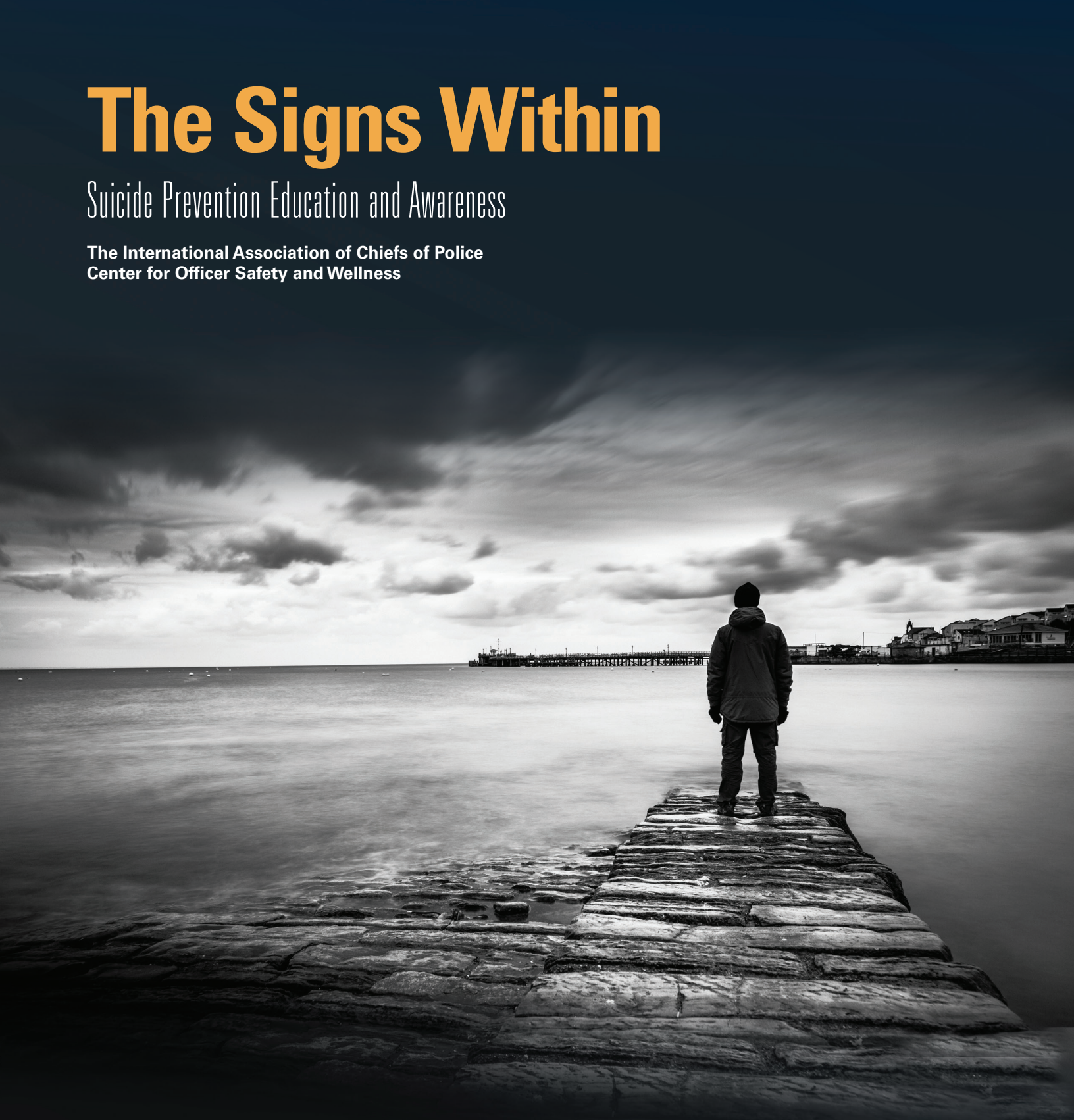
The Signs Within

Suicide Prevention Education and Awareness

The International Association of Chiefs of Police
Center for Officer Safety and Wellness



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

INTERNATIONAL ASSOCIATION OF CHIEFS OF POLICE
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This project was supported, in whole or in part, by cooperative agreement / grant number2013-CK-WX-K022 awarded by the U.S. Department of Justice, Office of Community Oriented Policing Services. The opinions contained herein are those of the author(s) or contributor(s) and do not necessarily represent the official position or policies of the U.S. Department of Justice. References to specific individuals, agencies, companies, products, or services should not be considered an endorsement by the author(s) or the U.S. Department of Justice. Rather, the references are illustrations to supplement discussion of the issues.

