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Preventing Police Suicide

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Administrators may be able to prevent officer suicides by learning and recognizing some of the typical warning signs.

Does being a police officer increase the risk of suicide? During 1994, a record 11 New York City police officers committed suicide; only two officers were killed by criminals that year. Two homicides and 11 suicides--at that rate, police officers are killing themselves faster than they are being killed by criminals. (1)

The research on police suicide is limited. Most of the studies on police deaths have addressed police killings and assaults committed by criminals. The available studies on police suicide generally focus on the number of suicides, the methods employed, the impact of having service weapons readily available, and the occupational factors that seem to contribute to the high suicide rate among officers. (2)

One research study found that the suicide rate among police officers was three times higher than that of the general

population. (3) In addition, an unpublished research report recently found that the police suicide rate now has doubled. (4)

Answers concerning police suicide have been elusive, and many issues remain unclear. But researchers may have been asking the wrong questions. Rather than dwelling on the rates and the means of suicide, perhaps analysts should ask what kind of support systems within police departments could have intervened before those officers took their own lives.

Overcoming Obstacles to Intervention

Typically, when police officers experience serious, long-term emotional problems that can lead to suicide, two reactions occur that hinder the helping process. First, everyone--from the affected officers to friends and co-workers to the department's hierarchy--initially denies that a problem exists. Second, even when a problem eventually is acknowledged, the affected officers often resist seeking help for fear of losing their jobs, being demoted, or having their personal problems exposed for public ridicule. These common systemic reactions must be overcome before any successful intervention can take place.

Many officers feel that referral to a mental health professional would mean the loss of their jobs. Police supervisors have a similar value system, and because of this belief, they often fail to take the appropriate action. As a group, police officers and supervisors often have protected those officers experiencing depression and denied the existence of any problems. However, such an obvious cover-up does a disservice to affected officers by denying them the help they need.

As noted, troubled officers usually resist seeking help. Officers fear that if help is sought, employment and economic security will be threatened. This myth can be dispelled through departmental policy and the approach supervisors use when dealing with potential suicides.

Education on depression and suicide should be implemented for all personnel. Officers who receive assistance might even develop into better officers. They should be informed that seeking help does not mean the end of a career, but the start of improving a new career. Asking for help signals strength, not weakness, and

that must form the foundation of any prevention program.

A suicide prevention program can work only if members of the department feel free to take advantage of it. Police administrators and supervisors must play a non-punitive role. They must communicate to officers four clear messages:

1) Seeking help will not result in job termination or punitive action;

2) all information will be respected and kept confidential;

3) other ways exist for dealing with a situation, no matter how hopeless it seems at the time; and

4) someone is available to help them deal with their problems.

Police training and departmental policy, as well as the everyday examples set by police leaders, must communicate these four messages consistently.

Recognizing the Warning Signs

Identifying at-risk officers is the first step toward helping them. Is there any common pattern to be found in police suicidal behavior? In truth, any member of the department could become depressed and commit suicide under certain circumstances.

However, a long trail of evidence typically leads to the final act. Many suicidal people have mixed feelings about dying and actually hope to be rescued. About 75 percent give some kind of notice of their intentions. (5) If recognized and taken seriously, these early warning signs make prevention and intervention possible.

Typically, multiple problems plague suicidal police officers, so supervisors should look for a cluster of warning signs. These might include a recent loss, sadness, frustration, disappointment, grief, alienation, depression, loneliness, physical pain, mental anguish, and mental illness.

The strongest behavioral warning is a suicide attempt. Generally, the more recent the attempt, the higher the risk factor for the officer. Police training officers need to incorporate education

about suicide warning signs as a regular part of the department's mental health program.

When officers fail to perform at the optimal level for an extended period of time, the problem could be related to a major depressive episode. Clinicians agree that depression often plays a major role in suicide. (6) While anyone can have an occasional gloomy day, people dealing with depression suffer from a deeper, long-term malaise.

Depression is a mood disorder that can be characterized as a person's overall "climate" rather than a temporary "weather condition." Significant depressive episodes last for at least two weeks. During this time, a person might experience changes in appetite or weight; altered sleep patterns and reduced psychomotor activity; reduced energy levels; feelings of worthlessness or guilt; difficulty thinking, concentrating, and making decisions; and recurrent thoughts of death or suicide.

Finally, this person might plan or attempt to commit suicide. (7) Behaviors such as exhibiting persistent anger, responding to events with angry outbursts, or blaming others over minor events should be considered indicators of possible distress.

