IACP National Symposium on Law Enforcement Officer Suicide and Mental Health:

BREAKING THE SILENCE

on Law Enforcement Suicides

COPS
Community Oriented Policing Services
U.S. Department of Justice

INTERNATIONAL ASSOCIATION OF CHIEFS OF POLICE
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IACP PRESIDENT'S LETTER

IACP: Breaking the Silence on Law Enforcement Suicides

Law enforcement agencies are like families. A special camaraderie forms in a department where men and women work side-by-side in service to their communities. Not unlike more traditional family units, police departments are shaken to the core with the death of one of their own, whether it is an officer or a professional employee. The response, organizationally and individually, is even more complex when that death comes at the employee's own hand. In a profession where strength, bravery, and resilience are revered, mental health issues and the threats of officer suicide are often "dirty little secrets"—topics very few want to address or acknowledge.

But our collective silence only compounds the problem. By ignoring the issue, we implicitly promote the unqualified expectation that police must, without question, be brave, steadfast, and resilient. Our refusal to speak openly about the issue perpetuates the stigma many officers hold about mental health issues—the stigma that depression, anxiety, and thoughts of suicide are signs of weakness and failure, not cries for help.

The truth is our police officers, and professional employees, are not immune to the stresses of the job. Arguably, they are more susceptible given the nature of police work. But continuing to ignore police suicide—to act like it does not happen or that it will not happen in our department—is doing our officers, and professional employees, a grave disservice.

In reality, officer mental health is an issue of officer safety, and we should treat it as such. From body armor and seatbelt use policies, to self-defense and verbal judo training, we can all list a variety of measures available to ensure our officers' physical safety. But what are we doing to actively protect and promote their mental and emotional health? Sadly, in many cases, it is not enough. If one of your officers is in crisis, would he or she know where to turn? Are the needed resources in place to help that officer? Would he or she feel comfortable seeking help, or fear career ramifications? Are you, as chief, or your officers, as peers, prepared to intervene? What if one of your officers took his or her own life? How would you react and respond? How would the department react and respond? These are all hard questions.

The International Association of Chiefs of Police has long recognized that there is an urgent need in the field for leadership on the issues of law enforcement officer, and professional employee, suicide and mental health. In 2008, the IACP's Police Psychological Services Section, the Bureau of Justice Assistance, and EEI Communications, partnered to produce *Preventing Law Enforcement Officer Suicide*, a CD compilation of resources and best practices. Copies of this CD are available today.

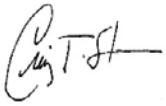
Former IACP President Michael Carroll declared 2010 the Year of Officer Safety. Immediate Past President Walter McNeil renewed that pledge in 2011, further stating that suicide prevention would be a major initiative of his presidency.

Officer suicide was covered extensively at the 119th Annual IACP Conference in San Diego in 2012, with several related workshops and a plenary session. Attendance at all these events exceeded expectations, offering a clear indication of the level of interest and need. The IACP's Center for Officer Safety and Wellness (www.theiacp.org/CenterforOfficerSafetyandWellness) highlights existing suicide prevention resources and future resources in development.

Our next steps are to provide the field with meaningful leadership and guidance. With assistance from the U.S. Department of Justice's Office of Community Oriented Policing Services, on July 11, 2013, the IACP hosted Breaking the Silence: A National Symposium on Law Enforcement Officer Suicide and Mental Health. Our objectives for this symposium were to do the following:

- **Raise awareness** regarding suicide and mental health issues in law enforcement and move toward a culture of support and understanding.
- **Identify and evaluate** existing resources, best practices, and training related to suicide prevention, intervention, and response programs.
- **Create a strategic plan** to guide police chiefs in taking proactive measures to mitigate the risk of suicide and openly address officer mental health as a core element of officer safety.

The IACP is committed to these objectives; most important, to deploying a national strategic plan for implementation of state-of-the-art mental wellness and suicide prevention programs in police departments across America. We want police leaders to really look hard at this strategic plan, to assess the recommendations, and to act: to implement the "agency action items" outlined here that will integrate mental health and well-being into the officer safety and wellness discussion, and that will help to save lives.[1]



Craig T. Steckler
Chief of Police (retired)
Fremont (California) Police Department
July 2013

COPS OFFICE DIRECTOR'S LETTER

In 2011, in response to Attorney General Eric Holder's concern for officer safety and wellness, the national Officer Safety and Wellness (OSW) Group was convened. Since then, the OSW Group has met to discuss training, policies, best practices, and research to reduce officer fatalities and injuries as well as support officer physical fitness and psychological wellness.

Some of the most critical topic areas in the psychological health of officers identified by the OSW Group are: 1) providing mental health services and support programs to officers experiencing Post-Traumatic Stress Disorder (PTSD), depression, or suicide ideation; 2) de-stigmatizing officers seeking mental health services; and 3) providing officers with easy and confidential access to mental health and mentoring programs. The OSW Group recommended further exploration of proven best practices and more in-depth research to enhance the field's understanding in preventing and intervening in officer suicides.

In response, the Office of Community Oriented Policing Services (COPS Office) was pleased to partner with the International Association of Chiefs of Police (IACP) in sponsoring the *National Symposium on Law Enforcement Officer Suicide and Mental Health: Breaking the Silence of Law Enforcement Suicides* held in the summer of 2013. Subject matter experts dedicated to the psychological welfare of officers participated in the symposium composed of a diverse cadre of law enforcement executives, officers, police psychologists, researchers, professors, and representatives from federal, professional, and non-profit agencies. The results culminated in prevention, intervention, and post-intervention recommendations set forth in this report.

I hope you will garner meaningful information and strategies from this publication that your agency may implement to address the psychological welfare of your officers. This report embodies the knowledge and consensus of the key stakeholders present at the symposium. It is the COPS Office and IACP's desire to bring the topic of officer suicides to the forefront in order to better understand the imperative role agencies' play in supporting their officers' psychological health.

We also encourage you to share this publication, as well as your successes, with other law enforcement practitioners.

Sincerely,

Ronald L. Davis, Director
Office of Community Oriented Policing Services
U.S. Department of Justice

EXECUTIVE SUMMARY

According to statistics from the Federal Bureau of Investigation (FBI), Law Enforcement Killed and Assaulted (LEOKA)[2] data and survey results from the 2012 National Study on Police Suicides,[3] law enforcement officer deaths by suicide were twice as high as compared to traffic accidents and felonious assaults during 2012. This sobering data indicates that some law enforcement officers suffer from mental health issues and suicidal ideation and behavior, and too many officers are dying from it. Moreover, it suggests that mental health and well-being is integral to the continuum of officer safety and wellness, and critical to preventing officer suicide. Yet, what resources can executives and leaders invest in to support officer mental wellness? While executives provide resources to ensure officer safety and physical fitness standards are met, such as through firearms training and physical fitness programs, what should executives be doing to ensure officers' mental health wellness?

Law enforcement officers are exposed to daily events that threaten their lives and expose them to heinous atrocities. They witness cruel acts to the innocent more frequently than those in other professions. Because of this, officers deserve the best mental health and wellness support that can be provided. Mental health providers, specifically trained and experienced in providing services to law enforcement, should be available in order to provide specialty service throughout an officer's career, from the academy through retirement.

The reality is that the law enforcement profession has long perpetuated a stigma attached to mental health that prevents both officers from seeking the necessary treatment and leaders from providing it. Now is the time to remove that stigma and to openly address the reality of officer mental health issues and suicide prevention. Now is the time when law enforcement leaders must identify and deploy the most effective strategies to protect and enhance the mental health and fitness of officers.

To address this critical issue, the International Association of Chiefs of Police, in partnership with the Office of Community Oriented Policing Services (COPS Office), U.S. Department of Justice hosted *Breaking the Silence: A National Symposium on Law Enforcement Officer Suicide and Mental Health* in July 2013. Participants at the symposium worked together to develop a national strategy to address officer mental wellness and suicide prevention,

built on the following four cornerstones: 1) Culture Change; 2) Early Warning and Prevention Protocols; 3) Training; and 4) Event Response Protocols. The participants identified "Agency Action Items" in each of these four cornerstone categories that offer concrete strategies to create healthier, stronger, and more productive police departments, including:

- Recruit leaders who care about the mental wellness of their officers and who unequivocally endorse physical and mental wellness parity as critical to a resilient and healthy police force.
- Recruit and hire resilient officers who have demonstrated a commitment to public service and proven stress management skills.
- Establish and institutionalize effective early warning and intervention protocols to identify and treat at-risk officers, for example, by launching awareness campaigns on what to look for and who to call when officers may be in a mental health crisis or suffering from clinical anxiety or chronic depression.
- Audit existing psychological services and determine whether they are effective in identifying early warning signs of mental wellness issues, including mental illness and suicidal behavior, and in treating at-risk officers.
- Invest in training agency-wide on mental health awareness and stress management.
- Begin mental wellness training at the academy and continue the training throughout officers' careers, with a particular emphasis on first-line supervisors.
- Include family training to reinforce and invest in those critical family connections.
- Establish clear post-event protocols to implement and follow when officers die by suicide.

The strategies outlined in this report are designed as a roadmap for police departments seeking to include officer mental wellness as a core element of officer safety and well-being and to mitigate the threat of officer death by suicide. These strategies are designed to **prevent** the destructive effects of emotional trauma, mental illness, and officer deaths by suicide on a police community; to successfully **intervene** when officers confront mental health crises, mental illness, or suicidal behavior; and, to provide effective **event response** protocols when an officer dies by suicide in an agency. It is time for a coordinated, national initiative on this all too-critical issue. It is time to integrate mental health and well-being into the mainstream officer safety and wellness continuum.

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The International Association of Chiefs of Police would like to recognize contributors to this report. First, thank you to the Office of Community Oriented Policing Services (COPS Office), U.S. Department of Justice. We are especially grateful to former COPS Office Director Barney Melekian, Ph.D., and to former COPS Office Acting Director and Principal Deputy Director Joshua Ederheimer for their commitment to working with the IACP on this issue.

