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Suicide Prevention and Intervention Among Law Enforcement Peers

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ABSTRACT

Suicide by officers is a growing concern for law enforcement. The increasing rate of suicide by officers is higher than those in other professions, with the exception of military personnel (Parker, 2013). Although in many ways officers are winning the battle of street survival, they appear to be fatally losing the battle of emotional survival (Gilmartin, 2002).

Counter positions presented will be that officers are concerned about negative career ramifications if they admit they are in the midst of an emotional crisis. Another argument is that supervisors and coworkers must realize they have a professional and ethical responsibility to recognize and take action in providing aid to an officer needing assistance. An officer in the throes of an emotional crisis should participate in an appropriate mental health program, regardless of myths about job loss, loss of professional status, and the negative opinions of fellow officers. The rebuttals to these counter positions are; (1) there is assistance for officers, and, (2) supervisors and coworkers have a responsibility to intervene and report any officer that is in crisis.

Agencies must understand that for an officer to consider a permanent solution such as suicide; there must be some mental health outlets available. In order to address these issues, researchers have concluded that agencies should have policies and procedures in place, and to provide training for the recognition and intervention of officers at risk. Agencies must also implement programs that could assist officers in coping with depression, anger management issues, and suicidal ideations. Agencies should take a more proactive approach by addressing the issue before it is too late for the suffering officer (Alber, 2013).

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INTRODUCTION

Suicide among law enforcement personnel is a growing concern and is not a popular topic in the law enforcement culture. Suicide is more prevalent in the law enforcement arena than an officer dying in the line of duty. The online Merriam Webster defines suicide as “the act or an instance of taking one's own life voluntarily and intentionally, especially by a person of years of discretion and of sound mind”. According to the Badge of Life Report, “there were 145 police officer suicides in the United States that year, which is an alarming higher rate than that of the general population” (as cited in McNeil, 2012, para. 2).

Agencies should provide training and have policies and procedures in place for the recognition of a potential suicide threat by one of their personnel. Many agencies have failed to implement training for suicide intervention. Through proper training, first line supervisors and colleagues can be the best equipped to assist an officer contemplating suicide. Supervisors are in an especially influential position to assist officers since most officers’ look at a supervisor as a mentor.

If supervisors and colleagues are vigilant and know an officer’s disposition, they can sometimes tell when something is bothering an officer. They can step up to the plate, take control, and give the officer direction for intervention. Supervisors and colleagues must realize that suicide within law enforcement is always a possibility and be prepared for intervention. Action must take place through crisis education programs, and early warning training in order to save an individual’s life (Baker & Baker, 1996).

POSITION

Police suicide statistics may not be correct due to agencies protecting officers and their families from embarrassment and possibly due to the stigma from suicide (Clark, White, & Violanti, 2012). People in law enforcement deal with critical incidents both on and off duty more often than any other profession. It is shocking to the public when an officer commits suicide. The community believes that officers should be better at managing day- to-day stressors, because stressors come with the job. When publicized, it appears that officers are committing suicide more than other profession Marzuk, Nock, Leon, Portera, and Tardiff's work (as cited in Alber, 2013).

Law enforcement officers many times seek the permanent solution of suicide because they are exposed to more critical incidents and stressors than any other profession. Some contributing factors in addition to the normal stress level of police work are alcoholism, substance abuse, job assignment, internal affairs investigations, financial and marital issues. Stress in law enforcement is constant and it comes from every angle. If not addressed properly, stress can lead to depression, alcoholism, divorce, and mental breakdown, which in turn, may escalate the risk of suicide (Ramos, 2010).

In police culture, there is always a self-perceived need to be in control. Officers are forced to make life-and-death decisions in a split second, and sometimes their decisions are scrutinized by the public and the judicial system. Though officers are trained to identify outside threats, officers often do not recognized the threat within themselves. According to Territo and Sewell (2007), "Police Officers are help-givers, but they're pretty poor help-seekers" (p. 203).

