

AN EXECUTIVE SUMMARY

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



OFFICER SUICIDE RATES



AUGUST 5, 2021

—BLUE H.E.L.P.

MOST SUICIDES OCCUR¹



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.²

STRESS

May result in unhealthy coping, such as:

- Increased alcohol use present in more than 85% of "completed" suicides.³
- Isolation may result from long work hours.⁴

Broken relationships

- 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 may become increasingly frustrated if they feel their work is overlooked and/or underappreciated.

CONSEQUENCES OF UNHEALTHY COPING AND THE CYCLICAL NATURE OF STRESSORS

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

Hopelessness

- Individuals "misconstrue their life experience in a negative way and anticipate dire outcomes for their problems." Ultimately, the person is drawn to the idea of suicide as a way out of insoluble problems.⁶

WHY DON'T OFFICERS SEEK HELP?



SHAME AND STIGMA

POLICE CULTURE

Embarrassment about mental health struggles

Fear of impact on career advancement⁷

Confidentiality concerns⁸

Fear of judgement

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.⁹

This assists officers in being better prepared for critical incidents by building stress-reduction techniques that officers can utilize to respond more effectively and safely to an event.¹⁰



CRITICAL STRESS INCIDENT MANAGEMENT (CISM)



CISM is an intervention protocol for dealing with traumatic events. Sometimes called “psychological first aid,” it helps those involved in a critical incident to share their experiences, vent emotions, learn about stress reactions and symptoms, and be given referral for further help, if required.¹¹

CREATING A SUPPORTIVE ENVIRONMENT

Develop an agencywide culture committed to promoting health and wellness that ensures access to and promotes the use of a variety of mental health and wellness services.¹²



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.”¹³



EMPLOYEE ASSISTANCE PROGRAMS (EAPs)

EAPs can be an 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.¹⁴

It is 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.¹⁵

Some officers may not provide accurate assessments of their mental health if they believe that it will not be kept confidential or will be used for a matter related to their employability and/or return to duty.¹⁶

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



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CITATIONS

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- ⁴ Rouse, L., et al., p. 101.
- ⁵ 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>.
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- ⁸ 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.
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- ¹⁰ Ibid.
- ¹¹ Cardinal, S. (2021). CISM international—critical incident stress management—what is CISM? Retrieved August 24, 2021, from https://www.criticalincidentstress.com/what_is_cism_.
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- ¹³ Mead, S., "Defining Peer Support," p. 1, 2003, https://cabhp.asu.edu/sites/default/files/mead_defining-peer-support.
- ¹⁴ The International Association of Chiefs of Police Center for Officer Safety and Wellness, p. 9.
- ¹⁵ Ibid.
- ¹⁶ Ramchand, R., et al., p. 9.