

**SEPTEMBER 2019**

**AN INVESTIGATION OF  
NYPD'S OFFICER WELLNESS  
AND SAFETY SERVICES**

**NEW YORK CITY DEPARTMENT OF INVESTIGATION  
OFFICE OF THE INSPECTOR GENERAL FOR THE NYPD (OIG-NYPD)**



**MARGARET GARNETT  
COMMISSIONER**

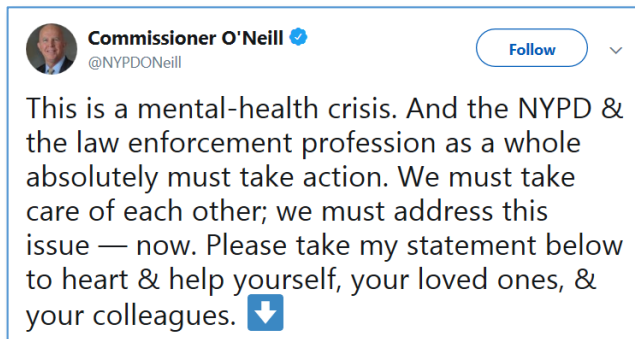
**PHILIP K. EURE  
INSPECTOR GENERAL FOR THE NYPD**

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## I. EXECUTIVE SUMMARY

With the tragic loss of nine New York City Police Department (NYPD) uniformed personnel by suicide in 2019, the NYPD is facing a crisis. On June 14, 2019, following three recent suicide deaths, New York City Police Department Commissioner James O'Neill tweeted the following:



June 14, 2019

In less than 10 days' time, the NYPD has lost three of its own to suicide: a respected chief, an experienced detective, and — today about 3:50 p.m. outside the Staten Island precinct at which he worked — a promising, 29-year-old police officer with six years on the job. This is a mental-health crisis. And we — the NYPD and the law enforcement profession as a whole — absolutely must take action. This cannot be allowed to continue. Cops spend so much of their days assisting others. But before we can help the people we serve, it is imperative that we first help ourselves. There is no shame in seeking assistance from the many resources available, both inside and outside the department. Accepting help is never a sign of weakness — in fact, it's a sign of great strength. Please, connect yourself or your friends and colleagues to the assistance that is so close by. We must take care of each other. We must address this issue — now — because it will not go away on its own. We must speak out. And we must end this crisis, together. The resources (you can call for yourself or make a confidential referral for someone else) are:

This somber but necessary reminder was consistent with a March 2018 video in which the Commissioner told Department members that “your job requires that you spend your day helping others. But before you can take care of anyone else, you must first take care of yourself.”<sup>1</sup>

NYPD police officers, like others in the workforce, are susceptible to on-the-job and non-employment related stress, trauma, and fatigue. This can set in motion a vicious cycle, as fatigue decreases an officer's ability to handle stress, and stress reduces an officer's ability to deal with

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\* This Report was prepared by the NYC Department of Investigation's Office of the Inspector General for the NYPD, specifically, Patrick Cahill, Assistant Inspector General; Betty Diop, Policy Analyst; Justyn Richardson, Senior Policy Analyst; Justin Ramos, Confidential Investigator; Tatiana Hastings, Policy Analyst; and Jaclyn Quiles, Investigative Attorney; under the supervision of First Deputy Inspector General Asim Rehman and Inspector General Philip K. Eure. DOI Commissioner Margaret Garnett and Inspector General Eure extend thanks to the New York City Police Department, the various NYPD police unions, and representatives of other organizations for their assistance and cooperation during the preparation of this Report.

<sup>1</sup> NYPD, *Suicide Awareness and Available Resources*, YouTube (Mar. 2, 2018), <https://www.youtube.com/watch?v=Xh615LBUfuk>.

fatigue.<sup>2</sup> Such factors can “impact not only individual employee health and wellness, but organizational aspects such as productivity and liability.”<sup>3</sup> According to the final report from President Obama’s Task Force on 21<sup>st</sup> Century Policing, “the wellness and safety of law enforcement officers is critical not only to themselves, their colleagues, and their agencies but also to public safety.”<sup>4</sup>

Under the worst of scenarios, pressures of the job can lead to suicide. Some studies indicate that almost one in four police officers has thoughts of suicide at some point in their lives.<sup>5</sup> In 2017, 140 officers across the country reportedly took their own lives— in contrast with the 129 officers who died in the line of duty that same year.<sup>6</sup> Between 2010 and the present, there have been 49 reported suicides of NYPD members. Additionally, at least 14 active duty officers attempted suicide between 2015 and the present. According to NYPD records, the suicide rate for uniformed NYPD personnel (13.8 per 100,000 people, based on the 2017 data) is more than double the rate for the general population of New York City (6.7 per 100,000 people, based on 2016 data).

Given the highly stressful nature of police work, especially in a major American city like New York, NYPD must provide its uniformed personnel—who are required to be “armed at all times” in New York City (with exceptions)—with support from mental health professionals and other resources to mitigate the risks of suicide, address substance abuse, and manage

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<sup>2</sup> Cathy Martin-Doto, Cathy, “Anti-Fatigue Measures Could Cut Cop Deaths 15%, Researcher Claims,” FORCE SCIENCE NEWS 172 (Feb. 2011), <https://www.forcescience.org/2011/02/anti-fatigue-measures-could-cut-cop-deaths-15/>.

Throughout this Report, the use of “officers” is intended to include all law enforcement officers, covering sheriffs’ deputies, marshals, special agents, and all the other individuals who are granted responsibilities for enforcing laws and generally engage in the broad range of activities classified as policing even if the word “officer” does not appear in their job title.

<sup>3</sup> Rex M. Scism, MS, *Human Fatigue in 24/7 Operations: Law Enforcement Considerations and Strategies for Improved Performance*, POLICE CHIEF MAGAZINE (Aug. 22, 2017), <https://www.policechiefmagazine.org/human-fatigue-in-247-operations/>.

<sup>4</sup> Charles H. Rampsey & Laurie O. Robinson, President’s Task Force on 21st Century Policing, Final Report, at 61 (May 2015), [https://cops.usdoj.gov/pdf/taskforce/TaskForce\\_FinalReport.pdf](https://cops.usdoj.gov/pdf/taskforce/TaskForce_FinalReport.pdf).

<sup>5</sup> J. M. Violanti, et al., *Suicide in Police Work: Exploring Potential Contributing Influences*. *American Journal, AM. J. OF CRIMINAL JUSTICE* 34, 41-53 (2009), available at <https://www.psychologytoday.com/us/blog/sure-recovery/201803/police-and-addiction?amp>.

<sup>6</sup> MIRIAM HEYMAN, PHD, ET AL., THE RUDERMAN WHITE PAPER ON MENTAL HEALTH AND SUICIDE OF FIRST RESPONDERS (Apr. 2018), available at [https://rudermanfoundation.org/white\\_papers/police-officers-and-firefighters-are-more-likely-to-die-by-suicide-than-in-line-of-duty/](https://rudermanfoundation.org/white_papers/police-officers-and-firefighters-are-more-likely-to-die-by-suicide-than-in-line-of-duty/).

employment-related stress that leads to poor job performance.<sup>7</sup> Fortunately, not only does NYPD offer a variety of internal support services to its officers, including peer counseling, but the Department also provides referrals to a number of external services like Police Organization Providing Peer Assistance (POPPA)—a volunteer police support network—and furnishes information about private counselors.

As part of NYPD's "ongoing effort to listen to our officers, eliminate the stigma of mental health issues, and save lives," in April 2019, NYPD hosted a Law Enforcement Suicide Prevention Symposium with the Police Executive Research Forum (PERF).<sup>8</sup> The event brought together more than 300 researchers, subject matter experts, and law enforcement personnel who shared information on risk factors and warning signs related to officer suicide. The attendees also offered best practices to prevent officer suicide, remove the stigma associated with seeking out mental health services, and promote the variety of services presently available. Furthermore, last year, NYPD appointed a full time Mental Health and Wellness Coordinator. More recently, in the wake of several officer suicides, NYPD established a Health and Wellness Task Force. The task force recently advised OIG-NYPD of a special training it has given to NYPD executives and has identified several short-term and long-term action items to address the issue of officer suicides. Finally, in late August 2019, NYPD created a new Health and Wellness Section that will oversee multiple programs, services, and initiatives.<sup>9</sup>

These are steps in the right direction and deserve recognition. While NYPD offers a variety of Departmental and external services to officers in need of assistance, the New York City Department of Investigation's Office of the Inspector General for the New York City Police Department (OIG-NYPD) has also been exploring the extent to which officers are aware of these

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<sup>7</sup> N.Y.C. POLICE DEPT. PATROL GUIDE § 204-08 [Hereinafter "Patrol Guide"]. This patrol guide provision regarding armed readiness is subject to a number of exceptions (*e.g.*, when on vacation, when engaged in off-duty employment, when there is a likelihood of alcoholic consumption, when there is a risk of loss of the firearm, or when engaged in an activity where carrying a firearm would not be advisable).

<sup>8</sup> *Law Enforcement Suicide Prevention Symposium*, N.Y.C. POLICE DEP'T (Apr. 2, 2019), <https://www1.nyc.gov/site/nypd/news/p0402a/law-enforcement-suicide-prevention-symposium>.

<sup>9</sup> New York City Council Members have also taken note of the crisis and have introduced legislation that calls for enhanced training and services concerning the mental health of first responders. See N.Y.C. City Council, Introduction No. 1704 (2019) *available at* <https://legistar.council.nyc.gov/LegislationDetail.aspx?ID=4123877&GUID=6E585854-6F82-48E9-AB62-52601C0645A9&Options=ID|Text|&Search=>.

services, whether officers are taking advantage of them, and how support services could be enhanced and made more widely available. As part of this investigation, OIG-NYPD reviewed NYPD's policies, practices, and trainings relating to officer mental health and suicide prevention. Given the urgency of the crisis and the new initiatives that NYPD has rolled out, various changes by the Department occurred during the course of OIG-NYPD's investigation. This includes the more recent efforts noted above. In order to provide greater context for the wellness issue, and to better illustrate the need for our recommendations, this Report considers past practices as well as NYPD's more recent efforts.

As a key part of its review, OIG-NYPD sought to understand the effectiveness and use of NYPD's mental health resources by sending a survey to all uniformed NYPD personnel who ended their service in 2016 (a copy of this survey is at Appendix A). OIG-NYPD issued the survey in September 2017 and collected responses through early 2018. Among other things, the responses revealed that:

- Approximately 25% of survey respondents reported that they experienced at least one period of emotional stress, trauma, or substance abuse during their careers that caused them to consider getting support services from a licensed professional (44 of 174). Only two thirds of these individuals reported seeking such assistance.
- Approximately 50% of survey respondents who considered getting professional support reported that they feared the Department or their colleagues would find out if they chose to seek assistance (22 of 44).
- Approximately 75% of survey respondents felt that NYPD does not provide sufficient support in retirement, such as resources for behavioral or emotional support or financial guidance (162 of 207).

OIG-NYPD ultimately found that NYPD's internal support services are underutilized, that a perception or fear of stigmatization is a common explanation for underused services, and that, until recently, broad categories of uniformed members did not receive formal NYPD training on mental health and wellness after graduating from the police academy. OIG-NYPD also determined that while NYPD has data that can help identify some issues related to officer

wellness (e.g., officers involved in domestic incidents or officers arrested for substance abuse), NYPD's early intervention systems are not currently programmed to detect such indicators and identify officers who may need help. In addition, when an officer is involved in a "critical incident"—a unique event that can overwhelm the officer's normal coping mechanisms, such as an active shooter event, hostage situations, terrorism, serious line of duty injuries, death of a family member, or any other traumatic event—NYPD has no written standards for conducting the debriefings that follow such potentially traumatic events.<sup>10</sup>

As noted in this Report, in recent months NYPD has informed OIG-NYPD about the ways in which it has taken steps to address some of those gaps, including the introduction of new training programs. OIG-NYPD has not yet had the opportunity to evaluate all of these new developments, many of which have just been announced or implemented, but is encouraged by them. In addition, the recent suicide prevention forum, coupled with other Departmental efforts, illustrate NYPD's commitment to address issues of officer wellness and safety. As described in this Report, the challenge is strengthening NYPD's programs and creating a culture that encourages officers to use these programs. As NYPD charts a path forward, it should also adopt OIG-NYPD's recommendations, which include:

- To guide the Department's efforts and memorialize the Department's commitments, NYPD should develop an overarching Mental Health and Wellness policy that articulates goals, establishes standards, and outlines relevant programs and resources. This policy would encompass the recommendations in this Report, the work of the Mental Health and Wellness Coordinator, and the efforts of the Mental Health and Wellness Task Force and Health and Wellness Section.
- NYPD recently conducted a Department-wide survey on health and wellness, and the Department should use the results of the survey (and, if necessary, conduct additional

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<sup>10</sup> For the purposes of this Report, the findings are specifically tailored to the needs of uniformed NYPD police officers and do not take into account the circumstances of non-uniformed employees. However, NYPD is not precluded from expanding the scope of increased wellness coverage to include its non-uniformed employees.

officer surveys with the assistance of outside experts) to inform NYPD's overall Mental Health and Wellness policy referenced above.

