

# IS OFFICER SUICIDE ON THE RISE?



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**EXPERTS ARE NOT SURE IF THERE IS A SPIKE IN THE FREQUENCY OF POLICE OFFICERS TAKING THEIR OWN LIVES. WHAT THEY ARE SURE OF IS THAT TOO MANY OFFICERS ARE IN EMOTIONAL PAIN AND SOMETHING NEEDS TO BE DONE. DOUG WYLLIE**

**A**ccording to BlueH.E.L.P., 158 officers died by suicide in 2018. The organization, which tracks officer suicides while simultaneously seeking to prevent such tragedies from occurring, says the number of officer suicides last year is 9% higher than the total number of 2018 line-of-duty deaths.

And 2018 was not a particularly unusual year. BlueH.E.L.P. says the number of officers dying by suicide in 2017 was 154. The total number of duty deaths in 2017 was 137.

Imagine if more than 150 officers were feloniously killed in the line of duty in a single year. The outrage among American law enforcement officers would be intense. But suicide is treated differently and because of that we may not even know the extent of the problem.



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### UNREPORTED AND UNDERREPORTED

The suicide deaths reported by BlueH.E.L.P. are just those that are confirmed to the organization by either the family or the officer's agency.

So it is likely that the actual number is much higher. This is because an unknown number of deaths may have been reported as accidental—with either family members or police agencies saying the officer “died by accidental discharge” or “died as a result of a sudden medical problem.”

A self-inflicted gunshot wound can certainly be described as a “sudden medical problem,” but that doesn't really reveal what actually happened, does it?

Sadly, the practice of sweeping this pandemic of preventable officer deaths “under the rug” has a long history in American law enforcement.

Happily, the practice of hiding the issue of police suicide may be coming to an end.

### MEDIA ATTENTION

Recently, news headlines in local and national media told of a spate of Chicago officers dying by suicide. Four currently serving CPD officers reportedly died by suicide in the span of just a few months—one recently retired officer also died by suicide.

This gave some observers the impression that there was a sudden “spike” in Chicago PD suicides. However, according to BlueH.E.L.P.—and several anonymous sources in the Chicagoland area—the only “spike” was the sudden media interest.

A Chicago-area mental health professional with access to Chicago Police Department information—who spoke on the condition of anonymity—says that suicides such as those recently reported have been happening for a long time.

“They've been able to hide [these suicides] because the officers were killing themselves at their homes,” he says. “They'd say, ‘He was cleaning his gun and it accidentally discharged.’ Yeah, because everyone has a full magazine and one in the chamber when they're cleaning their gun.”

“We know that people lie about suicide,” says Karen Solomon, one of the three co-founders of BlueH.E.L.P. “We know that a sharp shooter doesn't ‘accidentally’ shoot himself with an accidental discharge. We know an officer at the range doesn't ‘accidentally’ shoot

