

The Role of Law Enforcement Officers in Preventing Suicide



Joe and Al, two law enforcement officers, were dispatched on a general disturbance call. A neighbor had called 911 saying she heard a loud argument in the house next door, and it sounded like someone might get hurt.

Arriving at the scene, the officers found a husband and wife arguing, but no

one was physically hurt. Stephen, the husband, was intoxicated. His wife, Linda, said that he had been out of work for six months, and they were having financial problems. Recently he'd also been depressed and lethargic, and kept saying things like "I'm tired of all this and just want to end it all." Joe asked Stephen if he was thinking of killing himself. Stephen admitted that he had considered taking his life. Joe said that Stephen needed to go to the hospital so that he could be evaluated and get help to deal with his problems. After some hesitation and reluctance, Stephen finally agreed to go.

At the hospital, Joe told the emergency department physician that Stephen had become depressed after being unemployed for six months and he had been drinking and had admitted that he considered taking his life. The physician thanked Joe for the information and said it was helpful.

(Based on the experiences of a law enforcement officer)

Key Steps to Reduce Suicide Risk among the People You Serve:

- Understand why suicide prevention fits with your role as a law enforcement officer
- Identify people who may be at risk for suicide
- Respond to people who may be at risk for suicide or have attempted suicide
- Help suicide loss survivors at the scene
- Consider becoming involved in suicide prevention in your agency and community

The purpose of this sheet is to help law enforcement officers learn how to identify and respond to people they serve who are suicidal or have attempted suicide. Although the focus is not on suicide among officers, the [Resources section](#) of this sheet contains a number of items addressing that important issue.



Understand Why Suicide Prevention Fits with Your Role as a Law Enforcement Officer

Like Joe and Al in the vignette, law enforcement officers often deal with situations involving an individual who is suicidal. These include:

- A person is communicating a desire or an intent to attempt suicide
- A person has just made a suicide attempt
- A person has died by suicide

In a significant number of cases, officers receive a call that is not described as a suicidal crisis, but rather as a general disturbance, domestic violence, or similar type of situation. Upon arriving at the scene, the officers need to determine whether the situation involves someone who is suicidal.

You have an important role to play in all of these situations. It is generally considered to be within the scope of a law enforcement officer's duty to protect the safety of the community as a whole as well as individuals. Your first responsibility is to deal with any safety issues that may affect you, the person who is suicidal, or others present at the scene, especially if the person has immediate access to lethal means. You can also provide clarity and support to the person who is suicidal and the other people who are there. Then your role, along with that of EMS providers and mental health professionals if they are present, is to ensure the person receives an evaluation as soon as possible.



Know the facts

Suicide touches everyone—all ages and incomes; all racial, ethnic, and religious groups, and in all parts of the country.

- Suicide takes the lives of about 38,000 Americans each year (CDC, 2010).
- About 465,000 people per year are seen in hospital emergency departments for self-injury (CDC, 2010).
- Each year over 8 million adults think seriously about taking their life, and over 1 million make an attempt (NSDUH, 2011).

However, there is help and hope when individuals, communities, and professionals join forces to prevent suicide.



Preparing Ahead of Time

- Review the protocols and standard operating procedures required by your law enforcement agency and in your state and local area for responding to a person with suicidal thoughts, a person who has made a suicide attempt, or a death by suicide.

- Learn how you should deal with a suicidal person who refuses to be transported for an evaluation.
- Meet with your local emergency medical services (EMS) providers to discuss how you can work together to help people who are suicidal, including those who refuse to be transported.
- If your community has a crisis intervention team (CIT) or if you work closely with mental health providers, meet with them to discuss how to work together most effectively.

Identify People Who May Be At Risk for Suicide

Look for signs of immediate risk for suicide

There are some behaviors that may mean a person is at immediate risk for suicide. These three should prompt you to take action right away:

- **Talking about wanting to die or to kill oneself**
- **Looking for a way to kill oneself, such as searching online or obtaining a gun**
- **Talking about feeling hopeless or having no reason to live**

Other behaviors may also indicate a serious risk, especially if the behavior is new; has increased; and/or seems related to a painful event, loss, or change. Ask if the person has been behaving in any of the following ways:

- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

(Adapted from National Suicide Prevention Lifeline, [n.d.])

