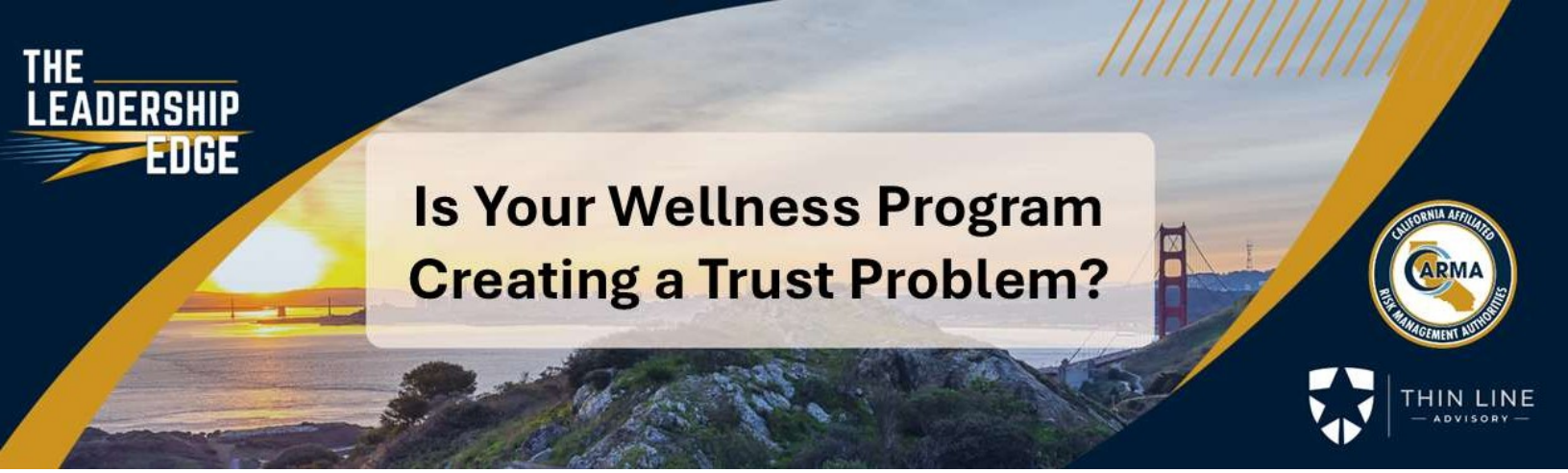


Is Your Wellness Program Creating a Trust Problem?

The next evolution in law enforcement wellness may have less to do with creating more programs and more to do with integrating psychological expertise into how departments lead, retain, and protect their people.

"Form a line here if you need treatment for herpes."

Imagine putting that sign in the middle of the police department briefing room and then wondering why nobody gets in line.

You could have the finest herpes specialist in the world waiting just behind the door, gloved up and ready to start examining peoples' tender parts.

You insist repeatedly that treatment is completely confidential. You tell everyone the department is committed to ending the scourge of herpes and has already paid for everyone's medical care. Leadership has repeatedly assured everyone there's no shame in having herpes. You might even put up posters featuring respected officers saying, "I got treatment for herpes, and you should, too."

I'm guessing the line will still be pretty short.

This is an intentionally ridiculous example, but I sometimes wonder whether we inadvertently construct psychological wellness programs using a version of the same logic.

We create wellness initiatives, wellness days, wellness apps, behavioral-health trainings, mental health resources and special programs for people who are struggling. Then we work very hard to destigmatize using them.

All of this is well intended, and much of it is valuable. But the structure itself may be sending a message we haven't fully considered: This is where you go when you have a problem.

The Problem With Putting a Sign on It

Once we label something "mental health" or "wellness," we help people decide what category it belongs in. For many officers, that category still has some association with struggling, having symptoms, needing help or not doing as well as they normally do.

This doesn't necessarily mean officers are resistant to psychology.

The same officer who has absolutely no interest in attending something called a "behavioral health seminar" may spend an

hour talking with a respected sergeant about how to stay sharp during a brutal stretch of calls, sleep better between shifts, handle conflict at home, or stop carrying operational intensity through the front door.

Same nervous system. Same relationships. Same psychology. Different door.

This difference matters because if we say we want to move psychological support upstream, but everything about how we package it signals that it's intended for people who are already struggling, we may have built a downstream system with an upstream label.

And from a risk management perspective, that distinction has consequences. By the time an officer is visibly struggling, the effects may already be showing up in judgment, relationships, performance, attendance or interactions with the public. Some of these situations can eventually become personnel problems, complaints, claims or departures that might have been prevented with earlier attention.

What if we could address more of the human factors that contribute to these outcomes before they become formal problems?

Psychology Is Already Everywhere

The irony is psychology is woven through almost everything a police department does.

It's woven into how your best sergeant gives difficult feedback without unnecessarily humiliating someone. That's good LEADERSHIP. It's the invisible force between a Sergeant who develops enough trust to challenge his team without causing it to fracture. Also, good LEADERSHIP. It's in the mix when someone gets promoted and suddenly has to understand personalities, conflict, motivation and human behavior in ways that were never part of learning how to make an arrest or conduct a traffic stop. Again, good LEADERSHIP.

