



NATIONAL OFFICER SAFETY INITIATIVES

NATIONAL CONSORTIUM on Preventing Law Enforcement Suicide Toolkit



Comprehensive Framework for Law Enforcement Suicide Prevention



Contents

| | |
|--|----|
| Introduction | 3 |
| Application of the Comprehensive Framework for Law Enforcement Suicide Prevention | 4 |
| Create a Leadership Culture That Supports Mental Health | 5 |
| Disseminate Safe and Positive Messages..... | 6 |
| Build Resilience and Healthy Coping Skills..... | 8 |
| Mitigate Impact of Trauma and Cumulative Stress..... | 9 |
| Improve Access and Decrease Barriers to Mental Health Care | 11 |
| Identify and Assist Persons at Risk | 12 |
| Normalize and Increase Help-Seeking Behaviors | 14 |
| Develop and Strengthen Peer Supports | 15 |
| Strengthen Supports and Connections..... | 16 |
| Prepare For and Provide Support During Transitions..... | 17 |
| Provide Support After a Suicide Death or Attempt | 19 |
| Conclusion..... | 20 |
| References | 20 |

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Introduction

The Comprehensive Framework for Law Enforcement Suicide Prevention is a central resource in the larger work done by the National Consortium on Preventing Law Enforcement Suicide (the Consortium). A project of the U.S. Department of Justice, Bureau of Justice Assistance’s National Officer Safety Initiatives Program (NOSI), the Consortium was formed in October 2018 by the International Association of Chiefs of Police (IACP), in partnership with Education Development Center (EDC) and support from the National Action Alliance for Suicide Prevention (Action Alliance), to raise awareness of and prevent suicide among police officers. Through the Consortium, five task force groups were formed to identify recommendations and considerations for the policing profession as it relates to suicide prevention efforts in an agency or department: messaging, data and research, organization and system change, peer support, and family support. A common theme that emerged through discussions of the Consortium, both in-person and virtual, was the need for law enforcement agencies to have information addressing various components of suicide prevention. This Comprehensive Framework for Law Enforcement Suicide Prevention resource is a guide for a police agency to implement strategic, holistic, and intentional suicide prevention strategies across the continuum of prevention, intervention, and after a suicide loss.

Suicide prevention efforts are more likely to succeed when they combine multiple strategies that work together to address different aspects of the problem. Through work with the Consortium, this model identifies and provides 11 broad strategies that represent a comprehensive framework for law enforcement suicide prevention and mental health promotion. The framework was adapted from a model developed by the [Suicide Prevention Resource Center](#). This model and framework are based on existing evidence and input from the Consortium.





Application of the Comprehensive Framework for Law Enforcement Suicide Prevention

The Comprehensive Framework for Law Enforcement Suicide Prevention is intended to support the health and well-being of police officers and is appropriate for use by law enforcement executives, command staff, mental health and wellness professionals, peer support staff, and others responsible for the health and well-being of officers. It is designed to be holistic in approach and should be used to inform the development of strategic suicide prevention and mental health promotion plans that include related policies, procedures, and trainings. The strategies outlined in the framework are intended to be implemented over time through a customized agency approach that reflects the needs, resources, and specific considerations within each department. Leadership should work with all members of the department, mental health and wellness professionals, family representatives, chaplains, and others involved in suicide prevention to prioritize an implementation plan. While all areas of the framework are important, creating and sustaining a leadership and organizational culture that supports mental health lays

the foundation for all other actions. This is the starting point. Once command staff have begun to address the culture, it is best to consider all components of the framework, initially focusing on those most urgent for the specific department. The areas of the framework have been organized into three categories: Lead, Assist, and Support. These categories are primarily for organizational purposes as there is fluidity and all sections require leadership, have aspects of support, and each serves an important role in assisting those who might be at risk for suicide. There are numerous local, regional, national, and international resources to apply in implementing the strategies in this framework, and departments are encouraged to explore resources specific to their needs and plan.

The content that follows outlines strategies to implement and sustain suicide prevention in policing organizations. This framework is to be used to strengthen those protections and improve the safety net to prevent suicidal crises.

Create a Leadership Culture That Supports Mental Health

Successfully facilitating a comprehensive suicide prevention approach requires active leadership. Executives, command staff, supervisors, and other leaders have a critical role in ensuring that suicide prevention is prioritized, and that norms and practices that support mental health and wellness are integrated consistently and throughout key aspects of policing.¹ It is particularly important to create an organizational culture that supports overall health and wellness, and encourages help-seeking and strengthens resilience. Resilient organizations recognize the risks inherent in the profession, including trauma, and actively seek to protect their personnel from these risks.² Leaders also help create a culture that supports mental health by setting an example through their attitudes and behaviors. In addition to making their personal mental health and wellness a priority, it is powerful for leaders to share their lived experience of how they faced a challenge or crisis and were able to overcome it with support from mental health professionals, peers, and others.

Strategies that command staff should use to create a leadership culture that supports mental health include the following:

