IACP National Symposium on Law Enforcement Officer Suicide and Mental Health

BREAKING THE SILENCE

on Law Enforcement Suicides

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COPS OFFICE DIRECTOR'S LETTER

In 2011, in response to Attorney General Eric Holder's concern for officer safety and wellness, the national Officer Safety and Wellness (OSW) Group was convened. Since then, the OSW Group has met to discuss training, policies, best practices, and research to reduce officer fatalities and injuries as well as support officer physical fitness and psychological wellness.

Some of the most critical topic areas in the psychological health of officers identified by the OSW Group are (1) providing mental health services and support programs to officers experiencing post-traumatic stress disorder (PTSD), depression, or suicidal ideation; (2) destigmatizing officers seeking mental health services; and (3) providing officers with easy and confidential access to mental health and mentoring programs. The OSW Group recommended further exploration of proven best practices and more in-depth research to enhance the field's understanding in preventing and intervening in officer suicides.

In response, the Office of Community Oriented Policing Services (COPS Office) was pleased to partner with the International Association of Chiefs of Police (IACP) in sponsoring "Breaking the Silence: A National Symposium on Law Enforcement Officer Suicide and Mental Health" held in the summer of 2013. Subject matter experts dedicated to the psychological welfare of officers participated in the symposium, which comprised a diverse cadre of law enforcement executives; officers; police psychologists; researchers; professors; and representatives from federal, professional, and nonprofit agencies. The results culminated in prevention, intervention, and post-intervention recommendations set forth in this publication.

I hope you will garner meaningful information and strategies from this publication that your agency may implement to address the psychological welfare of your officers. This report embodies the knowledge and consensus of the key stakeholders present at the symposium. It is the COPS Office and IACP's desire to bring the topic of officer suicides to the forefront in order to better understand the imperative role agencies play in supporting their officers' psychological health.

We also encourage you to share this publication, as well as your successes, with other law enforcement practitioners.

Sincerely,

Ronald L. Davis, Director
Office of Community Oriented Policing Services
U.S. Department of Justice

IACP PRESIDENT'S LETTER

IACP: Breaking the Silence on Law Enforcement Suicides

Law enforcement agencies are like families. A special camaraderie forms in a department where men and women work side by side in service to their communities. Not unlike more traditional family units, police departments are shaken to the core with the death of one of their own, whether it is an officer or a professional employee. The response, organizationally and individually, is even more complex when that death comes at the employee's own hand. In a profession where strength, bravery, and resilience are revered, mental health issues and the threats of officer suicide are often dirty little secrets—topics very few want to address or acknowledge.

But our collective silence only compounds the problem. By ignoring the issue, we implicitly promote the unqualified expectation that police must, without question, be brave, steadfast, and resilient. Our refusal to speak openly about the issue perpetuates the stigma many officers hold about mental health issues—the stigma that depression, anxiety, and thoughts of suicide are signs of weakness and failure, not cries for help.

The truth is our police officers and professional employees are not immune to the stresses of the job. Arguably, they are more susceptible given the nature of police work. But continuing to ignore police suicide—to act like it does not happen or that it will not happen in our department—is doing our officers, and professional employees, a grave disservice.

In reality, officer mental health is an issue of officer safety, and we should treat it as such. From body armor and seat belt use policies, to self-defense and verbal judo training, we can all list a variety of measures available to ensure our officers' physical safety. But what are we doing to actively protect and promote their mental and emotional health? Sadly, in many cases, it is not enough. If one of your officers is in crisis, would he or she know where to turn? Are the needed resources in place to help that officer? Would he or she feel comfortable seeking help or fear career ramifications? Are you, as chief, or your officers, as peers, prepared to intervene? What if one of your officers took his or her own life? How would you react and respond? How would the department react and respond? These are all hard questions.

The International Association of Chiefs of Police (IACP) has long recognized that there is an urgent need in the field for leadership on the issues of law enforcement officer and professional employee suicide and mental health. In 2008, the IACP's Police Psychological Services Section, the Bureau of Justice Assistance, and EEI Communications partnered to produce *Preventing Law Enforcement Officer Suicide*, a CD compilation of resources and best practices. Copies of this CD are available today.

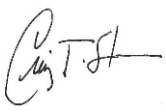
Former IACP President Michael Carroll declared 2010 the Year of Officer Safety. Walter McNeil, also a former IACP president, renewed that pledge in 2011, further stating that suicide prevention would be a major initiative of his presidency.

Officer suicide was covered extensively at the 119th Annual IACP Conference in San Diego in 2012, with several related workshops and a plenary session. Attendance at all these events exceeded expectations, offering a clear indication of the level of interest and need. The IACP's Center for Officer Safety and Wellness (www.theiacp.org/COSW) highlights existing suicide prevention resources and future resources in development.

Our next steps are to provide the field with meaningful leadership and guidance. With assistance from the U.S. Department of Justice's Office of Community Oriented Policing Services, on July 11, 2013, the IACP hosted "Breaking the Silence: A National Symposium on Law Enforcement Officer Suicide and Mental Health." Our objectives for this symposium were to do the following:

- **Raise awareness** regarding suicide and mental health issues in law enforcement and move toward a culture of support and understanding.
- **Identify and evaluate** existing resources, best practices, and training related to suicide prevention, intervention, and response programs.
- **Create a strategic plan** to guide police chiefs in taking proactive measures to mitigate the risk of suicide and openly address officer mental health as a core element of officer safety.

The IACP is committed to these objectives and, most important, to deploying a national strategic plan for implementation of state-of-the-art mental wellness and suicide prevention programs in police departments across America. We want police leaders to really look hard at this strategic plan, to assess the recommendations, and to act—to implement the agency action items outlined here that will integrate mental health and well-being into the officer safety and wellness discussion, and that will help save lives.[1]



Craig T. Steckler
Chief of Police (retired)
Fremont (California) Police Department
July 2013

ACKNOWLEDGMENTS

The International Association of Chiefs of Police (IACP) would like to recognize contributors to this report. First, thank you to the Office of Community Oriented Policing Services (COPS Office), U.S. Department of Justice. We are especially grateful to former COPS Office Director Barney Melekian, PhD, and to former COPS Office Acting Director and Principal Deputy Director Joshua Ederheimer for their commitment to working with the IACP on this issue.

Second, thank you to the Alexandria (Virginia) Police Department, which graciously hosted the symposium. It was important to have the symposium hosted by a law enforcement agency and held at a police department to highlight the significance of this critical issue in law enforcement.

Thanks are also extended to the National Action Alliance for Suicide Prevention and, in particular, Deputy Secretary Katharine Deal. We have benefited tremendously from Deal's subject matter expertise and the Action Alliance's 2012 National Strategy for Suicide Prevention for guidance in creating our own strategy for policing.

Additionally, thank you to 2011–2012 IACP President Walt McNeil for his initial leadership in this area, under the auspices of the IACP's Center for Officer Safety and Wellness, and to 2012–2013 IACP President Craig Steckler and incoming IACP President Yost Zakhary for continuing this important initiative to promote mental health wellness.

The IACP would like to thank the advisory committee for all of the work involved in planning the symposium.

Thank you to the keynote speakers at the symposium: Eddie Reyes, deputy chief of Police, Alexandria (Virginia) Police Department; Beau Thurnauer, deputy chief of police, East Hartford (Connecticut) Police Department; Katherine Deal, deputy secretary, National Action Alliance for Suicide Prevention; Ed Flynn, chief of police, Milwaukee (Wisconsin) Police Department; and Dr. John Violanti, University of Buffalo, New York.

Finally, thank you to the participants who attended the symposium and worked so diligently to fashion the recommendations into a cogent action piece for the IACP and the profession. Each participant was chosen for his or her work and commitment to this critical topic. Each participant contributed a unique and important perspective. We hope that we have synthesized and conveyed their contributions faithfully and accurately in this report.

In recognition of their efforts, we have acknowledged each symposium participant at the end of this report in appendix C. We also have acknowledged the IACP project staff in appendix D.

EXECUTIVE SUMMARY

According to statistics from the Federal Bureau of Investigation (FBI), data from Law Enforcement Officers Killed and Assaulted (LEOKA),[2] and survey results from the 2012 National Study on Police Suicides,[3] law enforcement officer deaths by suicide were twice as high as compared to traffic accidents and felonious assaults during 2012. This sobering data indicates that some law enforcement officers suffer from mental health issues and suicidal ideation and behavior, and too many officers are dying from it. Moreover, it suggests that mental health and well-being is integral to the continuum of officer safety and wellness and critical to preventing officer suicide. Yet, what resources can executives and leaders invest in to support officer mental wellness? While executives provide resources to ensure officer safety and physical fitness standards are met, such as through firearms training and physical fitness programs, what should executives be doing to ensure officers' mental health and wellness?

Law enforcement officers are exposed to daily events that threaten their lives and expose them to heinous atrocities. They witness cruel acts to the innocent more frequently than those in other professions. Because of this, officers deserve the best mental health and wellness support that can be provided. Mental health providers, specifically trained and experienced in providing services to law enforcement, should be available in order to provide specialty service throughout an officer's career, from the academy through retirement.

