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Javier is a seven-year veteran uniformed police officer. He recently applied for a position that would involve a promotion. Before the morning roll call, Javier's shift supervisor, Tony, thought that Javier looked out of sorts and anxious.

When he had a chance to talk to Javier in private, Tony asked him if he had heard anything about the new job. Javier replied, "I think that I'm going to withdraw my application. It just doesn't matter any more." Tony asked why, and Javier said that his wife had just filed for divorce and was asking for full custody of their two children. Tony suggested that Javier talk to a mental health professional, but Javier was reluctant; he had never seen a counselor or psychologist. Tony admitted that he had seen a therapist after he shot a teenager a few years ago. Tony told him that even though the shooting was justified, it really shook him up, and talking to someone really helped. Tony offered to make an appointment for Javier and to go with him to the appointment if Javier wanted his support. Javier appeared relieved and took Tony up on his offer.

The Role of Law Enforcement in Preventing Suicide

As a law enforcement officer, you are often called into action when something is wrong: when someone has been assaulted, robbed, or injured or when there is a confrontation or the threat of a confrontation. You interact with people who are angry, emotional, injured, frightened, or traumatized. Some of these people welcome your presence, while others resent it. You face situations that are, or could easily become, violent and threaten you, your fellow officers, and members of the public with injury or death. Many of these incidents involve complex interpersonal and legal situations in which you must protect yourself and others while maintaining your authority and respecting the rights of the public. This level of stress can take a toll. Law enforcement officers are at elevated risk of divorce, alcoholism, and other emotional and health problems (Ayres, 1990). Police officers are also at risk of post-traumatic stress disorder (PTSD), which contributes to the risk of suicide (Tarrier & Gregg, 2004). Many experts suspect that police officers are at a higher risk of suicide than people in other occupations (see, for example, Mohandie & Hatcher, 1999).

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Job stress is only one of the reasons that many experts believe law enforcement officers are at special risk of suicide. Another often-cited reason is the police culture itself, which sees strength and authority as essential components of the job. Seeking help for emotional issues can be misconstrued as a sign of weakness that can affect an officer's sense of self, as well as his or her relationship with peers. Another reason is that law enforcement officers have a lethal means of suicide immediately at hand: Officers not only have access to firearms, they are often *required* to carry a sidearm both on- and off-duty. And most research (on members of the general public) shows that access to lethal means, such as a firearm, increases an individual's risk of dying by suicide (Brent & Bridge, 2003; Miller, Azrael, & Hemenway, 2004).

Recognizing the Warning Signs

Someone who is considering harming him- or herself may try to reach out to you—sometimes directly, sometimes indirectly. You should be especially alert for imminent warning signs of suicide, for example:

- Talking about suicide or death
- Giving direct verbal cues, such as “I wish I were dead” and “I’m going to end it all”
- Giving less direct verbal cues, such as “What’s the point of living?”, “Soon you won’t have to worry about me,” and “Who cares if I’m dead, anyway?”
- Isolating him- or herself from friends and family
- Expressing the belief that life is meaningless or hopeless
- Giving away cherished possessions
- Exhibiting a sudden and unexplained improvement in mood after being depressed or withdrawn
- Neglecting his or her appearance and hygiene

These signs are especially critical if this individual has attempted suicide in the past or has a history of or current problem with depression, alcohol, or PTSD. Research indicates that a combination of alcohol use and PTSD produces a tenfold increase in the risk of suicide for law enforcement personnel (Violanti, 2004).

Experts have identified other warning signs that a fellow officer may be thinking of harming him- or herself. Officers at risk of suicide may do one or more of the following (Mohandie & Hatcher, 1999):

- Tell others that they are going to hurt themselves. It is a myth that people who talk about suicide will not actually try to kill themselves. People who say they are thinking of killing themselves should be taken extremely seriously.
- Announce that they are going to do something that will ruin their careers, but that they don’t care.
- Admit that they feel out of control.
- Appear hostile, blaming, argumentative, and insubordinate OR appear passive, defeated, and hopeless.
- Develop a morbid interest in suicide or homicide.
- Indicate that they are overwhelmed and cannot find solutions to their problems.

- Ask another officer to keep their weapon OR inappropriately use or display their weapon.
- Begin behaving recklessly and taking unnecessary risks, on the job and/or in their personal lives.
- Carry more weapons than is appropriate.
- Exhibit deteriorating job performance (which may be the result of alcohol or drug abuse).

There is no “fail safe” method of judging whether a person is at immediate risk of attempting suicide. However, most of these warning signs indicate that an officer is experiencing some sort of emotional stress.