- **PRIORITIZE** officer mental health, well-being, and suicide prevention by allocating resources to these areas and embedding them into policies, protocols, and systems. Agencies may consider pursuing health and wellness resources through asset forfeitures, grant funding, in-kind donations, and more.
- **CONDUCT** an audit of current mental wellness and suicide prevention policies and practices as a starting point or to improve existing efforts.³
- **DEVELOP** a strategic plan and an appropriate timeline for implementation to address mental health promotion and suicide prevention.
- **SYSTEMATICALLY** use tools such as anonymous and confidential surveys to ask officers about the stressors that impact them and resources they are interested in that could help mitigate stress. Respond to the information provided and use it to inform the departmental mental health promotion and suicide prevention plan. Consider how stressors can change over time throughout one's policing career, and at various ranks. Evaluate whether changes implemented are addressing the issues identified.
- **INTRODUCE**, prioritize, and reiterate the importance of holistic officer wellness beginning in the police academy and continuing throughout an officer's career, including into retirement.
- **INFUSE** the department with information and resources addressing areas that police can struggle with, including substance misuse, relationship issues, and financial health.⁴
- **IDENTIFY** and address sources of work-related stress among officers, including stressors related to shift work, schedules, and child or dependent care. Keep in mind challenges faced by particular subgroups, including single parents and two-officer households (e.g., a married couple consisting of two officers) in meeting mandatory scheduling or overtime requirements.
- **OFFER** agency-wide training that increases knowledge of mental health and suicide prevention, and fosters resilience and stress-management skills.⁵ Ensure that the trainers demonstrate cultural competence, including competency in policing culture. Leaders should be front and center at these training events.
- **ENCOURAGE** and model self-care through actions such as getting enough sleep, healthy eating, physical activity, meditation, spending time with friends and family, and seeking help when needed.
- **ENSURE** Ensure that help-seeking does not lead to negative consequences for officers and dispel any misperceptions that officers may have about help-seeking.
- **ENSURE** access to high-quality mental health care and psychological support, including suicide-specific treatment.⁶ Normalize the use of mental health services by integrating psychological health elements into regular health programming and routinely sharing physical and mental health recovery stories. Protect confidentiality and maintain trust by having clear confidentiality laws and policies and ensuring that officers are aware of these rules.
- **ENSURE** that protocols and procedures are in place so that in the event of a suicide death or attempt. Protocols and procedures will ensure that the agency can perform an analysis to identify relevant factors that the agency can address to prevent future suicidal behaviors among others in the department.^{7,8}



Disseminate Safe and Positive Messages

Another key element of suicide prevention is ensuring that messages related to suicide are conveyed in ways that support safety, help-seeking, and healing. Communication efforts should also raise awareness of mental health and wellness programs and supports. Conversations about police mental health and suicide prevention should be done on a regular basis and focus on positive, resilient, and hopeful messages that avoid normalizing suicide as an expected outcome of exposure to the stressors of policing.

In the police setting, messaging about mental health and suicide includes:

- **INFORMATION** related to suicide conveyed by leadership
- **THE WAYS** in which natural leaders in the department talk about mental health and suicide
- **THE TYPES** of content included in materials developed by the department to promote mental health services
- **INFORMATION** provided to the news media in interviews conducted after a suicide death

Agency communication can take a holistic approach by considering all components of the comprehensive suicide prevention strategy. It is important to communicate that the problem of suicide is complex, emphasize a message that there is hope, suicide can be prevented, and there is no need to struggle alone. Departments should highlight solutions to stigma rather than the problem of stigma. Police officers are solution-oriented; therefore, clear messages that communicate positive, simple, and direct actions will empower them to take action that addresses the problem of suicide in their own ranks..

Honoring lives lost to suicide, while respecting those who are struggling, is key in any messaging to police personnel. Command staff, communications personnel, and supervisors should consider exercising caution when talking about suicide in agency correspondence, in the media, and in community settings. Any communication disseminated by a department or other organization about police suicide—including after a suicide loss—should consider the officers, families, and community members. Empowering leadership and peers to share their stories of mental health challenges, coping through trauma, substance use issues, getting help with intimate partner violence, and resilience through a suicidal crisis can have a profound impact.

In communicating about suicide, police agencies should follow the messaging guidance developed through

the Consortium, [Messaging about Suicide Prevention in Law Enforcement](#). Safe messaging focuses on avoiding potentially harmful messaging content while augmenting a positive narrative. Certain messages about suicide can increase the likelihood that a person at risk for suicide may become more likely to think about or attempt suicide. Communication about suicide should avoid sensational coverage, details about suicide methods or locations, expressions that suicide is common, overemphasis of suicide death data, and portrayals of a simple explanation for suicide.⁹

Steps to disseminate safe and positive messages include:

- **DEVELOP** a strategy and messages related to the importance of mental health and wellness in your department.
- **COMMUNICATE** about mental wellness to the whole department on a regular basis, rather than only after a traumatic event.
- **USE** safe messaging strategies to talk about suicide, suicide prevention, and share lived experience. Do not be afraid to talk about suicide—both internally and publicly. Encourage agency personnel to recognize warning signs and intervene in effective and appropriate ways.
- **ENSURE** that all communication about suicide adheres to established guidelines regarding messaging. Resources available online include recommendations for [Reporting on Suicide](#) and the [Messaging about Suicide Prevention in Law Enforcement](#) resource developed through the Consortium.
- **INCLUDE** officers with lived experience in agency-wide messaging.
- **AVOID** saying disparaging things about individuals who report having suicidal thoughts or behaviors, including community members, as officers who may be thinking about suicide might relate such comments to themselves.
- **ENSURE** that all Public Information Officers/Public Affairs Officers and media spokespersons in the department are familiar with the [Messaging about Suicide Prevention in Law Enforcement](#) guidelines to avoid normalizing or sensationalizing suicide.
- **SHARE** the [Messaging about Suicide Prevention in Law Enforcement](#) and associated guidelines with the media when they are covering a story on mental health or suicide.





Build Resilience and Healthy Coping Skills

On a day basis officers adapt to and cope with adversity and a variety of different situations and stressors. Resilience—the ability to cope with adversity and adapt to change—is a protective factor against suicide risk. Building resilience, problem-solving skills, and coping skills can increase protection from suicide. Enhancing protective factors and decreasing risk factors for suicide at the individual and organizational levels are key approaches in a suicide prevention plan.¹⁰

Protective factors especially relevant to police include:¹¹

- Resilience
- Skills for coping with work-related stressors
- Culturally appropriate mental health and wellness services
- Social and peer support

Resilience also encompasses other attributes, such as optimism, positive self-concept, help-seeking, and the ability to remain hopeful. Research suggests that resilient officers are able to self-regulate and remain composed in challenging situations. The concept and benefits of resiliency can also prove helpful in protecting against the cumulative stress of the job and in managing day-to-day life stressors.¹²

In addition to building resilience, it is important to strengthen healthy coping skills, such as problem-solving, communication, distress tolerance, stress management, and emotional awareness and identification skills. Many strategies can be used to incorporate the development of healthy coping skills throughout the organizational culture. Consider channels such as professional development, resources related to communication and relationships, financial planning, and programs such as mindfulness.

