

# National Consortium on Preventing Law Enforcement Suicide

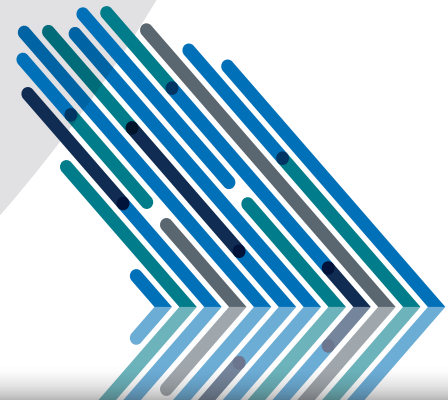
2023 REPORT AND RECOMMENDATIONS



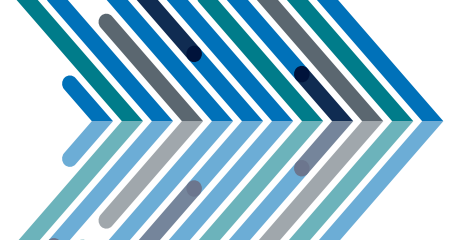


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# NATIONAL CONSORTIUM ON PREVENTING LAW ENFORCEMENT SUICIDE: 2023 Report and Recommendations



## Introduction

Suicide among law enforcement officers is a complex issue and there are many individual and agency factors which can contribute to suicide risk. As compared to the general public, there is an overall higher likelihood of suicide risk and suicidal behaviors among law enforcement personnel.<sup>1</sup> Police officers have elevated rates of suicide, substance misuse, and divorce compared to other professions.<sup>2</sup> Risk factors for suicide also include mental health challenges, social isolation, exposure to trauma, and chronic disease and disability.<sup>3,4</sup> Protective factors include social connectedness, problem-solving skills, access to mental health care, and reasons for living (such as children).<sup>5</sup> In 2018, in order to further explore these complex issues, the International Association of Chiefs of Police (IACP), the Education Development Center (EDC) and the National Action Alliance for Suicide Prevention launched the National Consortium on Preventing Law Enforcement Suicide with funding and support from the U.S. Department of Justice’s Bureau of Justice Assistance.

This was the first federally funded multi-year initiative focused on solutions to emerging challenges and successes of the field in addressing mental health and preventing officer suicide. Consortium members included key academic and field expertise in areas such as law enforcement leadership, suicide prevention, mental health, family, and peer support. The Consortium produced important resources to assist agencies in preventing suicide, intervening during a suicidal crisis, and supporting officers and departments after a suicide occurs. In its first two years, the Consortium released recommendations to assist the law enforcement profession with improving access, quality, and acceptance of mental health resources and to advance suicide prevention efforts and support a culture of health and wellness. At the end of the first phase of the Consortium in 2020, a report was produced detailing its work and recommendations. This report is designed to provide important updates on the Consortium’s work since then in addition to sharing the current set of national recommendations to prevent officer suicide.



## BACKGROUND

The Consortium initially undertook a series of key first steps in tackling the problem beginning with the development of a resource, [Preventing Suicide Among Law Enforcement Officers: An Issue Brief](#), detailing the current state and understanding of officer suicide. This comprehensive assessment focused on the scope of the problem, causes of the issue, risk and protective factors, and intersections with trauma and other officer health and wellness challenges and helped establish a central collection of knowledge to build the foundation of the Consortium's work. A [toolkit](#) of resources was then developed to assist law enforcement agencies in addressing suicide including: [A Comprehensive Framework for Law Enforcement Suicide Prevention](#), [Peer Support As a Powerful Tool in Law Enforcement Suicide Prevention](#), [Messaging About Suicide Prevention in Law Enforcement](#), [After a Suicide in Blue: A Guide for Law Enforcement Agencies](#), and a [Final Report](#). For a full list and description of Consortium resources please see Appendix A.

