National Consortium on Preventing Law Enforcement Suicide Toolkit

IACP International Association of Chiefs of Police

NOSI National Officer Safety Initiatives

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National Action Alliance for Suicide Prevention

Comprehensive Framework for Law Enforcement Suicide Prevention

Contents

This project was supported by Grant No. 2018-DP-BX-K001 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice

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 risk[35]
    - 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 Signs[40]

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 FACTORS[40]

- 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

STRESSORS[41]

- 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 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 BUREAU OF JUSTICE ASSISTANCE

The Bureau of Justice Assistance (BJA) helps to make American communities safer by strengthening the nation's criminal justice system: BJA s grants, training and technical assistance, and policy development services provide government jurisdictions (state, local, tribal, and territorial) and public and private organizations with the cutting-edge tools and best practices they need to support law enforcement, reduce violent and drug-related crime, and combat victimization.

BJA is a component of the Office of Justice Programs, U.S. Department of Justice, which also includes the Bureau of Justice Statistics, National Institute of Justice, Office of Juvenile Justice and Delinquency Prevention, Office for Victims of Crime, and Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking.

BJA Mission

BJA provides leadership and services in grant administration and criminal justice policy development to support local, state, and tribal law enforcement in achieving safer communities. BJA supports programs and initiatives in the areas of law enforcement, justice information sharing, countering terrorism, managing offenders, combating drug crime and abuse, adjudication, advancing tribal justice, crime prevention, protecting vulnerable populations, and capacity building. Driving BJA's work in the field are the following principles:

- **EMPHASIZE** local control.
- **BUILD** relationships in the field.
- **PROVIDE** training and technical assistance in support of efforts to prevent crime, drug abuse, and violence at the national, state, and local levels.
- **DEVELOP** collaborations and partnerships.
- **PROMOTE** capacity building through planning.
- **STREAMLINE** the administration of grants.
- **INCREASE** training and technical assistance.
- **CREATE** accountability of projects.
- **ENCOURAGE** innovation.
- **COMMUNICATE** the value of justice efforts to decision makers at every level.

To learn more about BJA, visit www.bja.gov, or follow us on Facebook (www.facebook.com/DOJBJA) and Twitter (https://twitter.com/dojbja). BJA is part of the Department of Justice's Office of Justice Programs.

ABOUT THE IACP

The International Association of Chiefs of Police (IACP) is the world's largest and most influential professional association for police leaders. With more than 30,000 members in over 165 countries, the IACP is a recognized leader in global policing. Since 1893, the association has been speaking out on behalf of law enforcement and advancing leadership and professionalism in policing worldwide.

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.

ABOUT THE EDUCATION DEVELOPMENT CENTER

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:

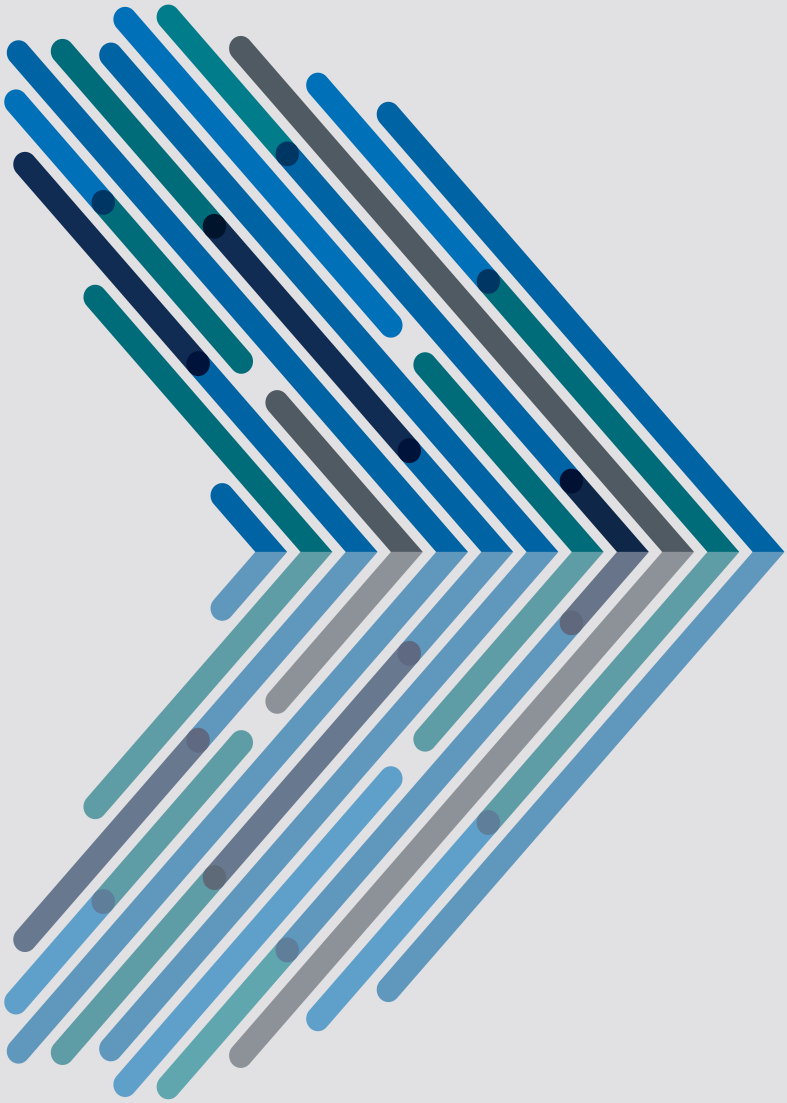
- **CREATING** resources such as curricula, toolkits, and online courses that offer engaging learning experiences
- **CONDUCTING** formative and summative evaluations of initiatives
- **APPLYING** expertise in capacity building, professional development, and training and technical assistance
- **PROVIDING** 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.

This project is supported by Grant No. 2018-DP-BX-K001 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.



MESSAGING ABOUT SUICIDE PREVENTION in Law Enforcement

Strategies for Safe and Positive Messaging

This was developed through the National Consortium on Preventing Law Enforcement Suicide (the Consortium) and focuses on the importance of safe messaging. 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. This resource provides information for leadership to use to help promote and support suicide prevention efforts.

WHY DOES MESSAGING ABOUT SUICIDE MATTER?

Research has shown that messaging about suicide can either increase the risk of suicide and undermine prevention efforts or promote positive behaviors and support prevention goals.[1, 2, 3] There are many complexities to what contributes to suicidal thoughts or behavior in an individual police officer. **Words matter**, and the way a police agency talks about suicide has a significant impact in preventing suicide and encouraging help-seeking behavior for those who may be in crisis. Contrary to best practice recommendations, many messages focus on the specific type, location, or graphic descriptions surrounding suicide loss, providing detailed information that is inappropriate for the people hearing the messages. In order to help promote and support prevention efforts, agencies should consider the evidence-based recommendations provided in this toolkit.

WHAT IS PUBLIC MESSAGING?

Public messaging is broadly defined as any communications released into the public domain, including internal and external departmental communication through email, newsletters, training, intranet, websites, flyers, social media posts, public presentations, media interviews, press releases, and any other messages or materials to a large group.[4] The guidelines below are not intended to address private conversations, interactions with individuals in crisis, one-on-one conversations including with a chaplain, or interventions with a member of peer support or treatment professional.

WHAT ARE THE KEY COMPONENTS WHEN MESSAGING ABOUT SUICIDE?

In 2014, the National Action Alliance for Suicide Prevention (Action Alliance), the nation's public-private partnership for suicide prevention, released the *Framework for Successful Messaging*, a research-based resource outlining four key components when messaging to the public about suicide.[5] These key components include:

STRATEGY
Upfront thinking and planning that helps messages succeed

SAFETY
Avoiding potentially harmful messaging content

POSITIVE NARRATIVE
Sharing messages that promote hope and help-seeking

GUIDELINES
Utilizing specific messaging guidelines or recommendations.