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Recommended citation:
The International Association of Chiefs of Police Center for Officer Safety and Wellness. 2018. *The Signs Within: Suicide Prevention Education and Awareness*. Washington, DC: Office of Community Oriented Policing Services.

Published 2018

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Introduction

The job of a law enforcement officer requires response to all types of situations, often with little preparation. Every day presents an officer with new challenges and new scenarios. Sometimes, these challenges are stressful, physically and mentally demanding, and show a dark side of human nature. It is not uncommon or unusual for these critical incidents to weigh on officers, making it difficult for them to maintain resiliency.

Despite these constant stresses, the culture of the law enforcement field is one of mental and physical toughness. Perceived weakness is often not tolerated, because the safety of other law enforcement officers and the public is at stake whenever an officer responds to a call. There is a stigma that often prevents officers from seeking the necessary resources and treatment and prevents police departments from providing it. This stigma is dangerous. Officers' mental wellness is just as vital to their job performance and overall health and wellbeing as their physical health.

Project goal

The goal of this document is to educate law enforcement leaders, raise awareness, and prevent officer suicides. With information, signs to look for, and resources to reach out to, this document ensures that law enforcement leaders can provide their officers with the proper support in order to prevent officer suicides.

According to the Centers for Disease Control and Prevention, in 2014 more than 42,700 deaths by suicide were reported in the United States,[1] claiming victims from all walks of life, ethnicities, and age groups. On average, 117 suicides happen per day.[2] Law enforcement officers see suicide up close—often in gruesome detail. They may be the first on the scene, and are responsible for notifying family members. Dealing with others' suicides can weigh heavily on them.

Law enforcement officers are not only responders to suicide; they may also be its victims. Unfortunately, there is no clear data on the number of suicides within the law enforcement field. Officer suicides often go misreported or unreported, making studies of the matter difficult or impossible. While suicide is a growing area of concern within the law enforcement community, the extent of the problem cannot be known with any certainty. The American Psychological Association (APA) detailed the problem in a 2001 issue brief:

> *Experts on suicide say that statistics on its relation to occupation are not clear. There is no national data set on occupation and suicide. Local studies indicate elevated rates in different occupations, but the data usually "turn out to be frail," says prominent suicide researcher David Clark, PhD.*
>
> *And in fact, points out Ronald Maris, PhD, director of the Center for the Study of Suicide and Life-Threatening Behavior at the University of South Carolina, "Occupation is not a major predictor of suicide and it does not explain much about why the person commits suicide."*[3]

In the years since this report, most of the issues the APA describes—narrow geographic focus, methodological issues, and contradictory results[4]—have not been solved. Nevertheless, some studies, while still small or narrowly focused, have returned suggestive results, and further research in these areas may prove fruitful.

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1. "Leading Causes of Death Reports, National and Regional, 1999 – 2014," Centers for Disease Control Web-Based Injury Statistics Query and Reporting System, last updated June 24, 2015, http://webappa.cdc.gov/sasweb/ncipc/leadcaus10_us.html.
2. "Suicide Statistics," American Foundation for Suicide Prevention, accessed July 26, 2016, https://afsp.org/about-suicide/suicide-statistics.
3. K. Foxhall, "Suicide by Profession: Lots of Confusion, Inconclusive Data," *Monitor on Psychology* 32, no.1 (January 2001), http://www.apa.org/monitor/jan01/suicide.aspx.
4. Ibid.

The National Institute of Occupational Safety found that Black male guards (including supervisors, crossing guards, police, and other protective service occupations, but not correctional institution occupations) have significantly elevated rates for suicide.[5] A report in the *American Journal of Preventive Medicine* states that protective service workers are among the likeliest to commit suicide, but concludes that additional research is needed to understand occupation-specific risk factors contributing to upward trends in suicide.[6] The Centers for Disease Control and Prevention, in a 17-state study, found elevated suicide rates specifically among female protective workers.[7]

There appears to be no standardized method of reporting police officers' suicide. The Badge of Life organization provides police officer suicide statistics, but their data relies on voluntary contributions, social media, personal communications, and monitoring of news.[8] The Federal Bureau of Investigation issues the Law Enforcement Officer Killed and Assaulted (LEOKA) report, but it does not include officers killed by intentional self-inflicted causes.[9]

The field of law enforcement would benefit from a mechanism to capture data regarding suicide committed by current and retired officers. Such a tool should be made available, with strict confidentiality agreements, to all police agencies.