- **PROVIDE** law enforcement specific training that helps officers build resilience and life skills, such as critical thinking, stress management, coping, and how to safely address challenges such as economic stress and relationship problems. Training can also teach officers to manage intense emotions such as anger and distress associated with physical illness and aging. Skills training, mobile apps, and self-help materials are examples of ways to increase life skills and build resilience.
- **PROVIDE** training in resiliency and coping skills routinely, starting at the academy, and all the way through retirement transitions.¹³ Reinforce formal training through informal channels, such as discussions in roll call, check-ins with a front-line supervisor, during physical health exercises, after a critical incident, during yearly performance evaluations, and in annual wellness checks.
- **DEVELOP** skills for coping with stress and trauma in positive ways. Coping skills can mitigate the negative effects of stress on psychological well-being and help officers adjust to negative emotional situations. These skills can help officers identify specific sources of stress and develop a plan for reducing stress. Available resources include those offered by IACP at <https://www.theiacp.org/resources/officer-safety-and-wellness>.
- **PROVIDE** classes and training on coping skills and resilience convenient to officers during various shifts as a part of duty.
- **CONSULT** resiliency resources, including those offered by IACP at <https://www.theiacp.org/resources/officer-safety-and-wellness>.

Mitigate Impact of Trauma and Cumulative Stress

On a daily basis, officers experience job-related stress that can range from interpersonal conflicts to extremely traumatic events, such as an officer-involved shooting or a fatal car crash involving a child or a suicide in the community. Repeated exposure to traumatic incidents can lead to cumulative stress that, when not managed in healthy ways, can be harmful to officers' mental and physical health.¹⁴ Exposure to violence and traumatic events can impact an officer's perception of the world and can contribute to a range of negative consequences, both on the individual and organizational level.^{15, 16}

With appropriate supports and interventions, officers can overcome the impact of these traumatic experiences. Efforts to mitigate the effects of job-related stress should be trauma-informed, that is, based on knowledge and understanding of trauma. This means that:¹⁷

- All agency personnel have a basic understanding of trauma.
- All agency personnel can recognize the signs of trauma.
- The agency applies the principles of a trauma-informed approach.
- The agency ensures that its practices do not trigger painful memories that may re-traumatize affected individuals. For instance, mandatory department-wide processing after a traumatic event could be re-traumatizing for an officer who was impacted previously but did not respond to this specific event.

Strategies that address the impact of trauma and cumulative stress and that should be implemented department-wide include the following:

- **REVIEW** the [Vicarious Trauma Toolkit](#) and assess the organization using the [Vicarious Trauma-Organizational Readiness Guide](#). Apply practices to create a vicarious trauma-informed organization.¹⁸
- **BUILD** trauma-informed practices into agency day-to-day operations by aligning with the tenets of community-oriented policing,¹⁹ procedural justice,²⁰ and the mission of the department – all with the goal of building a trauma-informed departmental culture.
- **DEVELOP** policies, procedures, and teams that can be activated to support police who have been impacted by a traumatic incident. Traumatic response protocols may be led by a culturally competent mental health professional, Employee Assistance Program (EAP) provider, chaplain, or a senior-ranking officer.

- **CREATE** a process for staff to identify if an incident was considered critical or traumatic to an individual staff member and if that individual would like support, such as including a check box in the incident reporting system for staff to check “I would like de-briefing/support.”

WHAT IS TRAUMA?

- Event(s) (actual or threat) of physical or psychological harm or severe life-threatening neglect.
 - Individual experiences the event(s) as psychologically distressing, harmful, disturbing, or overwhelming.
 - The event(s) leads to adverse effects.
 - The onset of trauma can be immediate or delayed.
 - The duration of trauma can be short- or long-term.

KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH

- **Safety.** All personnel feel physically and psychologically safe.
- **Trustworthiness and transparency.** Decisions are made with transparency.
- **Peer support.** Peer support and mutual self-help establish safety and hope.
- **Collaboration and mutuality.** Agency encourages meaningful sharing of power and decision making.
- **Empowerment, voice, and choice.** Individuals' strengths and experiences are recognized and built upon.
- **Cultural, historical and gender issues.** Agency moves past cultural stereotypes and biases and offers responsive services.

SOURCE: Substance Abuse and Mental Health Services Administration. *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. Rockville, MD: SAMHSA, 2014.

