NATIONAL OFFICER SAFETY INITIATIVES

NATIONAL CONSORTIUM on Preventing Law Enforcement Suicide

FINAL REPORT

IACP International Association of Chiefs of Police

NOSI NATIONAL OFFICER SAFETY INITIATIVES

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NATIONAL ACTION ALLIANCE FOR SUICIDE PREVENTION

Contents

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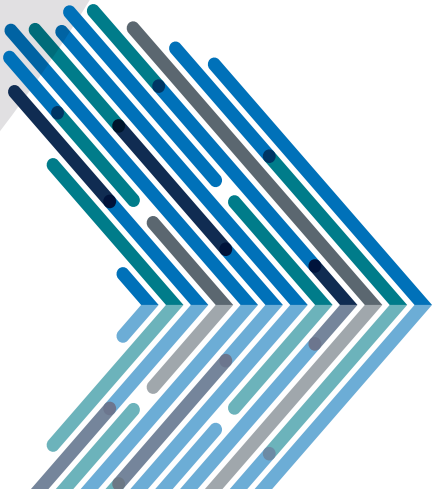

Acknowledgments

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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 a set of recommendations that are appropriate for police agencies nationwide, while respecting the unique circumstances and concerns of individual departments. Full lists of Consortium members, task force members, and project staff are provided in Appendices A and B.

Executive Summary

INTRODUCTION

Policing is a stressful job. On a regular basis, police officers face difficult situations, including exposure to many potentially traumatic events, such as child abuse, car crashes, homicide, and suicide. Repeated, continuous exposures to these incidents and other routine stressors in one's job and personal life can negatively impact mental and physical health, increasing the risk for suicide and related problems. Police agencies can help buffer the effect of these exposures and strengthen officer health and performance by implementing comprehensive approaches to supporting mental health, wellness, and suicide prevention.

CONSORTIUM RECOMMENDATIONS

To support police agencies in the United States in implementing effective approaches to suicide prevention, the National Consortium on Preventing Law Enforcement Suicide developed a set of recommendations addressing five key areas: data and research, organization and systems change, peer support, family support/surviving families, and messaging.

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, as well as 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.

SPECIAL CONSIDERATIONS REGARDING IMPLEMENTATION

Although these recommendations are intended for all police agencies, the Consortium recognizes the tremendous diversity that exists across agencies, in terms of location, size, and other factors relevant to suicide prevention. For example, small agencies may have fewer resources than larger agencies for implementing comprehensive programs addressing mental health, wellness, and suicide prevention. To address this concern, the report presents options for small and rural agencies to consider.

Similarly, although the recommendations are meant to prevent suicide among all law enforcement personnel, including sworn officers, corrections officers, communications dispatchers, and civilian staff, some subgroups may have unique needs. In implementing the recommendations, police agencies should identify and consider the needs of particular groups, such as former members of the military, officers transitioning to retirement or to another career, officers who have sustained a serious injury, and members of racial/ethnic or sexual minorities.

Although suicide prevention messaging and plans should be tailored to each agency's unique circumstances, staffing, needs, and resources, all agencies should seek to create an overall culture in which mental and physical health are equally valued and where seeking support for mental health concerns is a normal part of an often-stressful occupation.

Introduction

Suicide is a serious problem affecting police officers and agencies worldwide. Although the exact number of officers who die by suicide each year is not known, the non-profit organization BLUE H.E.L.P. estimates that 228 U.S. officers died by suicide in 2019, up from 143 U.S. officers in 2016.[1] Research also indicates that more officers die by suicide each year than in the line of duty.[2] Moreover, for every officer who dies by suicide, many others may experience the pain, hopelessness, and despair that can contribute to a suicidal crisis. The mental and emotional distress associated with suicide, and the tragic deaths that can result, are devastating to these officers' families and friends, coworkers, agencies, and communities.

Policing involves high levels of risk and stress. Officers routinely face highly stressful and potentially traumatic situations, such as car crashes, domestic violence, child abuse, homicide, suicide, and life-threatening situations. Most recently, the COVID-19 pandemic has added to the long list of stressors that disproportionately impact police officers and other first responders. Other most common stressors identified in the literature include shift work, reporting requirements, and court appearances; and personal issues, such as relationship problems, financial difficulties, and legal concerns.[3, 4]

The prolonged, chronic exposure to extreme stressors and traumatic events can overwhelm an officer's ability to cope, contributing to mental and substance use problems, such as post-traumatic stress symptoms, substance misuse, depression, and suicidal thoughts.[5, 6] In addition, as suicide often results from a sudden, unplanned (or briefly planned) action, easy access to firearms and skills in their use is another important factor that can increase suicide risk among officers.[7]

Police agencies can play an important role in mitigating the impact of these stressors by implementing policies and practices that support officer mental health, wellness, and suicide prevention. As the Law Enforcement Mental Health and Wellness Act of 2017 recognizes, good mental and psychological health is as essential as good physical health for police officers to be effective in keeping the U.S. and our communities safe from crime and violence. Police agencies need and deserve support in their ongoing efforts to protect the mental health and well-being of their employees and ensure that they are able to serve their communities with competence, empathy, and compassion.

THE NATIONAL CONSORTIUM ON PREVENTING LAW ENFORCEMENT SUICIDE

In October 2018, the U.S. Department of Justice, Bureau of Justice Assistance, in partnership with the International Association of Chiefs of Police, Education Development Center, and the National Action Alliance for Suicide Prevention, formed the National Consortium on Preventing Law Enforcement Suicide (the Consortium) to raise awareness of and to prevent police suicide. The Consortium is comprised of 32 multidisciplinary experts, police executives, officers, and families; mental health and suicide prevention experts; and representatives from academia, who share a common goal of preventing suicide in the police community.

Consortium members met in-person and by teleconference to discuss the prevention of suicide in policing and develop a set of recommendations for police agencies. Five task forces comprised of Consortium members developed the recommendations presented in this report, which address data and research, organization and systems change, peer support, family support/surviving families, and messaging. The work of the Consortium was also informed by results from an issue brief synthesizing existing evidence regarding suicide prevention in policing. For more on how the recommendations were developed, please see Appendix C.

