

IACP - Police Psychological Services Section Guidelines for Wellness Visits for Law Enforcement Personnel

1. Purpose

- 1.1 Given the highly stressful and intense nature of police work, law enforcement personnel are at elevated risk for mental health concerns. However, stigma and fear of job-related consequences inhibit some employees from seeking mental health services. A preventative approach can help employees to maintain wellness and resilience and assist in avoiding problems that may impair job performance and break down the barriers to seeking such services. Wellness visits are such an approach.
- 1.2 Personnel attending a periodic visit with a mental health professional is a service that is increasing in frequency across the United States. In some cases, states have passed legislation requiring such a visit; in others, agencies have voluntarily initiated this practice.
- 1.3 These visits aim to provide a convenient, confidential, and consistent way to promote early identification of possible mental health issues; to provide education and resources to promote wellness and resiliency; and to normalize the experience of speaking to a mental health professional. Wellness visits are seen as part of a comprehensive wellness program, which are agency programs that promote physical and mental fitness and well-being, and environmental and occupational health.¹
- 1.4 These guidelines have been developed for use by public safety agencies, agency executives, agency personnel, and mental health professionals who utilize, conduct, oversee, and/or manage employee safety and wellness programs involving wellness visits for law enforcement personnel.

2. Limitations

- 2.1. The term “guidelines” in this context refers to commonly accepted procedures for wellness visits. They are aspirational in intent. Guidelines are not intended to be mandatory or exhaustive and may not be applicable to every situation. They are not definitive, and they are not intended to take precedence over the judgment of the agency or their mental health professional.
- 2.2. These guidelines are not intended to take precedence over any federal, state, or local laws. The decision as to what is or is not done in a wellness visit is ultimately the responsibility of each agency and the mental health professional, provided it conforms to all pertinent local, state, and federal statutes, regulations, and case law and is consistent with the ethical standards of the mental health professional’s profession.

¹ Aumiller, G., Corey, D., Allen, S., Brewster, J., Cuttler, M. Gupton, H., & Honig, A. (2008). Defining the field of police psychology: Core domains and proficiencies. *Journal of Police & Criminal Psychology*, 22(2), 65-76.

2.3. These guidelines are written to apply to agencies within the jurisdiction of the United States and, as such, may require modification for use by agencies in other countries.

3. Definitions

3.1. For the purposes of these guidelines, a wellness visit is defined as a confidential, periodic, scheduled visit with a qualified mental health professional for any of several purposes related to the employee's mental health and resilience, as described in Guideline 3.3.

3.2. Many terms have been used to describe this service, including wellness visit, wellness review, wellness check, and resiliency review, among others. Although what the service is called is less important than how the service is designed and provided, it is recommended that the service not be named something that implies or could be perceived by employees as evaluative in nature. For the purposes of consistency, the term "wellness visits" will be used for these guidelines. The agency and the mental health professional are encouraged to be clear that the aims and goals for this service are to promote employee health, wellness, and resilience.

3.3. Generally, the purposes of a wellness visit include: improving employee wellbeing; decreasing stigma toward mental health services and professionals; normalizing the process of speaking to mental health professionals; increasing access to mental health services and professionals; facilitating employee self-awareness about emotional stressors; increasing employee knowledge about mental health, wellness, and resiliency; and providing referral information for counseling, peer support, chaplaincy, or other relevant services.

3.4. A wellness visit is not a fitness for duty evaluation. A fitness for duty evaluation is defined as a nonconfidential, mandatory psychological evaluation that is reported to a third party, typically the employing agency. Please see the IACP Guidelines on Psychological Fitness for Duty Evaluations.²

4. Professional Qualifications

4.1. Wellness visits should be conducted by a qualified mental health professional. To be qualified, the professional should be licensed to provide mental health services in their jurisdiction. Ideally, the professional will be culturally competent to provide services to police and public safety populations.

4.2. Cultural competence with police and public safety populations is gained via education, training, and experience working with this population and is vital to providing effective support and understanding, in accordance with APA's multicultural guidelines (2017), during the wellness visit.

² <https://www.theiacp.org/sites/default/files/2019-05/Fitness%20for%20Duty%20Evaluation%20Guidelines%202018.pdf>

4.3. A professional who conducts wellness visits for an agency must be aware of potential conflicts regarding other services provided for that agency. For qualified clinical professionals, it would be acceptable to also provide preemployment evaluations, provide counseling or therapy services, and to conduct training. However, a professional who provides wellness visits would not be suitable to conduct fitness for duty or other mental health evaluations (as defined in Guideline 3.4) for those personnel to whom they also provide wellness visits.

5. Methods and Procedures

5.1. While the methods and procedures of each program will vary according to the resources, needs, and capacity of the agency, agencies are encouraged to consider each of the following components prior to implementing a program of wellness visits.

5.2. Frequency of attendance.

5.2.1. Agencies are encouraged to determine the frequency of the wellness visits.

5.2.2. Current known programs have wellness visits that range in frequency from every six months up to once every five years.