Second, thank you to the Alexandria (Virginia) Police Department, who graciously hosted the symposium. It was important to have the symposium hosted by a law enforcement agency and held at a police department to highlight the significance of this critical issue in law enforcement.

Thanks are also extended to the National Action Alliance for Suicide Prevention, and in particular, Deputy Secretary Katharine Deal. We have benefited tremendously from Deputy Secretary Deal's subject matter expertise and the Action Alliance's 2012 National Strategy for Suicide Prevention for guidance in creating our own strategy for policing.

Additionally, thank you to 2011–2012 IACP President Walt McNeil for his initial leadership in this area, under the auspices of the IACP's Center for Officer Safety and Wellness, and to 2012–2013 IACP President Craig Steckler and incoming IACP President Yost Zakhary for continuing this important initiative to promote mental health wellness.

The IACP would like to thank the advisory committee for all of the work involved in planning the symposium.

Thank you to the keynote speakers at the symposium: Eddie Reyes, Deputy Chief of Police, Alexandria (VA) Police Department; Beau Thurnauer, Deputy Chief of Police, East Hartford (CT) Police Department; Katherine Deal, Deputy Secretary, National Action Alliance for Suicide Prevention; Ed Flynn, Chief of Police, Milwaukee (WI) Police Department; and, Dr. John Violanti, University of Buffalo, New York.

Finally, thank you to the participants who attended the symposium and worked so diligently to fashion the recommendations into a cogent action piece for IACP and the profession. Each participant was chosen for his or her work and commitment to this critical topic. Each participant contributed a unique and important perspective. We hope that we have synthesized and conveyed their contributions faithfully and accurately in this report.

In recognition of their efforts, we have acknowledged each symposium participant at the end of this report in Appendix II. We also have acknowledged IACP project staff in Appendix III.

I. INTRODUCTION

Officer safety is the top concern for police executives. Every chief wants their officers to return home each day as healthy and safe as when they came on duty. Police culture acknowledges the importance of physical safety and wellness. Precautions to ensure an officer's physical safety abound and are often reinforced through official policy statements and training requirements. From wearing bullet proof vests and seat belts to self-defense and firearms training, physical safety is something all departments emphasize and all officers support. Similarly, every police department has initial physical fitness requirements in order for an officer to be accepted into the department.

Unfortunately, mental health and well-being, while equally critical, fail to receive the same level of attention and resources within the officer safety continuum. Mental health issues and the threat of officer suicide are often topics no one wants to acknowledge. In a profession that prides itself on bravery and heroism mental health concerns can be seen as weaknesses and antithetical to the strong courageous police persona. Nevertheless, police officers are not immune to stress, depression, anxiety, post-traumatic stress disorder (PTSD), or other mental health concerns or illness. Arguably, they are more susceptible given the horrific events, trauma, and chronic stress endemic in their profession.

Perpetuating this culture of silence and denial around officers' mental health needs is unacceptable. It endangers every officer in the country. When agencies and individual officers do seek guidance and assistance, they often find that limited resources are available. Those that are available come from disparate sources, with few devoted specifically to law enforcement. As a result, neither officers nor chiefs know where to turn in a time of crisis.

The International Association of Chiefs of Police and the Office of Community Oriented Policing Services (COPS Office) gathered an advisory group, which identified the following policy issues and strategies for discussion at the symposium:

- Refine the leadership role for law enforcement on this issue and empower leaders to change a culture that is dismissive of mental health issues, in part, by identifying first responder experiences that may lead to stress, PTSD or other mental illness, or thoughts of suicide and expand awareness of officers' mental wellness and the capacity of supervisors and other officers to intervene where necessary.
- Encourage police and mental health professional collaboration to ensure that new approaches to officers' mental health services are reflective of current best practices in both the mental health and law enforcement fields.
- Identify state-of-the-art mental wellness programs and suicide prevention strategies available for replication, and provide executives with the corresponding tools they need to create robust mental health and wellness initiatives at the local level.

The National Symposium on Law Enforcement Officer Suicide and Mental Health was held on July 11, 2013 at the Alexandria (Virginia) Police Department. A diverse group of professionals were invited to the symposium based on their contributions and commitment to the issue. This group included sworn officers from different ranks, police psychologists, physicians, academics, advocates, researchers, and policy analysts.

Symposium participants addressed the above-described policy issues and strategies, developed a **national strategic plan** to openly address the reality of officer mental wellness and suicide, and worked to integrate mental health and well-being into the mainstream officer safety discussion. Participants built this plan upon the four categories of Culture Change; Early Warning and Intervention Protocols; Training; and Event Response Protocols. Readers are encouraged to review the "Agency Action Items" in each of these four cornerstone categories described in Section II **Symposium Results** and to consider which recommendations are appropriate for individual departments; and, to implement the strategies accordingly along a continuum of prevention, intervention, and post-vention objectives. In Section III, the **IACP Action Agenda** is outlined and each police executive is encouraged to determine how an agency might further assist in these national efforts. Finally, Section IV **Conclusion**, highlights some of the best practices for agencies seeking to:

- **Prevent** officer suicides by addressing unidentified and untreated emotional trauma and mental illness, while proactively enhancing officers' emotional well-being
- Effectively **intervene** where officers suffer from emotional trauma, mental illness, or suicidal behavior
- Support **post-vention** policies to help give direction to the department, as well as the family of the officer, after an officer dies by suicide

It is the position of the IACP that implementing the innovative approaches outlined in this report—from officer recruitment through retirement—will help to protect agencies from the devastating effects of mental illness and suicide on officers, their families, and their communities. As a result, agency leadership will increase the likelihood of having a stronger, healthier, and imminently more productive police force.

IACP's Response to Enhancing Officer Mental Wellness & Preventing Officer Suicide

To date, not enough work has focused on suicide and mental wellness issues within the law enforcement profession. Some relevant work has focused on suicide and mental wellness in the general workplace setting, including the *2012 National Strategy for Suicide Prevention: Goals and Objectives for Action. This report from the U.S. Surgeon General and the National Action Alliance for Suicide Prevention*[4] presents a national strategy to prevent deaths by suicide, and includes a comprehensive blueprint of general goals and objectives applicable to suicide prevention in the workplace. Still, it is not law enforcement specific and does not account for many of the challenges facing those in the law enforcement profession.

The IACP has long recognized that leadership is needed on these issues and has accomplished a great deal already:

- In 2008, the IACP's Police Psychological Services Section, the Bureau of Justice Assistance, (BJA), and EEI Communications, partnered to produce Preventing Law Enforcement Officer Suicide, a CD compilation of resources and best practices.
- In 2010–2011, IACP President Michael Carroll declared 2010 the Year of Officer Safety.
- In 2011–2012, IACP President Walt McNeil renewed that pledge in 2011, announcing that suicide prevention would be a major initiative of his presidency. Then-President McNeil charged IACP future Presidents to continue to prioritize the initiatives; continued efforts have further solidified the Association's long-term commitment to taking a deeper look at officer suicide and mental wellness.
- In 2012–2013, IACP President Craig Steckler continued this priority. In 2012, IACP published a Police Chief magazine article on law enforcement suicide,[5] and included workshops and a plenary session on officer suicide at the 119th Annual IACP Conference in San Diego. President Steckler also published a President's Message, "IACP: Breaking the Silence on Law Enforcement Suicides," in *Police Chief* 80 (July 2013): 6, adapted and reprinted in part above.

The IACP's Center for Officer Safety and Wellness has developed innovative resources on officer mental wellness and suicide prevention. The Center's mission is to emphasize the values of safety, health, and wellness as they impact officer performance by promoting a culture of safety and wellness. The Center fosters the development of these values in policing through educational materials, strategies, policies, training, tools, and resources. It is the IACP's position that no injury to or death of a law enforcement professional is acceptable.

For more information on the Center, visit www.iacp.org/CenterforOfficerSafetyandWellness.

II. SYMPOSIUM RESULTS

Culture Change

Unfortunately, in many law enforcement departments the culture toward mental wellness or addressing emotional problems of any kind is one of disdain and avoidance. The presumption within this culture is often that the mere presence of an emotional problem indicates a weakness on the officer's part. That perception leads to the even more dangerous perception that being open about these issues can make the officer vulnerable, even to the point of losing his or her job. Significant progress in curbing officer suicide and enhancing officer mental wellness is only achievable if the culture does an about-turn toward openness and support for all aspects of officer health and wellness, particularly mental health.

Changing a culture resistant to even *acknowledging* mental health issues is a great challenge. This culture may be so institutionalized that we may not even be cognizant of its existence. Yet, the reality is that our culture often prevents both officers from asking for help and leadership from providing it. The stigma and fear of reprisal associated with asking for help, particularly in law enforcement, leaves officers in need, with nowhere to turn, and only aggravates feelings of hopelessness.

"Officer suicide and mental wellness needs to be addressed just as directly as officer vests."

—Tony West, Acting Assistant Attorney General, U.S. Department of Justice*

It is incumbent on leaders to protect their officers. It is imperative that all police executives and leaders commit not only to changing the culture, but to institutionalizing effective mental wellness support, so that agencies can address mental health issues successfully and foster resilient and productive police officers. Starting the change may be difficult; it takes time and effort, and progress may be slow. Officers deserve this change, and the outcome is worth the investment.

Parity of physical and mental wellness

To effectively address mental wellness and suicide prevention, all levels of leadership must recognize the parity of mental and physical safety and wellness. Law enforcement agencies are committed to officers' physical safety and wellness. From body armor to firearms training, and on-site gyms and fitness programs, there are numerous measures in place to ensure an officer's physical safety. But what is the profession doing to protect and support the mental health of officers? Tragically, many agencies lack the resources and the critical guidance to improve and protect their officers' mental health and wellness.

* Tony West, "Breaking the Silence: A National Symposium on Law Enforcement Officer Suicide and Mental Health" (symposium, Alexandria, VA, July 11, 2013).