- Consistent with the size of the Department, NYPD should increase the staffing level in the Health and Wellness Section to include full-time licensed mental health professionals and support staff with appropriate levels of competency in the areas of mental health and wellness.
- NYPD should retain outside mental health experts to review and audit the current range of Department-wide health and wellness trainings provided by NYPD to personnel, many of which are new, and ask these experts to recommend to NYPD what additional training, if any, should be developed and delivered.
- NYPD should study the feasibility of establishing mandatory periodic mental health checks for all police officers or certain categories of at-risk officers.
- NYPD should modify its early intervention—Risk Assessment Information Liability System (RAILS)—to include an “officer wellness” category, based on various relevant indicators, so that NYPD personnel requiring officer wellness intervention can be identified. For example, while NYPD's Internal Affairs Bureau (IAB) has data about officers involved in personal domestic incidents or alcohol-related offenses, the Department does not actively review this information or feed such data into RAILS in order to identify at-risk officers who may benefit from intervention.
- NYPD should establish clear written procedures on debriefing NYPD personnel in the wake of critical incidents and follow up with these officers after the debriefing sessions.
- NYPD should establish a mandatory program that provides NYPD personnel approaching retirement with helpful information on the availability of support services following



retirement or separation, adjusting to life as a member of the public, financial advisement, and medical and retirement benefits. In addition, NYPD should allow officers who have left the Department to make use of Departmental support services for a reasonable period of time following retirement or separation.

- In implementing these recommendations, NYPD should put in place mechanisms to ensure that the privacy rights of NYPD personnel are respected and strictly protected, both internally and externally, so that information relating to officer health and wellness is not misused and is accessible only by those who need to know. Such efforts should be informed by discussions with officers and representative organizations like police unions and fraternal organizations.

During a recent meeting with NYPD to discuss the content, findings, and recommendations in this Report, NYPD advised OIG-NYPD that it has already implemented, was in the process of implementing, or was actively considering a number of changes consistent with OIG-NYPD's proposals. With such changes, OIG-NYPD believes that NYPD will remain on a positive path forward in terms of addressing officer wellness concerns.

Citywide efforts to address this crisis are underway. OIG-NYPD's aim is to inform the public and NYPD about the office's findings and recommendations to date, understanding that NYPD is actively working on initiatives aimed at enhancing services and awareness of these services. In the face of the current crisis, the overall goals of NYPD's efforts and OIG-NYPD's recommendations are the same – to enhance NYPD's mental health and wellness services and to break the stigma associated with seeking help.

## II. METHODOLOGY

OIG-NYPD investigators analyzed current policies, programs, and trainings geared to NYPD's efforts to promote officer wellness and safety.<sup>11</sup> This analysis included meeting with NYPD personnel who work in support services and associated NYPD functions, and attending several NYPD trainings. OIG-NYPD also spoke with representatives of several NYPD unions. The information gathered from these sessions was compared to practices from other police departments and experts who have conducted extensive research into officer wellness and related matters.<sup>12</sup>

In order to determine an officer's knowledge of, use of, and access to NYPD support services while on the job, off-duty, or in retirement, OIG-NYPD conducted an anonymous survey of all uniformed NYPD personnel who discontinued police service from NYPD—retirement or vested interest—in 2016. These 1,376 individuals were identified using information from the New York City Police Pension Fund. OIG-NYPD selected this group based on these retired officers having collectively acquired substantial knowledge and experience during their NYPD tenures. They were also uniquely situated to comment on the services provided by the Department without fear of any repercussions.

While developing the survey, OIG-NYPD provided all five NYPD police unions with a draft survey and solicited their feedback before issuing the questionnaire. OIG-NYPD then provided a copy of the finalized survey by U.S. postal mail to the 1,376 retirees. To ensure anonymity in the survey responses, retirees were mailed a pre-paid and pre-addressed return envelope that did not contain any identifying information. Between the September 20, 2017, delivery date and the an early 2018 collection cut-off, OIG-NYPD received 207 responses to the survey, accounting for

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<sup>11</sup> For the scope of this Report, the "wellness and safety" aspect does not include issues such as health and nutrition, exposure to contagious diseases and hazmat safety measures, safe driving techniques, safe handling of firearms, financial management, and injury and fatality prevention.

<sup>12</sup> Those individuals outside NYPD who were interviewed by OIG-NYPD include Peter Killeen, Port Authority Police Lieutenants Benevolent Association; Dr. John Violanti, University of Buffalo; Sergeant Aaron Snyder and Captain Brian Nanavaty, Indianapolis Metropolitan Police Department; and Director Gerry McNeilly, Ontario, Canada, Independent Police Review Director.

15% of the total surveys distributed.<sup>13</sup> A copy of the Support Services Survey is attached to this Report at Appendix A.

OIG-NYPD's survey was divided into two sections: one section on support services available to NYPD officers ("Support Services Survey") and the other on services available to retired officers ("Support in Retirement Survey"). The Support Services section included two key questions that, if answered "no," prompted respondents to skip several questions within the survey. For 33 of the 207 responses, respondents answered "no" to one or both of these questions but continued to answer questions they were directed to skip. As a result, these 33 responses were not included in the analysis of the Support Services Survey.

### **III. BACKGROUND**

#### **A. Officer Wellness and Safety**

The topic of officer wellness and safety has become increasingly important today, receiving attention from both national and local leaders.

People working in any profession face stress on the job. But not every profession has the primary mission of protecting the lives of the public. Airline pilots, train conductors, physicians, and hazardous waste managers all operate under specific performance protocols and must be clear-headed and healthy to make sometimes difficult professional judgments effectively. Likewise, the quality of a police officer's decision-making depends not only on their training and experience, but also on their individual capacity to exercise discretion wisely. For example, extra duty assignments, excessive overtime, off-duty court appearances, additional training, and the need for outside employment can each lead to poor sleep habits and add to officer fatigue.<sup>14</sup> Officers who are impaired by fatigue will likely, on occasion, overreach in threatening situations,

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<sup>13</sup> While there is no scientific consensus on what an adequate response rate for a mail-in survey is, response rates for such assessments historically tend to fall between ten to 15 percent. CALLIE MARIE RENNISON & TIMOTHY HART, RESEARCH METHODS IN CRIMINAL JUSTICE AND CRIMINOLOGY 399 (2018).

<sup>14</sup> Bryan J. Vila, et. al, Evaluating the Effects of Fatigue on Police Patrol Officers: Final Report, 87 (Aug. 2000), <https://www.ncjrs.gov/pdffiles1/nij/grants/184188.pdf>.

lose their tempers, and make bad decisions.<sup>15</sup> Officer wellness and mental health are therefore fundamental to both officer and public safety.

By its nature, law enforcement work presents a high risk of burn-out and breakdown. The work can involve violence and trauma. Post-Traumatic Stress Disorder (PTSD) is common at varied levels of intensity among officers who are involved in or even witness violent or traumatic events. Ten to 15% of police officers have symptoms of PTSD, compared to 3.5% of the general population.<sup>16</sup> PTSD and depression rates among police officers and firefighters have been found to be as much as five times higher than the rates within the general population.<sup>17</sup> Research also shows a strong connection between PTSD and alcohol abuse or dependence.<sup>18</sup> Combined with a strong sub-culture among police officers that sometimes encourages drinking for both after-work social and stress-reduction purposes, the conditions are conducive for some officers to develop problems with chronic alcohol overuse.<sup>19</sup> Studies show that serious alcohol dependency among police officers is widespread; one study estimates that one out of four police officers on the street has an alcohol or drug abuse issue, and substance use disorders among police officers are estimated to range between 20% and 30%, as compared to under 10% in the general population.<sup>20</sup>

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<sup>15</sup> Vila, *supra* note 14 at 88.

<sup>16</sup> Scott Allen, Ph. D., *Keeping Our Heroes Safe: A Comprehensive Approach to Destigmatizing Mental Health*, THE POLICE CHIEF, <https://www.policechiefmagazine.org/keeping-our-heroes-safe-a-comprehensive-approach-to-destigmatizing-mental-health-issues-in-law-enforcement/> (last visited Aug. 20, 2019) (citing "The Numbers Count: Mental Disorders in America," <http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america/index.shtml#CensusBureauTable2>).

<sup>17</sup> HEYMAN, *supra* note 6.

<sup>18</sup> James F. Ballenger, PhD, et. al, *Patterns and Predictors of Alcohol Use in Male and Female Urban Police Officers*, AM. J. ON ADDICTIONS 1 (Nov. 2010), available at <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1521-0391.2010.00092.x> (citing RC Kessler, et. al, *Posttraumatic Stress Disorder in the National Comorbidity Survey*, 52 Arch. Gen. Psychiatry 1048-1060 (1995)).

<sup>19</sup> Id. at 9.

<sup>20</sup> Dr. Indra Cidambi, *Police and Addiction: Why Police Officers Are Nearly Three Times as Likely to Suffer from Substance Abuse*, (Feb. 7, 2018), <https://www.prweb.com/releases/2018/02/prweb15182365.htm>; see also, *Proactive Intervention: A New Approach to Police EAP Programs*, PUBLIC PERSONNEL MANAGEMENT, <https://www.questia.com/library/journal/1G1-9301449/proactive-intervention-a-new-approach-to-police-eap> (last visited Aug. 5, 2019).

Tragic consequences for police are evident. One comprehensive study found that nearly 25% of participant officers police officers have thoughts of suicide at some point in their lives.<sup>21</sup> In 2017, 140 officers across the country reportedly took their own lives—in contrast with the 129 officers who died in the line of duty that same year.<sup>22</sup> According to NYPD, 49 active duty officers died by suicide between 2010 and the present. Additionally, at least 14 active duty officers attempted suicide between 2015 and the present.

The wellness of officers also impacts the public. One researcher has stated that officers whose critical thinking processes are not at their optimum, “even though they themselves are on duty are . . . less able to manage the anger and frustration that often accompany confrontations in the field.”<sup>23</sup> Officers operating under sleep deprivation are less able to assess accurately the many complex situations in which they must exercise discretion to intervene or not, and their interactions with the public may be similarly affected.<sup>24</sup> Negative interactions can lead to complaints, but in the worst situations they can lead to injuries or even the deaths of officers or members of the public.

Even the most mentally fit officers need career-long, proactive support to maintain their psychological health.<sup>25</sup> Law enforcement culture, however, typically values strength, self-reliance, controlled emotions, and competency in handling personal problems.<sup>26</sup> As a result, many officers may be reluctant to seek psychological or stress-reduction help even when deeply distressed. This can lead to officers potentially suffering even more detrimental health effects if the problems continue unaddressed.<sup>27</sup> Further, as employees in any organization know, hiding health problems from supervisors is a common practice because workers may feel the need to

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<sup>21</sup> J. M. Volanti, *supra* note 5 at 41-53.

<sup>22</sup> HEYMAN, *supra* note 6 at 20.

<sup>23</sup> Vila, *supra* note 14 at 168.

<sup>24</sup> Dennis Lindsey, M.Ed., *Police Fatigue: An Accident Waiting to Happen*, FBI LAW ENFORCEMENT BULLETIN, 4 (Aug. 2007), [http://www.justicestudies.com/pubs/police\\_fatigue.pdf](http://www.justicestudies.com/pubs/police_fatigue.pdf).

<sup>25</sup> See *Keeping Our Heroes Safe: A Comprehensive Approach to Destigmatizing Mental Health Issues in Law Enforcement*, THE POLICE CHIEF: THE PROFESSIONAL VOICE OF LAW ENFORCEMENT, 34-38 (May 2014) [https://www.policechiefmagazine.org/wp-content/uploads/IAC-275-Police-Chief-May\\_WEB.pdf](https://www.policechiefmagazine.org/wp-content/uploads/IAC-275-Police-Chief-May_WEB.pdf).

<sup>26</sup> *Id.* at 35.

<sup>27</sup> *Id.* at 34-38.

protect their careers. If employees perceive that their use of psychological services will not be confidential, or will become known among fellow officers or supervisors even if not officially announced, these employees will be less willing to seek out available services.

The U.S. Department of Justice's (DOJ) 2016 report on the "State of Policing" provided the impetus and created greater urgency for a national conversation about officer wellness and safety.<sup>28</sup> These discussions revolved around the topic of support services. As President Obama observed at a memorial service for officers, "we cannot erase every darkness or danger from the duty that you've chosen. We can offer you the support you need to be safer."<sup>29</sup> This, in turn, led to the enactment of the Law Enforcement Mental Health and Wellness Act of 2017, which mandated interagency collaboration between the United States Attorney General, Secretary of Defense, and the Secretary for Veterans Affairs, with the aim of producing a report on mechanisms to support officers.<sup>30</sup> According to NYPD Sergeants Benevolent Association President Edward D. Mullins, "this legislation will help ensure that every law-enforcement officer in America has access to the mental-health and wellness resources they need when they need them most."<sup>31</sup>

In response to the Act's requirements, in March 2019, DOJ released two complementary reports. The first report, titled "Law Enforcement Mental Health and Wellness Act: Report to Congress," offers a total of 22 recommendations for improving officer psychological health and well-being.<sup>32</sup> The second report, "Law Enforcement Mental Health and Wellness Programs: Eleven Case Studies," draws upon 11 promising nationwide programs to provide a continuum of

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<sup>28</sup> Erin Healy Gallagher, et. al, *The State of Policing in the United States*, U.S. DEP'T OF JUSTICE 1 (2016), available at <https://ric-zai-inc.com/Publications/cops-w0815-pub.pdf>.

<sup>29</sup> The Obama White House, *President Obama Honors Fallen Police Officers at Memorial Service*, YOUTUBE (May 15, 2015), <https://www.youtube.com/watch?v=9dLHxm0H-8A>.