Responding to the Warning Signs

If you believe that another officer is thinking of harming him- or herself, you can ask directly, in private, if this is the case. If the officer admits to having such thoughts, or if the officer denies it but you are still concerned, there are a number of steps you can take:

- Express your concern to an appropriate person, such as a line supervisor or the department’s mental health professional (if the department is large enough to have one).
- Ask the officer to call the National Suicide Prevention Lifeline at (800) 273-TALK (8255).
- Offer to help the officer find, or accompany the officer to, a mental health professional who is better able to evaluate the officer’s risk and to recommend next steps.
- Help the officer’s family and friends develop a plan so that someone is with him or her at all times until the crisis is resolved.

Responding to a fellow officer in need may not be easy. You may feel like you are meddling or overstepping your role and intruding into the officer’s personal life. But an officer with serious emotional problems may be in as much danger as an officer facing an armed perpetrator on the street.

The Role of the Department

Law enforcement agencies should support officers in taking care of one another with training, policies, and support systems. There are steps a department can take to prevent mental health issues from reaching the point at which an officer considers harming him- or herself. These include pre-employment screening, general wellness programs, the availability of confidential counseling, and a health plan that encourages mental health consultation (Mohandie & Hatcher, 1999).

The law enforcement culture of self-reliance can interfere with an officers willingness to seek mental health counseling. However, the military has shown that institutional cultures

can be changed in ways that are more likely to prevent suicide (U.S. Air Force Suicide Prevention Program, 2001). Removing the stigma of seeking help for a mental health or psychosocial problem, enhancing understanding of mental health, and incorporating suicide prevention training can have a considerable impact on mental health promotion.

Law enforcement agencies can create an atmosphere in which officers are encouraged to seek help for their emotional concerns (and to encourage their peers to seek such help). Departments can educate their officers by making the analogy that seeking professional help for mental illness is much like seeking help for a physical illness. Expressing concern for a fellow officer's well-being can be compared to backing him or her up on the street. Departments can also provide easy access to confidential mental health resources, as well as publicize the National Suicide Prevention Lifeline (NSPL) at (800) 273-TALK. NSPL also provides posters and pamphlets describing its services. (For further information on NSPL, see Resources, below.)

Departments may also want to train some officers as "gatekeepers." Suicide prevention gatekeeping programs train people to:

- Recognize behavioral patterns and other warning signs that indicate that a person may be at risk of suicide (or other emotional problems)
- Actively intervene, usually by talking to the person in ways that explore the level of risk without increasing it
- Ensure that those at risk of suicide or other problems receive the necessary services

Although gatekeeping programs were originally developed for young people, they have been adapted and used with success with adults in the armed forces, among other organizations. A special gatekeeping training has been developed for law enforcement officers. (For more information on this program, see "QPR Triage" under Resources, below.) While any officer can be trained as a gatekeeper (or on the basics of recognizing and responding to the warning signs of suicide), experts have suggested that key personnel, including first-line supervisors (Violanti, 2003) and Internal Affairs officers, should be trained (Diamond, 2003)—the former because of their day-to-day contact with officers, and the latter because of their interaction with officers who may be sent to Internal Affairs for conduct issues (such as alcohol abuse) that could also be warning signs of suicide.

Suicide prevention training (including self-care) should be integrated into an agency's critical incident stress management program. Information and training on critical incident stress management is available from most state police academies. Other sources of information on critical incident stress management can be found under Resources, below.

Police departments should also offer mental health consultations to their officers (and purchase health plans that encourage, and pay for, such services), which officers may access privately. While it may be beneficial for larger departments to have their own mental health personnel, it can be easier to maintain confidentiality by contracting with outside consultants who are not located within the department. In this case, it is advisable

to contract with mental health providers who are familiar with the language and culture of law enforcement as well as the particular stressors of police work.

Helping the Public

You may encounter people at high risk of suicide in the course of your job. A person who is threatening suicide, especially with a gun or other lethal weapon, may trigger a call to 911. As a result, you and your fellow officers who respond to this call can find yourselves facing extremely distraught or irrational individuals who may be a danger to themselves, as well as to the responding officers and the bystanders. In some cases, these people may try to provoke you and your fellow officers into helping them end their lives. One study found that in a 10-year period in Los Angeles, 11 percent of shootings by law enforcement officers, and 13 percent of officer-involved justifiable homicides, occurred in the course of suicide attempts by individuals who provoke officers into shooting (by, for example, threatening the officers or others with a weapon). These incidents are sometimes called “police-assisted suicides” or “suicide by cop” (Hutson et al., 1998).