> **"It comes down to courageous leadership from the top. Police chiefs need to send the message that it's okay to ask for help and outline how to do it.**
>
> – **President Steven Casstevens**, *President, International Association of Chiefs of Police*

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Start with Strategy

Developing a strategy is the first step to any effective communications or messaging effort. Departments should ensure that any public messaging is strategic and well thought out. To do this, agency leaders can apply the following questions:

- **WHAT ARE THE GOALS OF THE MESSAGE?**
  - Be specific with the goals. A broad goal such as "raise awareness" is not specific enough. Instead, consider a goal like "increase the number of officers who utilize our peer support program."
- **WHO IS THE AUDIENCE?**
  - Messages targeted too broadly, such as "everyone," will not be effective. Each audience will have unique needs that need to be addressed through the messaging. For example, messaging to a recruit will be different than messaging to a command officer. Additionally, developing messages department-wide will be different than messaging to a specific group such as retired officers or officers who identify as LGBTQ+.
- **WHAT ACTION/BEHAVIOR IS THE AUDIENCE BEING ENCOURAGED TO TAKE?**
  - The targeted action/behavior the audience is recommended to take should be specific and help the audience take small steps towards a broader goal. For example, a specific action might be "learn how to support a fellow officer who may be struggling or in crisis by learning to identify the warning signs of suicide." Consider if the audience is being encouraged or asked to take a specific action or if it is a mandate, such as the department implementing routine mental health check-ins with a professional.
- **HOW DOES THE MESSAGING ALIGN WITH OTHER PROGRAMS OR SERVICES?**
  - Be intentional about alignment with programs, services, and the mission of the department. For example, if an agency develops a poster that promotes help-seeking, the agency should include information about available services such as a peer support program or available crisis lines for officers. Additionally, it can be important to connect mental health programs with physical health programs and overall well-being.

> **"The most dangerous person we can potentially encounter each day is our mindset if we don't take care of ourselves.**
>
> – **Nic Allen**, *South Dakota Highway Patrol, Crash Assistance Program, West River Victims' Witness Coordinator*

Support Safety

The language used when talking about suicide is critically important. Evidence corroborates that how we message publicly about suicide can have an impact on suicidal behavior and may put vulnerable populations at increased risk.[6, 7, 8, 9, 10] Messaging that can contribute to increased risk includes providing details about suicide method or location, glamorizing a suicide death, portraying suicide as common or an expected response to adversity, and presenting a simple explanation for a death. Agencies should use terminology stating an officer died by suicide instead of sharing the specific method or location details to officers, the community, or the media. It is helpful to communicate that struggles played a role in a suicide death while also not providing a simple explanation. Statements indicating a sole contributing factor to a suicide death should be avoided. One circumstance is often not the only factor which contributed to a suicidal crisis. Also, it can be harmful to communicate or contribute to a perception that suicidal crises are normal among police, as if they are just a part of the job, or a common reaction to trauma. Agencies can refrain from glamorizing suicide in their communications by avoiding commenting that the deceased is now "free from all suffering".

To help support safety through all messaging efforts, it is important that agencies:

- **EMPHASIZE** the fact that most people who face adversity do not die by suicide, but instead find support or treatment.
- **HIGHLIGHT** that suicide results from a complex interplay of factors and cannot be attributed to one single cause.
- **SHARE** stories which focus on thriving, recovery, and healthy coping.
- **ADJUST** terminology away from using the word "commit" which can have a criminal connotation and instead use words such as "died by" or "died of" suicide which are more consistent with physical health terms.

Share Positive Stories

Balance the negative aspects of suicide with stories of officers who have sought help and gone on to recover, live, and thrive. Think about how the message will help others envision hope, recovery, and resiliency. Some examples of how you can share positive stories include:

- **TANGIBLE** actions your audience can take, such as knowing the warning signs of suicide risk and reaching out to an officer that is going through a tough time.
- **STORIES** of coping and resiliency sharing all ends of the continuum from coping with financial troubles, to bouncing back from a broken arm, to healing from a suicide attempt.
- **PROVIDE** available resources such as in-house mental health services, Employee Assistance programs, peer support, chaplain support, community-based resources, and crisis hotlines.
- **HOW** people are making a difference, including stories of how personnel in the department are supporting others or found peer support valuable.

This component is not meant to downplay the seriousness of suicide, but rather apply the evidence that our messaging matters and everyone has a role in balancing the negative aspects of suicide with positive action steps people can take to help prevent suicide.

Follow Guidelines

This component recognizes that there are many helpful resources available for specific types of messaging—such as specific channels, like print materials or electronic communications, or specific goals, like increasing resilience. When developing messages, agencies should use guidelines and best practices that are already available. These guidelines and more messaging resources can found at:

National Action Alliance for Suicide Prevention Framework for Successful Messaging

IACP Media Relations Considerations Document

IACP Social Media Document

IACP Blog Post: It's Simply Not Your News to Break

> **"There isn't an officer who gets through 20 years and doesn't have some challenges. Every single officer is going to go through this. We must talk about it and give them the tools on the front end, so they know what to do.**
>
> – **Dianne Bernhard**, *Deputy Chief, Ret., Columbia (MO) Police Department and Executive Director of Concerns of Police Survivors (C.O.P.S)*

A Key Component of an Agency-Wide Suicide Prevention Approach

Disseminating appropriate and positive messages is one of the 11 components of the *Comprehensive Framework for Law Enforcement Suicide Prevention*, a resource of the Consortium that provides law enforcement agencies with comprehensive strategies to support officers through messaging, training, support, connectedness, and more. Below are considerations for messaging by chiefs, command staff, peers, and families of officers.

CHIEFS AND COMMAND STAFF

Officers know the priorities of their chief and command staff through what and how they communicate personally and through the chain of command and through what they reinforce in action.

Chiefs and command staff need to communicate that suicide prevention and officer mental health are priorities. Officers need to know that chiefs and command staff are not only saying something, but they want to see that leaders truly mean it, believe it, and are committed to suicide prevention and mental health support. Agency leaders can request feedback to understand how to deliver messages to various ranks, as well as how to reinforce those messages. Starting at the academy, officers are aware that they are analyzed by how they control situations. Leaders must communicate that asking for help is a sign of being in control, not a sign of weakness. Communicating that it is normal to experience stress and trauma, and that actively maintaining one's mental health as a part of a career in policing helps to normalize help-seeking behavior. Agencies should make messaging about mental health and suicide prevention routine and talk about it early and often throughout an officer's career. Providing regular messages on the importance of mental health throughout an officer's career will reinforce the commitment to keeping officers safe and well. It is best to include stories of healing, recovery, and resilience, by sharing personal stories and augmenting the voices of peer supporters. Powerful stories of seeking help, surviving a suicidal crisis, managing one's anger, getting support after trauma, and recovering from an addiction normalizes help-seeking, demonstrates the agency has the officer's back, and builds a culture of support for officer mental health

Tips for Chiefs and Command Staff

- **SHARE** stories of those who have experienced mental health challenges or a suicidal crisis and experienced healing and recovery.
- **COMMUNICATE** a positive, hopeful, and resilient, message indicating that support is available, treatment is effective, and, in most situations, suicide can be prevented.
- **TALK** about mental health and suicide prevention regularly before a critical incident occurs.
- **TAILOR** messages to the diverse needs of the audience considering the impact culture may have on mental health challenges.
- **CONSULT** a suicide prevention expert when talking with media regarding law enforcement suicide prevention or following a suicide loss.
- **EXERCISE** caution when talking about complex issues like what contributed to suicidal behavior. Be careful not to communicate in a way that states an oversimplified cause.

FRONT LINE SUPERVISORS

Sergeants, corporals, and other leaders in roles of supervising personnel wear many hats ranging from being the insulation between line personnel and management, to keeping an eye out for inappropriate behaviors, to working to develop team unity and cohesion.[11] Front line supervisors have a key role in taking care of the members of their team, looking for signs, following up on absences, and referring an officer to Employee Assistance Programs or others support when necessary. Sergeants and corporals should remain cognizant of the messages they send about mental health and suicide prevention, how individuals interpret those messages, and the role they play in creating and maintaining a culture of support. Supervisors can make or break a culture of "It is okay not to be okay."