The Consortium's recommendations are intended to guide the work of police agencies and leaders in preventing suicide and supporting overall mental health and wellness among officers and other employees. Recognizing the diversity that exists across agencies, the report concludes with a section addressing special considerations for agencies of different size, location, and composition.

To further support implementation of this guidance, the Consortium is also developing a set of suicide prevention resources for police officers, agencies, and family members. Information on the development, contents, and dissemination of these resources is presented in Appendix D.

Consortium Recommendations

DATA AND RESEARCH

The Data and Research Task Force explored ways to improve surveillance, research, and evaluation addressing the prevention of suicide in policing. As noted in the National Strategy for Suicide Prevention, data and research are critical to identifying the scope of the suicide problem, setting priority prevention activities, and monitoring the effects of suicide prevention programs and activities.[8] While surveillance allows for the systematic collection, analysis, and use of suicide-related data; research and evaluation are key to assessing the effectiveness of suicide prevention interventions.

Currently, surveillance of suicide-related data in policing—including data on the incidence and prevalence of suicide deaths, attempts, and ideation—is limited. No U.S. based system currently collects this information from police agencies or other data sources (e.g., death certificates) in a systematic way. Existing data on the incidence of suicide deaths are often compiled through informal data collection methods, such as voluntary reports, and the monitoring of the news and social media, such as the estimates available from the non-profit organization, BLUE H.E.L.P.[1]

Similarly, relatively few suicide prevention research studies have focused specifically on police or other public safety professions.[9] Moreover, much of the existing literature on suicide among officers has explored job-related risk factors, such as exposure to traumatic events and other stressors, and cultural barriers to help-seeking. Fewer studies have assessed the effectiveness of interventions aimed at preventing suicide in this population.[10]

Strengthening data collection and program evaluation will allow police agencies to assess and improve the quality of their current services addressing mental health, wellness, and suicide prevention. In addition, findings will also contribute to the base of what works to prevent suicide among officers, and of the most effective ways to implement these practices.

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.

To enhance surveillance of data related to suicide in policing, an important first step is to identify key data elements that should be captured by data collection. In 2011, the Centers for Disease Control and Prevention identified several data elements and definitions for self-directed violence surveillance that can help ensure uniformity in the collection of data related to suicide.[11] Use of these variables and definitions across researchers and others who collect suicide-related data supports clarity and uniformity of research, and facilitates the sharing of data by different users.

To strengthen the collection of suicide-related data that are specifically relevant to policing, the Data and Research Task Force identified a starting set of data elements for agencies to consider (see Table 1).

Table 1. Data elements identified by Data and Research Task Force		
Agency-Specific Information	■ Source of reported information ■ Name of department	■ Number of sworn officers in agency ■ Jurisdiction
Demographic Information	■ Case ID ■ Rank/Title ■ Current assignment ■ Current shift schedule ■ Current overtime schedule ■ Current work schedule ■ Years of service ■ Ethnicity	■ Date of birth ■ Sex ■ Education by degree ■ Marital/Domestic partner status ■ Current or former military personnel ■ Number of children ■ Race
Suicide Prevention Information	■ Duty status when death occurred ■ Abnormal work issues, including performance or administrative pressure ■ Domestic violence, including previous petitions for restraining/Protective orders ■ History of job-related post-traumatic stress ■ History of job-related physical injury ■ Non-work-related medical issues ■ Increased sick calls ■ Increased complaints against officer ■ Disclosed intent to commit suicide ■ History of suicide attempts ■ Sleep issues/Insomnia	■ Alcohol problem ■ Substance abuse problem ■ Supervisor or colleague concerns/ interventions ■ Financial problem ■ Legal issues ■ Secondary employment ■ Received/sought mental health services ■ Recent event ■ Available employee assistance program ■ Peer support program in place

Although not exhaustive, this list is meant to support the collection of data related to mental health, wellness, and suicide prevention. Police agencies should consider ways to incorporate these data elements into their existing and future data collection efforts, while also addressing issues related to protecting privacy and confidentiality.

2. Identify and implement methods for collecting, using and sharing data related to the prevention of suicide in policing.

This recommendation encourages police agencies to strengthen and expand their current data collection efforts and use this information to guide the implementation and evaluation of their suicide prevention initiatives. Agencies can use a combination of methods to gather data related to suicide prevention. Examples include mental health and wellness surveys that include questions on suicidal behaviors and risk and protective factors; workplace assessments of existing mental health, wellness, and suicide prevention programs and practices; and psychological autopsies conducted in the aftermath of a suicide death.[12, 13] In addition to using the data for program planning, evaluation, and improvement, agencies should also consider ways to share data with other police agencies, and other partners at the local, state, and federal levels. The collection and sharing of these data will improve understanding of the problem of suicide in policing and of the locations, settings, and groups most affected, so that resources may be allocated to implement solutions.

- **IDENTIFY** and implement methods for collecting and sharing data related to suicide prevention.
- **ENSURE** that all methods of data collection are non-invasive and non-judgmental, and that data are free from legal liabilities (i.e., Freedom of Information Act).
- **CONDUCT** anonymous workplace assessments to evaluate the culture of officer safety and wellness throughout their agency, with the goal of better understanding officers' needs.
- **COMPILE** and analyze all relevant data to develop an action plan that reflects identified needs and resources.
- **ENCOURAGE** private and public sectors collecting police suicide data to partner with each other to establish a clearer picture of the issue.
- **ESTABLISH** a federal interagency working group that includes relevant non-government organizations to centralize data collection efforts, with the goal of better understanding suicide in policing.

3. Conduct research to better understand and identify interventions that have evidence of effectiveness in preventing suicide in policing.

Findings from recent studies suggest that police agencies are increasingly adopting practices aimed at supporting mental health and preventing suicide, such as mental health and wellness services, peer support, resilience training, and traumatic incident response.[14, 15] However, these efforts are often not formally evaluated, due to a number of challenges, such as lack of evaluation funding and/or expertise, and ethical concerns related to privacy and confidentiality. Agencies should consider ways to overcome these barriers, such as by forming partnerships with research institutions to collect data related to suicide prevention, obtaining expertise regarding data analysis and benchmarks, and developing tools and templates that can help agencies manage data collection and analysis.

- **FORM** partnerships with universities and other research institutions to investigate and better understand what programs work and do not work to prevent police suicide.
- **PARTICIPATE** in research studies aimed at assessing the psychological impact that the profession has on police officers throughout the United States.

