

BREAKING THE SILENCE:

Suicide Prevention for Law Enforcement

Video Facilitation Guide



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For more information on suicide prevention in the workplace: www.WorkingMinds.org

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- Workplace Task Force, National Action Alliance for Suicide Prevention
- Law Enforcement Task Force, American Association of Suicidology
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Dear Colleagues,

“Not another life to lose.”

According to the Badge of Life, more officers lose their life by their own hand than are killed by felons. This is unacceptable.

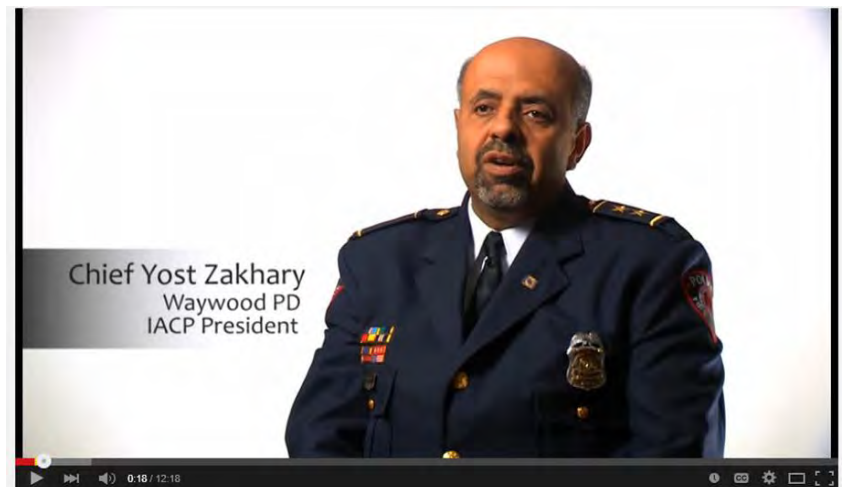
As co-lead for the National Action Alliance for Suicide Prevention’s Workplace Task Force, I have a call to action to all those invested in the wellbeing of our police officers: make suicide prevention a health and safety priority.

In particular, we are urging Police Chiefs to “be vocal, be visible, and be visionary” in their leadership around this priority and to step boldly out front to let officers who are struggling know they are not alone and that there are many resources for help.

This guide offers a new free resource in the arsenal of our battle against suicide – a new video that will assist departments across the world in elevating the conversation in suicide prevention. We know that officers often have the basic skills to identify warning signs and risk factors among the citizens they are sworn to protect, but they often experience barriers when applying that same knowledge when supporting one another through life’s challenges. The video aims to lower those barriers by letting officers know that suicide is a real threat and their ability to look out for one another is paramount.

The video, entitled Breaking the Silence: Suicide Prevention in Law Enforcement dovetails with the recently released National Symposium on Law Enforcement Officer Suicide and Mental Health: Breaking the Silence on Law Enforcement Suicides. The video is intended to be a conversation starter used in trainings to help underscore the importance of officers’ role in the chain of survival for their peers.

Best regards,



Yost Zakhary

Past President, International Association of Chiefs of Police

Co-Lead, Workplace Task Force, and Executive Committee Member, National Action Alliance for Suicide Prevention

Public Safety Director, City of Woodway, Texas

INTRODUCTION

From the O'Hara, Violanti, Levenson, & Clark (2013) study as reported by Mark Bond, professor of criminal justice at American Military University in "Silent Suffering: Warning Signs and Steps to Prevent Police Suicide" on:

<http://inpublicsafety.com/2014/03/silent-suffering-warning-signs-and-steps-to-prevent-police-suicide/>

The tough-guy culture in law enforcement certainly makes for psychologically hearty police officers, but when people are overwhelmed by trauma, loss, or a break with mental illness, this tough exterior can prevent the officer from reaching out and getting some much needed support and treatment.

Our jobs, as law enforcement officers, often place us in the middle of highly traumatic situations and this can cause a lot of increased emotional stress and trauma for officers. In addition to making sure our officers are physically safe, we also need to make sure they are psychologically safe.

The video, Breaking the Silence, brings forth courageous stories of police officers openly discussing their own mental health challenges and why seeking mental health support fosters resiliency and overall wellness.

The goal of the video and discussion guide is to help ensure that suicide prevention becomes a health and safety priority in all departments. In other words, the care for officers' mental and emotional health must be equivalent to that of their safety and physical health.

Use this video to start the conversation. Silence only compounds the problem.

Breaking the Silence: Suicide Prevention in Law Enforcement Video: <http://youtu.be/u-mDvJIU9RI>



DID YOU KNOW...

126

Number of officer suicides in 2012

49

Officers killed by gunfire in 2012

42

Average age of police suicide

16 years

Average time on the job of a police suicide victim

15% – 18% (150,000)

Officers suffering from Post-Traumatic Stress Disorder (PTSD).