Tips for Front Line Supervisors

- **COMMUNICATE** that it is okay to focus on and take care of yourself, because ultimately taking care of yourself is taking care of everyone else, including your unit, your family, and your community.
- **MODEL** self-care with both action and messages.
- **ACT** as a coach when it comes to mental health, if possible and appropriate for the situation. A way of communicating this might include, "I am not concerned about your job, I am concerned about you."
- **DEMONSTRATE** as much concern for the members of the team as is demonstrated for the community, risk management, or management perception.
- **MESSAGE** about mental health and wellbeing routinely and leverage the use of technology when appropriate.

PEERS

Peers have a unique opportunity to break through the skepticism and challenges with trust that some may have within policing. When a peer shares their personal experience with mental health struggles, substance use, or a suicide attempt, it can combat the challenge of silence that can exist around these issues. Peers sharing their experiences empower individuals in the force who might be experiencing similar challenges. The voice and presence of a peer, of someone who has been there, can send a message of "This officer is not embarrassed about it. This officer has been there. I am not the only one going through this." It enables an officer struggling to say, "I am going through the same thing." Peers show that it is brave to be vulnerable, that one does not have to be paralyzed by perceptions of getting help, and it is okay to prioritize getting better. When a peer has struggled, they often become their own champion and this passion spreads to others in the agency or the group they are speaking to. The guidance for messaging related to peers' stories and communication about their own experience is to be applied to communication to groups of people. Peer supporters must be able to adjust their language to meet the needs of individuals they are supporting and share their message in a genuine and engaging manner. Peers need to share their message in a genuine and engaging manner. They must be able to tell the right story in a way that connects with others throughout the agency. These messages need to be delivered in a balanced way, avoiding making it all about one person's story or implying that what worked for one will work for all. Specific details of a suicide attempt or substance overdose should be given only if it is essential to relate to the group. It is impossible to measure the full impact of peers in communicating about suicide prevention and normalizing mental health challenges.

Tips for Peers

- **SHARE** stories in a genuine, approachable, and vulnerable manner while connecting with the specific needs of the groups you are communicating with. Use caution to refrain from making stories seem all about one's personal experience.
- **COMMUNICATE** in a safe manner and include graphic details only if it is necessary.
- **FOCUS** on the full spectrum of mental health challenges – by addressing the things that might seem less significant, one might prevent crises.
- **EMPHASIZE** help-seeking, accessing treatment, and using a variety of resources including peer support.
- **ADJUST** approach, message, and stories to the audience maintaining sensitivity to culture. One size does not fit all, and what a peer shares to the family support unit may be different with the S.W.A.T. team or a group of corrections officers working at a women's facility.
- **CHANGE** the delivery of the message to fit the audience; however, the message of self-care, hope, resiliency, and recovery cannot change.

FAMILY

Agencies must remember the larger police network and that families and support persons play a key role in suicide prevention and mental health promotion. Agencies can create intentional messaging to families which will serve to increase family support and provide information to family members who may be one of the first to see warning signs of a suicidal crisis. Agencies can keep the following in mind to create suicide prevention messages to family members of police and to support positive family interactions throughout an officer's career.

It is important to emphasize that the law enforcement family member will have positive and satisfying times in their career. It is equally important to normalize times of challenge and mental health struggles. Agencies should inform families who to go to for assistance and resources if they become concerned about their family member so they can still be a competent and in control officer. Provide family members information about ways to help care for their officer's mental wellbeing, who they can reach out to if concerned about their officer, and what to look for regarding signs of concern across the spectrum of issues that may arise. In addition to written materials, it is helpful for families to receive communications about mental health promotion and suicide prevention during the academy, at family events, promotion and retirement gatherings, support groups, and any other means through which families are engaged in the agency. When developing messages about suicide prevention for families, agencies should consider that support persons may not call a phone number off a card on a refrigerator magnet if they have no other experience or information about that resource. Remember that the only information a family member may have is what the officer has shared with them.

It is a good practice for the professionals providing mental health support to be at events where families are to help build trust, even if the event is not a mental health-focused event. Engage families in understanding the strength it takes to be an officer, the resilience that officers show on a daily basis, and the importance of being an active part of the support system. Messages need to communicate the culture of the agency about mental health, share accurate information, and refrain from alarming families. Agencies can ask family members to be active in caring for themselves and include information encouraging family members to get help for themselves when needed.

Tips for Families

- **INCLUDE** all support systems that a law enforcement officer might identify as family, beyond blood relatives or married partners.
- **ASSIST** families in understanding they can support their officer while still respecting the officer's sense of independence and strength.
- **FOCUS** on strength, resilience, and positive messages in addition to messaging about signs and what to look for in a family member.
- **COMMUNICATE** how to support police from a family perspective.
- **SHARE** that suicide risk is concern without over-emphasizing the concern or contributing to a heightened awareness from support persons.
- **GIVE** facts on how to respond, and who to go to.

Conclusion

It is essential to talk openly about mental health and suicide prevention in departments, across all levels, and to do so in a way that connects to the unique needs of police officers and their families. Agencies should honor a member that has died by suicide while also respecting the needs of those who may be struggling. This can be done by following safe messaging guidelines. Sharing stories of healing and recovery empowers officers to seek help for themselves and to have each other's backs. Suicide can be prevented when it is talked about in a safe, positive, and effective way.

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ABOUT THE BUREAU OF JUSTICE ASSISTANCE

The Bureau of Justice Assistance (BJA) helps to make American communities safer by strengthening the nation's criminal justice system: BJA s grants, training and technical assistance, and policy development services provide government jurisdictions (state, local, tribal, and territorial) and public and private organizations with the cutting-edge tools and best practices they need to support law enforcement, reduce violent and drug-related crime, and combat victimization.

BJA is a component of the Office of Justice Programs, U.S. Department of Justice, which also includes the Bureau of Justice Statistics, National Institute of Justice, Office of Juvenile Justice and Delinquency Prevention, Office for Victims of Crime, and Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking.

BJA Mission

BJA provides leadership and services in grant administration and criminal justice policy development to support local, state, and tribal law enforcement in achieving safer communities. BJA supports programs and initiatives in the areas of law enforcement, justice information sharing, countering terrorism, managing offenders, combating drug crime and abuse, adjudication, advancing tribal justice, crime prevention, protecting vulnerable populations, and capacity building. Driving BJA's work in the field are the following principles:

- **EMPHASIZE** local control.
- **BUILD** relationships in the field.
- **PROVIDE** training and technical assistance in support of efforts to prevent crime, drug abuse, and violence at the national, state, and local levels.
- **DEVELOP** collaborations and partnerships.
- **PROMOTE** capacity building through planning.
- **STREAMLINE** the administration of grants.
- **INCREASE** training and technical assistance.
- **CREATE** accountability of projects.
- **ENCOURAGE** innovation.
- **COMMUNICATE** the value of justice efforts to decision makers at every level.

To learn more about BJA, visit www.bja.gov, or follow us on Facebook (www.facebook.com/DOJBJA) and Twitter (@DOJBJA). BJA is part of the Department of Justice's Office of Justice Programs.

ABOUT THE IACP

The International Association of Chiefs of Police (IACP) is the world's largest and most influential professional association for police leaders. With more than 30,000 members in over 165 countries, the IACP is a recognized leader in global policing. Since 1893, the association has been speaking out on behalf of law enforcement and advancing leadership and professionalism in policing worldwide.

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.

