The Other Wall: Mental Illness and Police Suicides

Sergeant Dorian Brabham, Lafayette Police Department
Lieutenant Calvin Bowden, Livingston Parish Sheriff's Office
Lieutenant Dustin Tomlinson, St. James Parish Sheriff's Office
Lieutenant Rene Kinler, St. Charles Parish Sheriff's Office
Lieutenant Troy Smith, Plaquemines Parish Sheriff's Office
Captain Darren Williamson, Baldwin County Sheriff's Office

National Command & Staff College, Session #004

June 2019

Abstract

We have chosen to research and document facts and myths that are associated with mental illness as it relates to law enforcement suicides. We are hoping the facts presented today will help reduce the stigma surrounding the emotional health of law enforcement as it relates to suicide rates. Using recent data, we will highlight who is at risk, possible causations, and new trends in law enforcement suicides. We will examine some of the implicit bias exhibited towards officers who commit suicide and its effect on police cultures. We recognized the need to realign the views of law enforcement agencies when it comes to police suicides. We feel there is a need to create a change in mind-set from reactive to proactive when it comes to information and support dedicated to the pressures that affect officers' well-being. Stress on the job and its causation can not go unnoticed by leaders. Our brothers and sisters are called upon in the worst of times protecting citizens that we serve and see a side of humanity that many do not even believe exists. While protecting the community, officers often put their own mental well-being at risk when stressors are not addressed.

The Other Wall: Mental Illness and Police Suicides

The purpose of this Capstone Project is to examine the underlying issues associated with police suicides and assistance programs for officers. Each one of us have experienced a co-worker or loved one face depression or worse. This topic was chosen to bring it to the forefront that mental illness and wellness of Law Enforcement Officers is a rising issue and if we don't address it head on the number of our brothers and sisters we lose to this epidemic will only grow in numbers. We all have heard that radio call of an Officer screaming for back up and needs assistance and we run lights and sirens, but how many of us will run to the Officer calling for emotional back up?

The Internal Battle

On any given day, law enforcement officers encounter tragic events which have tumultuous effects on their mental health. There are approximately 900,000 sworn officers in the United States. According to research 19% of officers suffer from PTSD. Other studies suggest that as high as 34% of officers suffer symptoms associated with PTSD but do not meet the standards for the full diagnosis (Kirschman, 2017). In another study of 750 police officers, researchers found that exposures to critical incidents correlated with alcohol use and PTSD symptoms. Officers who have had exposure to critical incidents were at greater risk of experiencing PTSD symptoms and alcohol abuse (Menard & Arter, 2013).

Officers often live in a continuous mind-set of Volatile, Uncertain, Complex and Ambiguous or VUCA which can have a detrimental effect on their mental health. Volatility refers to the speed of change in a situation. The speed, volume, and magnitude of the situation cannot be known. Uncertainty refers to the extent to which we can confidently predict the future. Uncertain policing environments continuously make it challenging for law enforcement to use

previous encounters or events as predictors of future outcomes. Complexity refers to the number of factors that we need to take into account, their variety and the relationships between them. Policing is the epitome of incalculable variation of cause, effect and mitigating factors played out in a call for service. Ambiguity refers to a lack of clarity about how to interpret something (Dugan, 2017).

Captain Kevin Dugan (2017) explained in module 6.5, all chaotic situations are filled with uncertainty. Although, uncertainty can never be completely eliminated, it can be reduced substantially with leaders who are prepared to deal with the unexpected and ambiguous nature of chaotic situations. This innovative and adaptive leadership style is imperative to identify officers who are in a continuous state of VUCA. When leaders anticipate the crises of change and chaos during tumultuous times, they can redirect officer's mind-set to gain clarity and realign. (Dugan, 2017).

The Myth Concerning PTSD

Too often mental illness becomes generalized and mislabeled as post-traumatic stress disorder. When labeling or generalizing, it propagates stigmas which hinders officers who suffer from shock of a traumatic event and needs help, but does not want to be labeled mentally ill. Mental illness diagnoses are subjective and often misdiagnosed because there is no definitive test for accurate diagnosis. Research has shown that mental illness is not the leading cause of police suicides. Basic human suffering which is associated with losing control and meaning over your life is the greatest cause of police suicides (Schwarz, 2017).