91% of suicides were by male officers

63% of police suicide victims were single

11% of police suicide victims were military veterans.

Firearms were used in **91.5%** of police suicides.

In **83%** of the police officer suicides, personal problems appear prevalent prior to the suicide.

11% of the police officers dying by suicide had legal problems pending.

FACILITATION PREPARATION

The topics of mental illness and suicide can be difficult to discuss in any arena. Therefore, when you are planning to facilitate a discussion or educational presentation that addresses these issues, it is important to be ready for a myriad of reactions from your audience.

One of the best ways to prepare to talk about mental illness and suicide is to examine your own beliefs, ideas, uncertainties, and fears when considering these subjects. If you have been personally touched by suicide or mental health conditions, unforeseen responses may emerge as you prepare. These thoughts and experiences are to be expected, so it will be important as the leader to acknowledge them and decide if you are ready to facilitate at this time. As you prepare, think about your understanding and preconceived notions about these issues, and how these may help—as well as interfere with—the productive discussion and facilitation of the topic. Previewing the video will also give you additional material to contemplate. It could also be helpful to discuss your ideas on the topic beforehand with a colleague who can assist you in determining your strengths and weaknesses as a facilitator on this issue. If any part of this “self-discovery” process leads you to believe that you would not be the best facilitator for the program, however, you should reevaluate your role in the presentation.

An excellent method of planning for a discussion of the issues of mental illness and suicide (as well as clarifying your own views on these subjects) is to consult your department psychologist or Employee Assistance Program (EAP). Having trusted and credible co-facilitators for the session (one law enforcement facilitator, one mental health professional) often results in ideal outcomes.

Finally, if you haven't yet, schedule your own meeting with a mental health professional and experience for yourself what counseling is like. All of us are dealing with some life challenge or mental health issue for which we can use support and problem-solving strategies. When you can relay your own lived experience with this process, you can become a much more credible spokesperson.

Additional Tips for Successful Facilitation

As the leader of this training, you are the emotional calibrator for the group. Your level of comfort with this topic and your state of mind will set the tone for the participants.

While you do not need to be an expert on the subject matter to facilitate the program, you can have the greatest impact if you remain accessible, open, informative, and supportive.

If you are not clinically trained, you can let participants know that you are willing to talk with them as a peer, but make it clear that your advice will be limited. If a participant expresses safety concerns about themselves or someone they know, actively link them to professional consultation.

The more you rehearse before facilitating the presentation, the more relaxed you will be.

Make the presentation relevant and memorable. When possible and appropriate, give data, trends, and case examples that reflect the impact of suicide and hopeful outcomes of recovery.

Provide take-away materials:

- Local and national suicide prevention resources
- National Suicide Prevention Lifeline cards (free from SAMHSA.gov or downloadable here: <http://store.samhsa.gov/product/National-Suicide-Prevention-Lifeline-Wallet-Card-Having-Trouble-Coping-With-Help-Comes-Hope-/SVP13-0155R>)
- Additional mental health resources like your EAP and department psychologist contact information.
- Copy of handout provided in the back



OVERVIEW

Organization of Guide

If you only have 15 minutes to facilitate this program, do so by following the “General 15 Minute Facilitation” guide. This format is recommended as a first step when a longer facilitation time is not available (e.g., roll call). Follow up discussion questions and tabletop exercises are recommended for future sessions.

The rest of the guide is divided into sections by audience and can be done in one to two hours depending on the length of discussion and whether or not tabletop exercises are used.

Overall Goals of “Breaking the Silence” Discussion Guide

- 1) Raise awareness regarding suicide and mental health issues in law enforcement while creating a culture of support and understanding within our agency.
- 2) Identify and evaluate our existing resources, national best practices, and training related to suicide prevention, intervention, and response programs.
- 3) Allow the department the opportunity to create a strategic plan for proactive measures within the agency to mitigate the risk of suicide and openly address officer mental health as a core element of our officer safety programs.

About the Contributing Partners

American Association of Suicidology (AAS; www.suicidology.org) is a membership organization founded in 1968 for all those involved in suicide prevention and intervention or touched by suicide. AAS leads the advancement of scientific and programmatic efforts in suicide prevention through research, education and training, the development of standards and resources, and survivor support services.

Carson J Spencer Foundation (www.CarsonJSpencer.org) is a Colorado nonprofit, established in 2005. We envision a world where leaders and communities are committed to sustaining a passion for living. We elevate the conversation to make suicide prevention a health and safety priority.

