Responding to Calls with Suicidal Suspects: Practical Command and Psychological Considerations

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Responding to suicidal individuals is an increasingly common occurrence in law enforcement work. Based on a 2008 Bureau of Justice Administration report an estimated 3 to 7 percent of all police calls for service result from factors related to mental illness, and these calls are often overly time consuming.[1] As cited in a recent IACP publication aimed at improving police response to persons with mental illness, "A number of studies also document that persons with mental illness are more likely than those without mental illness to come into contact with police as suspected offenders, most often for relatively minor offenses, and to be re-arrested more frequently."[2] This article examines factors to consider in responding to calls with suicidal suspects. Included are command considerations and psychological considerations, as well as the impact these calls can have on involved personnel. Practical pointers for police chiefs are included.

Policy

Law enforcement agencies must establish clear policies and guidelines in handling suicidal and/or mentally ill suspects. These policies should be aimed at treating persons with mental illness with compassion and respect while promoting community policing and prioritizing officer safety. Officers must be knowledgeable on the laws of their jurisdictions and the resources available to them. Departmental policies and procedures should explain to officers and other responding agency personnel what options should be considered. Policies on handling persons who are suicidal or mentally ill should include language that explains voluntary and involuntary committals and should describe intake protocols for the local psychiatric facilities. This is important because facilities across the United States have varying admission criteria when dealing with subjects who might be considered dangerous, who are drug dependent, or who have had multiple prior psychiatric admissions.

To that end, an author of this article engaged his department (Buckeye Police Department) in a recent policy revision process aimed at improving policies and guidelines in handling suicidal and mentally ill suspects. The complete policy revision focused initially on high-liability issues, including search and seizure, use of force, arrest techniques, pursuit driving, and responding to high-risk calls. One such high-risk and high-liability issue on the rise is responding to calls involving suicidal or mentally ill subjects. This increased focus on persons with mental illness has become important. In many locales, a sagging economy has had a devastating effect on those in need of quality mental health treatment. Resources are not as available as they once were in many communities, and, in turn, this has increased law enforcement's encounters with people with mental illness, which has increased the responsibility to handle the suicidal and mentally ill with the care and attention necessary to protect and assist them. With this in mind, consider asking a police psychologist or other qualified mental health care professional to review current polices related to the mentally ill or suicidal subjects to determine whether they are consistent with best practices when dealing with mentally ill and suicidal suspects.

Training

Training is necessary to equip officers with effective interaction skills when encountering suicidal suspects. As a beginning, education about signs and symptoms of mental illness and suicidality is important. Officers need to know that suicidal persons often suffer from mental illness. More than 90 percent of people who die by suicide have depression and other mental disorders and/or a substance-abuse disorder.[3] Officers need to know that such individuals often need empathy and reassurance to help overcome the fear and hopelessness that leads them to despair. Education efforts need to share the potential course and escalation of suicidal behavior, and that despair may result in suicidal thoughts, intent, plans, and actions. It is important also to realize that often police calls involving persons with mental illness do not involve criminal behavior. Rather these calls are often the result of police being called to handle an emotional problem or crisis.

In order to respond well, officers need to be trained about suicidal behavior. Suicidal individuals are often changeable in mood and prone to sudden changes in behavior. They may be unpredictable and even more so when there is serious mental illness involved, especially when in a psychotic state. Comorbid substance abuse and

dependence can also play into a person's suicidality, diminish rational thought and communication abilities, and decrease inhibitions. Such individuals in an altered state may not follow the usual "rules of engagement" that are experienced in the majority of other law enforcement contacts.

Officers will benefit from knowing about the means used in suicide. Firearms may be present and are what we typically think of in relation to completed suicides. However, many contacts with suicidal suspects will involve edged weapons as their tool to either hurt themselves if they are suicidal, or to use defensively if frightened or trying to protect themselves from what they perceive as threatening in the environment.

Preparing officers mentally is important in responding effectively to suicidal suspects. Training should emphasize emotional regulation. Officers must maintain control of their emotions and not meet hostility with hostility or fear with fear. Every first responder should be given crisis intervention training. This training must emphasize officer safety by discussing the importance of maintaining a safe distance, the importance of having more than one officer on scene, and skill building in the area of crisis de-escalation. Training should teach facts and be scenario-based and interactive, rather than simply a traditional lecture and slideshow didactic delivery method.