ABOUT EDUCATION DEVELOPMENT CENTER

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:

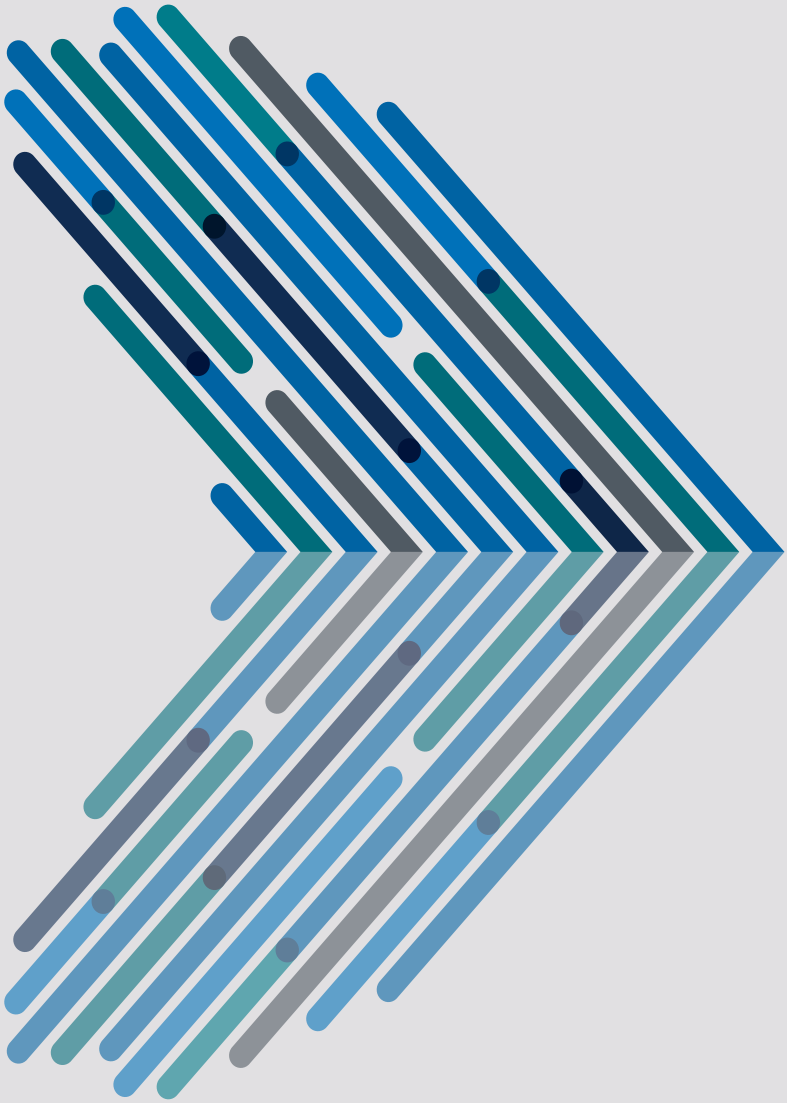
- **CREATING** resources such as curricula, toolkits, and online courses that offer engaging learning experiences
- **CONDUCTING** formative and summative evaluations of initiatives
- **APPLYING** expertise in capacity building, professional development, and training and technical assistance
- **PROVIDING** 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.

This project is supported by Grant No. 2018-DP-BX-K001 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.



PEER SUPPORT AS A POWERFUL TOOL in Law Enforcement Suicide Prevention

This resource was developed by the Bureau of Justice Assistance's National Consortium on Preventing Law Enforcement Suicide (the Consortium) and focuses on the role peer support has in preventing officer suicide. The Consortium, led by the International Association of Chiefs of Police (IACP) in partnership with Education Development Center (EDC) and the National Action Alliance on Suicide Prevention (Action Alliance), brought together law enforcement leaders alongside mental health and suicide prevention experts across the nation to address preventing suicide in law enforcement. 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. Peer support is a key component in the *Comprehensive Framework for Law Enforcement Suicide Prevention*. This resource outlines how peer support can best integrate suicide prevention strategies to support fellow officers.

The Power of Peers

Peer support serves as a powerful resource for police in addressing stress management, mental health concerns, suicide prevention, and overall officer safety and wellness. A 2018 survey of police officers found that 90% of respondents who had used peer support reported that it was helpful to very helpful, 80% reported they would seek support again if needed, and nearly 90% stated they would recommend peer support to a colleague.[1] Additionally, more than half of the officers who connected with peer support indicated that these services helped them perform their job better or improved their personal life. Research in the general population has also demonstrated positive impacts to recipients of peer support including improved hopefulness, greater satisfaction with life, greater quality of life, improved treatment engagement, better social functioning, and fewer problems overall.[2]

Peer supporters play a key role in many aspects of suicide prevention. Peers can contribute by sharing positive recovery-oriented messages, decreasing barriers to seeking mental health services, normalizing help-seeking behaviors, strengthening healthy coping skills including resiliency and connectedness, and providing support following a suicide loss or suicide attempt in an agency.

> **"The biggest choosing of services for police officers is peer support. 3 out 4 would rather go to peer support than any other kind of services out there."**
>
> – **Sherri Martin,** *National Wellness Director, National Fraternal Order of Police*

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Integrating Suicide Prevention Best Practices in Peer Support Programming

Individuals at the top of the agency as well as those in supervisor roles should consider developing and incorporating peer support units into their agency. Leadership can demonstrate support by designating a team leader, establishing standard operating procedures, assessing and allocating appropriate resources, trusting peer support teams to follow standards for confidentiality, and advocating the use of peer support to all staff in the agency. Agencies should invest resources in training, education, supervision, and ongoing professional development, when possible. Suicide prevention is more than responding to a crisis. A suicide death represents the end of what is, for many, a long struggle. Mental health treatment, crisis response, and peer support services exist on a continuum. Resources and services need to be organized to help identify those who need support early in their struggle. Peer support services are essential and effective across a spectrum of mental health well-being and challenges. The type of peer support interventions which should be used varies depending on level of need. Examples include: an officer that wants support during a particularly challenging time in their life, a sergeant that is going through relationship or substance misuse issues, or a corrections officer that is showing signs of suicide risk. Peer support providers often report that the extreme of crises can be prevented by addressing what appears to be lesser concerns and stressors on the mental health continuum. It is important for peers to be trained, receive consultation, and practice identifying and responding to suicide risk.

Peer supporters can use evidence-based and research-informed best practices in screening for, responding to, and following up on suicide risk. To determine the general peer support model applied at a specific agency, it is important to review and research best practices, and learn from well-designed peer support programs. For instance, Cop2Cop (C2C), a peer support program for New Jersey officers and their families, uses the Reciprocal Peer Support wellness model for their standard of care. This model includes four tasks: connecting, information gathering and risk assessment, care management/wellness planning, and resilience building. In addition, C2C peer supporters are certified in postvention support after a suicide loss and as suicide prevention trainers to offer prevention and postvention trainings.[3] Agencies should consider connecting with peer agencies, conducting additional research, and gathering feedback from officers to identify programming and training that would meet the unique needs of their agencies.

Selection

When designing a peer support team, leaders should consider setting appropriate selection criteria and processes ahead of providing training. If possible, it is good to have a trained peer at each rank level. The most well-intentioned people, even with personal experience, must be vetted first and then, if selected, trained specifically in skills for both peer support and suicide prevention.

- **SET** appropriate expectations including screening out anyone seeking to be a part of a peer support team for secondary gain, e.g., only for a promotion, financial gain, or resume building.
- **INVOLVE** at least one mental health professional in the selection process.
- **CONSIDER** having fellow officers nominate one or two people that would make great peer supporters.
- **LOOK** for qualities of genuineness, altruism, maintaining appropriate boundaries, and skills in one's own self-care.
- **DEVELOP** members who show characteristics that are good for peer support and may need to build their confidence or need coaching.

> **"Stigma is a major piece that represents a barrier to treatment for officers.**
>
> – **Tom Coghlan,** *Police Psychologist, Blue Line Psychological Services, PLLC*

Training and Supervision

Evidence-based content and professional training are at the core of effective peer support. Sustainable supervision by a mental health professional will augment training, will assist peer support providers in receiving consultation, and should be included in the infrastructure of peer support programs. Structured, supervised peer support will ensure that ethical and confidential services are offered with an emphasis on role clarification, boundaries, and self-care. Ongoing training and professional development are essential elements to quality control and continued enhancements. Quality training should be delivered by licensed clinical professionals and include peers as co-facilitators to model the partnership.

TOPICS OF PEER SUPPORT TRAINING INCLUDE:

- **CRISIS/PSYCHOLOGICAL** first aid.
- **PRACTICES** in providing peer support such as problem-solving, positive psychology, and distress tolerance skills.
- **PEER** support counseling techniques and boundaries.
- **SIGNS** and symptoms of trauma and the most frequently seen mental health conditions that the peer supporter may come across, e.g., depression, substance misuse, anxiety, post-traumatic stress.
- **SUICIDE** prevention, identifying and screening for suicide risk, and how to intervene in suicide risk.
- **COMPONENTS** of a safety plan for suicide risk.
- **COMMUNICATION** of best practices regarding reducing access to lethal means.
- **RESOURCES,** referrals, and follow up.
- **WELLNESS** planning and self-care.
- **ROLE** of the peer.
- **POLICIES** and procedures including emergency response, confidentiality and privileged communications within all applicable laws, ethics, and boundaries.