It is outside the scope of this publication to discuss how officers should respond in situations in which they or others are in imminent danger from someone who is threatening, or seems at risk of, suicide. The first responsibility of officers who respond to such a call is to ensure that members of the public and the officers themselves are not in imminent danger. This will provide time and space to de-escalate the crisis without fear of harm to others. All officers should have some training in de-escalating such situations. Departments should also have some officers trained in negotiation who can be called to these situations to attempt a resolution in which no one is injured or killed.

A substantial proportion of the people whom you arrest may be at elevated risk of suicide. They may also abuse alcohol or drugs or have behavioral disorders. The suicide rate in jails is nine times that of the general population. Some researchers attribute this to the higher rate of mental illness among inmates than in the general population. Going to jail or prison is also a stressful event, which, when combined with drugs or alcohol, can result in a suicide. According to one study, “Those who commit suicide within the first 24 hours of confinement tend to be charged with minor, non-violent, alcohol- and/or drug-related offenses. Many of these victims were acutely intoxicated and may have had disinhibited behavior, impaired decision-making abilities, or increased emotional ability” (Nock & Marzuk, 2000, p. 441-442). Again, it is useful to have some officers receive specialized training in identifying and responding to those at risk of suicide. Individuals thought to be at severe risk of any type of self-harm should be closely monitored. Objects they can use to hurt themselves should be removed. If a detained individual is distraught and does not feel comfortable speaking with an officer, consider allowing the individual to call the National Suicide Prevention Lifeline at (800) 273-TALK (8255).

You may encounter persons at elevated risk of suicide in less dramatic situations. For example, you may be called to a domestic situation in which mental illness or substance abuse is involved. Officers—in particular, juvenile officers—may encounter young

people with multiple risk factors for suicide and self-harm. Any direct threats by people to hurt or kill themselves should be taken seriously. Many of these people may be helped with a referral to (800) 273-TALK (8255). The crisis workers who staff this system can help people at risk of suicide get through an immediate crisis and find longer-term help in their own communities.

If you respond to a situation in which a person has died by suicide in a home or workplace, you will probably be faced with distraught friends, relatives, and co-workers. Those who were close to or affected by a suicide are called “suicide survivors.” These survivors may be overwhelmed with grief, anger, or disbelief. They may, for example, want to see the body because they cannot believe that their friend or loved one has died. You may need to gently explain why it is necessary to secure the area until, for example, the coroner arrives, or why it may be necessary for the police department to hold personal items (including a suicide note) until an investigation has been completed.

You may find yourself being questioned by journalists at the site of a suicide. It is extremely important to be sensitive to the family (and to investigations in process) after a suicide. It is also important not to contribute to news coverage of suicide, as research has shown that this can contribute to suicide attempts by other vulnerable people. The easiest response to media requests for information is to refer the media to the designated communication or press officer at the local police department, fire department, or hospital. If you do speak to the press, it is important that you don’t glamorize suicide, defame or criticize the victim, or portray suicide as an inexplicable or senseless act about which nothing can be done. If at all possible, use press coverage of a suicide to convey the message that people who are considering hurting themselves should get help by talking to a friend, a family member, a mental health professional, or the National Suicide Prevention Lifeline Helpline at (800) 273-TALK (8255).

You may also be asked to notify the next of kin of someone who has died by suicide. If at all possible, notification should be made by a team. An officer and a police chaplain or victim advocate can be an effective combination. Notification should be made face to face, not by telephone. If the visit is done very late at night or early in the morning, you may want to have someone call ahead and tell the family that an officer will be there soon with some news. Ask to speak privately with the primary adults in a household, and be sure to confirm their identity and their relationship with the deceased. They can decide how to tell children, adolescents, and the frail elderly. The family you are visiting will realize that you are bearing bad news, so tell them as quickly you can, be direct and clear, and be ready to give them details if they ask. Provide your business card (or that of the chaplain or victim advocate) so they have someone to contact for additional information. The range of reactions can be quite broad: People may faint, cry, or refuse to accept the news. Stay with the survivors until the emotional situation appears stabilized. If you are notifying an individual with no other family or friends on-site, suggest that he or she call someone, and offer to stay until the person called arrives.

Friends and family need support during a crisis caused by a suicide—sometimes more than you can, or should, provide. While you can offer some support, it is far more

effective in the long run to help survivors mobilize their own support networks, including friends, relatives, and clergy. There are suicide survivor support groups throughout the United States. Let survivors know that such help is available and that you can help them find these groups. (Information on finding suicide survivor support groups in your community is included under Resources, below.)