Regardless of the issues with the data or the numbers involved, one suicide of a law enforcement officer is one too many. Suicide awareness and prevention should be a priority for agencies and a topic of discussion from the line officers to the command staff.

Purpose of brief

This document outlines the importance of suicide prevention and awareness education, refutes some common myths about suicide, and provides concepts, resources, and promising practices for the law enforcement executives. It also provides an overview and a checklist for managerial staff to consider as they supervise employees for signs of stress and strategies for starting the conversation.

A majority of those that die by suicide want only to stop hurting and feel relief from mental and physical pain. Law enforcement employees might not ask for help directly, but may still display signs of overt stress indicative of suicidal tendencies. Suicide prevention begins with understanding and acknowledging these warning signs and taking them seriously.

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5. Ibid.
6. H.M. Tiesman et al., "Suicide in U.S. Workplaces, 2003-2010," *American Journal for Preventive Medicine*.48, no. 6 (2015).
7. LiKamWa McIntosh et al., "Suicide Rates by Occupational Groups - 17 States, 2012," *CDC Weekly* 65, no. 25 (July 1, 2016): 641–645, https://www.cdc.gov/mmwr/volumes/65/wr/mm6525a1.htm.
8. "Police Suicide Studies," Badge of Life, accessed August 31, 2017,: http://www.badgeoflife.com/police-suicide-studies.
9. "About Law Enforcement Officers Killed and Assaulted," FBI, accessed July 27, 2017, https://ucr.fbi.gov/leoka/2015/resource-pages/about_leoka_-2015.

Common Factors Associated with Suicide

Suicide is often a desperate attempt to ease suffering that has become unbearable. Most suicidal people don't want to die—they want help.

This section shares some common behavioral changes which can be signs that help is needed. Anyone may exhibit one or two of these behaviors from time to time; however, when a number of them occur together or for prolonged periods, colleagues and supervisors should take heed. Any change from an officer's baseline behavior may be significant, but supervisors should pay particular attention to a sudden decline in performance, especially one with no apparent reason.

The chart in figure 1 summarizes some on- and off-duty behavior changes that may be indicators of suicidality.

Figure 1: Behavioral factors associated with suicide

Behavior	■ Increase in alcohol use ■ Actively looking for ways to kill themselves ■ Acting recklessly ■ Withdrawing from social activities ■ Isolation ■ Saying goodbye with finality ■ Giving away possessions
Mood	■ Depression ■ Loss of interest ■ Rage ■ Irritability ■ Humiliation ■ Anxiety
Health Factors	■ Depression ■ Substance abuse disorders ■ Serious or chronic health condition or pain
Environmental Factors	■ Exposure to another person's suicide, or to graphic or sensationalized accounts of suicide ■ Access to lethal means, including firearms and drugs ■ Prolonged stress factors, which may include harassment, bullying, relationship problems, and unemployment ■ Stressful life events, which may include a death, divorce, or job loss
Historical Factors	■ Family history of suicide ■ Family history of mental health conditions ■ Previous suicide attempts ■ Childhood abuse ■ Family history of substance abuse

Source: "Risk Factors and Warning Signs," American Foundation for Suicide Prevention, accessed July 26, 2016, https://afsp.org/about-suicide/risk-factors-and-warning-signs.

Myths vs. facts

Much information that circulates about suicide is outdated, incomplete, or simply incorrect. Figure 2 collects some common misconceptions about suicide and the corresponding facts.