Be alert to problems that increase suicide risk

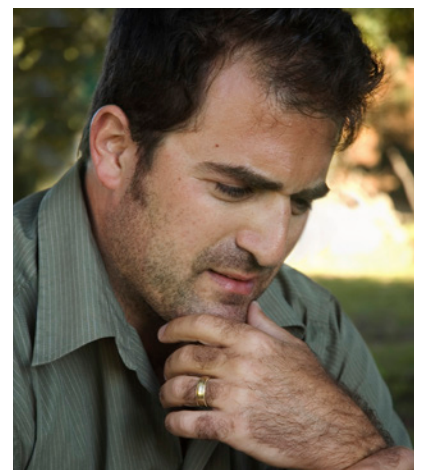
Certain problems may increase a person's risk for suicide. Asking if the person has any of these risk factors can help you assess the current situation more accurately and enable you to provide more complete information to medical staff.

Some of the most significant risk factors to ask about are:

- Prior suicide attempt(s)
- Alcohol and drug abuse
- Mood and anxiety disorders, e.g., depression, posttraumatic stress disorder (PTSD)
- Access to a means to kill oneself, i.e., lethal means

What is a Crisis Intervention Team Program?

The Crisis Intervention Team (CIT) Program is an innovative partnership between local law enforcement officers, community mental health providers, advocates, and consumers of behavioral health services. As part of the program, officers receive intensive training in responding effectively to people in a mental health crisis, including those who are suicidal. For more information, see the NAMI CIT Resource Center at http://www.nami.org/Content/NavigationMenu/Inform_Yourself/About_Public_Policy/CIT2/CIT.htm.



Suicide risk is usually greater among people with more than one risk factor. For individuals who are already at risk, a “triggering” event causing shame or despair may make them more likely to attempt suicide. These events may include relationship problems and breakups; intimate partner violence; problems at work; financial hardships; legal difficulties; and worsening health. Even though most people with risk factors will not attempt suicide, they should be evaluated by a professional.

(Adapted from Rodgers, 2011 and SPRC, 2008)

Respond to People Who May Be At Risk for Suicide or Have Attempted Suicide

Arriving at the scene

Take all suicide threats and attempts seriously. Follow the recommendations below as appropriate to the specific situation:

1. **Ensure the safety of everyone present.** This includes eliminating the person’s access to any type of lethal means. Make sure you do this in a way that does not put you or others in danger. Be aware that the person may attempt to force you into a “suicide by cop” situation—where a suicidal person engages in life-threatening behavior toward officers or other people to provoke officers to fire at him or her. Also be aware of the danger of a potential murder-suicide, including in domestic violence cases. Try to recognize and de-escalate these types of situations.
2. **Assess the person for need of medical treatment.** If necessary, call for assistance from EMS providers. Then conduct any life-saving first aid that may be necessary before EMS arrives.
3. **If you need assistance dealing with the person’s mental health issues,** call an officer with mental health training, a mental health clinician, or a crisis intervention worker. If no one is available, you can call the National Suicide Prevention Lifeline for assistance.

The following steps should be taken by the professional(s) at the scene with the most relevant training and experience. These might include EMS providers, mental health providers, crisis intervention workers, or law enforcement officers with mental health training. In some cases, officers with no mental health training will need to handle the situation on their own.

4. **Establish rapport with the person.** Listen carefully to what the person says, and talk in a calm, accepting, nonconfrontational, and supportive manner. Explain what is happening, that you are there to help, and how you can help.
5. **Assess the person for risk of suicide:**
 - o If it is not clear already, determine whether or not a suicide attempt was made.



National Suicide Prevention Lifeline

The Lifeline is a 24-hour toll-free phone line for people in suicidal crisis or emotional distress. The phone number is 1–800–273-TALK (8255). For a Lifeline wallet-sized card listing the warning signs of suicide and the toll-free number, go to <http://www.suicidepreventionlifeline.org/getinvolved/materials.aspx>

- o Encourage the person to talk about how he or she is feeling. Acknowledge the feelings and do not judge them.
 - o If the person has not made an attempt, ask several direct questions to determine the person's risk for suicide, such as "Are you thinking about ending your life (killing yourself)?" and "Do you have a plan?" Do not be afraid to ask these questions. Asking a person about suicide will not encourage him or her to attempt it. Many people who are suicidal are relieved to find someone they can talk with about how they are really feeling.
 - o Ask whether the person has been behaving in ways, or having any of the problems, described on pages 3–4 that indicate potential suicide risk.
6. **Supervise the person constantly.** Safety continues to be a top priority. If necessary, set up protective measures so that the person cannot engage in suicidal behavior.
 7. **Arrange for any person who is potentially suicidal to be transported** to a local hospital's emergency department or a mental health center for an evaluation.
 8. **Collect items** such as toxic substances, alcohol, drugs, or medications that might have been taken (even just empty containers). Bring these items to the medical and mental health staff to help them determine the appropriate treatment.