5.3. Requirement of attendance.

5.3.1. Agencies are encouraged to determine whether attending wellness visits will be mandatory or voluntary.

5.3.2. When wellness visits are mandatory, the agency is encouraged to have every uniformed staff member attend - from the chief to the newest employee.

5.3.3. Agencies may find that a graduated process of implementation is necessary to allow the program to become established, such as beginning with the highest-risk groups or task forces, moving toward inclusion of all sworn employees, and finally to all employees, as resources allow.

5.3.4. While agencies will determine if attendance is mandatory or voluntary, active participation by the employee during the visit is encouraged to be voluntary.

5.4. Time, place, and length of the visit.

5.4.1. Agencies are encouraged to determine where the visits will take place and how long they will last in consultation with their professional.

5.4.2. Agencies are encouraged to determine if the employee can have input into the location of the visit. Options include at the agency, at the professional's office, or remotely via telehealth.

5.4.3. Current known programs have sessions that vary in length from 30 to 60 minutes.

5.4.4. Agencies are encouraged to determine if the wellness visit occurs on duty or off duty. Current known mandatory programs have wellness visits that occur on duty, and voluntary programs that occur off duty offer incentives to employees for participation.

5.4.5. Agencies are encouraged to create written procedures for how and when the visits are scheduled.

5.4.6. Agencies are encouraged to create written procedures at the outset of the program that clarify whether appointment times will be assigned to or chosen by the employees and whether they occur at one point during the year (i.e., all employees attend during the same month), throughout the year, or at a particular date (i.e., on the anniversary

of the hiring date). It is likely the size of the agency and availability of the professional will guide these factors.

5.5. Payment and incentives.

5.5.1. Agencies are encouraged to determine how the visits will be funded and whether incentives will be offered for those who attend. Typical incentives might include personal time off, a financial reward, or other compensation.

5.5.2. Agencies are encouraged to determine the source of funding for the visits prior to implementation of the program. Typical sources of financial support include funding written into the agency's annual budget, or grant funding.

5.5.3. It is recommended that the cost of the visit fall solely on the agency and never on the employee, nor should the employee be required to use individual health insurance or pay a co-payment or other insurance-related fees for the visit.

6. Content and Outcome

6.1. A professional who conducts a wellness visit should always provide appropriate disclosures, including informed consent, as mandated by state laws and regulations. Typically, this would include the exceptions to confidentiality (as mandated reporters) and that attendance will be reported to the employee's agency.

6.1.1. Known programs only provide the agency with confirmation of attendance. No additional information should be provided to the agencies.

6.1.2. Wellness visits do not include a report of individually identifiable findings, rather than aggregated and anonymous data, to a third party.

6.2. Professionals are encouraged to provide employees time to talk freely about topics of their choosing. If they choose to reveal personal information such as major life events and stressors, they should be assured that their communication will remain private, except as required by law.

6.3. The topics covered during a wellness visit will vary by professional and by employee.

Topics commonly covered include:

6.3.1. General: sleep habits, nutrition, physical health, substance use/abuse

6.3.2. Emotional/Psychological: indicators of distress, symptoms of mental disorders, presence of significant stressors

6.3.3. Systems: relationships, family, children, finances, spirituality/religion

6.3.4. Law Enforcement: critical incidents, exposure to trauma, moral injury/trauma, burnout/compassion fatigue, internal affairs involvement, relationships with colleagues and supervisors, attitudes about law enforcement, agency, or organizational stressors

6.3.5. Protective Factors: coping strategies, stress relief, support systems, available resources

6.4. Professionals should aim to provide psychoeducation and referral information to support or enhance the employee's well-being.

7. Confidentiality, and Privilege

7.1. To promote trust and encourage the use of these services, all wellness visits shall be kept confidential (with the exception of mandated state and federal reporting laws). Documentation shall similarly be kept in line with the psycho-educational focus of the visit while meeting professional requirements. Attendance only shall be reported to the agency in line with the purpose of these visits as defined under Section 1 of these guidelines.”

8. Research

8.1. There is a lack of research on the effectiveness of wellness visits. As such, it is of vital importance for professionals and agencies to gather, analyze, and report on data that speaks to the effectiveness of new and existing programs.

8.2. It is recommended that agencies establish partnerships with researchers and/or academic institutions to design and carry out evaluations of new and existing programs.

8.3. It is recommended that program evaluation protocols include the following elements:

8.3.1. Formative evaluation to determine the effectiveness of program procedures and to guide implementation and modification of the program as it develops and is implemented.

8.3.2. Summative evaluation to determine the outcome and effectiveness of the program after it has been established and functioning for some period.

Every effort has been made by the IACP National Law Enforcement Policy Center staff and advisory board to ensure that this document incorporates the most current information and contemporary professional judgment on this issue. However, law enforcement administrators should be cautioned that no “model” policy can meet all the needs of any given law enforcement agency. Each law enforcement agency operates in a unique environment of federal court rulings, state laws, local ordinances, regulations, judicial and administrative decisions and collective bargaining agreements that must be considered. In addition, the formulation of specific agency policies must take into account local political and community perspectives and customs, prerogative and demands; often divergent law enforcement strategies and philosophies and the impact varied agency resource capabilities among other factors.