The reality is that the law enforcement profession has long perpetuated a stigma attached to mental health that prevents both officers from seeking the necessary treatment and leaders from providing it. Now is the time to remove that stigma and to openly address the reality of officer mental health issues and suicide prevention. Now is the time when law enforcement leaders must identify and deploy the most effective strategies to protect and enhance the mental health and fitness of officers.

To address this critical issue, the International Association of Chiefs of Police, in partnership with the U.S. Department of Justice's Office of Community Oriented Policing Services, hosted "Breaking the Silence: A National Symposium on Law Enforcement Officer Suicide and Mental Health" in July 2013. Participants at the symposium worked together to develop a national strategy built on the following four cornerstones to address officer mental wellness and suicide prevention: (1) culture change; (2) early warning and prevention protocols; (3) training; and (4) event response protocols.

The participants identified agency action items in each of these four cornerstone categories that offer concrete strategies to create healthier, stronger, and more productive police departments:

- Recruit leaders who care about the mental wellness of their officers and who unequivocally endorse physical and mental wellness parity as critical to a resilient and healthy police force.
- Recruit and hire resilient officers who have demonstrated a commitment to public service and who have proven stress management skills.
- Establish and institutionalize effective early warning and intervention protocols to identify and treat at-risk officers, for example, by launching awareness campaigns on what to look for and who to call when officers may be in a mental health crisis or suffering from clinical anxiety or chronic depression.
- Audit existing psychological services, and determine whether they are effective in identifying early warning signs of mental wellness issues, including mental illness and suicidal behavior, and in treating at-risk officers.
- Invest in agency-wide training on mental health awareness and stress management.
- Begin mental wellness training at the academy, and continue the training throughout officers' careers with a particular emphasis on first-line supervisors.
- Include family training to reinforce and invest in those critical family connections.
- Establish clear post-event protocols to implement and follow when officers die by suicide.

The strategies outlined in this publication are designed as a road map for police departments seeking to include officer mental wellness as a core element of officer safety and well-being and to mitigate the threat of officer death by suicide. These strategies are designed to prevent the destructive effects of emotional trauma, mental illness, and officer deaths by suicide on a police community; to successfully intervene when officers confront mental health crises, mental illness, or suicidal behavior; and to provide effective event response protocols when an officer dies by suicide in an agency. It is time for a coordinated, national initiative on this all too critical issue. It is time to integrate mental health and well-being into the mainstream officer safety and wellness continuum.

INTRODUCTION

Officer safety is the top concern for police executives. All chiefs want their officers to return home each day as healthy and safe as when they came on duty. Police culture acknowledges the importance of physical safety and wellness. Precautions to ensure an officer's physical safety abound and are often reinforced through official policy statements and training requirements. From wearing bullet proof vests and seat belts to self-defense and firearms training, physical safety is an area all departments emphasize and all officers support. Similarly, every police department has initial physical fitness requirements in order for an officer to be accepted into the department.

Unfortunately, mental health and well-being, while equally critical, fail to receive the same level of attention and resources within the officer safety continuum. Mental health issues and the threat of officer suicide are often topics no one wants to acknowledge. In a profession that prides itself on bravery and heroism, mental health concerns can be seen as weaknesses and antithetical to the strong and courageous police persona. Nevertheless, police officers are not immune to stress, depression, anxiety, post-traumatic stress disorder (PTSD), or other mental health concerns or illness. Arguably, officers are more susceptible given the horrific events, trauma, and chronic stress endemic in their profession.

Perpetuating this culture of silence and denial around officers' mental health needs is unacceptable. This culture endangers every officer in the country. When agencies and individual officers do seek guidance and assistance, they often find limited resources that come from disparate sources, with few devoted specifically to law enforcement. As a result, neither officers nor chiefs know where to turn in a time of crisis.

The International Association of Chiefs of Police (IACP) and the Office of Community Oriented Policing Services (COPS Office) gathered an advisory group, which identified the following policy issues and strategies for discussion at the 2013 National Symposium on Law Enforcement Officer Suicide and Mental Health:

- Refine the leadership role for law enforcement on this issue and empower leaders to change a culture that is dismissive of mental health issues, in part, by identifying first-responder experiences that may lead to stress, PTSD, or other mental illness or thoughts of suicide, and expand awareness of officers' mental wellness and the capacity of supervisors and other officers to intervene where necessary.
- Encourage police and mental health professional collaboration to ensure that new approaches to officers' mental health services are reflective of current best practices in both the mental health and law enforcement fields.
- Identify state-of-the-art mental wellness programs and suicide prevention strategies available for replication, and provide executives with the corresponding tools they need to create robust mental health and wellness initiatives at the local level.

The 2013 symposium was held on July 11 at the Alexandria (Virginia) Police Department. A diverse group of professionals was invited to the symposium based on their contributions and commitment to the issue. This group included sworn officers from different ranks, police psychologists, physicians, academics, advocates, researchers, and policy analysts.

Symposium participants addressed the above-described policy issues and strategies, developed a national strategic plan to openly address the reality of officer mental wellness and suicide, and worked to integrate mental health and well-being into the mainstream officer safety discussion. Participants built this plan upon four cornerstones: (1) culture change; (2) early warning and intervention protocols; (3) training; and (4) event response protocols. In the "Symposium Results" chapter, readers are encouraged to review each cornerstone's agency action items; to consider which recommendations are appropriate for individual departments; and to implement the strategies accordingly along a continuum of prevention, intervention, and postvention objectives. In the "IACP Action Agenda" chapter, each police executive is encouraged to determine how an agency might further assist in these national efforts. Last, the conclusion highlights some of the best practices for agencies seeking

- **to prevent** officer suicides by addressing unidentified and untreated emotional trauma and mental illness, while proactively enhancing officers' emotional well-being;
- **to effectively intervene** where officers suffer from emotional trauma, mental illness, or suicidal behavior;
- **to support** postvention policies to help give direction to the department as well as the family of the officer after an officer dies by suicide.

It is the position of the IACP that implementing the innovative approaches outlined in this report—from officer recruitment through retirement—will help to protect agencies from the devastating effects of mental illness and suicide on officers, their families, and their communities. As a result, agency leadership will increase the likelihood of having a stronger, healthier, and imminently more productive police force.

To date, not enough work has focused on suicide and mental wellness issues within the law enforcement profession. Some relevant work has focused on suicide and mental wellness in the general workplace setting, including the report, *2012 National Strategy for Suicide Prevention: Goals and Objectives for Action*, from the U.S. Surgeon General and the National Action Alliance for Suicide Prevention.[4] This report presents a national strategy to prevent deaths by suicide and includes a comprehensive blueprint of general goals and objectives applicable to suicide prevention in the workplace. Still, it is not specific to law enforcement and does not account for many of the challenges facing those in the law enforcement profession.

The IACP has long recognized that leadership is needed on these issues and has accomplished a great deal already:

- In 2008, the IACP's Police Psychological Services Section, the Bureau of Justice Assistance (BJA), and EEI Communications partnered to produce the CD *Preventing Law Enforcement Officer Suicide: A Compilation of Resources and Best Practices*.
- In 2010, IACP President Michael Carroll declared 2010 the Year of Officer Safety.
- In 2011, IACP President Walt McNeil renewed that pledge, announcing that suicide prevention would be a major initiative of his presidency. McNeil also charged future IACP presidents to continue to prioritize the initiatives. Continued efforts have further solidified the association's long-term commitment to taking a deeper look at officer suicide and mental wellness.
- In 2012–2013, IACP President Craig Steckler continued this priority. In 2012, IACP published a *Police Chief* magazine article[5] on law enforcement suicide and included workshops and a plenary session on officer suicide at the 119th Annual IACP Conference in San Diego. Steckler also published his president's message, "IACP: Breaking the Silence on Law Enforcement Suicides" in an issue of *Police Chief* magazine (for an adaptation of this article, see the "IACP President's Letter" on page vii).

The IACP's Center for Officer Safety and Wellness has developed innovative resources on officer mental wellness and suicide prevention. The center's mission is to emphasize the values of safety, health, and wellness as they impact officer performance by promoting a culture of safety and wellness. The center fosters the development of these values in policing through educational materials, strategies, policies, training, tools, and resources. It is the IACP's position that no injury to or death of a law enforcement professional is acceptable. For more information, visit "Center for Officer Safety and Wellness," http://www.theiacp.org/COSW.

SYMPOSIUM RESULTS

Culture change

Unfortunately, in many law enforcement departments, the culture toward mental wellness or addressing emotional problems of any kind is one of disdain and avoidance. The presumption within this culture is often that the mere presence of an emotional problem indicates a weakness on the officer's part. That perception leads to the even more dangerous perception that being open about these issues can make the officer vulnerable, even to the point of losing his or her job. Significant progress in curbing officer suicide and enhancing officer mental wellness is achievable only if the culture does an about-turn toward openness and support for all aspects of officer health and wellness, particularly mental health.

Changing a culture resistant to even acknowledging mental health issues is a great challenge. This culture may be so institutionalized that many may not even be cognizant of its existence. The reality is that this culture often prevents officers from asking for help and leadership from providing it. The stigma and fear of reprisal associated with asking for help, particularly in law enforcement, leaves officers in need with nowhere to turn and only aggravates feelings of hopelessness.

