



# Managing Police Suicide - A Guide for Leaders

CACP Psychological Services Sub-Committee  
May 2020

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## Introduction

The loss of a police officer, or a civilian member of a police service, to suicide is a tragic occurrence that can have a profound impact on the organization as a whole. The increased focus on mental health in policing and specifically the issue of suicide has pushed leaders across the country to develop new methods of prevention and to carefully consider the steps taken following the suicide of a member. Police leaders have been asking for information, direction, and best practices on managing police suicide. A number of reports have been published recently that offer some guidance on this topic.

## Factors Contributing to Police Suicide

Suicide is a complex phenomenon that often has many contributing factors. Mental health issues, stressful life or work events, significant losses, embarrassment or shame, impulsivity, hopelessness, emotional dysregulation, access to lethal means, and contagion or imitation have all been regarded as variables that, alone or in combination, can increase risk for suicide.

In the recent Ontario Coroner's Report *Staying Visible, Staying Connected, For Life* an expert panel systematically evaluated the 9 police officer suicides in the province of Ontario in 2018 and found a number of commonalities:

- Acute mental health issues (often associated with substance use disorders)
- Loss of, or limited access to, effective treatment services and supports
- Actual or perceived disconnection from family, friends, and/or the organization

Despite the available research results, suicide is generally acknowledged as difficult to predict given the myriad risk and protective factors that exist within each individual that contribute to how they view their circumstances. Importantly, there are a large number of individuals who exhibit many of these risk factors, but ultimately do not go on to engage in suicidal behaviors. At most, these factors can be viewed as potential indicators for one or more proactive interventions and should be seen as potential predictors of suicide.

## Suicide Prevention Program Components

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The Police Executive Research Foundation's (PERF) 2019 report entitled *An Occupational Risk* offered ten recommended actions for police services looking to develop a suicide prevention and response strategy:

- 1) Data Collection
- 2) Psychological Autopsies
- 3) Routine Mental Health Checks
- 4) Leadership From the Top
- 5) Gun Removal Policy
- 6) Confidential Support Programs and Training
- 7) Easy Access to Tools
- 8) Regional Partnerships
- 9) Family Support
- 10) Communications Plan

Though the relative impact of each of these components in reducing suicide risk is currently unknown, many of these elements offer a direct response to risk factors commonly associated with suicide. Together, they provide a helpful guide for police leaders seeking to improve their suicide prevention strategy.

## Suicide Contagion

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Contagion refers to the increased risk of suicide resulting from direct or indirect exposure to the suicide death of another individual. There is now a considerable body of research which suggests that media reports on suicide can influence vulnerable individuals through this contagion effect (Canadian Psychiatric Association, 2017). Contagion can broadly be broken down into two categories: mass clusters and point (or local) clusters. Mass clusters are increases in suicides that are clustered by time, but not necessarily geography. For example, when prominent public figures or celebrities die by suicide and the impact is distributed widely as their deaths are reported by a variety of news outlets and communication channels. Point clusters are suicides that are close in time and space, often within institutions such as schools, organizations, or individual communities.

Many organizations cite responsible reporting as one of the methods of mitigating the impact of suicide contagion. In recent years, there have been several responsible reporting and communications guidelines that provide specific direction on the terminology, detail, and supports that should be included in response to any death by suicide. The current recommendations include:

- Use terminology such as “died by suicide” as opposed to “committed suicide”
- Avoid describing details of the method of suicide
- Do not attribute the death by suicide to overly simplistic or superficial causes (i.e. Citing a specific event or cause as the “reason” for the suicide)
- Include supports, including emergency contacts, for coping with suicidal thoughts or behaviors in any messaging about a death by suicide.

The problem of suicide contagion may have become more pronounced with the proliferation of social media, websites, and other forums that frequently post suicide-related content, placing an even greater emphasis on the importance of responsible reporting and messaging. In fact, responsible reporting may be a mitigating factor in suicide, with some evidence suggesting articles stressing “mastery of crisis”, in which people contemplating suicide successfully employed adaptive coping strategies, can increase help-seeking in vulnerable groups and decrease suicide rates (e.g., Niederkrotenthaler, Voracek, & Herberth et al., 2010).

The Canadian Psychiatric Association and the American Association of Suicidology have published responsible reporting guidelines for suicide that police leaders and corporate communications staff can utilize to improve their messaging following a suicide and further mitigate the risk associated with contagion.

## Acknowledging Those Who Die by Suicide

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The issue of how to appropriately recognize the service of police members who die by suicide continues to be a challenge as leaders both locally and nationally seek to balance the need for recognition against the perceived fear of glorification and contagion. Many police leaders are struggling to find way to provide an appropriate and respectful organizational response that seeks to confront the stigma associated with suicide, honours the memory of the member and the wishes of the family, and helps to minimize the potential risk to other members who may themselves be experiencing suicidal thoughts.

Many police services are searching for ways to effectively honour those who died by suicide in a manner that is distinct from those who have died in the act of carrying out their duties as a police officer. One method adopted by some police agencies is to have memorials dedicated to both those who died in the line of duty as well as one for those who died while in active duty. The active duty memorial would encompass all those who had died while an active member of the service, be it through an acquired illness, accidental death, or suicide.

## Conclusion & Future Directions

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Police suicide continues to be one of the most pressing issues facing police leaders today. Though several important insights have emerged through recently published reports, new policies, and emerging practices, there remains much that is unknown about the risk factors for suicide and the impact of different programs and services have on reducing that risk. More research in the area of suicide is necessary and essential, and additional research success can only be achieved through more accurate and coordinated reporting on police suicide on local, provincial, and national levels. Police leaders can have an impact by leveraging the newly released knowledge in this area to develop prevention focused programming, supportive interventions in the immediate aftermath, and responsible communication and reporting guidelines following the loss of a member to suicide. Furthermore, police leaders can honour the memory of those in their service who died by suicide through making a commitment to learning from each situation to improve their approach to managing police suicide.

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