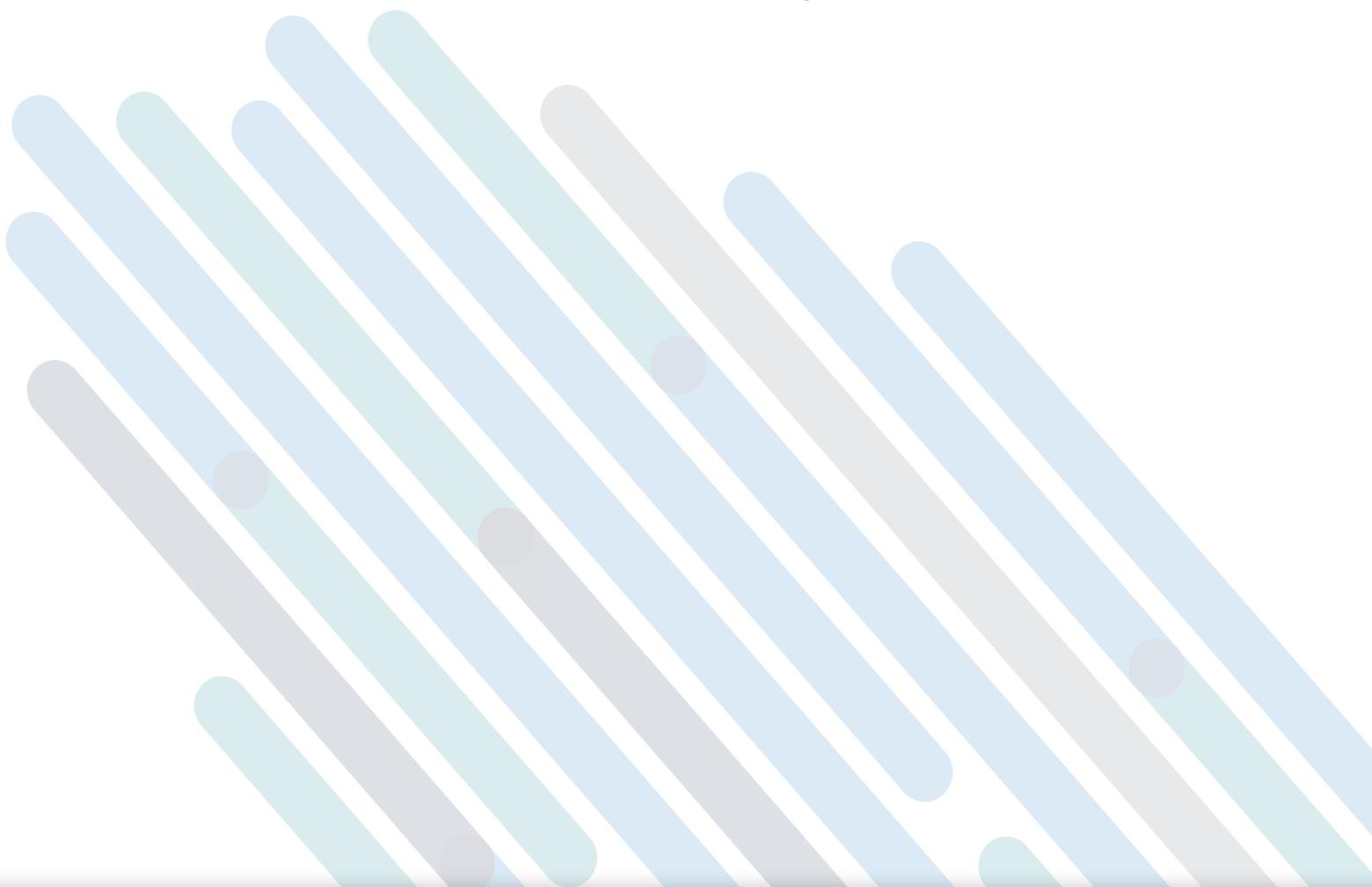
<https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884.html>



Trauma responses are individualized and vary by situation. Therefore, the individual's experience of trauma should be considered in addition to a supervisor's definition or identification. Honor confidentiality in this process as much as possible.

- **SCHEDULE** debriefings after any event or circumstance that may be perceived as psychologically distressing to allow those involved to process the experience and reflect on its impact. Ensure that the timing is appropriate. In some cases, a waiting period may be helpful in allowing officers to decompress and be able to revisit the experience. Provide debriefing and support on an ongoing basis and as needed to those impacted and avoid mandatory group sessions for every officer in the agency as this can exacerbate risk. Intentionally use both formal and informal supports, such as going out for coffee, gathering for a meal, taking time together to play a sport, or one-on-one connections.

- **IDENTIFY** and address signs of vicarious trauma—defined as an “occupational challenge for people working and volunteering in the fields of victim services, law enforcement, emergency medical services, fire services, and other allied professions, due to their continuous exposure to victims of trauma and violence”²¹ and burnout, including compassion fatigue, which is, the gradual lessening of compassion for others.
- **PROVIDE** access to culturally competent, evidence-based mental health treatment and to specialists in trauma treatment. If trauma-specific services are not available within your organization, ensure that there is a trusted, effective referral system in place that helps connect officers with appropriate trauma treatment.
- **IDENTIFY** a credible, respected champion who can lead and oversee efforts to implement a trauma-informed approach. Engage people with lived experience, such as trauma survivors, officers receiving services, and family members receiving services.



Improve Access and Decrease Barriers to Mental Health Care

Access to quality mental health and wellness services is fundamental to preventing suicide and supporting officer well-being and performance. These services should be available throughout an officer's career, from their initial training days in the academy through post retirement. Mental health providers must be sensitive to and competent in treating police professionals, while also maintaining competency in working with diverse individuals and populations.

There are several ways to improve access and decrease barriers to mental health in police agencies. The bullets below outline strategies that can be implemented as a part of a holistic suicide prevention plan:

- **INCREASE** access to mental health and wellness services, at a minimum, through an EAP and, ideally, through the use of in-house mental health providers who are trained in suicide prevention and understand police culture.²² Other options include contracting directly with one or more mental health care providers in the community or joining with other agencies to form a regional support team.²³
- **ENSURE** that any mental health providers used by departments or recommended to officers are trained in suicide risk assessment and treatment and that they engage in ongoing training, as evidence-based practices in suicide prevention constantly evolve.
- **PROVIDE** evidence-based mental health care, including suicide-specific treatment and brief interventions. Services should also include evidence-based treatment for substance misuse, sleep difficulties, anxiety, depression, anger management, and post traumatic injury, as all of these, when untreated or unaddressed, can increase suicide risk. Resources on suicide-specific screening, assessment, and best practices, including evidence-based treatment are available from the [Zero Suicide online toolkit](#) and the [Suicide Prevention Resource Center](#). Specific treatments and interventions for suicide risk include:
 - Brief Interventions for suicide risk
 - Safety planning intervention^{24, 25, 26}
 - Crisis response plan^{27, 28}
 - Supportive caring contacts^{29, 30}
 - Follow-up^{31, 32}
 - Reducing access to lethal means^{33, 34}

- Evidence-Based treatment for suicide risk³⁵
 - Brief-Cognitive Behavior Therapy
 - Cognitive Therapy for Suicide Prevention
 - Dialectical Behavior Therapy
 - Collaborative Assessment and Management of Suicidality

