

'Unspoken Questions'

Law Enforcement Suicide Prevention and Mental Health Transparency

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Despite an increase in law enforcement agencies developing, expanding, and promoting mental health and wellness programs, research indicates that more officers die by suicide than line of duty deaths.¹ Additionally, for every officer who dies by suicide, many others experience the pain, hopelessness, and

despair of mental health issues.

Recent U.S. Department of Justice studies on law enforcement suicide prevention and mental health have provided the law enforcement and mental health communities with valuable information. The studies have also provided agencies with recommendations for the implementation of policies and practices directed toward suicide prevention and improving mental health among law enforcement officers.

This action plan is a bold and distinct approach to law enforcement suicide

prevention and mental health transparency. In law enforcement, transparency is often thought of in terms of external to the public. This action plan challenges law enforcement agencies and institutions to be internally transparent to all employees as it relates to mental health.

The action plan is consistent with recommendations from the *National Consortium on Preventing Law Enforcement Suicide: Final Report* (Final Report). The following is cited from the Final Report, Organization and Systems Change, introduction.

Recent U.S. Department of Justice studies on law enforcement suicide prevention and mental health have provided the law enforcement and mental health communities with valuable information.

"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 (are) 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.² 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."³

The action plan consists of the implementation of two separate training programs on the topic of law enforcement suicide prevention and mental health transparency. One training is specifically for law enforcement command staff and designated human resources representative(s). The second training is for law enforcement personnel of all ranks and positions; this training is mandated every two years.

The core tenet of the action plan is that the prevailing concerns for law enforcement personnel

inquiring about and/or accessing mental health services are the perceived stigma and negative occupational/career impact.^{4,5} These concerns are often based on skeptical perceptions and fueled by misinformation communicated among the rank and file. For the agency, these factors contribute to the perpetuation of suspicion of intent and general distrust among employees. Subsequently, these prevailing concerns result in the reluctance to, and/or avoidance of, inquiring about or accessing needed mental health services.⁶

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Regarding suicide, suicide prevention, suicide risk, and unresolved mental health issues, a distinction is made between all employees having general information about the availability of mental health services and an individual employee experiencing a mental health crisis.

The manifestation of this reluctance and/or avoidance can occur when a law enforcement employee experiences a personal mental health issue. Despite being generally aware of available mental health services, the employee may be skeptical about asking specific and direct questions.⁷ Consequently, the employee may develop feelings of hopelessness and helplessness. Unfortunately, the specific and direct questions may never get asked, and remain 'unspoken questions.'

The worst-case outcome is death by suicide or "loss of a whole life." Another tragic result is that an employee may continue to experience the

pain and despair of unresolved mental health issues. The employee will likely endure significant deficits in overall quality of life as well as negative consequences in their personal and professional life, 'the loss of a partial life'.⁸

The two trainings provide law enforcement personnel the opportunity for open discussion related to the concerns of perceived stigma and negative occupational impact. Command staff and human resources representatives play a critical role and actively participate in the trainings. The reluctance to, and/or avoidance of, asking specific and direct questions is addressed by including some of these questions in the training. The trainings provide an opportunity and a forum to give a voice to those "unspoken questions."

"Unspoken Questions"

Law Enforcement Suicide Prevention and Mental Health Transparency

Command staff and designated human resources representatives

It is recommended that a minimum of a 4-hour mental health and wellness training be mandatory for all law enforcement command staff as well as designated agency human resources representatives.

A segment of this training, at least two hours, focuses on the prevailing concerns for law enforcement personnel inquiring about and/or accessing mental health services, the perceived stigma and negative occupational/career impact.

The need to proactively discuss skeptical perceptions, suspicion of intent and general distrust by personnel regarding agency mental health services is recognized. The reluctance to and/or avoidance of employees asking specific and direct questions is further examined.