Figure 2: Suicide myths and facts

Myth	Fact
Suicide can't be prevented. If someone is set on taking his or her own life, there is nothing that can be done to stop it.	Suicide is preventable. The vast majority of people contemplating suicide don't really want to die. They are seeking an end to intense mental or physical pain. Most have a mental illness. Interventions can save lives.
Asking people if they are thinking about suicide will put the idea in their heads and cause them to act on it.	When you fear someone you know is in crisis or depressed, asking them if they are thinking about suicide can actually help. By giving people the opportunity to open up and share their troubles, you can help alleviate their pain and find solutions.
Teenagers and college students are the most at risk for suicide.	The suicide rate for this age group is below the national average. Suicide risk increases with age.
Barriers on bridges, safe firearm storage, and other actions to reduce access to lethal methods of suicide don't work. People will just find another way.	Limiting access to lethal methods of suicide is one of the best strategies for suicide prevention. Many suicides can be impulsive and triggered by an immediate crisis. Separating people in crisis from a lethal method (e.g., a firearm) can give them something they desperately need: time—time to change their minds, time to resolve the crisis, time for someone to intervene.
People making suicidal threats won't really do it; they are just looking for attention.	Those who talk about suicide or express thoughts about wanting to die are at risk for suicide and need your attention. Most people who die by suicide give some indication or warning. Take all threats of suicide seriously. Even if you think they are just "crying for help," a cry for help is a still cry for help—so help.
Talk therapy and medications don't work.	Treatment can work. One of the best ways to prevent suicide is by treating mental illnesses such as depression, bipolar illness, and substance abuse and learning ways to solve problems. Finding the best treatment or medication can take some time, but the right treatment can greatly reduce risk of suicide.

Sources: "Preventing Suicide: A Global Perspective—Myths," World Health Organization, accessed July 6, 2017, http://www.who.int/mental_health/suicide-prevention/world_report_2014/en/; "Myths & Facts," Crisis Services, accessed July 27, 2016, http://crisisservices.org/suicide-prevention/myths-facts; "Suicide Statistics," American Foundation for Suicide Prevention, accessed July 27, 2016, https://afsp.org/about-suicide/suicide-statistics; Madeline Drexler, "Guns & Suicide: The Hidden Toll," *Harvard Public Health Magazine* (Spring 2013), https://www.hsph.harvard.edu/magazine/magazine_article/guns-suicide; "Truth or Myth - About Adult Suicide," Nevada Division of Public and Behavioral Health, Office of Suicide Prevention, accessed July 27, 2016, http://suicideprevention.nv.gov/Adult/TruthOrMyth; "Suicide Prevention: Myth or Fact?" University of Notre Dame, University Counseling Center, accessed July 27, 2016, http://ucc.nd.edu/self-help/depression-suicide/suicide-prevention-myth-or-fact.

Starting the conversation

As noted in the Myths vs. Facts section, asking people if they are thinking of suicide will not cause them to commit suicide. To the contrary, just starting the conversation can help in several ways. A conversation can be the first step in getting professional help. Additionally, simply opening a dialogue can in itself allow the person to feel cared about and less isolated and alone. And talking through things can show that there are other solutions.

A few simple techniques can make the conversation more effective. Offer hope, including the hope that professional assistance is out there. Let the person in trouble know that you care; stress that the person is not alone. Most importantly, listen: practice active listening and hear what the person is saying in a calm and nonjudgmental way.

Do not argue with the person in trouble or be dismissive of what he or she is feeling.

Police agencies should also make it clear that officers, even those in mentoring or peer counseling programs, are not clinicians and are not held to confidentiality. A person who is suicidal needs professional help.

Consider the following questions to start a conversation about suicidality:

- I'm concerned about you.
- I've noticed you're being quieter and I was wondering how you are.
- I wanted to check with you because I've noticed you haven't seemed like yourself.

Consider these questions for follow-up:

- How long have you felt like this?
- How can I help you now?
- Do you have a religious leader or someone close that I can call for you?

The tone and context of what is said matters. People that might need help should know that they are not alone, that a friend and peer has their back, and that their thoughts and feelings do not change the nature of the relationship between officers.

Recommendations for Command Staff

Law enforcement agencies should encourage and promote wellness and safety at every level of the organization, from a robust Employee Assistance Program to a health and fitness program. A healthy workforce is one that is better suited to serving the public. Employees need to have the tools, training, and resources necessary to deal with the stress that comes with this profession.

Challenges faced both on- and off-duty can negatively affect an officer's performance and interaction with the public. People are often more apt to speak to a peer or trusted friend before seeking professional help. Peers should be looking for warning signs before those signs build to become an acute issue. The conversation should be started early in an effort to reduce the stigma and stereotypes that exist with asking for help, which will benefit all ranks in the department.