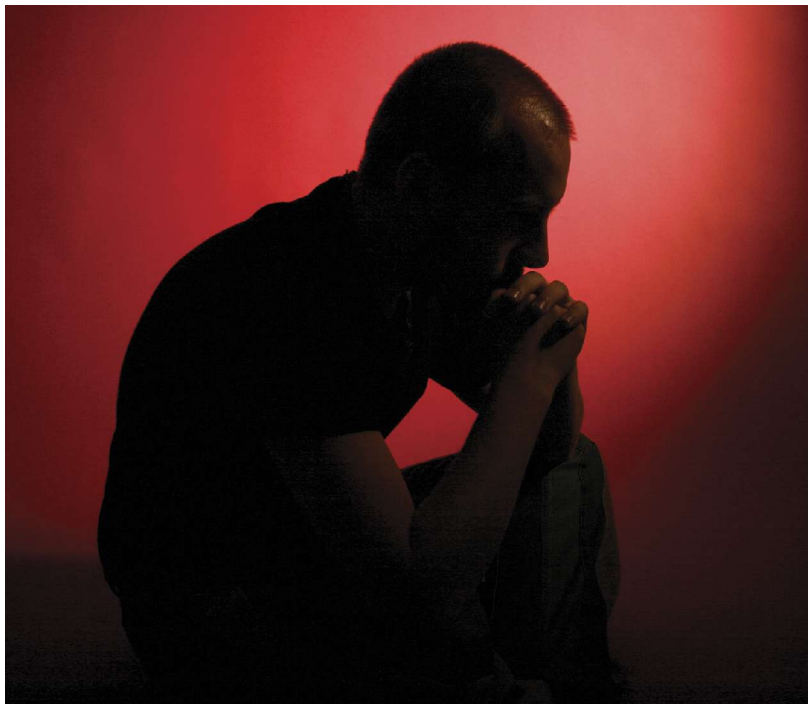


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## WARNING SIGNS AND AVAILABLE RESOURCES

Families of officers who died by suicide—as well as department colleagues left behind—frequently say the officers displayed visible warning signs of life-threatening mental or emotional crisis that only really registered after the officer's death.

Some of those signs include:

- Displaying feelings of hopelessness
- Withdrawing from friends and family
- Increase in alcohol consumption
- Noticeable change in weight—either gain or loss
- Ending typically beloved recreational activities
- Sudden, unexpected outbursts of anger or sadness
- Increased risk-taking both on and off duty
- A change in attitude or personal demeanor
- Saying things like, “You'll take care of my family if I die, right?”
- Threatening suicide—many suicide victims verbally telegraph their death

Some of these behaviors are far more likely to be observed by an officer's colleagues than his family.

If you observe in your co-worker or spouse any of these behaviors, let them know that you care enough about them to suggest that they get help. They can seek the assistance of a department resource like a mental health counselor or chaplain. They can talk with an outside psychiatrist or psychologist.

Further, there is plenty of literature available to help officers in crisis. Books like “Emotional Survival for Law Enforcement” by Dr. Kevin Gilmartin, “I Love a Cop” by Dr. Ellen Kirshman, and “Armor Your Self” by John Marx can be great resources for officers who may be approaching crisis. Add to that list books like “The Price they Pay” by Karen Solomon and Jeffry McGill—two of the founders of BlueH.E.L.P.

Then, there is the National Suicide Prevention Lifeline (1-800-273-8255), which provides 24/7, free and confidential support for people in distress. Safe Call Now (1-206-459-3020) offers those services specifically for first responders.

Finally, there is BlueH.E.L.P. On its website the organization maintains, a first responder need only enter a few data points—such as their location and what kind of assistance is needed—and the individual will be provided with a list of options for help from a searchable database dedicated to helping first responders find emotional, financial, spiritual, and other forms of assistance.

BlueH.E.L.P. says officers need to know it's OK to NOT be OK. It's OK to ask for help.

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himself in the head.”

Solomon says that an officer in her area died by suicide, but the obituary in the newspapers told another story. “We had an officer whose death was reported as a ‘complication of [a disease].’ The guy never had [the disease]. It was just something the family made up to put in the obituary. The family told us—and we were able to verify it—but they didn’t want people to know.”

The Chicago-area psychologist says, “They’ve avoided the issue of officer suicide for many years. They ignore it or it gets reclassified—it gets hidden. I can tell you that there were 17 suicides in the Chicago Police Department in 2017 that were unreported.”

The psychologist added that the reason for the sudden attention paid to this issue in and out of Chicago is because officers have recently taken their lives outside of a police station or in their squad cars.

“It’s hard to hide that over a police scanner,” he says.

The psychologist adds that a police spokesman on the scene after a senior CPD officer died by suicide told the assembled news media that it was a murder. Soon, however, the fact of the suicide became public. “He and the department had to publicly come out and correct it and classify it as a suicide. Hiding these suicides is not working anymore,” he says.