ORGANIZATION AND SYSTEMS CHANGE

Leadership and culture are critical to the success of efforts aimed at supporting mental health and wellness and preventing suicide in policing. Executives, command staff, supervisors, labor union representatives, and other leaders have a critical role to play in ensuring that suicide prevention is prioritized, and that norms and practices that support mental health and wellness are integrated into every aspect of policing. All services should be integrated and coordinated to ensure a holistic approach to officer health and wellness.

Organization and systems change is also critical to eliminating the stigma associated with seeking help for emotional or behavioral health issues, one of the most frequent barriers to mental health care in policing.[16] Leadership must ensure that policies and protocols are in place to support help-seeking, protect officers' privacy and confidentiality, and ensure that help-seeking will not lead to negative repercussions, such as change of duty status and removal of their firearms.

1. Lead an agency-wide culture committed to promoting health and wellness.

Police culture emphasizes strength and self-reliance.[10] Officers are trained to be tough, independent, and in control of their emotions.[17] In their day-to-day work, police officers are the problems solvers, not people with problems.[18] Continuous exposure to work-related stressors, such as traumatic incidents, shift changes, or not feeling supported by the administration, can contribute to burnout. In a U.S. survey, more than 2 in 5 (44 percent) of officers reported that they suffered from personal or professional burnout.[19] Officers who may be experiencing high levels of stress and trauma may be reluctant to seek help due to fear of being perceived as weak, stigmatized, ignored by their department, ridiculed, or forced to face job-related consequences.[15, 20]

There is a critical need to create a culture in policing where seeking support for mental health challenges is the norm, rather than the exception. For this to happen, all levels of leadership must recognize that mental health is as important as physical health, and support the implementation of a coordinated, multi-component approach to promoting officer health. Policies and protocols that support mental health, wellness, and suicide prevention must be integrated into the day-to-day work of every police agency.[21] Policies should be developed in close collaboration with all levels of agency personnel to ensure appropriateness and ownership. The policies should be formalized in writing and routinely disseminated through training, meetings, memos, newsletters, and other communication.

- **INCREASE** awareness of organizational support for health and wellness, including the understanding that it is safe to talk about struggles.
  - Ensure that those in leadership roles have the tools and resources necessary to use safe and non-stigmatizing language about mental health and suicide.
  - Identify, implement, and evaluate policies and procedures that support wellness (e.g., policies addressing shift work, traumatic event response, postvention, and confidentiality of services).
- **INFUSE** health and wellness efforts into standard operating procedures, such as the academy, roll call, staff meetings, training, family days, and health and wellness days.

- **IDENTIFY** and support a trusted individual to serve as a Chief Wellness Officer to coordinate all facets of agency wellness programs. This individual does not have to be in leadership, but rather an unofficial leader/trusted command or line-level officer.

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.

This recommendation encourages agencies to adopt a combination of services and supports, such as mental health services, traumatic incident response, health and wellness programs, peer support, training on suicide prevention and resilience, and chaplaincy programs. These services should be available to all personnel routinely, rather than in response to a traumatic event or when someone is beginning to show signs of trauma. Although the combination of services offered may vary by agency, all services should be based on existing evidence and best practices, and also ensure privacy and confidentiality.

Access to quality mental health and wellness services delivered by culturally competent providers who understand the unique pressures of the police profession is fundamental to preventing suicide and supporting officer well-being and performance. Studies have found that, at many agencies, mental health services currently consist only of an employee health insurance policy and/or an Employee Assistance Program (EAP) that provides counseling on personal, family, and work-related matters.[14] Whenever possible, agencies should seek to provide a higher level of support, such as in-house mental health counseling by licensed mental health professionals, and regularly scheduled mental health checks for all employees.

- **CREATE** policies with clear parameters for an officer to speak with a mental health professional after responding to a significant traumatic event. Policies should be written in non-ambiguous language and communicated regularly, clearly, and appropriately throughout the agency.
- **EMBED** culturally competent mental health professionals within police agencies where possible. Agencies that do not have sufficient resources to incorporate mental health professionals may consider working with larger agencies or nearby jurisdictions to partner and share available programs and resources.
- **INCLUDE** messages of positivity, hope, and resilience throughout these services. The messages should recognize there is recovery for those struggling.
- **IMPLEMENT** annual mental wellness checks to be conducted alongside annual physical wellness checks.

3. Introduce concepts of mental health and wellness throughout an officer's career and have ongoing conversations to normalize the experience of help-seeking.

Training on mental health, wellness, resilience, and trauma should begin in the academy and should be a consistent part of training throughout an officer's career. In particular, officers should be trained in coping skills that can buffer the negative effects of stress on psychological well-being and help officers adjust to negative emotional situations. An active coping style that allows participants to identify sources of stress and develop a plan for working towards reducing this stress may be particularly helpful—as opposed to a passive style based on avoidance, denial, self-blame, and distancing.[6, 22] Other relevant topics include trauma, resilience, stress reduction, and overall health and wellness. Wellness training programs may also incorporate relaxation techniques and a mind-body approach to resilience training (e.g., yoga, tai chi, and mindfulness training).[23]

Police personnel and family members also need training specific to suicide prevention. Although officers are routinely trained on ways to ensure the physical safety of their coworkers, they may not always receive similar training on how to identify or effectively respond to emotional trauma, mental illness, or suicidal behavior among colleagues. Police agencies should ensure that officers and other personnel, as well as family members and significant others, know how to recognize the warning signs of emotional distress and suicide, and connect individuals in crisis to sources of help.

- **PROVIDE** suicide awareness resources to all employees. At a minimum, these resources should cover messages of resilience, help-seeking, and recovery; warning signs; and where to go for assistance.
- **INSTITUTE** resilience training for all levels of law enforcement, including in the academy for new recruits.
- **IDENTIFY** individuals involved in keeping police officers safe and provide resources for those individuals to assist in these efforts. These individuals

should include leadership, command-level officers, senior officers, recruits, retirees, unions or the equivalent, family, and the community.