<sup>30</sup> H.R. 2228, 115th Cong. (2018) (enacted) (The bill required the United States Attorney General to coordinate with the Departments of Defense and Veterans Affairs to produce to Congress, within one year of the enactment, a report on mental health practices and services that could be adopted by federal, state, local, or tribal law enforcement agencies.).

<sup>31</sup> Mark Toor, *Bill to Supply National Guidelines for Officers' Counselling Advances*, THE CHIEF LEADER 5 (Dec. 29, 2017), [https://thechiefleader.com/news/news\\_of\\_the\\_week/bill-to-supply-national-guidelines-for-officers-counseling-advances/article\\_9e6bb9cc-daab-11e7-8c44-0ba55a359c38.html](https://thechiefleader.com/news/news_of_the_week/bill-to-supply-national-guidelines-for-officers-counseling-advances/article_9e6bb9cc-daab-11e7-8c44-0ba55a359c38.html).

<sup>32</sup> DEBORAH L. SPENCE, ET. AL, *LAW ENFORCEMENT MENTAL HEALTH AND WELLNESS ACT: REPORT TO CONGRESS*, U.S. DEP'T OF JUSTICE (Mar. 2019), available at [https://cops.usdoj.gov/pdf/2019AwardDocs/lemhwa/Report\\_to\\_Congress.pdf](https://cops.usdoj.gov/pdf/2019AwardDocs/lemhwa/Report_to_Congress.pdf).

wellness strategies, focusing on proactive intervention, resiliency building, critical response, treatment, reintegration and an ongoing support for officers and their families.<sup>33</sup> The DOJ website strongly encourages law enforcement leaders to capitalize on the resources included in these two reports to inform officer mental well-being efforts within their respective agencies.

## **B. Support Services for NYPD Officers**

As noted above, NYPD's leadership is attuned to these issues and has made clear that it supports officer wellness efforts. In a March 2018 video, Commissioner O'Neill encouraged his officers to "take care of yourself," reaffirming that "if you need it, help is here, and help is available."<sup>34</sup> NYPD officers have several internal and external resources available to assist them with stress and mental health management.

### **i. Internal Department Resources**

All of NYPD's internal resources and services are coordinated by the Deputy Commissioner for Employee Relations. Furthermore, in August 2018, NYPD appointed a full-time Mental Health and Wellness Coordinator (Coordinator). This position is intended to guide NYPD's promotion, coordination, research, training, and implementation of mental wellness and suicide prevention efforts. Department resources include:

**a) The Employee Assistance Unit (EAU):** EAU is a peer support unit available to both uniformed and non-uniformed employees. It provides access to EAU peer support officers (EAU-PSO), who are both uniformed and non-uniformed employees, 24 hours a day from Monday to Friday (a sick-line covers weekend hours). These officers are peer counselors. An employee can self-refer or be referred by a supervisor. According to NYPD, a peer counselor's main duty is to listen and refer. Referrals can be made to licensed psychologists, psychiatrists, union representatives, clergy, financial counselors, hospice, or any other resources deemed

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<sup>33</sup> COLLEEN COPPLE, ET. AL, LAW ENFORCEMENT MENTAL HEALTH AND WELLNESS PROGRAMS: ELEVEN CASE STUDIES, U.S. DEP'T OF JUSTICE (2019), available at <https://ric-zai-inc.com/Publications/cops-p371-pub.pdf>.

<sup>34</sup> Police Commissioner James P. O'Neill, *Suicide Awareness and Available Resources*, YOUTUBE (Mar. 1, 2018), <https://youtu.be/Xh615LBUfuk>.

appropriate.<sup>35</sup> Conversations between EAU-PSOs and NYPD personnel are generally confidential, except when there are issues with drug addiction, inability to discharge the functions of a police officer, or evidence of certain disorders. In such cases, the EAU-PSO is required to notify the Department.

**b) Counseling Services Unit:** The Counseling Services Unit is staffed by non-uniformed NYPD personnel, whose main goal is to assist those who are experiencing difficulties with alcohol, prescription medication, gambling, or finances, so that the affected employees may recover and return to full and productive service. Employees may refer themselves or be referred to the Counseling Services Unit by supervisors, other Department units, or as the result of alcohol-related incidents.<sup>36</sup>

**c) Chaplains Unit:** The Chaplains Unit is a spiritual assistance and counseling unit available to both uniformed and non-uniformed employees. All chaplains are ordained "uniformed civilian" NYPD personnel of various faiths. This unit operates an intake line that helps employees access the duty chaplain who can provide spiritual assistance or counseling by phone or in person. Conversations between a chaplain and employee are generally confidential.

**d) Psychological Evaluation Section (PES):** The PES consists of clinicians who are non-uniformed NYPD personnel who conduct "fitness for duty" evaluations, trauma debriefings, and screenings for undercover assignments. An NYPD employee can be referred to PES by a supervisor, the Department surgeon, and EAU. PES does not provide treatment to NYPD personnel, but furnishes recommendations for, and monitors further treatment.

**e) The Military and Extended Leave Desk (MELD):** The MELD manages all uniformed NYPD personnel who are returning from military leave. This process requires each returning uniformed NYPD member to review the contents of resource brochures prepared by EAU and to meet with a supervisor and an EAU staff member (or Medical Division psychologist, if the mission was overseas).

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<sup>35</sup> *Employee Assistance Unit*, N.Y.C. POLICE DEP'T, <https://www1.nyc.gov/site/nypd/careers/human-resources-info/employee-assistance-unit.page> (last visited Aug. 14, 2019).

<sup>36</sup> PATROL GUIDE § 205-46.



## ii. External Support Services

**a) The Police Organization Providing Peer Assistance (POPPA):** POPPA is one of the most used support resources. It is a volunteer police support network committed to providing a confidential, safe, and supportive environment for police officers and retirees. Operating 24/7, POPPA assists current and retired officers in coping with stress related to their personal lives, and/or related to the law enforcement profession. POPPA focuses on preventing and reducing PTSD, intimate relationship problems, substance abuse, and suicide. POPPA's network includes approximately 280 POPPA Peer Support Officers (POPPA-PSO) who are either active or retired NYPD officers from all ranks.<sup>37</sup> POPPA-PSOs undergo training, which NYPD permits them to receive during their paid tours of duty.

POPPA estimates that it has prevented approximately 150 suicides since it began serving officers in 1996. According to experts, peer support is by far the best method to help officers. The support can be handled outside the Department and information does not need to be reported back to the NYPD.

POPPA offers a free program on Applied Suicide Intervention Skills Training (ASIST) several times a year to NYPD officers and their family members. ASIST is the most frequently used suicide prevention training in the world. The training's purpose is to teach the suicide prevention model, which explains to participants how to 1) connect, 2) understand, and 3) assist someone who is considering suicide through information related to suicide and scenario-based training. This training is not only helpful for the POPPA-PSOs, but to anyone who regularly interacts with NYPD. According to NYPD, POPPA was started using funds provided by NYPD, City Council, and the Police Benevolent Association, but POPPA does not currently receive direct funding from NYPD. Instead, POPPA receives small donations from private parties, the Police Relief Fund, and the Combined Municipal Campaign.

**b) The City of New York's Mental Health Council (MHC):** Established in 2016, pursuant to Mayoral Executive Order No. 15, the mission of MHC is to coordinate mental health prevention

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<sup>37</sup> POPPA-PSOs are volunteers, as opposed to EAU-PSOs who are employed by the Department.

and treatment programs across City agencies. Per the Executive Order, NYPD is on the MHC. One of the key duties of the MHC is to “support and work collaboratively with the network of organizations in the public and private sectors working to provide effective, high-quality mental health care.”<sup>38</sup> OIG-NYPD urges NYPD to use its MHC membership to ensure collaborative steps are taken with the goal of providing effective, high quality mental health and care for its personnel.

**c) Other:** Other external entities offering services to NYPD officers include the NYC Well helpline, the Columbia Anxiety and Traumatic Stress Program, the Columbia Intensive Outpatient Program and Inpatient Psychiatric Unit, and World Trade Center Medical Monitoring Program.<sup>39</sup>

\* \* \* \* \*

With respect to some of the services identified above, in 2014 NYPD conducted a Department-wide survey of uniformed employees. Among other things, the NYPD questionnaire asked “if you believed a coworker needed help, how comfortable would you feel referring them internally to . . . Early Intervention, POPPA, Psych. Services, and Alcohol Counseling.”<sup>40</sup> Figure 1 provides a tally of the number of respondents who expressed a comfort level (if any) with referring a coworker to each of the support services listed.

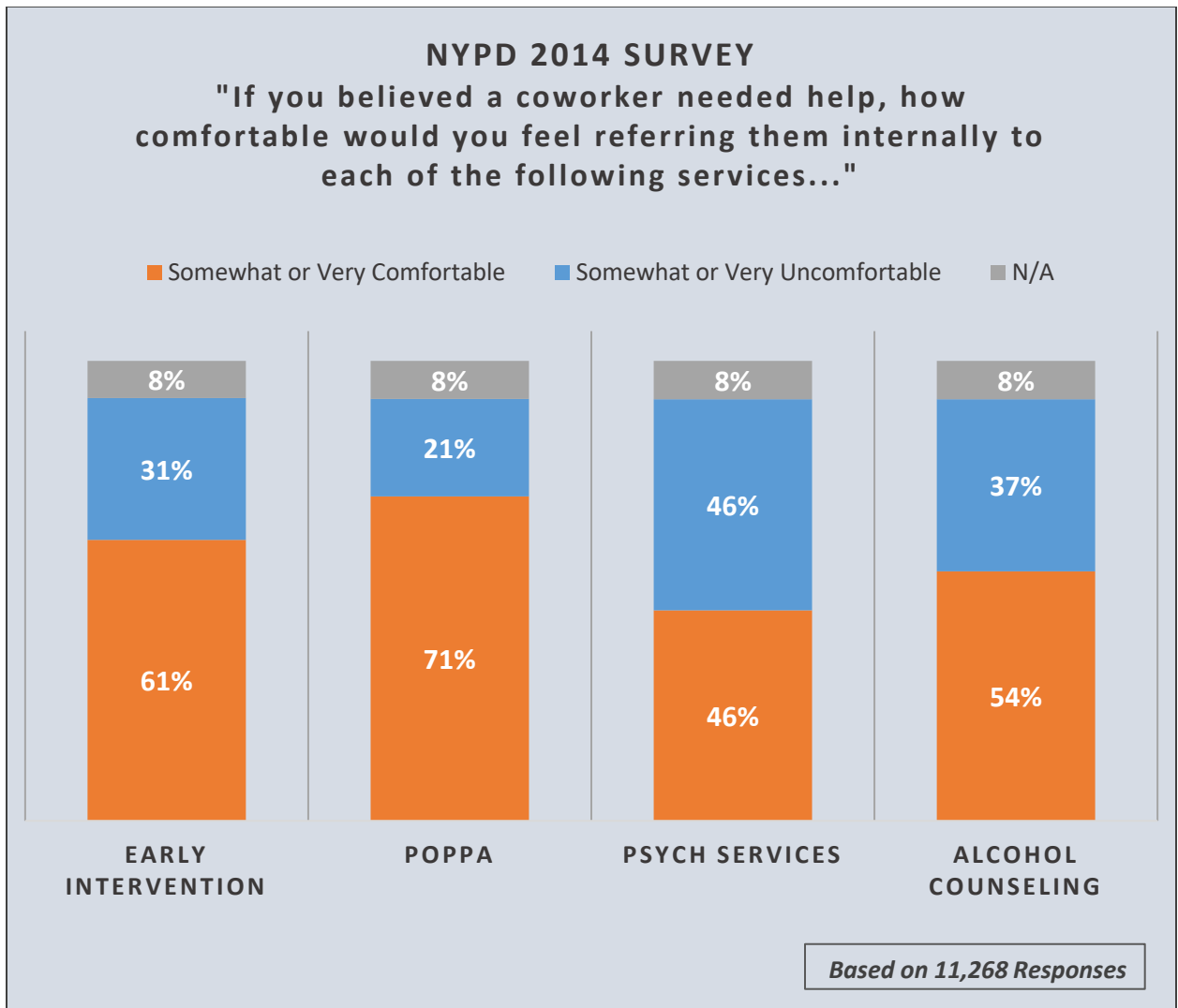
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<sup>38</sup> *Mayor de Blasio Permanently Establishes Mental Health Council*, City of N.Y., (Mar. 31, 2016), <https://www1.nyc.gov/office-of-the-mayor/news/315-16/mayor-de-blasio-permanently-establishes-mental-health-council>.

<sup>39</sup> See *Anxiety Disorders Clinic*, COLUMBIA UNIV. DEP'T OF PSYCHIATRY, <https://www.columbiapsychiatry.org/research-clinics/anxiety-disorders-clinic> (last visited Aug. 14, 2019); *Patient Care*, COLUMBIA UNIV. DEP'T OF PSYCHIATRY, <https://www.columbiapsychiatry.org/patient-care> (last visited Aug. 14, 2019); *Inpatient Psychiatric Services for Adults*, N.Y. PRESBYTERIAN PSYCHIATRY, <https://www.nyp.org/psychiatry/services/adult-psychiatry/inpatient-psychiatric-services-for-adults> (last visited Aug. 14, 2019); WORLD TRADE CTR HEALTH PROGRAM, <https://www.cdc.gov/wtc/> (last visited Aug. 14, 2019).

