

AN EXECUTIVE SUMMARY

# OFFICER SUICIDE: UNDERSTANDING THE CHALLENGES AND DEVELOPING A PLAN OF ACTION

## OFFICER SUICIDE RATES



2017 2018 2019

—BLUE H.E.L.P.

\* as of 7/29/2020

# MOST SUICIDES OCCUR<sup>1</sup>



OFF DUTY



AT HOME



WITH A GUN

## MAJOR CAUSES

### TRAUMATIC EVENT

Officers witness and experience critical and disturbing incidents.

May result in unhealthy coping, which can lead to:

- Post-traumatic stress disorder (PTSD), substance abuse, and depression.
- Officers who experienced more critical incidents were more likely than their colleagues who had experienced fewer such incidents to report experiencing PTSD symptoms and excessive alcohol consumption.<sup>2</sup>

### STRESS

May result in unhealthy coping:

- Increased alcohol use present in more than 85% of 'completed' suicides.<sup>3</sup>
- Long hours may result in isolation.<sup>4</sup>
- Isolation from family and friends outside of law enforcement may occur.

### SHIFT WORK, UNDERVALUED

May result in unhealthy coping:

- Officers may have trouble mentally transitioning from being on duty to being at home.
- Personal relationships may suffer from excess shift work, as well as family and friends not understanding the stress of the job.
- Officers work long hours only to have their work overlooked and/or underappreciated.

### CONSEQUENCES OF UNHEALTHY COPING AND CYCLICAL NATURE OF STRESSORS

PTSD (Between 7% and 19% of officers in the United States have PTSD.)<sup>5</sup>

#### Broken relationships

#### Hopelessness

- Individuals "misconstrue their life experience in a negative way and anticipate dire outcomes for their problems."<sup>6</sup>

## WHY DON'T OFFICERS SEEK HELP?

## SHAME AND STIGMA

### POLICE CULTURE

Embarrassment about mental health struggles

Fear of impact on career advancement<sup>7</sup>

Confidentiality<sup>8</sup>

Sound mental health is a prerequisite for officers

Lack of built-in programs

# WHAT WORKS?

## BUILDING RESILIENCE

Create training programs that focus on increasing confidence in stressful situations, reinforcing coping skills, and teaching officers to stay calmer when faced with unknown events.<sup>9</sup>

Allows officers to be better prepared for critical incidents by building stress-reduction techniques that officers can utilize to respond more effectively and safely to an event.<sup>10</sup>



## PROGRAMS (EAPs)

Effective means of improving productivity and employee engagement by developing employee and manager competencies in managing workplace stress; reducing workplace absenteeism; reducing workplace accidents; managing the effect of disruptive incidents; reducing employee turnover and related replacement costs; and reducing health care costs associated with stress, depression, and other mental health issues.<sup>12</sup>

Important that EAPs offer enough counseling or assessment sessions to provide treatment. The International Association of Chiefs of Police recommends the “sessions per event” model rather than limiting employees to specific number of sessions per year.<sup>13</sup>

Caution should be exercised when integrating mental health services. Some officers may not provide accurate assessments of their mental health if they believe it will not be kept confidential or used for a matter related to their employability and/or return to duty.<sup>14</sup>

Departments should establish measures to ensure that officer information is kept confidential and that qualified and experienced health professionals are evaluating officers.



## APPROPRIATE TIME OFF FOLLOWING A CRITICAL INCIDENT

## CREATING AN ENVIRONMENT WITH SUPPORTIVE MANAGEMENT/ COWORKERS



## POSITIVE COPING

Establish a strong peer support system that consists of giving and receiving help that is based on the “key principles of respect, shared responsibility, and a mutual agreement of what is helpful.”<sup>11</sup>



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## CITATIONS

- <sup>1</sup> Rouse, L., et al., "Law Enforcement Suicide: Discerning Etiology Through Psychological Autopsy," p. 81, 2015, *Police Quarterly*, 18(1), <https://journals.sagepub.com/doi/abs/10.1177/1098611114563083>.
- <sup>2</sup> Heyman, M., et al., "The Ruderman White Paper: Mental Health and Suicide of First Responders," p. 11, 2018, Ruderman Family Foundation, [https://issuu.com/rudermanfoundation/docs/first\\_responder\\_white\\_paper\\_final\\_ac270d530f8bfb](https://issuu.com/rudermanfoundation/docs/first_responder_white_paper_final_ac270d530f8bfb).
- <sup>3</sup> Heyman, M., et al., p. 18.
- <sup>4</sup> Rouse, L., et al., p. 101.
- <sup>5</sup> Violanti, J., et al., "Correlates of Hopelessness in the High Suicide Risk Police Occupation," p. 8, 2015, *Police Practice and Research*, <https://www.ncbi.nlm.nih.gov/pubmed/26752981>.
- <sup>6</sup> Violanti, J., "Police Officer Suicide," p. 14, 2018, *Oxford Research Encyclopedia of Criminology*, <http://oxfordre.com/criminology/view/10.1093/acrefore/9780190264079.001.0001/acrefore-9780190264079-e-87>.
- <sup>7</sup> Heyman, M., et al., p. 25.
- <sup>8</sup> Ramchand, R., et al., "Suicide Prevention in U.S. Law Enforcement Agencies: A National Survey of Current Practices," p. 9, 2018, *Journal of Police and Criminal Psychology*, [https://www.rand.org/pubs/external\\_publications/EP67608.html](https://www.rand.org/pubs/external_publications/EP67608.html).
- <sup>9</sup> The International Association of Chiefs of Police Center for Officer Safety and Wellness, "The Signs Within: Suicide Prevention Education and Awareness," p. 11, 2018, Washington, DC: Office of Community Oriented Policing Services, <https://www.theiacp.org/resources/document/the-signs-within-suicide-prevention-education-and-awareness>.
- <sup>10</sup> Ibid.
- <sup>11</sup> Mead, S., "Defining Peer Support," p. 1, 2003, [https://cabhp.asu.edu/sites/default/files/mead\\_defining-peer-support](https://cabhp.asu.edu/sites/default/files/mead_defining-peer-support).
- <sup>13</sup> Ibid.
- <sup>14</sup> Ramchand, R., et al., p. 9.