AN EXECUTIVE SUMMARY

OFFICER SUICIDE: UNDERSTANDING THE CHALLENGES AND DEVELOPING A PLAN OF ACTION

VALOR
OFFICER SAFETY AND WELLNESS INITIATIVE
BUREAU OF JUSTICE ASSISTANCE

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OFFICER SUICIDE RATES

AUGUST 1, 2023 –BLUE H.E.L.P.

MOST SUICIDES OCCUR[1]

MAJOR CAUSES

TRAUMATIC EVENTS

Officers witness and experience critical and disturbing incidents.

May result in unhealthy coping:

- This may lead to post-traumatic stress disorder (PTSD), substance abuse, and depression.
- Officers who experienced more critical incidents were more likely than their colleagues who had experienced fewer such incidents to report experiencing PTSD symptoms and excessive alcohol consumption.[2]

STRESS

May result in unhealthy coping:

- Increased alcohol use was present in more than 85 percent of "completed" suicides.[3]

May lead to broken relationships:

- Isolation from family and friends may result from the stress of working long hours.[4]

SHIFT WORK, FEELING UNDERVALUED

May result in unhealthy coping:

- Officers may have trouble mentally transitioning from being on duty to being at home.
- Personal relationships may suffer from excess shift work as well as from family and friends not understanding the stress of the job.
- Officers may become increasingly frustrated if they feel their work is overlooked and/or underappreciated.

CONSEQUENCES OF UNHEALTHY COPING AND THE CYCLICAL NATURE OF STRESSORS

PTSD (affects between 7 and 19 percent of officers in the United States[5])

Hopelessness:

- Individuals "misconstrue their life experience in a negative way and anticipate dire outcomes for their problems." Ultimately, the person is drawn to the idea of suicide as a way out of insoluble problems.[6]

WHY DON'T OFFICERS SEEK HELP?

SHAME AND STIGMA

POLICE CULTURE

- **Embarrassment about mental health struggles**
- **Fear of impact on career advancement[7]**
- **Confidentiality concerns[8]**
- **Fear of judgment**
- **Lack of built-in programs**

WHAT WORKS?

BUILDING RESILIENCE

Create training programs that focus on increasing confidence in stressful situations, reinforcing coping skills, and teaching officers to stay calmer when faced with unknown events.[9]

This assists officers in being better prepared for critical incidents by building stress-reduction techniques that officers can utilize to respond more effectively and safely to an event.[10]

CRITICAL INCIDENT STRESS MANAGEMENT (CISM)

CISM is an intervention protocol for dealing with traumatic events. Sometimes called "psychological first aid," it helps those involved in a critical incident to share their experiences, vent emotions, learn about stress reactions and symptoms, and be given referral for further help, if required.[11]

CREATING A SUPPORTIVE ENVIRONMENT

Develop an agencywide culture committed to promoting health and wellness that ensures access to and promotes the use of a variety of mental health and wellness services.[12]

POSITIVE COPING

Establish a strong peer support system that consists of giving and receiving help that is based on the "key principles of respect, shared responsibility, and a mutual agreement of what is helpful."[13]

EMPLOYEE ASSISTANCE PROGRAMS (EAPs)

EAPs can be an effective means of improving productivity and employee engagement by developing employee and manager competencies in managing workplace stress; reducing workplace absenteeism; reducing workplace accidents; managing the effects of disruptive incidents; reducing employee turnover and related replacement costs; and reducing health care costs associated with stress, depression, and other mental health issues.[14]

It is important that EAPs offer enough counseling or assessment sessions to provide treatment. The International Association of Chiefs of Police recommends following the "sessions per event" model rather than limiting employees to a specific number of sessions per year.[15]

Some officers may not provide accurate assessments of their mental health if they believe that the information will not be kept confidential or will be used for a matter related to their employability and/or return to duty.[16]

Departments should establish measures to ensure that officer information is kept confidential and that culturally competent, qualified, and experienced health professionals are evaluating officers.

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CITATIONS

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15 Ibid.

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