Command staff can promote mental health education and awareness by providing easy access to a variety of clinical interventions, supporting ongoing medical and mental health care relationships, and encouraging employees at all levels to use the Employee Assistance Program.

In addition to an active and ongoing suicide prevention program, with annual suicide prevention education courses, other kinds of training and support can help decrease employees' suicide risk. These include conflict resolution and problem-solving courses, a chaplaincy program for officer use, an employee checklist of warning signs, and an atmosphere of inclusion with a strong connection to family and community support.

Approaches

There are many different types of programs to assist with improving mental health, but the most adaptable and effective for law enforcement agencies are programs in resiliency building and resiliency training, peer counseling, debriefing, and mentoring, as well as the use of police psychologists.

Employee Assistance Programs

Employee Assistance Programs (EAPs) are voluntary, confidential programs that help employees (including management) work through life challenges that may adversely affect job performance, health, and personal well-being—problems such as stress, financial issues, legal issues, family problems, office conflicts, and alcohol and substance use disorders.[10] EAPs provide employees with assessments, counseling referrals, and other services. They may also work with management and supervisors to provide legal considerations, emergency planning, response to unique traumatic events, and advanced planning for situations such as organizational changes.

EAPs can improve productivity and employee engagement by developing employee and manager competencies in managing workplace stress; reducing workplace absenteeism; reducing workplace accidents; managing the effect of disruptive incidents; reducing employee turnover and related replacement costs; and reducing healthcare costs associated with stress, depression, and other mental health issues.

EAP programs should find and maintain a list of clinically appropriate and experienced clinicians. Department peer support teams should be involved in locating the clinicians and, if necessary, training them on police culture. This can be done with a day at the range, ride-alongs, etc.

EAP programs should offer a sufficient number of counseling or assessment sessions to provide the necessary treatment. IACP recommends the "sessions per event" model rather than limiting employees to a specific number of sessions per year. An event could be a critical incident, a divorce, a child or family issue—anything which disrupts an employee's work or life.

Resiliency building and resiliency training programs

Resiliency is the capacity to prepare for, recover from, and adapt to stress, adversity, and traumatic critical incidents.[11] Law enforcement officers deal with critical incident stress on a daily basis; this stress can cause a high degree of physical and mental activation which, if not resolved, can evolve over time into a number of symptoms.[12] Resiliency can assist an officer in recovery and help reduce the negative side effects of critical incidents.

Resiliency can be bolstered through training programs, also called coherence training. Resiliency training helps build factors that contribute to resilience, such as good verbal and other cognitive skills; problem-solving skills; the ability to plan and anticipate consequences; abstention from maladaptive coping mechanisms; easy temperament; good sociability; and a sense

10. "Employee Assistance Programs," Office of Personnel Management, accessed October 31, 2016, https://www.opm.gov/policy-data-oversight/worklife/employee-assistance-programs/.

11. Gershon Weltman et al., "Police Department Personnel Stress Resilience Training: An Institutional Case Study," *Global Advances in Health and Medicine* 3, no. 2 (March 2014): 72–79.

12. Rollin McCraty and Mike Atkinson, "Resilience Training Program Reduces Physiological and Psychological Stress in Police Officers," *Global Advances in Health and Medicine* 1, no. 5 (November 2012): 44–66.

San Antonio (Texas) Police Department's Performance Recovery Optimization (PRO) Program

The following is an extract from the report Officer Safety and Wellness: Turning Pillars into Practice, forthcoming from the International Association of Chiefs of Police and the Office of Community Oriented Policing Services:

The San Antonio Police Department (SAPD) has taken a unique approach to officer health and wellness. With its Performance and Recovery Optimization (PRO) program, it's leveraging mental exercise to catalyze positive physical change.

SAPD's PRO program was born at San Antonio's Brooke Army Medical Center (BAMC), where SAPD Psychologist Dr. Brandi Burque did her postdoctoral fellowship under Dr. Deloria Wilson in BAMC's Warrior Resiliency Program. At the time, the Army was promoting and deploying its Comprehensive Soldier Fitness (CSF) program, a program through which the military sought to reduce and prevent psychological trauma by teaching soldiers and veterans stress management techniques that would make them more resilient to the rigors of combat. Although it leveraged proven therapeutic techniques, Wilson and Burque noticed a major chink in the program's armor: Psychologists, not soldiers, designed it.