If the person refuses to be transported, in most states law enforcement can issue a 72-hour hold for evaluation. However, the specific criteria for issuing this type of hold vary by state. Follow your agency's and your state's protocols on how to handle this kind of situation.

Documenting your findings

Document all of your findings, including any suicidal statements or behavior, suicide notes, pills, rope, weapons, information provided by other people at the scene, and any other evidence showing the person may be or was suicidal. The findings will be used for the following:

- Assessment and treatment of the person by medical and mental health staff
- Reports on the numbers and types of suicide-related calls to which officers respond
- Any investigation into the possible cause if there was a death

Interacting with family or friends present at the scene

- Family and friends who are present at the scene are often the ones who called about the person. Give them support, reassurance, and a general explanation of what you are doing and will be doing.
- Family and friends may be able to provide you with useful information and help calm the person.
- You may also want to obtain information directly from the person, away from others who are present.

Address Cultural Differences

Differences in cultural background can affect how people respond to problems, the way they talk about death and dying, and their attitudes toward suicide, as well as how they feel about sharing personal information and seeking help. It is important to be aware of these possible differences and tailor your responses accordingly. For example, individuals from some cultures may not be open to seeing a mental health provider, but they may be willing to talk with a faith community leader or traditional healer.



Help Suicide Loss Survivors at the Scene

When it is clear that a person has died by suicide, a law enforcement officer and a medical examiner or coroner become responsible for the body. In addition, any family or friends of the deceased (often called “suicide loss survivors”) who are present need to be given support.

Here are some recommendations for helping survivors:

1. **Express empathy** to the family by saying “I’m sorry for your loss.” Establish rapport and explain that you are there to help. Be sensitive to the feelings of suicide loss survivors and respectful with the language you use. Allow the survivors to express their thoughts and feelings.
2. **Briefly explain the investigation process** that occurs with any unnatural death, including what will happen with the body of their loved one and why personal items (including a suicide note) may need to be held until an investigation has been completed.
3. **Help survivors identify other people** from whom they can get support, such as other family members, close friends, a family physician, mental health professional, or clergy. Offer to contact any of these people. Make sure someone is present to provide support before you leave.
4. **Provide written information** about community resources they can contact for support, such as mental health providers and suicide survivor groups. Also consider giving them information on coping with a suicide death (see [Suicide Survivor Resource Materials and Support Group Directories](#) in the Resources section).
5. **Take care of yourself** after you have left the scene. It is natural that officers may be affected by what they have seen and experienced in helping people who are suicidal and suicide loss survivors. It is important to pay attention to your feelings and get support from other people you trust, such as co-workers, family, friends, or your agency’s employee assistance program.

Consider Becoming Involved in Suicide Prevention in Your Agency and Community

Helping individuals who are suicidal is an important role for law enforcement officers. In addition, you may want to participate in broader suicide prevention efforts in your agency and local community. Here are some ways you can get involved:

- Suggest that your agency sponsor a presentation on suicide awareness by a mental health professional for your colleagues, community groups, or the general public.
- Encourage your agency to implement training for you and your colleagues. Training could be a brief educational program to learn

Suicide Loss Survivors’ Reactions

Survivors of suicide loss include anyone who is close to the person who has died. They will likely experience a mixture of strong and conflicting feelings, including emotional shock, confusion, denial, grief, guilt, blame, anger, and shame. They may show physical and behavioral signs similar to those of victims of other types of emotional trauma.

Helping Your Colleagues

Suicide can occur among your colleagues as well as among the people you serve. Law enforcement officers are at risk for suicide because of the stresses of their jobs. If you notice signs of risk for suicide among your colleagues, you can assist them in receiving help.