We sustain a passion for living by:

- Delivering innovative and effective suicide prevention programs for working-aged people.

www.WorkingMinds.org

www.ManTherapy.org

- Coaching young leaders to develop social enterprises for mental health promotion and suicide prevention
- Supporting people bereaved by suicide.

The National Action Alliance for Suicide Prevention (www.ActionAllianceforSuicidePrevention.org) 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, through the Education Development Center, Inc. (EDC) operates the Secretariat for the Action Alliance, which was launched in 2010 by former U.S. Health and Human Services Secretary Kathleen Sebelius and former U.S. Defense Secretary Robert Gates with the goal of saving 20,000 lives in five years.

GENERAL 15 MINUTE FACILITATION

NOTE: Not Recommended for Command Staff or Supervisor Facilitation

GOALS: The goal of the abbreviated session is to briefly introduce the problem and encourage participation in voluntary, confidential mental health check in (peer support, EAP, outside therapy) to avoid:

- 1) Suicide death and suicidal behavior
- 2) Undue mental distress and psychological distraction

As a result of this 15 minute presentation, participants will be made aware of the scope of the problem, see that there are cost savings to good mental health, and will be actively supportive of a program that encourages all members of the law enforcement community to partake in voluntary, annual confidential therapy from within or outside the department.

2 Minutes: Opening Script and Anecdote

OPENING SCRIPT FOR FACILITATORS: *Hello, I am/we are _____ (if new mental health professional is co-facilitating, let them take a moment to introduce themselves beyond their name and title). Together we/you are making a commitment to elevate suicide prevention as a health and safety priority through this training.*

OPTIONAL: *I have personally/professionally been impacted by this issue (share brief story).*

Did you know that, according to our best data available, that in the U.S. for every officer who dies by gunfire line of duty death there are 2.5 officer deaths by suicide? In addition, every case of PTSD, anxiety, or depression represents a potential suicide death for police officers.

A distracted officer is a danger to himself and the officers relying on him, and the cost savings of a good mental health/suicide prevention program are significant. A healthy squad not only has no suicides but, in addition, has less sick leave, fewer complaints, fewer lawsuits, less substance abuse, fewer grievances, and higher morale. [Insert local, departmental statistics related to potential cost savings, if available].

Through a comprehensive and sustained effort, our goal is to create a culture where staff encourage a spirit of change that invites rather than discourages officers from voluntarily taking advantage of professional, annual mental health therapy, whether an obvious problem exists or not. Peer support should also be recognized as a valuable resource in referring personnel on to additional counseling when appropriate.

ANECDOTE: If applicable, facilitator should share a brief and general overview of his/her own previous experience with a therapy visit or peer support, whether through departmental avenues or seeking it through an outside resource.

We will now view a video created by national suicide prevention organizations in partnership with the International Association of Chiefs of Police and two police departments. After the video we will have a discussion and conduct several short exercises to determine your suggestions about what our agency should do next to address this problem.

12 MINUTES: SHOW VIDEO

1 MINUTE: HIGHLIGHT NEXT STEPS

1. Review resource handout.
2. Identify steps to schedule appointment for mental health checkup or counseling appointment.
3. Discuss further training needed signs and symptoms of depression, PTSD, and suicidality in themselves as well as others.

SECTION I: COMMAND STAFF FACILITATION

Goals of Discussion:

Command staff will begin a plan to:

- Recognize the importance of suicide prevention and mental health training for law enforcement personnel of all ranks.
- Intercede and prevent suicides before they occur.
- Enhance the emotional wellbeing of all police personnel.
- Recognize that a distracted officer is an unsafe officer.
- Recognize the cost savings of a mental health program.
- Lead the way to a healthier, safer operation.
- Institute training at all levels of the command.
- Encourage annual, voluntary, proactive mental health checks.
- Provide resources as needed to accomplish these goals.



10 Minutes

OPENING SCRIPT FOR FACILITATORS: *Hello, I am/we are _____ (if new mental health professional is co-facilitating, let them take a moment to introduce themselves beyond their name and title). As leaders of this department, we/you are making a commitment to elevate suicide prevention as a health and safety priority through this training.*

OPTIONAL: *I have personally/professionally been impacted by this issue (share brief story).*

Did you know that, according to our best data available that in the U.S. for every officer who dies by gunfire line of duty death there are 2.5 officer deaths by suicide? In addition, every case of PTSD, anxiety, or depression represents a potential suicide death for police officers.

Mental health challenges and suicidal thoughts are major distractions. Distracted officers are dangers to themselves and the officers relying on them, and the cost savings of a good mental health/suicide prevention program are significant. A healthy squad not only has no suicides but, in addition, has less sick leave, fewer complaints, fewer lawsuits, less substance abuse, fewer grievances, and higher morale. [Insert local, departmental statistics related to potential cost savings, if available].