## CONTEXT

Since the Consortium's first report, there have been several developments, events, and cultural shifts. These have had a significant impact on law enforcement as a profession and, likely, the lives of individual officers. The advent of COVID-19 and subsequent pandemic had a monumental effect on law enforcement. COVID-19 has been responsible for the most line of duty deaths among law enforcement by a large margin.<sup>6,7</sup> This has produced various challenges for officers, including an increased workload due to lower staffing, increased stress, and decreased morale. Officers also had to contend with grief and loss associated with the impact of the COVID-19 pandemic on their own personal lives and the lives of family, friends, and colleagues. The United States has also experienced widespread civil unrest and protests and heightened anti-police sentiment.<sup>8</sup> This has led to increased numbers of officers leaving the profession and further exacerbated morale and stress, placing significant strain on officers.

More recently, there has been an increase of public policy enacted related specifically to law enforcement suicides, mental health benefits and peer support. These new laws, both state and federal, have created sweeping changes for the profession, the true impact of which will likely be unknown for many years. New national data collection and the recent official designation of death by suicide as a line of duty death have had landmark shifts. Congress recognized the need for better information related to law enforcement suicide and subsequently passed the Law Enforcement Suicide Data Collection Act in 2021.<sup>9</sup> This now tasks the Federal Bureau of Investigation with receiving voluntary reports of law enforcement suicide deaths and attempts from police agencies across the country and producing subsequent reports to update the nation.<sup>10</sup> This new government-led effort will revolutionize our understanding of the scope and risk factors of suicide for officers. The Centers for Disease Control has also taken steps to improve surveillance data on officer suicide and is now coordinating these efforts with other federal agencies.

Mental health benefits have also been the subject of recent legislative changes. The Public Safety Officer Support Act extends federal financial benefits to families of qualifying officers who die by suicide or have a disabling diagnosis of post-traumatic stress disorder (PTSD).<sup>11</sup> This is a landmark change in how suicides are classified by amending the Public Safety Officers Benefits Program to specifically include suicide as a line of duty death for officers. The impact of this change will be widespread and felt for many years as it applies to both future and more recent deaths by suicide. Many states and local jurisdictions have also expanded short- and long-term disability coverage to include a diagnosis of PTSD to qualify for benefits, in addition to mandating annual mental health wellness checks. Based on the passage of the Confidentiality Opportunities for Peer Support (COPS) Counseling Act, federal law enforcement officers now have added privacy protections to support information exchanged between an officer and a peer support worker, with a few exceptions.<sup>12</sup>



Additionally, many states have enacted legislation that provides specific protections for peer support. These legislations provide structure to ensure that ethical and confidential services are offered. Legal protections regarding peer support, especially privileged communication, are crucial in ensuring the program is appropriately utilized.