Topical training is also indicated. As first responders, these particular calls require officers to have the training and ability to handle persons with developmental disabilities, intoxication, and chemical dependency. Possible training topics could include conflict resolution; crisis intervention and de-escalation techniques; learning and applying language that is appropriate for interacting with a mentally disabled person; knowing there are alternatives to deadly force during such encounters; Excited Delirium Syndrome; and using available community resources that can assist them in dealing with a mentally disabled individual. These necessities for training are a challenge in the current economy. Unfortunately, law enforcement agencies across the United States are not exempt from the current fiscal crisis, and almost all have experienced significant budget cuts, a reduction in force, and the loss of critical resources. As leaders of their organizations, chiefs have been tasked with finding a way to "do more with less," while maintaining or improving the level of service the community expects from public safety personnel. One of the first areas adversely impacted in police budget cuts was training, considered by those outside the scope of public safety to be a want and not a need. This school of thought should not be followed. Law enforcement executives—as leaders—have an obligation to protect and serve, which includes the honorable women and men that rely on executives to provide the best equipment and training possible so officers make it home safely to their families.

Partnerships

Law enforcement alone cannot work with suicidal suspects. Partnerships in responding to persons with serious mental illness and specifically suicidal suspects are crucial. In the past, law enforcement entities throughout the United States operated in "silos," not willing to trust or confide in a multitude of professional resources that were available to assist them. However, in recent years, law enforcement leaders have learned the benefits of partnering with other disciplines when responding to calls that require expertise and services beyond their competence or duties. For example, advocacy centers for sexually abused children and domestic violence fatality review teams have sprung up across Arizona. Partnerships can involve mental health professionals, law enforcement personnel, counselors, doctors, physicians, clergy, community leaders, prosecutors, victim advocates, and others. This multi-disciplinary approach is a system improvement that has proven to increase the number of successful prosecutions as well as improve the after-care treatment for victims.

Law enforcement leaders should consider a similar multi-disciplinary approach in the response to suicidal and mentally ill subjects. The need to get mental health professionals involved from the very beginning exists, as early intervention can potentially avoid future long-term, serious consequences for those with mental illness. Specifically, law enforcement leaders need to have their officers develop personal relationships with the local mental health professionals through joint training exercises. This sharing of information and resources is an extremely effective way of identifying and learning each other's respective roles in response to calls involving suicidal and mentally ill subjects. This will help to bridge the gap and, it is hoped, eliminate a disconnect when a suicidal or mentally ill subject gets "handed off" from the criminal justice system to the mental health system. The transition should be seamless, but it is not, primarily due to an existing police mindset that dealing with mentally ill persons is their (mental health professionals) problem and not ours as law enforcement officers. This line of

thinking needs to change. The truth is, dealing and helping the mentally ill is a community problem that requires a solution, and the solution involves both law enforcement and mental health officials working closely together. By partnering with local mental health care professionals, leaders can potentially avoid the "pay me now or pay me later" pitfall from mishandling or mistreating a mentally ill person. Chiefs of police ought to take the lead in forging and maintaining partnerships that assist their citizens.

Community Policing

Law enforcement agencies throughout the country now embrace the community policing philosophy. This involves the proper use of officer discretion when dealing with suspects who have shown unpredictable behavior. A key component of the use of this discretion is the understanding of how a multidisciplinary approach works. Departmental and community response teams are being created to allow a more comprehensive response strategy when dealing with suicidal and mentally ill persons. These teams comprise personnel from law enforcement, the courts and probation departments, the medical and clinical community, and outreach groups. These teams operate on the philosophy that often nonviolent, mentally ill and suicidal persons are better served when they are directed away from incarceration.

In the midst of this therapeutic approach, officers must not get careless when exercising officer safety at calls for service involving suicidal subjects. It is imperative to remember the basics: watch the subject's eyes and hands, keep a safe distance, have another unit on the scene with you, command the scene by way of a nonthreatening supportive approach, maintain a calm demeanor, explain to the subject what is occurring, and repeat your desire to help. The aim of this is not only to de-escalate a crisis situation, but also to better serve persons with mental illness in our communities that also deserve a community policing approach.

