



I29 Mental Wellness and Suicide Prevention Programming Among United States Police Agencies

Leslie Ethan Dodson, BA*, Texas Tech University, 6110 36th Street, #14, Lubbock, TX 79407; Megan Thoen, PhD, Texas Tech University, Institute for Forensic Science, 4434 S Loop 289, Lubbock, TX 79414; Brandy Pina-Watson, PhD, Texas Tech University, Dept of Psychological Sciences, Box 42051, Lubbock, TX 79409; and Elizabeth Trejos-Castillo, PhD, Texas Tech University, Human Sciences, Human Development & Family Studies, Box 41230, Lubbock, TX 79409

After attending this presentation, attendees will better understand the availability and use of police officer wellness promotion and suicide prevention programs implemented nationally as well as the perceptions of program effectiveness expressed by employing departments. Attendees will be able to identify and describe various difficulties encountered with, and the need for research within, the area of police mental wellness and suicide prevention.

This presentation will impact the forensic science community by discussing perceptions of effectiveness in mental wellness and suicide prevention programming utilized by police departments.

Officer suicide is a major issue affecting police: the 2015 President's Task Force on 21st Century Policing reported on the necessity of research in this area, stating officers were more than twice as likely to die from suicide as from homicide.¹ It has been recommended that training and programming should educate officers on emotional strength, and that the provision of relevant resources are essential to reducing officer suicide.² A dearth of research exists in the area of police mental wellness and suicide prevention, especially regarding wellness programs utilized by police departments. By better understanding the state of police officer wellness promotion, it may be possible to determine the most effective programming for officer wellness and suicide prevention. To date, there has not been a comprehensive list of available programs or an examination of their effectiveness.³ This study is important to law enforcement as mental health issues may negatively impact cognitive abilities, job performance, and the likelihood of post-traumatic stress disorder and suicidal ideation.^{1,4}

This presentation will examine data collected from a national sample of city police departments and sheriff's offices describing any mental wellness and/or suicide prevention programs implemented. Using the most recent Census of State and Local Law Enforcement Agencies, police departments and sheriff's offices with more than five full-time, sworn officers were compiled.⁵ These departments were then stratified into three groups based on the number of full-time, sworn officers: 5-20 (small), 21-100 (medium), and 101+ (large). The ten largest departments, and those recognized for wellness programming by the Destination Zero Program of the National Law Enforcement Officers Memorial Fund, were targeted for sampling.⁶ Other departments to be sampled were chosen randomly from within these strata. The phone interview, adapted from Kuhns, Maguire, and Leach, asked questions about available programming and perceptions of utilization and effectiveness of those programs.³ Most respondents have been ranking officers with some mental health training or civilian psychologists/counselors employed by the agency. Data collection ended in December 2017. Thirty departments from each stratum (90 total) were targeted, and to date, 13 departments have been interviewed (response rate of 25.5%; 13 respondents out of 51 contacted).

Several logistical issues have arisen, most notably, difficulty in making contact with departments. The telephone-based recruitment procedure was chosen to avoid the non-response bias inherent in email or mail-based procedures.⁷ Nevertheless, difficulties in making contact with the appropriate potential respondents within these departments have occurred (i.e., some departments were unfamiliar with who should be contacted for the request at hand, resulting in the need to contact multiple people from within one agency). Some agencies that declined to participate noted policy against research participation and/or not enough time or officers to respond to the interview; others did not provide a reason for the refusal or never responded to repeated requests for participation. Most respondents willing to participate expressed pride in their department's programming and had dedicated some effort to mental health issues in police work.

Preliminary data indicated peer support groups are the most common programs used; 61.5% of responding departments use them. These programs were considered to be the most highly effective of utilized wellness or suicide prevention programming as well. Some respondents considered peer support programs to be ineffective, citing stigma in asking for help, and thus the programs are being underutilized. Other employed programs identified by departments included employee assistance programs, resiliency training, wellness campaigns/symposia, and use of critical incident response teams. Most agencies recommended peer support programming of all programming utilized. Future directions for research, including further discussion of the methodological and practical implications for generating empirical knowledge, will be addressed.

Reference(s):

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*Presenting Author