Although there are no federal agencies that establish or maintain statistical data in reference to law enforcement officers' suicides, research has identified that only a few of the known deaths are publicly attributed to depression or PTSD. The overwhelming majority are

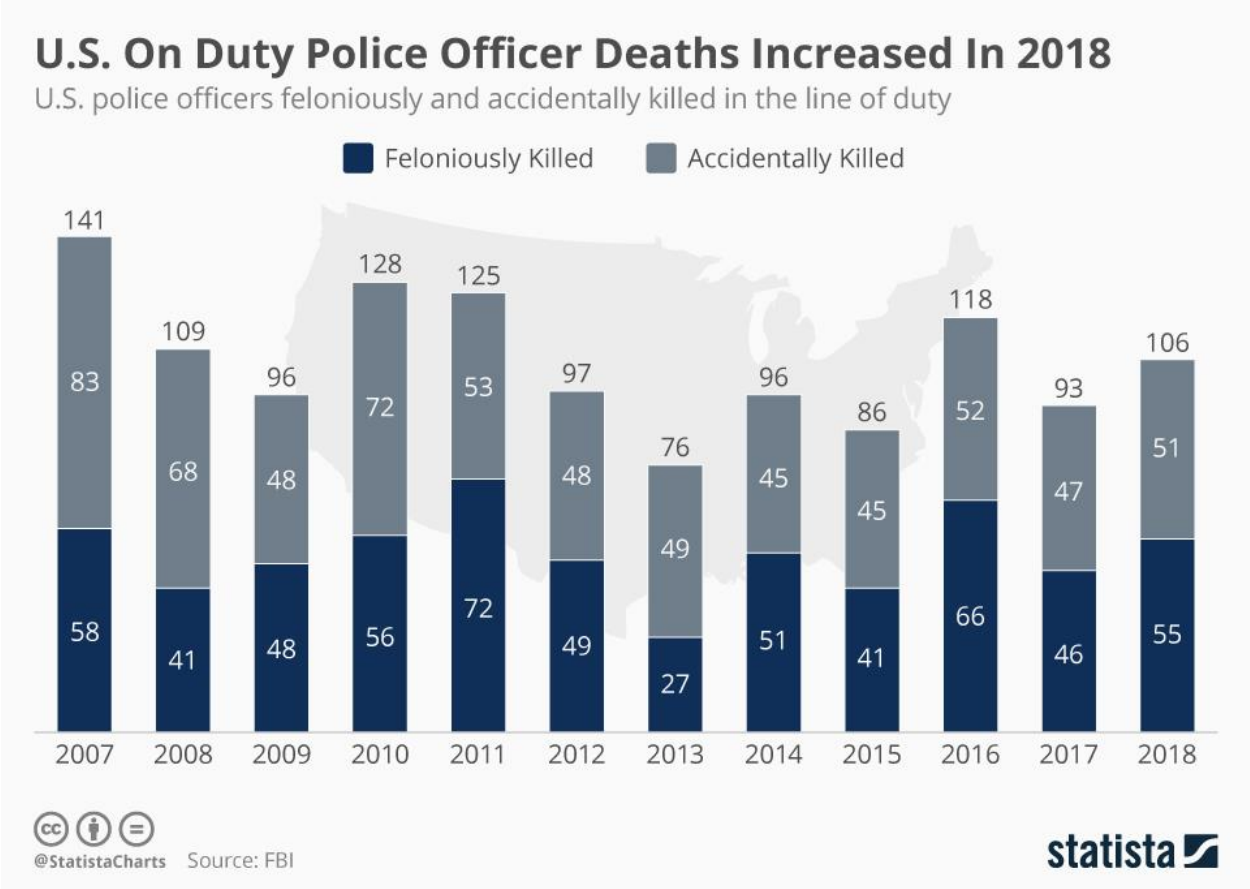
listed as having “unknown causes.” Stigma — the fear that it will reflect negatively on a department or result in liability claims by the family — appears to be a motivating factor behind such vague information (O’Hara, 2017).