As part of an agency integrated approach, command staff and human resources representatives assist the agency in creating a culture where seeking support for mental health issues is the norm, rather than the exception. Command staff and human resources representatives are utilized as accessible delivery resources by providing accurate information to personnel regarding mental health services.

In a supportive manner, command staff and human resources representatives openly address employee concerns of perceived stigma and occupational/career impact. They provide assurance to employees that services are offered in the best interest of the employee. Accessing available mental health services is viewed as a strength, not a weakness. This also assists the agency in fostering an atmosphere of upper

management support and transparency.

Employing the "Positive Narrative" component of

the "Framework for Successful Messaging," command staff and human resources representatives "promote the positive" about suicide prevention, such as:

- there are actions that people can take to help prevent suicide
- prevention works
- resilience and recovery are possible
- effective programs and services exist
- help is available⁹

The following are a few examples of specific and direct mental health questions that are typically not addressed when general information is provided to employees regarding mental health services. However, these are the type of questions that the employees want and need answered.

"Unspoken Questions":

If I'm seeing a therapist,?

- Do I have to notify the agency or my supervisor(s)?
- What happens if I receive a mental health diagnosis, like depression, anxiety, and/or PTSD?
- Will the therapist notify the department?
- Could I be referred for a fitness for duty evaluation? What happens then?
- Is drug abuse/dependence treated in the same way as alcohol? Legal drugs vs. illicit drugs.
- What if I am hospitalized for a mental health issue? Voluntary/Involuntary

If I'm prescribed mental health medications (psychotropics):

- Would I be required to inform the agency?

The two trainings provide law enforcement personnel the opportunity for open discussion related to the concerns of perceived stigma and negative occupational impact.

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- What types of medication would require me to inform the agency?
- Will my weapon and/or vehicle be taken from me?
- Can I continue to work without restrictions (including off-duty and overtime), or will I have to go on light duty?

The sharing of law enforcement mental health recovery stories is incorporated into the training to provide personal examples of strength and resilience highlighting inspiration and hope.

Participant objectives:

- Become instrumental in leading an agency-wide culture committed to promoting health and wellness.
- Play a critical role in the agency's integrated approach to ensure that suicide prevention is prioritized, and that norms and practices that support mental health and wellness are integrated into every aspect of policing.
- Better able to specifically and directly respond to employee concerns related to perceived stigma and negative occupational/career impact.
- Provide employees with clarification of agency policies and procedures regarding mental health services.
- Increased knowledge of access to mental health services and ability to provide employees with information regarding the availability of and access to mental health and substance abuse resources.
- Develop an increased awareness and a more comprehensive understanding of mental health issues within the law enforcement community.
- More capable to support efforts to reduce law enforcement deaths by suicide and eliminate the stigma associated with law enforcement personnel who experience mental health issues.

"Unspoken Questions"

**Law Enforcement Suicide Prevention and
Mental Health Transparency**

Law enforcement personnel of all ranks and positions.

It is recommended that a minimum of a four-hour mental health and wellness training be mandatory every two years for law enforcement personnel of all ranks and positions.

A segment of this training, at least two hours, focuses on the prevailing concerns for law enforcement personnel inquiring about and/or accessing mental health services, the perceived stigma and negative occupational/career impact.

In each class, for the segment addressing these prevailing concerns, the participation by a member(s) of command staff (at

least one) and human resources representative(s) (at least one) is required and considered a critical component of this training.

The need to proactively discuss skeptical perceptions, suspicion of intent and general distrust by personnel regarding agency mental health services is recognized. The reluctance to, and/or avoidance of, employees asking specific and direct questions is further examined.

Participants are assured that command staff and human resources representatives are an essential part of the agency's integrated approach to assist in creating a culture where seeking support for mental health challenges is the norm, rather than the exception. Participants are encouraged to view command staff and human resources representatives as supportive resources regarding agency mental health services. Accessing mental health services is viewed as a strength, not a weakness.