Barriers to achieving mental health parity

The stigma of having mental health problems in law enforcement and obtaining professional help for mental illness is a powerful force in police culture and cannot be underestimated. Individuals outside of law enforcement regularly identify and seek mental health treatment for emotional trauma and mental illness for themselves and for others. Why not police?

- The **fear of consequences for seeking help** for emotional problems or mental illness is a reality in our culture. If employees believe that asking for help may hurt their image, slow or stop career advancement, or even end their career, they won't do it.
- Police officers are trained to guarantee the physical safety of their fellow officers, but **officers are not generally trained** to identify or effectively respond to emotional trauma, mental illness, or suicidal behavior in other officers. Officers may be unclear or misinformed about **confidentiality laws and policies**, which impedes both officers seeking help and leaders providing the help to those who need it. Similarly, officers may be confused about the laws and policies governing when an officer's firearm may be removed due to mental wellness issues, which also impedes officers from seeking needed help.
- **Departments with limited resources** may lack the time and capacity to provide the necessary and confidential mental wellness care and training, and suicide prevention programs.

"We need to break the cycle, break the silence, and change the culture."

—Deputy Chief Eddie Reyes, Alexandria (Virginia) Police Department *

Finally, officers may be allowed to bypass supervisors to get counseling. So while the officer may obtain needed help, the department simultaneously may be unaware of officers with mental wellness issues. This dynamic between **an agency's need-to-know** and **confidentiality** concerns may impose serious obstacles to any agency seeking to improve its officers' mental health.

Agency Action Items – Culture Change

Make suicide prevention a top priority for executives

Chiefs should be proactive and speak directly to their officers about mental wellness and officer suicide. Hearing from the chief personally and candidly carries a tremendous amount of weight. In particular, police chiefs or others who have triumphed over their own mental health issues should champion this subject and share their own success stories.

Review mental wellness and suicide prevention policies and practices

One of executives' most important tasks in this effort is to be held accountable for the review, improvement, and auditing of mental wellness and suicide prevention policies and practices. Police chiefs should appoint and personally oversee a specific employee to begin such an agency review, including identification of resources needed and implementation deadlines. **This assessment tool or "checklist" could include items found in Table 1** (see page 6).

* Eddie Reyes, "Breaking the Silence: A National Symposium on Law Enforcement Officer Suicide and Mental Health" (symposium, Alexandria, VA, July 11, 2013).

Table 1. Suggested Checklist for Comprehensive Mental Wellness and Suicide Prevention Programs

Policy/Practice Review	To Do
Does your agency treat officer mental and physical safety and wellness equally?	A mental resiliency check is like a cholesterol check. Make sure your officers are mentally fit.
Do you and your officers know the early warning signs of depression, other mental illness, and suicidal behavior?	Implement effective education and training initiatives, and aggressively (and routinely) publicize how officers can get the mental health assistance they need.
Do you have an effective Employee Assistance Program (EAP), peer support group, a consortium approach, or other mental health providers dedicated to law enforcement? Do you have a relationship with a local hospital with trusted doctors to treat officers?	Review the mental health resources identified in this report. Know what mental health assistance is available to your department, and find out how you can improve the quality of mental health services delivered to your officers.
What are your mental health intervention protocols for at-risk officers and after critical incidents?	Make sure these protocols are effective and consistent.
Do your training programs from academy recruits to retirees include routine training on mental wellness and stress management? Do you incorporate these curricula at critical incident training?	Invest in this training throughout an officer's career. It is as important as firearms training or wearing bullet proof vests.
If your officers have a union, is the union on board with your mental wellness program?	The union might be the go-to contact for a line officer. Work with your unions to foster support for mental wellness programs.
Do you have clear guidance on confidentiality laws and rules?	Confidentiality laws are complex and have serious ramifications. Educate your agency.
Does employee self-reporting result in discipline or negative consequences, either intentional or unintentional? Do officers fear that self-reporting will result in discipline or even job loss? Do you have clear guidance on the laws and policies that govern when an officer's firearm must be removed due to mental health issues?	Fear of self-reporting may be one of the greatest barriers to achieving a healthy department. Change your culture so that officers are encouraged to self-report. When an officer sees another officer getting help without being de-gunned or de-badged, it is very reassuring.
What are your policies addressing suicides in your department?	Be sure you have an established notification and funeral policy in place for officers who die by suicide, to include outreach, education, support for family members and fellow officers, and media coordination.

Symposium participants recommended that the IACP use this "checklist" to develop a comprehensive national assessment tool to assist executives to critically evaluate, routinely audit, and identify potential enhancements to their mental wellness and suicide prevention policies and practices.

Institutionalize these policies and practices

After reviewing an agency's mental wellness and suicide prevention policies and practices, determine where to make changes or enhancements, or to redeploy resources, in order to ensure a healthier police force. The following should be undertaken:

- Ensure policies and practices to adequately address mental wellness and suicide prevention, intervention strategies after a traumatic event for involved officers, and post-suicide protocol and policies for families, the agency, and the community.
- Formalize policies and practices in writing, and ensure that they are published agency-wide and routinely reiterated via public awareness campaigns.
- Train officers on these policies and practices throughout officer careers and in all types of training—for example, academy training, routine resiliency training ["rest and relaxation (R&R) training"], critical incident training, and retirement transition training. Include them in both formal training (e.g., academy presentations) and informal exercises (e.g., roll call discussions).
- Conduct regular audits of your policies and practices to ensure they're effective and consistently enforced.
- Institutionalize these policies and practices to ensure their survival in future administrations.
- Initiate mental wellness programs and suicide prevention campaigns.
- Flood offices with information, such as training, posters, brochures, and wallet cards, and similarly leverage and update services to identify and publicize available resources for officers in need, including those who suffer from mental illness or are affected by officer suicide.
- Train officers to recognize indicators and warning signs of chronic stress and mental illness within themselves and in their peers.
- Educate officers on self-care, stress-management, and general well-being as a holistic approach to ensure officer mental fitness.
- Provide successful intervention methods, such as the appropriate actions to take when a supervisor recognizes an at-risk officer.
- Encourage officers to police themselves for mental health issues and to look out for the mental well-being of one another. Officers should check in annually with peer support counselors, department psychologists, or outside therapists.
- The chief and the entire command staff must be out in front on these campaigns. This is the most important point of all.

These departmental awareness campaigns can ensure that effective mental wellness and suicide prevention policies and practices endure from one administration to the next. However, a mental wellness and suicide prevention campaign may be a difficult "sell" in an agency. The following identifies four of the reasons why such a campaign might face opposition, and corresponding strategies for overcoming that challenge:

1. **A particular department may not have experienced officer deaths by suicide.** However, for every one suicide that is carried out successfully, there are as many as 25 attempts, according to Dr. Paul Quinnett at the symposium.[6] Agencies may be unaware of officers' suicide attempts or even their suicidal behavior or ideation. This potential lack of agency awareness, coupled with a lack of comprehensive research, may make it a challenge to sell mental wellness or suicide prevention campaigns in an agency.

   A 2009 Centers for Disease Control and Prevention study indicated that suicide in the general population is the 10th leading cause of death, "claiming more than twice as many lives each year as does homicide."[7] Specific to law enforcement, the Federal Bureau of Investigation, Law Enforcement Officers Killed and Assaulted data (2012) shows 47 officers were killed feloniously and 39 killed in motor vehicle accidents.[8] However, it is estimated that **twice as many law enforcement officers every year die from suicide than are killed in either traffic accidents or assaults.**[9]

   The average law enforcement officer who dies by suicide is male, 38.7 years old, has 12.2 years of experience, and is usually below the sergeant rank, according to a May 2012 *Police Chief* article.[10] Yet, any officer with serious mental health issues or suicidal behavior or ideation is vulnerable and leaders need to be able to identify these officers quickly and early for effective intervention.

   - **Better Research:** Symposium participants recognized an urgent need for better statistics and more comprehensive research on officer death by suicide, as well as mental illness in police agencies, and for that reason recommended that IACP conduct an extensive national survey on this issue.
   - **Success Story:** According to the 2012 National Strategy, the U.S. Air Force Suicide Prevention Program "has implemented a community-based suicide prevention program featuring 11 initiatives....Evaluation findings indicate that the program reduced the risk of suicide among Air Force personnel by one-third....Participation in the program was also linked to decreases in homicide, family violence...and accidental death."[11]

     If an agency has not suffered a suicide tragedy, they should not wait for one to occur. Do not allow mental illness or other significant risk factors to remain unidentified and go untreated. Be proactive. Officers should be given the mental health support and resources they deserve.

2. **If officers are not self-reporting, commanders may be unaware of mental illness or suicide risks, and an awareness campaign may be perceived as unnecessary.** The stigmas associated with self-reporting mental health issues, and perceived and possibly real fear of consequent job loss, prevent agencies from being aware of problems and from providing the necessary resources. Ineffective or nonexistent mental health professionals to identify and treat at-risk officers, as well as stringent confidentiality rules, also may prevent executives from being aware of officers with mental health issues, mental illness, or suicidal behavior or ideation. As such, executives may not fully grasp the need to prioritize mental wellness or suicide prevention campaigns in their agency.

   Nonetheless, other indicators may be present in a department. Have any officers ever abused alcohol or prescription drugs? Been involved in domestic violence incidents? Used excessive force? These officers, and officers subject to internal affairs investigations, serious disciplinary actions, unwanted job changes, or relationship trauma, may need mental health counseling or other types of treatment. These events, of course, do not forecast mental illness or suicide risks, but they can be risk factors for or warning signs of underlying mental health issues. Resolve to address these potential mental health issues now, and to target serious mental illness such as depression or suicidal behavior. Begin by instituting an agency-wide campaign on mental wellness.

3. **Any new program costs money and agencies may lack sufficient resources.** While new programs undeniably cost time and money, it may be more cost effective to treat a veteran cop with mental health issues than to hire a brand new officer. If an agency institutionalizes effective detection, prevention, and intervention strategies, the cost of sick time, lost productivity, legal fees, and other expenses may be diminished. Chiefs may want to reach out to risk management professionals to calculate these real costs and to better understand the payoffs involved.