To best guide peer support training, agency leaders and peer supporters should define the type of peer support work offered and have training modules targeting specific peer roles.

PEER SUPPORT ROLES CAN INCLUDE:

- **CRISIS** response role, such as providing psychological first aid or identifying and responding to an officer in a suicidal crisis.
- **TRAINING** role, such as peer support suicide prevention training with peers as trainers.
- **PEER** counseling role, including suicide risk screening, provision of peer support, referral, and follow-up.
- **DEBRIEF** support role, applying trauma and crisis response best practices, refraining from mandating those that were not involved in the response to attend. It is good practice for peer support to facilitate debriefings under the guidance of a mental health professional.

> **"What I find is that around the country, no matter where I am, when I am able to share, 'Yeah, I thought of suicide. I attempted suicide. I was self-medicating.' When you talk about that in a big forum, what happens inevitably is that someone will say 'I have done or am going through the same thing.' It takes the shame out of it.**
>
> – **Chris Scallon,** *Sergeant, Ret., Norfolk (VA) Police Department and Director of Public Safety*

Identifying Suicide Risk

The power of peers in meeting an officer where they are should be supported and leveraged. Peers need to know the warning signs, precipitating factors, risk factors, and protective factors of suicide risk. Peers can use this knowledge on an individual level by applying evidence from research and effective strategies to inform their services and response. Peers can use their personal and professional experiences to engage an officer showing signs of suicide risk and to ask about suicide in a way that may elicit an accurate response. Peers should be trained in the use of an evidence-informed screening tool to assist in asking direct questions about suicidal thinking and behaviors. These questions can be a part of a peer support toolbox and dispersed in a one-on-one conversation using the language of the peer and the officer seeking support. It can be useful to use an evidence-based screening tool, such as the Columbia-Suicide Severity Rating Scale and screening questions taught in suicide prevention trainings.[4, 5] As is important in all interactions, asking about suicidal thoughts and behaviors should be done in a culturally sensitive manner.

Safety Planning for Suicide Prevention

Safety plans are an evidence-based approach to reduce suicide and are customized and developed collaboratively with the person at risk. Safety plans identify individual signs of an approaching crisis, ways to cope with distress, and who to go to for support.[6] Best practice safety plans include the Safety Planning Intervention developed by Barbara Stanley, Ph.D. and Greg Brown, Ph.D., and the Crisis Response Plan developed by Craig Bryan, Psy.D..[7, 8] Research has shown the efficacy of safety planning in military and veteran populations.[9, 10, 11] Both of these tools include a prioritized list of coping strategies and supports that can be accessed easily and quickly before or during a suicidal crisis. Mental health professionals working with police should be trained in the use of a safety planning intervention. Ideally, the mental health treatment professional would develop a safety plan with an officer thinking about suicide, and peer support would reinforce the use of this safety plan. It is imperative for peer support and mental health professionals to work with the person at risk for suicide to engage them in consenting and sharing the safety plan with those that would have an active role in supporting it, including family. Peer support teams can be trained to develop a safety plan to improve the safety net in less resourced areas or in a situation when intervention by a mental health professional may not be immediately available.

THE SIX ELEMENTS OF THE SAFETY PLANNING INTERVENTION

- **IDENTIFYING** one's personal cues of active or impending crises.
- **OUTLINING** personal coping strategies and activities that may help during a suicidal crisis.
- **PLANNING** places to go and people who may assist in providing some safety and distraction.
- **IDENTIFYING** at least three go-to persons who can provide necessary support during a suicidal crisis.
- **DETAILING** support services and crisis resources.
- **ENSURING** a safe environment for the person at risk.[12]

Establishing a safer environment is part of responding to a person in a suicidal crisis or at risk for suicide.[13] This includes safe storage of firearms, medications, and other potentially lethal items. Work with a mental health professional to identify options for tailored lethal means protection.

Referral Network

Peer support teams serve as an integral part of a holistic health and mental health network. Teams should know how to effectively make a referral, follow up, and remain in a support role while an officer is receiving necessary care from professionals. Peer support teams should consider the appropriate policies, procedures, training, and resources to get a person into care in an emergency situation and for routine services.[14] Employee assistance programs (EAPs), local mental health agencies, hospital systems, and any service delivery provider in the region should be approached to create a peer support clinical partner. Clinical partners can serve roles as a part of a response team, in task forces, as training partners, and more. All follow-up and ongoing support services, including after a suicide loss, should be organized and trained in partnership with a clinical service provider or organization. The clinical service provider should be a licensed individual who demonstrates cultural competency in working with police.

Ongoing Follow-Up

Peer support can be sustained over time for an individual officer beyond a crisis or specific event. Peer support teams should be supported in continuing to reach out and provide support in the way that the individual officer prefers, as ongoing support can help to prevent a crisis in the future. Tracking and analyzing data on officer needs and outcomes can be integrated into peer support training and used to revise the training curriculum to improve skill building across the continuum of peer support prevention, intervention, and postvention services.

Research with people who have attempted suicide shows simple, supportive communications over time make a big difference.[15] Simply sending a postcard over a period of time with a non-demanding, caring message helped people live.[16, 17] In a random control trial that has been replicated, individuals who attempted suicide and who received postcards with a caring message, that did not instruct the person to take an action, over the course of several years were less likely to die by suicide than those that did not receive these messages.[18, 19] The messages expressed that the person was thought of and someone cared about them. The messages did not request any specific follow up or attendance of an appointment or meeting. Peer supporters can provide messages like this in a variety of ways through texts, online chat, email, and in writing. As a suicide prevention intervention, these supportive messages can be sent while an officer is receiving treatment, following discharge from an inpatient hospitalization, and after completion of treatment services. Genuine, supportive messages can be sent routinely as follow-up to a peer support contact, after a traumatic event, including at the anniversary of the loss or the birthday of the deceased, and during periods of transition such as promotion or retirement. It is best for these to be tailored to the individual with these messages being sent individually to each officer that has received peer support.

Support the Supporters

Providing peer support is a rewarding role, resulting in vicarious resilience and compassion satisfaction.[20] However, peers need to know that they have to take care of themselves not just because their mental health is a priority and it is a part of the role, but also because the agency needs them for the long run. It is essential for the leader of the peer support team to assist team members in managing responsibilities and expectations, setting clear boundaries, and knowing when to say "no" – even if that means communicating these issues to leadership, at times. The person in charge needs to maintain the balance for the team and the individual members of the team.

Officers deal with difficult situations and stressors personally and professionally on a regular basis. Peer support providers have their own stressors, such as listening to others' stress, responding to traumatic events, feeling an increased responsibility of caring for a colleague, and providing support following a death or traumatic incident. This can result in additional cumulative stress and vicarious trauma. Suggestions for aiding peers in coping with the work include regular consultation with a clinical mental health provider, debriefing difficult situations (which includes processing and sharing coping strategies in peer support team meetings), allowing for time off when needed, and taking advantage of resources such as the Vicarious Trauma Toolkit.[21] Supporting peer supporters should be built into the peer support structure and culture. It should be individualized, as there is no one-size-fits-all approach for coping with cumulative stress, vicarious trauma, or burn-out.

Conclusion

In policing, there is a strong culture of supporting other officers and being there for others through intense and challenging circumstances. Peer support for any concern, be it financial stress, relationship problems, work stress, trauma, or a suicidal crisis, fits perfectly into the culture of "having one's back". The power of peer support providers and teams should be supported and resourced by agencies and their leaders. Peers need to be valued and trained as a part of suicide prevention with clearly defined roles, procedures, and boundaries. Peer providers should be given their own support when needed. A strong, multi-pronged safety net that includes peer support can strengthen officer's well-being and identify those in need.

Resources

1. Families USA. Advancing Health Equity Through Community Health Workers and Peer Providers: Mounting Evidence and Policy Recommendations.
2. International Association of Chiefs of Police (IACP). These peer support guidelines are intended to provide information and recommendations on forming and maintaining a peer support structure for sworn and civilian personnel in law enforcement agencies.
3. IACP Officer Safety and Wellness Resources. The IACP provides a variety of officer safety and wellness resources, addressing topics such as officer mental health and resiliency; suicide prevention; tactical safety; family wellness; and more.
4. National Action Alliance for Suicide Prevention (Action Alliance) at Education Development Center. The Action Alliance is the nation's public-private partnership for Suicide Prevention. This resource, *The Way Forward*, reflects widely shared perspectives from individuals who have lived through a suicidal crisis.