The Facts

There is a lot of speculation as to why law enforcement officer suicides are higher than others, including those we've already discussed—alcoholism, depression and divorce. In truth, those issues may only be symptoms of a bigger problem: post-traumatic stress disorder (PTSD). The truth is, an average law enforcement career is well-suited to produce PTSD for some officers. Between the long hours, the fatigue, the potential health issues and trauma, it is easy to understand how PTSD may contribute to higher suicide rates among officers. Figures from the Ruderman Family Foundation has found that roughly 35% of police officers experience PTSD, compared to 6.8% for the general population. As well, roughly 12% of officers experience depression, versus 6.8% for the general population (Roufa, 2019).

Last year, 55 U.S. police officers were killed by felons in the line of duty while 51 died accidentally, according to new figures released by the FBI. Their average age was 37, with an average tenure of 10 years in law enforcement. 52 of the officers killed by felons were men while three were women. When it comes to the circumstances behind the incidents in 2018, investigative or enforcement activities accounted for 23 deaths while six officers died during pursuits. 11 died in ambushes while three were killed in arrest situations (McCarthy, 2019).

Statistics



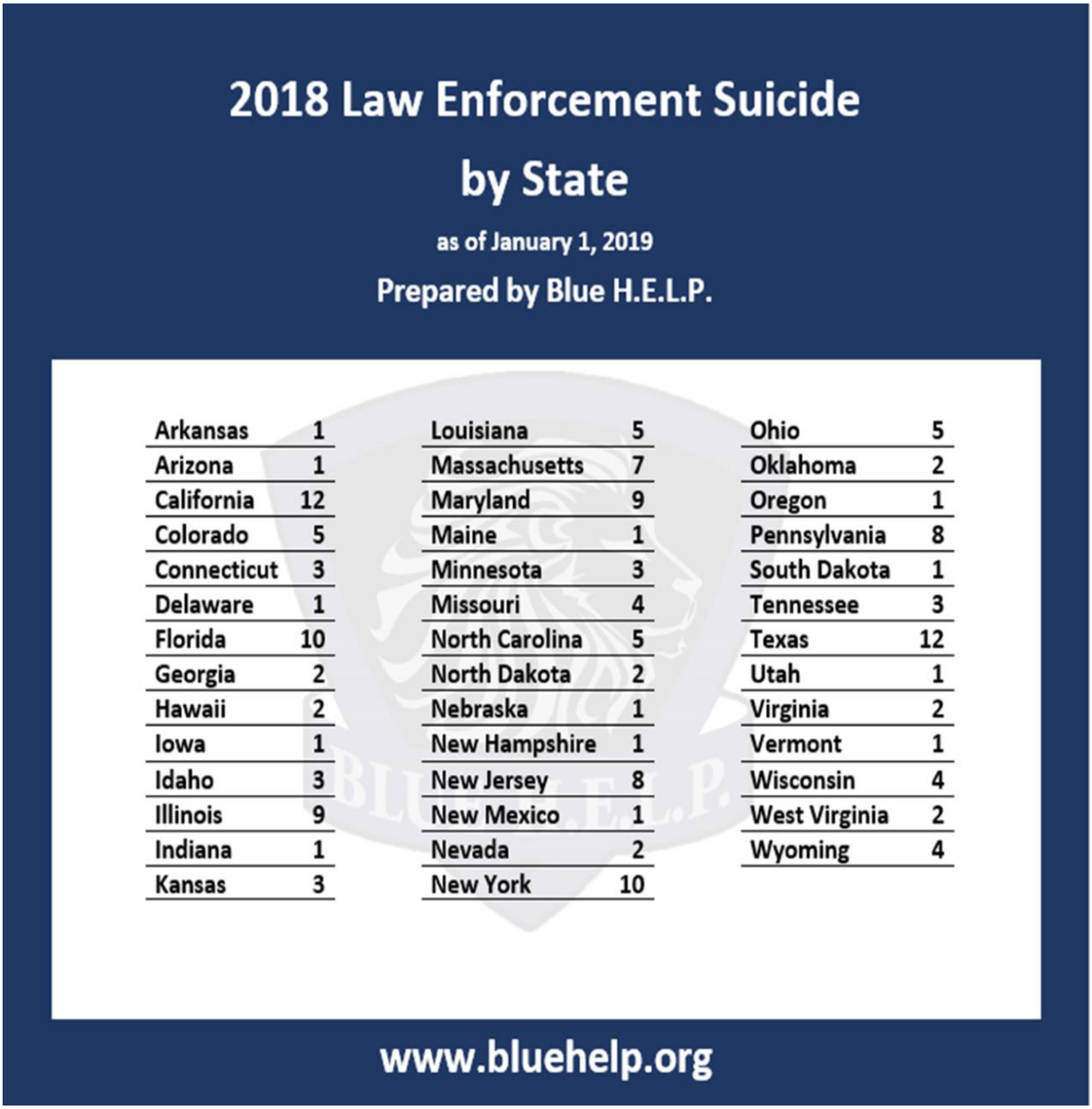
As we compare the graph documented by the Law Enforcement Suicides and Line of Duty Deaths 2016 – 2018 to the data listed in the graph documented by U.S. On Duty Police Officer Deaths Increased In 2018. Suicide rates are more than three times higher when compared to officers who were feloniously killed on duty.