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12 Minutes: Show Video

30 Minutes to 1 Hour: Questions for Discussion

Q. What is the biggest obstacle to an effective suicide prevention and mental health program?

The “tough guy” culture; stigma.

Q. How does command staff going to a mental health professional positively affect the whole department?

By modeling new behavior and giving permission and support to the whole department.

Q. How can command staff present mental health treatment as a healthy and positive behavior?

By reframing it as a safety issue for the department and the public.

Q: Can the use of medication and therapy affect promotion opportunity in law enforcement agencies?

Command staff must address officers' concerns that coming forward and asking for help because of suicide ideation will not result in the loss of their job. Most officers do not trust that that is the case.

Q. When should suicide prevention and mental health training occur?

In the academy and annually throughout the career of law enforcement personnel.

Q. What resources are available in your office/area?

Refer to list of resources (below) as well as additional local resources.

PUBLIC STATEMENT:

“An officer would never be punished for taking proactive actions to take care of mental health or substance abuse problems. In fact, most people who attend to their overall wellness in a concerted and sustained way develop stronger character and leadership capacity and may even be rewarded for these enhanced attributes. However, if an officer does not address behavioral health challenges, it is almost certain that performance and safety issues will result, and consequently appropriate sanctions would be applied.”

15 Minutes to 45 Minutes: Optional Tabletop Exercise:

7 minute video demonstrates a “knowing by doing” exercise on PTSD and Police “Reaching Out from the Badge of Life” <https://www.youtube.com/watch?v=7M5KTaz3mPo>

5 Minutes: Review Next Steps

1. Suggest staff schedule an appointment and individually visit a therapist.
2. Facilitator to train supervisory staff, which in turn schedules their own individual mental health appointments.
3. Supervisor to train line personnel (officers, dispatchers, peer support, office personnel) with encouragement to schedule a voluntary, confidential visit when desired or needed.
4. Simultaneous training should be conducted to brief officers on the signs and symptoms of depression, PTSD, and suicidality in themselves, as well as others, and how to effectively start “conversations for life” and to intervene when suicidal behavior of a peer may be imminent.

SECTION II: SUPERVISORS FACILITATION

Goals of Discussion:

Department Supervisors will explore:

- 1) How does Law Enforcement “make suicide a health and safety priority”?
- 2) How can these efforts fit into a larger wellness/resiliency program or risk management approach?
- 3) Are officers concerned that admitting to behavioral health or mental health concerns and/or help-seeking will affect their job status? Are these fears realistic? What are the implications of untreated or undertreated mental health or addiction challenges on job performance?

10 Minutes

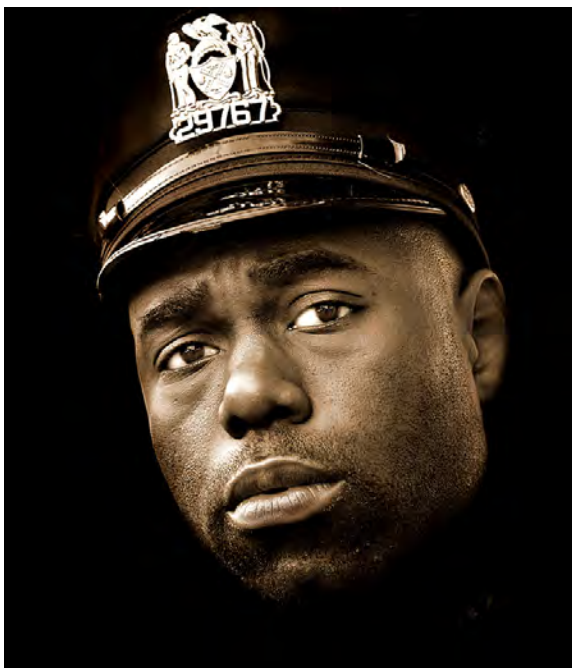
OPENING SCRIPT FOR FACILITATORS: *Hello, I am/we are _____ (if new mental health professional is co-facilitating, let them take a moment to introduce themselves beyond their name and title). As supervisors in this department, we are making a commitment to elevate suicide prevention as a health and safety priority through this training.*

OPTIONAL: *I have personally/professionally been impacted by this issue (share brief story).*

Did you know that, according to our best data available that in the U.S. for every officer who dies by gunfire line of duty death there are 2.5 officer deaths by suicide? In addition, every case of PTSD, anxiety or depression represents a potential suicide death for police officers.

Mental health challenges and suicidal thoughts are major distractions. Distracted officers are dangers to themselves and the officers relying on them, and the cost savings of a good mental health/suicide prevention program are significant. A healthy squad not only has no suicides but, in addition, has less sick leave, fewer complaints, fewer lawsuits, less substance abuse, fewer grievances and higher morale. [Insert local, departmental statistics related to potential cost savings, if available].