When beginning a career in law enforcement, officers are taught not to become personally involved in an incident. Memories of horrific crime scenes, such as child abuse and homicides are a part of the job, and officers are not supposed to take these job memories home. There is a professional misconception that officers are supposed to go home and act as if it was just "another day on the job". Prevalent in the law enforcement profession, is that officers can block out the images and look at it as being another day, but it can affect officers physically and mentally over the years (Pangaro, 2010). Officers may turn to alcohol and drug use, or initiate fights with people they care about because they do not have a healthy way to relieve the stress.

According to The National Surveillance of Police Suicide Study conducted by Clark and O'Hara (2013) revealed suicides dropped from 141 to 126. The study also included that 91% suicide victims were males between the ages of 40-44. Even considering the drop from 2008-2012, the number of suicides is still alarming for the law enforcement profession. Again, those numbers are likely to be incorrect due to the misclassification of "accidental" deaths reported to protect the family or to escape the stigma of a colleague's suicide within the agency.

As stated earlier, the law enforcement culture has many stressors. Officers tend to try and diagnose themselves. Officers may seek medical help for a physical problem instead of realizing that their problem is emotional and that a mental health professional is needed (Alber, 2013).

Years and years of dealing with traumatic incidents can take a toll on officers, mentally and physically. Officers often feel alone, hopeless, rejected, and secluded; as if they are the only ones going through a crisis. Officers may also feel that they do not

have the capability of surviving another hour, let alone another day (Larned, 2010). Officers need to be aware that there are resources available for them, but they must utilize them instead of being the “hero”; denying their problems, and holding everything in. Until officers open up, recognize their feelings and get competent help, more and more officers will be lost to senseless deaths.

Officers are involved in critical incident stressors daily, whether it comes from the scene of a homicide, the abuse of a child, or an officer involved shooting. Officers normally work anywhere from eight to sixteen hour days just to keep financially afloat. Not only are officers dealing with issues from work, they are also dealing with issues from home. Day after day officers are expected to solve everyone else’s crisis, but fail to realize they are also in a crisis, and need to seek help for themselves.

There is a connection between stress, depression, and suicide. Within the police culture, officers who are in the midst of dealing with a crisis can be seen as a "bad fit" for the profession. Officers want to maintain that "macho" professional appearance of being in self-control and refuse to talk to supervisors and coworkers about their crisis. This attitude has been the cause of officers not speaking up and not pursuing the psychological assistance needed (Hackett & Violanti, 2003). A Law enforcement officer does not want to appear weak. Officers will often deny or refuse to admit suicidal ideations for fear of comments made by other officers, being placed on desk duty, or even worse, loss of career (Larned, 2010).

Training on the danger of police suicide is critical and has to be addressed. Intervention should involve peers, supervisors, family and friends to identify some early warning signs of depression and make a concerted effort to offer support and guidance

(Cummings, 1996). A few suicide signs are: referencing suicide or death, voicing the belief that life is worthless, giving away personal items, admitting that they are overwhelmed and cannot find a solution to their problem(s), and isolation from family and friends (Larned, 2010).

Supervisors and co-workers normally do not want to get involved in another officer's personal life. Officers sometimes are aware when another officer is abusing his wife, has become an alcoholic, or is addicted to prescription medication, etc. Some officers recognize signs when a fellow officer is in crisis or at the breaking point. However, instead of offering support and outside resources, many officers take the attitude "it's not my problem; I am not getting involved". Officers hear it all the time, "I am not a babysitter" or "it's not my job to keep up with him", better yet, "I don't want to be the one to end their career".

Officers can no longer have that mindset if they want to prevent law enforcement suicides. Colleagues need to speak up, confront the troubled officer, and/or notify a supervisor. Officers are expected to protect each other out in the field and there is no exception when it comes to an officer in a personal crisis. It is everyone's job to keep each other safe from external and internal threats. Suicides are an internal threat and officers have to be cognizant of the issue and prepared to intervene and prevent further crises.

COUNTER POSITION

Officers worry that if they visit a mental health professional, their confidential medical information will be released to other officers or administration within the agency. Officers are also worried that if their problems or treatments are revealed, they will be

removed from their current position. This is a great misconception. Patients are protected under the Health Insurance Portability and Accountability Act of 1996 (HIPPA). HIPPA protects individually identifiable health information including demographic data, which relates to the individual's past, present or future physical or mental health condition (U.S. Department of HHS, 2003). Treatment records are protected by federal and state law; however, a judge may rule that the records are important to a case and the record could be released for "in chambers" review (Hackett & Violanti, 2003).