- **EMPOWER** the officer safety net by training supervisors, command staff, and family and peer support units in best practice screening, safety planning, and conversations for reducing access to lethal means.
- **ASSESS** and remove barriers to care. Allow staff to attend mental health services during their shift, if possible, and think through the location of services. Some officers may prefer to obtain mental health services outside of their region. Gather staff feedback regarding access to and the location of services.
- **PROVIDE** group support after stressful or traumatic events using best practices and evidence-informed approaches. All ranks should be involved in this process. This should be standard practice after critical events, and it should be used when personnel request or show signs this is needed. Consider using regional support if the entire agency is impacted.
- **BUILD** confidence that officer and staff privacy will be protected when an individual voluntarily accesses mental health and wellness services and educate officers on the process of accessing services. Ensure confidentiality and that there are no repercussions for seeking services by building this into policy when appropriate.
- **EDUCATE** the department regarding mandatory or recommended counseling, the difference between them, and implications for confidentiality. This includes fitness-for-duty evaluations.
- **CONSIDER** developing safety plans for any personnel as a part of the fitness-for-duty process. This safety plan as a part of the fitness-for-duty process should be developed by a mental health or health care professional. Fitness-for-duty evaluations should, when possible, include a strategy and roadmap for returning to duty.



Identify and Assist Persons at Risk

Individuals who may be facing mental or emotional distress, suicidal behavior, or other related problems—such as substance misuse or intimate partner violence—often show signs of distress. If one can identify these indicators of challenges, including risk for suicidal thinking, and connect the person to effective, culturally sensitive support, suicidal behavior can be prevented. Institutionalizing efforts to identify early warning signs and intervene through police protocols and culture is crucial to protecting officer mental wellness.³⁶

Police personnel need to understand how to identify and effectively respond to signs of distress, suicidal behavior, substance misuse and intimate partner violence—both in themselves and in peers. Education should also include awareness of precipitating factors—stressful events that can trigger a suicidal crisis in a vulnerable person—such as the end of a relationship, legal or occupational problems including review by Internal Affairs, or serious financial problems.

Agencies should consider the following strategies for identifying and assisting personnel at risk:

- **EDUCATE** and train all personnel and their support systems (e.g., family members, community faith leaders, natural leaders in the department), to recognize the **Warning Signs** of suicide risk, including substance misuse and intimate partner violence. Increase awareness of the warning signs of serious suicide risk and immediate risk (see following page), as well as of precipitating factors and stressors.^{37, 38} The education and training should address not only steps to take when someone may be at risk for suicide, but also specific words to use.
 - **CREATE** a culture where following up on signs of distress or suicide risk in a fellow officer is perceived as similar to having each other's back in the line of duty.
 - **ADDRESS** what to do and where to go when an officer sees these warning signs in a peer or in themselves. Sources of support can include Employee Assistance Programs, open door policy with the Chief or another agency leader (formal or informal), mental health counseling, emergency/crisis servicers and hotlines, peer support, and family support.
- **COLLABORATE** with health care providers and other wellness professionals engaged in physical fitness checks, treatment of line of duty injury, and wellness activities to identify signs in these settings.
 - **MAKE** it routine for command staff and front-line supervisors to consider who under their command might be showing signs of risk or mental health concerns.
 - **MAINTAIN** a culture that reinforces the appropriateness of consulting internally or with external mental health professionals or peer support in a safe and supportive way if concerned about a fellow officer.
 - **ENSURE** that actions required for identifying and responding to suicide risk are built into policies and protocols.
 - **ROUTINELY** disseminate information on sources of help.



Warning Signs⁴⁰

IMMEDIATE RISK

Respond immediately if you observe any of the following behaviors:

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

SERIOUS RISK

- 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

PRECIPITATING FACTORS⁴⁰

- Stressful events that can trigger a suicidal crisis in a vulnerable person. Examples include:
 - End of a relationship or marriage
 - Death of a loved one, close friend or colleague
 - Legal problems
 - Serious financial problems

STRESSORS⁴¹

- Accumulation of chronic stresses and daily hassles
- Exposure to horrific events or acute stresses
- Relationship events, including divorce or loss of major relationship; death of a spouse, child, or best friend, especially if by suicide; infidelity or domestic violence
- Shift work, as officers on night shifts may be at higher risk because of abnormal sleep patterns, which can impair their ability to make decisions
- High expectations of the profession, followed by perceived futility or social isolation
- Significant financial strain, such as inability to pay mortgages or car payments
- Diagnosis of serious or terminal illness
- Internal affairs investigation
- Significant change in routine, such as a change of duty, or pending or existing retirement



Normalize and Increase Help-Seeking Behaviors

While police professionals possess unique skills and strengths that make them more resilient, these qualities do not make them immune from needing help at times. Even when faced with high levels of stress, officers may be reluctant to seek support.³⁹ A strong barrier to help-seeking for police is the fear that needing help to cope with a stressful situation or a mental health issue will be viewed as a weakness or lead to negative consequences.⁴⁰ The policing profession values strength and self-reliance. Police officers may see themselves as problem solvers, not people with problems.⁴¹ Some may perceive job-related stress as a normal part of the job and view help-seeking as a sign of weakness or lack of control. Officers may also fear that help-seeking will hurt their career.

Officers need to view help-seeking as a resource for staying strong and performing their best. They also need to be able to recognize when they need help and how to access sources of support.

Police agencies should identify and remove barriers to help-seeking through the following actions:

- **FOSTER** a culture of emotional wellness and increase awareness that high levels of stress are a part of the profession. This culture should be demonstrated early on, starting in the academy.
- **HELP** all personnel understand that good mental health is as essential as good physical health, and that help-seeking is a way to stay strong and perform their best.
- **ENSURE** that mental health services are easy to access and confidential within legal and ethical limits. Educate officers about confidentiality and its limitations, as well as processes for seeking help, such as through an EAP, internal mental health services, and peer support.
- **IDENTIFY** and address other barriers to help-seeking. For example, ensure that officers can access help during work hours. Make services more convenient and culturally appropriate to the needs of officers.
- **CONSIDER** ways to make the use of mental health support routine, such as providing these services to all personnel on a regular basis, and incorporating support into roll call briefings, physical exercise activities, and professional development.