PEER SUPPORT

Peer support is one of the most common practices to offer peer-to-peer assistance to officers who may be experiencing personal or job-related difficulties.[14] At first used primarily to provide support to officers exposed to shootings and other critical incidents, peer support programs also help officers respond to personal stressors, such as a divorce, a death in the family, or an illness; facilitate the transition to retirement; and enhance overall health and wellness.[24, 25]

Peer support programs can play an important role in suicide prevention. Recognizing that officers are often more willing to share their concerns with peers than with mental health professionals, these programs train peers to provide social support to their colleagues, identify the signs of suicide risk and other forms of distress, and respond appropriately. Other ways in which these programs can contribute to suicide prevention include normalizing help-seeking behaviors, strengthening healthy coping skills, and providing support after a suicide attempt or death. In some cases, the program is overseen by an agency psychologist or other mental health professional; in others, by agency leadership.

1. Leadership at every level should support and encourage the use of peer support teams.

The success of a peer support program can depend on the value the agency's administration places on the program. Existing best practices suggest that peer support programs are more likely to succeed when they are led by trusted officers, working in consultation with mental health specialists; are perceived as being independent of management; provide ongoing training and oversight of peer mentors, and have clear confidentiality rules.[25] Leadership can play an important role in developing peer support programs that meet this guidance by allocating needed resources, developing related policies and procedures, and fostering an organizational culture that supports and encourages the use of these programs.

- **DETERMINE** the most appropriate approach to peer support (e.g., internal peer support teams, external peer support teams, hybrid peer support teams, or regional peer support teams).
- **EMPLOY** messaging strategies throughout the agency to reduce barriers to help-seeking.
- **SUPPORT** the peer support team through trust, communication, funding, resources, and training.
- **DEVELOP** appropriate selection criteria and a screening process for vetting individuals to serve on the peer support team.
- **PROVIDE** education on available peer support programs on an ongoing basis (e.g., semi-annual) to ensure officer awareness of available services.

2. Provide ongoing training to the peer support team on suicide prevention, including topics such as resilience, connectedness, help-seeking, and recovery.

In order to perform peer support services in an effective and safe way, peer support providers should receive ongoing training on multiple topics relevant to their role. The training should reflect evidence-based and research-informed best practices and should be provided by professionals who understand police culture.

Sample topics include coping with stress, resilience, how to communicate about sensitive topics, how to identify suicide risk, and when and how to make referrals to mental health professionals while ensuring the person's safety. Members of the peer support team should also be trained on how to provide support to officers in the immediate aftermath of a traumatic event, which has been found to reduce symptoms of post-traumatic stress.[26]

- Peer supporters should receive enhanced training to recognize warning signs and risk factors of suicide, as well as on protective factors, such as hopefulness and resilience.
- Peer supporters should receive education on how to respond to situations within the scope, role, and policies of their duties.
- Leadership should clearly communicate policies for preventing and responding to an officer at risk for suicide.

3. Ensure that peer support interventions are done in a way that is safe, ethical, confidential, and appropriate for everyone involved.

Providing support to officers who are experiencing emotional pain and trauma can contribute to compassion fatigue, a term coined by Charles Figley in 1995 to describe the "cost of caring for those who suffer"[27]. Compassion fatigue can develop when officers absorb the trauma of the individuals they are trying to

help. As a result, they may experience symptoms similar to post-traumatic stress, and feelings of helplessness, hopelessness, and irritation, which can affect mental health and occupational performance.[28] In a recent study conducted with 1,351 officers in the United States and Canada, almost 1 in 4 officers (23 percent) reported high or extreme compassion fatigue.[29]

Agencies must provide appropriate and continuous guidance and support to peer mentors. Peer support programs should have procedures in place to provide ongoing support to team members to ensure that they stay strong while helping others, and to identify and assist members who may themselves be experiencing problems. Members of the peer support team need to understand their role in providing support to their peers and connecting them to sources of help, including how to make referrals, in compliance with internal policies and procedures, and applicable laws.

- **CLEARLY** define peer support roles that go beyond the "gatekeeper" role (i.e., identifying officers at risk and referring them to appropriate sources of help).
- **ENSURE** that peer support providers understand how to assess situations to determine if peer support is an appropriate step or if the situation requires further treatment.
- **IDENTIFY** and address compassion fatigue among members of the peer support team. Consider providing peer support supervision through quarterly checks and debriefings after critical incidents such as a suicide or line of duty death.
- **INCORPORATE** mechanisms that complement evidence-based interventions for suicide, such as the Safety Planning Intervention or Crisis Response Plans, lethal means reduction, and methods for follow-up (caring contacts).

4. Include peer support teams in various facets of suicide postvention response, including having a visible presence following a suicide.

As a part of their work, officers must often respond to difficult situations involving death, such as a fatal car crash, natural disaster, or violent crime. After a suicide death, they are also responsible for notifying the families of the victims. At times, this chronic exposure to trauma and grief can be potentially traumatic, particularly when the person who died by suicide was a fellow officer.

Peer support teams can play an important role in postvention—the organized response to and care for individuals affected in the aftermath of a suicide attempt or death.[8] Components of postvention include funeral protocols, protocols for reporting the death, agency-held support meetings, and other ways to provide support to affected personnel and family members. These approaches can provide support to officers and their families during a difficult time, and also help prevent suicidal behaviors, given that exposure to suicide has been found to increase the risk for suicide attempts and deaths.[30]

- **DEVELOP** protocols on how to handle suicide postvention, such as clear policies on communication and engagement within an agency and on social media related to responding to a suicide loss of an officer.
- **INCLUDE** peer support perspectives and engage peer support services in response to a suicide death to support those who are personally impacted by the loss or identify with the officer who died by suicide.
- **ENSURE** peer support visibility at services for officers who die by suicide to provide support to the family and colleagues of the officer.
- **EDUCATE** and train peer support teams in best practices and safe messaging in response to suicide loss of an officer.

FAMILY SUPPORT/SURVIVING FAMILIES

Family wellness is critical to officer wellbeing. Family members and other loved ones are an important source of support for officers—particularly during stressful times. However, to protect family members and make their homes "their safe place," officers often may not share their traumatic experiences with family members and other loved ones. As a result, family members may not understand the stressors that officers are exposed to in their daily routines, the effects that these stressors can have on officers, and how to best help them cope with these stressors in positive ways.

