellness scores of the treatment group versus the control group. This study suggests that utilizing the wellness model can positively impact counseling outcomes.

In addition to the wellness wheel, it is essential that the mental wellness program includes psycho education and an emphasis on prevention (Nanavaty 2015). Officers can benefit from understanding the symptoms of PTSD so to recognize these in themselves or their fellow officers. Moreover, counselors should provide education on how to practice self-care and prevent the development of PTSD, burnout,

and other mental health concerns. Visual tools can be beneficial in teaching mental wellness to law enforcement officers. One such tool is the Mental Health Continuum diagram (Barath 2017) which lists behaviors officers can observe in oneself or others that denote Healthy, Reacting, Injured, and Ill behavior. The diagram not only serves as an educational tool but one to help create awareness and ultimately prevent officers from staying in the "Ill" stage. Furthermore, the diagram uses common, non-clinical language making it easier for officers to verbalize what they are experiencing (Barath 2017).

Outside of the formal wellness wheel, it is important counselors offer interventions that are practical, easily understood, and approachable. Counselors who have worked with law enforcement have found mindfulness techniques, deep breathing, and meditation to be effective in decreasing anxiety and stress, and, ultimately, increasing resilience. Furthermore, grounding techniques are helpful when explained as a workout rather than a coping strategy (Phillips 2020). One of the frequent issues law enforcement encounters is making the transition from work to home. Counselors should help officers make a plan that will help them effectively transition home. These strategies may include informing their partner if they have had a challenging day at work, exercising prior to returning home so to release any stress that accumulated while at work, and changing out of their uniform at work (Phillips 2020).

Various cognitive behavioral therapy techniques can be implemented to modify thoughts and memories of an officer's trauma (APA 2020). One key intervention to include in a wellness program is a cognitive behavioral intervention known as thought stopping. The use of thought stopping is effective when a person is experiencing unwanted stress inducing or intrusive thoughts. The person can utilize thought stopping by bringing awareness to the unwanted thought and interrupting the thought by saying "STOP." Following the thought stopping, the person then invites a compassionate statement which serves as activation of self-soothing and a decrease in stress (Lapum 2020).

The above mentioned interventions are a start in the wellness process by encouraging self-awareness in officers and the practice of prioritizing themselves. After the mandated annual mental wellness appointment, the officer may find it beneficial to return to counseling. The department will not be informed if the officer returns for additional sessions pending they are not at risk of harming oneself or others. A counseling professional will then employ practices that will specifically address the mental health concern of the officer. As stated previously, officers often are suffering from symptoms of PTSD. If this is discovered from the annual mental wellness check, the mental health professional may suggest additional treatment in trauma informed care. Various evidence-based treatments for PTSD exist including Cognitive

Behavioral Therapy, Cognitive Processing Therapy, Eye Movement Desensitization and Re-processing Therapy, and the use of medication (APA 2020). Each of these treatments includes stabilization, emotional regulation, and exercises to help mitigate nightmares and flashbacks.

Conclusion

Traditionally, law enforcement traditionally is a helping profession, one that involves placing the needs of others above oneself. In doing so, officers often neglect their own physical, mental, and emotional help. It is time officer wellness be a priority for every department to protect their officers and community members. The above program describes the steps necessary to implement such programs and begin a new pattern for the health of officers and their future.

Declarations

Ethics Approval This article does not contain any studies with human participants or animals performed by any of the authors.

Consent to Participate This article does not contain any studies with human participants or animals performed by any of the authors.

Consent for Publication This article does not contain any studies with human participants or animals performed by any of the authors.

Conflict of Interest The authors declare no competing interests.