Through a comprehensive and sustained effort our goal is to create a culture where staff encourage a spirit of change that invites rather than discourages officers from voluntarily taking advantage of professional, annual mental health therapy, whether an obvious problem exists or not. Peer support should also be recognized as a valuable resource in referring personnel on to additional counseling when appropriate.



ANECDOTE: If applicable facilitator should share a brief and general overview of his/her own previous experience with a therapy visit or peer support, whether through departmental avenues or seeking it through an outside resource.

We will now view a video created by national suicide prevention organizations in partnership with the International Association of Chiefs of Police and two police departments. After the video we will have a discussion and conduct several short exercises to determine your suggestions about what our agency should do next to address this problem.

12 Minutes: Show Video

30 Minutes to 1 Hour: Questions For Discussion

Q: What are the effects of seeking help or not on job performance? More specifically, how not taking care of mental health issues can negatively impact co-workers, community members, etc.

Dangerous implications to others when officer is attempting to “be tough” and “carry on” in the midst of burn-out, posttraumatic stress, or considering suicide.

Q: Have any of us experienced times when we have felt the effects of trauma, burnout, depression, or feeling trapped? Have we seen these experiences in our peers?

Identify that these problems are common for all officers.

Q: How do we dismantle the “us vs. them” mentality that may be a barrier for taking action? [“us” (officers) and “them” (rest of the world) or “us” (supervisors) vs. “them” (officers)]

Suicide, suicidal behavior, and mental health challenges are issues that affect us all.



TABLETOP EXERCISE: Bring in panel of chaplains (carefully vetted and trained in suicide prevention), peer support specialists, psychological services representatives, local mental health professionals, and community mental health organizations to collaboratively build local resource sheet. Through this face to face discussion, supervisors can become personally connected to the resources for a more successful referral or their own use. In addition, together the team can construct a blueprint of action steps to take to support mental health over a sustained period of time.

Section III: Line Staff Facilitation

Goals of Discussion:

Line Staff will:

- 1) Discuss law enforcement suicide in relation to how it can affect our agency.
- 2) Create an action plan to improve knowledge, attitudes and behavior about law enforcement mental wellness and suicide prevention

10 Minutes

OPENING SCRIPT FOR FACILITATORS: *Hello, I am/we are _____ (if new mental health professional is co-facilitating, let them take a moment to introduce themselves beyond their name and title).*

Suicide and mental health challenges within law enforcement are problems that are long overdue for discussion and action. Today we are going to start an open discussion about the issues surrounding law enforcement suicides and their prevention and what family members can do to support their officers.

OPTIONAL: *I have personally/professionally been impacted by this issue (share brief story).*

Did you know that, according to our best data available that in the U.S. for every officer who dies by gunfire line of duty death there are 2.5 officer deaths by suicide? In addition, every case of PTSD, anxiety or depression represents a potential suicide death for police officers. A distracted officer is a danger to himself and the officers relying on him or her.

Through a comprehensive and sustained effort our goal is to create a culture where staff encourage a spirit of change that invites rather than discourages officers from voluntarily taking advantage of professional, annual mental health therapy, whether an obvious problem exists or not. Peer support should also be recognized as a valuable resource in referring personnel on to additional counseling when appropriate.

ANECDOTE: If applicable facilitator should share a brief and general overview of his/her own previous experience with a therapy visit or peer support, whether through departmental avenues or seeking it through an outside resource.

Our goals for this program are:

- 1) *To elevate a conversation about how to make suicide prevention and mental health promotion safety priorities for our department*
- 2) *To begin a discussion about how best to create a comprehensive and sustained blueprint to improve knowledge, attitudes and skills to prevent serious consequences of mental health challenges and suicidal thoughts and behavior.*

We will now view a video created by national suicide prevention organizations in partnership with the International Association of Chiefs of Police and two police departments. After the video we will have a discussion and conduct several short exercises to determine your suggestions about what our agency should do next to address this problem.

12 Minutes: Show Video

30 Minutes to 1 ½ Hours: Questions For Discussion And Activities For Engagement

QUESTIONS: What were your thoughts about the video?

Can this happen here?

Are we prepared to prevent a suicide within our agency?

Activity #1: Action Steps

The video discussed a number of tactics, programs, and resources that can help identify and prevent potential law enforcement officer suicides. Divide into groups of 3 or 4 people and come up with one suggestion from your group that our agency can do to prevent law enforcement officer suicide.

Call for volunteers to take the next chosen steps and close the session with a call to action.

Present this Call to Action Statement:

Law enforcement suicide is preventable - Every one of us can play a role in preventing this tragic outcome.