5. Peer Specialist Toolkit: Implementing Peer Support Services in VHA. This document is a collaborative project between the VISN 1 New England MIRECC Peer Education Center, and the VISN 4 MIRECC Peer Resource Center.
6. Substance Abuse and Mental Health Services Administration (SAMHSA). Core Competencies for Peer Workers: Learn about the foundation and essential core competencies required by a range of peer workers within behavioral health services.
7. Suicide Prevention Resource Center (SPRC). SPRC is devoted to advancing the implementation of the National Strategy for Suicide Prevention and provides consultation, training, and resources to enhance suicide prevention efforts in states, health systems, and organizations that serve populations at risk for suicide.
8. U.S. Bureau of Labor Statistics. Career Outlook: You're a *what*? Peer support specialist.
9. Zero Suicide Institute (ZSI) at Education Development Center. The foundational belief of Zero Suicide is that suicide deaths for individuals under the care of health and behavioral health systems are preventable.

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ABOUT THE BUREAU OF JUSTICE ASSISTANCE

The Bureau of Justice Assistance (BJA) helps to make American communities safer by strengthening the nation's criminal justice system: BJA s grants, training and technical assistance, and policy development services provide government jurisdictions (state, local, tribal, and territorial) and public and private organizations with the cutting-edge tools and best practices they need to support law enforcement, reduce violent and drug-related crime, and combat victimization.

BJA is a component of the Office of Justice Programs, U.S. Department of Justice, which also includes the Bureau of Justice Statistics, National Institute of Justice, Office of Juvenile Justice and Delinquency Prevention, Office for Victims of Crime, and Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking.

BJA Mission

BJA provides leadership and services in grant administration and criminal justice policy development to support local, state, and tribal law enforcement in achieving safer communities. BJA supports programs and initiatives in the areas of law enforcement, justice information sharing, countering terrorism, managing offenders, combating drug crime and abuse, adjudication, advancing tribal justice, crime prevention, protecting vulnerable populations, and capacity building. Driving BJA's work in the field are the following principles:

- **EMPHASIZE** local control.
- **BUILD** relationships in the field.
- **PROVIDE** training and technical assistance in support of efforts to prevent crime, drug abuse, and violence at the national, state, and local levels.
- **DEVELOP** collaborations and partnerships.
- **PROMOTE** capacity building through planning.
- **STREAMLINE** the administration of grants.
- **INCREASE** training and technical assistance.
- **CREATE** accountability of projects.
- **ENCOURAGE** innovation.
- **COMMUNICATE** the value of justice efforts to decision makers at every level.

To learn more about BJA, visit www.bja.gov, or follow us on Facebook (www.facebook.com/DOJBJA) and Twitter (@DOJBJA). BJA is part of the Department of Justice's Office of Justice Programs.

ABOUT THE IACP

The International Association of Chiefs of Police (IACP) is the world's largest and most influential professional association for police leaders. With more than 30,000 members in over 165 countries, the IACP is a recognized leader in global policing. Since 1893, the association has been speaking out on behalf of law enforcement and advancing leadership and professionalism in policing worldwide.

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.

ABOUT EDUCATION DEVELOPMENT CENTER

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:

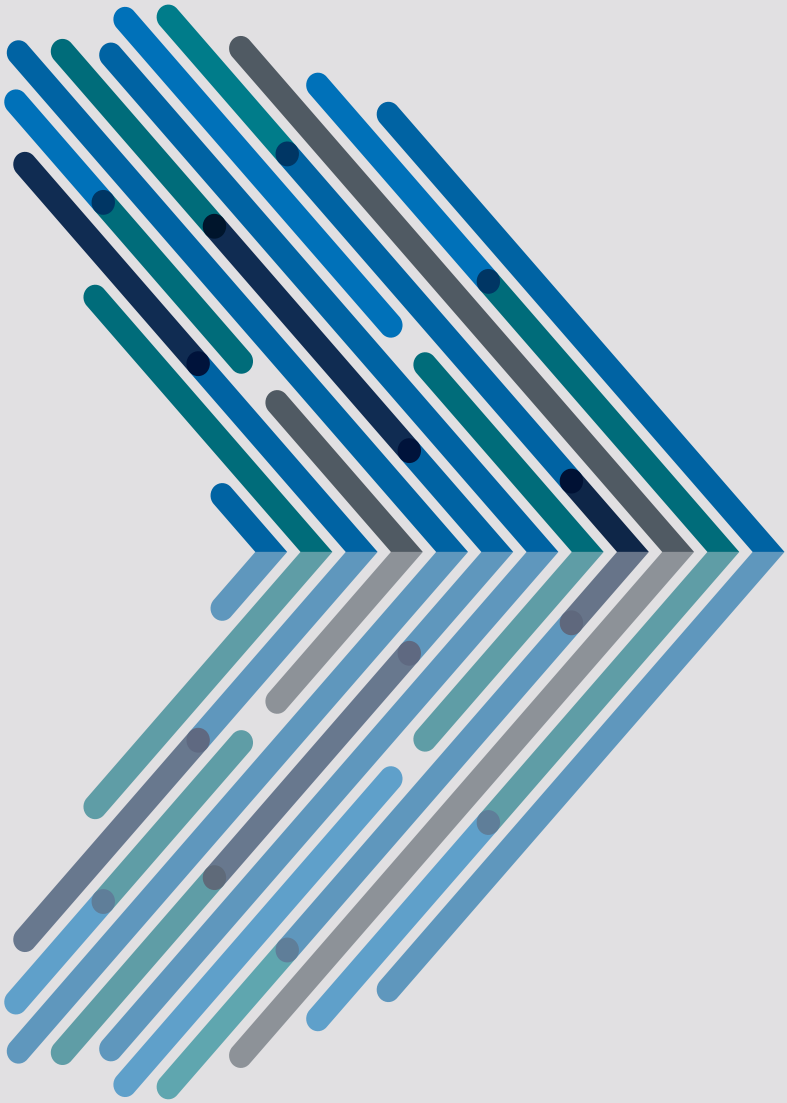
- **CREATING** resources such as curricula, toolkits, and online courses that offer engaging learning experiences
- **CONDUCTING** formative and summative evaluations of initiatives
- **APPLYING** expertise in capacity building, professional development, and training and technical assistance
- **PROVIDING** 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.

This project is supported by Grant No. 2018-DP-BX-K001 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.



AFTER A SUICIDE IN BLUE:
A Guide for Law Enforcement Agencies

The tragic death of a law enforcement officer by suicide is often a shock and requires immediate next steps to support the department, family, and loved one's as they process and deal with the impact. It can be an overwhelming experience and executive level and command staff may find it difficult to determine how to appropriately respond without access to sound, evidence-informed research to help guide their efforts. This resource outlines the application of best practices in suicide prevention to guide agency response efforts including actions to take immediately following a suicide loss as well as support and services to consider having available over time.

What is Postvention?

Postvention is the organized response to the aftermath of a suicide. A comprehensive postvention response assists in addressing the complex factors after a member of law enforcement suicide death with the goals of providing effective and compassionate support, promoting healing, and reducing the risk of suicidal thinking and behavior for those impacted. This document provides guidance for police agencies in responding to the suicide death of an officer, with considerations for several key areas.

Key components include:

- Protocols addressing funeral policies
- Family, agency, and community notification
- Training
- Communication including media relations
- Post-incident counseling and agency-wide mental health awareness actions

Implementing a comprehensive postvention response is a critical component of prevention. In postvention, there is an immediate need that must be met (i.e., supporting other officers through the crisis), but it also prevents further suicides and promotes positive mental health for all staff. Suicide loss leaves a ripple effect that if not mitigated can lead to increased risk and possible additional losses. Many police agencies have experienced additional suicides shortly after the first one has occurred, an occurrence known as suicide contagion.[1, 2, 3] A key goal of postvention is to minimize contagion and provide an opportunity to build a foundation for a stronger mental health and wellness culture. Following a suicide loss there should be a three-phase response that first stabilizes the unit, family, and peers; then integrates a healthy grief journey; and finally provides opportunity to make meaning out of the event.[4] To learn more about how postvention fits into holistic suicide prevention efforts in a police agency, read the Comprehensive Framework for Law Enforcement Suicide Prevention, a resource created through the National Consortium on Preventing Law Enforcement Suicide.

