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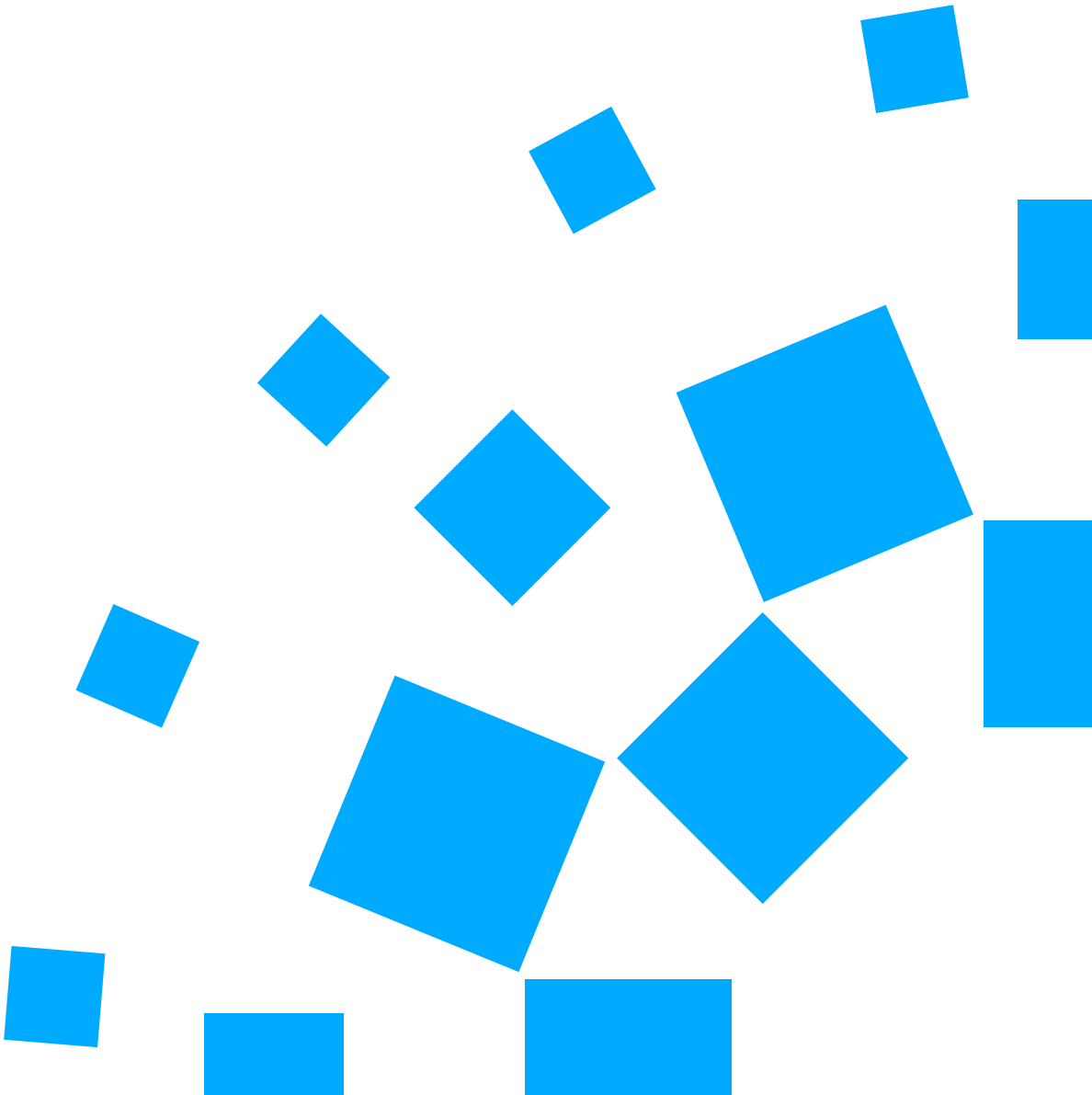
NPCC National Police Chiefs' Council

The National Police Wellbeing Service

Suicide prevention in policing

Current landscape



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Introduction

This short report provides information in relation to the risk of suicide in the police service, as compared with the general public. It explores risk factors that are believed to contribute to mental ill health and suicide in general. This supports the development of – and is the foundation for – a national consensus statement for policing in England and Wales, by exploring the existing evidence base, along with stakeholder knowledge and lived experience. The national consensus statement, agreed and signed by key partners, will formalise the shared commitment to preventing suicide in policing and the development of the next steps required.