Other job-related factors can also exacerbate stressors at home. For example, long hours at work and having to work during holidays and family events can contribute to domestic problems, placing an added stress on family relationships.[5] Other personal problems that can be directly caused or linked to the job include alcohol use, divorce, financial strain, unpredictable childcare needs, and inability to socialize.[3] Unaddressed work-related stress and frustrations may also spill over to the home environment, taking a toll on officers' marriages or relationships with their significant others.

Police agencies should identify ways to engage and support officers' families and significant others not only in response to a suicide death or other traumatic event,

but throughout an officer's career. These programs can help officers maintain healthy relationships with their spouses or partners, family members, and other loved ones. They can also help family members better understand the stressors affecting officers and how the family can help.

1. Normalize help-seeking behaviors for both officers and families through regular messaging and outreach, starting at the academy and continuing through retirement.

Family members and other loved ones need to understand how to identify and effectively respond to signs of mental or emotional distress, suicidal behavior, and related problems, such as substance abuse and intimate partner violence. They also need to understand how to best support officers who may be experiencing trauma—the physical and psychological response to an event, series of events, or set of circumstances that is experienced as physically or emotionally harmful or life-threatening and has lasting adverse effects on the person's functioning and health.[31] The information should address how long symptoms can last, how to best provide support, and when and how to engage mental health professionals.

Options for keeping family members engaged include inviting them to training events and other meetings and activities (e.g., family nights, wellness events), providing educational resources, forming support groups for spouses and partners, and including them in the agency's ongoing messaging. Family members should know who within the agency they or the officer can reach out to for professional support, such as the department's EAP or in-house mental health professional, or trusted mental health providers in the community. As services can change over time—and family configurations may also change because of separation, divorce, or death—family training should be offered throughout an officer's career.

- **MAKE** family wellness resources available from the beginning of an officer's career until retirement.
- **EMPOWER** families to be proactive in suicide prevention efforts by engaging families early on in an officer's career through avenues such as family days and academies that educate families on the realities of police careers and provide information on benefits, services, and resources.
- **INCREASE** awareness of the warning signs of suicide risk, and of how to respond effectively, including specific words to use.
- **DEVELOP** tools and resources to assist agencies to prepare officers and their families for the transition into retirement, including available resources for mental and physical health, and information on resilience, help-seeking, and recovery.

2. Prioritize the visibility and accessibility of services for families to ensure their mental health and wellness, as well as the mental health and wellness of officers.

Programs that always provide support to families, rather than only in the aftermath of a suicide death or other traumatic event are not yet very common in policing. As a result, family members may not be aware that these services are available. Police agencies should identify ways to increase awareness of these programs among officers and their family members and other significant others and encourage participation.

In doing so, it is important to consider the needs of diverse families—including LGBTQ+ families, families led by grandparents and other relatives, families who include persons with disabilities, non-English speaking families, and families composed of people who are not formally related. Agencies should also identify and address potential barriers to participation, such as childcare, transportation, limited access to information disseminated via the Internet, and language barriers.

- **CONSIDER** the structure and needs of family support groups and resources.
- **ENSURE** that available services are appropriate for diverse families, which may include single- parent families, LGBTQ+ families, grandparent-led families, parents of officers, and more.
- **PRIORITIZE** engagement of diverse stakeholders when developing tools and resources intended for families.
- **CONSIDER** online and flexible options for family support, given that schedules, availability, childcare, eldercare, and other demands can make it challenging for families to find time to access the resources they need.
- **CONSIDER** privacy and confidentiality needs of families and officers. Due to the personal nature of family stressors intermingled with personal stressors, clearly communicate confidentiality expectations to families and officers seeking help. Investigate formal and anonymous avenues for families to request assistance.

3. Develop and implement procedures to engage with and support families following a suicide attempt or death.

A suicide attempt or suicide death is often shocking and painful. Family members, colleagues, and other agency personnel may experience not only shock and grief, but also feelings of guilt, shame, social stigma, and isolation. Family members may also experience negative reactions, such as judgment and blame from others in the community.[32]

Postvention support can help ease stigma and social isolation among the families, help them recover, and prevent harmful behaviors, including suicide.[33] These individuals need to feel that they are being supported without being judged.

Following a suicide death, families can benefit from both short- and long-term support. For example, immediate issues to address may include funeral details, which can be a significant source of stress to families of police officers who die by suicide. Families may need help integrating the loss into their lives. Long-term support can include continued access to mental health care, participation in a family support group, and invitation to events and trainings.

- **ENSURE** that families receive the support they need to care for themselves following an officer suicide attempt or suicide death, which includes resources for families of officers and reintegration back into the community.
- **DEVELOP** policy guidance documents to assist agencies with determining proper protocol following an officer suicide which highlights considerations for family support.
- **COMPILE** existing resources available to surviving families and promote these to police agencies.
- **ADVOCATE** for increased funding for expanded support for surviving families.

MESSAGING

The way we talk about suicide and mental wellness can contribute to positive outcomes, such as increased help-seeking, or negative consequences, such as increased suicide risk.[34] For example, news stories that cover suicide in certain ways, such as by providing details about the method of suicide, have been found to increase suicide risk among individuals who may already be vulnerable. Reporting of suicides, such as the death of a celebrity, has been found to predict additional suicides in the population—a phenomenon known as "contagion."[34] Contagion can contribute to suicide clusters, or groups of suicide attempts or deaths that take place closer together in time and place than would normally be expected in a community.[8]

To support mental health and wellness, and prevent suicide, all messaging related to suicide and mental wellness should follow existing guidelines, such as the recommendations for reporting on suicide (https://reportingonsuicide.org). Developed by suicide prevention experts, journalists, media organizations, and Internet safety experts, the recommendations provide specific guidance on how to report about suicide in accurate and safe ways, without oversimplifying, romanticizing, or sensationalizing suicidal behavior. Although developed for the news media, these recommendations are also relevant to any type of communication about a suicide death. Adopting these recommendations can help correct misperceptions and myths about suicide and encourage people at risk to seek help.

Another resource for communicating about suicide in e-mails, newsletters, social media, websites, other media, or through interpersonal communication is the framework for appropriate messaging about suicide-related content (http://suicidepreventionmessaging.org/). Developed by the National Action Alliance for Suicide Prevention, this online resource provides guidance to all individuals and organizations that are communicating with the public about suicide and suicide prevention, including specific examples, and links to additional resources.