It is incumbent on leaders to protect their officers. It is imperative that all police executives and leaders commit not only to changing the culture but also to institutionalizing effective mental wellness support so that agencies can address mental health issues successfully and foster resilient and productive police officers. Starting the change may be difficult; it takes time and effort, and progress may be slow. Officers deserve this change, and the outcome is worth the investment.

"Officer suicide and mental wellness needs to be addressed just as directly as officer vests."

— Tony West, Acting Assistant Attorney General, U.S. Department of Justice

Parity of physical and mental wellness and its barriers

To effectively address mental wellness and suicide prevention, all levels of leadership must recognize the parity of mental and physical safety and wellness. Law enforcement agencies are committed to officers' physical safety and wellness. Numerous measures—including body armor, firearms training, on-site gyms, and fitness programs—are in place to ensure an officer's physical safety. But what is the profession doing to protect and support the mental health of officers? Tragically, many agencies lack the resources and the critical guidance to improve and protect their officers' mental health and wellness.

"We need to break the cycle, break the silence, and change the culture."

— Deputy Chief Eddie Reyes, Alexandria (Virginia) Police Department

The stigma of having mental health problems in law enforcement and obtaining professional help for mental illness is a powerful force in police culture and cannot be underestimated. Individuals outside of law enforcement regularly identify and seek mental health treatment for emotional trauma and mental illness for themselves and for others. Why not police?

- The **fear of consequences for seeking help** for emotional problems or mental illness is a reality in the law enforcement culture. If employees believe that asking for help may hurt their image, slow or stop career advancement, or even end their career, they won't do it.
- Police officers are trained to guarantee the physical safety of their fellow officers, but officers are not generally trained to identify or effectively respond to emotional trauma, mental illness, or suicidal behavior in other officers. **Confidentiality laws and policies may be unclear, or officers may be misinformed**, both of which impede officers seeking help and leaders providing help to those who need it. Similarly, officers may be confused about the laws and policies governing when an officer's firearm may be removed because of mental wellness issues, which also impedes officers from seeking needed help.
- Departments with **limited resources** may lack the time and capacity to provide the necessary and confidential mental wellness care and training and may lack suicide prevention programs.

Finally, officers may be allowed to bypass supervisors to get counseling. While the officer may obtain needed help, the department simultaneously may be unaware of officers with mental wellness issues. This dynamic between an agency's need to know and its confidentiality concerns may impose serious obstacles to any agency seeking to improve its officers' mental health.

Agency action items

■ Make suicide prevention a top priority for executives.

Chiefs should be proactive and speak directly to their officers about mental wellness and officer suicide. Hearing from the chief personally and candidly carries a tremendous amount of weight. In particular, police chiefs or others who have triumphed over their own mental health issues should champion this subject and share their own success stories.

■ Review mental wellness and suicide prevention policies and practices.

One of executives' most important tasks in this effort is being held accountable for the review, improvement, and auditing of mental wellness and suicide prevention policies and practices. Police chiefs should appoint and personally oversee a specific employee to begin such an agency review, including identification of resources needed and implementation deadlines. This assessment tool or checklist could include items found in table 1 (see page 7).

Table 1. Suggested checklist for comprehensive mental wellness and suicide prevention programs

Policy and practice review	To do
Does your agency treat officer mental and physical safety and wellness equally?	A mental resiliency check is like a cholesterol check. Make sure your officers are mentally fit.
Do you and your officers know the early warning signs of depression, other mental illnesses, and suicidal behavior?	Implement effective education and training initiatives, and aggressively (and routinely) publicize how officers can get the mental health assistance they need.
Do you have an effective employee assistance program (EAP), peer support group, consortium approach, or other mental health providers dedicated to law enforcement? Do you have a relationship with a local hospital with trusted doctors to treat officers?	Review the mental health resources identified in this report. Know what mental health assistance is available to your department, and find out how you can improve the quality of mental health services delivered to your officers.
What are your mental health intervention protocols for at-risk officers and after critical incidents?	Make sure these protocols are effective and consistent.
Do your training programs, from academy recruits to retirees, include routine training on mental wellness and stress management? Do you incorporate these curricula at critical incident training?	Invest in this training throughout an officer's career. This training is as important as firearms training or wearing bulletproof vests.
If your officers have a union, is the union on board with your mental wellness program?	The union might be the go-to contact for a line officer. Work with your unions to foster support for mental wellness programs.
Do you have clear guidance on confidentiality laws and rules?	Confidentiality laws are complex and have serious ramifications. Educate your agency.
Does employee self-reporting result in discipline or negative consequences, either intentional or unintentional? Do officers fear that self-reporting will result in discipline or even job loss? Do you have clear guidance on the laws and policies that govern when an officer's firearm must be removed because of mental health issues?	Fear of self-reporting may be one of the greatest barriers to achieving a healthy department. Change your culture so that officers are encouraged to self-report. Seeing another officer getting help without being de-gunned or de-badged is reassuring.
What are your policies addressing suicides in your department?	Be sure you have an established notification and funeral policy in place for officers who die by suicide, including outreach, education, support for family members and fellow officers, and media coordination.

Symposium participants recommended that the IACP use this checklist to develop a comprehensive national assessment tool to assist executives in critically evaluating, routinely auditing, and identifying potential enhancements to their mental wellness and suicide prevention policies and practices.

■ Institutionalize these policies and practices.

After reviewing an agency's mental wellness and suicide prevention policies and practices, determine where to make changes or enhancements or where to redeploy resources in order to ensure a healthier police force. The following should be undertaken:

- Ensure policies and practices to adequately address mental wellness and suicide prevention; intervention strategies after a traumatic event for involved officers; and post-suicide protocol and policies for families, the agency, and the community.
- Formalize policies and practices in writing, and ensure they are published agency-wide and routinely reiterated via public awareness campaigns.
- Train officers on these policies and practices throughout officer careers and in all types of training: e.g., academy training, routine resiliency training (rest and relaxation [R&R] training), critical incident training, and retirement transition training. Include them in both formal training (e.g., academy presentations) and informal exercises (e.g., roll call discussions).
- Conduct regular audits of your policies and practices to ensure they're effective and consistently enforced.
- Institutionalize these policies and practices to ensure their survival in future administrations.
- Initiate mental wellness programs and suicide prevention campaigns.
- Flood offices with information, such as training, posters, brochures, and wallet cards, and similarly leverage and update services to identify and publicize available resources for officers in need, including those who suffer from mental illness or are affected by officer suicide.
- Train officers to recognize indicators and warning signs of chronic stress and mental illness within themselves and in their peers.
- Educate officers on self-care, stress-management, and general well-being as a holistic approach to ensure officer mental fitness.
- Provide successful intervention methods, such as the appropriate actions to take when a supervisor recognizes an at-risk officer.
- Encourage officers to police themselves for mental health issues and to look out for the mental well-being of one another. Officers should check in annually with peer support counselors, department psychologists, or outside therapists.
- The chief and the entire command staff must be in front on these campaigns; this is the most important point of all.

These departmental awareness campaigns can ensure that effective mental wellness and suicide prevention policies and practices endure from one administration to the next. However, a mental wellness and suicide prevention campaign may be a difficult sell in an agency. The following four reasons why such a campaign might face opposition are followed by corresponding strategies for overcoming that challenge.

First, a particular department may not have experienced officer deaths by suicide. However, for every one suicide that is carried out, there are as many as 25 attempts, said Dr. Paul Quinnett with the University of Washington School of Medicine during the symposium.[6] Agencies may be unaware of officers' suicide attempts or even their suicidal behavior or ideation. This potential lack of agency awareness, coupled with a lack of comprehensive research, may make it a challenge to sell mental wellness or suicide prevention campaigns in an agency.

A 2009 Centers for Disease Control and Prevention study indicated that suicide in the general population is the tenth leading cause of death, "claiming more than twice as many lives each year as does homicide."[7] Specific to law enforcement, 2012 data from Law Enforcement Officers Killed and Assaulted shows 47 officers were killed feloniously, and 39 were killed in motor vehicle accidents.[8] However, it is estimated that twice as many law enforcement officers every year die from suicide than are killed in either traffic accidents or assaults.[9]

The average law enforcement officer who dies by suicide is male, 38.7 years old, has 12.2 years of experience, and is usually below the sergeant rank, according to a 2012 *Police Chief* article.[10] Yet, any officer with serious mental health issues or suicidal behavior or ideation is vulnerable, and leaders need to be able to identify these officers quickly and early for effective intervention.

Symposium participants recognized an urgent need for better statistics and more comprehensive research on officer death by suicide, as well as mental illness in police agencies. For that reason, participants recommended that the IACP conduct an extensive national survey on this issue.

According to the 2012 National Strategy, the U.S. Air Force Suicide Prevention Program is one example of a success story. The program "has implemented a community-based suicide prevention program featuring 11 initiatives. . . . Evaluation findings indicate that the program reduced the risk of suicide among Air Force personnel by one-third.[11] Participation in the program was also linked to decreases in homicide, family violence . . . , and accidental death."[12]

If an agency has not suffered a suicide tragedy, it should not wait for one to occur. Do not allow mental illness or other significant risk factors to remain unidentified and go untreated. Be proactive. Officers should be given the mental health support and resources they deserve.