Who are the Key Audiences to Focus on During Postvention Efforts?

Postvention efforts should address every member of the agency, from new recruits up to agency leadership. Police agencies are comprised of individuals who have a shared common bond of committing their lives to protect and serve. This bond can create a true feeling of family that may result in real grief, even among those who did not personally know the deceased.[5]

Those that responded to the suicide death should also be carefully considered in postvention efforts. Police officers that responded to the suicide death may have a difficult time recovering because they have not only lost a colleague but actively engaged in response efforts. There is a wide range of individuals that may have been involved in responding, including but not limited to: dispatchers and officers involved in the response to the initial call; people that searched for or found the deceased; anyone that was involved in the death investigation and processing of the scene; those that had to communicate news of the death to the decedent's family and friends; and those that

were supporting the decedent through a difficult time immediately preceding their death. If members of other agencies are involved in the response (such as 911 dispatchers, fire and emergency medical services, and the medical examiner/coroner's office), consider including them in the agency's postvention activities. The direct supervisors of the decedent should also be specifically supported in postvention efforts.

Individuals who see a part of themselves or their situation in the person who died by suicide may be at an increased risk for suicide themselves.[6] For example, an officer who recently shared news of their sexual orientation with colleagues may have a harder time healing if the individual that died by suicide also recently came out. Similarly, individuals dealing with a marital separation may be particularly vulnerable if the decedent's spouse was in the process of filing for a divorce. In addition to those in these higher risk categories, it is important for leadership, peer support, mental health providers, chaplains, and family members to assist in identifying any individual who may need additional support.

Beyond providing support to agency staff, it is important to ensure postvention support is provided to any person that the decedent may have identified as family, regardless of blood or legal ties. Everyone's circumstances are different and there are a multitude of reasons why a person may consider someone family who might not typically be viewed as such.

What are Important Postvention Activities?

Postvention must include a comprehensive approach to ensure the necessary supports are in place at all levels and areas within police agencies. In addition to ensuring the availability of appropriate mental health services, there should be a coordinated array of elements that include postvention policies, procedures, training, communication plans, roles, peer support, and family support as well as individual and group support. Ideally each piece would be planned out prior to ever needing to be implemented.

POLICY

To avoid further stigmatizing suicide or glamorizing it, organizational responses to an officer's death by suicide should be consistent with those for any other death.[7] However, some suicide death specific policies that should be in place include:

- How and when to screen officers for mental health challenges and suicidal thoughts
- The parameters around the delivery of support that is appropriate to be provided by peers, a family support team, and an employee assistance plan (EAP)
- How funerals and memorials will be handled in consultation with families of the officer
- How communication within and outside of the department will be managed
- The delivery plans of evidence-based training on resiliency and/or recognizing warning signs.

Agencies should remember that good postvention response also serves as prevention, so this is an opportunity to ensure that every member receives the necessary and appropriate support.[8]

LEADERSHIP RESPONSE AND COMMUNICATION

Agencies should be aware that the content and tone of information shared by communications officials to those both inside and outside the agency can impact successful postvention efforts.[9] It is critical for agency leadership to communicate quickly and repeatedly in a way that acknowledges the life lost and offers support to those who might be struggling, included actively sworn officers, agency personnel, and family members. Messages of hope and that support the ability to cope through difficult times both individually and together are important. Leadership should also consider sharing stories and experiences throughout their career when they may have struggled, and how they were able to grow through those experiences.[10]

An important note about communication. When communicating internally and externally about a suicide loss, agencies should consider the level of information that would ordinarily be shared in a non-suicide death. The information shared should be similar and as consistently as possible over time. After a suicide loss it can be helpful to allow for discussion about why people die by suicide, relying on suicide postvention experts, mental health professionals, and sound theories to inform communications and refraining from giving overly simplified attributions or silencing the processing that can occur during grieving. Messages should not oversimplify the cause of suicide, as suicide is a complex issue.[11] Agencies should avoid sharing information in a way that appears to communicate a suicide death was attributed to any one single reason (e.g., financial difficulties, legal issues, exposure to a traumatic situation).[12, 13]

Agency officials who work with the community and communicate with the news media should review the *National Guidelines for Reporting on Suicide and the Action Alliance Framework for Successful Messaging*. These guidelines are designed to decrease the impact reporting on suicide deaths could have on contagion within a community and reinforce components of successful messaging. Agencies should use these guidelines to inform talking points and share guidelines with reporters. Also, agencies can refer to the messaging and communication resource located within this toolkit for detailed guidance. An additional resource related to formal communication is It's Not Your News to Break. While this is specific to a line of duty death, the principles apply to after a suicide death.

SUICIDE POSTVENTION TEAMS

Due to the varied components of postvention activities, it is recommended that police agencies identify and designate members of a postvention team that will be collectively tasked with coordinating and implementing the agency's postvention efforts. Those serving on the postvention team should have additional training on suicide, in addition to an understanding of the agency's required standards and should include officers of diverse ranks to enable the team to understand the dynamics and needs of all ranks. This team should include the agency's public information or public affairs officer because communication and messaging are critically important pieces of postvention. It is recommended to take a holistic approach in developing suicide postvention teams including chaplains, peer support, family support, and experts in postvention and crisis response.

TRAINING

After a death has occurred, officers have an important role in watching out for signs that a colleague may be struggling more than others or may be at risk of suicide.[14] Training on resiliency, developing healthy coping skills, and ways of dealing with stress should also be provided regularly to members of the agency, and, as appropriate, in the aftermath of an officer suicide. In addition to training all police personnel, training on identifying and responding to signs of suicide risk should be provided to members of the postvention team, including chaplains and family representatives. This training should be provided prior to any critical event or suicide loss. Training on suicide prevention including refresher training, if deemed appropriate, should be held at an appropriate time. It is important to work with those impacted and address postvention and grief support before attempting to conduct training on suicide prevention.

PEER SUPPORT

Colleagues and peers are often the most trusted of all groups from which an officer may seek help. Therefore, agencies should also develop and institute peer support units/teams. These teams exist primarily to support fellow officers in difficult times and to help facilitate an individual's access to services and supports, including an agency's employee assistance program. Some officers may not feel comfortable with department-provided mental health resources and so the availability of a peer support unit can become essential.[15] The individuals selected to be part of this team should receive enhanced training from mental health clinicians on the standard skills necessary to effectively offer emotional support during difficult times. This training should include active listening skills; crisis intervention techniques; in-depth information on suicide risk and protective factors; and information on vicarious trauma, trauma-informed care, and strategies for self-care. Peer support members should also receive additional training on their agency's employee assistance program and when tests such as a fitness for duty evaluation may be required.[16] This evaluation may sometimes serve as a strong barrier and deterrent to members receiving necessary therapy or other mental health services. Agency leadership and the peer support team should consider ways in which they can dispel myths and reduce the stigma about accessing mental health services particularly during postvention efforts.

Read more about the role of peer support in suicide prevention efforts in *Peer Support as a Powerful Tool in Law Enforcement Suicide Prevention*, a resource produced through the National Consortium on Preventing Law Enforcement Suicide.

FAMILY SUPPORT

Agencies should develop and institute a family support team consisting of officers who are designated to primarily provide support to surviving family members, although they could also support family members of any officer. This family support group can be especially helpful immediately after a suicide death has occurred, through the funeral, and beyond. Whenever possible, access to the team should remain open for individuals impacted by a death. At a minimum, survivors should have access to the team through the first anniversary of the death, as anniversaries sometimes trigger significant mental health challenges.[17] Both practical and emotional support services should be provided by the family support team.[18] Team members may: accompany family members at funeral planning sessions; serve as a coordinator and liaison between the agency and the surviving family; help facilitate access to any applicable

agency benefits or services; and provide emotional support. It is very important that families and fellow officers can share and honor the life of a deceased officer commemorating how the officer lived, served, and sacrificed without over emphasizing the cause of death. Approaching families with this concept in mind will help families stay connected to the unit, feel supported, and move forward in a healthy way.