   As noted above, IACP already has developed suicide prevention campaign material. Participants recommended that IACP develop a similar model in a mental wellness campaign kit. These ready-made and inexpensive resources may be a solution to tight budgets.

4. **"Protect the protectors."** Finally, as Dr. John Violanti noted at the symposium, "Officers have an ethical obligation to care for our people. We have a moral imperative to care."

Agencies might consider implementing some of the "best practices" identified by former COPS Office Director Bernard Melekian:

- Anonymous counseling outside the police department
- Consortiums or regional support centers, with money set aside for a prescribed number of officer visits per year
- Emphasis on formally trained peer counselors and police officer support groups
- The display and routine update of posters reflecting photos of respected officers with the caption: "We're here to help you"
- Training of lieutenants and sergeants on how to talk about emotional wellness
- Installation of a formal suicide funeral policy

Recruit and hire the right people

Finally, hire the right people to implement and follow through on effective mental wellness and suicide prevention policies, practices, and programs. Recruit chiefs who will make these issues a priority, will hire resilient police officers, and will adequately screen new recruits. Some of the key personality traits of officers who demonstrate long-term emotional wellness and resiliency were identified as:

- Service orientated and committed to social service
- Empathic balanced with a "cool head"
- Socially competent
- Team player
- Demonstrates integrity
- Good impulse and stress control
- Minimal risk behavior

Participants considered mental health screenings critical to any hiring protocols and to identifying early warning signs of mental illness. Dr. Stephen Curran at the symposium indicated that "[o]ver half the police departments in the United States do not conduct pre-employment psychological screenings consistent with IACP Police Psychological Services Section Guidelines." Consider implementing these recruit screenings if a department has not done so already.

IACP in 2009 produced a model law enforcement suicide prevention program offered on a CD titled *Preventing Law Enforcement Officer Suicide: A Compilation of Resources and Best Practices.* Participants recommended, however, that IACP develop a joint model mental wellness and suicide prevention campaign to include social marketing materials to assist agencies in building their own programs.

Early Warning and Prevention Protocols

Mental health problems are more easily resolved when addressed at their earliest stages. Conversely, mental health problems left unaddressed over significant periods of time may cause irreparable harm up to and including death. Only well-designed, strategic early warning and intervention programs can facilitate this early response to a serious problem. In law enforcement, based on culture and lack of resources, these early warning and intervention programs are often inconsistent, personality-based, or lacking entirely. Officers in departments without early warning programs may display a clear set of warning signs that receive no notice and no response until it is too late.[12]

Institutionalizing efforts to identify early warning signs and implement intervention protocols is crucial to protecting officer mental wellness. Symposium participants focused on strategies for understanding and responding quickly to warning signs to stabilize and protect officers from harm, and empowering officers to improve their resiliency and overall mental health.

What are the stressors affecting and indicators of officers at-risk for suicide or mental illness?

Symposium participants agreed that law enforcement must provide better education and training on officers at-risk for suicide and mental illness. While by no means an exhaustive list, the participants identified some of the stressors and indicators that officers encounter as the following:

Stressors

- 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 midnight shifts may be higher suicide risks 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

Indicators

- Talking about wanting to die, seeking revenge, feelings of hopelessness, being trapped, being a burden to others, or in unbearable pain
- Increased risk-taking behavior or recklessness
- Looking for a way to kill oneself
- Emotionless, numb, angry, agitated, anxious, enraged, or showing extreme mood swings

- Giving away valued possessions
- Socially isolated or withdrawn
- Weight gain or loss
- Sleep deprivation or sleeping too much
- Cutting themselves
- Increased consumption of alcohol or drugs [13]

What distinguishes at-risk officers with depression, anxiety, and other mental illness?

Officers suffering from emotional trauma, mental illness, or suicidal behavior or ideas may share commonalities. However, distinguishing between officers in a situational emotional crisis or experiencing chronic depression or suicidal thoughts and then determining the appropriate treatment is the great challenge. For example, some officers, who in certain cases may be less resilient than other officers, may not be independently capable of triumphing over an emotional trauma, and may need peer support counseling or professional psychological help. Still others may have clinical anxiety and need professional treatment and supervised medication. Others may be suicidal.

Some of the participants at the symposium conceded that even they were unclear about how to distinguish among at-risk officers exhibiting anxiety and depression. The lack of clarity on these issues was identified as a significant problem in identifying at-risk officers and intervening effectively. Symposium participants recommended that IACP include in its model mental wellness campaign and training curricula specific guidance on the definitions and meanings of these terms and the particular warning signs.

"IACP has helped save the lives of police officers through efforts to prevent police officer suicide."

—Joshua Ederheimer, former COPS Office Acting Director and Principal Deputy Director *

AGENCY ACTION ITEMS—EARLY WARNING & INTERVENTION PROTOCOLS

Examples of early warning and intervention protocols are identified throughout this report, such as comprehensive officer training to assist departments in effectively detecting and responding to emotional trauma. There are numerous other strategies, however, some of which are outlined below:

Identify, evaluate, and routinely audit mental health providers that screen and provide services to officers at risk

To identify early warning signs of mental health issues, mental illness, and suicidal behavior and implement successful intervention programs, departments must **identify, evaluate, and routinely audit their mental health providers**. These providers are the linchpin to the delivery of effective mental health care to officers in need. Symposium participants identified the types of providers typically used by law enforcement, and some of their respective benefits and drawbacks. Participants also made recommendations respective to each type of service to enhance the delivery of these services.

* Joshua Ederheimer, "Breaking the Silence: A National Symposium on Law Enforcement Officer Suicide and Mental Health" (symposium, Alexandria, VA, July 11, 2013).

Whoever the providers are, be sure to not only identify and evaluate their services, but also, to routinely audit their quality and to track how often their services are used. This data is essential to obtaining necessary funding and to deploying effective resources where needed.

Peer Support Personnel

Specially-trained peer support personnel were recognized as critical mental health resources, as officers in crisis may be far more willing to talk to colleagues than to mental health professionals. Peer support services should be reviewed to ensure that the participants are formally trained: 1) to recognize warning signs of officers with mental illness or at-risk for suicide; and 2) to effectively refer appropriate cases to the professionals. Make sure the officers selected for the peer support groups are the best officers for the job, and enforce accountability and oversight of its members. Consider including retirees who bring extensive experience on the job and can speak to the many challenges of the profession. Finally, ensure that written confidentiality guidelines are clear. And of course, if an agency does not have a peer support group, starting one should be considered.

Employee Assistance Programs (EAP)

EAPs provide no-cost, confidential assistance to an agency's employees (and sometimes their families) on health and wellness issues that impact work performance, such as stress management, substance abuse counseling, and mental health concerns. Participants reported that a department's EAP may be underutilized as a source for mental health assistance, in part because officers may not wholly trust the programs. For example, there is a perception that there is a "pipeline" from EAP to the chief, which reduces its effectiveness. Some participants recognized other problems, including that EAP may be the only mental health provider available, in which case an agency may need to consider strengthening its EAP as well as supplementing the program with other services, internally and externally (e.g., peer support and consortiums).

"Peer groups act as a portal to get an officer the help they need."

—Chief Ed Flynn, Milwaukee (Wisconsin) Police Department*

In any event, department chiefs should ensure they are knowledgeable of the EAP process. For example, chiefs should make every effort to contact the EAP associated with their department and discuss the processes for both supervisory referrals and self-referrals.

Mental health professionals

There was a general sense among symposium participants that most mental health practitioners do not typically understand the complexities of the police officer's job. Participants stressed that to reduce the cultural trust gap between mental health professionals and law enforcement officers (LEO), mental health professionals must be exposed to LEO culture and acclimated to the daily rigors of police work. This exposure is critical for a qualified

* Ed Flynn, "Breaking the Silence: A National Symposium on Law Enforcement Officer Suicide and Mental Health" (symposium, Alexandria, VA, July 11, 2013).

evaluator who may be screening potential recruits or interacting with at-risk officers during or following a critical incident.

Consortiums, Cooperative Wellness Groups, and Regional Support Teams

The participants identified this as a useful approach to providing mental health services for small to medium-sized departments. By developing **consortiums, cooperative wellness groups or regional support teams, multiple agencies can hire mental health services which they could not otherwise afford as a single agency.** Smaller departments can pool their resources together to pay into a program so all their officers can get help when they need it.

Technology

Leverage technology as a different type of tool for getting officers help, such as Skype therapy, text support, face time, national hotlines, and online training. Participants also discussed development of a software application that is a self-assessment tool officers can use to determine if they need to seek help and what kind. Available technology needs to be socially marketed, confidential, and can include almost everything short of medication. The downsides of this resource include continuity of treatment, billing issues, and tracking and accountability. Most important, the value of human contact cannot be underestimated. Participants recommended that IACP develop a "technology" guide to mental health services which includes an application or self-assessment tool.

> *"I'll call officers in need of help but they won't answer [my phone call]. But if I text them they'll respond."*
>
> —Stephanie Samuels, MA, MSW, LCSW*

Other

Other prevention and intervention sources include agency chaplains, officers' own chaplains or religious leaders, or medical professionals. Family members are another invaluable resource in identifying and mitigating the effects of mental illness, and in preventing suicidal behavior and death by suicide.

Reinforce family connections

Families are a key resource to any successful early warning and intervention program. Programs and information are important for family members in order for them to understand how they can support their significant other as a LEO, including:

- **Training Families:** It is important that family members understand the stressors and indicators in order to support their loved one in seeking department mental health assistance or professional help at crucial times. One participant indicated that her agency meets with academy recruits and their families for a full day after graduation to prepare families for what to expect in a career in law enforcement; to make them aware of warning signs of depression, anxiety, and other mental illness; and, to educate them on available resources.

  Participants agreed it is crucial to reinforce this family training throughout officers' careers because family members may have changed due to separation, divorce, death,

* Stephanie Samuels, "Breaking the Silence: A National Symposium on Law Enforcement Officer Suicide and Mental Health" (symposium, Alexandria, VA, July 11, 2013).

or simply will not remember what they learned 10 or 15 years earlier should a critical event occur. More important, the resources change over time.