Second, if officers are not self-reporting, commanders may be unaware of mental illness or suicide risks, and an awareness campaign may be perceived as unnecessary. The stigmas associated with self-reporting mental health issues, and with perceived and possibly real fear of consequent job loss, prevent agencies from being aware of problems and from providing the necessary resources. Ineffective or nonexistent mental health professionals who could identify and treat at-risk officers, as well as stringent confidentiality rules, may also prevent executives from being aware of officers with mental health issues, mental illness, or suicidal behavior or ideation. As such, executives may not fully grasp the need to prioritize mental wellness or suicide prevention campaigns in their agency.

Nonetheless, other indicators may be present in a department. Have any officers ever abused alcohol or prescription drugs, been involved in domestic violence incidents, or used excessive force? These officers and those subject to internal affairs investigations, serious disciplinary actions, unwanted job changes, or relationship trauma may need mental health counseling or other types of treatment. These events, of course, do not forecast mental illness or suicide risks, but they can be risk factors for or warning signs of underlying mental health issues. Resolve to address these potential mental health issues now and to target serious mental illness such as depression or suicidal behavior. Begin by instituting an agency-wide campaign on mental wellness.

Third, any new program costs money, and agencies may lack sufficient resources. While new programs undeniably cost time and money, it may be more cost effective to treat a veteran cop with mental health issues than to hire a brand new officer. If an agency institutionalizes effective detection, prevention, and intervention strategies, the cost of sick time, lost productivity, legal fees, and other expenses may be diminished. Chiefs may want to reach out to risk management professionals to calculate these real costs and to better understand the payoffs involved.

As noted earlier, the IACP already has developed suicide prevention campaign material. Participants recommended that the IACP develop a similar model in a mental wellness campaign kit. These ready-made and inexpensive resources may be a solution to tight budgets.

Fourth, "protect the protectors." As Dr. John Violanti noted at the symposium, "Officers have an ethical obligation to care for our people. We have a moral imperative to care."

To help overcome these challenges, agencies might also consider implementing some of the best practices identified by former COPS Office Director Bernard Melekian:

- Anonymous counseling outside the police department
- Consortiums or regional support centers, with money set aside for a prescribed number of officer visits per year
- Emphasis on formally trained peer counselors and police officer support groups

- The display and routine update of posters reflecting photos of respected officers with the caption, "We're here to help you"
- Training of lieutenants and sergeants on how to talk about emotional wellness
- Installation of a formal suicide funeral policy

■ Recruit and hire the right people.

Last, hire the right people to implement and follow through on effective mental wellness and suicide prevention policies, practices, and programs. Recruit chiefs who will make these issues a priority, will hire resilient police officers, and will adequately screen new recruits. Participants identified some key personality traits of officers who demonstrate long-term emotional wellness and resilience:

- Service oriented and committed to social service
- Empathetic while maintaining a cool head
- Socially competent
- A team player
- Demonstrates integrity
- Good impulse and stress control
- Minimal risk behavior

Participants considered mental health screenings critical to any hiring protocols and to identifying early warning signs of mental illness. Dr. Stephen Curran with Atlantic OccuPsych said that "over half the police departments in the United States do not conduct pre-employment psychological screenings consistent with IACP Police Psychological Services Section Guidelines." Departments should consider implementing these recruit screenings if they have not done so already.

Early warning and prevention protocols

Mental health problems are more easily resolved when addressed at their earliest stages. Conversely, mental health problems left unaddressed over a significant period of time may cause irreparable harm, including death. Only well-designed, strategic early warning and intervention programs can facilitate this early response to a serious problem. In law enforcement, based on culture and lack of resources, these early warning and intervention programs are often inconsistent, personality based, or lacking entirely. Officers in departments without early warning programs may display a clear set of warning signs that receive no notice and no response until it is too late.[13]

The IACP in 2009 produced a model law enforcement suicide prevention program that is available on the CD *Preventing Law Enforcement Officer Suicide: A Compilation of Resources and Best Practices.* However, participants recommended that the IACP develop a joint model mental wellness and suicide prevention campaign with social marketing materials to assist agencies in building their own programs.

Institutionalizing efforts to identify early warning signs and to implement intervention protocols is crucial to protecting officer mental wellness. Symposium participants focused on strategies for understanding and responding quickly to warning signs to stabilize and protect officers from harm and for empowering officers to improve their resiliency and overall mental health.

What are the stressors affecting and indicators of officers at risk for suicide or mental illness?

Symposium participants agreed that law enforcement must provide better education and training about officers at risk for suicide and mental illness. Participants identified some stressors that officers encounter:

- Accumulation of chronic stresses and daily hassles
- Exposure to horrific events or acute stresses
- Relationship events, including divorce or loss of major relationship; death of a spouse, child, or best friend, especially if by suicide; infidelity; or domestic violence
- Shift work, as officers on midnight shifts may be higher suicide risks because of abnormal sleep patterns, which can impair their ability to make decisions
- High expectations of the profession, followed by perceived futility or social isolation
- Significant financial strain, such as inability to pay mortgages or car payments
- Diagnosis of a serious or terminal illness
- Internal affairs investigations
- Significant change in routine, such as a change of duty or pending or existing retirement

Participants also identified the following indicators:

- Talking about wanting to die, seeking revenge, feeling hopelessness, being trapped, being a burden to others, or being in unbearable pain
- Displaying increased risk-taking behavior or recklessness
- Looking for a way to kill oneself
- Being emotionless, numb, angry, agitated, anxious, or enraged or showing extreme mood swings
- Giving away valued possessions
- Being socially isolated or withdrawn
- Gaining or losing weight
- Experiencing sleep deprivation or sleeping too much
- Cutting themselves
- Increasing consumption of alcohol or drugs[14]

What distinguishes at-risk officers with depression, anxiety, and other mental illness?

Officers suffering from emotional trauma, mental illness, or suicidal behavior or ideas may share commonalities. However, distinguishing between officers in a situational emotional crisis or experiencing chronic depression or suicidal thoughts and then determining the appropriate treatment is challenging. For example, officers who in certain cases may be less resilient than other officers may not be independently capable of triumphing over an emotional trauma and may need peer support counseling or professional psychological help. Others may have clinical anxiety and need professional treatment and supervised medication, and other officers may be suicidal.

Some symposium participants conceded that even they were unclear about how to distinguish among at-risk officers exhibiting anxiety and depression, which also makes identifying effective intervention methods difficult. Participants recommended that the IACP include in its model mental wellness campaign and training curricula specific guidance on the definitions and meanings of these terms and the particular warning signs.

"IACP has helped save the lives of police officers through efforts to prevent police officer suicide."

— Joshua Ederheimer, Former COPS Office Acting Director and Principal Deputy Director

Agency action items

Examples of early warning and intervention protocols are identified throughout this publication, such as comprehensive officer training to assist departments in effectively detecting and responding to emotional trauma. Additional strategies include the following:

- **Identify, evaluate, and routinely audit mental health providers that screen and provide services to officers at risk.**

To identify early warning signs of mental health issues, mental illness, and suicidal behavior and to implement successful intervention programs, departments must identify, evaluate, and routinely audit their mental health providers. These providers are the linchpin to delivering officers effective mental health care. Symposium participants identified the types of providers typically used by law enforcement and some of their respective benefits and drawbacks. Participants also made recommendations respective to each type of service to enhance the delivery of these services.

Whoever the providers are, be sure to not only identify and evaluate their services but also routinely audit their quality and track how often their services are used. This data is essential to obtaining necessary funding and to deploying effective resources where needed.

- **Select trained peer support personnel.**

Specially trained peer support personnel were recognized as critical mental health resources, as officers in crisis may be far more willing to talk to colleagues than to mental health professionals. An agency that does not have a peer support group should

consider starting one. Peer support services should be reviewed to ensure the participants are formally trained to recognize warning signs of officers with mental illness or at risk for suicide and to effectively refer appropriate cases to professionals. Make sure the officers selected for the peer support group are the best officers for the job, and enforce group member accountability and oversight. Consider including retirees who bring extensive experience on the job and can speak to the many challenges of the profession. Finally, ensure written confidentiality guidelines are clear.

■ Promote and enhance employee assistance programs.

Employee assistance programs (EAP) provide no-cost, confidential assistance to an agency's employees (and sometimes their families) on health and wellness issues that impact work performance, such as stress management, substance abuse counseling, and resources for mental health concerns.

"Peer groups act as a portal to get an officer the help they need."

— Chief Ed Flynn, Milwaukee (Wisconsin) Police Department

Participants reported that a department's EAP may be underused as a source for mental health assistance, in part because officers may not wholly trust the programs. For example, many officers perceive that there is a pipeline from the EAP to the chief, which reduces the program's effectiveness. Some participants recognized other problems, including that an EAP may be the only mental health provider available, in which case an agency may need to consider strengthening its EAP as well as supplementing the program internally and externally with other services (e.g., peer support groups and consortiums).

In any event, chiefs should ensure they are knowledgeable of the EAP process. For example, chiefs should make every effort to contact the EAP associated with their department and discuss the processes for both supervisory referrals and self-referrals.

■ Select mental health professionals familiar with the field.