1. Implement a campaign that provides a clear call to action about safe messaging around resiliency, help-seeking, and recovery.

Suicide messaging is an area that may be relatively new in the police field. As a result, police personnel may not be familiar with guidelines and recommendations regarding how to address suicidal behaviors in all forms of communication. Police agencies should consider ways to increase awareness of existing guidelines and of aspects of messaging that may be particularly relevant to policing, such as how to communicate with family members and the media following a death by suicide.

All messaging related to mental illness and suicide should emphasize that suicide is preventable, effective programs and services exist, help is available, and resilience and recovery are possible. Empowering leadership and peers to share their stories of mental health challenges, coping through trauma, substance

use issues, getting help with intimate partner violence, and resilience through a suicidal crisis can also have a profound impact.

- **CREATE** and instill a culture where it is okay to say, "I'm struggling" and "I need some help," and normalize the conversation around help-seeking and recovery. Encourage the use of lived experiences and police voices as a part of the messaging and include officers in messaging review to ensure applicability.
- **FOCUS** on the fact that mental health problems are no different than physical injuries and diagnoses.
- **FOCUS** on the positive qualities of police culture, such as connectedness, camaraderie, and problem-solving. Emphasize that officers can utilize these same policing qualities to improve mental health.

2. Ensure that all messaging promotes and encourages help-seeking, resilience, and connectedness.

Police agencies should ensure that all communication about suicide adheres to established guidelines regarding messaging. These guidelines indicate that agencies should use positive narratives that emphasize that prevention works, resilience and recovery are possible, help is available, and that there are actions that people can take to prevent suicide. Messages regarding mental health and suicide should promote hope, connectedness, social support, resilience, treatment, and recovery.

All messages developed and disseminated by police agencies—via internal and external e-mail and mail, social media, websites, and other media—should adhere to these guidelines. Agencies should ensure that all personnel are familiar with the guidelines and how they should be used.

- **EMPHASIZE** that uniformity in messaging should be a top priority, in order to ensure that officers are protected, and intervention methods are performed in a safe and appropriate way.
- **FOCUS** on prevention, intervention and postvention efforts. For example, ensure that programs addressing peer support, family support, and social activities adopt messages that promote connectedness.

3. Develop messaging tailored to the needs of specific groups.

In developing and disseminating messages related to mental health, wellness, and suicide prevention, police agencies should ensure that messages are tailored to the needs of the intended audiences—such as newly-hired officers, retiring officers, the news media, family members, and others in the community. Tailoring a message to the recipient's cultural background and information needs will make it more likely that the person will pay attention to the message—particularly in a media-saturated environment.

- **ACKNOWLEDGE** and recognize there is not one single safe message that serves every audience and purpose. Messaging will not be the same across the continuum of suicide prevention efforts.
- **BALANCE** suicide prevention-specific messages with messages of resilience, getting help, and self-care.
- **DISTINGUISH** within each audience how this information will be disseminated and received.
  - Internal – officers from hire to retire.
  - External – public information officers, media, community.

Special Considerations Regarding Implementation

The recommendations presented in this report are intended to guide the work of police agencies in the U.S. in supporting officer mental health, wellness, and suicide prevention. However, the Consortium recognizes that the more than 18,500 police agencies located across the country[35] vary tremendously regarding size, workforce composition, and other characteristics. Not only are these agencies subject to different state, county, and city laws and codes, but they also differ in regard to the size and composition of their labor force. Needs and resources related to implementing the recommendations presented in this report are likely to vary across agencies.

SMALL, RURAL, AND TRIBAL COMMUNITIES

Almost half (46 percent) of police agencies are located in suburban areas, and almost 1 in 4 (23 percent) agencies serve cities with fewer than 50,000 residents.[36] Small agencies located in rural areas may be exposed to unique challenges and opportunities that differ from those faced by agencies serving large metropolitan areas.[37] In particular, smaller agencies are likely to have more limited resources to offer training and other services and supports to officers and other personnel.

Although the Consortium recommends that agencies implement a coordinated set of services that support officer mental health, wellness, and suicide prevention, resource constraints may make it difficult for smaller agencies to provide the types and breadth of services available at larger organizations. For example, in a recent survey of mental health and wellness practices adopted by police agencies, an agency of nearly 3,000 officers reported offering a six-member mental health unit that was primarily responsible for responding to mental health-related calls.[14] This was in addition to the agency's in-house mental health services, volunteer-run peer support, and family assistance programs. In contrast, at small agencies, mental health and wellness services consisted of access to mental health through agency-provided health insurance and/or an EAP.

Agencies lacking the resources needed to provide mental health care in-house should consider other options, such as contracting directly with one or more community-based mental health care providers who can be called upon when needed to provide training or consultation. Small and rural agencies can consider partnering together to share mental health services. Another option is using tele-mental health—the provision of mental health services by a licensed professional using real-time videoconferencing services. Given the shortage of mental health professionals in rural areas, remote counseling for suicide risk can be critical to reducing barriers to care in these communities.[38]

Similarly, agencies unable to support an in-house peer support program can consider alternative models, such as regional or statewide collaborations that use volunteers from multiple departments or networks of retirees, and labor unions. Smaller agencies may also form strategic partnerships with local first responder agencies to offer joint services, join with neighboring police agencies that offer a peer support program, or develop partnerships with community-based organizations that do so.[14] Information and resources on suicide prevention that can support these efforts are available from the federally funded Suicide Prevention Resource Center (www.sprc.org).

ADDRESSING THE NEEDS OF SUBGROUPS

Although no one is immune to suicidal thoughts and behaviors, research indicates that suicide rates are particularly high among specific groups. In the United States, these groups include men in midlife and older men, individuals with mental and/or substance use disorders, individuals with medical conditions, military service members and veterans, LGBTQ+ persons, and American Indian and Alaska Native populations.[8] Risk and protective factors for suicide may also vary between individuals and across settings.

The Consortium recommends that agencies collect data to assess the risk and protective factors that are most relevant to their circumstances and personnel, in order to provide the most appropriate services. In developing policies and programs, agencies should also consider the unique needs of particular subgroups of officers, including the following.