Officers also worry if they visit a therapist; they will be placed on some type of anti-depressant medication and concerned that the medication might adversely control their judgment. According to Retired Police Officer and Psychologist Joel Fay, anti-depressants are not addicting and will not control one's mind. If your depression is not stabilized, untreated it will control your mind (Fay, 2012). There are many officers currently prescribed anti-depressants that function on a daily bases. There are side effects from all medications and medications affect everyone differently; therefore, each person placed on these medications has to adjust and become familiar with their personal reaction to the medication.

Some officers have difficulty confiding in, or even trusting others. Instead of seeking help from colleagues, agency assistance programs, or a mental health professional, these officers choose to hold their emotional turmoil in until it's too late. As a tight knit group, officers often have mistakenly "protected" other officers who were experiencing a mental breakdown by denying there was a problem. This denial is only setting the officer back further from the possibility of recovery (Baker & Baker, 1996).

Officers must be armed with tools to survive. A supervisor or colleague may find themselves in a situation having to intervene with an officer contemplating suicide or in a crisis. If a colleague or supervisor is reluctant to be honest concerning information about another officer in an emotional crisis, they should be subject to disciplinary actions.

Agencies should develop, and employ policies and procedures for officers dealing with an emotional crisis, and/or suicidal symptoms. However, in many cases, suicide and mental health are virtually taboo topic issues and discussions of these issues are seen as signs of weakness. Officers would like to be perceived as being strong willed, never crying, and untouchable. As a result, many agencies and officers feel as if they have nowhere to turn for assistance during a time of crisis (McNeil, 2012).

During a crisis, officers want to be rescued but they are afraid to ask for assistance, which is why it's imperative for colleagues and supervisors to recognize the signs of an officer in crisis and assure the officer that help is available and confidential (Baker & Baker,1996). First line supervisors and colleagues are normally present during daily shift briefings. If properly trained, they can immediately notice signs of suffering when one of their subordinates or colleagues is in a crisis. Periodic face to face meetings between a supervisor and subordinate is a great opportunity to observe signs of a crisis where intervention could begin (Paton, Burke, & Violanti, 2009).

RECOMMENDATION

If supervisors and colleagues are knowledgeable of risk indicators and are aware of policies and procedures, they are in a great position for intervention if they suspect an officer in crisis (Hackett & Violanti, 2003, p. 26). According to Baker and Baker (1996),

supervisors and administrators must communicate four clear messages. First, if an officer requests help, it will not result in them losing their job. Second, all information is confidential. Third, there are effective ways to deal with crisis situations, no matter how disheartening it may seem. Finally, someone is always available to help them deal with their unique issue. Once a supervisor refers an officer for assistance, the supervisor's responsibility does not stop there. The supervisor should monitor and assure the officer of their continued support.

Some agencies have insurance coverage for mental health referrals and employee assistance programs. To their detriment, a troubled officer can be waiting for a call back in order to make an appointment for treatment, which can take a few days up to a few weeks. That waiting period can be fatal. Human resources should employ mental health professionals who are police oriented, who understands and have experience treating the problems the officer is referring to. The mental health professional should not be the same one that conducts the psychological evaluation for employment; unless that subject has the background in treatment of law enforcement personnel.

There are some situations that arise where there should be an immediate response for an officer in a crisis. One program is The Critical Incident Stress Management (CISM), is geared for individual crisis intervention and peer support for first responders. The CISM program describes critical incidents as unusually challenging events that have the potential to create significant human distress and can overwhelm one's usual coping mechanisms (Everly, 2006). Some examples of critical incidents are line of duty death, officer involved shooting, fatality accident, physical

assault, hostage situation, suicides, and sudden death of an employee or family member, to name a few. There is no cost for CISM to respond and it's a great resource for agencies to have in place.