There was a general sense among symposium participants that most mental health practitioners do not typically understand the complexities of the police officer's job. Participants stressed that to reduce the cultural trust gap between mental health professionals and law enforcement officers, mental health professionals must be exposed to police culture and acclimated to the daily rigors of police work. This exposure is critical for a qualified evaluator who may be screening potential recruits or interacting with at-risk officers during or following a critical incident.

■ Develop consortiums, cooperative wellness groups, and regional support teams.

Participants identified these three methods as useful approaches to providing mental health services for small to medium-sized departments. By developing consortiums, cooperative wellness groups, or regional support teams, multiple agencies can hire mental health services they could not otherwise afford as a single agency. Smaller departments can pool their resources together to pay into a program so all their officers can get help when needed.

■ Leverage technology.

Leverage technology as a different type of tool for getting officers help, such as video conferencing therapy, text support, hotlines, and online training. Participants also discussed development of a self-assessment software application that officers could use to determine if they need to seek help and what kind. Available technology needs to be socially marketed and confidential and should include almost everything short of medication. The downsides of this resource include continuity of treatment, billing issues, and tracking and accountability. Most important, the value of human contact cannot be underestimated. Participants recommended that the IACP develop a technology guide to mental health services that includes an application or self-assessment tool.

"I'll call officers in need of help but they won't answer [my phone call]. But if I text them, they'll respond."

— Stephanie Samuels, Founder of COPLINE

■ Reinforce family connections.

Family members are another invaluable resource in identifying and mitigating the effects of mental illness and in preventing suicidal behavior and death by suicide. Programs and educational opportunities—such as training, meetings or events, and family networks—are important for family members in order for them to understand how they can support their significant other as a law enforcement officer.

In terms of **training families,** it is important that family members understand the stressors of police work and the indicators of officers at risk in order to support their loved one in seeking department mental health assistance or professional help at crucial times. One participant indicated that her agency meets with academy recruits and their families for a full day after graduation to prepare families for what to expect in a career in law enforcement; to make them aware of warning signs of depression, anxiety, and other mental illness; and to educate them on available resources.

Participants agreed it is crucial to reinforce this family training throughout officers' careers, as family members may change because of separation, divorce, or death, or they may not remember what they learned 10 or 15 years earlier. More important, the resources change over time.

One mental health professional at the symposium said that 70 percent of callers to the agency's internal help hotline were concerned spouses, not officers, and that the hotline can provide these family members with valuable prevention and intervention information.

In addition to training, do not underestimate the power of creating opportunities to involve family at specific **meetings or events**. For example, departments can invite family members to attend monthly meetings with officers to discuss issues. If a department cannot manage monthly meetings, it can strive to build relationships by hosting holiday parties, summer picnics, and other events.

Spouse and family networks can organize speakers and training for officers' families. Children should be involved as well, because they too may recognize changes in their parents and may become the first responders to officers with mental illness or suicidal behavior.

In addition to family members, other prevention and intervention sources include agency chaplains, officers' own chaplains, or religious leaders.

■ Encourage or consider routine mental wellness check-ins or exams.

Participants universally agreed on the parity of officers' mental and physical health and wellness. They debated considerably over whether routine mental wellness exams should be compulsory to detect early warning signs for mental illness or for suicidal behavior or ideation. Many participants indicated that while compulsory annual psychological exams may offer an opportunity for police to talk to therapists, the therapists in general are not allowed to report their findings to the agency; thus, executives and leaders may be left unaware of mental illness in their departments. Participants also voiced concerns about the legal issues implicated by compulsory annual mental exams. Balancing legal and liability issues with the emotional needs of officers and the ethical responsibility of chiefs is a complex discussion.

Other participants encouraged agencies to ensure that medical evaluators undertake suicide risk assessments when they see officers for required annual physicals. One participant said that her agency's psychological services division meets each officer for a voluntary, confidential visit every 18 months for two hours. This program is designed to change the stigma of people going to mental health services by establishing voluntary but routine, confidential check-ins. For effective oversight, the officers are later surveyed to see if they were satisfied with the therapist's resiliency check and the service received.

Symposium participants agreed that resolution of these topics—agency adoption of compulsory versus voluntary mental exams, confidentiality laws addressing any disclosure of mental health issues, and state and local laws and agency policies governing an officer's status because of mental health illness—was beyond the scope of the symposium.

■ Pay attention to indicators, and be prepared to intervene.

Agencies can take steps to promote awareness among staff, have intervention resources on hand, and establish protocols and policies for addressing mental wellness after critical incidents.

Regarding staff awareness, agencies can **encourage peer responsibility**. Ensure all officers, from recruit to retiree, are properly trained to identify indicators of significant emotional problems, mental illness, and suicidal behavior and ideation.

For resources, agencies can **develop a checklist** similar to an early warning system and include it in supervisors' annual evaluations of an officer's performance. The checklist should help identify whether sufficient warning signs exist to recommend a referral to psychological services. The reality, of course, is that any such checklist may be successfully manipulated; for example, at-risk officers may know the trigger questions, not answer truthfully, and consequently evade detection. Nonetheless, such a checklist may be useful as one type of measurement to establish baseline mental wellness. Implementation of such a tool would necessitate serious discussion over whether this would be part of an employee's official performance record.

An alternative might be that the checklist is given to officers as a self-assessment tool to evaluate whether they need to seek help. This type of checklist could also be used in training and may be less threatening than a supervisory assessment tool.

If an officer is in a mental health crisis, **have a prepared list of contacts** that can help. If an agency has already identified and analyzed its mental health providers, it will have this list of contacts readily available in both print and online. Publicize this list for new recruits, officers in training, and officers in need, and share it throughout officers' careers—both for the individual officer in need and for the officer who recognizes a peer in need.

On a more personal level, each officer should **designate at least one person to be contacted in an emergency**, including when that officer finds himself or herself in a mental health crisis. Some agencies have officers select a designated contact and have that contact's name embedded in the officer's identification in case of an emergency. Table 2 on page 18 offers recommendations on how agency personnel can approach an officer's supervisor when someone perceives an officer to be experiencing a mental health crisis.

Table 2. Suggested response protocol for agency personnel

Scenario	Do this
An officer notifies Human Resources (HR) of a change in beneficiaries	Direct HR to notify the supervisor for a check on emergency contacts. Take this opportunity to make sure there is not something bigger going on. Check in on any mental wellness issues, and be aware of any major life events, such as a divorce or loss.
An officer is subject to an Internal Affairs (IA) investigation	Direct IA to contact the officer's supervisor, and direct the supervisor to talk to the officer and, if necessary, to encourage him to make an appointment with the agency's mental health provider. This direct intervention at the beginning of an IA investigation facilitates (1) identification of at-risk officers and (2) the providing of timely mental health resources where needed to assist officers in successfully navigating the emotional impacts of the investigation.

Last, agencies should **have an established, vetted protocol** to address mental wellness policies after critical incidents. Incorporate that protocol in agency-wide and career-long training, and routinely audit agency policies and practices to ensure the protocol is implemented effectively and consistently.

Symposium participants disagreed on the effectiveness of mental wellness programs conducted after critical incidents. They noted that often it is not the critical incident that can be the most traumatizing, but rather the chronic stress of the job, or a particular event may be the impetus for an individual officer's mental health crisis or suicide attempt.

However, some participants indicated that a compulsory mental health exam to discuss the impact of a trauma reduces the stigma associated with the help. However, the participants cautioned that the effects of trauma are cumulative, and critical incident interventions must be accompanied by subsequent routine resiliency checks. Participants emphasized that if agencies don't provide officers with the proper resources early on, officers may later risk chronic depression and other serious mental health issues.

Other participants disagreed and indicated that mandating officers to see a therapist after coming off a horrific incident may impede their ability to heal. One participant indicated that voluntary, confidential counseling is far more effective in treating such instances.

Regardless of which approach an agency adopts, several recommendations for intervention after critical incidents apply:

- Provide interventions with peers and therapists together, to further break down the stigma of getting mental health assistance.
- Allow a waiting period after the incident before conducting any counseling so officers have a chance to cool down. This provides them with ample time to receive medical assistance post-incident (if necessary) and get past the immediate psychological trauma, which may impact incident recollections and cause distortions and gaps that could affect investigations.

- Provide officers with a phone and private space with which to call a family member immediately after a critical incident. While spousal privileges may protect such communications, other legal and liability issues may apply depending upon state and local law.
- Follow up later with post-incident therapy because stress is cumulative.
- Symposium participants suggested that the IACP develop a model mental health intervention protocol on critical incidents, to include state-of-the-art programs that reflect current best practices in both the mental health and law enforcement fields.

■ Assess potential at-risk groups for early warning signs of mental health issues and tailored intervention programs.

Symposium participants identified retirees, disabled officers, and veterans as potential at-risk groups for mental wellness issues. Officers preparing for retirement may face uncertainty about this change, in the way they identify themselves and how they spend their time. In some agencies, a retirement seminar or retirement wellness orientation is required. Separation from service may impact the mental welfare of a soon-to-be retiree, starting about two years prior to retirement. Send periodic updates and even cards to retirees, and reiterate that they are always welcome in the department. Leaders might consider including retirees in peer support groups.