References

- American Psychological Association (2020). Clinical practice guidelines for the treatment of posttraumatic stress disorder. Retrieved from <https://www.apa.org/ptsd-guideline/treatments>
- Barath I (2017) Police officer wellness training: the road to mental readiness. *FBI Law Enforcement Bulletin*
- Blue H (2019) Officer suicide statistics. Accessed 9 Sept 2020 from <https://bluehelp.org/resources/statistics/>
- Bureau of Labor Statistics, US Department of Labor (2016) Occupational Outlook Handbook, 2016–17 Edition. Washington, DC: Police and Detectives. Retrieved 2 Oct 2020 from <http://www.bls.gov/ooh/pro-protective-service/police-and-detectives.htm>
- Center for Substance Abuse Treatment (US). Trauma-Informed Care in Behavioral Health Services. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014. (Treatment Improvement Protocol (TIP) Series, No. 57.) Chapter 5, Clinical Issues Across Services. Available from <https://www.ncbi.nlm.nih.gov/books/NBK207185/>
- Gerdes S (2020) The case for mandatory annual mental health check-ups. *Police Chief-In the Field*
- Hodges B (2019) How to implement annual mental health checks for your officers. *Police 1*. Retrieved from <https://www.police1.com/leadership/articles/how-to-implement-annual-mental-health-checks-for-your-officers-gMO6HB2D0uefAVCM/>
- IACP (2018) Practices in modern policing: officer safety and wellness. International Association of Chiefs of Police: Alexandria, VA. Retrieved from https://www.theiacp.org/sites/default/files/2018-11/IACP_PMP_SafetyandWellness.pdf
- Jetelina KK, Molsberry RJ, Reingle-Gonzales H, Beauchamp AM, Hall T (2020) Prevalence of mental illness and mental health care use among police officers. *JAMA Network Open* 3(10)
- Kirschman E (2017) Cops and PTSD. Why you should care and what you should do. *Psychology Today* <https://www.psychologytoday.com/us/blog/cop-doc/201706/cops-and-ptsd-0>
- Lapum D (2020) The maintenance of police officer health through a mandatory wellness program. Retrieved from nationalpublicsafetypartnership.org
- Myers JE, Sweeney TJ (2004) The indivisible self: an evidence-based model of wellness. *J Individ Psychol* 60(3):234–245
- Nanavaty B (2015) Addressing officer crisis and suicide: improving officer wellness. Retrieved from <https://leb.fbi.gov/2015/september/addressing-officer-crisis-and-suicide-improving-officer-wellness>
- Olson A, Wasilewski M (2016) Suffering in silence: mental health and the stigma in policing. More than a Cop. Retrieved from <https://www.police1.com/columnists/Olson-and-Wasilewski/>
- Phillips L (2020) Putting first responders mental health on the front lines. *Counseling Today*
- Price M (2017) Psychiatric disability in law enforcement officers. *Behav Sci Law* 35:113–123
- Schering S (2020) Oak park police officers to get mandatory wellness program village board approves \$20K cost. *Pioneer Press*
- Schwartz B (2019) How to assist officers in crisis. *Police 1*. Retrieved from <https://www.police1.com/health-wellness/articles/how-to-assist-officers-in-crisis-jLxyzjktufslpFH/>
- Tanigoshi H, Kontos A, Remley T (2008) The effectiveness of individual wellness counseling on the wellness of law enforcement officers. *J Couns Dev* 86:64–74
- Tovar L (2011) Vicarious traumatization and spirituality in law enforcement *FBI Law Enforcement Bulletin*. 16–21
- US Congress (2017) Law Enforcement Mental Health and Wellness Act of 2017. Retrieved from <https://www.congress.gov/bill/115th-congress/house-bill/2228?q=%7B%22search%22%3A%5B%22H.R.+2228%22%5D%7D&r=18>
- Violanti JM, Fekedulegn D, Hartley TA, Andrew ME, Gu JK, Burchfiel CM (2013) Life expectancy in police officers: a comparison with the US general population. *International Journal of Emergency Mental Health and Human Resilience* 15(4):217–228
- Wester SR, Sedivy SK, Arndt D, Arndt L (2010) Male police officers and stigmas associated with counseling: the role of anticipated risks, anticipated benefits and gender role conflict. *Psychology of Men and Masculinity* 11(4):286–302
- Weichselbaum S (2017) A new emphasis on mental health for cops. The Marshall Project. Retrieved from <https://www.usatoday.com/story/news/2017/06/14/new-emphasis-mental-health-cops-other-officers/102677982/>
- Willis D (2010) The practice of spirituality and emotional wellness for law enforcement. *FBI Law Enforcement Bulletin* 20–23
- Wu N, Courtney S (2021) It's going to prey on their minds: Lawmakers call for mental health help for police and staff in wake of Capitol riot. *USA Today*, 5 Feb 2020
- Zielinska Ewa (2019) Mindful or suicidal: recommendations for improved mental health among police officers. Posted in *Continued Evidence-Based Education*

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.