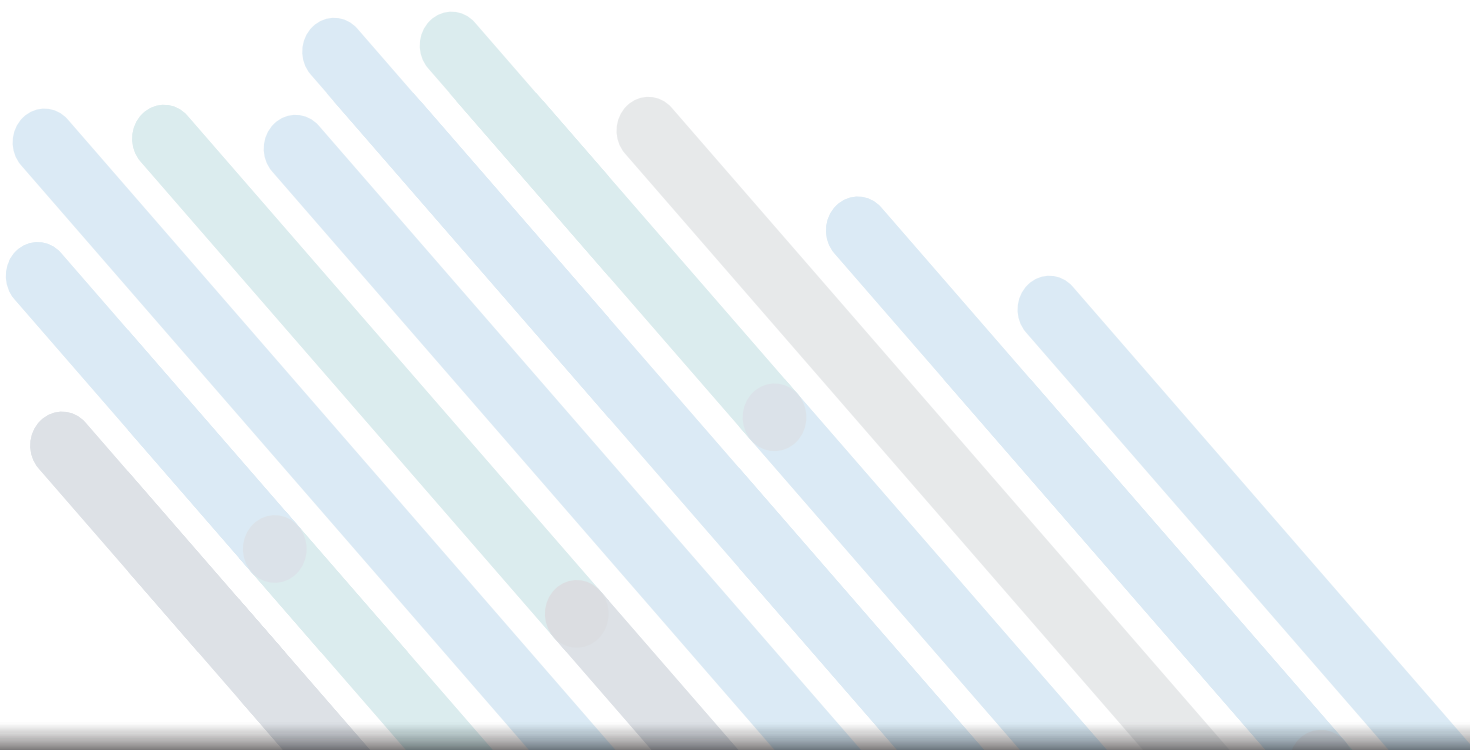
Agencies have also been making strides to address some protective factors in suicide prevention including increasing resilience and coping skills for managing psychological distress and suicide awareness and prevention training. These trainings have become a frequent topic among law enforcement agencies for the last several years, in addition to peer support. This represents an understanding that both individual and agency support are necessary to help prevent suicide. While this progress is welcomed, it must also be noted that while these trainings are expanding, they are often not being implemented with an evaluation component. Moving forward, it will be crucial to focus on evaluation efforts to determine the effectiveness of these trainings and identify training gaps that may exist.

These changes are all significant and represent a large increase in the dedication, time and attention to this particular challenge. However, there is still much work to be done. Despite increased focus on suicide prevention and officer wellness in recent years, more than half of the agencies in a recent review offered no wellness programming.<sup>13</sup>

## RECOMMENDATIONS

The comprehensive framework to address law enforcement suicide prevention contains eleven spokes on the wheel, representing eleven key areas (See graphic in Appendix B) that will require attention and resources to improve. Considering the changes that have occurred since the first set of recommendations to address officer suicide were issued, and to make the most of the resources and energy that currently exist for this issue, the Consortium is issuing the following updated recommendations for the field.

These recommendations support police agencies in implementing effective approaches to suicide prevention. Recommendations address five key areas: data and research, organization and systems change, peer support, family support/surviving families, and messaging.