- Family support team members should receive enhanced training on the standard skills necessary to offer emotional support during a time of crisis. This training should include active listening skills; best practices in grief support; crisis intervention techniques; in-depth information on suicide risk and protective factors; and information on vicarious trauma, trauma-informed care, and strategies for self-care. Family support team members are not expected to be clinicians, yet they should be equipped with the skills to provide psychological first aid[19] and the knowledge of existing resources that may be of use to surviving family members.
- All family members of law enforcement should have access to the family support team. After a suicide death occurs, the family support team can reach out to the immediate family members of agency personnel to ensure they are aware of the death and are familiar with the warning signs of suicide so they can be vigilant in supporting their loved ones. Bring intentionality to how family support team members interact with underage surviving children and build this into training and program policies when appropriate.
- The family support team may also run support groups with a clinician after the suicide death to provide a space for family members to connect with other individual's dealing with similar issues.
- Additionally, the family support team can reach out to the support network of officers impacted by a suicide death. The family support team may provide resources and guidance on what actions family members can take if they are worried about a loved one.

GRIEF AND MENTAL HEALTH SUPPORT

Police agencies should provide individual and group support immediately following a suicide. Individual outreach should be performed to anyone personally impacted by the loss, either directly or those who may identify with the officer who died by suicide. Activate a network of leaders and champions who have the most frequent interactions with officers to identify officers who might be struggling or dealing with certain life stressors (e.g., desk duty, divorce, loss of visitation with kids, financial distress, pandemic related concerns, etc.) and reach out to officers individually when they seem to be struggling.

- Empower leaders (unit/shift/precinct) with specific resources to connect an officer they are concerned about to a peer support specialist, chaplain, or mental health professional engaging support in an individualized way that is appropriate for the specific officer and situation. Leaders should inform the officer that these supports are being provided to ensure transparency and trust in connecting the individual to resources.
- Meet with people in small groups at the unit or shift level depending on the size of the agency. Groups should be created according to members' natural support systems or groupings.[20] These support group gatherings should begin immediately following a suicide death, especially with those in the department that are personally impacted. Bring in an EAP provider or mental health professional to facilitate. It can be supportive for a mental health professional and a chaplain to collaborate in leading grief support groups. Focus on opening lines of communication and where to go for support. Encourage people to talk to their peers, leaders, chaplains, health and mental health professionals, or other confidential crisis resources and provide accommodations as necessary to facilitate this communication.

PSYCHOLOGICAL AUTOPSIES

When someone dies by suicide, survivors are often left wondering why and whether there were signs indicating suicide risk prior to their death. A psychological autopsy is a tool used by trained and certified professionals that seeks to understand the circumstances and factors that may have played a role in the suicide death.[21] Experts in conducting psychological autopsies should lead these investigations.[22] This type of investigation is usually carried out by the medical examiner or coroner's office and involves looking at records, examining communication, and conducting interviews with key players in the life of the deceased. It is a comprehensive tool that may provide some insight into what contributed to a suicide death and could, depending on the findings, help agencies better identify suicide prevention strategies and those who may be at risk in the future.

When Should Postvention Efforts Begin and End?

Although robust postvention responses should begin immediately upon learning of a potential suicide death, creating an agency's postvention plans and policies should occur well in advance of when the responses are needed.[23] If the manner of death cannot easily be determined, agencies should wait on any communication regarding suicide but should begin sharing resources, convening one-on-one with direct reports, and assembling small groups to discuss the impact of the loss and provide support to those grieving.

- Consider providing opportunities for connection and social gatherings (e.g., cards, games, sports) over the next few months that bring existing officers and those about to retire, those who have recently left the department, and long-term retirees together to build cohesion and belonging. These gatherings can also provide an opportunity to identify those who might be struggling.
- Share stories of recovery when it is appropriate to do so given the specific considerations and context in the agency. Ensure the conversation gets started but does not disappear. This support and other outreach efforts should continue for at least 90 days after a death.[24] Refer to *Messaging about Suicide Prevention in Law Enforcement* for guidance on how to share stories of recovery and message safely to agency personnel.
- Postvention activities may need to continue for up to a year or even longer as there is no prescribed amount of time. The speed of recovery and healing will be different for each agency depending on the dynamics of the officer's death, the extent others were directly exposed to the trauma, the availability of mental health clinicians, and many other factors. It will likely become apparent when postvention activities should slow down, such as when individuals stop attending support groups or fewer people are referred to mental health services or for evaluations. It is helpful to consult with mental health professionals, chaplains, and others who have been a part of the postvention response regarding when and how to stop postvention support. Just because an agency stops postvention activities does not mean that those efforts will never need to be implemented again. Agencies should be prepared to re-engage efforts as developments occur that may heighten the feelings of sadness, anger, or fear experienced by members (e.g., the occurrence of a well-publicized suicide death of a recognized celebrity).[25] Agencies can engage feedback, both formally and informally, to evaluate and inform postvention efforts applying information received to improve practices and policies.

Suicide Postvention Expertise

Given the complexity of postvention, suicide prevention and postvention experts are available to provide consultation and support. This expertise can be essential in applying best practices and lessons learned. Resources such as the National Consortium on Preventing Law Enforcement Suicide clearly illustrate the ability of partnerships to significantly advance positive outcomes for the safety and wellbeing of law enforcement.

Agencies should take full advantage of resources readily available to them through local, state, and federal entities to include health departments, justice departments, and more. Agencies may also consider contracting with a licensed behavioral health professional to guide their postvention efforts. These professionals should be well versed and experienced in law enforcement psychology and suicide postvention efforts.

Conclusion

Law enforcement leaders have the ability to change the culture, policies, and practices of agencies to save the lives of their officers and staff. Chiefs and command staff should share strategies with each other and consult outside experts, when needed, that enhance existing departmental knowledge and best practices of postvention approaches. As demonstrated by many other system-level leadership-led suicide prevention initiatives, the commitment and dedication of police agencies applying comprehensive suicide postvention will result in improved wellness, increased cohesion, higher productivity, and officer lives saved.

Resources

1. American Foundation for Suicide Prevention (AFSP). AFSP is dedicated to saving lives and bringing hope to those affected by suicide through education, research, and advocacy. AFSP compendium of postvention resources to help survivors of suicide loss
2. Blue H.E.L.P. It is the mission of Blue H.E.L.P. to reduce mental health stigma, acknowledge the service and sacrifice of law enforcement officers we lost to suicide, assist officers in their search for healing, and to bring awareness to suicide and mental health issues.
3. Concerns of Police Survivors (C.O.P.S.). C.O.P.S. provides resources to the families and co-workers of law enforcement officers who have died in the line of duty to help them rebuild their shattered lives."
4. National Action Alliance for Suicide Prevention (Action Alliance) at Education Development Center. The Action Alliance is the nation's public-private partnership for Suicide Prevention.
5. National Guidelines for Reporting on Suicide. Developed by a coalition of over 20 organizations representing government agencies, nonprofit organizations and leading universities, these guidelines provide an evidence-based, brief factsheet highlighting critically important do's and don'ts to be aware of when reporting or writing about suicide.
6. A Manager's Guide to Suicide Postvention in the Workplace: 10 action steps for dealing with the aftermath of a suicide.
7. The Way Forward: pathways to help, recovery and wellness with insights from lived experience.
8. Suicide Prevention Resource Center (SPRC). SPRC is devoted to advancing the implementation of the National Strategy for Suicide Prevention and provides consultation, training, and resources to enhance suicide prevention efforts in states, health systems, and organizations that serve populations at risk for suicide.
9. Tragedy Assistance Program for Survivors (TAPS). TAPS provide comfort, care, and resources to all those grieving the death of a military loved one. TAPS provide a variety of programs to survivor's nation and worldwide.
10. Uniting for Suicide Postvention. Mental Illness Research Education Clinical, Centers of Excellence (MIRECC, CoE) studies suicide with the goal of reducing suicidal ideation and behaviors in the Veteran population.

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This project is supported by Grant No. 2018-DP-BX-K001 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.