- **INCREASE** awareness of mental health and wellness support available to personnel by conducting outreach campaigns and disseminating self-help tools. Ensure that all personnel understand that mental health services are confidential and that it is okay to seek help for a mental health concern.

To help police personnel feel comfortable seeking support for mental and emotional issues, agencies should strive to make mental health care a normal part of their daily routine. To make mental health support routine:

- **SECURE** the services of health care professionals that understand police culture, such as clinicians who have direct policing experience and those trained in suicide risk assessment and treatment skills.⁴²
- **OFFER** routine mental health checks that provide all personnel the opportunity to speak with a trusted and qualified professional about their stresses and personal problems. Mental health checks can be conducted at regular intervals, such as annually, and also can be scheduled around events and transitions that may increase stress, such as promotions, family events like having children, purchasing a home, divorce, as well as retirement.⁴³
- **OFFER** events and opportunities for staff to get familiar and build trust with professionals and peers providing mental health support.

Develop and Strengthen Peer Supports

For years, the field of policing has embraced formal and informal peer support. Police officers are often hesitant to talk about their concerns with family, professionals, or others. Instead, officers are often more willing to share their concerns with peers. Peers can have a big impact on suicide prevention in several ways. They can help increase social connectedness, send supportive messages (described in the "Strengthen Supports and Connections" section of the Framework), decrease barriers to and concerns about seeking help, and reinforce healthy coping strategies. Peers can use their knowledge and personal experiences to engage a person at risk for suicide to ask about suicide in a manner that increases an at-risk person's comfort level and helps the person share a true response. Peer support programs can also train fellow officers and other personnel to serve as sources of support for their colleagues, including recognizing the signs of suicide risk, and responding appropriately.

Steps leadership can take to prioritize peer support:

- **DEVELOP** a peer support team or strengthen the existing team to include oversight and consultation by a mental health professional. If this is not feasible due to the size of the department, connect with or work to develop a regional peer support unit.
 - **RESOURCE** the peer support unit as appropriate through allocation of necessary funding or staff.
 - **COMMUNICATE** how peer support can be used and advocate the use of the resource throughout the department. Share examples of how leadership leaned on peers throughout their career.
 - **CONSULT** all current applicable laws related to confidentiality of peer support and the extent of what is considered privileged communication in the state or region. Apply laws and ethics without infringing on the right to confidentiality. Educate individuals about confidentiality when a person uses peer support.
 - **CREATE** a process to screen individuals who are interested in serving as peer supports. Consider including retirees, who can contribute their extensive experience on the job and challenges it entails.
 - **PROVIDE** continual training to members of the peer support team, including training on suicide prevention. Agencies may consult with local mental health or suicide prevention experts.
- **ENSURE** that peer supports understand their role in connecting officers to appropriate sources of help, including crisis lines and mental health professionals.
 - **PROVIDE** support to the peer support team to address potential compassion fatigue.
 - **CONSIDER** how leadership would have access to peer support or resources they might need, not just executive level personnel but others in leadership positions as well. Include leaders as peers if possible. If this is not possible, connect with a regional peer support team.
 - **ENGAGE** the peer support team in health and wellness initiatives across the continuum to increase protective factors and provide support after critical incidents like a suicide loss.
 - **DEVELOP** and review relevant policies for peer support including the safe, supportive, and effective reporting of officers who are at significant risk for suicidal behavior.

Peers should be trained to:

- **IDENTIFY** warning signs, precipitating events, risk factors, and protective factors of suicide risk.
- **ASK** directly whether a fellow officer is thinking about suicide using their own words and an evidence-informed screening tool such as the [Columbia Suicide Severity Rating Scale](#), Screener Version. Agencies may consider researching additional screening tools to best meet their needs.
- **KNOW** what to do when suicide risk is identified, following internal procedures and all applicable laws.
- **UNDERSTAND** best practices in suicide prevention, such as:
 - Increasing protective factors against suicide
 - Decreasing risk factors
 - Using a safety plan
 - Reducing access to lethal means
 - Providing caring, supportive follow-up and their role in these practices



Strengthen Supports and Connections

Suicide prevention requires acting not only when there is a crisis. It also includes acting before a crisis arises to build resilience factors that support mental well-being and protect against suicidal thinking. Belongingness and connectedness are some of the strongest protections against suicidal thoughts.⁴⁴ Given that officers often do not share their experiences on the job with family members, agencies need to support camaraderie. This includes helping officers process traumatic incidents by building connections within the department. In addition to camaraderie internal to police, units can work to strengthen an officer's support network outside of work by providing information about local club sports, video game competitions, other group hobbies, and spiritual and mindfulness activities.

Research with individuals who have attempted suicide shows that simple actions can have a significant impact. Activities such as sending postcards with a caring message to individuals discharged from a medical facility after a suicide attempt have been found to be effective in preventing suicide deaths.^{45, 46} The postcards conveyed messages indicating that the person was thought of and that someone had their back. The messages did not instruct the recipient to attend an appointment, follow up with specific treatment recommendations, or take any other action. Police leaders and members can replicate these simple actions by connecting with their peers and providing supportive messages.

FAMILY AND SOCIAL SUPPORT

Individuals who provide support to officers, such as family, front-line supervisors, and spiritual leaders can be trained to look for warning signs, risk indicators, and to ask openly and directly about suicide in a way that builds trust with the person who may be in crisis. This begins by identifying at-risk groups, such as retirees, veterans, and disabled officers, and developing specially tailored programs to strengthen their connections. Police agencies can enhance connectedness through social programs and activities that reduce isolation, promote a sense of belonging, and foster emotionally supportive relationships. Agencies should pay particular attention to any officer who appears isolated or disconnected, while respecting the ways in which that person wishes to obtain support.