Among the roles of command staff and human resources representatives is to be more available to respond to employee concerns of perceived stigma and negative occupational/career

impact. They will be able to provide accurate information and reassurance to employees that services are

offered in the best interest of the employee.

Command staff and human resources representatives will be able to provide employees with clarification of agency policies and procedures regarding mental health services. They will be able to provide information regarding the availability of and access to mental health and substance abuse resources. In these roles, command staff and human resources representatives assist the agency in fostering an atmosphere of upper management support and transparency.

Well in advance of attending the training, the command staff representative(s) and the human resources representative(s) will be provided a list of questions that will be discussed during the class. In the previously listed training course description for command staff and designated human resources representatives, examples were provided of specific and direct mental health questions. These questions are typically not addressed when general information is provided to employees regarding mental health services. These questions are referred to as, 'unspoken questions.'

Participants will also be able to ask command staff and designated human resources representatives additional questions, directly or anonymously, during the training. Following each presented training, the agency will be responsible for agency wide distribution of all questions and answers within a designated time frame. It is acknowledged that all specific situations and questions cannot be addressed

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during the context of an individual training. Procedures will be instituted to respond to these questions.

In accordance with a recommendation from the "Final Report," agencies should identify and support a trusted individual, preferably a peer support member or mental health professional, to serve as a Wellness Officer.¹⁰

The sharing of law enforcement mental health recovery stories are incorporated into the training to provide personal examples of strength and resilience highlighting inspiration and hope.

Participant Objectives:

- Increased awareness of the agency's transparent commitment to organization and systems change to reduce law enforcement deaths by suicide and establish norms and practices that support mental health and wellness.
- Recognize command staff and human resources representatives as supportive resources.
- Assured that inquiring about and/or accessing mental health services will not lead to being stigmatized and/or experiencing negative occupational/career impact.
- Reassured that services are offered in the best interest of the employee.
- Increased awareness of policies and protocols that are in place to support help-seeking, protect officers' privacy and confidentiality.
- Better able to access mental health and substance abuse services directly, as well as provide aid to others.
- Develop an increased awareness and a more comprehensive understanding of mental health issues within the law enforcement community.
- More capable to support efforts to reduce law enforcement deaths by suicide and eliminate the stigma associated with law enforcement personnel who have mental health issues.

Conclusion:

The training should begin with the course for agency command staff and designated human resources representatives. However, after one training course has been completed by command staff and human resources representatives, training can begin for all law enforcement personnel. Training is most effectively accomplished by instructors who have demonstrated cultural competence in both law enforcement and mental health.

The action plan will require an examination, and possible modification, of existing policies and protocols. It is probable that new policies and protocols will need to be developed. By providing an opportunity and a forum to give a voice to those 'unspoken questions', law enforcement agencies are exhibiting a willingness to be more transparent with their employees. These agencies are making strides to ensure that suicide prevention is prioritized, and that norms and practices that support mental health and wellness are integrated into every aspect of policing.

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In June of 2002, Kevin retired from the Coral Gables (FL) Police Department's (CGPD) as a lieutenant with over 25 years of service. He held various positions including Commander of the CGPD Crisis Management Team, Internal Affairs Lieutenant, and Field Training Program Lieutenant.

In September of 2002, Kevin began a second career as a mental health professional. In March of 2018, he retired from the position of Licensed Clinical Social Worker (LCSW) with the Department of Veterans Affairs in Atlanta. In November of 2018, Kevin founded 'Law Enforcement Response to Mental Health, LLC'. He provides training, consultation, and presentations related to law enforcement and mental health.

Kevin has been recognized as a Subject Matter Expert (SME) on law enforcement and mental health by the Collaborative Reform Initiative-Technical Assistance Center (CRI-TAC). Currently, Kevin is serving as a contract mental health professional with the State of Georgia Department of Public Safety – Office of Public Safety Support.

During Kevin's early years as a law enforcement officer, he experienced his own mental health issues. Kevin shares his personal journey in the interest of 'paying it forward'.