Officers who become disabled during their career may also face emotional and mental health challenges and may have to consider medical retirement, including officers who become disabled at a very young age. Most officers have not considered this possibility, and that sort of change to their livelihood and identity could be a significant trigger for emotional and mental health crisis. One participant indicated that his agency determined that many officers retire because they felt abandoned after an injury.

Some officers who are returning veterans may face transitional challenges. Veterans may seek police employment because of the similar environment that law enforcement provides; however, the profession is subject to similar stressors as the military. If veterans suffer from PTSD or other deployment-related issues, they may require specialized intervention resources. The IACP's Vets2Cops project includes guidebooks for executives, officers, and families specific to this issue.[15]

There is a crucial leadership role in intervention programs and protocols. Symposium participants highlighted that depending upon the size and nature of the department, executives, command staff, or supervisors play an integral role in any intervention program. For example, some participants suggested that executive, command, or supervisory staff "gets back on the street once in a while" and, to the extent feasible, gets to know their officers' professional and personal lives.

Training

Police officers begin their training in the academy, or even earlier in colleges and universities specializing in policing studies, and continue that training throughout their careers via in-service, roll-call, and external professional development opportunities. And it's safe to say that most police officers are extremely well-trained in the areas of police policy, protocols, and requisite skills.

However, officers may be surprisingly ill-trained or not trained at all in recognizing signs of or effectively responding to emotional distress, PTSD, or other mental illness or suicidal behavior, particularly when such signs and behavior involve their peers. Of equal concern, families of law enforcement officers often do not receive information or training on how to detect early warnings of emotional distress or how to help the officer seek mental health assistance.

Agency action items

Symposium participants made the following recommendations regarding training on recognizing and responding to officers' experiencing a mental health crisis or exhibiting signs of mental illness or suicidal behavior:

Finding the right mental health professionals for an agency is challenging. One participant reported that there is no list of mental health professionals certified to work with law enforcement. As such, participants recommended that the IACP develop standardized training for mental health professionals and possibly certification programs to ensure that officers receive the best mental health care possible from these providers.

■ Offer mental wellness and suicide prevention training to officers, their supervisors and chain of command, and their family members.

Throughout each officer's career (from the academy and through retirement), agencies must offer mental wellness and suicide prevention training to officers, their supervisors and chain of command, and their family members.

Training must be offered to line officers, supervisors, and executives, and there should be a particular emphasis on first-line supervisors because they are the direct link to the officers and in many cases are more likely to detect warning signs and thus need to learn what to say and do if they detect problems. Training tailored for supervisors should cover how they can effectively intervene with at-risk officers—not only what steps supervisors can take but also what words they can use to tell an employee they are concerned about his or her mental wellness.

■ Strive for consistency.

While symposium participants recommended that the IACP, in conjunction with other authorities, develop a national standardized model training on mental wellness and suicide prevention, participants also emphasized that training must be flexible and include the capability to tailor it to each agency's policies and practices.

Participants indicated that because of the differences among agencies in establishing new training, it is difficult to achieve consistency in training curricula. For example, states vary in how they institutionalize new training. Some states require police training to be set by legislature, and agencies in those states have to get buy-in from legislators. In other states, police academies are decentralized and are able to establish new training as needed.

However, agencies should monitor training for internal consistency and effectiveness through routine evaluations.

■ Use available resources.

Resources are already available on model suicide prevention training: e.g., the IACP CD *Preventing Law Enforcement Officer Suicide: A Compilation of Resources and Best Practices*. Prepackaged training presentations, videos, and brochures provide ready-made and cost-effective materials for a law enforcement agency.

■ Focus training on critical incidents, group and self-awareness, and resilience.

Agencies should offer critical incident training, including immediate response and long-term management. Trainings should also cover early warning signs and indicators of mental illness and suicidal behavior and provide include the definitions of clinical depression, anxiety, PTSD, and other mental illnesses. In addition, trainings should teach about resilience and stress-management skills.

Mental wellness and suicide prevention training should be offered both via in-service and via formal (e.g., PowerPoint presentations) and informal (e.g., roll call) means. And agencies should train all staff to be responsible for everyone in the agency, from the chief to the administrative assistant to the dispatcher.

■ Select trainers familiar with the field.

The trainer must be a law enforcement officer or someone trained in the law enforcement culture. As with mental health professionals treating officers, the trainer must be familiar with the daily rigors of police work if the trainer is not also an officer. A trainer can learn about the field by going on ride-alongs during all shifts and participating in academy training.

■ Establish a regular schedule for online and in-person training.

Mental wellness and suicide prevention training should occur at least once a year for two to four hours. Online training can supplement but not replace live training. Frequent, mandatory training normalizes and institutionalizes these concepts.

■ Promote the training actively and consistently.

Find a spokesperson to be the face of the training campaign, and appoint a person at the training academy level as a point of contact for coordinating this information.

Leaders must be front and center at this training to achieve buy-in from officers.

Event response protocols

Departments faced with their first officer suicide may have no idea how to handle the aftermath, including basic funeral protocols and post-suicide actions that can help support the department and officer's family. Without this knowledge and carefully developed protocols, departmental staff, from leaders to line staff to civilian employees, struggle and often fail to handle the suicide in the best manner.

Two issues are most critical here. First, agencies should have funeral protocols in place that allow officers and family members to honor the service and success of the fallen officer, regardless of the means of his or her death.

Second, participants agreed that agencies must have well-established and well-publicized post-event protocols that address the grieving family, the agency, and the media. In general, participants agreed that police leadership should personally notify and visit with the family and announce the facts about the death to agency officers. Post-suicide protocols should include offering counseling and information to the entire department to promote healing, and agencies should open the door to other officers seeking help for an issue to avoid a future officer death by suicide. Leadership must also be accountable for the dissemination of timely, accurate, and controlled information about the suicide.

However, officer death by suicide can raise complex dynamics, for example, between protecting the agency and comforting the officer's family. Litigation or possible litigation can complicate any officer death by suicide. Some agencies have faced pressure, both internal and external, on the specific descriptive language to be used when documenting a death by suicide that will be sensitive to how it may affect an officer's family as well as impact their ability to receive death benefits.

Some participants expressed high praise for U.S. military procedures governing funeral and event response protocols for service men and women who die by suicide and recommended that the IACP review those procedures and publish a model IACP protocol for law enforcement.

Agency action items

- Notify the officer's family members first.

The family must be notified first. To ensure timely notification consistent with each officer's wishes, all active officers should have identified on record whom the agency should notify in case of an officer's death. When notifying the designated family member of an officer's death by suicide, the agency should find out the family's wishes with respect to notification of the agency and the media.

If the suicide occurred at work, the agency leaders should notify the family first before informing the entire department. Request that officers who know about the suicide refrain from discussing the death until the family has first been notified; officers are more willing to comply if they know the chief will personally tell the rest of the department what happened.

■ Have leadership visit the family.

Agency leaders should personally visit with the family who has suffered the loss. The agency leaders should appoint an officer and an alternate to keep in continued, close contact with the family. Some participants recommended that a close friend of the officer and the officer's family should be appointed; others suggested that person might be too bereaved to fill this role. In any event, an alternate should be appointed as a backup.

■ Have leadership inform the department, and promote mental health resources.

After family notification, agency leaders should personally and in a timely manner address the entire department about the facts of the officer's death by suicide. Leaders should also take this time to advocate strongly for the value of officers using the department's mental health resources; to offer specific and available mental health education opportunities and resources; and to provide post-event counseling to affected officers, including those officers who may have responded to the suicide scene.

Symposium participants debated about whether counseling should be compulsory or voluntary, but there was universal support that the following be made available:

- Contact information for psychological services
- Time for officers to visit mental health resources and to heal
- Post-suicide counseling services for affected officers, as those who are already at-risk for mental illness and suicidal behavior or ideation may find this time a particular stressor

■ Disseminate information to the public clearly and consistently.

When addressing the public, the agency must speak clearly and consistently about the officer's death by suicide. The agency must have precise protocols for dealing with the media in these situations. If an agency develops a trusting relationship with members of the media, these matters can be reported far more efficiently and respectfully. Agencies should also ensure that the role of the agency's public information officer is transparent and well-defined.

■ Establish guidelines regarding officers' use of social media as an outlet.

Protocols must include guidelines on officers' use of social media. If agencies reduce the anxiety and anger that may result from the officer's death, they will avoid officers' misuse of social media as an outlet.

■ Establish funeral protocols for officers who died from suicide.

Symposium participants overwhelmingly agreed that police departments should honor how officers lived, not how they died. The symposium discussions focused on the general theme that the funeral and post-event protocols should celebrate the officer's life regardless of cause of death.

However, there was some debate about the precise protocols that should govern funerals of officers who died by suicide. For the most part, participants recommended that these officers receive the same funeral protocols as all active-duty officers who died from a heart attack or natural causes. Participants also said that department leadership must do the following: (1) be physically present at the funeral; (2) establish the agency's funeral protocols; and (3) ensure the entire department is well-informed of and routinely updated on these protocols.