In response to the flaws they perceived in CSF, Burque and Wilson in 2010 conceived of a new program that would teach soldiers the therapeutic techniques the soldiers needed in a manner they believed would actually encourage use.

The purpose of PRO is teaching officers to understand and recognize their bodies' physiological response to stress and motivating them to manage it. The key to doing that successfully is positioning stress as a challenge for officers to overcome rather than a feeling for them to reconcile.

PRO includes an eight-hour training session for cadets and a five-hour in-service training for officers, as well as an elective three-day professional development course debuting in late 2017. In all three formats, Burque demonstrates the body's stress response and teaches officers to tame it by mastering techniques in five areas: controlled breathing, muscle control, attention management, performance self-talk, and developing a winning mindset. One popular PRO exercise, for example, involves the classic board game Operation: Cadets must do 10 burpees to elevate their heart rate, then extract three designated game pieces from the "patient" using the game's signature tweezers.

"It demonstrates what happens to the brain under stress," explains Burque, who says the exercise illustrates the negative impact of stress on memory and fine motor skills in a way that makes officers keen to learn how they can regain control of their brains and bodies. Not because they want to feel better, but because they want to perform better, according to Burque, who says PRO also includes modules dedicated to nutrition, fitness, and sleep hygiene—all developed in coordination with officers and viewed through the lens of performance improvement, leveraging officers' competitive spirit to activate behavioral change.

PRO is a department-wide culture shift in the way officers think and talk about stress throughout their career. The culture change comes through consistency – the language officers hear in the academy is the same language they hear in mental health sessions and during critical incidents. Officers who know how to manage their stress are more resilient to trauma, and increased mental resilience bears fruit in the form of better physical health.

of social cohesion.[13] Training programs allow users to recognize and shift their mental and emotional responses from a stressful state to a more calm and positive state. Most programs use simulated police call scenarios, education on the physical and mental manifestations of stress, and breathing and relaxation techniques to help officers prepare for critical incidents.

Resiliency-building training can lead to increased emotional awareness, a feeling of overall well-being, enhanced problem-solving skills, increased communication ability, and increased focus. In addition to helping officers recover from critical incidents after the fact, skills such as thinking rationally under stress, making effective decisions quickly, controlling emotions, and concentrating effectively are also vital for dealing with those incidents as they happen.[14]

Studies have shown that resiliency training programs increase confidence with stressful situations, reinforce coping skills, and teach officers to stay calmer when faced with unknown events.[15] These programs allow officers to be better prepared for critical incidents by building stress reduction techniques that officers can utilize during an event to respond more effectively and more safely.

Peer counseling programs

Peer counseling programs, also known as peer support teams or programs, are a method for police departments to offer peer-to-peer assistance to officers who may be struggling with personal or professional difficulties. The programs train law enforcement personnel to offer emotional, social, and practical support to their fellow officers.[16] Officers who are having a difficult time are often more willing to speak and share with a fellow officer who knows their specific culture and departmental nuances than with an outside mental health professional.

Peer counselors have received formal training in listening skills and are able to understand the effects of stress specific to the policing profession.[17] Peer counseling programs can be a preventative measure meant to help officers discuss challenges and difficulties they may be going through or a first step for officers before they seek professional assistance.

Peer counseling programs are a vital part of agencies' suicide prevention/resiliency programs. The peer program should be encouraged to be an active part of the agency, reaching out to agency members after personal stressors such as divorces, family deaths, and illnesses as well as after shootings and other critical incidents. The success or failure of a peer program often depends on the value the agency's administration places on the program. Ongoing and continued training is essential to an effective peer support program.

Mentoring programs

In mentoring programs, experienced officers volunteer to help fellow officers move through challenging transitions—into the law enforcement field as a whole, or through a personal or professional crisis. While law enforcement mentoring programs are most useful to new recruits, they can be an asset to all officers: even experienced officers may still be taken by surprise by some of the unique challenges they will encounter. A mentor program can help recruits and officers address these challenges in a mentally and physically healthy way.[18]

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13. Laurence Miller, "Stress and Resilience in Law Enforcement Training and Practice," *International Journal of Emergency Mental Health* 10, no. 2 (February 2008): 109–24.