For more information on law enforcement suicide and how to help yourself and fellow officers, see the [Resources section](#).

the basics of how to identify individuals at risk for suicide and respond appropriately. Or it could be a more intensive training, such as the Crisis Intervention Team (CIT) Program that would provide more knowledge and skills on how to work with people with mental health issues, including those who are suicidal.

- Distribute, to your colleagues and the public, written materials on suicide prevention developed by national organizations, such as the [American Foundation for Suicide Prevention](#), [American Association of Suicidology](#), and [SAVE](#).

Resources to Help Law Enforcement Officers Prevent Suicide

A Guide for Early Responders Supporting Survivors Bereaved by Suicide

By Winnipeg Suicide Prevention Network (2012)

<http://www.suicideprevention.ca/wp-content/uploads/2012/07/Early-Responders.pdf>

This guide provides information for emergency responders on how survivors of a suicide loss may feel and how to support them.

Connect Suicide Prevention and Intervention Training for Law Enforcement and Connect Suicide Postvention Training for Law Enforcement

By Connect

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

The 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 is designed to support 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, schools, probation and parole agencies, and the juvenile justice system. This training is appropriate for all levels, including administrative staff, dispatch, and chiefs.

How Can Emergency Responders Help Grieving Individuals?

By M. D. Lerner, & R. D. Shelton in *Acute Traumatic Stress Management* (2001)

<http://www.sprc.org/library/EMHelpGrievingIndividuals.pdf>

This one-page information sheet provides a brief description of the grieving process and some suggestions for how emergency responders can help people who are grieving a death.

How Can Emergency Responders Manage Their Own Response to a Traumatic Event?

By M. D. Lerner, & R. D. Shelton in *Acute Traumatic Stress Management* (2001)

<http://www.sprc.org/library/EmergencyRespondersOwnResponse.pdf>

This two-page information sheet 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.

QPR for Law Enforcement

By QPR Institute (2010)

http://www.qprinstitute.com/Joomla/index.php?option=com_content&view=article&id=311:qpr-for-law-enforcement&catid=54:online-courses&Itemid=117

This online course covers knowledge and skills that law enforcement professionals need to recognize and respond to people who may be suicidal or have attempted suicide, to help the family and friends of individuals who have just died by suicide, and to assist colleagues who may be suicidal. If participants complete the first two hours of the course, they earn the QPR Gatekeeper for Suicide Prevention Certificate. If they complete the entire course (six to eight hours), they earn the QPR for Law Enforcement Certificate in Suicide Prevention.

Suicide by Cop

<http://www.suicidebycop.com>

This website aims to educate and offer support to law enforcement officers who have been drawn into suicide by cop—a suicidal incident in which the suicidal person consciously engages in a life-threatening behavior that compels an officer to respond with deadly force. The website provides information and support resources.

Suicide Prevention for Police Officers

By T. Salvatore for Montgomery County Emergency Service, Inc., Norristown, PA (2009)

<http://www.mces.org/PDFs/suicidepolice.pdf>

This brief handbook on suicide prevention helps police officers understand why suicides occurs, how to identify if someone is suicidal, and how to help a person who is suicidal. It also addresses “suicide by cop” and suicide among police officers.

Suicide Survivor Resource Materials and Support Group Directories

American Association of Suicidology (AAS):

<http://www.suicidology.org/suicide-survivors/suicide-loss-survivors>

American Foundation for Suicide Prevention (AFSP):

<http://www.afsp.org/coping-with-suicide>

Suicide Awareness Voices of Education (SAVE):

http://www.save.org/index.cfm?fuseaction=home.viewPage&page_id=EB883CA2-7E90-9BD4-C5E35440BC7761EE

Suicide Warning Signs (wallet card)

By National Suicide Prevention Lifeline (2011)

<http://www.suicidepreventionlifeline.org/getinvolved/materials.aspx>

This wallet-sized card contains the warning signs for suicide and the toll-free number of the National Suicide Prevention Lifeline.

The Role of Co-Workers in Preventing Suicide

By Suicide Prevention Resource Center (revised 2013)

<http://www.sprc.org/sites/sprc.org/files/CoWorkers.pdf>

This information sheet helps people in any type of workplace learn how to recognize and respond to the warning signs for suicide in their co-workers.

