

# Germantown Police Department

## Policies and Procedures

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**Number:** 1-14  
**Effective Date:** January 1, 2003  
**Subject:** Employee Mental Health  
**Previous Revisions:**

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### I. PURPOSE

The purpose of this policy is to outline the Germantown Police Department response to personnel requiring mental health services.

### II. POLICY

The duties and responsibilities of law enforcement personnel are often emotionally demanding, stressful, and difficult. Consequently, it is not uncommon for personnel to experience job related problems, often resulting in negative impact on performance. In some instances, these problems may present a danger to the safety of the employee, employee's family, fellow employees, or the general public. Therefore, it is the policy of the Germantown Police Department to provide all personnel with access to mental health services to assist in resolving any emotional problems. The Department is committed to safeguarding the mental and emotional well being of all employees.

### III. STATEMENT OF CONFIDENTIALITY

All information and correspondence pertaining to issues delineated in this section shall remain confidential. The information may be discussed only among those persons directly involved in the particular situation and/or those with a lawful need to know. All information and correspondence shall conform to the requirements of federal and state laws.

### IV. DEFINITIONS

- A. *Mental Health Professional:* As defined by statute, a mental health professional is a licensed social or mental health worker, counselor, psychotherapist, psychologist, or psychiatrist.
- B. *Peer Support Personnel:* A licensed or non-licensed trained volunteer member of a Critical Incident Stress Debriefing Team or Peer Support Team sanctioned by the Chief of Police, who provides approved intervention services to agency personnel and/or families of personnel.

- C. External Support Personnel: A chaplain or physician who is not a licensed mental health professional who provides health intervention services to agency personnel.
- D. Critical Incident: Any event that has a stressful, negative impact sufficient to overwhelm the usually effective coping skills of either an individual or a group.
- E. Defusing: A peer driven group process integrating crisis intervention strategies which takes place immediately or relatively soon after a critical incident.
- F. Debriefing: A structured, peer driven and clinician monitored group discussion of a critical incident integrating crisis intervention strategies with educational techniques for coping with stress.
- G. Post Traumatic Stress Disorder (P.T.S.D.): An anxiety disorder resulting from exposure to short term severe stress, or the long term accumulation of repetitive and prolonged milder stress.

## V. COUNSELING AND SUPPORT SERVICES

- A. Professional Mental Health Services:
  - 1. Professional mental health service providers are available to all personnel of the Department and their families in accordance with the City's Employee Assistance Program and/or private insurance coverage.
  - 2. Personnel who display obvious signs of emotional stress, including Post Traumatic Stress Disorder, affecting job performance may be referred to a licensed mental health professional for counseling or fitness for duty assignment. The designated Department official referring the employee for such counseling or assessment must articulate and document the specifics of the perceived problem. The areas of concern include, but are not limited to:
    - a. uncharacteristic or repeated citizen complaints, particularly those related to excessive force.
    - b. abrupt changes in responses or behavior such as excessive absenteeism or tardiness.
    - c. abnormal impatience, irritability, or aggressiveness or repeated instances of overreaction or failure to act in the line of duty.
    - d. unexplained changes in work habits or patterns of leave usage.
    - e. erratic mood swings.
    - f. indications of alcohol or drug abuse.
    - g. other indications of dangerous or self-destructive behavior.
  - 3. In exigent circumstances when an employee's behavior constitutes a significant danger to himself/herself or others, the Chief of Police or

designee may order the employee for immediate referral for mental health evaluation.

4. The results of all fitness for duty assessments will be furnished to the Chief of Police or designee for review and appropriate action.
5. Personnel directly or indirectly involved in a death occurrence may be reassigned by the Chief of Police or designee with no loss of pay or benefits. This reassignment shall not be construed as disciplinary action but rather an administrative action permitting an objective investigation of the incident.
6. Personnel directly involved in a death occurrence shall be offered the opportunity to confer with a licensed mental health professional for counseling as soon as practical after the incident.
7. Personnel undergoing assessment who are deemed psychologically fit for duty will be returned to their original duty assignment. Personnel undergoing assessment who are deemed not psychologically fit for duty, shall either:
  - a. be reassigned to an alternative assignment.
  - b. be placed on available temporary light duty.
  - c. be placed on paid administrative leave.
8. Personnel relieved of regular duty based on fitness for duty assessment shall be reinstated to regular duty only by affirmative recommendation of a licensed mental health professional.
9. Job security and promotional opportunities of personnel shall not be jeopardized solely by having participated in psychological counseling services. However, failure to seek treatment to correct deficiencies in job performance resulting from the effects of psychological stress may jeopardize continued employment.

## **VI. PEER SUPPORT SERVICES**

- A. As an alternative to peer support services, personnel are encouraged to contact personal clergy, physicians, or mental health professionals when deemed appropriate for resolving emotional crises.
- B. The Police Department chaplain has an integral but separate function from the Critical Incident Stress Debriefing Team and the Peer Support Team and is not responsible for defusing or debriefing procedures. However, some qualified clergy have completed prescribed peer support training and may be utilized as debriefing personnel.

**VII. NOTIFICATION OF SUPPORT PERSONNEL**

- A. The Chief of Police or designee may request support personnel, chaplain, or other clergy, physician, or mental health professional to respond at any hour of the day following a critical incident.
- B. Any employee may request support personnel, chaplain, or other clergy, physician, or mental health professional to respond at any hour of the day following a critical incident.

**VIII. DEFUSINGS AND DEBRIEFINGS**

- A. The Chief of Police or designee may require employees involved in critical incidents to attend defusing and/or debriefing sessions approved for emergency services personnel.
- B. The Chief of Police or designee may request defusing and/or debriefing assistance through the Tennessee Law Enforcement and Family Support Project.
- C. Strict confidentiality shall be maintained between the peer support personnel and employees required to attend defusings and/or debriefings. No information discussed in defusings and/or debriefings shall be provided to Department officials or investigators conducting an administrative inquiry of the incident.

**IX. REVIEW PROCESS**

An annual review of this policy will be conducted to determine if it should be revised, cancelled or continued in its present form.

This order shall remain in effect until revoked or superseded by competent authority.