<sup>40</sup> Although NYPD's survey question mentions “internal” referrals, POPPA is technically an external support service.

**Figure 1.**



NYPD's 2014 Department-wide survey covered various topics, but this was the only question related to officer wellness. More recently, in August 2019, NYPD issued a voluntary survey to all uniformed personnel regarding officer health and wellness. This is an important action and NYPD should use the results of this survey to inform its Mental Health and Wellness policies and operations.

#### **IV. FINDINGS**

With respect to services available to NYPD uniformed employees concerning officer wellness and safety, the core questions are whether officers are aware of the variety of support services available to them, whether they are taking advantage of them, and, if they are not, why not?

In general, OIG-NYPD investigators found that (i) NYPD's internal support services are underused by officers, (ii) perceived stigmatization is a common explanation for underuse of services, and (iii) formal training on mental health and wellness was virtually non-existent for certain ranks and titles following graduation from the police academy (although NYPD has recently advised OIG-NYPD of new trainings, already delivered, which will address this gap). Furthermore, OIG-NYPD also determined that NYPD's early intervention systems are not programmed to detect certain behavioral patterns, and that there are no standard written guidelines for critical incident debriefings.

##### **A. Coordination and Promotion of NYPD Support Services**

In 2018, NYPD established a Mental Health and Wellness Coordinator (Coordinator) position. In a meeting with OIG-NYPD, the Coordinator described his role as coordination and "preventative outreach" to help prevent suicide. The Coordinator works with external suicide prevention entities such as the American Association on Suicidality, the Mayor's Office (NYC Well), and the American Foundation for Suicide Prevention to create suicide awareness materials for dissemination to NYPD personnel. In addition, the Coordinator reviews cases of NYPD officer suicides to inform his research and the development of the Department's suicide awareness materials.

The Coordinator also provides a 90-minute orientation concerning mental health and wellness to new NYPD recruits during the on-boarding process. This includes information on maintaining control of emotions and perspective while operating in high-stress environments, how to take care of oneself on the job, and "police crisis first aid" that educates recruits on various mental illnesses, working with the public, and suicide prevention.

The Coordinator explained that his main goal is to reduce the stigma associated with seeking assistance. To accomplish this, he has developed materials informing officers of their options and instituting the “Are You Okay?” and “NYPD Fit” campaigns to encourage them to ask their work partners whether they are alright and advise them that support services are available (*i.e.*, such as referrals to POPPA).

When asked specifically about the lack of mental health and wellness trainings for NYPD's current officers, the Coordinator responded that the Department has considered providing such instruction. (NYPD training is discussed in more detail below). In response to a question regarding trainings for uniformed NYPD personnel on the verge of retirement, the Coordinator stressed that the current pension seminars for such employees are a good opportunity to increase outreach with regard to mental health.

Other cities have professionals in roles similar to NYPD's Mental Health and Wellness Coordinator and the Commanding Officer of the new Health and Wellness Section. One model that acknowledges the need for full-time coordination of wellness services is the Indianapolis Metropolitan Police Department's (IMPD) Office of Professional Development and Police Wellness.<sup>41</sup> The office has a staff of four, including a dedicated developmental programs coordinator, an officer wellness and development programs manager, and a professional performance manager. They coordinate and implement officer resiliency and wellness efforts servicing approximately 1,600 sworn officers. In April 2016, then-U.S. Attorney General Loretta Lynch singled out the IMPD as having a model program for helping officers deal with stress and trauma.<sup>42</sup>

More recently, in the summer of 2019, NYPD established an Officer Mental Health and Wellness Task Force. Illustrating NYPD's commitment to addressing the current crisis, the task force is chaired by the NYPD First Deputy Commissioner and includes a broad spectrum of executive leadership whose units have a stake in the issue (*e.g.*, the Coordinator, Chief of

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<sup>41</sup> Brian Nanavaty, *Why Officers and Agencies Fail: A Case for Resiliency in Policing*, LEGAL & LIABILITY RISK MGMT. INSTIT. (Jan. 10, 2014), [https://www.llrmi.com/articles/legal\\_update/2014\\_nanavaty\\_officers\\_agencies\\_fail\\_pt1](https://www.llrmi.com/articles/legal_update/2014_nanavaty_officers_agencies_fail_pt1).

<sup>42</sup> Michelle Johnson, *Nation's Top Cop Lauds IMPD for Officer Wellness Program*, WFYI INDIANAPOLIS (Apr. 13, 2016), <https://www.wfyi.org/news/articles/nations-top-cop-lauds-impd-for-officer-wellness-program>.

Personnel, Deputy Commissioner of Risk Management, Deputy Commissioner of Employee Relations, Supervising Chief Surgeon, Chief of Department, etc.). The task force has already identified several short-term and long-term action items regarding NYPD's health and wellness services and has provided an "executive training" to over 800 NYPD executives with information and resources to reduce the stigma associated with seeking mental health services. OIG-NYPD suggests that the task force consult with all five police unions and outside mental health experts about its work to ensure input and support.

Lastly, during a September 2019 discussion concerning the findings and recommendations of this Report, NYPD informed OIG-NYPD that in late August it had created a Health and Wellness Section within the Office of Deputy Commissioner for Administration. This new section has a Commanding Officer who oversees the operations of EAU and the Coordinator.

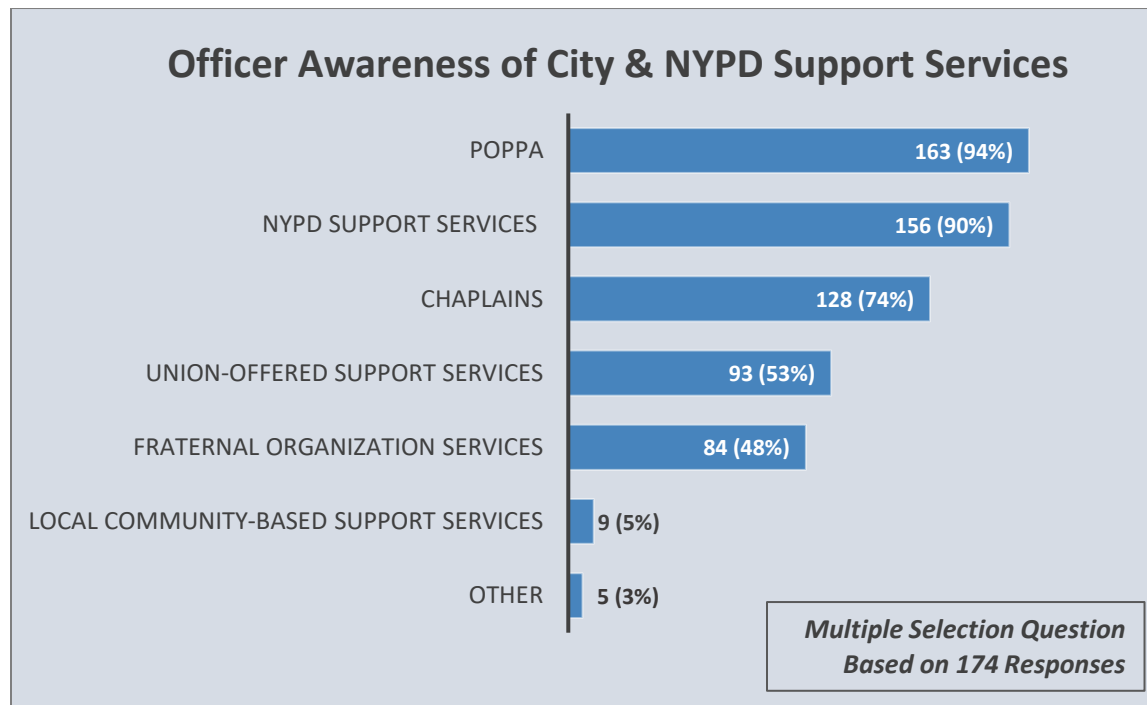
While OIG-NYPD applauds NYPD's appointment of a full-time Mental Health and Wellness Coordinator and the creation of a Health and Wellness Section, NYPD can do more. First, based on information NYPD has provided to OIG-NYPD, the Section would benefit from additional staff. Second, while the Coordinator already works with internal support services such as chaplains and POPPA, the assistance of others outside the NYPD—like the National Officer Safety and Wellness Group (a national organization working to improve officer wellness and safety), Blue H.E.L.P (a national advocacy group working to prevent law enforcement suicides), licensed mental health professionals, and similarly qualified individuals—would greatly aid the Coordinator and Section in carrying out its intended mission. Third, the Coordinator and Section should have access to specific internal data that would assist with identifying behavioral patterns or trends in the conduct of NYPD personnel that would inform the work of the Section. This concept is discussed in the "Early Intervention" section of this Report.

#### **B. Awareness of, Use of, and the Stigma Associated With NYPD Support Services**

OIG-NYPD's "Support Services Survey" asked respondents whether they were aware of various support services provided by NYPD and the City of New York. Ninety-eight percent (171 of the 174 respondents) reported awareness of support services offered by NYPD and the City, including POPPA, NYPD Support Services (formerly known as the Early Intervention Unit),

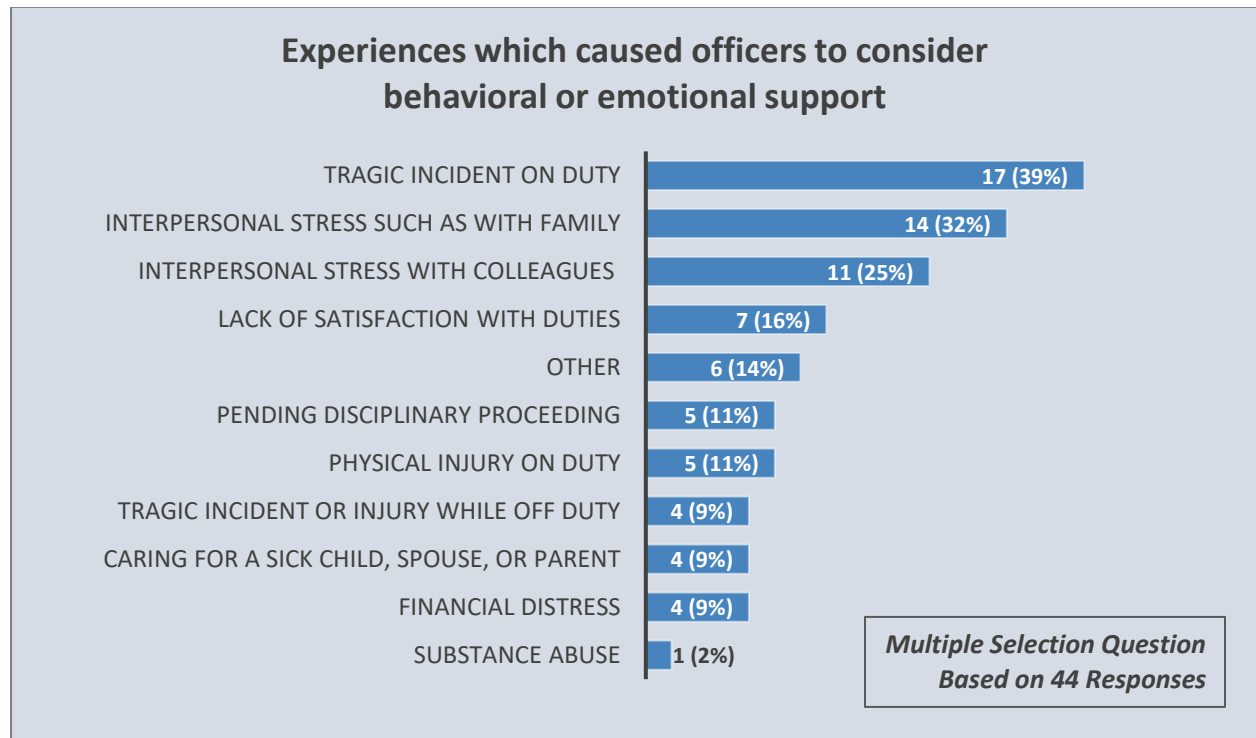
chaplains, union-offered support services, fraternal organization services, and local community-based support services. Figure 2 provides a tally of the number of individuals who expressed awareness of each City or NYPD support service.

**Figure 2.**



OIG-NYPD's survey also found that 44 of the 174 respondents (25%) reported having an experience that caused them to consider seeking "behavioral or emotional support" from a licensed professional. As noted in Figure 3, this experience was most frequently a tragic incident on duty, followed by interpersonal stress with family or friends, and interpersonal stress with colleagues or superiors.