What Emergency Responders Need to Know about Suicide Loss: A Suicide Postvention Handbook

By T. Salvatore for Montgomery County Emergency Service, Inc., Norristown, PA (revised 2009)

<http://www.co.delaware.pa.us/intercommunity/PDFs/SuicideBooklet.pdf>

This brief handbook on postvention helps law enforcement officers, EMS providers, and crisis intervention specialists understand how to help family members, friends, and others close to a person who has just died by suicide.

Resources on the Problem of Suicide among Law Enforcement Officers

Badge of Life Mental Health Program

By Badge of Life

<http://www.badgeoflife.com/>

This is a suicide prevention program for law enforcement officers. It 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 some materials on officer suicide.

COPLINE

Hotline number: 1-800-267-5463

<http://copline.org/>

This is a national hotline 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 has some resources on officer suicide.

In Harm's Way: Law Enforcement Suicide Prevention

<http://policesuicide.spcollege.edu/>

In Harm's Way offers training seminars and workshops on suicide prevention, including an eight-hour train-the-trainers program that provides a comprehensive approach to stress management and suicide prevention for law enforcement professionals. The website contains numerous resources, including a toolkit to help provide suicide prevention training.

Law Enforcement Wallet Card

By Suicide Awareness Voices of Education (SAVE) (2008)

http://www.save.org/index.cfm?fuseaction=shop.productDetails&product_id=57D6AFB1-0933-0111-DC0761950356DACA

This wallet-sized card contains some of the warning signs for suicide and some basic steps that officers can take if they think a fellow officer is considering suicide.

National Police Suicide Foundation

<http://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.

Police Suicide Law Enforcement Mental Health Alliance

<http://www.lemha.org/>

This network of groups and individuals promotes education and advocacy for new research and mental health strategies for police officers. The website provides access to a large number of written materials on police suicide and mental health.

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

By the International Association of Chiefs of Police, Psychological Services Section (2009)

<http://www.theiacp.org/PublicationsGuides/ContentbyTopic/tabid/216/Default.aspx?id=1033&v=1>

This interactive CD-ROM provides the law enforcement community with resource materials to initiate a suicide prevention program. It includes sample suicide prevention print materials, presentations, training videos, and reference publications.

Safe Call Now

Crisis line number: 1–206–459–3020

<http://safecallnow.org/>

Safe Call Now is a 24-hour crisis line for public safety employees and their families across the U.S. to talk with law enforcement officers, former officers, public safety professionals and/or mental health care providers who are familiar with public safety work. They provide education, healthy alternatives, and resources.

The Pain Behind the Badge

<http://thepainbehindthebadge.com/>

At this website, information is available on the documentary film *The Pain Behind the Badge* 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.

References

- Centers for Disease Control and Prevention (CDC). (2010). *Web-based injury statistics query and reporting system (WISQARS)*. Retrieved from <http://www.cdc.gov/injury/wisqars/index.html>
- National Suicide Prevention Lifeline. (n.d.) *What are the warning signs for suicide?* Retrieved from <http://www.suicidepreventionlifeline.org/Learn/WarningSigns>
- Rodgers, P. (2011). *Understanding risk and protective factors for suicide: A primer for preventing suicide*. Waltham, MA: Suicide Prevention Resource Center, Education Development Center, Inc. Retrieved from <http://www.sprc.org/sites/sprc.org/files/library/RandPPrimer.pdf>
- Substance Abuse and Mental Health Services Administration. (2012). *Results from the 2011 National Survey on Drug Use and Health: Summary of national findings*. Retrieved from http://www.samhsa.gov/data/NSDUH/2k11MH_FindingsandDetTables/2K11MHFR/NSDUHmhfr2011.htm#2.3
- Suicide Prevention Resource Center. (2008). *Is Your Patient Suicidal?* Retrieved from http://www.sprc.org/sites/sprc.org/files/library/ER_SuicideRiskPosterVert2.pdf

May 2013

This fact sheet is part of SPRC's [Customized Information Series](#). You may reproduce and distribute the fact sheets in this series provided you retain SPRC's copyright information and website address.

The Suicide Prevention Resource Center is supported by a grant from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) under Grant No. 5U79SM059945.

Suicide Prevention Resource Center

Web: <http://www.sprc.org> • E-mail: info@sprc.org • Phone: 877-GET-SPRC (438-7772)