**Stop the Damn Lip Service and Let's Take Action to Stop Officer Suicide**

Dr. Olivia Johnson & Dr. Jorey Krawczyn

How many times do we need to do the same thing before we finally call it quits? How many more suicides will we have among our ranks before someone takes these deaths seriously? I mean seriously!! Not just publishing another article that an officer has taken his or her life and the details surrounding it. Not another group just throwing a number around and using stories about the officer to sensationalize their death. I mean is this what an officer's life has come to? A damn number and a quick social media story to generate "likes." Well, in some cases, yes, that is exactly what happens. That sensational story will run a few days before the next headline comes out and the officer is ripped from the headlines and is no longer front-page news. This cycle is repeated with every new tragedy. The problem, we as a collective have allowed this questionable behavior by those claiming to honor and advocate for our loved ones.

I have tracked officer suicide and overdose deaths since 2017. With that, I have looked into hundreds of cases of officer suicide. This starts by verifying each case was in fact, a suicide. Then the hard work begins. Additional documentation is collected (e.g., coroner/medical examiner reports, toxicology, news reports, agency announcements, social media accounts, statements, etc.). From this documentation, a case is built. We know that there is nothing we can do for the officer in question, but we know we must learn something from his or her death. A preventable death none the less. There are many cases in which the suicide seemed like a complete shock to many. Those closest to the decedent were unaware of the issues they may have been facing, the amount of stress and grief, and the death seemingly came as a shock. However, many of the cases have "themes." These major components that appear to be common in many of the cases and either by themselves or in conjunction with other factors contributed in some way to the officer's death.

**What are we doing wrong?**

For over the previous twenty years researchers, administrators and clinicians have constructed a police suicide prevention/intervention program built on a disease model of what makes an officer sick to the point of suicide. The disease has even been identified as the police "job," that has low pay, long hours, alternating work shifts, job dangers, public perceptions, isolation from family and friends, and daily exposure to human suffering. This environment leads to dysfunctional relationships, stress, unhealthy life habits with eating and less exercise, break downs in social support systems, along with financial challenges and strains. These unhealthy coping mechanisms manifest in substance abuse, internalizing emotions, heart disease, excessive body weight, relational infidelity and other life frustrations. This is the pool law enforcement officers work and play in that infects them with this disease.

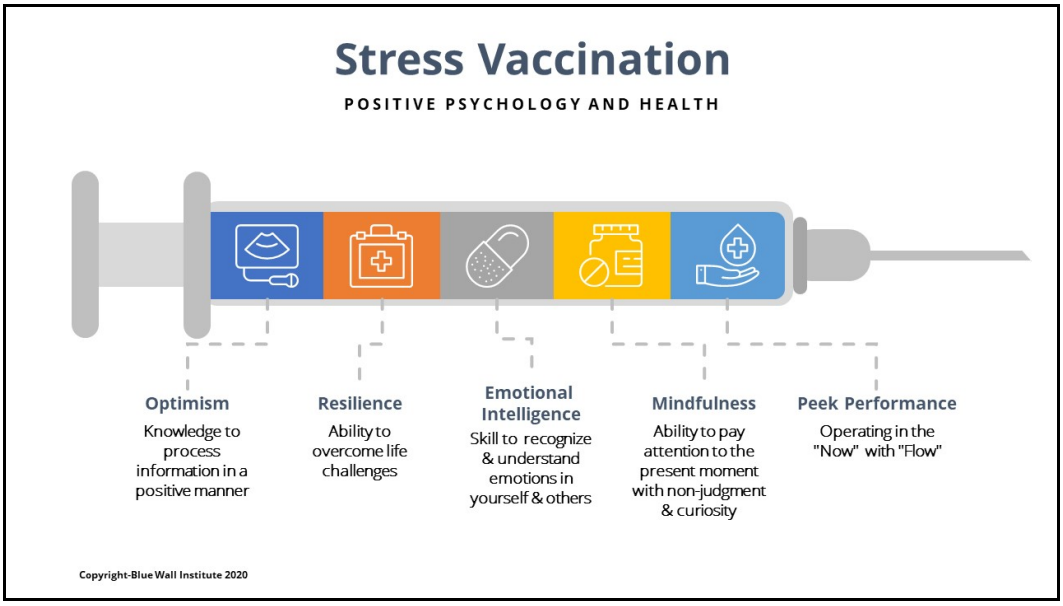
This infectious pool becomes a cesspool where researchers, administrators and clinicians enter in to some how prevent and intervene in an effort to rescue other swimmers and encourage them to leave the pool for a better life or seek help. Some administrators could care less or don't know much about the pool or swimmers and even stigmatize any form of help or assistance to

swimmers to do better or leave the pool entirely while hoping no one gets too infected and dies. Prevention and intervention continue while infections increase and lead to more self-inflicted deaths. Something new and different has to be done.