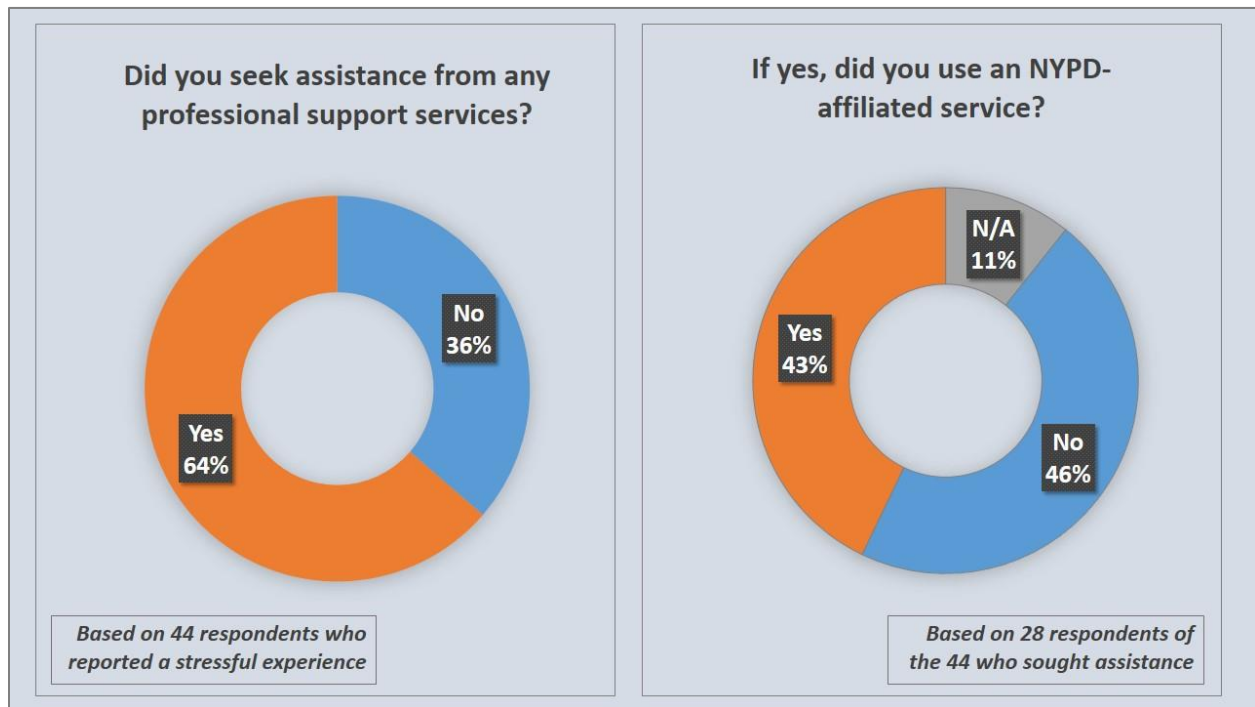
**Figure 3.**



Furthermore, as illustrated in Figure 4, 28 of the 44 respondents (64%) who reported having a stressful experience sought assistance from a licensed professional, but only 12 of these 28 (43%) reported using an NYPD-affiliated resource.<sup>43</sup> Individuals who sought help from an NYPD-affiliated service stated they were aware of the existence of the service primarily through word-of-mouth, NYPD training, or their union representative.

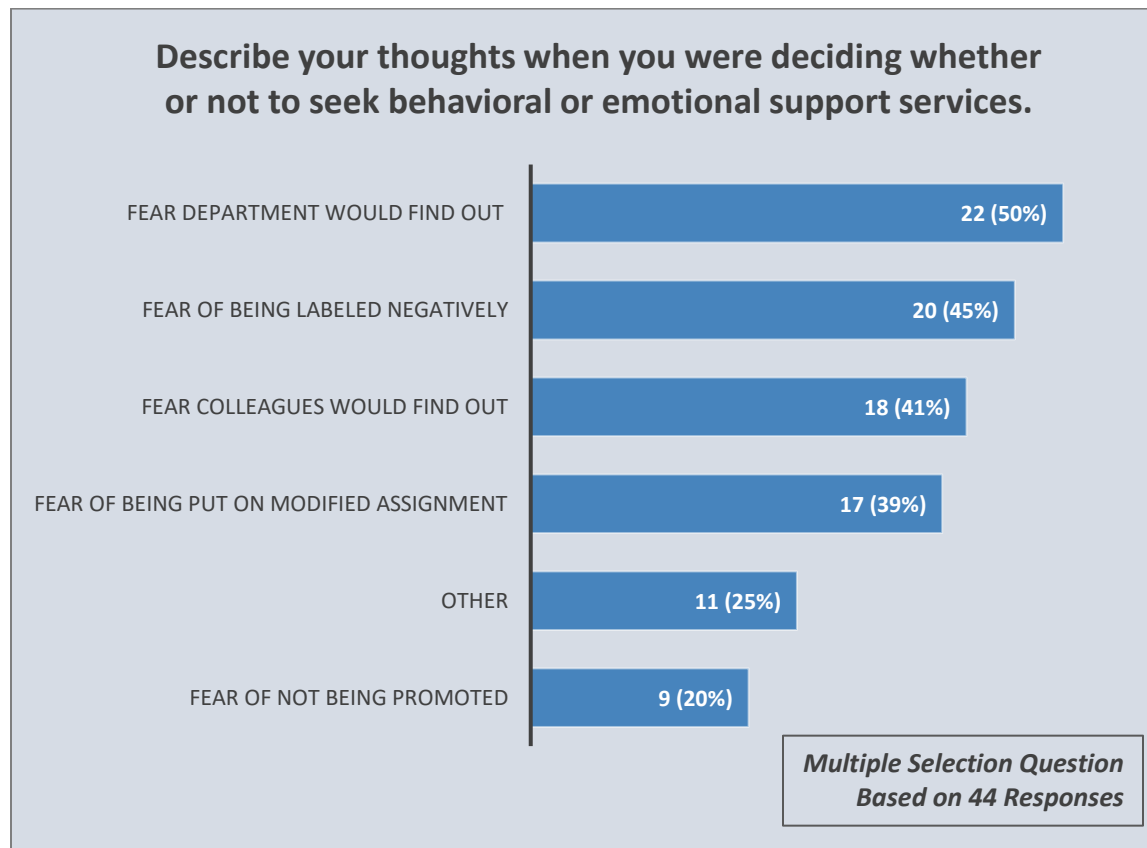
<sup>43</sup> NYPD-affiliated services are discussed in the “Support Services for NYPD Officers” section of this Report.



**Figure 4.**

These results suggest that while officers may be aware of the various NYPD support services available to them, many are not making use of these resources. In a recent meeting with OIG-NYPD, the Deputy Inspector of Employee Relations noted that because officers do not always trust the Department with mental health concerns, EAU makes referrals to external organizations like POPPA.

To shed light on why officers may or may not use NYPD support services, OIG-NYPD asked respondents in the survey about their considerations when deciding to seek behavioral or emotional support. As noted in Figure 5, half of the 44 respondents who considered professional support expressed fear that the Department would find out about their decision to seek such services. Such fears can undermine the willingness of officers to get the help that they need. Confidentiality is a key feature of officer wellness support services. If officers feel that confidentiality is not assured, they may not access the service. NYPD should therefore make a concerted effort to strengthen officer trust in the confidentiality of these services.

**Figure 5.**

In response to an optional open-ended question at the end of the survey, two individuals explained further about the perception or stigma associated with seeking help for emotional/behavioral issues, with one such respondent noting that “it is hard to admit personal issues.”<sup>44</sup> In addition, five of the 67 former officers who responded to the open-ended question expressed that NYPD’s services, particularly for officers who need emotional or behavioral support, are inadequate. One person stated that NYPD’s policies to deal with employees who have emotional or behavioral problems are “antiquated” and “pathetic.” Three retirees expressed dissatisfaction with POPPA for not doing enough to provide them with help.

Despite the availability of support services, many officers will not seek help voluntarily—either because they do not recognize the need for emotional support or due to the strong stigma

<sup>44</sup> The “Support in Retirement” survey included an optional open-ended question, which asked: “If you have additional comments to give on any of the topics covered in this survey, please feel free to write them here.”

in American policing associated with seeking emotional support.<sup>45</sup> Other jurisdictions have taken note of the stigmas connected to obtaining behavioral and emotional support services. In 2010, the San Antonio Police Department (SAPD) developed its flagship wellness program referred to as “Performance and Recovery Optimization” (PRO). PRO’s purpose is to improve decision-making and performance in the field, improve and ensure wellness in the aftermath of critical incidents, and reframe stress management as performance enhancement. This multi-faceted approach reduces the stigma attached to the term “stress” and increases participation by officers in wellness programs.<sup>46</sup> According to DOJ, “SAPD’s mental wellness services are exemplary given their holistic and collaborative nature and can serve as an example to other agencies across the country.”<sup>47</sup>

Likewise, in 2016, the Richland County Sheriff’s Department (RCSD) in South Carolina attempted to break the stigma within its department by instituting a “Critical Incident and PTSD Awareness Training” program for deputies of all ranks and titles.<sup>48</sup> A training instructor stated that “the RCSD’s training removes the perceived stigma or the perception that being a cop means you have to prove yourself, be tough, and not tell others how you feel.”<sup>49</sup>

NYPD has taken some important steps toward diminishing the perceived stigma associated with seeking emotional help, such as by putting on the April 2019 symposium, creating the new Health and Wellness Section, promoting officer wellness through individualized campaigns, and by producing videos featuring NYPD Commissioner O’Neill and other NYPD personnel. Nevertheless, the survey results suggest that NYPD needs to do more to reduce the perceived stigma of using these services.

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<sup>45</sup> Spence, *supra* note 32, at 25.

<sup>46</sup> COLLEEN COPPLE, ET. AL, LAW ENFORCEMENT MENTAL HEALTH AND WELLNESS PROGRAMS: ELEVEN CASE STUDIES, U.S. DEP’T OF JUSTICE, 66 (2019), available at <https://ric-zai-inc.com/Publications/cops-p371-pub.pdf> [Hereinafter “ELEVEN CASE STUDIES”].

<sup>47</sup> *Id.* at 70.

<sup>48</sup> W. Thomas Smith Jr., *How a SC sheriff’s department is combatting police PTSD on the front-end*, POLICEONE.COM, (Jan. 22, 2018), <https://www.policeone.com/health-fitness/articles/469734006-How-a-SC-sheriffs-department-is-combatting-police-PTSD-on-the-front-end/>.

<sup>49</sup> *Id.*

## **C. Training as a Vehicle for Educating Officers about Wellness and Safety**

### **i. Recruit Training**

NYPD provides an overview of available internal and external support services to recruits through written material and discussions during their orientation at the police academy. This onboarding phase also includes a “Stress Management for Police Officers” course (revised in December 2018), which the NYPD Curriculum and Evaluation Unit defines as a 4.5-hour long training delivered through a combination of lecture and discussion. The primary goal of this course is to enable recruits to recognize and manage stressful situations.

OIG-NYPD reviewed course material and attended the training in February 2019. The primary elements covered in the course include theoretical review of the stress phenomenon, its major causes and effects in law enforcement, as well as its connection to the three following topics: critical incidents, suicide, and alcohol abuse. Most of the training’s recommendations for managing stress and its adverse effects were provided in the context of these three topics. These recommendations include maintaining strong social support systems, looking out for each other, and engaging in conventional healthy lifestyle activities (exercise, meditation, relaxation techniques, talking). Recruits are advised that such strategies only apply in mild to moderate cases; chronically or severely stressed officers should obtain professional help.

One of the main features of the training is an effort to address the stigma problem around mental health. The course explained that mental illness/psychological disturbances are caused by chemical imbalances. As a result, the acknowledgment of being traumatized or otherwise mentally unwell and seeking professional help (including getting prescribed medication) should not be considered a sign of personal weakness. This point was underscored in a video in which the NYPD Commissioner and officers reinforced this message.

While materials for this course assert that “managing stress, especially in a profession that presents a great deal of it, is of paramount importance,” the explanation of *how* to manage stress is quite theoretical and lacks concrete, practical strategies/tools for managing stress. In

addition, the training refers recruits to EAU or advises them to seek out professional assistance on their own from a psychiatrist, psychologist, or a clinical social worker. The training does not reference POPPA or provide guidance on how to access such professionals, and such information is solely based on a word-of-mouth.<sup>50</sup> Given that EAU-PSOs participate in the majority of the NYPD in-service trainings relative to officer mental health and wellness, OIG-NYPD suggests that EAU-PSOs similarly participate in the “Stress Management for Police Officers” instruction given to recruits. Currently, that training is delivered by police academy staff.

## ii. In-Service Training (Post-Academy Graduation)

In an attempt to reach all officers, personnel from EAU conduct outreach during precinct roll calls and coordinate with POPPA to conduct outreach efforts that focus on resilience during “down time” while uniformed NYPD officers undergo their mandatory firearms requalification.<sup>51</sup> In addition, a May 2018 NYPD FINEST Message, detailing a list of support services available, required all commands to read the contents of the message during ten consecutive roll calls.<sup>52</sup> These outreach and informational efforts, while valuable in their own way, cannot supplant formal in-service training on mental health and wellness.<sup>53</sup>

In fact, until recently, NYPD did not provide in-service personnel with formal training on mental health and wellness after graduating from the police academy unless those officers participated in NYPD’s Basic Leadership Course (formerly known as Basic Management Operations Course), Advanced Leadership Course, Command Level trainings, or the new executive level training on health and wellness. These trainings are offered to middle and senior management and do not reach all officers at every level.

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<sup>50</sup> In response, NYPD has recently advised OIG-NYPD that information about POPPA and how officers can manage stress is provided in the Academy, but in different courses. OIG-NYPD promptly requested this course material from NYPD, but as of the time of this Report’s publication it had not been received.

<sup>51</sup> This re-qualification can be done at any point during the year and is completed at a time that is at the discretion of the individual officer.

<sup>52</sup> NYPD FINEST Message No. 29941896 from Chief of Personnel, Availability of Department Peer Support Resources, (May 1, 2018).