Debriefings

Debriefings are important in incidents where suicidal suspects are involved. Generally, there are three types of debriefings, or "debriefs." There is a tactical debrief, an operational debrief, and a CISM (Critical Incident Stress Management) debrief. Each differs slightly in purpose and tasks. Although these three types of debriefs are different in terms of their objectives, they each serve a valuable purpose in a department's overall response to a suicidal subject.

The tactical debrief reviews the actions thus far on the call and at the scene. It usually occurs when the first responders have set up an initial containment and need to transition the scene to investigators or responders who are more specialized in tactical operations or crisis response. The initial intelligence gathering is critical to the success of the tactical briefing. The initial intelligence obtained by those who arrive first will drastically impact the decisions that are made throughout the remainder of the incident.

Once an incident has concluded, it is appropriate to have an operational debriefing. These debriefings are an opportunity to review the department's overall response to the incident. This is a chance for open discussion and assessment of what was done correctly and what could be improved upon. Response procedures and tactics are discussed and everyone is given an opportunity to point out things done well and things that should be rectified for response to future calls. From time to time, incidents involving suicidal suspects end tragically, either with the loss of life or severe injury. These incidents require a different type of debriefing, a Critical Incident Stress Management debriefing. These debriefings are much different from the other two previously discussed debriefs. A suicidal incident that ends tragically often has a significant emotional impact on the responders.

A CISM debrief attends to the emotional needs of involved personnel. In a CISM debrief, participants are given an opportunity in a group setting (in contrast to a post officer-involved shooting meeting which is typically individual in nature) to share their feelings about what occurred and, more importantly, how it impacted them. These debriefs should be supportive in nature. This is not the time or place to evaluate tactics or response strategies. Because law enforcement agencies have an obligation to assist their employees in dealing with stress, specifically trained peer counselors—as well as qualified mental health professionals uniquely trained to work with law enforcement personnel—should be made available to those who request intervention or show signs of needing support to cope with what they experienced. These resources should be openly discussed in the CISM debrief. This type of debrief ideally should occur within 24 to 48 hours following the end of the suicidal incident. It must be

structured, yet flexible enough to give everyone a chance to share their feelings. If a CISM debrief is in order, it should be conducted prior to the operational debrief.

Debriefings by police psychologists have great value. This is the tool whereby the officer can learn to cope with the situation and openly and honestly discuss perceptions and thoughts. This can ultimately lead to tips and guidance for the police executive to better handle investigation and administration of future suicidal incidents and officer-involved shootings. Many police chiefs learn the importance of showing up on the scene, personally contacting their personnel after a shooting to let officers know they are glad the officers are okay, to explain the administrative and investigative reports, and to clarify other administrative processes. Follow-up after an incident to ensure personnel know they are not forgotten is also an important function of the police executive. Often it is found that sometimes everyone in the department wants to help the involved officers but are unclear in how to actually coordinate assistance.

From the police psychologist's perspective there are a number of significant issues that have come to light as a result of conducting debriefings with officers involved in critical incidents involving suicidal suspects. Processing these experiences with trained police psychologists helps officers understand some of the differences in this subject groups' behaviors and actions. Suicidal subjects frequently differ significantly from the ways in which other populations act when interacting with law enforcement. Having a better understanding of the mentally disordereds' motivations, impetus, and concerns (or lack thereof) of consequences helps officers appreciate the often notable differences in scenarios. For example, suicidal subjects are frequently uninterested in the aid of a public safety officer. They may even see the officer as a hindrance to their goal of taking their own lives. The rejection and lack of desire to interact can impact how officers feel about their job as lifesavers and protectors from harm. It can lead to feelings of remorse or ineffectualness. In the majority of circumstances when someone is truly bent on taking his or her own life, law enforcement response is seen as a true barrier to the suicidal subject's goal.

Also, the lack of interest in the police response changes the cognitive experience the officer has. Connecting, establishing rapport, and applying problem-solving skills become useless to an officer whose presence on scene is, from the subject's perspective, irrelevant or impeding a goal. Furthermore, this subgroup may not respond to police directives because they are, for example listening to command voices to hurt themselves or attending to hallucinations. In retrospect, officers often feel helpless to effect change in these scenarios, which is the exact opposite of what makes police feel capable in their job. This feeling of helplessness leads to their second-guessing and Monday morning quarterbacking of situations that are dynamic and unpredictable.