Military service members and veterans. Suicide rates are particularly high among veterans and military service members.[39, 40] Although the Bureau of Labor does not track statistics on the number of military veterans who transition to jobs in policing, almost 29 percent of officers in a U.S. survey reported that they were or had been a member of the armed forces.[19]

Experts note that previous military experience—and related knowledge, skills, physical ability, leadership

skills, and team orientation—can be an important asset to policing.[41] However, previous military experience can also involve exposure to stresses and trauma that could potentially affect the mental health and wellness of these officers.[42] In a recent Canadian study, public safety personnel who had prior armed forces experience were about 1.5 times more likely to screen positive for symptoms of PTSD, depression, and anxiety disorders than those without this experience.[43] Suicidal thoughts were also more common among those who had a military background.

More research is needed to better understand the unique risk and protective factors that may affect these officers. Police agencies should seek to identify and mitigate any potentially negative effects of deployment, while also focusing on ways to better use the skills and abilities acquired by these officers.[41]

Officers transitioning to retirement or to another career. Although retirement has not been linked to an increased risk of suicide among officers,[44] the loss of social connections and organized activity could affect mental health and wellbeing, particularly if retirement is not voluntary or planned.[45] A qualitative study conducted with officers in England and Wales who were required to retire after 30 years of pensionable service found that officers felt isolated and cut off from their former colleagues.[45] Being able to transition to another career or service as a volunteer was associated with increased wellbeing. The researchers note that "the transition from having power and control to having none is likely to be a defining characteristic of retirement for all senior police officers, and one that may require some preparation" (p. 58).[45]

Efforts that support the development of social connections and prevent social isolation—such as allowing officers to make use of departmental peer support programs post retirement—may potentially help protect these officers from suicide risk.[46] Officers transitioning to retirement or to another career may also benefit from training and resources addressing how to navigate the job market, start a small business, or serve as a mentor, coach, or other volunteer. In addition, police agencies should also help officers prepare for and successfully navigate other periods of transition. Other periods of transition may include a change in duties due to an injury, a promotion which results in increased job responsibilities, or a new team assignment.

Officers who have suffered a serious injury. In a recent study conducted with 422 active duty personnel in a mid-sized urban police department, most officers (62 percent) reported having experienced at least one on-duty injury during the course of their careers, with some having experiencing as many as twelve.[47] In another study conducted with officers in Buffalo, NY, almost 1 in 4 (23.9 percent) reported experiencing an on-duty injury in the past year.[48] Among those injured, almost half (46 percent) experienced an extended injury leading to a work absence of at least 90 days. These work-related injuries may cause added pressure on career performance and lead to a range of mental, physical, and emotional problems, such as exhaustion, difficulty performing activities of daily living, financial hardship, and shifts in family dynamics. In some cases, officers may need to transition into different duties or consider early retirement.

To prevent work-related injuries among officers, researchers recommend that police agencies implement policies and practices such as education regarding the health and safety consequences of fatigue, regulations on hours worked per day and per week, and workplace interventions that improve officer alertness and fitness.[48] In addition, agencies should also ensure that officers are provided with the support they need immediately following an injury, as well as long-term, to help them successfully cope with related consequences and transitions.

Female officers. In 2018, females made up approximately 12.6 percent of all police officers.[36] Large cities are more likely to have female officers than smaller cities.[49] Existing research suggests that female officers may be more likely than their male peers to experience depression, a risk factor for suicide.[24, 50, 51] Specific work-related stressors identified in the literature include lack of support from supervisors, being perceived as less capable than their male peers of meeting the physical demands of the job, and barriers related to pregnancy and childcare.[4, 52]

Another key stressor is sexual harassment, which can affect physical, psychological, and professional well-being.[53] Research suggests that female officers may experience harassment from members of the community as well as from their colleagues.[54] Female officers report that they are often exposed to sexual and/or sexist remarks in the workplace.[53] Instances of unwanted physical touching and forceful attempts to have sex are less common, and are often unreported due to fear of retaliation.[53] Police agencies should enact policies to ensure that sexually harassing behaviors are not tolerated, are reported when they occur, and do not lead to retaliation.

Officers from ethnic and racial minorities. In 2016, more than 1 in 4 (27 percent) of full-time local police officers were African American or Hispanic/Latino.[55] Among officers, the two largest minority groups are composed of Hispanic/Latinos (12.5 percent of officers) and African Americans (11.4 percent). Few studies have focused on the specific needs of these two groups, particularly Hispanic/Latino officers.[56] Existing research suggests that off-duty African American officers may experience similar types of racism and discrimination in the community as other African Americans, including racial profiling.[57, 58] Research also suggests that cultural diversity training for officers should be expanded to address how to recognize and address subtle forms of racism, in addition to more obvious prejudice and discrimination.[59]

Officers from other racial and ethnic backgrounds account for only 3.6 percent of all full-time sworn local police officers in the United States.[55] More research is needed to identify the unique stressors affecting these officers, particularly officers from racial and ethnic groups known to be at a greater risk for suicide, such as American Indians and Alaska Natives (AI/AN).[60]

LGBTQ+ officers. LGBTQ+ populations are known to be at a higher risk for suicide than other groups,[61] and to have higher rates of substance use disorders—a major risk factor for suicide.[62] Although few studies have examined the unique stressors affecting LGBTQ+ police officers, findings suggest that concerns related to disclosure of sexual minority status may be a key stressor.[63, 64] Findings also suggest, in some cases, LGBTQ+ officers may seek to conceal their sexual minority status to avoid negative repercussions from coworkers and supervisors, such as exclusion, harassment, or failure to provide needed backup.

Transgender officers may be a particularly vulnerable population. In a study conducted with 60 transgender police personnel, 90 percent reported negative experiences within their departments, including homophobic and transphobic verbal attacks, being threatened with termination or being terminated, and feeling that their safety was jeopardized due to social isolation from their peers.[65] However, research suggests some police agencies—particularly agencies that serve large metropolitan areas—are increasingly recruiting and providing support to transgender officers.[66] These agencies may be important sources of information regarding effective ways to address the unique stressors affecting transgender officers.