<sup>53</sup> In-service personnel are active-duty uniformed officers who graduated from NYPD’s police academy

Through the course of this investigation, OIG-NYPD determined that NYPD should, in conjunction with outside mental health experts, reevaluate all internal officer wellness-related courses and trainings with a view toward creating an all-encompassing and modern self-care program for all recruits and uniformed members, tailored towards the officers' various ranks and tenures of service. This finding is consistent with a recent report by the New York City Joint Remedial Process containing a recommendation that NYPD collaborate with outside agencies to further develop, augment, and support its existing programs that assist officers in coping with trauma.<sup>54</sup> As a model, the report cited the Cambridge, Massachusetts Police Department's trauma-informed care training program, which consists of an intensive five-day program on trauma and self-care for police officers. Another model identified by OIG-NYPD is the Los Angeles Police Department's Suicide Prevention Campaign's e-learning course.<sup>55</sup> This 90-minute on-line training for all department personnel covers issues such as personal health, finances, substance abuse, marital strife, and mental illness.

In September 2019, during the course of discussions on the findings and recommendations of this Report, NYPD advised OIG-NYPD of new and enhanced outreach and training initiatives that will provide all in-service personnel with the information they need concerning health and wellness. According to NYPD, these include a structured 30-40 minute training offered to officers at roll call in all commands and an online "Shield of Resilience" training that all officers were directed to complete within six weeks of an August 15, 2019, directive.

These new NYPD efforts may well address the training gaps that OIG-NYPD identified; however, OIG-NYPD has not had the opportunity to fully review and assess these recent training

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<sup>54</sup> Judge Ariel Belen, Facilitator for the Court-ordered Joint Remedial Process, released the "New York City Joint Remedial Process Final Report and Recommendations" on May 15, 2018, with recommendations on NYPD's policies and practices concerning stop-question-and-frisk and trespass enforcement. Recommendation 10 asks the Court to order NYPD to enhance its current officer support functions and incorporate workshops in collaboration with outside agencies to assist officers in developing tools to identify and manage their own trauma, and better recognize how it affects their work in the community. The report cites the Cambridge Police Department's trauma-informed care training program as a model. Belen, *New York City Joint Remedial Process: Final Report and Recommendations on NYPD's Stop, Question, and Frisk and Trespass Enforcement Policies* (May 15, 2018), pursuant to Opinion and Order in *Floyd v. City of New York*, 959 F. Supp. 2d 540 (2013) (No. 08-CIV-1034-SAS-HBP, ECF No. 372 at p. 8 (Aug. 12, 2013)).

<sup>55</sup> *The Los Angeles Police Department's Suicide Prevention Campaign*, THE INT'L ASSOC. OF CHIEFS OF POLICE, <https://www.theiacp.org/sites/default/files/2018-08/LAPD%20KNOW%20Suicide.pdf> (last visited Aug. 14, 2019).

offerings, but may do so in the future. OIG-NYPD maintains that any Department-wide instruction on this topic should be informed by outside mental health experts. Accordingly, OIG-NYPD proposes that NYPD retain outside mental health experts to review and audit the current range of Department-wide trainings that NYPD provides to personnel and ask these experts to recommend to NYPD what additional training, if any, should be developed and delivered.

**D. Discontinuance of Police Services (Retirement or Vested Interest)**

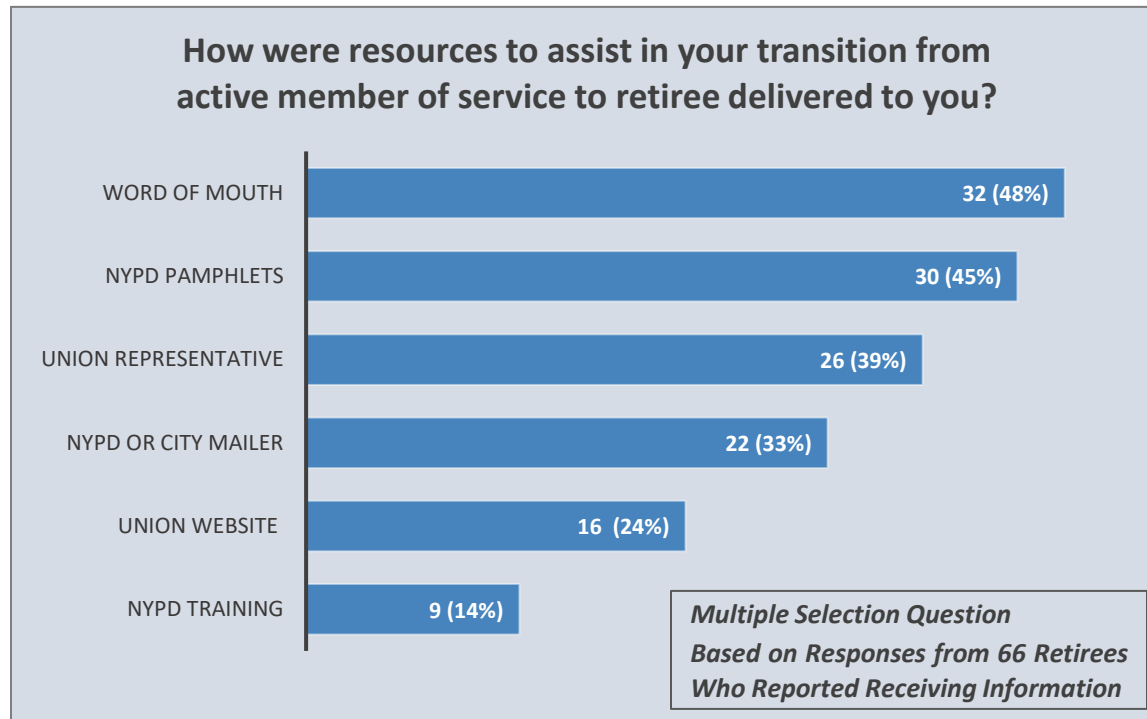
**i. NYPD's Support for Officers Transitioning into Retirement**

Officers approaching retirement may face particular behavioral and/or emotional challenges as they transition to being members of the public. The NYPD Patrol Guide provision that governs the “discontinuance of police services - retirement or vested interest” is silent as to the availability of transitional support services or trainings.<sup>56</sup> According to NYPD, it makes available a pamphlet that provides transitioning officers with EAU retirement information and resources and there are officers transitioning into retirement who take advantage of EAU services.

OIG-NYPD's “Support in Retirement Survey” asked respondents about how NYPD helped prepare them for retirement. Despite NYPD's representations regarding the services and information it provides to retiring officers, 152 of the 207 respondents (73%) reported that NYPD did not provide an exit interview or any personal or group assistance in their transition to retirement. Next, 139 respondents (67%) reported that NYPD did not provide any written information to assist in the transition. Among the 66 respondents (32%) who reported that they received information, the majority obtained this by word-of-mouth, NYPD pamphlets, or from their union representatives. These responses suggest a disconnect between what NYPD believes it is providing and what retirees feel they are not getting. Figure 6 illustrates the sources that officers relied upon for information on transitioning into retirement.

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<sup>56</sup> PATROL GUIDE § 205-42.

**Figure 6.**

OIG-NYPD also asked retirees about the support services available to them in retirement. The vast majority (82%) were unaware of any such services. When asked whether NYPD provides sufficient support to retired officers, 78% responded “No.” Many respondents (62%) believed that they could benefit from additional support from NYPD and provided examples of what this support should look like. These examples included more information on services available to retirees, information on medical coverage, retirement benefits, and support in transitioning to other jobs or back into non-police life. In responses to an optional open-ended question at the end of the survey, three individuals described experiencing feelings of loss and inadequacy, anxiety, and PTSD while transitioning into retirement or during the course of their retirements. Four individuals stated that there is a need for emotional and behavioral support services. One retiree mentioned creating a “POPPA type program” for retirees, and another suggested “some kind of emotional debriefing” or counseling.<sup>57</sup> This sentiment was echoed in the March 2019 DOJ report that stated that “a sudden separation from the peer networks that help make the job

<sup>57</sup> In response, NYPD notes that both POPPA and EAU assist retirees.



manageable puts retirees at risk for depression . . . more needs to be done to support the transition to retirement.”<sup>58</sup>

Retirees who responded to the open-ended question also expressed a need for medical and financial support services, including information about financial wellness and medical coverage if they moved out-of-state. Miscellaneous examples provided by respondents about other ways retirees could be supported included helping them transition into non-uniformed positions, periodic informational sessions with unions, and centralizing the retirement process with a dedicated unit where retirees can reach out with questions.

A common sentiment expressed in 18 of the open-ended responses (27%) was that NYPD did not do enough to support officers transitioning into retirement. Six responses, in particular, conveyed that officers did not know there was an exit interview or were never contacted for one. NYPD's Patrol Guide only mandates an exit interview in the circumstances where police service ends as a result of resignation.<sup>59</sup> One such respondent expressed that exit interviews should be required because some retiring officers may experience negative emotions during and after the process. This respondent recounted the story of a colleague who committed suicide shortly after retiring.

Another sentiment that emerged in several open-ended responses was that NYPD does not care about its retiring and retired officers. In 13 narratives (20%), individuals shared that their retirements were met with apathy by supervisors or the Department in general. One respondent described this process as NYPD letting them go “as though [they] were never a part of the family.” Another retiree disliked that NYPD does not follow up or check in with retirees to see whether they are transitioning well, stating “the old saying: ‘out of sight, out of mind,’ appears to be the best way to describe it.”

NYPD has advised OIG-NYPD of how the Department assists officers transitioning into retirement. It is troubling, however, that some retirees do not believe that NYPD adequately supports retiring and retired officers. The survey results suggest that NYPD can do more. NYPD

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<sup>58</sup> Spence, *supra* note 32 at 14.

<sup>59</sup> PATROL GUIDE § 205-43.

should conduct a review of its policies and practices with regard to the “discontinuance of police service - retirement or vested interest.” NYPD should also establish a mandatory transitional program that would provide sufficient information on the availability of support services, adjusting to life as a member of the public, financial advice, and information on medical and financial entitlements.

## ii. NYPD's Support for Officers in Retirement

After years of dedication and commitment to fulfilling the mission of the Department, NYPD retirees who separate from the Department are faced with adjusting to life as members of the public. Given the lack of transitional programs, retirees are tasked with undertaking this adjustment by proactively seeking out necessary information or reliance on word-of-mouth of fellow retirees. The NYPD Patrol Guide provision that governs the “discontinuance of police services” provides no information regarding the availability of retiree support services or trainings.<sup>60</sup> NYPD maintains an “NYPD Retiree Website” to assist retired members of service.<sup>61</sup> According to NYPD, it does not offer post-retirement mental health and suicide prevention training, despite Commissioner O’Neill stating that retirees’ connection to the Department does not end when they turn in their shields. The March 2019 DOJ report “encourages departments to allow retired law enforcement officers to make use of departmental peer support programs for a select period of time post-retirement.”<sup>62</sup> NYPD should more strongly commit to exploring the needs of such individuals and endeavor to make some support services available to them in retirement.

## E. Identifying Officers in Need of Assistance

NYPD has various monitoring and assistance programs to assess an officer’s behavior and intervene, if necessary, without triggering discipline procedures. For example, Lieutenant-Platoon Commanders can monitor a particular member of their platoon for conduct indicating

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<sup>60</sup> PATROL GUIDE § 205-42.

<sup>61</sup> *Welcome to the NYPD Retiree Website*, N.Y.C. POLICE DEP’T, <http://www.nypd2.org/retirement/home.html> (last visited Aug. 15, 2019).

<sup>62</sup> Spence, *supra* note 32, at 14.

the an officer would benefit from early intervention and counseling, and the NYPD Administrative Guide provides guidance on how to identify such conduct.<sup>63</sup> NYPD's new "executive training" may also help NYPD leadership identify the signs of officers in need of assistance. Beyond such efforts by supervisors, NYPD can do more to identify officers who are experiencing wellness issues and are in need of assistance.

**i. Continuous Assessment of the Mental Health of Officers**

To be considered for the position of police officer with NYPD, among other things, applicants must take a written psychological test and undergo an oral psychological examination administered by NYPD psychologists. These tests are among the many requirements applicants must pass in order to attend the police academy. Once this assessment is successfully completed, however, the officer, after being hired, is not psychologically reassessed unless mandated by Departmental staff reviewing or investigating a particular incident.

NYPD can do more to assess the psychological health of officers after they graduate from the academy. The March 2019 DOJ report asserts that "even when resources are available, many officers will not seek help voluntarily – either because they do not recognize their need for emotional support or because of the strong stigma in American policing associated with seeking emotional support."<sup>64</sup> NYPD should therefore consider instituting mandatory periodic mental health checks of uniformed personnel. Such assessments can benefit both officers and the Department, leading to healthier relationships with the community. One model is the yearly assessments by Mundelein, Illinois Police Department's new officer wellness program.<sup>65</sup> Officers are not only required to pass a mandatory physical fitness assessment, but must also schedule an annual mental health check with a licensed professional. The 55-minute sessions are designed to give officers some tools and an outlet to manage stresses that can impact job performance, like divorce, alcoholism, and thoughts of suicide.

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<sup>63</sup> N.Y.C. POLICE DEP'T ADMIN. GUIDE § 320-22; *see also* PATROL GUIDE §202-13.

<sup>64</sup> Spence, *supra* note 32, at 25.

<sup>65</sup> Mick Zawislak, *Mundelein police retool wellness program to include mental health*, THE DAILY HERALD (May. 16, 2018), <http://www.dailyherald.com/news/20180516/mundelein-police-retool-wellness-program-to-include-mental-health->.