# 2023 Recommendations

## DATA & RESEARCH

1. Support better integration and communication between the various systems that collect data about law enforcement suicide to include the Federal Bureau of Investigation (FBI), Center for Disease Control and Prevention (CDC), and National Violent Death Reporting System (NVDRS).
  - Collaboration efforts should focus on avoiding duplication of efforts and improving communication and coordination among the systems.
  - Data collecting agencies should explore options to increase broader sharing of de-identified data for use by federal and academic partners to advance research efforts. Further discussions should address the potential to share appropriate data with the public for improved transparency and understanding about the scope of law enforcement suicide.
  - Once analyzed, data should be shared with police academy directors to determine training guidelines and instruction on specific areas identified as high priority – this can help ensure appropriate training is implemented beginning at the academy level.
  - Data should be shared with police chiefs, training units, and wellness coordinators across the nation to ensure appropriate in-service training is made available.
2. Address the gap in quality data on officer suicide attempts and ideations by exploring the possibility of a standardized, anonymous national data collection of self-reported behaviors. This research effort could model itself off the military's Health-Related Behaviors Survey which has been successful in capturing this data from service members.
3. Increase opportunities for research on help-seeking behaviors of law enforcement to improve the evidence base on what motivates individuals to seek help and better understand the barriers and perceptions of risk, consequences, and value of available wellness services.
4. Increase cross-industry knowledge sharing to learn leading practices from other professions that experience high levels of stress, burnout, and fatigue, such as the emergency medicine field.
5. Foster stronger research collaborations with the National Institute of Justice, Law Enforcement Advancing Data and Science (LEADS) Scholar Program, IACP Research Advisory Committee, and others to address the Consortium's research priorities around officer suicide prevention, intervention, and postvention.

## ORGANIZATION & SYSTEMS CHANGE

1. Lead an agency wide culture committed to promoting health and wellness that includes buy-in from the top down and bottom up.
2. Ensure access to and promote the use of a variety of culturally competent and vetted mental health and wellness services, including EAPs, embedded mental health professional, wellness programs, peer support programs and chaplaincy programs.
  - Establish a process for regular vetting of services to ensure the highest quality of care and support is maintained.
3. Introduce concepts of mental health and wellness throughout an officer's career, including the duty to support one another, and have ongoing conversations to normalize the experience of help-seeking.
  - Ensure this message and culture is implemented starting at the academy.
  - Require all officers to be trained in Crisis Intervention Training. This will assist officers in the field and provide skills for conflict resolution with coworkers and even family members.
4. Agencies should employ automatic, annual mental wellness visits for all officers.
  - Policies and procedures should be in place for documenting outcomes of the wellness visits. Standards need to be identified that will be used to determine next steps depending on the outcome of the visit and the status of the officer.





## PEER SUPPORT

1. Set forth minimum standards, training, and evidence-based practices that peer support programs should follow. Emphasize the importance of partnership and oversight by a trusted, vetted, and culturally competent mental health professional.
2. Saturate the field and agencies with clear, easily digestible information about confidentiality, privilege, and any privacy laws that apply to peer support. Develop state-specific materials detailing what conversations are protected and outline the difference between confidential and privileged communication.
3. Clearly define and outline different types of peer support programs and their roles. Collaborate with the IACP Police Psychological Services Section on peer support guidelines. Ensure considerations for developing peer support programs, policies, and procedures are included and explained.
4. Focus on peer support for all phases—prevention, intervention, and postvention. Peer support professionals should be trained in the appropriate behavioral health support, to include understanding when and how to make referrals to a mental health clinician for appropriate and necessary care or follow up.
5. Peer support services should be available to and representative of all employees and divisions. (e.g. SWAT, SVU- Special Victims Unit, ICAC- Internet Crimes Against Children, PSA- Public Service Aides, Dispatchers, Crime Scene, Homicide, Non-Sworn Personnel, etc.)