One mental health professional indicated that 70 percent of callers to the agency's internal "help hotline" were concerned spouses, not officers, and that the hotline can provide these family members with valuable prevention and intervention information.

- **Family nights**: Do not underestimate the power of involving family. Hold monthly meetings with officers where family members are invited to discuss issues. If a department cannot manage monthly meetings, it can strive to build in more internal relationships by hosting holiday parties, summer picnics, and other events.
- **Family networks:** Spouse and family networks can organize speakers and training for officers' families. Children should be involved as well, as they too may recognize changes in their parents and may become the "first responders" to officers with mental illness or suicidal behavior.

Encourage or consider routine mental wellness "check-ins" or exams

Participants universally agreed on the parity of officers' mental and physical health and wellness. There was considerable debate over whether routine mental wellness exams should be compulsory to detect early warning signs for mental illness, or suicidal behavior or ideation. Many participants indicated that, while compulsory annual psychological exams may offer an opportunity for police to talk to therapists, the therapists in general are not allowed to report their findings to the agency, and as such executives and leaders may be left unaware of mental illness in their departments. Participants voiced concerns about the legal issues implicated by compulsory annual mental exams. Balancing legal and liability issues with the emotional needs of officers and the ethical responsibility of chiefs is a complex discussion.

Other participants encouraged agencies to ensure that medical evaluators undertake suicide risk assessments when they see officers for required annual physicals. One participant indicated that her agency's psychological services division meets each officer for a voluntary, confidential visit every 18 months for 2 hours. This program is designed **to change the stigma of people going to mental health services** by establishing voluntary but routine, confidential check-ins. For effective oversight, the officers are later surveyed to see if they were satisfied with the therapist "resiliency check" and the service received.

Symposium participants agreed that resolution of these topics was beyond the scope of the symposium regarding agency adoption of compulsory versus voluntary mental exams; confidentiality laws addressing any disclosure of mental health issues; and state and local laws and agency policies governing an officer's status due to mental health illness.

Pay attention to indicators and be prepared to intervene

The following should be considered:

- **Peer responsibility:** Ensure that all officers from recruit to retiree are properly trained to identify indicators of significant emotional problems, mental illness, and suicidal behavior and ideation.
- **Consider a checklist:** Develop a checklist similar to a type of "early warning system" to include in supervisor's annual evaluations when assessing officers' performance. The checklist's goal is to identify whether sufficient warning signs exist to recommend a referral to psychological services. The reality, of course, is that any such checklist may be successfully manipulated, i.e., at-risk officers may know the "trigger" questions, not answer truthfully, and consequently evade detection. Nonetheless, such a checklist may be useful as one type of measurement to establish baseline mental wellness. Implementation of such a tool would necessitate serious discussion over whether this would be part of an employee's official performance record.

  An alternative might be that the checklist is given to the officer as a self-assessment tool to evaluate whether they need to seek help. This type of checklist could be used in training as well and may be less threatening than a supervisory assessment tool.
- **Contacts**: If an officer is in a mental health crisis, have a prepared list of contacts that can help. If an agency has already identified and analyzed their mental health providers as recommended above, they will have this list of contacts readily available in both print and online. Publicize this list for new recruits, officers in training, officers in need, and throughout the officers' careers, both for the individual officer in need and for the officer who recognizes a peer in need.

  Each officer should designate at least **one person to be contacted in an emergency**, including when that officer finds himself in a mental health crisis. Some agencies have officers select a designated contact and have that contact's name embedded in the officer's identification in case of an emergency. Table 2 offers recommendations on how agency personnel can approach an officer's supervisor when it perceived that he or she may be experiencing a mental health crisis.

Table 2. Suggested Response Protocol for Agency Personnel

When	Do this
When an officer notifies Human Resources (HR) of a change in beneficiaries...	...direct HR to notify the supervisor for a check on emergency contacts. Take this opportunity to make sure there is not something bigger going on, check in on any mental wellness issues, and be aware of any major life events, such as a divorce or loss.
When an officer is subject to an Internal Affairs (IA) investigation...	...direct IA to contact the officer's supervisor, and direct the supervisor to talk to the officer and, if necessary, encourage him to make an appointment with your mental health provider. This direct intervention at the beginning of an IA investigation facilitates: (1) identification of at-risk officers, and (2) providing timely mental health resources where needed to assist officers in successfully navigating the emotional impacts of the investigation.

- **Have an established, vetted protocol to address mental wellness policies after critical incidents.** Incorporate that protocol in agency-wide and career-long training, and routinely audit agency policies and practices to ensure that the protocol is implemented effectively and consistently.

  Participants disagreed on the effectiveness of mental wellness programs conducted after critical incidents. They noted that often it is not the critical incident

that can be the most traumatizing, but rather the chronic stress of the job, or a particular event that may be the impetus for an individual officer's mental health crisis or suicide attempt.

Some participants indicated that a compulsory mental health exam to discuss the impact of a trauma reduces the "stigma" associated with the help. However, the participants cautioned the effects of trauma are cumulative and that critical incident interventions must be accompanied by subsequent routine resiliency checks. They emphasized if agencies don't provide officers with the proper resources early on, they may later risk chronic depression and other serious mental health issues.

Other participants disagreed and indicated that mandating officers to see a therapist after coming off a horrific incident may impede their ability to heal. One participant indicated that voluntary, confidential counseling is far more effective in treating such instances.

Regardless of which approach an agency adopts, several recommendations for intervention after critical incidents apply:

- Provide interventions with peers and therapists together, to further break down the stigma of getting mental health assistance.
- Allow a waiting period after the incident before conducting any counseling so officers have a chance to cool down. This provides them with ample time to receive medical assistance post-incident (if necessary) and get past the immediate psychological trauma, which may impact incident recollections and cause distortions and gaps that could affect investigations.
- Provide officers a phone and private space with which to call a family member immediately after a critical incident. While spousal privileges may protect such communications, other legal and liability issues may apply depending upon state and local law.
- Follow up later with post-incident therapy because stress is cumulative.
- Symposium participants suggested that IACP develop a model "mental health" intervention protocol on critical incidents, to include state-of-the-art programs that reflect current best practices in both the mental health and law enforcement fields.

Assess potential at-risk groups for early warning signs of mental health issues and tailored intervention programs

Retirees, disabled officers, and veterans were identified as potential at-risk groups for mental wellness issues. Officers preparing for retirement may face uncertainty about this change in the way they identify themselves and how they spend their time. In some agencies, a retirement seminar or retirement wellness orientation is required. Separation from service may impact the mental welfare of a soon-to-be retiree, starting about two years prior to retirement. Send periodic updates and even cards to retirees, and reiterate that they are always welcome in the department. Leaders might consider including retirees in peer support groups.

Officers who become disabled during their career may also face emotional and mental health challenges. An officer could become disabled and have to consider medical retirement at a very young age. Most officers have not considered this possibility and that sort of change to their livelihood and identity could be a significant trigger for emotional and mental health crisis. One participant indicated that his agency determined that many officers retire because they felt "abandoned" after an injury.

Some officers who are returning veterans may face transitional challenges. Veterans may seek police employment because of the similar environment that law enforcement provides, yet the profession is subject to similar stressors as the military. If veterans suffer from PTSD or other deployment-related issues, they may require specialized intervention resources. IACP's "Vets2Cops" project (www.theiacp.org/Employing-Returning-Combat-Veterans-as-Law-Enforcement-Officers) includes guidebooks for executives, officers, and families specific to this issue.

There is a crucial leadership role in intervention programs and protocols. Symposium participants highlighted that, depending upon the size and nature of the department, executives, command staff, and/or supervisors play an integral role in any intervention program. For example, some participants suggested that executive, command, or supervisory staff "gets back on the street once in a while," and to the extent feasible, get to know their officers' professional and personal lives.

It is a challenge to find the right mental health professionals for an agency's department. One participant reported that there is no list of mental health professionals certified to work with law enforcement. As such, participants recommended that IACP develop standardized training for mental health professionals and possibly certification programs to ensure that officers receive the best mental health care possible from these providers.

Training

Police officers begin their training in the academy, or even earlier in colleges and universities specializing in policing studies, and continue that training throughout their careers via in-service, roll call, and external professional development opportunities. And it's safe to say that most police officers are extremely well-trained in the areas of police policy, protocols, and requisite skills. However, officers may be surprisingly ill-trained or not trained at all in recognizing signs of or effectively responding to emotional distress, PTSD or other mental illness, or suicidal behavior, particularly when it involves one of their peers. Of equal concern, families of law enforcement officers often do not receive information or training on how to detect early warnings of emotional distress, or how to help the officer seek mental health assistance.

- Symposium participants emphasized that agencies must conduct mental wellness and suicide prevention training throughout an officer's career, including the following types of training:
  - Academy
  - In-service
  - Routine resiliency and critical incident
  - Formal (e.g., Power Points) and "informal" (e.g., roll call)
  - Line officer and supervisory/executive, with a particular emphasis on first-line supervisors, as they are the direct link to the officers and in many cases more likely to detect warning signs and need to learn what to say and do if they detect problems
  - Retirement
  - Family training
- Leaders must be front and center at this training to achieve buy-in from officers.
- While symposium participants recommended that IACP, in conjunction with other authorities, develop a national standardized model training on mental wellness and suicide prevention, participants also emphasized that training must be flexible and include the capability to tailor it to each agency's policies and practices.