The Mundelein Police Department's annual mental health checks are not psychological evaluations or designed to determine fitness of duty; rather, the checks are a way for officers to get to know the department's mental health professional and to use this resource if necessary. The annual check-up requirement lessens the stigma associated with mental health and leads to greater use of the department's officer wellness services. The wellness program for new Mundelein officers also includes sessions on financial health and nutrition. The local police chief association supports the officer wellness program and also recommends mental health checks after critical incidents within 72 hours, a week, a month, six months, and a year following the incident. The program is well-received not only by police unions, but also officers themselves, and directly translates into healthier officers and better interactions with the community.

During 2018 and 2019 interviews with NYPD's Deputy Chief Surgeon, OIG-NYPD raised the idea of mandatory periodic mental health checks. The Deputy Chief Surgeon concurred with a previous statement made to OIG-NYPD by NYPD's Psychological Evaluation Section's Director, who felt that such a program would not effectively reduce stigma, would be a waste of time and City resources, and would not lead to a decrease in suicide rates. During the interview, the Psychological Evaluations Section's Director further explained that self-referrals and mandatory referrals address the need for mandatory periodic mental health checks. In addition, NYPD's Mental Health and Wellness Coordinator stated that mandatory periodic mental health checks will have "good and bad results for the Department" and "good intentions with bad results" because "mandatory" is a "toxic word."

In September 2019, after receiving OIG-NYPD's draft findings and recommendations, NYPD informed OIG-NYPD that the Department is considering mandatory periodic mental health checks. OIG-NYPD is encouraged by this updated information, and recommends that NYPD study the feasibility of mandatory periodic mental health checks of all NYPD personnel or certain high-risk categories of officers, taking into account the practical limitations and costs associated with a Department of this size.

### iii. Early Intervention

To help identify officers who need support and services, NYPD could better make use of the Department's current early intervention system. An "Early Intervention System" (EIS) is a computerized database system that allows law enforcement agencies to monitor individual police officers based on a series of performance indicators, enabling supervisors to identify those who are in need of intervention while providing the department with global data on the performance of its police force.

NYPD currently uses the Risk Assessment Information Liability System (RAILS), a database that captures a variety of indicators regarding an officer's behavior and performance—such as disciplinary results, CCRB complaints against officers, their use of force, etc.—to identify and track at-risk officers.<sup>66</sup> The overall goal of this system is to help officers improve, not to discipline them. As with other EIS systems, RAILS is focused on optimizing officer performance, but can also potentially promote officer wellness.

Notably, among the various indicators used to identify at-risk officers, RAILS does not incorporate certain factors explicitly tied to officer wellness. According to NYPD, factors that contribute to officer suicide that are encountered in police work are social isolation, domestic issues at home, stress, depression, and potential alcohol abuse.<sup>67</sup> NYPD has some data that may inform such conditions. For example, based on information from NYPD's IAB, 1064 uniformed NYPD members were personally involved in "domestic incidences" between 2017 and 2018, and 371 officers were arrested between 2015 and 2018 (109 of which related to alcohol or controlled substance offenses). Although IAB houses these data, NYPD does not actively review them for trends nor is such information fed into RAILS as performance indicators that could be used to identify at-risk officers who may require officer wellness intervention.

NYPD can and should make better use of such information so that the Department is more aware of officers in need. Specifically, NYPD should incorporate an "officer wellness" category into its early intervention system so that the Department can swiftly identify officers

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<sup>66</sup> As of November 2018, RAILS had grouped these performance indicators into six categories: administrative, CCRB complaints, discipline, use-of-force, officer performance, and arrest processing. Within each category, NYPD has established a set of thresholds that, if met, will trigger a RAILS alert regarding the officer.

<sup>67</sup> Instructor Guide, N.Y. Police Dep't, Stress Management for Police Officers, 22 (June 2015).

experiencing wellness issues and refer them to the appropriate support services. NYPD should explore how such data could be fed into RAILS, and then modify it to help identify at-risk officers. In examining how RAILS could incorporate indicators relating to officer wellness and who would have access to such data, NYPD should take rigorous steps to ensure the privacy of officers and ensure that officers do not suffer inappropriate adverse career effects from the inclusion of these data.

The concept of incorporating wellness indicators into early intervention systems is new and evolving, but can still be consistent with the purpose of these systems. For example, the 12 performance indicators in the San Diego Police Department's Early Identification and Intervention System (EIS) include whether the officer was subject to criminal arrest and whether the officer worked on a crime that had the high potential for emotional impact on the officer (*e.g.*, child death, torture, etc.). The San Diego approach has been the subject of a technical assistance guide for developing an EIS program published by the U.S. Department of Justice Office of Community Oriented Policing Services (COPS).<sup>68</sup> The experience of San Diego aligns with the position of experts, who note how EIS indicators can help identify officers "under stress due to off-the-job problems" and facilitate "[i]nterventions that involve professional counseling for family problems, stress, or substance abuse [as opposed to] traditional discipline."<sup>69</sup>

#### **iv. Impaired Performance**

Impaired performance can occur due to mental, physical, or emotional exhaustion. According to the DOJ's COPS Office, major factors that contribute to this type of impaired performance include sleep deprivation, impact of overtime, secondary employment, shift lengths, particular assignments, and commuting.<sup>70</sup> Officer fatigue, which can be compared in its effects to being impaired by alcohol, amplifies emotional reactions to threats or stressful

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<sup>68</sup> MIKE GIBBS & CAROLYN KENDRICK, ENHANCING CULTURES OF INTEGRITY: BUILDING LAW ENFORCEMENT EARLY INTERVENTION SYSTEMS: TECHNICAL ASSISTANCE GUIDE, U.S. DEP'T OF JUSTICE (Jan. 2011), *available at* <https://ric-zai-inc.com/Publications/cops-p052-pub.pdf>.

<sup>69</sup> SAMUEL E. WALKER & CAROL A. ARCHBOLD, THE NEW WORLD OF POLICE ACCOUNTABILITY, 184-85 (3d ed. 2019).

<sup>70</sup> MORA L. FIEDLER, OFFICER SAFETY AND WELLNESS: AN OVERVIEW OF THE ISSUES, U.S. DEP'T OF JUSTICE, 4, <https://cops.usdoj.gov/pdf/OSWG/e091120401-OSWGReport.pdf>.

events.<sup>71</sup> Research supports that officers suffering from fatigue use more sick leave, have a higher likelihood of dying while in the line of duty, have greater difficulty interacting with the community and others in law enforcement, experience more accidental injuries, become involved in more vehicular accidents, and tend to use force inappropriately at a higher rate.<sup>72</sup> According to one researcher, “fatigue-impaired officers can present threats to public safety and expose the communities they serve to substantial liability.”<sup>73</sup>

Given the heightened risk to personal and public safety created by officer fatigue, OIG-NYPD set out to understand what policies NYPD has to identify, address, and manage the issue. While NYPD officials used different terms, they recognize the phenomenon of officer fatigue and the risks it poses. When OIG-NYPD asked NYPD to produce policies concerning the efforts to address officer fatigue, NYPD cited over a dozen internal procedures on various discrete issues.

For example, NYPD referenced its policy for officers who engage in “off-duty employment.” This procedure incorporates a provision that requires monitoring the on-duty performance of NYPD personnel engaged in such employment and states that “evidence indicating that off duty employment impairs the ability to perform assigned police duties is cause for revocation of approval to engage in off duty employment.”<sup>74</sup> While this particular policy helps the Department address the risks of overworked officers, the provision is limited to off-duty employment. By contrast, other policies—such as those concerning overtime and arrests that may require officers to work beyond their standard shifts—do not contain any controls to ensure that officers are not overextended.<sup>75</sup> Moreover, in the policies cited by NYPD, OIG-NYPD found broad language that did not include any concrete measures guiding officers or their supervisors on how to overcome and manage fatigue shown by officers.

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<sup>71</sup> Reece Towle, *Combating Officer Fatigue*, HUMAN PERFORMANCE TRAINING INSTIT., INC., <https://www.hptinstitute.com/wp-content/uploads/2014/01/Combating-Police-Officer-Fatigue.pdf>. Not surprisingly, the NYPD Patrol Guide notes how the consumption of alcohol will render an officer unfit for duty.

<sup>72</sup> *Officer Work Hours, Stress and Fatigue*, NAT'L INSTIT. OF JUSTICE (Aug. 2012), <https://nij.gov/topics/law-enforcement/officer-safety/stress-fatigue/pages/welcome.aspx>.

<sup>73</sup> Vila, *supra* note 14 at 168.

<sup>74</sup> PATROL GUIDE § 205-40.

<sup>75</sup> See *e.g.*, PATROL GUIDE §§ 205-17 & 208-25.

While OIG-NYPD did not attempt to quantify the incidence of officer fatigue at NYPD (if such a phenomenon could even be measured), the lack of a comprehensive approach to this problem within the Department's policies creates a potential risk. OIG-NYPD therefore urges NYPD to develop an effective overarching policy aimed at addressing officer fatigue. This may require NYPD to reevaluate its current approaches towards officer scheduling, overtime, break and meal protocols, and related matters.<sup>76</sup> The Department should also include the occurrence of impaired performance as a part of its overarching mental health services, ensuring that fatigued officers have access to and are aware of appropriate wellness resources. OIG-NYPD recognizes that this is a complex matter that will need the input of various parties, including operational units at NYPD and the police unions.

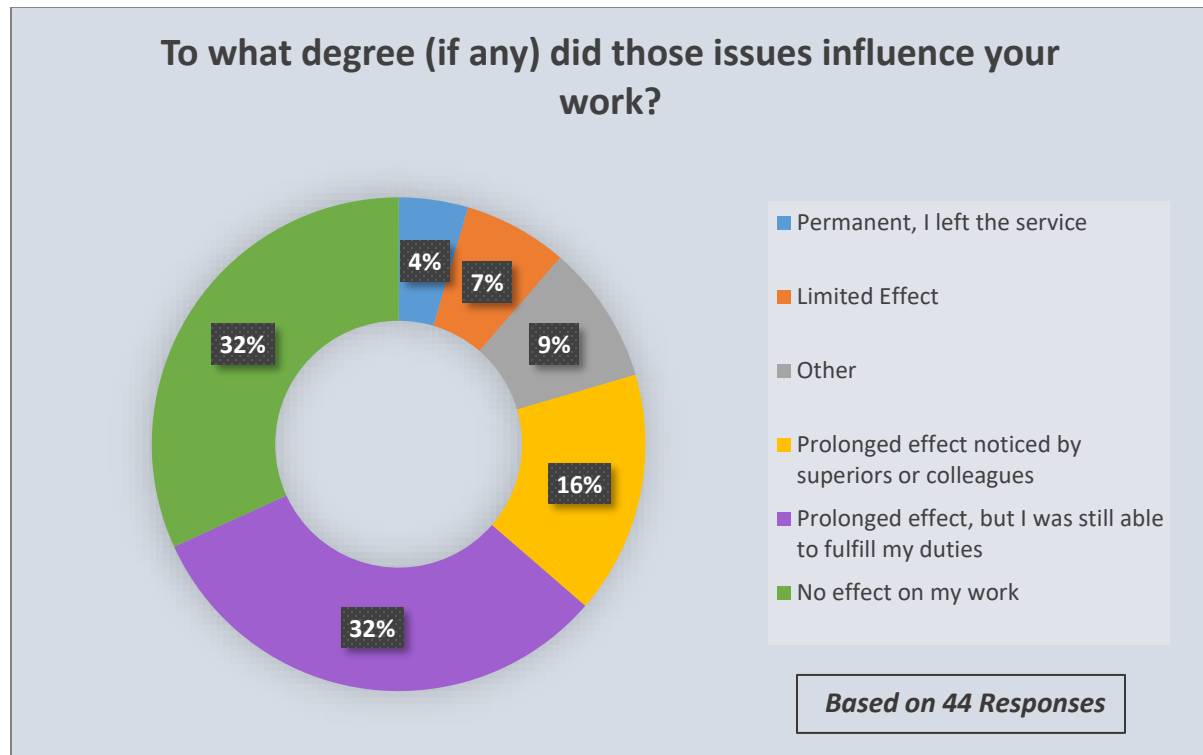
**v. Managing Critical Incidents**

In the "Support Services Survey," respondents who reported having a stressful experience (see Figure 3 above) were asked to indicate to what degree, if any, the stressful experience influenced their work. Of the 44 respondents who answered, 14 reported a prolonged effect on their work but they were still able to fulfill their duties (Figure 7). Respondents were also prompted to designate how long the change to their health lasted during their first period of difficulty, as well as during any second or third periods of difficulty. For the first period of difficulty, 23 of the 44 respondents (52%) indicated changes to their health lasting over 18 months. A quarter of the respondents also reported second and third periods of difficulty lasting over 18 months. These data suggest the possibility of a cumulative effect following an initial period of difficulty. Given how long officers who have suffered stressful experiences exhibit symptoms that may affect their job performance, it is important that officers are adequately debriefed following critical incidents.

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<sup>76</sup> Scism, *supra* note 3.



