



Police suicide—it's time to openly talk about it

“Police suicide.” Just those two words can cause everyone one of us to feel very differently. Please read the following article. I would much rather have a professional in the field speak about it than for me to interject my personal feelings on the matter. It's not going away anytime soon. Please look after one another.



Be safe out there.

If you have questions, feel free to email me at SteveGordon@lappl.org.

Will you ACT?

by Dr. Denise Jablonski

For years, law enforcement has been under siege, but not by the bad guys or crime. Throughout the Department, as I provide training, I routinely ask participants for a show of hands as to how many people know someone who attempted suicide or actually died by suicide. At least 75–80 percent of the hands go up. This is a distressingly high number. Asking the same

question in the private sector, no matter the type of business or profession, would not yield the same distressingly high number.

Over the last two decades, the LAPD has lost two employees each year to suicide. Nationwide statistics report that approximately 150 law enforcement personnel die by suicide each year.

When people hear these kinds of statistics, they automatically and erroneously assume that it is the stress of police work that leads to suicidal behavior. What actually leads to suicidal behavior are **risk factors**. When enough of these risk factors accumulate and combine with poor coping behaviors, a lack of a support system, substance abuse and no mental health treatment, that's when the risk for suicide significantly increases.

So, what are risk factors? Risk factors are the things that increase a person's chances of developing a disease. For example, cigarette smoking is a risk factor for developing lung cancer while obesity is a risk factor for developing diabetes. Smoking cigarettes does not automatically give someone cancer, and obesity does not always cause diabetes, but with the presence of those risk factors, the possibility is much higher. And conversely, when people stop smoking, their cancer risk decreases, and when they lose weight, their diabetes risk drops as well.

So, what are the risk factors for suicide? As you might expect with something as serious as suicide, there are a number of risk factors, starting with family history. A family history of substance abuse, violence, mental illness and suicide can put an individual at some elevated risk. A personal past history of suicide attempts, physical and sexual abuse, mental illness and substance abuse elevates the risk even higher. Keep in mind that many individuals who apply for a career in law enforcement receive a pre-employment psychological screening, which screens out for many of the above risk factors. The presence of some of these risk factors would, in fact, disqualify someone from coming on the job in the first place.

So you might be saying to yourself that there must be other risk factors that put police officers at an elevated risk level. These other risk factors include prolonged life stressors and significant negative life events, such as divorce, the death of a loved one, financial loss, health problems, significant work conflict and chronic pain. Also included are untreated depression and anxiety. Many of these risk factors are issues that police officers and everyone, for that matter, experience and cope with throughout their lives. But sometimes the risk factors can pile up and feel overwhelming, causing people to feel as though their life is spinning out of control. Some problems may be more pronounced and very difficult to deal with, leaving an individual to feel that their life might not be worth living. They may also feel hopeless in that things will never improve or get better.

It is really the next three risk factors that are the key as to why so many hands go up when I ask police officers about suicide. They include **isolation**, the feeling of being alone in this world, that no one really cares about you, needs you or would miss you if you were gone. The second risk factor is **reluctance to ask for help**. Police officers are the helpers. People call them when they need help. Asking for and admitting that you might need help during your life crisis is difficult. Unfortunately, there continues to be a stigma associated with asking for emotional and psychological help. Of course, we go to our MD when we are sick, or our dentist when we have a

toothache, but thinking about making an appointment to see the shrink still sends shivers down people's spine. What we do know is that asking for help and receiving help is one way to seriously reduce the risk of suicide.

*And lastly, the most obvious risk factor is the **access to a lethal means** of killing oneself. It at times can be too easy to reach for a lethal solution that will end the pain. This access is still only part of the risk factor picture. But if you put all these issues together, you can see how the combination and number of risk factors increase the likelihood that someone may be at a higher risk for suicide.*

The answer is "ACT to Prevent a Suicide." This is the title of the LAPD Suicide Prevention Campaign. ACT stands for Ask, Care, Transport, and this is how we are going to stop suicide among LAPD officers and civilian employees. If we know there are risk factors and we see warning signs, then we will ACT to make sure that people get the help they need at a critical time in their life.

***So, what are warning signs, and why do they matter?** Most people do not impulsively and automatically think about suicide as the first solution to their life crises. Rather, they start thinking about suicide as the solution only after other options, one by one, do not pan out; when they run out of other options and they feel that there is nothing that will resolve their problems but ending their life.*

They usually think about suicide in a vacuum and do not overtly share their plan with other people. But they do share their plan through the warning signs that they give off. Warning signs are the things that people say and do that give you pause, make the hair on the back of your neck stand up, make you start to think that this person might be considering ending their problems by ending their life.

Warning signs include talking about feeling hopeless and having no reason to go on living; feeling helpless to fix the broken things in their life; talking about feeling trapped and experiencing unbearable and non-stop emotional or physical pain; withdrawing from family and friends; feeling isolated and no longer taking pleasure in pleasurable activities; acting anxious and agitated, and behaving in a reckless manner; increasing the use of alcohol or other substances, such as pain medications; talking about being a burden to others; speaking about death or being preoccupied with death; maybe even getting affairs in order or giving away prized possessions.

If you think that someone has risk factors and that they are exhibiting warning signs, then it is incumbent upon all of us to ACT.

We need to ask if someone is thinking about suicide. How do we do that? Well, we just ask the obvious and difficult question, "Have you been thinking about ending your life or that things would be better if you weren't here anymore?"

We need to care. How do we do that? First of all, by taking the time to ask about where they are emotionally, but also by letting them know that we are concerned about them. That when we have had this level of concern before, knowing that someone was experiencing all the negative events that they have, that we have worried that someone was going to take their life. We want to be able to help them get through this difficult time in their life.

And then we need to transport. We never leave someone who we are concerned about alone and without help. We get them to someone who can help: a peer support member, chaplain, a BSS psychologist, their physician or therapist, the ER. Somewhere where professionals can assess the risk, provide the treatment, and help the person get through their crisis.

If we all ACT to prevent a suicide, we can eliminate suicide from the LAPD and help people survive through a difficult and painful time in their life. And lastly, it is important to know that people who are suicidal do not want to kill themselves. People who are suicidal are in emotional pain, and there is no comfortable position to provide them relief. There is no pill that will stop the psychological distress in their head. The emotional pain does not stop when they lay their head on their pillow, and it is right there in the morning when they awaken. What they want is for the pain to end. We can help these people get the help they need to stop the pain by “Asking, Caring and Transporting.”