- There are already resources available on model suicide prevention training, for example, the above-mentioned IACP CD. These prepackaged training presentations, videos, and brochures used by law enforcement agencies provide ready-made and cost-effective materials for an agency. Training should include early warning signs and indicators of mental illness and suicidal behavior; stress-management skills; and the definitions of clinical depression, anxiety, PTSD, and other mental illness. Provide training tailored for supervisors on how they can effectively intervene with at-risk officers (e.g., what words supervisors can use to tell an employee they are concerned about his or her mental wellness).
- The trainer must be a law enforcement officer or someone trained in the law enforcement culture. As with mental health professionals treating officers, if the trainer is not an officer, then the trainer must be acclimated with the daily rigors of police work. This can occur through things such as ride-alongs on all shifts and participating in academy training.
- Symposium participants recommended that mental wellness and suicide prevention training should occur at least once a year for two to four hours. Online training can supplement but not replace live training. With frequent, mandatory training, it normalizes and institutionalizes these concepts.
- Train everyone in the agency to be responsible for everyone in the agency, from the chief to the administrative assistant and dispatcher.
- Find a spokesperson to be the face of the campaign and appoint a person at the training academy level as point of contact for the coordination of all this information.
- Monitor and routinely evaluate the training for effectiveness and consistency.
- States vary in how they institutionalize new training. For example, some states require police training to be set by legislature and agencies have to get buy-in from state legislators. In other states, police academies are decentralized and are able to establish new training as needed. The symposium participants indicated that due to the differences in establishing new training, it is difficult to achieve consistency in training curriculum.

Event Response Protocols

Departments faced with their first officer suicide may have no idea how to handle the aftermath, from basic funeral protocols to post-suicide actions that can help support the department and the officer's family. Without this knowledge and carefully developed protocols, departmental staff, from leaders to line staff to civilian employees, struggle and often fail to handle the suicide in the most productive manner. Two issues are most critical here: 1) have funeral protocols in place that allow officers and family members to honor the service and success of the fallen officer, regardless of the means of his or her death; and 2) have post-suicide protocols in place to offer counseling and information to the entire department to promote healing and open the door to other officers seeking help for an issue to avoid a future officer death by suicide.

Funeral protocols

Symposium participants overwhelmingly agreed that police departments should honor how officers lived and not how they died. The symposium discussions focused on the general theme that the funeral and post-event protocols should celebrate the officers' life

regardless of cause of death. There was some debate, however, about the precise protocols that should govern funerals of officers who die by suicide. For the most part, however, participants recommended that these officers should receive the same funeral protocols as all active-duty officer deaths that have passed away from a heart attack or natural causes. Participants also recommended that department leadership must do the following: 1) be physically present at the funeral; 2) establish the agency's funeral protocols; and 3) ensure that the entire department is well-informed of and routinely updated on these protocols.

Other post-event protocols

Similarly, participants agreed that department leadership must be accountable for well-established and well-publicized post-event protocols that address the bereaving family and the agency, as well as the dissemination of timely, accurate, and controlled information about the suicide. In general, participants agreed that the police leadership should personally handle certain post-event matters, such as first notifying and visiting with the family, and announcing the facts about the death to agency officers. Both of these issues, and others, however, can raise complex dynamics, as addressed below.

Officer's Family

In any officer death by suicide, there may be difficult dynamics between protecting the agency and comforting the officer's bereaving family. Litigation or possible litigation can complicate any officer death by suicide. Some agencies have faced pressure, both internal and external, on the specific descriptive language to be used when documenting a death by suicide that will be sensitive to the officer's family as well as how it may impact the family's ability to receive death benefits.

Regardless of these dynamics and the legal classification of death following a suicide, agency leaders should personally visit with the family who has suffered the loss. If the suicide occurred at work, the agency leaders should also notify the family first before informing the department. The agency leaders should appoint an officer and an alternate to keep in continued, close contact with the family. Some participants recommended that a close friend of the officer and the officer's family should be appointed; others suggested that person might be too bereaved to fill this role. In any event, an alternate should be appointed as a backup.

Officer's Agency

After family notification, agency leaders should personally and in a timely manner address the entire department about the facts of the officer's death by suicide. Leaders should also take this time to advocate strongly for the value of officers utilizing mental health resources; to offer specific and available mental health education opportunities and resources; and to provide post-event counseling to affected officers, including those officers who may have responded to the suicide scene. There was continued debate among

symposium participants about whether counseling should be compulsory or voluntary, but there was universal support that counseling is available by providing the following:

- Contact information for psychological services
- Time for officers to visit mental health resources and to heal
- Post-suicide counseling services to affected officers, as officers who are already at-risk for mental illness and suicidal behavior or ideation may find this time a particular stressor

Information Dissemination

Symposium participants offered several strategic guidelines addressing dissemination of information about an officer death by suicide. Most important, an agency should have established and well-publicized protocols governing notification of the family, officers, and the media, including the following:

- The family must be notified first. As discussed, all active officers should be on record indicating who is to be notified in case of death to ensure timely notification consistent with the officers' wishes.
- When notifying the family designee of an officer's death by suicide, the agency should find out the family's wishes with respect to notification of the agency and the media.
- Request that officers refrain from discussing the death until the family has first been notified. Officers are more willing to comply if the chief personally tells officers what happened.
- When addressing the public, the agency must speak clearly and consistently about the officer's death by suicide:
  - The agency must have precise protocols for dealing with the media in these situations. If an agency develops a trusting relationship with members of the media, these matters can be reported far more efficiently and respectfully.
  - Protocols must include guidelines on officers' use of social media. If agencies reduce the anxiety and anger that may result from the officer's death, they will avoid misuse of social media as an outlet.
  - Ensure that the role of the agency's public information officer is transparent and well-defined.

Some participants expressed high praise for the U.S. military procedures governing funeral and event response protocols for service men and women who die by suicide, and recommended that IACP review those procedures and publish a model IACP protocol for law enforcement officer deaths by suicide.

III. IACP ACTION AGENDA

As indicated throughout this report, symposium participants addressed many instances where additional national guidance and research is needed. The following reflects the participants' recommendations for an "IACP Action Agenda."

1. IACP should lead the effort to enhance data collection on officer suicide and mental wellness.
2. Draft an IACP statement and/or resolution on emotional wellness and suicide prevention that chiefs can distribute to their department to emphasize the critical importance of this issue to every officer and agency in the country.
3. Address mental health awareness at National Police Week every May as a way to show unity on the issue.
4. Publish a recurring piece in the IACP *Police Chief Magazine* addressing mental wellness issues, including stories and testimonials of officers facing and overcoming thoughts of suicide.
5. Publish an IACP *Police Chief* article designed to assist law enforcement executives in assessing, improving, and auditing their agency's mental wellness and suicide prevention policies and practices, including but not limited to their available mental health services. Include a "self-assessment" checklist for officers to determine their own mental health. Encourage agencies to distribute this checklist to all department personnel.
6. Develop an IACP awareness campaign that includes print and online resources, to help agencies and officers identify early warning signs of, and establish intervention protocols for, emotional trauma, PTSD, other mental illnesses, and suicidal behavior.
7. Provide an IACP forum such as a message board for anonymous postings by officers facing emotional challenges.
8. Involve IACP's Center for Officer Safety and Wellness in drafting and delivering model curricula for academy and in-service training on mental wellness and suicide prevention, as well as technical assistance to agencies initiating mental wellness and suicide prevention programs.
9. Include in model IACP training curricula a separate training for mental health professionals on treating law enforcement officers. Develop a certification program for mental health professionals specializing in services to law enforcement personnel.
10. Draft an IACP model protocol in the event of officer death by suicide, to include specific policies and practices that take into account the devastating effects and complex dynamics of officer suicides on their families and their agencies. Include in this model best practices from the U.S. military protocols for military officer suicides.

NOTE: Many of these recommendations will receive funding support from the public or private sector. IACP regularly seeks such support for major policy initiatives and will do so for this issue as necessary.

IV. CONCLUSION

There are numerous strategies outlined in this report addressing officer mental wellness and suicide prevention, and they are most effective if implemented by every federal, state, local, and tribal law enforcement agency along a continuum of **prevention**, **intervention**, and **post-vention** objectives:

- **Prevent** the disastrous effects of mental illness and officer death by suicide on officers, their families, and police agencies
- Effectively **intervene** in those cases where officers are in a mental health crisis, suffer from mental illness, or demonstrate suicidal behavior
- Establish effective **post-vention** policies to help support the families and the department when an officer dies by suicide

Some of the best practices in each of these three areas are highlighted below:

Prevention

- **Start at the top** and recruit leaders who care about the mental wellness of their officers, and who unequivocally endorse physical and mental wellness parity as critical to a resilient and healthy police force.
- **Recruit and hire** resilient officers who have demonstrated a commitment to public service and proven stress management skills.
- **Institutionalize** mental wellness and suicide prevention policies and practices. Formalize in writing, provide training on, and conduct recurring audits of relevant policies and practices, such as whether the agency encourages annual mental check-ins with peer support counselors, department psychologists, mental health professionals, or other providers.
- **Audit the existing psychological providers** and determine whether they are effective in identifying early warning signs of mental crisis or illness, and suicidal behavior and ideation.
- **Initiate an agency campaign** to raise awareness of mental health and wellness, particularly in identifying the warning signs and how to intervene. Use pre-vetted, ready-made model training and awareness campaigns to cut down on costs and resources, but tailor the campaign to the agency's needs and routinely update materials so they don't become stale.
- **Invest in training** agency-wide and throughout officers' careers on mental wellness and stress management. Include both routine resiliency training and critical incident training, with a particular emphasis on training first-line supervisors.
- **Provide family training and events** to reinforce and invest in family connections. Ensure that family members are able to identify signs of emotional trauma and make appropriate referrals when necessary.

Intervention

- Similar to prevention protocols, establish **intervention protocols** tailored to assist officers at-risk for mental health crisis and illness, as well as suicidal behavior or ideation. Again, ensure that these protocols are institutionalized via established written policies, training programs, and agency awareness campaigns.
- Audit **psychological service providers** to ensure that they **effectively intervene** when officers are having emotional problems, suffering from mental illness, or demonstrating suicidal behavior or ideation. For example, ensure that a peer support group is formally trained to identify signs of depression, anxiety, and other disorders, and to whom to refer at-risk officers. Train supervisors on the "words to say" when they encounter an officer in emotional trauma.
- **Pay closer attention to at-risk groups** and develop specially tailored intervention programs, including programs for retirees, veterans, and disabled officers.