Psychology is also there when a supervisor recognizes that someone on the team is becoming unusually reactive, or when a command team is trying to navigate a critical incident without creating a second crisis through the way people are treated afterward. Most of these examples of Psychology in action relate to good leadership, which is why the focus of our campaign has been the LEADERSHIP EDGE, as captured in this mentality: READ YOURSELF. LEAD YOURSELF. READ OTHERS. LEAD OTHERS. To do these things well requires psychological insight.

It's there when officers transition from an intensely active call to kneeling down at eye level for a moment of connection with their six-year-old. And when an officer must make a split-second decision under pressure. It's there in sleep, relationships, mentoring, team cohesion, recovery and the ability to remain sharp under sustained pressure.

And it's there in recruitment and retention, too. Officers don't make decisions about joining or leaving an agency based only on compensation and benefits. They also pay attention to how people are treated, whether supervisors have their backs, how conflict is handled, and whether the department is a place where they can imagine building a career.

These are psychological factors, even when they show up on a spreadsheet as staffing shortages, overtime expenses, recruitment challenges or turnover.

We just don't always call those things psychology. But it's all psychology.

Imagine If We Did This With Physical Fitness

Imagine creating a new program called the "Physical Deficit Program."

Let's say you've created a special gym - different than the one where everyone else works out - that officers can visit when they notice troubling signs of deconditioning. Posters assure them there is no shame in becoming winded during a foot pursuit. A confidential hotline allows them to disclose that climbing stairs in full gear has recently become more challenging.

Nobody would design physical readiness this way. It would be absurd to build this kind of program.

Physical conditioning is already understood as part of doing the job well. You don't have to become physically impaired before fitness becomes relevant to you.

Why should psychological performance be fundamentally different?

This doesn't mean eliminating behavioral-health programs or making treatment resources harder to find. When someone needs treatment, the pathway should be obvious, trusted and easy to access. Excellent peer teams, clinicians, chaplains and treatment resources are critical.

But psychology extends far beyond just the treatment setting.

An officer doesn't have to be experiencing a mental health crisis to benefit from understanding how chronic activation affects judgment. A supervisor doesn't have to face a disciplinary problem to benefit from understanding how to have a difficult conversation. A command team doesn't have to wait until a preventable personnel crisis turns into a claim before bringing psychological expertise into its decision-making.

All of these are opportunities to strengthen performance and reduce human risk before something goes wrong.

Maybe Success Looks Less Like a Program

Perhaps the next evolution is to stop making all psychological expertise something officers must opt into.

Some of it could simply become part of how great departments operate: how supervisors are developed, how teams function, how people prepare for predictable pressure, how difficult transitions are anticipated, how leaders think through complicated human decisions and how high performers stay high performing.

I've seen some police departments begin to move in this direction. I've personally had the opportunity to serve in the capacity of a trusted psychological advisor. This isn't therapy. Think of Tom Hagen, Robert Duvall's character in *The Godfather*. I'm a kind of psychological consigliere: someone from outside the department who is trusted inside

the circle, understands the culture, and can offer confidential, candid insight, identify blind spots, and help leaders see things they might otherwise miss.

Sometimes this means helping a supervisor recognize why an otherwise excellent officer is becoming difficult to reach. Sometimes it means helping command staff anticipate the human consequences of an organizational decision. Sometimes it means strengthening the conditions that make good officers want to stay.

And sometimes it means recognizing the psychological dynamics of a situation before they contribute to an avoidable conflict, complaint or expensive insurance claim.

This is where I think the interests of officers, department leaders and risk management organizations can converge. A department that understands human behavior more deeply may be better positioned to retain experienced people, develop effective supervisors, navigate difficult incidents and reduce some of the preventable problems that create liability exposure.

Not every claim can be prevented. Not every officer can be retained. And psychological expertise is not a substitute for sound policies, accountability or appropriate clinical care. But many of the situations that eventually become expensive organizational problems have a human dimension long before they become a formal claim.

What if we became better at recognizing that dimension earlier?

In this kind of model, nobody has to identify themselves as someone who "needs wellness" to benefit from psychological expertise. It's already there, and the door to consulting with a trusted advisor is not necessarily a clinical treatment door. It's an operational performance and leadership door.

Law enforcement has spent years trying to normalize psychological support, and this work has led to a positive evolution. But perhaps the ultimate form of integrating meaningful expertise is when some of this becomes so thoroughly woven into the culture that nobody thinks of it as a mental health intervention at all.

What if this was simply part of how excellent departments take care of their most important asset, their people, while also protecting the long-term health of the organization?

So instead of asking:

"How do we get more officers to use our wellness resources?"

Perhaps we should also be asking:

"How do we build psychological expertise into the everyday decisions that shape performance, retention, leadership and risk?"

Because sometimes the best psychological support doesn't look like psychological support at all.



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