Law Enforcement Suicides and Line of Duty Deaths 2016-2018

Suicide source: bluehelp.org
LODD source: odmp.org

	2016	2017	2018
Suicide	140	159	159
9/11 related illness	12	9	14
Accidental	0	0	1
Aircraft accident	1	2	0
Animal related	1	1	0
Assault	3	6	3
Automobile crash	20	28	26
Boating accident	0	2	0
Drowned	2	5	4
Duty related illness	1	3	4
Exposure to toxins	0	1	0
Fall	1	0	1
Gunfire	64	45	52
Gunfire (Accidental)	3	0	1
Heart attack	16	16	17
Motorcycle crash	8	4	3
Stabbed	1	1	0
Struck by train	1	0	2
Struck by vehicle	10	4	6
Training accident	1	0	0
Unidentified	0	1	0
Vehicle pursuit	4	5	6
Vehicular assault	13	6	8

According to the website www.bluehelp.org, each year law enforcement officers take their own lives at a greater rate than are feloniously killed in the line of duty. In 2018, there were 144 law enforcement officers killed in the line of duty. During the same year there were 159 officers who died by suicide which is nine percent higher than officers killed in the line of duty. Of the 159 officer's suicides 151 were male and 8 were female. The month of December had the highest rate at 20 officer suicides. During the same month 10 officers were killed in the line of duty (Solomon, 2018).


2018 Law Enforcement Suicide
by State
as of January 1, 2019
Prepared by Blue H.E.L.P.
Arkansas 1
Arizona 1
California 12
Colorado 5
Connecticut 3
Delaware 1
Florida 10
Georgia 2
Hawaii 2
Iowa 1
Idaho 3
Illinois 9
Indiana 1
Kansas 3
Louisiana 5
Massachusetts 7
Maryland 9
Maine 1
Minnesota 3
Missouri 4
North Carolina 5
North Dakota 2
Nebraska 1
New Hampshire 1
New Jersey 8
New Mexico 1
Nevada 2
New York 10
Ohio 5
Oklahoma 2
Oregon 1
Pennsylvania 8
South Dakota 1
Tennessee 3
Texas 12
Utah 1
Virginia 2
Vermont 1
Wisconsin 4
West Virginia 2
Wyoming 4
www.bluehelp.org