Assessing the Problem

Supervisors or managers should schedule interviews with officers who appear depressed, sad, hopeless, discouraged or "down in the dumps." During this interview, the supervisor should check the officer's body language, look for sad facial expressions, and be alert to a flat mood. The officer might complain of feeling down, not having any feelings at all, or being anxious. Complaints about bodily aches and pains might be reported to cover the officer's true feelings.

The twin feelings of hopelessness and helplessness indicate a high risk of suicide. Officers who think and speak in these terms feel that their lives are devoid of hope, or they see themselves as unable to meaningfully alter their situations. When they reach this point, they often take action. The finality of suicide might be seen as a technique to restore feelings of former strength, courage, and mastery over the environment. (8) Supervisors should listen carefully for expressions of these feelings.

Suicidal officers might have negative influences in their personal lives as well. Supervisors should look for histories that might include suicidal behavior, mental illness, chronic depression, multiple divorces, and alcoholism. Losses in an officer's life, drug abuse patterns, and stress overload also contribute to the problem. Older officers might experience physical problems or face impending retirement and feel that they will become socially isolated. (9) Such physical and social losses can generate the destructive feelings of hopelessness and helplessness.

Taking Action

Most people have mixed emotions about committing suicide, and suicidal feelings tend to be episodic, often coming and going in cycles. Troubled officers want to be rescued, but do not want to ask for assistance or know what specific help to request. This state of confusion actually works to a supervisor's advantage because suicidal officers want a strong authority figure to direct their emotional traffic and make sense of the confusion. Therefore, supervisors should quickly assure suicidal officers that support and assistance is available.

The situational leadership style that applies here is one of directing and telling. Officers in a suicidal state of mind are open to suggestion and are likely to respond to directions. Supervisors must use their positions of authority to tell officers what action they expect. Further, supervisors should demand that officers respond to their directions.

It is important for supervisors to ask specifically whether officers are having thoughts of hurting themselves. Many find it difficult to ask such a basic question, but it must be done. Officers who indicate that they are having suicidal thoughts must not be left alone. All threats must be taken seriously. Other people might not have heard their pleas for help.

Supervisors should plan their intervention so that it leads to a professional referral. The specific methods of intervention must be thought out as carefully as possible in order to avoid violence directed inward or outward at other employees. Without careful planning, officers confronted by supervisors could react

unpredictably. Because their thought processes are garbled, they could strike out at co-workers, supervisors, or family members, resulting in a homicide followed by suicide. Even if that does not occur, a real danger of suicide exists at the point of intervention.

Supervisors should refer officers to a certified mental health professional, even setting appointments and making arrangements for the officers to be there. The department's responsibility does not end there, however. Supervisors should monitor the situation to ensure that officers are evaluated and receive continued support and counseling.

CONCLUSION

The research clearly indicates that being a police officer increases the risk of suicide. Appropriate intervention can occur during a specific time frame, but within the police culture, denial often delays assistance.

Police officers throughout the ranks must stop pretending that the problem of police suicide does not exist or that it will go away. Someone must break the silence of denial and take action. With further research, innovative prevention programs, and proactive training, officers' lives can be saved.

Endnotes

1 W. Bratton, "We Don't Want to Lose You," Spring 3100 57 (1994), 12-13.

2 See, for example, J.M. Violanti, J.E. Vena, and J.R. Marshall, "Disease Risk and Mortality Among Police Officers: New Evidence and Contributing Factors," Journal of Police Science and Administration 14 (1986), 17-23; and K.O. Hill and M. Clawson, "The Health Hazards of Street Level Bureaucracy: Mortality Among the Police," Journal of Police Science 16 (1988), 243-248.

3 Ibid., Hill and Clawson.

4 J.M. Violanti, "The Mystery Within: Understanding Police Suicide," FBI Law Enforcement Bulletin 2 (1995), 19-23.

5 E.A. Grollman, Suicide: Prevention, Intervention, Post Intervention (Boston: Beacon Press, 1988).

6 American Psychiatric Association, DSM IV Diagnostic and Statistical Manual on Mental Disorders 4th ed. (Washington, DC: Government Printing Office, 1994).

7 Ibid.

8 P. Bonafacio, The Psychological Effects of Police Work (New York: Plenum Press, 1991).

9 J. Schwartz and C. Schwartz, The Personal Problems of the Police Officer: A Plea for Action. (Washington, DC: Government Printing Office, 1991), 130-141.