

KNOW SUICIDE

The Los Angeles Police Department's Suicide Prevention Campaign

Behavioral Science Services (BSS), Los Angeles Police Department, has been developing a suicide prevention campaign since the spring of 2007 using the public health model. The goal of this Department-wide campaign is to improve the psychological health and wellbeing of Department employees by eliminating suicide as a cause of death in our Department. The general objectives of this campaign include:

- Increase employees' understanding of suicide, especially their ability to recognize risk factors, signs and symptoms.
- Teach employees new and effective ways of intervening when someone is suicidal or otherwise demonstrates at-risk behaviors.
- Proactively and concretely address those factors that can lead to suicide, namely depressed mood, intimate relationship conflicts, alcohol abuse and financial problems.
- Modify those aspects of law enforcement culture that can contribute to increased suicide risk, including barriers to seeking help and stigma in particular.
- Increase Behavioral Science Services' outreach and the provision of professional services to at-risk Department employees.
- Implement a process by which psychologists periodically review at-risk and completed suicide cases.

The LAPD suicide prevention program consists of different components all designed to help achieve the overall goal and objectives stated. **KNOW SUICIDE**, the working title of our program, will be universally applied across all divisions, ranks, and work groups and is supported with a variety of supplemental interventions. At the core of the program is a 90-minute e-Learning multi-media presentation that will be delivered to every sworn and civilian member of the Department. Through Intranet access to this presentation, it is possible to ensure that everyone has access to the presentation. It can also provide a personalized and interactive experience that cannot be delivered in a timely and effective fashion in a group format.

e-Learning presentations involve video scenarios where the audience chooses among competing responses. It involves incremental tests of knowledge development and an

overall pass/fail measurement of training objectives. e-Learning requires active concentration and interaction which facilitates learning. It is not possible to “sit in the back row” and distract oneself. There is an additional benefit of ensuring that each audience member will receive exactly the same information. This cannot be assured in a large Department which requires a multitude of trainings over an extended period of time using more than one trainer.

Supplementing the e-Learning presentation can be specific trainings targeted at specific audiences (i.e. supervisors and younger officers). These trainings emphasize situations where the issue of suicide might arise and how one might intervene with an officer in distress. Underlying issues such as personal health, finances, substance abuse, marital strife and mental illness can be covered in greater depth and with appropriate emphasis tied to the general experiences of the audience. Behavioral Science Services has worked to overcome those challenges inherent in providing training only once. By supplementing the e-Learning with periodic refreshers and reminders of key program objectives, Department employees receive periodic “reminders” on how to effectively intervene in suicide situations. Our suicide prevention campaign includes the following components:

e-Learning Course. A 90-minute on-line training for all Department employees that covers the basics outlined above. This course, as well as the roll call training, will include a brief video of Department employees who have had some personal experience with someone who is suicidal. The video portion is an interactive vignette which allows officers to make decisions and see the outcome of their decision making with “bad” decisions leading to bad outcomes. Additionally, the vignettes can be reset and a different outcome due to different decision making can be observed. The interactive feel may appeal to the “video game generation” which is accustomed to this media.

Supervisory Training. Supervisors have been designated as the gatekeepers who can detect daily changes in people’s lives at work. To that end, Department supervisors will receive two hours of classroom training that reviews the basics (e-Learning) and then focuses on what action a supervisor can take early on to prevent suicide and minimize its risk factors. These classes will be taught at the Divisions and incorporated into various Department schools. The teaching format is based on adult learning. The instructors will include a Department psychologist and a supervisor from the Division or the teaching cadre. Having supervisors teach supervisors allows the training to take on a “peer” element and should encourage class discussion in addition to enhancing the perceived relevance and importance.

Roll Call Training. Includes a 10-14 minute roll call training with handout material; Department psychologists can attend roll calls with suicide prevention materials, provide information about services and field questions. At this level, officers are encouraged to do their best to take care of themselves physically as well as emotionally, simultaneously they are tasked with looking out for each other and not leaving their partner behind in much the same way the military encourages and trains for the same behavioral intervention. Accountability within the organization across all ranks is emphasized to achieve the mission of “not one more.”

Suicide Prevention Wallet Card. A credit card size reference covering suicide risk factors, what to do if you or someone you know is suicidal, and how to obtain help including phone names and phone numbers. (see Appendix)

BSS Bulletin Board. There are designated bulletin boards in every geographic Division and a number of specific work areas which contain information on health related matters, along with resource information. Suicide prevention materials will be routinely posted on these boards.

BSS Website & Electronic Communication. BSS has posted information on the Department’s Intranet. This site is accessible through what the LAPD refers to as the “Chief’s Page” and provides a resource to post useful information on suicide, depression and a number of mental and physical health issues. Furthermore, we are looking into the feasibility of sending electronic messages to Department-issued communication devices (viz., PDAs) with brief suicide prevention messages.

Video Messages. Because suicide prevention messages must convey authenticity to their intended audience, we will use video records of Department personnel who have had some type of personal experience (e.g., knows a co-worker who was suicidal, personally suicidal, survived a love one’s suicide, etc) with suicide. Employees will share in their own words and using their own experience explicit messages about suicide and what to do if you or someone you know is suicidal. These individuals are also intended to serve as role models who help address the problem of stigmatization.

LAPD Suicide Prevention Wallet Card and Dashboard Sticker

Wallet Card (folds over into business card size)

Suicide Risk Factors

- Threatens to harm themselves
- Has history of previous suicide attempts
- Expresses a plan to kill themselves
- Angry or highly agitated
- Sad or depressed
- Dependent upon alcohol
- Hopeless, Helpless
- Having problems at work or home
- Socially isolated, withdrawn
- Problems with sleep, appetite or weight
- Increased risk-taking behavior

Outside, Front

KNOW SUICIDE

Know the Risk Factors, Signs and Symptoms,
and When & How to Act

Behavioral Science Services (213) 485-
HELP

Outside, Back

AID LIFE

- A Ask.** Do not be afraid to ask "Are you thinking of hurting yourself" or "Are you thinking about suicide?"
- I Intervene immediately.** Take swift action. Use active listening and seek assistance immediately.
- D Don't keep a secret.** Tell someone, call BSS.
- L Locate help.** Stay with the person and call someone or escort them for help.
- I Inform Command.** Supervisors can secure immediate and long term assistance.
- F Find someone to remain with the person.** Don't ever leave them alone.
- E Expedite.** Get help now. An at-risk person needs immediate attention from professionals

Inside, Front

The vast majority of people who are suicidal WANT HELP ... and usually send a message to others.

If you think someone may be suicidal, **Don't wait** – ensure the person is not alone and call BSS for assistance.

(213) 485-HELP (213) 485-4357

Inside, Back

Poster, Bulletin Boards, Webpage & Police Vehicle (MDT) Notice

KNOW SUICIDE

Know the Risk Factors Know the Signs Know When & How To Act

Behavioral Science Services (213) 485-HELP (485-4357)