IACP ACTION AGENDA

Symposium participants addressed many instances in which additional national guidance and research is needed, and they recommended that the IACP do the following to create an action agenda:

1. Lead the effort to enhance data collection on officer suicide and mental wellness.
2. Draft an IACP statement or resolution on emotional wellness and suicide prevention that chiefs can distribute to their departments to emphasize the critical importance of this issue to every officer and agency in the country.
3. Address mental health awareness at National Police Week every May as a way to show unity on the issue.
4. Publish a recurring piece addressing mental wellness issues in the IACP *Police Chief* magazine, including stories and testimonials of officers facing and overcoming thoughts of suicide.
5. Publish a *Police Chief* article designed to assist law enforcement executives in assessing, improving, and auditing their agency's mental wellness and suicide prevention policies and practices, including their available mental health services. Include a self-assessment checklist for officers to determine their own mental health. Encourage agencies to distribute this checklist to all department personnel.
6. Develop an IACP awareness campaign that includes print and online resources to help agencies and officers identify early warning signs of, and establish intervention protocols for, emotional trauma, PTSD, other mental illnesses, and suicidal behavior.
7. Provide an IACP forum such as a message board for anonymous postings by officers facing emotional challenges.
8. Involve IACP's Center for Officer Safety and Wellness in drafting and delivering model curricula for academy and in-service training on mental wellness and suicide prevention, as well as technical assistance to agencies initiating mental wellness and suicide prevention programs.
9. Include in model IACP training curricula a separate training for mental health professionals on treating law enforcement officers. Develop a certification program for mental health professionals specializing in services to law enforcement personnel.
10. Draft an IACP model protocol in the event of officer death by suicide, and include specific policies and practices that take into account the devastating effects and complex dynamics of officer suicides on their families and their agencies. Include in this model best practices from the U.S. military protocols for military officer suicides.

Many of these recommendations will receive funding support from the public or private sector. The IACP regularly seeks such support for major policy initiatives and will do so for this issue as necessary.

CONCLUSION

This report outlines numerous strategies addressing officer mental wellness and suicide prevention, and they are most effective if implemented by every federal, state, local, and tribal law enforcement agency along a continuum of **prevention**, **intervention**, and **postvention** objectives:

- Prevent the disastrous effects of mental illness and officer death by suicide on officers, their families, and police agencies.
- Effectively intervene in those cases where officers are in a mental health crisis, suffer from mental illness, or demonstrate suicidal behavior.
- Establish effective postvention policies to help support the families and the department when an officer dies by suicide.

If an agency is committed to aggressively deploying the strategies outlined below, departments will foster healthier, stronger, and vastly more productive police departments, and they may prevent the devastating effects of mental illness on officers and their families and the ultimate tragedy of officer death by suicide. Some of the best practices in each of these three areas are highlighted below:

Prevention

- **Start at the top** and recruit leaders who care about the mental wellness of their officers and who unequivocally endorse physical and mental wellness parity as critical to a resilient and healthy police force.
- **Recruit and hire** resilient officers who have demonstrated a commitment to public service and proven stress management skills.
- **Institutionalize** mental wellness and suicide prevention policies and practices. Formalize in writing, provide training on, and conduct recurring audits of relevant policies and practices, such as whether the agency encourages annual mental check-ins with peer support counselors, department psychologists, mental health professionals, or other providers.
- **Audit the existing psychological providers**, and determine whether they are effective in identifying early warning signs of mental crisis or illness, and suicidal behavior and ideation.
- **Initiate an agency campaign** to raise awareness of mental health and wellness, particularly in identifying the warning signs and how to intervene. Use pre-vetted, ready-made model training and awareness campaigns to cut down on costs and resources; however, tailor the campaign to the agency's needs, and routinely update materials so they don't become stale.

- **Invest in training** agency-wide and throughout officers' careers on mental wellness and stress management. Include both routine resiliency training and critical incident training, with a particular emphasis on training first-line supervisors.
- **Provide family training and events** to reinforce and invest in family connections. Ensure family members are able to identify signs of emotional trauma and to make appropriate referrals when necessary.

Intervention

- Similar to prevention protocols, establish **intervention protocols** tailored to assist officers at risk for mental health crisis and illness, as well as suicidal behavior or ideation. Again, ensure these protocols are institutionalized via established written policies, training programs, and agency awareness campaigns.
- Audit **psychological service providers** to ensure they **effectively intervene** when officers are having emotional problems, suffering from mental illness, or demonstrating suicidal behavior or ideation. For example, ensure a peer support group is formally trained to identify signs of depression, anxiety, and other disorders and to whom the group should refer at-risk officers. Train supervisors on the words to say when they encounter an officer in emotional trauma.
- **Pay closer attention to at-risk groups,** and develop specially tailored intervention programs, including programs for retirees, veterans, and disabled officers.

Event response

- Develop **formalized and routinely published protocols** specifying actions to take when an officer dies by suicide.
- These protocols should include (1) funeral policies; (2) family, agency, and community notification; (3) media relations; and (4) post-incident counseling and agency-wide mental health awareness actions.

APPENDIX A. TRAINING RESOURCES

Preventing Law Enforcement Officer Suicide: A Compilation of Resources and Best Practices

In 2009, the IACP, BJA, and EEI Communications partnered to produce an interactive CD-ROM that contains a valuable set of innovative resources to help law enforcement agencies prevent and respond to officer suicide. This CD-ROM contains a collection of materials from leading agencies around the country and includes sample suicide prevention print materials, presentations, training videos, reference publications, and much more. The purpose of this CD-ROM is to provide the law enforcement community with samples and resource materials to initiate a suicide prevention program. All materials were compiled and vetted by the IACP Police Psychological Services Section. EEI Communications and BJA volunteered to design and reproduce the CD-ROM at no cost, allowing the IACP to bring this much-needed product to the field quickly. Copies can be ordered online through "Preventing Law Enforcement Officer Suicide," National Criminal Justice Reference Service, NCJ no. 224436, https://www.ncjrs.gov/app/publications/abstract.aspx?ID=246399.

The CD-ROM includes the following content:

1. **Developing a Law Enforcement Suicide Prevention Program.** Five steps for initiating a campaign using public health principles
2. **Sample Suicide Prevention Materials.** Examples of brochures, posters, wallet cards, and program summaries
3. **Sample Training Materials.** Examples of training presentations, videos, and brochures used by law enforcement agencies
4. **Sample Presentations.** Examples of PowerPoint presentations on a wide range of suicide-related topics, both for the general public and specific to law enforcement
5. **Sample Funeral Protocols.** Examples of funeral protocols, death notifications, and other similar procedures
6. **Additional Reading.** A wide range of supplemental reports, research, articles, and links to related online resources
7. **About This CD.** Acknowledgments and contact information for key content contributors

For more information, please contact Kim Kohlhepp at 703-836-6767 ext. 237 or kohlheppk@theiacp.org. For additional police psychological resources, visit the IACP Police Psychological Services Section's web page at http://www.theiacp.org/psych_services_section.

In Harms Way: A Law Enforcement Suicide Prevention Toolkit

This toolkit was developed by the Florida Regional Community Policing Institute and distributed to all Florida law enforcement agencies in October 2007. It was designed by law enforcement as well as subject-matter experts to assist departments in providing suicide

prevention training, reducing the stigma associated with seeking help, and encouraging officers to support one another. It includes PowerPoint presentations, model policies and procedures, best practices, research, and recommendations.

Digital copies of printed materials from the toolkit are available for download and printing at "Law Enforcement Suicide Prevention: How to Use This Toolkit," Florida Regional Community Policing Institute, St. Petersburg College, http://cop.spcollege.edu/INHARMSWAYResourceOnline/StartHere.pdf. These materials can be customized with each agency's seal, logo, name, phone numbers, and contact information. Agencies are permitted to reproduce copies free of charge for distribution within law enforcement agencies, provided that agencies do not change the text or delete the credit.

QPR for Law Enforcement

The QPR (Question, Persuade, and Refer) Institute offers a customized, best practice suicide prevention training program designed specifically for law enforcement officers, families, and organizations. For the basic QPR intervention, visit "QPR Gatekeeper Training for Suicide Prevention," National Registry of Evidence-Based Programs and Practices, http://legacy.nreppadmin.net/ViewIntervention.aspx?id=299.

For a description of the online version of the training, visit "QPR for Law Enforcement," QPR Institute, http://courses.qprinstitute.com/index.php?option=com_zoo&task=item&item_id=12&Itemid=739b.

Classroom training and train-the-trainer courses are also available. QPR is the most widely taught suicide prevention gatekeeper training program in the world, with more than 1,300,000 persons trained in more than a dozen countries. To learn more, visit QPR Institute's website at www.qprinstitute.com.

APPENDIX B. ADDITIONAL RESOURCES

2012 National Strategy for Suicide Prevention: Goals and Objectives for Action

http://www.armyg1.army.mil/hr/suicide/docs/10%20Sep%202012_NSSP_Final.pdf

This guide was developed through the joint efforts of the Office of the U.S. Surgeon General and the National Action Alliance for Suicide Prevention. It outlines four strategic directions with 13 goals and 60 objectives to help prevent suicides in the nation over the next decade.

Air Force Suicide Prevention Program

http://www.af.mil/Suicide-Prevention

This website is dedicated to the well-being of members of the U.S. Air Force and their families. It provides news and commentaries on suicide prevention strategies as well as links to the Military Crisis Line call and chat centers.