**Figure 7.**

NYPD defines a critical incident as any event “that is sudden, out of the realm of the ordinary, usually life threatening, and that has the ability to overwhelm your normal coping mechanisms.”<sup>77</sup> In addition, the Department’s EAU defines critical incidents as events “which may cause you to have unusually strong emotional reactions . . . [and] . . . has the potential to interfere with your ability to function now or in the future.”<sup>78</sup> NYPD’s recruit training materials list examples of critical incidents as shooting, serious line of duty injuries, death of a family member, and any other traumatic event. In addition, NYPD’s Operations Order #53 expands the above list to include large scale occurrence(s) involving terrorism, an active shooter event, hostage situations, or other occurrences in which there is imminent potential for violence.<sup>79</sup> When OIG-NYPD requested from NYPD all written policies and procedures concerning critical incident debriefings, the Department directed OIG-NYPD to over a dozen internal policies spanning a

<sup>77</sup> Instructor Guide, *supra* note 67 at 18.

<sup>78</sup> NYPD’s response to document request OIG-16-N087 on November 1, 2016.

<sup>79</sup> N.Y.C. POLICE DEP’T OPERATIONS ORDER No. 53.

variety of issues. Within these materials, OIG-NYPD determined that the term “debriefing” referred to post-incident intelligence collection and commander debriefs, rather than officer wellness checks.

NYPD’s Deputy Chief Surgeon stated that not all NYPD critical incidents are reviewed by his office to determine whether an evaluation of the officer involved is warranted. The Deputy Chief Surgeon explained that, on average, 1,200 to 1,300 notifications are made to his office per year. Of these, NYPD reports that it conducted 70 critical incident debriefs in 2018 and 29 as of April 2019.<sup>80</sup> The Deputy Chief Surgeon confirmed that there are currently no standard written procedures governing critical incident debriefs because the needs of each officer are different.

In general, NYPD maintains that officers who have adverse reactions to critical incidents should seek out a mental health care provider for treatment. Officers, however, are left to their own devices to determine whether they are suffering from the effects of a critical incident and must then locate mental health assistance in those situations. During recruit training, officers are encouraged to reach out to EAU, which provides stress debriefings following critical incidents.<sup>81</sup> As noted above, however, EAU is a peer support and counseling unit; it does not provide the services of licensed mental health professionals. Even when peer counselors have access to licensed mental health professionals for guidance and advice (as recommended by the International Association of Chiefs of Police), this is no substitute for having affected officers speak directly with such professionals.<sup>82</sup>

NYPD recently referred OIG-NYPD to its “Trauma Counseling Program,” which is for NYPD personnel *involved in* shootings, disasters, or other violent occurrences resulting in death or injury.<sup>83</sup> This program, however, does not cover all types of critical incidents, such as those where the officer was not involved in, but was merely a *witness to*, a traumatic event.

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<sup>80</sup> Critical incident debriefings are referred to as trauma debriefings or evaluations.

<sup>81</sup> Instructor Guide, *supra* note 67 at 20.

<sup>82</sup> *Peer Support Guidelines*, GARY L. FISCHLER & ASSOC., PA, (2011), <https://psycheval.com/wp-content/uploads/2016/07/Psych-PeerSupportGuidelines.pdf>.

<sup>83</sup> PATROL GUIDE § 205-08.

Because of this officer wellness gap at NYPD, OIG-NYPD recommends that the Department create a policy on critical incident debriefs. While OIG-NYPD understands that each incident is unique and may require a different approach, NYPD can still develop written criteria that guide the Department on such matters as which critical incidents require debriefing, how those debriefings are conducted, the possibility for inclusion of spouses or other family members, the goals of the debriefing, and what frequency and nature of follow-up should be considered.

## V. RECOMMENDATIONS

Addressing the issue of officer wellness and safety requires a multifaceted, Department-wide approach. To support these efforts, DOI's OIG-NYPD offers the following recommendations that, if implemented, can aid NYPD in responding to officer wellness concerns that negatively impact the safety of officers and the public alike.

- 1. To guide the Department's efforts and memorialize the Department's commitments, NYPD should develop an overarching Mental Health and Wellness policy that articulates goals, establishes standards, and outlines relevant programs and resources. This policy would encompass the recommendations in this Report, the work of the Mental Health and Wellness Coordinator, and the efforts of the Mental Health and Wellness Task Force and the Health and Wellness Section.**
- 2. NYPD should use the results of its own recent 2019 officer survey on health and wellness (and, if necessary, conduct additional officer surveys with the assistance of outside experts) to inform the Department's overall Mental Health and Wellness policy referenced in Recommendation #1.**
- 3. Consistent with the size of the Department, NYPD should increase the staffing levels in the Health and Wellness Section to include full-time licensed mental health professionals and support staff with appropriate levels of competency in the areas of mental health and wellness.**

- 4. NYPD's Health and Wellness Section should have access to specific internal data that would assist the Section with identifying behavioral themes or trends in the conduct of NYPD personnel so as to inform the work of the Section.**
- 5. NYPD should retain outside mental health experts to review and audit the current range of Department-wide health and wellness trainings provided by NYPD to personnel, many of which are new, and ask these experts to recommend to NYPD what additional training, if any, should be developed and delivered.**
- 6. NYPD should study the feasibility of establishing mandatory periodic mental health checks for all police officers or certain categories of at-risk officers.**
- 7. NYPD should modify its early intervention system—Risk Assessment Information Liability System (RAILS)—to include an “officer wellness” category, based on various relevant indicators, so that NYPD personnel requiring officer wellness intervention can be identified.** For example, while NYPD's IAB has data about officers involved in personal domestic incidents or alcohol-related offenses, the Department does not actively review this information or feed such data into RAILS in order to identify at-risk officers who may benefit from intervention.
- 8. NYPD should establish clear written procedures on debriefing NYPD personnel in the wake of critical incidents and follow up with these officers after the debriefing sessions.**
- 9. NYPD should collaborate with the National Officer Safety and Wellness Group to help amplify new and existing efforts to reduce suicide among NYPD personnel.**
- 10. NYPD should establish a mandatory program that provides NYPD personnel approaching retirement with helpful information on the availability of support services**

**following separation, adjusting to life as a member of the public, financial advisement, and medical and retirement benefits.**

- 11. NYPD should explore the needs of its retired personnel and endeavor to make wellness support services available to them for a reasonable period of time following retirement or separation.**
  
- 12. In implementing the recommendations in this Report, NYPD should put in place mechanisms to ensure that the privacy rights of NYPD personnel are respected and strictly protected, both internally and externally, so that information relating to officer health and wellness is not misused and is accessible only by those who need to know. Such efforts should be informed by discussions with officers and representative organizations like police unions and fraternal organizations.**

# APPENDIX A

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## Support Services Survey

**1. During your time on the job, were you aware of various employee support services offered by the NYPD and the City of New York?**

- Yes
- No

**If yes, please indicate which services? (Please check all that apply)**

- Police Organization Providing Peer Assistance (POPPA)
- NYPD Support Services (formerly known as Early Intervention Unit)
- Chaplains
- Union-offered Support Services
- Fraternal Organization Services
- Local Community-based Support Services
- Other: \_\_\_\_\_

**2. During your time on the job, did you have an experience that caused you to consider getting behavioral or emotional support services provided by a licensed professional?**

- Yes (If Yes, continue to the next question.)
- No (If No, skip to Question 13.)

**3. If yes, do any of the following describe that experience? (Please check any that apply)**

- Tragic incident on duty
- Physical injury on duty
- Interpersonal stress with colleagues and/or superiors
- Lack of satisfaction with duties/promotional opportunities
- Pending disciplinary proceeding
- Interpersonal stress such as with family or friends
- Financial distress
- Substance abuse
- Caring for a sick child, spouse, or parent
- Tragic incident or injury while off duty

- Other: \_\_\_\_\_  
\_\_\_\_\_

**4. Do you feel that those issues influenced your work?**

- Yes
- No

**If yes, to what degree?**

- Limited effect
- Prolonged effect, but I was still able to fulfill my duties
- Prolonged effect that was noticed by superiors or colleagues
- Permanent, I left the service
- Other: \_\_\_\_\_  
\_\_\_\_\_

**5. Do you feel that your personal life was also affected?**

- Yes
- No

**6. How long did the change to your health and wellness last?**

| <b>First period of difficulty</b>    | <b>Second period of difficulty, if any</b> | <b>Third period of difficulty, if any</b> |
|--------------------------------------|--|---|
| <input type="radio"/> 0-3 months     | <input type="radio"/> 0-3 months           | <input type="radio"/> 0-3 months          |
| <input type="radio"/> 3-6 months     | <input type="radio"/> 3-6 months           | <input type="radio"/> 3-6 months          |
| <input type="radio"/> 6-12 months    | <input type="radio"/> 6-12 months          | <input type="radio"/> 6-12 months         |
| <input type="radio"/> 12-18 months   | <input type="radio"/> 12-18 months         | <input type="radio"/> 12-18 months        |
| <input type="radio"/> over 18 months | <input type="radio"/> over 18 months       | <input type="radio"/> over 18 months      |

**7. Did you seek assistance from any professional support services?**

- Yes *(If yes, please answer all questions below.)*
- No *(If no, please skip to question 12.)*

**If yes, did you use an NYPD-affiliated service?**

- Yes
- No

**If you used an NYPD-affiliated service, how were you aware of the existence of such service? (check any that apply.)**

- NYPD Training
- Union Representative
- Union Website
- Chaplain Services
- Word of mouth
- NYPD Pamphlets
- NYPD or City of New York Mailer
- Signs posted at Command
- Other: \_\_\_\_\_

\_\_\_\_\_

**8. Did you seek assistance from behavioral or emotional support services other than NYPD-affiliated organizations?**

- Yes
- No

**9. How effective do you feel the professional support services you used were?**

- Extremely effective
- Effective
- Moderately effective
- Not very effective, issues persisted despite using support service
- Other: \_\_\_\_\_

\_\_\_\_\_

**10. How long did you engage with this support service?**

- 0-3 months in all
- 3-6 months in all
- 6-12 months in all
- Over 12 months in all

**11. Do you know of any such support services available to families of police officers?**

- Yes
- No



**If yes, how did you find out about these services?**

- NYPD Training
- Union Representative
- Union Website
- Chaplain Services
- Word of mouth
- NYPD Pamphlets
- NYPD or City of New York Mailer
- Posted signage in Command

**12. Please describe your thoughts when you were deciding whether to seek behavioral or emotional support services. (Check any that apply.)**

- Fear department would find out
- Fear colleagues would find out
- Fear of being put on modified assignment
- Fear of not being promoted
- Fear of being labeled negatively
- Other: \_\_\_\_\_  
\_\_\_\_\_

## Support in Retirement

**13. When you were preparing to leave the NYPD, were you given an exit interview and/or any personal or group guidance to assist in your transition from active member of service to retiree?**

- Yes
- No

**14. Did the NYPD provide you with any written information to assist in your transition from active member of service to retiree?**

- Yes
- No

**If yes, how were the resources delivered to you?**

- NYPD Training
- Union Representative

- Union Website
- Chaplain Services
- Word of mouth
- NYPD Pamphlets
- NYPD or City of New York Mailer

**15. Were any materials or guidance about available support services provided to your family as you were preparing to retire?**

- Yes
- No

**16. Do you know of any support services available for retired officers?**

- Yes
- No

If yes, briefly

describe: \_\_\_\_\_  
\_\_\_\_\_

**17. Do you feel the NYPD provides sufficient support to retired officers?**

- Yes
- No

**18. As a retiree, do you personally feel you could benefit from additional support the NYPD might provide?**

- Yes
- No

If yes, briefly

describe: \_\_\_\_\_  
\_\_\_\_\_

**19. If you have additional comments to give on any of the topics covered in this survey, please feel free to write them here. Write on the back of this page as well, if you wish.**

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# GLOSSARY

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## Abbreviations, Acronyms, and Initialisms

|                     |  |
|---------------------|--|
| <b>ASIST</b>        | Applied Suicide Intervention Skills Intervention Skills Training |
| <b>BLUE H.E.L.P</b> | Honor. Educate. Lead. Prevent.                                   |
| <b>Coordinator</b>  | Mental health and Wellness Coordinator                           |
| <b>COPS Office</b>  | Office of Community Oriented Policing Services                   |
| <b>DOJ</b>          | U.S. Department of Justice                                       |
| <b>EAU</b>          | Employee Assistance Unit   |
| <b>EIS</b>          | Early Intervention System  |
| <b>EIIS</b>         | Early Identification and Intervention System                     |
| <b>IAB</b>          | Internal Affairs Bureau  |
| <b>IMPD</b>         | Indianapolis Metropolitan Police Department                      |
| <b>LEMHWA</b>       | Law Enforcement Mental Health and Wellness Act                   |
| <b>LPC</b>          | Lietenant Platoon Commander                                      |
| <b>MELD</b>         | Military and Extended Leave Desk                                 |
| <b>MHC</b>          | The City of New York's Mental Health Council                     |
| <b>OSWG</b>         | Officer Safety and Wellness Group                                |
| <b>PERF</b>         | Police Executive Research Forum                                  |
| <b>PES</b>          | Psychological Evaluation Section                                 |
| <b>POPPA</b>        | Police Organization Providing Peer Assistance                    |
| <b>PRO</b>          | Performance and Recovery Optimization                            |
| <b>PSO</b>          | Peer Support Officer   |
| <b>PTSD</b>         | Post-Traumatic Stress Disorder                                   |
| <b>RAILS</b>        | Risk Assesment Information Liability System                      |
| <b>RCSD</b>         | Richland County Sheriff's Department                             |
| <b>SAPD</b>         | San Antonio Police Department                                    |