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Resources

Resources for Law Enforcement

Organizations

The Central Florida Police Stress Unit, Inc. (<http://www.policestress.org/>) is a not-for-profit organization that operates a telephone hotline for officers under stress and provides information and in-service training on a variety of issues relating to stress and the law enforcement community, including Stress Awareness and Resolution for Law Enforcement, Dispatchers and Corrections Officers, Crisis Intervention, and Post-Traumatic Stress Disorder: Officer at Risk. The hotline can be reached at (407) 428-1800.

COPLINE is the first national hotline exclusively for law enforcement officers and their families. COPLINE is run by retired officers to help active officers with the wide variety of psychosocial stressors they face in their careers. COPLINE can be reached at (800) 267-5463. For more information, contact COPLINE, 501 Iron Bridge Road #6, Freehold, NJ 07728. Telephone: (732) 577-8300, ext. 8; fax: (732) 577-9960; e-mail: Copline@optonline.net.

The National P.O.L.I.C.E. Suicide Foundation (<http://www.psf.org/>) provides suicide awareness and prevention training programs and support services to meet the psychological and spiritual needs of emergency workers and their families. The foundation offers a three-day police suicide awareness train-the-trainer seminar that provides participants with the skills and materials needed to establish Police Suicide Awareness training within their own agencies.

The National Center for Post-Traumatic Stress Disorder

(<http://www.ncptsd.org/index.html>) is an educational resource on PTSD developed by the Department of Veterans Affairs. It includes publications, fact sheets, and other resources on the assessment, identification, and treatment of PTSD, many of which are useful for those in law enforcement (particularly the fact sheet on Casualty and Death Notification).

QPR Triage. The Law Enforcement Wellness Association, in association with QPR Institute, developed QPR Triage, a one-day training program for police officers who are in a position to identify, screen, and refer persons who may be exhibiting suicidal behavior or may otherwise be at risk of suicide—including other officers. For more information on QPR Triage, visit the website of the Law Enforcement Wellness

Association (<http://www.cophealth.com/sp.html>) or the QPR Institute (<http://www.qprinstitute.com>).

Suicide Survivor Support Group Directories. The American Association of Suicidology (AAS) and the American Foundation for Suicide Prevention (AFSP) offer online directories of suicide survivor support groups. The AAS directory is located at http://www.suicidology.org/associations/1045/files/Support_Groups.cfm. The AFSP directory can be found on its website (<http://www.afsp.org/index-1.htm>) on the navigation bar under “Survivors.”

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General Resources on Suicide and Suicide Prevention

Suicide Prevention Resource Center (<http://www.sprc.org/>). The Suicide Prevention Resource Center (SPRC) provides prevention support, training, and materials to strengthen suicide prevention efforts. Among the resources found on its website is the SPRC Library Catalog (<http://library.sprc.org/>), a searchable database containing a wealth of information on suicide and suicide prevention, including publications, peer-reviewed research studies, curricula, and web-based resources. Many of these items are available online.

American Association of Suicidology (<http://www.suicidology.org/>). The American Association of Suicidology is a nonprofit organization dedicated to the understanding and prevention of suicide. It promotes research, public awareness programs, public education, and training for professionals and volunteers and serves as a national clearinghouse for information on suicide.

American Foundation for Suicide Prevention (<http://www.afsp.org>). The American Foundation for Suicide Prevention (AFSP) is dedicated to advancing our knowledge of suicide and our ability to prevent it. AFSP’s activities include supporting research projects; providing information and education about depression and suicide; promoting professional education for the recognition and treatment of depressed and suicidal individuals; publicizing the magnitude of the problems of depression and suicide and the need for research, prevention, and treatment; and supporting programs for suicide survivor treatment, research, and education.

National Center for Injury Prevention and Control (<http://www.cdc.gov/ncipc/>). The National Center for Injury Prevention and Control (NCIPC), located at the Centers for Disease Control and Prevention, is a valuable source of information and statistics about suicide, suicide risk, and suicide prevention. To locate information on suicide and suicide

prevention, scroll down the left-hand navigation bar on the NCIPC website and click on “Suicide” under the “Violence” heading.

National Suicide Prevention Lifeline (<http://www.suicidepreventionlifeline.org/>). The National Suicide Prevention Lifeline provides immediate assistance to individuals in suicidal crisis by connecting them to the nearest available suicide prevention and mental health service provider through a toll-free telephone number: (800) 273-TALK (8255). Technical assistance, training, and other resources are available to the crisis centers and mental health service providers that participate in the network of services linked to the National Suicide Prevention Lifeline.

Suicide Prevention Action Network USA (<http://www.spanusa.org/>). Suicide Prevention Action Network USA (SPAN USA) is the nation’s only suicide prevention organization dedicated to leveraging grassroots support among suicide survivors (those who have lost a loved one to suicide) and others to advance public policies that help prevent suicide.