Badge of Life

http://www.badgeoflife.com

This nonprofit suicide prevention and mental health program is dedicated to helping law enforcement officers and retirees. The program includes the Emotional Self-Care training, which focuses on being mentally healthy and an annual mental health checkup with a licensed therapist. The website also lists materials on officer suicide.

COPLINE

http://copline.org

This national hotline, 800-267-5463, is exclusively for law enforcement officers and their families. It is staffed by retired officers and a therapist with law enforcement experience to help active officers with the psychosocial stressors they face at work. The website also provides resources about officer suicide.

Developing a Law Enforcement Suicide Prevention Campaign Using Public Health Principles

http://www.theiacp.org/%5CPortals%5C0%5Cpdfs%5CPreventingLESuicideCD%5Cintroduction.doc

This Word document provides an abbreviated overview of how an agency can develop a suicide prevention program.

Emotional Survival for Law Enforcement

http://emotionalsurvival.com

This book by Kevin M. Gilmartin, a behavioral sciences and management consultant specializing in the law enforcement and public safety areas, provides information on how an officer's attitude and behaviors can deteriorate both personally and professionally over

the years because of what he or she sees every day. The book also provides officers with strategies on how this can be prevented. The goal of this book is to help law enforcement personnel remain committed and engaged in their profession.

Florida Suicide Prevention Strategy
http://www.iadlest.org/Portals/0/Files/Documents/DOJ/Suicide/iacp_site/Educational%20Materials/Data%20&%20Reports/Florida%20Suicide%20Prevention%20Strategy.pdf

This strategy outlines an integrated partnership between State government and citizen interest groups to lower Florida's suicide rate by one third.

Great Lakes Summit on Gun Violence: Suicide Prevention Subgroup; Implications for Law Enforcement
http://www.iadlest.org/Portals/0/Files/Documents/DOJ/Suicide/iacp_site/Reference%20Material/Resource%20Materials/IACP%20Conference.doc

This Word document captures the summit's main focus: discussing prevention and intervention strategies for reducing the use of guns in suicides.

A Guide for Early Responders Supporting Survivors Bereaved by Suicide
http://suicideprevention.ca/wp-content/uploads/2014/05/Early-Responder-Final.pdf

This guide from the Winnipeg Suicide Prevention Network provides information for emergency responders on how survivors of a suicide loss may feel and how to support them.

How Can Emergency Responders Manage Their Own Response to a Traumatic Event?
http://www.sprc.org/sites/default/files/migrate/library/EmergencyRespondersOwnResponse.pdf

This two-page information sheet by Mark D. Lerner and Raymond D. Shelton gives practical suggestions for how emergency responders can manage the way they respond to any traumatic event, including a suicide attempt or death, during and following their involvement in the situation.

Law Enforcement Wallet Card
https://www.save.org/product/law-enforcement-wallet-card

This wallet-sized card from Suicide Awareness Voices of Education (SAVE) includes warning signs for suicide, basic steps officers can take if they think a fellow officer is considering suicide, and resources for more information.

Managing the Unexpected: Resilient Performance in an Age of Uncertainty, Second Edition
https://www.amazon.com/Managing-Unexpected-Resilient-Performance-Uncertainty/dp/0787996491/ref=tmm_hrd_swatch_0?_encoding=UTF8&qid=&sr=

This book by Karl E. Weick and Kathleen M. Sutcliffe examines different high reliability organization models and how they address unexpected situations—from the dramatic (e.g., a terrorist attack) to the mundane (e.g., small organizational lapses).

National Police Suicide Foundation

https://www.psf.org

This organization provides several different kinds of training programs on suicide awareness and prevention as well as support services that meet the psychological, emotional, and spiritual needs of law enforcement officers and their families.

The Pain Behind the Badge: Police Suicide Prevention Seminars

http://thepainbehindthebadge.com

This website offers information on The Pain Behind the Badge documentary film and its associated seminar "Winning the Battle." Both focus on officer suicide and positive ways to deal with the stresses of being a law enforcement officer or other type of first responder.

Safe Call Now

https://www.safecallnow.org

Safe Call Now, 206-459-3020, is a 24-hour crisis line for public safety employees and their families across the Unites States that enables them to talk with law enforcement officers, former officers, public safety professionals, and mental health care providers who are familiar with public safety work. The crisis line provides education, healthy alternatives, and resources.

Suicide and Law Enforcement

https://www.ncjrs.gov/pdffiles1/193528-193589.pdf

This publication, from the Federal Bureau of Investigation and edited by Donald C. Sheehan and Janet I. Warren, summarizes the results of a group of law enforcement officers, psychologists, attorneys, chaplains, and employee assistance professionals who came together to discuss the impact suicide has on the law enforcement profession.

Suicide Training for Law Enforcement / Police: Intervention and Postvention

http://www.theconnectprogram.org/training-audiences/suicide-prevention-training-law-enforcement

The Connect program's prevention and intervention training is designed to increase the competence of law enforcement officers in responding to suicide incidents. It includes best practices specific to law enforcement officers, interactive scenarios, agency policies and procedures, and discussion on how to integrate key community services for an effective and comprehensive response. The postvention training supports proactive planning to provide a comprehensive, integrated community response with other key service providers after a suicide death. Participants also learn how to reduce the risk of suicide contagion. Each training is six hours and can be tailored for specific audiences. The intended audience includes officers working in local or state law enforcement agencies, schools, probation and parole agencies, and the juvenile justice system. This training is appropriate for all levels, including administrative staff, dispatch, and chiefs.

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ENDNOTES

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ABOUT THE IACP

The **International Association of Chiefs of Police (IACP)** is a nonprofit membership organization that supports law enforcement leaders around the world. With more than 25,000 members in more than 120 countries, the IACP serves chief executives and law enforcement professionals of all ranks at the state, local, tribal, municipal, and federal level, as well as nonsworn leaders across the criminal justice system. As the largest and longest-standing law enforcement leadership association, the IACP continues to launch historically acclaimed programs, conduct ground-breaking research, and speak out on law enforcement issues.

Today, the IACP continues to be recognized as a leader in law enforcement program development through the efforts of its divisions, sections, committees, and professional staff. The IACP supports law enforcement through advocacy, training, research, and professional services and enhances communication and collaboration through various specialized forums including the IACP Annual Conference and Exposition. By engaging in strategic partnerships across the public safety spectrum, the IACP provides members with the tools and resources they need to educate the public on the role of law enforcement and to help build sustainable community relationships.

Learn more at by visiting the IACP online at www.theiacp.org.

ABOUT THE COPS OFFICE

The **Office of Community Oriented Policing Services (COPS Office)** is the component of the U.S. Department of Justice responsible for advancing the practice of community policing by the nation's state, local, territorial, and tribal law enforcement agencies through information and grant resources.

Community policing begins with a commitment to building trust and mutual respect between police and communities. It supports public safety by encouraging all stakeholders to work together to address our nation's crime challenges. When police and communities collaborate, they more effectively address underlying issues, change negative behavioral patterns, and allocate resources.

Rather than simply responding to crime, community policing focuses on preventing it through strategic problem solving approaches based on collaboration. The COPS Office awards grants to hire community police and support the development and testing of innovative policing strategies. COPS Office funding also provides training and technical assistance to community members and local government leaders, as well as all levels of law enforcement.

Another source of COPS Office assistance is the Collaborative Reform Initiative for Technical Assistance (CRI-TA). Developed to advance community policing and ensure constitutional practices, CRI-TA is an independent, objective process for organizational transformation. It provides recommendations based on expert analysis of policies, practices, training, tactics, and accountability methods related to issues of concern.

Since 1994, the COPS Office has invested more than $14 billion to add community policing officers to the nation's streets, enhance crime fighting technology, support crime prevention initiatives, and provide training and technical assistance to help advance community policing.

- To date, the COPS Office has funded the hiring of approximately 129,000 additional officers by more than 13,000 of the nation's 18,000 law enforcement agencies in both small and large jurisdictions.
- Nearly 700,000 law enforcement personnel, community members, and government leaders have been trained through COPS Office-funded training organizations.
- To date, the COPS Office has distributed more than eight million topic-specific publications, training curricula, white papers, and resource CDs.
- The COPS Office also sponsors conferences, roundtables, and other forums focused on issues critical to law enforcement.

COPS Office resources, covering a wide breadth of community policing topics—from school and campus safety to gang violence—are available, at no cost, through its online Resource Center at www.cops.usdoj.gov. This easy-to-navigate website is also the grant application portal, providing access to online application forms.

The COPS Office partnered with the International Association of Chiefs of Police (IACP) to sponsor the *Breaking the Silence: A National Symposium on Law Enforcement Officer Suicide and Mental Health* in the summer of 2013. The strategies outlined in this publication provide a road map for police departments seeking to include officer mental wellness as a core element of officer safety and well-being and to mitigate the threat of officer death by suicide. These strategies are designed to **prevent** the destructive effects of emotional trauma, mental illness, and officer deaths by suicide on a police community; to successfully **intervene** when officers confront mental health crises, mental illness, or suicidal behavior; and to provide effective **event response** protocols when an officer dies by suicide in an agency.

COPS
Community Oriented Policing Services
U.S. Department of Justice

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To obtain details on COPS Office programs, call
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Visit the COPS Office online at **www.cops.usdoj.gov**.

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