## FAMILY SUPPORT/SURVIVING FAMILIES

1. Develop educational materials for families about:
  - Recognizing unhealthy coping skills of law enforcement (e.g., substance use)
  - Warning signs of suicide risk
  - How and who to reach out to for help if they are concerned about their family member's mental health
  - The facts regarding confidentiality protections and fitness for duty exams (in what circumstances can they be used, what the process is, what happens if someone is found to not be fit for duty, the treatment process, the percentage of individuals who are successfully returned to full duty after undergoing an exam)
2. Integrate families whenever providing information to officers about mental health resources including in the academy, annual wellness visits, and resources shared after critical incidents.
3. Recognize and address the stress families endure throughout an officer's career. Ensure they are educated about how to support their officer and their family. When possible, work with the union to establish a support network for the spouses/families of officers.
  - Explore and develop guidelines for family check-ins on an annual basis, or as family structures changes. Ensure resources are available for officers and family members throughout the officer's career as personal and professional changes occur.
  - Consider including family members who have had an officer die by suicide in family wellness services and communications, particularly in suicide prevention education following national best practices.



## MESSAGING

1. Use safe, positive, and evidence-based messaging when communicating about suicide prevention.
  - ▶ Tailor communications to specific groups to speak to the unique needs of younger and older officers, officers of color, and sexual and gender minority officers, among others.
  - ▶ Have suicide prevention and intervention services in place before launching suicide prevention communications efforts, and provide information about all available options for help.
2. Build and invest in internal suicide prevention champions. This should include consistent feedback from every level of law enforcement (officers up to chiefs). Encourage officers to seek help through an internal officer sharing their own personal story of how they received help.
3. Emphasize the need for and importance of Chief-to-Chief mentorship, accountability, and support. Ensure messaging and resources exist for leaders of the department to have appropriate support for their own struggles.
4. Saturate the field and agencies with clear, easily digestible information about how and why fitness for duty evaluations can be used. Develop state specific materials detailing when fitness for duty evaluations can be used and outlining the process to demystify and educate officers and family members.

## SPECIAL CONSIDERATIONS REGARDING IMPLEMENTATION AND FUTURE RESEARCH

All agencies can endeavor to create an overall culture that prioritizes and supports the mental health and wellness of their personnel. Agencies and their leadership should continuously emphasize that mental health is as important as physical health. After examining the recommendations above, the following are key priority areas that encompass the five main topics areas. The Consortium recommends all agencies keep these in mind to provide additional context and areas of focus as the field continues its work.

1. There is a gap in focus on dispatch, corrections, and non-sworn members of law enforcement agencies.
2. There is a significant need for more vetted, culturally competent mental health professionals. These professionals should be competent not only in law enforcement culture but also in the myriad cultures and identities that officers possess, including different ethnicity, religion, gender, sexual orientation, and others.
3. There is a need for attention to mid-sized, small, rural, and tribal agencies. A large opportunity exists to expand regional and state networks to leverage peer support and wellness resources.





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## Summary of Updates between 2020 and 2023 Recommendations

The biggest difference in recommendations is in the area of data and research due to the significant traction that has occurred with the passage and implementation of the Law Enforcement Suicide Data Collection Act. The recommendations contained in this report have been compiled to capitalize on the importance of addressing this topic.

The recommendations pertaining to peer support have become more specific and place an emphasis on evidence, professionalization, and training. Given that peer support is the most often utilized source of support for law enforcement officers, it is vital to ensure that peer support is being provided with the proper oversight of a mental health professional and that the information discussed is protected by appropriate privilege and/or confidentiality.

Family support and messaging are two areas where the field still has significant progress to make. Given that family support is a protective factor for suicide, investing in this area is critical. The Consortium has heard repeatedly from officers about the stigma associated with seeking mental health support and their perception that asking for help will always automatically initiate a fitness for duty evaluation and/or the loss of their gun and badge. This is simply not true, and the field must commit to dispelling this myth and providing clear, easily understandable information detailing when and how fitness for duty exams can be used. Without messaging of these important parameters, an agency could have exceptional mental health services, but if they are misinterpreted or misunderstood, they may go largely unused.

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## The Road Ahead

While there has been significant progress in the years since the Consortium issued its first report, there is still much to be done. The field has made solid strides to address some key issues, yet others have been more complex and difficult to address on a widespread level. The included recommendations are simply the top

priorities for the profession right now, there are many other areas in which the profession has yet to address. There is certainly a reason to celebrate the critical gains made; however we must not lose sight or momentum in continuing the movement of minimizing officer suicides.