The Facts Concerning Suicides

Studies have shown 75% of officers that commit suicide leave a note. Within these notes, officers have documented mixed emotions concerning religious beliefs and extreme hopelessness about dying. Most often, the warning signs are apparent such as: frustration, grief, depression, loneliness, alienation, disappointment, physical pain, and mental illness. Of all the warning signs listed, depression is often the most prevalent and longer-term condition. Depression is the easiest to recognize and yet it is the most unreported link to police suicide. Supervisors and fellow officers will document or talk about unsatisfactory performance issues, but will not attempt to link it to depression. Once performance issues are identified, officers are often isolated from co-workers which can lead to major depressive attacks. The isolation may cause a feeling of worthlessness or guilt. As depression progresses officers experience changes in appetite and sleep patterns which leads to diminished decision-making skills. Over time anger, outbursts, and persistent anger over minor situations is a clear indicator of severe distress, but it is also the greatest cause of isolation between fellow officers and supervisors (Baker & Baker, 1996).

As we identify signs associated with an officer's mental health decline, we need to incorporate a deep communication process. Long (2017) stated organizations need to adapt to meet new contingencies through our communication process. We need to maintain and reciprocate relationships which stabilizes environments and gives some continuity. This is done through organizational communications which is needed to find out what we need to improve. Effective communications are based upon strong relationships. Trust drives these relationships forward and a key ingredient to this fuel is empathy. We need to be empathetic for our communications to be effective. There is no greater demonstration for the need of effective

communications then the need to learn how to respond to the hidden meanings during conversations. You need empathy to see through the eyes of others. The professional knows how to bypass words and began to deal with the meaning which are the emotions behind the words. This will defuse tension and start the bonding process to seek a solution for true problem-solving (Long, 2017).

As levels of depression increase, officers become more isolated and start to feel higher levels of helplessness and hopelessness which now extends the negative work environment to their home life. This is one of the darkest places in depression. The officer feels hopeless and unable to change the current situation and starts to contemplate suicide. The officer could be suffering drug abuse, a loss, or extreme stress. Given the cause and effect of suicide it is important that supervisors need to explore officer work history and application documenting alcohol abuse, mental illness, suicidal behavior, chronic depression, and divorces (Baker & Baker, 1996).

Recognizing the Issue and Taking Action

Officer trouble takes time to develop and during this time there is a window in which officers are open to remedial intervention before a potential suicide attempt. This window gives a supervisor a chance to intervene before the officer plans or attempts suicide. Emotional intelligence is having the ability or insight to recognize problems before they manifest into something that may be damaging to an organization. It stresses effective communication to better understand interpersonal relationships. It gives you greater understanding of your emotions and the emotions of others. It is the building block to adjust emotions to achieve one’s goal. Emotional intelligence helps to understand what makes you angry and methods to eliminate your personal triggers. Emotional intelligence or emotions can be a tricky topic in law enforcement.

We work within the perimeter of a high emotional state, but expressing emotion or understanding emotions is often avoided because officers feel they appear weak. It is hard to change an establishment that has stressed the desire for the alpha male who can win in every situation without showing empathy (Robinson, 2017).

One of the hardest things to do as a supervisor in law enforcement is to hear about a personal problem from a subordinate that is outside of our scope of expertise. Officers and supervisors have limited training when it comes to applying techniques to make a smooth referral to a mental health professional to assist officers in need. Furthermore, very few departments have a policy manual that provides an organization with a list of professionals to give a proper recommendation or a system in place to protect the officer's anonymity.

As a supervisor we need to start by listening empathetically to get as much information while not being too intrusive. Find out if the officer has a health care professional they personally know and if they don't, provide contact information for a counselor or therapist. Make every attempt to verify that the counselor has a reputable practice and is covered by the organization's insurance. Attempt to ascertain more than one referral name to give them a choice. This would give them some ownership in the decision process. After the officer and counselor meet, follow-up to make sure the officer feels that he or she is getting the best care. Meet face to face with the officer an in attempt to eliminate the negative stigma associated with seeking counseling and reassure the officer that all with meetings will remain confidential. As the officer continues counseling continue to meet with him or her to make sure the outcome is best for them and the department. Finally, let him and her know that the support does not end when they have completed counseling (Anderson, 2017).