14. Ibid.

15. McCraty, Rollin, and Mike Atkinson. "Resilience Training Program Reduces Physiological and Psychological Stress in Police Officers." *Global Advances in Health and Medicine* 1, no. 5 (2012): 44–66. doi:10.7453/gahmj.2012.1.5.013.

16. Mark D. Kamena et al., "Peer Support Teams Fill an Emotional Void in Law Enforcement Agencies," *The Police Chief* 78 (August 2011): 80–84.

17. "Peer Support Program," Federal Law Enforcement Training Centers, accessed July 27, 2016, https://www.fletc.gov/peer-support-program.

18. Leischen. Stelter, "Putting Experience to Work: The Value of a Formal Mentoring Program," InPublicSafety.com, February 25, 2015, http://inpublicsafety.com/2015/02/putting-experience-to-work-the-value-of-a-formal-mentoring-program/.

Like peer counselors, mentors are fellow officers; a law enforcement employee who is reluctant to speak to a professional may find value in having a mentor who has been through similar experiences and traumas and can offer wisdom on how they dealt with the residual stress. Mentoring program participants can speak candidly about their emotions and mental health without worrying about the perceived ramifications of involving an outsider. Mentorship programs can also enhance the staff's overall knowledge of a department's policies and procedures, increase the overall effectiveness of officers, and provide internal encouragement and professional growth opportunities.[19]

Staff psychologists and psychological services

Formal psychological assistance for law enforcement can be delivered in different ways: preventative assistance, training, traumatic incident counseling, and confidential counseling. All these forms of formal psychological assistance are offered by a staff or consulting psychologist, who should be familiar with the department's executives, policies, and procedures and with the overall culture of the law enforcement field.[20] This familiarity with the department and its personnel should alleviate officers' reluctance to speak with a professional mental health practitioner.

Although hiring or contracting a psychologist is a significant addition to an agency's budget, on-staff police psychologists can offer the most up-to-date and conscientious assistance and resources for mental health issues to keep law enforcement officers healthy and safe. For most agencies, however, having an in house psychologist may not be financially possible or mission-necessary. Most agencies should find it feasible to work with a local psychologist who can be called when needed to provide training or consultation.

For those agencies that cannot afford staff psychologists due to constricted budgets, there are still options available. Agencies can work with local hospitals or psychological services centers to utilize psychological services through collaborative volunteer arrangements. Small and rural agencies can also partner together to share regional psychologists and other psychological services.

19. Harvey Sprafka and April H. Kranda, "Institutionalizing Mentoring in Police Departments," *The Police Chief* 75 (January 2008): 46–49.

20. Herbert M. Gupton et al., "Support and Sustain: Psychological Intervention for Law Enforcement Personnel," *The Police Chief* 78 (August 2011): 92–97.

Conclusion

Suicide can be prevented, but it requires dedicated personnel to develop and implement the proper prevention methods. This document compiles a number of recommendations and resources for assisting officers who are having a difficult time and need help getting their mental health back to peak levels. Understanding and being self-aware of those difficulties does not imply weakness or poor job performance. Law enforcement executives can assist with officers' mental health by promoting easy access to a variety of clinical interventions and employee supports.

Suicide prevention should not be dealt with singularly; rather, it is a departmental issue that should be addressed globally. Departments must break the silence on law enforcement suicides by building up effective and continuing suicide prevention programs.

Appendix A. Resources

National resources

National Suicide Prevention Lifeline
800-273-TALK (8255)
http://www.suicidepreventionlifeline.org

Safe Call Now
Safe Call Now is a confidential, comprehensive, 24-hour crisis referral service for all public safety employees, all emergency services personnel, and their family members nationwide.
206-459-3020
https://www.safecallnow.org

International Critical Incident Stress Foundation, Inc.
The International Critical Incident Stress Foundation, Inc., provides leadership, education, training, consultation, and support services in comprehensive crisis intervention and disaster behavioral health services to the emergency response professions, other organizations, and communities worldwide.
410-313-2473 (Emergency Hotline Number)
https://www.icisf.org

First Responder Support Network
The First Responder Support Network provides first responders and their families tools to reduce personal and family stress, encourage appropriate career decisions, and reduce the effects of traumatic incident stress on an individual's life.
415-721-9789
http://www.frsn.org