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# Appendix A: Consortium Resources

The Consortium's [Toolkit](#) of resources for law enforcement agencies to assist in their efforts to prevent officer suicide and assist with intervention and postvention efforts includes the following:

- [Comprehensive Framework for Law Enforcement Suicide Prevention](#) – Suicide prevention efforts within law enforcement are more likely to succeed when they combine multiple strategies that work together. This comprehensive framework is designed for use by law enforcement executives, command staff, mental health and wellness professionals, peer support staff, and others responsible for the health and well-being of officers to work towards a holistic strategy to prevent officer suicide.
- [Preventing Suicide Among Law Enforcement Officers: An Issue Brief](#) – This issue brief provides a comprehensive literature review and outlines the current state of knowledge regarding suicide in law enforcement. Suicide risk and protective factors, challenges to suicide prevention, strategies and best practices, and existing knowledge gaps are discussed.
- [Peer Support as a Powerful Tool in Law Enforcement Suicide Prevention](#) – Peer support serves as a powerful resource for police in addressing stress management, mental health concerns, suicide prevention, and overall officer health and wellness. This resource outlines how peer support can best integrate suicide prevention strategies to support fellow officers, and considerations for peers to consider for their own wellness.
- [Messaging about Suicide Prevention in Law Enforcement](#) – Words matter and talking about suicide can be difficult. The way a police agency talks about suicide can have a significant impact on suicide prevention. This resource helps encourage conversation, promote resiliency, boost help-seeking, and encourage other behaviors that will help prevent suicide.
- [After a Suicide in Blue: A Guide for Law Enforcement Agencies](#) – A comprehensive postvention response assists in addressing the complex factors after a member of law enforcement dies by suicide. Providing effective and compassionate support, promoting healing, and reducing the risk of suicidal thinking and behavior for those impacted—this resource provides guidance for police agencies in responding to the suicide death of an officer, with considerations for several key areas.
- [National Consortium on Preventing Law Enforcement Suicide: Final Report](#) – This report outlines recommendations developed by the National Consortium on Preventing Law Enforcement Suicide. To assist the law enforcement profession with improving access, quality, and acceptance of mental health resources and to advance suicide prevention efforts and support a culture of health and wellness.
- In addition to these resources, the toolkit will soon include new updated resources. These are briefer resources designed to be quick reads for law enforcement leaders and agencies on each of the following topics:
  - [Leadership Checklist – Starting the Conversation — Ways Command Staff and Supervisors Can Talk with an Officer Who is Distressed](#)
  - [Leadership Checklist – Starting the Conversation — 6 Things Command Staff and Supervisors Can Say to an Officer Who has Experienced a Peer or Personal Suicide Loss](#)
  - [Chief's Checklist – Responding After an Officer Suicide](#)
- [Suicide Prevention, Intervention, and Postvention: Policy Guidance for Law Enforcement Agencies](#) This resource provides considerations for agencies to use when developing policies and procedures to prevent suicide, intervene when an officer is at risk for suicide, or provide support after a suicide occurs.
- The [Resource Repository](#) for materials and information to assist law enforcement agencies in this field. The Repository provides information, resources, and contacts to help agencies with suicide prevention and provide support after a suicide death or attempt. There is also a portal linked to the repository where agencies can submit a request for individualized technical assistance related to the resources provided by the Consortium.



# Appendix B: Comprehensive Framework



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# Appendix C:

## 2020 Report Recommendations

### Data and Research

1. Identify and define suicide data collection variables to aid in suicide prevention efforts and to better understand suicide risk and protective factors relevant to policing.
2. Identify and implement methods for collecting, using, and sharing data related to the prevention of suicide in policing.
3. Conduct research to better understand and identify interventions that have evidence of effectiveness in preventing suicide in policing.

### Organization and Systems Change

1. Lead an agency-wide culture committed to promoting health and wellness.
2. Ensure access to and promote the use of a variety of mental health and wellness services, including employee assistance programs, embedded mental health professionals, wellness programs, peer support programs, and chaplaincy programs.
3. Introduce concepts of mental health and wellness throughout an officer's career and have ongoing conversations to normalize the experience of help-seeking.