Before you leave this room decide what you can do to learn more, take action for our agency, or assist one of your peers who might be in trouble. Write it down – Take some action today!

Activity #2: Suicide and Law Enforcement Discussion

Divide into groups of 3 or 4 people and have them discuss one or more of the following issues. When they have finished their discussion have them report back to the larger group about their findings and recommendations.

QUESTION: How would you handle the funeral of a 20 year veteran officer who died by suicide on duty? Some feel that law enforcement suicide is an obvious side-effect of a long and stressful career and should be treated like any other line of duty death and the funeral should come with full honors and respect. Others feel that law enforcement suicide is a cowardly act and should not be recognized nor allowed to take away from those who gave their lives in the line of duty. Discuss this issue and see if you can come to consensus about how your agency should handle a line of duty suicide.

QUESTION: Our law enforcement culture emphasizes strength and toughness and often times makes it difficult for someone suffering emotional trauma to ask for help. How can we as an organization change our culture to promote better mental health and support without making people fear for the loss their reputations or their jobs?

Activity #3: Tabletop Exercises

Divide the group into smaller discussion groups of 5-7 people. Have them discuss one or more of these scenarios. Give them 15-20 minutes to discuss the situation and then report back to the larger group their recommendations for handling the situation and any changes to your current programs, policies, or procedures. Give each group the same scenario and have them all work through them simultaneously. If time is limited, give each group a different scenario and have them report back to the larger group their findings at the end of the discussion time.

Agency suffers officer suicide: One of your officers has just died by suicide using his service weapon inside his patrol car in the parking lot behind your building. The media has arrived and are filming the activities around the vehicle. The officer's wife has heard the news reports and has arrived at the scene. What steps will you take today, tomorrow, and in the future to deal with this situation?

Agency receives a threat of a potential officer suicide: Right after roll call one of your officers made a statement to a peer that was perceived as veiled suicide threat. Not reacting quickly enough, and not knowing what to say, the peer allowed the officer to leave the building and drive away in his patrol car. The peer reports their concerns to a supervisor. What steps will you take today, tomorrow, and in the future to deal with this situation?

Agency responds to a suicide threat by an officer from another agency living in our area: Your agency receives a call from a relative of an officer from a neighboring jurisdiction who has just told them that she intends to die by suicide in her home within your jurisdiction. What steps will you take today, tomorrow, and in the future to deal with this situation?

Agency receives a threat of suicide by one of our officers who is at home in another jurisdiction: Your dispatch center receives a call from a relative of one of your veteran officers who has just told them that he or she intends take his own life by suicide at home within a neighboring agency's jurisdiction. What steps will you take today, tomorrow, and in the future to deal with this situation?

SECTION IV: FAMILY FACILITATION

Goals of Discussion:

Family/Significant others will:

- Learn warning signs of suicide.
- Realize that they and their loved ones are supported by the Department and other mental health agencies.
- Have resources to reach out to:
 - Department Employee Assistance, Peer Support, and/or Chaplain programs
 - Suicide bereavement support resources (especially those who deal specifically with police)
 - External mental health resources in their specific geographic area(s).
- Enhance the emotional wellbeing of not only the concerned officer, but also of any family members (spouses/significant others) and others (children, parents, siblings, etc.) as well.

10 Minutes

OPENING SCRIPT FOR FACILITATORS: *Hello, I am/we are _____ (if new mental health professional is co-facilitating, let them take a moment to introduce themselves beyond their name and title).*

Suicide and mental health challenges within law enforcement are problems that are long overdue for discussion and action. Today we are going to start an open discussion about the issues surrounding law enforcement suicides and their prevention and what family members can do to support their officers.

OPTIONAL: *I have personally/professionally been impacted by this issue (share brief story).*

Did you know that, according to our best data available that in the U.S. for every officer who dies by gunfire line of duty death there are 2.5 officer deaths by suicide? In addition, every case of PTSD, anxiety or depression represents a potential suicide death for police officers.

As with any death in the law enforcement community, whether it is a line of duty death or one of natural causes, a suicide by a law enforcement officer is equally as significant to the agency, but more devastating to the surviving family. Family survivors of suicide loss commonly suffer two assaults: the horrific impact of the suicide itself and the sometimes misguided treatment of the surrounding community. Survivors of suicide loss sometimes realize that there is a stigma placed upon them and that they feel alone in their grief. This program is about preventing this type of tragedy.

Through a comprehensive and sustained effort our goal is to create a culture where staff encourage a spirit of change that invites rather than discourages officers from voluntarily taking advantage of professional, annual mental health therapy, whether an obvious problem exists or not. Peer support should also be recognized as a valuable resource in referring personnel on to additional counseling when appropriate.

ANECDOTE: If applicable facilitator should share a brief and general overview of his/her own previous experience with a therapy visit or peer support, whether through departmental avenues or seeking it through an outside resource.