A debriefing with a trained police psychologist can also provide intellectual insights. Likewise, the commonality of having shared an incident experience with other officers, and then discussing it can have a positive impact on officers. For example, officers discuss in debriefings that there is a different response intellectually and emotionally to knives and edged weapons even if they know that they are as deadly as firearms. There seems to be a momentary pause or reevaluation of the lethality of these weapons that can impact response times or even thoughts about ways to respond. Another example is when an officer-involved shooting with a suicidal suspect involves the suspect's attempting to hit an officer with a vehicle with the goal of having that or other officers shoot them. Public perception that it "was just a car and not a gun" often posted on blogs leads officers to feel scrutinized and second-guess their actions. These "hiccups" in processing and responding to a threat can create anxiety and apprehension for officers. This becomes amplified when police officers review and assess the event retrospectively, and begin thinking of all the "woulda, coulda, shoulda's." This effect is compounded by public commentary that may fail to grasp the dangerousness of the suspect's actions toward the involved responders. It is critical for all responding to and evaluating these incidents, from chiefs to line personnel, to appreciate the different experiences officers have when dealing with this subgroup to support their actions and help them return to duty with confidence in their cadre of skills.

It is important to note that support from trained peers and other supportive professionals such as chaplains can be very valuable in assisting personnel who have responded to calls involving suicidal suspects. One of the authors notes that a response of some officers seen for psychological debriefings is to "go see my priest (or other clergy) to get right morally with what I know I needed to do." Peer support teams or CISM team members ought to be a ready resource to assist involved personnel. The IACP's *Guidelines on Peer Support* may be useful to review in

considering the role and importance of such interventions.[4]

The Impact of Social Media

The social media craze has made policing in modern day society more challenging than ever. That said, it is incumbent upon law enforcement officials to make every effort to handle calls of this nature with the utmost professionalism. Further, the internal policies should be continually reviewed and updated to reflect any system improvements to safeguard against negligence and liability claims. Chiefs have an obligation to provide their troops with specialized training related to suicidal and mentally ill subjects, and to train them to—as an example—not post on social networks about incidents; to follow departmental policy related to social media; and to be resilient to posts and commentary on blogs and social media about their response to calls.

Officer-Involved Shooting Incidents with Suicidal Suspects

The decision to use force is often the most important decision police officers will make in their careers. Officers are sometimes placed in situations requiring them to use force. At times, these situations involve suicidal suspects, especially those suspects who become intent on involving law enforcement in their suicide plans and attempts. While it should be widely understood and the authors of this article emphasize that the majority of people with mental illness are not violent and dangerous, calls involving police officers with suicidal suspects can and do involve danger for responders. An added consideration is that firearms are the most common means of suicide among men and rank third among women,[5] thus, increasing the likelihood that calls dealing with suicidal suspects may involve lethal means toward suicide and possibly lead to harm of involved personnel and bystanders.

The importance of the duties and roles of a police chief in response to an officer-involved shooting cannot be underemphasized. The chief of a law enforcement organization has a perspective or multiple perspectives of an officer-involved shooting that may initially seem to conflict with others but in reality there are more consistencies than not. The police executive should realize that the intensity presented to a police officer who is confronted with an armed, suicidal or psychotic individual has a profound impact not just on that officer, but on the officer's peers; the supervision and command staff; and, in fact, the entire department as a whole. The police chief needs to be in touch with the reality of the officer's experiences and perceptions. Many things can go through the mind of an officer posed with a threat, whether it is before, during, or after an event. Examples of relevant thought processes include whether armed subjects are actually imminently dangerous to themselves, or suicidal and trying to achieve suicide via suicide by cop, or whether suicidal persons are desperate, planning on dying that day and hope to "take a few officers with them on the way out." Other worries and concerns officers might have involve worrying what their fellow officers will think after the fact, whether they will get a fair administrative review or investigation of the incident, whether they will feel ostracized or supported afterward by police supervisors, what the public perception will be, how their families will react to the news that they used deadly force, and the possibility of retaliation.