### Peer Support

1. Leadership at every level should support and encourage the use of peer support teams.
2. Provide ongoing training to the peer support team on suicide prevention, including topics such as resilience, connectedness, help-seeking, and recovery.
3. Ensure that peer support interventions are done in a way that is safe, ethical, confidential, and appropriate for everyone involved.
4. Include peer support teams in various facets of suicide postvention response, including having a visible presence following a suicide.

### Family Support/Surviving Families

1. Normalize help-seeking behaviors for both officers and families through regular messaging and outreach, starting at the academy and continuing through retirement.
2. Prioritize the visibility and accessibility of services for families to ensure their mental health and wellness, and the mental health and wellness of officers.
3. Develop and implement procedures to engage with and support families following a suicide attempt or death.

### Messaging

1. Implement a campaign that provides a clear call to action about safe messaging around resiliency, help-seeking, and recovery.
2. Ensure that all messaging promotes and encourages help-seeking, resilience, and connectedness.
3. Develop messaging tailored to the needs of specific groups.



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Next, we would like to express our sincere appreciation to members of the Consortium. Each person was invited to participate in the Consortium because of his or her knowledge and experience, as well as a strong commitment to officer wellness, mental health, and suicide prevention. The diverse perspectives that the Consortium members brought to this effort were invaluable to developing an updated set of recommendations.

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## Endnotes

- 1 Violanti JM, Robinson CF, Shen R. (2013). Law enforcement suicide: A national analysis. *International Journal of Emergency Mental Health*, 15(4), 289-297. 3.
- 2 Peterson C, Stone DM, Marsh SM, et al. (2018). Suicide rates by major occupational group - 17 states, 2012 and 2015. *Morbidity and Mortality Weekly Report*, 67(45), 1253-1260. doi: 10.15585/mmwr.mm6745a1 4. Heyman M, Dill J, Douglas R. (April 2018)
- 3 Chopko BA, Palmieri PA, Adams RE. (2015). Critical incident history questionnaire replication: Frequency and severity of trauma exposure among officers from small and midsize police agencies. *Journal of Traumatic Stress*, 28(2), 157-161. doi: 10.1002/jts.21996
- 4 Turecki G, Brent DA. (2016). Suicide and suicidal behaviour. *Lancet*, 387(10024), 1227-1239. doi: 10.1016/S0140-6736(15)00234-2 22.
- 5 Steele IH, Thrower N, Noroian P, Saleh FM. (2018). Understanding suicide across the lifespan: A United States perspective of suicide risk factors, assessment & management. *Journal of Forensic Sciences*, 63(1), 162-171. doi: 10.1111/1556-4029.13519
- 6 American Police Officers Alliance. (2021, March, 12). Police Officer Deaths in 2020. Retrieved from <https://americanpoliceofficersalliance.com/police-officer-deaths-in-2020/>
- 7 Study finds more active-duty police officers died of COVID-19 in 2020 than all other causes combined. (2021, February 25). *The Daily*. Retrieved from <https://thedaily.case.edu/study-finds-more-active-duty-police-officers-died-of-covid-19-in-2020-than-all-other-causes-combined/>
- 8 Ibid.
- 9 Public Law 116-143
- 10 Jennings, W. G., & Perez, N. M. (2020, June, 6). The Immediate Impact of COVID-19 on Law Enforcement in the United States. *American Journal of Criminal Justice*, 45, 690-701. Retrieved from <https://link.springer.com/article/10.1007%2Fs12103-020-09536-2>
- 11 Public Law No: 117-172
- 12 Public Law 117-60
- 13 Taylor, B. G., Liu, W., & Mumford, E. A. (2022). A national study of the availability of law enforcement agency wellness programming for officers: A latent class analysis. *International Journal of Police Science & Management*, 24(2), 175-189 <https://doi.org/10.1177/14613557211064050>