The main goal for this program is to explore ways family members can support officers facing mental health challenges like depression, anxiety, substance abuse and suicidal thoughts.

We will now view a video created by national suicide prevention organizations in partnership with the International Association of Chiefs of Police and two police departments. After the video we will have a discussion and conduct several short exercises to determine your suggestions about what our agency should do next to address this problem.

12 Minutes: Show Video

30 Minutes to 1 ½ Hours: Questions for Discussion and Activities

Activity #1: Video Discussion

What were your thoughts about the video? What stuck out to you?

Do you know where to reach out to if your loved one is in need of help?

Highlight resources available to family and officers:

- Employee Assistance/Peer Support/Chaplain Programs
- Online resources
- External local resources

Activity #2: “What If” Exercise

Divide into groups of 3 or 4 people. Have them discuss one or more of the following issues. When they have finished their discussion have them report back to the larger group about their findings and recommendations.

QUESTION: Your loved one, out of the blue, expressly tells you that he or she is having thoughts of suicide. What do you do and to whom do you reach out? He/she tells you not to call his/her Department because they would lose their job for just thinking about suicide. What would you do?

QUESTION: Your husband/wife/significant other/family member has not been sleeping at all for several weeks. He or she is irritable and angry and is not himself or herself and is talking irrationally about everything. He or she has made several statements saying that “everyone would be better off without me”. What might you say to start a conversation about their mental health? To whom would you reach out?

QUESTION: Your husband/wife/significant other/family member has just been through a Critical Incident (shooting, infant death, witnessing a suicide, etc.). After 6 months and visits to the Department psychologist, he/she is still struggling with what he/she witnessed. You notice him/her crying many times and telling you he/she just can’t get the incident out of his/her mind. What do you do and who do you reach out to?

QUESTION: One of your loved one’s close friends (officer at his/her station) has died by suicide. Your loved one is the one who found his/her friend. Your loved one tells you he/she should have known that his/her friend was going to do this as his/her friend had communicated several warning signs of suicide prior to the friend’s death. Your loved one cannot stop feeling guilty over the death of his/her friend. What steps do you take to help your loved one?

What to say if you are worried about someone:

I’ve noticed _____ (list specific concerning behaviors), and I am concerned.

Given what you are going through it would be understandable if you were thinking about suicide. I am wondering if this is true for you.

Tell me more about your thoughts about suicide and your distress.

Thank you for trusting me.

I am on your team. You are not alone.

I have some ideas that might help.

LAW ENFORCEMENT SUICIDE PREVENTION AND BEREAVEMENT SUPPORT RESOURCES

Recommended Websites:

Badge of Life: Badge Of Life www.BadgeOfLife.com offers a Mental Health Prescription suggesting an Annual Mental Health Check. Learn more at: <http://www.badgeoflife.com/prescription.php>

CopsAlive.com www.CopsAlive.com 10 Minute Roll Call Discussion Guide “Law Enforcement Suicide Prevention – Take Charge” at: <http://www.copsalive.com/suggests?officersuicideprev/cjsf>

Department of Justice: Read “Preventing Law Enforcement Officer Suicide” from the U.S. DOJ COPS Office at: http://cops.usdoj.gov/html/dispatch/06-2014/preventing_officer_suicide.asp

Jack Digliani Ph.D., Ed.D., police psychologist has created the “Make it Safe Initiative” To make it safe for officers to ask for help. He has also created a “Proactive Annual Check-In” provides police officers and other agency employees with a confidential setting within which to share information about current life circumstances. It is a proactive program designed to offer a positive exchange of thoughts, ideas, and information. Visit his website to learn more at: <http://www.jackdigliani.com/>

Law Enforcement Survival Institute www.LawEnforcementSurvivalInstitute.org

In Harm’s Way: Law Enforcement Suicide Prevention <https://policesuicide.spcollege.edu>

International Association of Chiefs of Police (IACP) Center for Officer Safety and Wellness: Preventing Law Enforcement Officer Suicide <http://www.theiacp.org/Preventing-law-Enforcement-officer-suicide> The IACP in cooperation with the Office of Community Oriented Policing Services, U.S. Department of Justice (COPS) hosted a conference in 2014 entitled: “Breaking the Silence: A National Symposium on Law Enforcement Officer Suicide and Mental Health”. Download the PDF report from that symposium here: http://www.theiacp.org/Portals/0/documents/pdfs/Suicide_Project/Officer_Suicide_Report.pdf

Serve & Protect www.ServeProtect.org

Suicide Prevention for Police Officers www.mces.org/PDFs/suicidepolice.pdf

The Pain Behind The Badge <http://thepainbehindthebadge.com/>

Working Minds www.WorkingMinds.org offers a comprehensive blueprint for suicide prevention in the workplace and a manager’s guide for dealing with the aftermath of suicide.