Event response

- Develop formalized and routinely published protocols specifying actions to take when an officer dies by suicide. Include in these protocols:
  - Funeral policies
  - Family, agency, and community notification
  - Media relations
  - Post-incident counseling and agency wide mental health awareness actions

If an agency is committed to aggressively deploying the strategies outlined here, departments will foster healthier, stronger, and vastly more productive police departments, and possibly, prevent the devastating effects of mental illness on officers and their families, and the ultimate tragedy of officer death by suicide.

APPENDIX I: RESOURCES

Training Resources

"Preventing Law Enforcement Officer Suicide: A Compilation of Resources and Best Practices." In 2009, the IACP, the Bureau of Justice Assistance (BJA), and EEI Communications partnered to produce a valuable set of innovative resources to help law enforcement agencies prevent and respond to officer suicide. This product is a collection of materials from leading agencies around the country. This interactive CD-ROM contains sample suicide prevention print materials, presentations, training videos, reference publications, and much more. The purpose of this CD-ROM is to provide the law enforcement community with samples and resource materials to initiate a suicide prevention program. All materials were compiled and vetted by the IACP Police Psychological Services Section. EEI Communications and BJA volunteered to design and reproduce the CD-ROM at no cost, allowing the IACP to bring this much-needed product to the field quickly. Order your copy online through NCJRS at www.ncjrs.gov/App/shoppingcart/ShopCart.aspx?item=NCJ%20224436&repro=0

CD-ROM Content Summary:

1. **Developing a Law Enforcement Suicide Prevention Program** – five steps for initiating a campaign using public health principles.
2. **Sample Suicide Prevention Materials** – examples of brochures, posters, wallet cards, and program summaries.
3. **Sample Training Materials** – examples of training presentations, videos, and brochures used by law enforcement agencies.
4. **Sample Presentations** – examples of PowerPoint presentations on a wide range of suicide-related topics, both for the general public and law enforcement-specific.
5. **Sample Funeral Protocols** – examples of funeral protocols, death notifications, and other similar procedures.
6. **Additional Reading** – a wide range of supplemental reports, research, articles, and links to related online resources.
7. **About this CD** – acknowledgements and valuable contact information for key content contributors.

For more information, please contact Kim Kohlhepp at 703-836-6767 ext. 237 or kohlheppk@theiacp.org. For additional police psychological resources, visit the IACP Police Psychological Services Section website at www.theiacp.org/psych_services_section.

"In Harms Way: A Law Enforcement Suicide Prevention Toolkit." This law enforcement suicide prevention toolkit was developed by the Florida Regional Community Policing Institute and distributed to all Florida law enforcement agencies in October 2007. It was designed by law enforcement as well as subject-matter experts to assist departments in providing suicide prevention training, reducing the stigma associated with seeking help, and encouraging

officers to support one another. It includes PowerPoint presentations, model policies and procedures, best practices, research, and recommendations. By clicking on the link below, the user is guided to digital copies of printed materials that are provided in the Toolkit for download and printing. These materials can be customized with each agency seal, logo, name, phone numbers, and contact information. Agencies are permitted to reproduce copies free of charge for distribution within law enforcement agencies provided that agencies do not change the text or delete the credit.

http://cop.spcollege.edu/INHARMSWAYResourceOnline/StartHere.pdf

"QPR for Law Enforcement." The QPR Institute (Question, Persuade, and Refer) offers a customized, best practice suicide prevention training program designed specifically for law enforcement officers, families, and organizations. The basic QPR intervention is listed in the National Registry of Evidence-based Practices and Policies at nrepp.samhsa.gov/ViewIntervention.aspx?id=299.

For a description of the online version of the training go to courses.qprinstitute.com/index.php?option=com_zoo&task=item&item_id=12&Itemid=739.

Classroom training is also available, as is train-the-trainer courses. QPR is the most widely taught suicide prevention gatekeeper training program in the world, with more than 1,300,000 persons trained in more than a dozen countries. Learn more at www.qprinstitute.com.

Additional Training and Other Resources

1. "2012 National Strategy for Suicide Prevention: Goals and Objectives for Action." A Report of the U.S. Surgeon General and of the National Action Alliance for Suicide Prevention. http://www.armyg1.army.mil/hr/suicide/docs/10%20Sep%202012_NSSP_Final.pdf
   This guide was developed through the joint efforts of the Office of the U.S. Surgeon General and the National Action Alliance for Suicide Prevention. It outlines 4 strategic directions with 13 goals and 60 objectives to help prevent suicides in the nation over the next decade.

2. Florida Suicide Prevention Strategy
   http://www.iadlest.org/Portals/0/Files/Documents/DOJ/Suicide/iacp_site/Educational%20Materials/Data%20&%20Reports/Florida%20Suicide%20Prevention%20Strategy.pdf
   This strategy outlines an integrated partnership between state government and citizen interest groups to lower Florida's suicide rate by one third.

3. U.S. Air Force Suicide Prevention Program
   http://www.af.mil/SuicidePrevention.aspx
   This is a website dedicated to the well-being of members of the U.S. Air Force and their families. It provides news and commentaries on suicide prevention strategies as well as links to the Military Crisis call and chat centers.

4. Great Lakes Summit on Gun Violence: Suicide Prevention Subgroup - Implications for Law Enforcement.
http://www.iadlest.org/Portals/0/Files/Documents/DOJ/Suicide/iacp_site/Reference%20Material/Resource%20Materials/IACP%20Conference.doc
The summit's main focus was to discuss prevention and intervention strategies for reducing the use of guns in suicides.

5. Developing a Law Enforcement Suicide Prevention Campaign Using Public Health Principles http://www.theiacp.org/%5CPortals%5C0%5Cpdfs%5CPreventingLESuicideCD%5Cintroduction.doc
This document provides an abbreviated overview of how an agency can develop a suicide prevention program.

6. Emotional Survival for Law Enforcement. By Kevin M. Gilmartin.
http://emotionalsurvival.com/
This book provides information on how an officer's attitude and behaviors can deteriorate both personally and professionally over the years because of what they see every day. The book also provides them strategies on how this can be prevented. It is the goal of this book to help law enforcement personnel remain committed and engaged in their profession.

7. "Managing the Unexpected: Resilient Performance in an Age of Uncertainty." By Karl E. Weick and Kathleen M. Sutcliffe.
http://www.josseybass.com/WileyCDA/WileyTitle/productCd-0787996491.html
This book examines different high reliability organization models and how they address unexpected situations from the dramatic, such as a terrorist attack, to the mundane, such as small organizational lapses.

8. "A Guide for Early Responders Supporting Survivors Bereaved by Suicide." By Winnipeg Suicide Prevention Network (2012).
http://www.suicideprevention.ca/wp-content/uploads/2012/07/Early-Responders.pdf
This guide provides information for emergency responders on how survivors of a suicide loss may feel and how to support them.

9. "Connect Suicide Prevention and Intervention Training for Law Enforcement and Connect Suicide Postvention Training for Law Enforcement." By Connect.
http://www.theconnectprogram.org/training-audiences/suicide-prevention-training-law-enforcement
The Prevention and Intervention Training is designed to increase the competence of law enforcement officers in responding to suicide incidents. It includes best practices specific to law enforcement officers, interactive scenarios, agency policies and procedures, and discussion on how to integrate key community services for an effective and comprehensive response. The Postvention Training is designed to support proactive planning to provide a comprehensive integrated community response with other key service providers after a suicide death. Participants also learn how to reduce the risk of suicide contagion. Each training is six hours and can be tailored for specific audiences. The intended audience includes officers working in local or state law enforcement, schools, probation and parole agencies, and the juvenile justice system. This training is appropriate for all levels, including administrative staff, dispatch, and chiefs.

10. "How Can Emergency Responders Manage Their Own Response to a Traumatic Event?" By M.D. Lerner and R.D. Shelton in *Acute Traumatic Stress Management (2001)*.
http://www.sprc.org/library/EmergencyRespondersOwnResponse.pdf
This two-page information sheet gives practical suggestions for how emergency responders can manage the way they respond to any traumatic event, including a suicide attempt or death, during and following their involvement in the situation.

11. Badge of Life Police Mental Health Program. By The Badge of Life.
http://www.badgeoflife.com/
This is a suicide prevention program for law enforcement officers. It includes the Emotional Self-Care training, which focuses on being mentally healthy and an annual mental health checkup with a licensed therapist. The website also lists some materials on officer suicide.

12. COPLINE. Hotline number: 800-267-5463.
http://copline.org/
This is a national hotline exclusively for law enforcement officers and their families. It is staffed by retired officers and a therapist with law enforcement experience to help active officers with the psychosocial stressors they face at work. The website also has some resources on officer suicide.

13. Law Enforcement Wallet Card. By Suicide Awareness Voices of Education (SAVE) (2008).
http://www.save.org/index.cfm?fuseaction=shop.productDetails&product_id=57D6AFB1-0933-0111-DC0761950356DACA
This wallet-sized card contains some of the warning signs for suicide and some basic steps that officers can take if they think a fellow officer is considering suicide.

14. National Police Suicide Foundation
http://www.psf.org/
This organization provides several different kinds of training programs on suicide awareness and prevention as well as support services that meet the psychological, emotional, and spiritual needs of law enforcement officers and their families.

15. Police Suicide Law Enforcement Mental Health Alliance
http://www.lemha.org
This network of groups and individuals promotes education and advocacy for new research and mental health strategies for police officers. The website provides access to a large number of written materials on police suicide and mental health.

16. Safe Call Now: Crisis line number: 206-459-3020.
http://safecallnow.org
Safe Call Now is a 24-hour crisis line for public safety employees and their families across the Unites States to talk with law enforcement officers, former officers, public safety professionals and/or mental health care providers who are familiar with public safety work. They provide education, healthy alternatives, and resources.

17. The Pain Behind the Badge
http://thepainbehindthebadge.com
At this website, information is available on the documentary film "The Pain Behind the Badge" and its associated seminar "Winning the Battle." Both focus on officer suicide and positive ways to deal with the stresses of being a law enforcement officer or other type of first responder.