**A New Paradigm**

What if we approach the pool with a different perspective and a new model. Instead of focusing on infections and what makes you sick as in the Disease Model. What if we utilized the Health Model and focused on what makes you healthy and assists one with avoiding infection before entering the pool? What if we stop trying to prevent and intervene with the swimmers in the pool and instead vaccinate and inoculate them prior to entering the pool? We need to remember the pool will almost always remain consistent and the same. Our focus is on the police officer swimmer and once they are properly vaccinated; they can enter the pool, if they choose, and remain uninfected and healthy.

What is this vaccination and inoculation process? Simply stated, "healthy" coping skills and mechanisms. These are proven skills that can be learned, practiced, measured and observed in healthy perceptions, thoughts and behaviors. Visualize a stress inoculation plan with resilience and mindfulness that implements health and wellness initiatives including police suicide prevention. Vaccination is the exposure to a watered down, diluted disease (stress) or virus allowing the human body time to build up antibodies to fight the disease allowing the person to become immune. Exposure equals immunity, not only physically but mentally and psychologically.



**What are the Vaccination Skills?**
The first point to remember is these skills can be taught and learned, enhanced and re-enforced and there is research to support this new paradigm.

OPTIMISM: The health psychology view of learned optimism is about how we interpret the world, and according to this premise, it's not a fixed trait or part of our disposition. Instead, it can be seen as more of a strategy – an outlook that we can learn to cultivate when we start by challenging our automatic negative thoughts. Learned Optimism is a concept that says we can change our attitude and behaviors – by recognizing and challenging our negative self-talk, among other things.

RESILIENCE: The process of adapting well in the face of adversity, trauma, tragedy, threats, or even significant sources of stress - such as family and relationship problems, serious health problems, or workplace and financial stressors. It means "bouncing back" from difficult experiences. Being resilient does not mean that a person doesn't experience difficulty or distress. Emotional pain and sadness are common in people who have suffered major adversity or trauma in their lives. In fact, the road to resilience is likely to involve considerable emotional distress. Resilience is not a trait that people either have or do not have. It involves behaviors, thoughts, and actions that can be learned and developed in anyone. A combination of factors contributes to resilience. Many studies show that the primary factor in resilience is possessing caring and supportive relationships within and outside the family. Relationships that create love and trust, provide role models, and offer encouragement and reassurance help bolster a person's resilience.

EMOTIONAL INTELLIGECNE: Emotional intelligence is your ability to recognize and understand emotions in yourself and others, and your ability to use this awareness to manage your behavior and relationships. The ability to perceive accurately, appraise, and express emotion; the ability to access and/or generate feelings when they facilitate thought; the ability to understand emotion and emotional knowledge; and the ability to regulate emotions to promote emotional and intellectual growth as a competency of managing yourself and your relationships with others, making effective teamwork, leading others, and forecasting the future, all of which had positive effects in terms of efficacy and job performance and avoiding job burnout.

MINDFULNESS: A motivated state of awareness brought about by attending to the present moment experience. It includes Increased control over one's attention (attentional control), this has been linked with an enhanced sense of self-efficacy and self-regulation. Decreased emotional reactivity means the person chooses their emotional responses, rather than the other way around. Heightened intrapersonal attunement, some affective states such as anxiety can bias the selection and recall of information, impairing judgement and evaluation but mindfulness practice can counteract the tendency to egocentric processing. And, increased access to new sources of information. It does this by helping us notice more information and allowing us access to more choices for how we respond. In application and practice it is a philosophy or set of beliefs about your self-nature, your world and experiences. A deliberate intentional behavior, practice and process with a present moment state cognitive function that develops into a habit or personality trait

PEEK PERFORMANCE: One of the healthy outcomes to the stress vaccination is to build peek-performance in every aspect of the LEO's life, this includes their health, mental wellness, relationships, professional attitudes, beliefs and social support systems.

**Conclusion**

Suicide among our first responder populations is not a new phenomenon. In fact, this silent killer has been literally hiding in plain sight for decades. So, why now does it seem like suicide is ravishing the ranks. Well, in-part because it continues to do so, but there is more to this story.

Suicide among our first responder populations is gaining attention, and rightfully so, but at what cost? And is the increased attention working? Though we can argue that shining a light on this silent killer is prudent, we can also argue that the kind of attention matters. How we talk about, report on, and share information about suicide and deaths by suicide matters. The use of sensationalistic headlines and irresponsible media reporting to gain attention or social media likes is not the right way to shine a light on this topic. In addition, it is not enough to just throw a number around, with no way to validate it, no context surrounding it, and with no resolution in sight.

We know we have a problem. The question now remains: do we continue with the lip service and just allow officers to swim in the cesspool hoping for the best? Or do we take a proactive approach and fix what we've been doing wrong. If the Disease Model is not working, why do we keep using it hoping for a different outcome? A new paradigm is the answer. What do we have to lose? The answer is nothing, but we have everything to gain. We must embrace the Health Model, so we can equip officers with the tools and techniques to focus on remaining healthy, rather than our common reactive approach only after they are sick. If we can vaccinate and inoculate officers before they become "infected," we not only keep them healthy, but we extend their lives, careers, and ultimately, time with loved ones. Let's stop the lip service and start taking real action to stop officer suicide.

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