Video Resources

Code 9 Officer Needs Assistance Documentary by Dangerous Curves Productions at: <https://vimeo.com/26689571>

Municipal Police Institute <http://municipalpoliceinstitute.org/public-suicide-programs/> -- several videos on police suicide prevention, trauma, and resilience.

Data on Police Suicides

Study of Police Suicides 2008-2012 at: <http://www.policesuicidestudy.com/>

Workplace suicides on the rise – doctors, law enforcement workers, and soldiers most vulnerable at the ZME Science website at: <http://www.zmescience.com/medicine/workplace-suicide-rise-042432/>

Recommended Crisis Lines

CopLine Hotline 1-800-267-5463 or www.Copline.org

National Suicide Prevention Lifeline and Chat: 1-800-273-TALK (8255) or <http://www.suicidepreventionlifeline.org/GetHelp/LifelineChat.aspx>

Safe Call Now Crisis Hotline for First Responders at 1-206-459-3020 www.SafeCallNow.org

Veteran's Crisis Line/Chat at: www.veteranscrisisline.net

VA National Center for PTSD at: www.ptsd.va.gov/index.asp

Law Enforcement Bereavement Support

Janice McCarthy, wife of deceased Massachusetts State Trooper Paul McCarthy who died by suicide: www.copss.info/

Books For Further Study:

Digliani PhD, Jack Reflections of a Police Psychologist: Bloomington, Indiana. Xlibris Corporation, 2010.

Hackett, Dell P. and John M. Violanti, Ph.D. Police Suicide. Springfield, IL: Charles C. Thomas Publisher, 2003.

Kates, Allen R. CopShock: Second Edition: Surviving Posttraumatic Stress Disorder (PTSD). Holbrook Street Press, rev. 2008.

Kirschman, Ellen. I Love A Cop: What Police Families Need To Know. New York: Guilford Press, 2006.

Marx, John. Armor Your Self: How to Survive A Career in Law Enforcement. Littleton, CO: The Law Enforcement Survival Institute, 2015.

Paris, Clarke A., and Dave Grossman. My Life for Your Life. United States of America.: n.p., n.d. Print. available at: <http://thepainbehindthebadge.com/shop/life-life-book/>

Violanti, John M. Dying for the Job: Police Work Exposure and Health Springfield, IL: Charles C. Thomas, 2014.



BREAKING THE SILENCE: SUICIDE PREVENTION IN LAW ENFORCEMENT

Resources

(information, training, and support):

Badge of Life: Badge Of Life www.BadgeOfLife.com offers a Mental Health Prescription suggesting an Annual Mental Health Check. Learn more at: <http://www.badgeoflife.com/prescription.php>

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CopLine Hotline 1-800-267-5463 or www.Copline.org

Preventing Law Enforcement Officer Suicide: A Compilation of Resources and Best Practices

Link to info: <https://www.ncjrs.gov/app/publications/abstract.aspx?id=246399>. The IACP, the Bureau of Justice Assistance (BJA), and EEI Communications have partnered to produce a valuable set of resources to help law enforcement agencies prevent and respond to officer suicide.

QPR for Law Enforcement www.QPRInstitute.com

Working Minds www.WorkingMinds.org offers a comprehensive blueprint for suicide prevention in the workplace and a manager's guide for dealing with the aftermath of suicide.

Action Steps:

- 1) Integrate sustained and comprehensive suicide prevention awareness and skill development into academies and other officer training.
- 2) Develop compassionate and effective policies for officers experiencing a suicide crisis and how best to handle the aftermath of a suicide death affecting the department.
- 3) Promote mental health services (peer support, psychological services, EAP, and external resources).
- 4) Educate department through on-going communication about mental health and resources for help and dovetail efforts into overall wellness program.
- 5) Share stories of lived experience with mental health challenges and successful recovery experiences.

FACTS:

126

Officer suicides in 2012

49

Officers killed by gunfire in 2012

42

Average age of police suicide

16 years

Average time on the job of a police suicide victim

15% – 18% (150,000)

Officers suffering from Post Traumatic Stress Disorder (PTSD)

Firearms were used in **91.5%** of police suicides

From the O'Hara, Violanti, Levenson, & Clark (2013) study as reported by Mark Bond, professor of criminal justice at American Military University in "Silent Suffering: Warning Signs and Steps to Prevent Police Suicide" on:

<http://inpublicsafety.com/2014/03/silent-suffering-warning-signs-and-steps-to-prevent-police-suicide/>

What to say if you are worried about someone:

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International Association of Chiefs of Police

National Action Alliance for Suicide Prevention



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