Strategies agencies can use to strengthen supports and connections include:

- **STRENGTHEN** family supports. Help officers maintain healthy relationships with their spouses, partners, or

other loved ones, and provide social support systems. Engage officers' families and provide support to them on an ongoing basis, rather than only in response to a traumatic event. Help families understand the realities of the job, the stressors affecting officers, and how the family can help. Educate family members on the warning signs of depression, substance misuse, post-traumatic stress injury, and suicide, so that they can identify signs of trouble and know when and how to connect officers to sources of support.

- **EDUCATE** families about police culture. Consider holding spouse or other family support groups for officers' loved ones.
- **ENHANCE CONNECTION** to the broader support community and ensure that officers and family members are equipped with resources, available around the clock, and that the information is easily accessible. In a moment of crisis, the amount of time needed to locate a resource needs to be as short as possible. Provide resources such as police-specific crisis support, national lifelines, or other support groups, as well as resource directories of mental health services. As some individuals may prefer to receive help that is not connected to the department, providing a comprehensive resource directory can also be helpful.
- **IDENTIFY** at-risk groups, such as retirees, veterans, and disabled officers, and develop specially tailored programs to strengthen social connections. Reach out to anyone who appears isolated or disconnected, in a way that is respectful of the person's culture.
- **TRAIN** support networks, both personal and community, such as spiritual leaders, the first responder network, health care professionals not directly affiliated with the department, and supporters, to identify and follow up on signs of suicide risk, including who to go to and what resources are available. Openly acknowledge and address the fear that family members may experience when thinking about reaching out to the department to help their loved one. Allay any concerns that contacting the department could be seen as a violation of trust or confidentiality or lead to negative repercussions for the officer.
- **ESTABLISH** a line of communication where family members can obtain guidance and resources in a confidential way, such as through family support or a chaplain liaison.

Prepare For and Provide Support During Transitions

Transitions can be particularly challenging times for police professionals. These transitions include changes in duty assignments, shifts, units, and retirement. Additionally, changes related to an active investigation, a line of duty injury, or even an injury outside of work can have a significant impact on an officer's mental health, peer connections, social networks, and sense of purpose. Other types of transitions in the life of an officer can also impact mental health, including relationship challenges, divorce, child custody, legal issues, and financial concerns. Police agencies can help officers prepare for and successfully navigate these transitions.

In developing and implementing a comprehensive suicide prevention framework, police agencies should be intentional in preparing for and supporting all personnel for transitions in duty and transitioning out of the force. Preparation for life outside of policing, including retirement, should begin at the academy and occur throughout one's professional career. It is key for police to develop a positive identity as a person with worth, value, purpose, and a future outside of the policing role. Transition support and planning should include each of these areas:

- Financial
- Peer support/connections within the police community
- Family and social supports
- Physical health
- Mental and emotional health
- Spiritual
- Community connectedness/volunteering
- Occupational

Several specific strategies to help with transitions include:

- **PROVIDE** support after an injury or other significant impact on work such as family leave.
- **CONDUCT** individual check-ins with officers. For example, "I know you just had a baby. When I was in your situation, I noticed I was more stressed at work, worrying about not being at home if something were to happen. How are you doing?"
- **CREATE** and maintain a culture where an officer can communicate needs related to family, physical health, mental health, and other concerns.

- **PROVIDE** support after a loss or injury, including the aftermath of a suicide attempt or death.

For line of duty injuries, agencies should remain mindful of the employee's connections with their unit and how they can maintain these connections while recovering, healing, and undergoing a change in schedule and role. If the employee is recovering outside of work for a period of time, the department should plan to assist in being proactive to maintain social connections, offering peer support and other mental health resources as needed, and providing education to both the employee and their identified support system.

Police departments should consider processes, policies, and organizational culture relevant to all aspects of retirement. Officers may leave the profession prior to retirement age for a multitude of reasons. Officers identified as being at a higher risk for suicide at the time they leave the force will require individual, case-by-case evaluation, and associated decision-making, to address issues such as access to firearms. According to the Los Angeles County Sheriff's Department (LASD) Psychological Services Bureau Retirement Survey of retirees, several circumstances can help make retirement easier. Examples include having supportive friends and family, outside activities/hobbies, a plan/new routine, financial stability, exercising, and socializing outside of law enforcement.⁴⁷

Methods to plan for and support officers during retirement include the following:

- **PROVIDE** preretirement seminars that include information about potential emotional and physical responses and lifestyle changes.
- **DISTRIBUTE** comprehensive information about support resources, both internal and external to policing.
- **PROVIDE** psychological and peer support services pre- and post-retirement aimed at improving coping skills and addressing any unresolved traumatic injuries and mental health concerns.
- **ENSURE** support from a supervisor or peer supporter (including retirees) who can accompany the officer through the retirement process.
- **HAVE** command staff recognize and honor the retirement, preferably in-person, by holding a celebration, retirement gathering, or meeting.



- **TRAIN** supervisors, family, and peer supporters in retirement adjustment.
- **SEND** periodic updates, including cards, to retirees to reiterate that they are always welcome in the department. Leaders might consider including retirees in peer support groups or find other meaningful ways in which retirees can continue to serve their department and their community.
- **HELP** officers begin to prepare for the retirement transition early, beginning at the academy.
- **PROVIDE** support during and through retirement and help officers plan for lifestyle changes and for developing a new routine. This includes preparing officer's to consider how retirement will affect their family lives and ways to adjust, offering peer support to officers in transition to help them understand what to expect and how to adjust to civilian life, and providing information for family members on changes in family dynamic, new stressors, and the retirement transition process.