National Alliance on Mental Illness (NAMI)
NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization, dedicated to building better lives for the millions of U.S. citizens affected by mental illness.
800-950-6264 (NAMI Helpline) or info@nami.org
http://www.nami.org/Find-Support/Family-Members-and-Caregivers

Substance Abuse and Mental Health Services Administration (SAMHSA)
The SAMHSA Behavioral Health Treatment Services Locator is a confidential and anonymous source of information for persons seeking treatment facilities in the United States or U.S. Territories for substance abuse and addiction and/or mental health problems.
800-662-HELP (4357)
https://findtreatment.samhsa.gov

Local resources

Psychiatric hospital walk-in clinic
Hospital emergency room
Urgent care center/clinic
Employee assistance program

Appendix B. Employee Checklist for Supervisors

This checklist can serve as a template for identifying employees who are experiencing higher than usual levels of stress on- or off-duty and may be in need of assistance. Supervisory personnel should be aware of their subordinates' needs and should note these behavioral details over an extended period of time. If employees show worrying changes to their behavior, supervisors should use this checklist to help them begin a discussion with their employees and should at the earliest opportunity seek professional assistance for employees who need it.

Physical appearance

- ❒ Overly tired or exhausted
- ❒ Unkempt appearance
- ❒ Reporting for duty while impaired
- ❒ Mood swings—overly emotional or aggressive

Work performance

- ❒ Uncommon use or overuse of annual and/or sick leave
- ❒ Unexcused absences
- ❒ Tardiness to shift
- ❒ Unusual excuses for absences
- ❒ Overly aggressive behavior to coworkers as well as the public
- ❒ Continued risk-taking behavior
- ❒ Decrease in typical productivity
- ❒ Lack of concentration in report writing
- ❒ Lack of attention to details in reports and/or increase in mistakes

Employee relationships

- ❒ Increasingly withdrawn from social activities
- ❒ Nonparticipation in agency events and activities
- ❒ Lack of interest in future projects or operations
- ❒ Disregard for safety of others
- ❒ Employee avoidance of peers or supervisors
- ❒ Borrowing of money from coworkers

About the IACP

The **International Association of Chiefs of Police (IACP)** is a professional association for law enforcement worldwide. For more than 120 years, the IACP has been launching internationally acclaimed programs, speaking on behalf of law enforcement, conducting groundbreaking research, and providing exemplary programs and services to members across the globe.

Today, the IACP continues to be recognized as a leader in these areas. By maximizing the collective efforts of the membership, the IACP actively supports law enforcement through advocacy, outreach, education, and programs.

Through ongoing strategic partnerships across the public safety spectrum, the IACP provides members with resources and support in all aspects of law enforcement policy and operations. These tools help members perform their jobs effectively, efficiently, and safely while also educating the public on the role of law enforcement to help build sustainable community relations.

About the COPS Office

The Office of Community Oriented Policing Services (COPS Office) is the component of the US 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 policing officers 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.

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. Other achievements include the following:

- 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 and flash drives.
- The COPS Office also sponsors conferences, roundtables, and other forums focused on issues critical to law enforcement.

COPS Office information resources, covering a wide range of community policing topics such as school and campus safety, violent crime, and officer safety and wellness, can be downloaded via the COPS Office's home page, www.cops.usdoj.gov. This website is also the grant application portal, providing access to online application forms.

Law enforcement officers respond to danger and witness tragedy on a routine basis, which can make them vulnerable to a high level of emotional distress, even suicide. But though there is no clear data on the number of officer suicides that occur each year, it is a growing concern within the law enforcement community, which is increasingly interested in addressing it through mental health programs. This document describes a variety of suicide prevention and awareness training programs, refutes some common myths, and provides concepts, resources, and promising practices for law enforcement executives. It also discusses strategies such as peer counseling, mentoring, employee assistance programs, and the use of staff psychologists. In addition, readers will find a checklist, which managerial staff can use to identify signs of stress. Officer suicide is a preventable tragedy, one which can be addressed through training, awareness, and mental health resources. This publication is an excellent place to start.

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

U.S. Department of Justice
Office of Community Oriented Policing Services
145 N Street NE
Washington, DC 20530

To obtain details about COPS Office programs, call the COPS Office Response Center at 800-421-6770.

Visit the COPS Office online at **www.cops.usdoj.gov**.

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e02178812
Published 2018