A veteran officer with CPD confirms that the number of officer suicides at his agency has not “spiked” but that the news coverage of those deaths certainly has. He says the Chicago Police Department has had a high rate of suicide for some time, but that until now, it was kept from view.

The officer—who has decades on the job with CPD—says, “Nobody really talked about it back in the day, but now, cops are talking about it because it’s in the news.”

He adds, “Some [suicides] still don’t make the news. We just had a retired guy kill himself and the only reason we know about it is because cops are talking about suicide more than ever before.”

The anonymous CPD officer says that the department has a “good program” to assist officers, but many officers don’t take advantage of it. Worse, some officers in the program have killed themselves over the years.

BlueH.E.L.P.’s Solomon says there



presently isn’t enough data to support any assertion of a rise in police suicide nationwide—or at CPD.

“We started this study with the idea of collecting five years of data before we did anything really serious with the data,” Solomon explains. “We’re starting year four. After year five, I might say, ‘There’s definitely a rise in suicide’—but until we have a couple more years of data, I don’t feel comfortable saying that.”

### RESISTANCE TO ASSISTANCE

Police officers are natural-born problem-solvers. They’re trained in the academy, mentored by their FTOs, and educated by the alchemy of thousands of hours of duty to solve problems. They’re hard-charging type-A personalities reluctant to admit a fault or a flaw. So it’s anathema for many officers to admit that they have a “problem” in need of solving. Worsening matters, many agencies are unwelcoming of an officer’s request for assistance. Therefore, we have a recipe for reticence when it comes to asking for help, especially emotional help.

Departments may have robust Employee Assistance Programs, but are those services confidential? Is there a stigma attached to calling upon EAP for help?

In too many agencies, there is needless blowback on officers seeking help because personnel records are shared with supervisors or made available to defense attorneys—or worse, plaintiffs’ attorneys bringing suit against an officer.

This needs to change, says Jeff Mc-



PHOTO: GETTY IMAGES

Gill—another of the three co-founders of BlueH.E.L.P. McGill says the first step is to talk about the issue. The next is to take meaningful actions that address the problem from a practical perspective.

“We’ve addressed officer safety in every other area of our jobs except the one that is the single most likely killer of our officers,” McGill says. “What serves as a motivating or mitigating variable to each person seems to be different, so there is no ‘one size fits all’ response to this issue.”

McGill adds, “We must address the ‘whole-officer concept’—including mental, physical, social, and family concerns. This will require the creation of a layered mental health support structure. Supervisors, peer supporters, and credible mental health workers need to be trained and clearly identified for both officers and family members so they know where to look for help. More importantly, these trained individuals need to be actively looking for those who may need help.”

Some of the practical actions McGill suggests include:

- Start regular discussions about mental health and suicide prevention in law enforcement during basic recruit training, in-service training, and pre-shift briefings.
- Encourage mental health workers, chaplains, and other sources of support to ride along with officers on a regular basis. This builds trust between all parties and ensures those who may be called on for support to have a better understanding of the challenges of po-

lice work.

- Establish relationships with families before there’s a need. Spousal support networks, shift/unit socials, and agency-wide events allow interactions amongst peers and their families—outside of the work environment—to build trust.

- Identify credible mental health resources in your area that understand police culture. If you don’t have someone, then find someone who is willing to learn police culture—and teach them!

If the “spike” of suicides in Chicago does anything to further the nationwide discussion about this problem, then those officers—whose deaths are terrible tragedies—may not have died in vain.

If police leaders see these headlines and subsequently reexamine the culture at their agencies—with the goal of taking the stigma out of mental health assistance—then some good may have come from these dreadful events.

If officers take stock of their own mental health challenges and seek the assistance of a trained professional, then the law enforcement profession will have been made better, healthier, and stronger.

According to BlueH.E.L.P., in the three-year span between January 2016 and December 2018, some 460 officers are known to have died by suicide.

Let that sink in—460 known police suicides in three years.

That’s 153 every year.

That’s 12 every month. ☎

*Doug Wyllie is web editor for POLICE.*

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