According to the Galveston County Sheriff's Office Policy and Procedures Manual (2002), all officers directly involved in the shooting or critical incident shall be required to contact an agency designated specialist for counseling and evaluation as soon as practical after the incident. Involved support personnel should also be encouraged to contact such specialists after a shooting or critical incident. Galveston County Sheriff's Office also has deputies that volunteer their time in participating with the CISM response team, which responds immediately to critical incidents.

Agencies have been unsupportive and unresponsive to employees in need of crisis and suicide intervention. Plaxton-Hennings investigated the quality of police debriefing and follow up support, noted a recurring complaint from recovering officers was that departmental administrators did not seem concerned about officers recovering from potentially life threatening experiences (Chae & Boyle, 2013, p. 94). The first critical component for a successful intervention program is the administrative commitment. Without this, any attempt for implementation of such an undertaking will be doomed (Kelly & Martin, 2006).

Agencies should train officers to recognize a coworker in an emotional crisis. When a police officer commits suicide everyone is affected: immediate family, law enforcement family, and the community. After a suicide, some will ask "were there signs", and others will recognize there were signs, and they could have prevented the senseless act (Larned, 2010). When there's a loss of a coworker, the law enforcement

community attends the services and some colleagues are back on duty moments later. Law enforcement is not given the opportunity to take time off to grieve. Crime does not stop and everyone else must continue on with their day to day duties (Alber, 2013).

For law enforcement administration, losing an officer to suicide can affect the entire agency and the loss will be felt throughout the chain of command (Clark, White, & Violanti, 2012). Agencies should provide and make it known, of available emotional outlets to reduce the probability of an officer turning to suicide as permanent solution to a temporary problem (Alber, 2010).

The second critical component for a successful intervention program is addressing the problem of training officers in intervention and prevention of suicide. Decision makers should consider including policy in their intervention programs to include “mandatory counseling” instead of “encouraged counseling” or debriefing, for those involved. Most officers will not voluntarily attend classes; they must be mandated.

All Texas Certified law enforcement officers are bound by Texas Commission on Law Enforcement (TCOLE) to complete several mandated classes, along with in-service training hours. As cited on the website (2014), the mission of the Texas Commission on Law Enforcement, as a regulatory State agency, is to establish and enforce standards to ensure that the people of Texas are served by highly trained and ethical law enforcement, corrections, and telecommunications personnel. Therefore, Texas Commission on Law Enforcement could be a great source in implementing mandated stress recognition and survival courses every two to four years for officers.

The CISM program has been proven to be a useful tool for agencies to use as a resource. A CISM response team typically consists of a group of professionals with

various specialties such as law enforcement, mental health professionals, paramedics, counselors, and firemen. The teams are normally paired in numbers of twos and respond to a safe and comfortable location to a first responder involved in a crisis or traumatic incident for intervention. A CISM program normally includes that the intervention take place within twenty four hours of the critical incident for the purpose of the assessment, triaging, symptom mitigation, and referral to a mental health profession.

A CISM team also conducts debriefings. Everyone involved is suggested to participate either in a group or individually, and all information is confidential. A CISM team's goal is to foster natural resiliency through stabilization, symptom reduction, return to adaptive functioning, or facilitation of access to continued care (Everly, 2006). A CISM responder, by no means, takes the place of a certified mental health professional, but they can fill in the gap at that time because some officers are unwilling to seek professional counseling.

Officers of the law enforcement community have to find ways to relieve stress, such as exercising, resting, developing hobbies, expressing spirituality, and engaging in emotionally fulfilling activities with loved ones. Officers must learn to recognize and admit the need for help and should no longer have to be concerned by the stigma of being referred to a mental health professional. The law enforcement community at large has to not only acknowledge suicide, and suicide prevention, but also be prepared to effectively act and address any related problems that might arise.

When an officer is involved in a critical incident, it may not necessarily affect him or her at that moment. The officer could suffer with symptoms days, weeks, months, or

even years in the future. Officers must realize that there are many services available to them so they can have an outlet responsive to their needs. Just as routinely getting a yearly dental and physical checkup, it has been suggested that law enforcement personnel visits a licensed therapist at least once a year as a “checkup” (“The Annual Mental Health,” 2013). With this required routine mental health “checkup” a therapist could detect an officer in a crisis, without the officer realizing they are in a crisis.

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