Provide Support After a Suicide Death or Attempt

Providing support to officers as well as families and friends (both individually and at the department level) that have been impacted by the suicide loss or attempt of a fellow officer is essential to preventing suicide. Suicide prevention research has shown that persons who have been impacted by a suicide death can be at higher risk following the loss.⁴⁸ At times, agencies have experienced additional member suicides after a suicide has occurred, an occurrence known as suicide contagion.⁴⁹ Departments must take concrete steps to support their members after a suicide loss to help in healing and recovery and to prevent this possible domino effect.

Additionally, officers are the first on the scene after a death by suicide. Responding to a suicide death can be traumatic for some officers, especially if it was a child or the grieving family is present on scene. Exposure to suicide can increase the risk for suicide and other related problems, such as depression and post-traumatic stress.⁵⁰

Police agencies should have accessible post-event protocols in place that address all affected personnel, the officer's family and significant others, and the news media. Following a suicide loss, the agency should provide a three-phase response that first stabilizes the unit, family, and peers; then integrates a healthy grief journey; and lastly, provides opportunity to make meaning out of the event. Agencies should be proactive in developing support plans and activating resources, instead of waiting for a tragic event to occur.

Agencies can apply these strategies to provide support after a suicide death or attempt:

- **DEVELOP** a plan for response and support after a suicide, referred to as a postvention plan, that includes the organized response to the aftermath of a suicide. A postvention plan is a set of protocols that specify how your agency will respond effectively and compassionately to a suicide death. A comprehensive postvention response is an intervention that decreases risk and promotes healing. Components include protocols addressing funeral policies; family, agency, and community notification; media relations; and post-incident counseling and agency-wide mental health awareness actions. Implementing a comprehensive postvention response is a critical component of prevention. For more information on postvention planning, see *After a Suicide in Blue: A Guide for*

Law Enforcement Agencies, a postvention resource developed through the Consortium.

- **CREATE** a communications plan that includes all persons responsible for internal and external communications and follows safe messaging guidelines.
- **A DEATH** by suicide can affect fellow officers in different ways. Think broadly and consider who may need more specific, individualized support. Identify these individuals and address their unique needs, using peer support when appropriate.
- **PEER** support should be emphasized and activated. In addition to encouraging individuals to reach out for support, peer support personnel can engage those officers most likely to be impacted especially close coworkers, partners, training instructors, and others.
- **INDIVIDUALS** who may particularly relate to the officer who died or to the circumstances surrounding the death may require individual follow-up support. For example, after the suicide death of an officer who was about to retire, agencies should reach out to other officers who are transitioning to retirement.
- **FAMILY** support teams play an invaluable role during this time. These teams can help address the needs of the surviving family and other loved ones by providing support in the immediate aftermath of the death, to planning the funeral, navigating department policies and protocols, and longer-term grief support. Also, family support teams can play a role in connecting families so they can cope with grief together.
- **ANNIVERSARIES** of a death can be stressful events that bring back painful memories and emotions. Agencies should be prepared to provide support during those times and reach out proactively to individuals who are likely to be impacted.
- **HONOR** those lost by suicide as the agency would other deaths.



Conclusion

Police agencies and their champions can take action to prevent officer suicide. Through a comprehensive strategic approach to strengthening officers' mental health, leaders and champions within policing can make a positive impact on the entire force and on individual lives. One step at a time, with leaders using resources already available, culture can be transformed, positive messages can be delivered, and support can be provided.

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ABOUT THE IACP

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The IACP is known for its commitment to shaping the future of the police profession. Through timely research, programming, and unparalleled training opportunities, the IACP is preparing current and emerging police leaders—and the agencies and communities they serve—to succeed in addressing the most pressing issues, threats, and challenges of the day.

The IACP is a not-for-profit 501c(3) organization headquartered in Alexandria, Virginia. The IACP is the publisher of The Police Chief magazine, the leading periodical for law enforcement executives, and the host of the IACP Annual Conference, the largest police educational and technology exposition in the world. IACP membership is open to law enforcement professionals of all ranks, as well as non-sworn leaders across the criminal justice system. Learn more about the IACP at www.theIACP.org.



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Education Development Center (EDC) is a global nonprofit organization that advances lasting solutions to improve education, promote health, and expand economic opportunity. Since 1958, EDC has been a leader in designing, implementing, and evaluating powerful and innovative programs in more than 80 countries around the world. With expertise in areas such as suicide prevention, early childhood development and learning, and youth workforce development, EDC collaborates with public and private partners to create, deliver, and evaluate programs, services, and products. This work includes:

- **CREATING** resources such as curricula, toolkits, and online courses that offer engaging learning experiences
- **CONDUCTING** formative and summative evaluations of initiatives
- **APPLYING** expertise in capacity building, professional development, and training and technical assistance
- **PROVIDING** policy advisement, information documents, and research and analysis
- **CONDUCTING** qualitative and quantitative studies to inform our programs and assess their impact

For decades, EDC has offered evidence-based support and resources to prevent and address violence, suicide, and trauma across the U.S. and around the world. EDC houses several leading centers and institutes focused

on suicide prevention, including the National Action Alliance for Suicide Prevention, the Suicide Prevention Resource Center, and the Zero Suicide Institute. Drawing on this expertise, EDC leads initiatives and consults with national and local law enforcement agencies and departments in examining the complex issues underlying suicide among public safety workforces, identifying threats, and designing proactive and comprehensive solutions. EDC brings extensive program development expertise, quantitative and qualitative research skills, and training and curriculum development experience, as well as content expertise in suicide prevention, violence prevention, trauma-informed approaches, and substance use. Learn more about the work of EDC at www.edc.org.

ABOUT THE NATIONAL ACTION ALLIANCE FOR SUICIDE PREVENTION

The National Action Alliance for Suicide Prevention (Action Alliance) is the public-private partnership working to advance the National Strategy for Suicide Prevention and make suicide prevention a national priority. The Substance Abuse and Mental Health Services Administration provides funding to EDC to operate and manage the Secretariat for the Action Alliance, which was launched in 2010. Learn more at theactionalliance.org and join the conversation on suicide prevention by following the Action Alliance on Facebook, Twitter, LinkedIn, and YouTube.

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