18. "Suicide and Law Enforcement." By the Federal Bureau of Investigation and edited by D.C. Sheehan and J.I. Warren.
https://www.ncjrs.gov/pdffiles1/193528-193589.pdf
This book summarizes the results of a gathering of law enforcement officers, psychologists, attorneys, chaplains and employee assistance professionals who came together to discuss the impact suicide has on the law enforcement profession.

APPENDIX II: PARTICIPANTS

Beverly Anderson, Ph.D.
Director
Metropolitan (DC) Police Department

Ron Clark, RN, MS
Chairman of the Board
Badge of Life Psychological Survival for Police Officers

Scott A. Barthelmass
Corporal
Overland Park (KS) Police Department

Sarah Creighton
Captain
San Diego (CA) Police Department Wellness Unit

Pam Cammarata
Associate Deputy Director
Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice

Stephen Curran, Ph.D., ABPP
Atlantic OccuPsych

Joe Carter
Sergeant
Falls Church (VA) Police Department

Ed Daniel
Lieutenant
Montgomery County (MD) Police Department

Scott Davis
Crisis Intervention Team Coordinator
Montgomery County (MD) Police Department

Ed Flynn
Chief of Police
Milwaukee (WI) Police Department

Katherine Deal, MPH
Deputy Secretary
National Action Alliance for Suicide Prevention Suicide Prevention Resource Center
Education Development Center, Inc.

Theresa Fucigna, LCSW
Police Officer/Social Worker
Department of Employee Assistance
Nassau County (NY) Police Department

Robert Douglass, M.P.A
Founder
National Police Suicide Foundation

Virginia Hays, Ph.D.
Psychologist, Team Leader
Stress Management Team
Montgomery County (MD) Police Department

Joshua Ederheimer
Acting Director / Principal Deputy Director
Office of Community Oriented Policing Services
U.S. Department of Justice

Olivia Johnson, Ph.D.
Illinois State Representative
National Police Suicide Foundation

Mora L. Fiedler, MA
Senior Social Science Analyst
Office of Community Oriented Policing Services
U.S. Department of Justice

Todd Kirchgraber
Training Director
Center for Public Safety Innovation

Dean Kueter
Acting Chief of Staff / Assistant Director of External Affairs
Office of Community Oriented Policing Services
U.S. Department of Justice

John Morrisey
Chief of Police
Kenosha (WI) Police Department

Gary MacNamara
Chief of Police
Fairfield (CT) Police Department

Michelle Nuneville
Deputy Chief of Police
Arlington County (VA) Police Department

Heather McElroy, Ph.D.
Psychological Risk Management Consultant
Stone, McElroy & Associates

Chris Prochut
Commander (retired)
Bolingbrook (IL) Police Department

Bernard Melekian, M.P.A
Former Director (retired)
Office of Community Oriented Policing Services
U.S. Department of Justice
Pasadena (CA) Police Department

Anastasia Pytal, Ph.D.
Employee Assistance Program
Metropolitan (DC) Police Department

Elaine Moore
Commander, Psychological Services
Prince George's County (MD) Police Department

Paul Quinnett, Ph.D.
Founder and CEO
QPR Institute
University of Washington School of Medicine

Sandra Ramey, Ph.D.
Assistant Professor
College of Public Heath
University of Iowa

Beau Thurnauer
Deputy Chief of Police
East Hartford (CT) Police Department

Eddie Reyes
Deputy Chief
Alexandria (VA) Police Department

John Violanti, Ph.D.
Research Professor
University of Buffalo, State University of New York
School of Public Health & Health Professions
Department of Social & Preventative Medicine

Joseph Rollo, LCSW
Director of Psychological Services
Prince George's County (MD) Police Department

Darlene Warrick McLaughlin, M.D.
Associate Program Director
Department of Psychiatry and Behavioral Science
Texas A&M Health Science Center
College of Medicine

Stephanie Samuels, MA, MSW, LCSW
Founder
COPLINE

John Wells
Program Specialist
Office of Community Oriented Policing Services
U.S. Department of Justice

Donna Schulz
Law Enforcement Coordination Manager (retired)
Middle District of Florida
United States Attorney's Office

APPENDIX III: PROJECT STAFF

IACP EXECUTIVE STAFF

Bart R. Johnson
Executive Director
International Association of Chiefs of Police

James W. McMahon
Deputy Executive Director / Chief of Staff
International Association of Chiefs of Police

John Firman
Director – Research Center
International Association of Chiefs of Police

Walter A. McNeil
IACP Immediate Past President
Chief of Police
Quincy (FL) Police Department

Yost Zakhary
IACP 1st Vice President
Chief of Police
Woodway (TX) Public Safety Department

IACP PROJECT STAFF

Rachel Apfelbaum
Research Center Intern

Ross Arends
Supervisory Special Agent
Bureau of Alcohol, Tobacco, Firearms and Explosives
IACP Fellow

Jenny Gargano
Research Center Coordinator

Lucia Arias
Finance & IT Intern

Ian Hamilton
Project Manager

Dianne Beer-Maxwell
Program Manager

Kim Kohlhepp
Manager, Center for Testing Services and Career Development

Christie Bogle
AFOSI Liaison to the IACP

Michael Lagana
Research Center Intern

Aeriale Cooksey-Kramer
State & Provincial Police Intern

Bethany Petersen
Conference Program Intern

John D'Amico
SACOP Intern

Tracy Phillips
Senior Project Specialist

Ryan Daugirda
Project Coordinator

Michael Rizzo
Project Manager

Rock Thomas
NCIS Representative to the IACP

John Tyler
State & Provincial Police Intern

Chrystal Tibbs
Visiting Fellow Research Division

Erin Vermilye
SACOP Manager

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ABOUT IACP

The International Association of Chiefs of Police (IACP) is a dynamic organization that serves as the professional voice of law enforcement. Building on our past success, the IACP addresses cutting edge issues confronting law enforcement though advocacy, programs and research, as well as training and other professional services. IACP is a comprehensive professional organization that supports the law enforcement leaders of today and develops the leaders of tomorrow.

ABOUT THE COPS OFFICE

The Office of Community Oriented Policing Services (COPS Office) is the component of the U.S. Department of Justice responsible for advancing the practice of community policing by the nation's state, local, territory, and tribal law enforcement agencies through information and grant resources.

Community policing is a philosophy that promotes organizational strategies that support the systematic use of partnerships and problem-solving techniques, to proactively address the immediate conditions that give rise to public safety issues such as crime, social disorder, and fear of crime.

Rather than simply responding to crimes once they have been committed, community policing concentrates on preventing crime and eliminating the atmosphere of fear it creates. Earning the trust of the community and making those individuals stakeholders in their own safety enables law enforcement to better understand and address both the needs of the community and the factors that contribute to crime.

The COPS Office awards grants to state, local, territory, and tribal law enforcement agencies to hire and train community policing professionals, acquire and deploy cutting-edge crime fighting technologies, and develop and test innovative policing strategies. COPS Office funding also provides training and technical assistance to community members and local government leaders and all levels of law enforcement. The COPS Office has produced and compiled a broad range of information resources that can help law enforcement better address specific crime and operational issues, and help community leaders better understand how to work cooperatively with their law enforcement agency to reduce crime.

- Since 1994, the COPS Office has invested more than $14 billion to add community policing officers to the nation's streets, enhance crime fighting technology, support crime prevention initiatives, and provide training and technical assistance to help advance community policing.
- By the end of FY2013, the COPS Office has funded approximately 125,000 additional officers to more than 13,000 of the nation's 18,000 law enforcement agencies across the country in small and large jurisdictions alike.
- Nearly 700,000 law enforcement personnel, community members, and government leaders have been trained through COPS Office-funded training organizations.
- As of 2013, the COPS Office has distributed more than 2 million topic-specific publications, training curricula, white papers, and resource CDs.

COPS Office resources, covering a wide breadth of community policing topics—from school and campus safety to gang violence—are available, at no cost, through its online Resource Center at www.cops.usdoj.gov. This easy-to-navigate website is also the grant application portal, providing access to online application forms.

NOTES

1 Adapted and reprinted in part from Craig T. Steckler, "IACP: Breaking the Silence on Law Enforcement Suicides," President's Message, *The Police Chief 80* (July 2013): 6, http://www.policechiefmagazine.org/magazine/index.cfm?fuseaction=display&issue_id=72013&category_ID=2.

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12 *Preventing Law Enforcement Officer Suicide: A Compilation of Resources and Best Practices* (International Association of Chiefs of Police, Bureau of Justice Assistance and EEI Communications, 2009), http://www.theiacp.org/ViewResult?SearchID=988.

13 Office of the Surgeon General and National Action Alliance for Suicide Prevention, *2012 National Strategy for Suicide Prevention: Goals and Objectives for Action* (Washington, DC: U.S. Department of Health and Human Services, September 2012: 19), http://www.armyg1.army.mil/hr/suicide/docs/10%20Sep%202012_NSSP_Final.pdf.

The COPS Office partnered with the International Association of Chiefs of Police (IACP) to sponsor the *National Symposium on Law Enforcement Officer Suicide and Mental Health: Breaking the Silence of Law Enforcement Suicides* in the summer of 2013. The strategies outlined in this report are designed as a roadmap for police departments seeking to include officer mental wellness as a core element of officer safety and well-being and to mitigate the threat of officer death by suicide. These strategies are designed to **prevent** the destructive effects of emotional trauma, mental illness, and officer deaths by suicide on a police community; to successfully **intervene** when officers confront mental health crises, mental illness, or suicidal behavior; and, to provide effective **event response** protocols when an officer dies by suicide in an agency.

COPS
Community Oriented Policing Services
U.S. Department of Justice

U.S. Department of Justice
Office of Community Oriented Policing Services
145 N Street, NE
Washington, DC 20530

To obtain details on COPS Office programs,
call the COPS Office Response Center at 800-421-6770.

Visit the COPS Office Online at **www.cops.usdoj.gov**.

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