Conclusion

As research was conducted in regard to this project, it was amazing to us as a team to discover the amount of intervention methods available. But what amazed us more was why did we not know about this before and why are agencies reluctant to capitalize on this issue?

The International Association of Chiefs of Police details Agency Action Plans to make mental health and suicide prevention a top priority by instituting mental health and suicide prevention measures. This should include but not be limited to the following:

- Formalizing policies and practices in writing and ensure correct dissemination of such
- Initiate mental wellness programs and officer suicide prevention campaigns
- Inundate agency offices and roll call rooms with mental health awareness and suicide prevention literature
- Train officers to recognize warning signs of chronic stress
- Periodic mental health screenings particularly after a critical incident
- Executives must stand at the front of these campaigns to promote the culture from the top to the bottom

We leaders are in the perfect position to make a positive change to the current myths and beliefs of mental health and officer suicides. Mental health challenges of officers should no longer be stereotyped as a weakness but as a condition due to the job we do and how it impacts our lives. Rightfully, we memorialize and inscribe the names of our brothers and sisters on the wall in DC when they are killed in the line of duty, but what about the other wall……their lives mattered too.

References

Anderson, T. (2017). *Problem-management and opportunity leveraging skills* [Video]/ National Command& Staff College Week 2-3.9

Baker, T.E. and Baker, J.P. (1996). Preventing police suicide. *FBI Law Enforcement Bulletin: Federal Bureau of Investigation.* Retrieved from, http://www.aele.org/law/2007FPMAY/fbi-1196-10.pdf

Cosgriff, C. (2018). *Law enforcement suicides by state*. Retrieved from, https://www.odmp.org/search/year

Cosgriff, C. (2018). *Law enforcement suicides and line of duty deaths 2016 -2018*. Retrieved from, https://www.odmp.org/search/year

Dugas, K. (2017). *Adaptive decision making as a deliberate counter yactic (VUCA)* [Video]. National Command & Staff College Week 6.5

Hoina, C. (2017). *Virtues of magnanimous officers* [Video]. National Command & Staff College Week 1.1

Horvitz, L.A. (1994). *Can police solver their epidemic of suicide?* Retrieved from, https://www.questia.com/magazine/1G1-15922971/can-police-solve-their-epidemic-of-suicide

Kirchman, E. (2017). *Cops and PTSD why you should care, what you can do?* Retrieved from, https://www.psychologytoday.com/us/blog/cop-doc/201706/cops-and-ptsd-0

Long, L. (2017). *Organizational communication* [Video]. National Command & Staff College Week 6.2

McCarthy, N. (2019). *U.S. on police officer deaths increased in 2018.* Retrieved from, https://www.statista.com/chart/11727/us-police-deaths-spiked-last-year/

Ménard, S. Kim, & Arter, L. (2013). Police officer alcohol use and trauma symptoms: Associations with critical incidents, coping, and social stressors. *International Journal of Stress Management.* Retrieved from, https://www.researchgate.net/publication/263937499_Police_Officer_Alcohol_Use_and_Trauma_Symptoms_Associations_With_Critical_Incidents_Coping_and_Social_Stressors

O'Hara, A. (2017). *It's time we talk about police suicide*. Retrieved from, https://www.themarshallproject.org/2017/10/03/it-s-time-we-talk-about-police *suicide*

Robinson, M. (2017). *Practical emotional intelligence* [Video]. National Command & Staff College Week 1.3

Roufa, T. (2019). *Exploring the problem of police suicides. Get the facts on suicides among law enforcement officers.* Retrieved from, https://www.thebalencecareers.com/exploring-the-problem-of-police-suicides-97877

Schwartz. B. (2017). *Emotional wellness and suicide prevention for police officers*. Retrieved from, https://www.policeone.com/health-fitness/articles/411141006-Emotional-wellness-and-suicide-prevention-for-police-officers/

Solomon, K. (2018). *Law enforcement suicides and line of duty deaths 2016-2018*. Retrieved from, https://bluehelp.org/service/statistics/