How an agency treats involved personnel is influential. How the command staff, especially the top executive, acts or reacts to an officer-involved shooting afterwards can shape reaction times for personnel in future incidents where an officer may have to use deadly force. Officers that do not feel supported in their actions may hesitate to respond decisively in future incidents, thus placing themselves, other officers, and the public in danger. This can unintentionally shape second-guessing during a critical incident because an officer's thought process, known as a decision cycle or the OODA (observe, orient, decide, act) loop can be slowed.[6] This loop takes time, beginning with observing the action that may be a possible threat, orientating oneself or making sense of what is occurring, deciding an action to take, and finally taking action based on that decision. Any hesitation can be detrimental to the officer's or public's safety. A police executive can only hope that officers will resort to their training and then make an expedient and prudent decision based on the scenario presented and the options available. Steps taken by law enforcement personnel to reinforce officers' perceptions that the officers acted appropriately can decrease the likelihood of future hesitation in response to future critical incidents.

Police chiefs have many things to worry about regarding personnel responding to incidents with suicidal suspects. In the case of an officer involved shooting, it is not as simple as whether the shooting was justified or not. Other questions arise such as whether there is civil liability to the agency, whether enough training exists or if more is

needed, how the department reacts to the incident which may affect morale, how media will portray the incident, concerns of special-interest groups, and concerns of elected officials. But a key concern should be whether the involved officer is okay and whether he or she is getting the necessary assistance while the administrative investigation proceeds. It is important to send the message to staff that a transparent review and investigation of the shooting is necessary to protect the department and officer. It is equally important to show involved employees that the chief executive's concern is that they go home to their families at the end of the shift and that they prevail in any deadly confrontation so they can live to continue to protect the community another day. IACP *Guidelines on Officer-Involved Shootings* may be of assistance as well.[7]

Resources

The IACP, in conjunction with SAMHSA and BJA, has resources readily available to assist departments.[8] In addition, the IACP has a Model Policy to provide guidance to law enforcement officers when dealing with suspected mentally ill persons.[9]

Notes:

[1]Matt Schwarzfeld et al., *Improving Responses to People with Mental Illness: The Essential Elements of a Specialized Law Enforcement-Based Program* (New York: Council of State Governments and Police Executive Research Forum, 2008), consensusproject.org/jc_publications/law-enforcement-elements/le-essentialelements.pdf (accessed March 22, 2013).
[2]*Building Safer Communities: Improving Police Response to Persons with Mental Illness Summit* (Alexandria, Va.: International Association of Chiefs of Police, 2010), www.theiacp.org/LinkClick.aspx?fileticket=JyoR%2FQBPIxA%3D&tabid=87 (accessed March 22, 2013), citing Melissa Reuland et al., *Law Enforcement Responses to People with Mental Illness: A Guide to Research-Informed Policy and Practice* (New York: Council of State Governments Justice Center, 2009), www.vacitcoalition.org/Research/Law_enforcement_responses.pdf (accessed March 22, 2013) and Anne G. Crocker, et al., "Gender Differences in Police Encounters among Persons with and without Serious Mental Illness," *Psychiatric Services* 60, no. 1 (January 2009): 86–93, ps.psychiatryonline.org/article.aspx?articleID=100088 (accessed March 22, 2013).
[3]Eve K. Mo?cicki, "Epidemiology of Completed and Attempted Suicide: Toward a Framework fo rPrevention," *Clinical Neuroscience Research* 1, no.6 (November 2001): 310–23.
[4]International Association of Chiefs of Police, *Peer Support Guidelines* (IACP Police Psychological Services Section, ratified at the IACP Annual Conference, Chicago, Illinois, 2011), theiacp.org/psych_services_section/pdfs/Psych-PeerSupportGuidelines.pdf (accessed March 22, 2013).
[5]Ibid.
[6]Amaury Murgado, "Why the OODA Loop Is Still Relevant: Understanding the Mind's Decision-Making Process Can Help You Calm Down Subjects and Improve Your Own Reactions," *Police Magazine*, www.policemag.com/channel/careers-training/articles/2013/01/why-the-ooda-loop-is-still-relevant.aspx (accessed March 22, 2013).
[7]*Officer-Involved Shooting Guidelines*, ratified by the IACP Police Psychological Services Section, Denver, Colorado, 2009, theiacp.org/psych_services_section/pdfs/Psych-OfficerInvolvedShooting.pdf (accessed April 10, 2013).
[8]*Building Safer Communities*; and the IACP webpage "Building Safer Communities: Improving Police Response to Persons with Mental Illness," www.theiacp.org/PublicationsGuides/NationalPolicySummits/BuildingSaferCommunities/tabid/664/Default.aspx (accessed March 22, 2013).
[9]International Association of Chiefs of Police, *Officer-Involved Shooting Guidelines*.