IN CLOSING

This section outlined a few considerations for police agencies of different size, location, and composition. Regardless of their individual characteristics, 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. Officers should understand that while stress may be a normal part of the job, suffering harmful effects from repeated exposure to traumatic stressors is not. The police agency is there to strengthen and support every one of its workers. Resources and services are available to help officers cope with the many stressors in their careers and lives. Accessing these resources is not only normal and expected, but fundamental to ensuring that officers can do their jobs with strength, resilience, and compassion.

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Appendix A: National Consortium on Preventing Law Enforcement Suicide

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Appendix B: Consortium Task Forces

The five task forces below developed the recommendations presented in this report.

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Appendix C: Development of the Recommendations

FORMATION OF THE NATIONAL CONSORTIUM ON PREVENTING LAW ENFORCEMENT SUICIDE

The National Consortium on Preventing Law Enforcement Suicide (National Consortium) was created in October 2018 to raise awareness of and prevent suicide in policing. The International Association of Chiefs of Police (IACP), in partnership with the National Action Alliance for Suicide Prevention (Action Alliance) and the U.S. Department of Justice, Bureau of Justice Assistance invited a group of multidisciplinary experts and leaders to participate in the Consortium. The 32 members of the Consortium include

- Representatives from police leadership, officers, and families
- Experts in mental health and wellness, and in the prevention and treatment of trauma, substance misuse, and suicide
- Representatives from academia
- Other stakeholders interested in the prevention of suicide in policing

RECOMMENDATION DEVELOPMENT PROCESS

In-Person and Virtual Meetings. The Consortium was formally launched during an in-person meeting held April 30, 2019, at IACP headquarters, in Alexandria, VA. At this event, the Consortium identified five key priority areas that the recommendations should address: data and research, organization and systems change, peer support, family support/surviving families, and messaging. The group also determined the structure and process for how the Consortium would function.

Following the meeting, Consortium members volunteered to serve on five task forces (presented in Appendix B) dedicated to each priority area. Each task force developed its recommendations through five virtual meetings. The recommendations were subsequently shared and finalized during a second in-person meeting, held on October 24-25, 2019, in Chicago, IL, in conjunction with IACP's annual conference. During this meeting, the Consortium also discussed the development of a set of suicide prevention resources that would support the adoption of the recommendations (see Appendix D).

Online Community of Practice. In developing the recommendations, the Consortium also made use of an online community of practice. Created by IACP, the online community supported ongoing communication and information sharing among Consortium members regarding the problem of suicide in policing and how to identify and disseminate effective solutions.

Issue Brief. The recommendations were also informed by findings from *Preventing Suicide Among Law Enforcement Officers*, an issue brief developed to support the work of the Consortium. Released in February 2020, the report outlines the current state of knowledge regarding suicide in policing, including risk and protective factors, challenges to suicide prevention, strategies and best practices, and existing knowledge gaps.

PURPOSE AND DISSEMINATION

The recommendations are intended to guide the work of police agencies and leaders in preventing and reducing suicides and related problems among officers and other personnel. To support implementation of this guidance, the Consortium is also developing a set of suicide prevention resources for police officers, agencies, and family members, discussed in Appendix D.

Appendix D: Resources to Support Implementation

PURPOSE AND CONTENTS

To support implementation of the recommendations, the International Association of Chiefs of Police (IACP) and Education Development Center (EDC) have developed a set of suicide prevention resources for police officers, agencies, and family members. As described below, these resources provide a wide array of evidence-informed guidelines, policy examples, and suicide prevention programming recommendations to facilitate the creation of custom and effective programs by agencies.

Comprehensive Framework for Law Enforcement Suicide Prevention. Suicide prevention efforts are more likely to succeed when they combine multiple strategies that work together to address different aspects of the problem. The resource presents a comprehensive framework for suicide prevention and mental health promotion in policing, which includes 11 broad strategies. The resource provides an overview of each strategy, as well as specific actions that police departments should consider in developing suicide prevention plans tailored to their setting, personnel, needs, and resources.

Peer Support as a Powerful Tool in Law Enforcement Suicide Prevention. Well planned and implemented peer support programs can be a powerful resource for police personnel, helping to mitigate the impact of stressors, strengthening officers, and protecting them from suicide and related problems. This resource provides guidance on how to design an effective peer support team for suicide prevention, including how to select peer support members and provide appropriate training and supervision. The resource also addresses how to identify officers who may be at risk for suicide, ensure their safety, and refer them to mental health professionals who understand police culture and are trained in evidence-based suicide care.

After a Suicide in Blue: A Guide for Law Enforcement Agencies. Postvention—the organized response to the aftermath of a suicide—is a key component of suicide prevention. This resource provides guidance on how to develop a comprehensive postvention plan that covers several key areas, including: protocols addressing funeral policies; family, agency, and community notification; training; media relations; and post-incident counseling. The resource also addresses appropriate messaging for command staff to use after a suicide loss.

Messaging about Suicide Prevention in Law Enforcement. Careful messaging about suicide can play an important role in supporting help-seeking and suicide prevention. However, poorly designed messages can have the opposite effect, increasing suicide risk among individuals who may already be vulnerable. This resource provides guidance on how to communicate about suicide safely and responsibly by adhering to existing messaging guidelines. All messages about suicide disseminated by police agencies—via e-mails, newsletters, reports, media interviews, social media, websites, or other media—should reflect these guidelines.

DEVELOPMENT PROCESS

Toolkit resources were developed by EDC personnel assigned to this initiative, in consultation with IACP staff and the Consortium.

Focus Groups. Development of toolkit resources was informed by focus groups conducted with officers from the Metropolitan Police Department. The purpose of the focus groups was to inform the development of tools and resources for police members and/or agencies to use to help prevent police suicide, and to contribute to the body of knowledge regarding any unique needs of diverse police members with respect to suicide prevention.

EDC conducted four focus groups with diverse/under-represented Metropolitan Police Department members grouped by rank: officer, sergeant, lieutenant, captain and above. Held in EDC's Washington, DC office, the focus groups were facilitated by Jennifer Myers and Amy Loudermilk. Findings suggested that peer support is commonly used and highly valued, and that agencies should implement mandatory wellness checks and increase awareness of available mental health and wellness services and resources. Participants also identified potential solutions to barriers to mental health and wellness, such as having EAP time to count as time on duty, offering childcare assistance, and allowing officers greater flexibility over scheduling.

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