Background

Experts state that there is a heightened risk of suicide in certain occupations. Past academic research has also documented such differences (Milner and others, 2013; Courts and Mosniak, 2015; Windsor-Shellard and Gunnell, 2019; Gunnell and others, 2020). This suggests causal connections and an interest in determining whether some individuals may be more at risk of suicide due to occupational psychological stressors, such as exposure to traumatic events or burnout (Courts and Mosniak, 2015; Waters and Palmer, 2021). The Office for National Statistics (ONS) publish suicide figures by occupation. However, they urge caution in using published figures to establish potential suicide risk among occupations. Any differences found in the numbers of deaths may merely mirror the underlying population, as opposed to occupational suicide risk (ONS, 2019). Suicide, whether in the workplace or where believed to be work-related, is not currently included in the work-related deaths that must be reported to the Health and Safety Executive (HSE). However, there continues to be interest in work-related suicide, as well as research around occupational-related stressors, such as exposure to trauma, unmanageable workloads or hours of work (Waters and Palmer, 2021).

Although not identified by the ONS as an occupation at specific risk in England and Wales (ONS, 2019), policing garners much interest in this field. Police suicide is often reported in the media (Armitage, 2017). Official figures published by the ONS show that in England and Wales,

163 police officers' deaths between 2011 and 2019 were classified as suicide or of undetermined intent. Of these, 146 were men and the remaining 17 were women. In addition, the deaths of two male police community support officers (PCSOs) were also classified as suicide during this period (ONS, 2019). These figures are subject to slight change due to inquest delays in some cases affecting registered death figures. The numbers recorded by ONS account for those of typical working age, between 20 and 64 years. Figures are currently unavailable for other police staff or special constables.

Much of the existing literature in relation to police suicide relates to policing in the USA, and relates to the availability of firearms. This differs in the UK, and specific UK academic research in relation to suicide in policing is lacking (Armitage, 2017; Sharp and others, 2020). Despite this obvious difference between policing in the USA and the UK, there are many similarities, such as some of the precipitators believed to be involved. In addition, general literature in relation to suicide is available in the UK, which also refers to risk factors that are likely to be relevant in policing (Armitage, 2017).

What the evidence tells us for policing

This section outlines the key themes related to current knowledge around police suicide.

Risk factors

As outlined above, there is a dearth of research specifically examining police suicide in the UK at this time. However, when considering suicide risk in the general public, it involves complex contributors, including psychological, biological, clinical, environmental and social factors (Turecki and others, 2019).

Although it is difficult to separate suicide risk factors for policing that may be different to those from the general public, there are a number of factors that may heighten the risk for police officers and staff (Violanti,

2007; Martinez, 2010; Armitage, 2017). These include the frequent, and often unpredictable, exposure to traumatic incidents, as touched upon above (Evans and others, 2013; Hesketh and Tehrani, 2019).

However, there is rarely only one reason why someone takes their own life. Suicide results not from one major crisis, but an accumulation of more minor events (Violanti, 2007). There are many potential precipitators – perhaps as many as there are officers or staff who take their own lives (Violanti, 2007; Chae and Boyle, 2013; Armitage, 2017; Kirschman, 2018). Some of the common risk factors suggested and relevant in policing include:

- relationship breakdown
- debt problems
- stagnated career
- depression, post-traumatic stress disorder (PTSD) or other mental health problems
- professional standards investigation
- organisational structure, procedures and culture
- operational exposure to trauma
- dichotomised decision making
- shift work, long working hours and sleep problems
- high standards, invulnerability and refusal of help at early stages

Many of these factors may be equally as prevalent among the general public. Identifying an individual's risk of suicide is therefore challenging. As such, a combination of prevention methods appears to be the key area of focus to reduce the number of deaths by suicide (Turecki and others, 2019). Police officers and staff need to be encouraged to recognise the possible signs, and be provided with necessary coping mechanisms to relieve associated stress (Violanti, 2007).

There is also evidence to suggest that those who work in policing – in particular, police officers – have higher expectations of their natural ability to respond to stress and trauma. These false expectations of themselves could, alongside other risk factors as suggested above, make them more vulnerable to suicide (Violanti, 2007).

Although stigma and the 'macho culture' are beginning to erode, they may still remain in some aspects of policing (Sharp and others, 2020). This can be a barrier to help-seeking. Those who work in policing, including both police officers and staff, may be loathed to divulge sensitive information regarding their mental health, for fear it may compromise their position. This may be, in part, due to the existing stigma and culture of invincibility in policing. As such, more work is required to assist with destigmatising, detecting suicide ideation and instigating prevention methods, along with working on the internal culture (Violanti and others, 2013).

There are suggestions that the COVID-19 pandemic may increase the suicide rate, due to longer-term effects on the economy, the general population and those already at risk. It is possible that adverse effects could be exacerbated by self-isolation, fear, anxiety and chronic stress (Yao and others, 2020; Sher, 2020). This is likely to be experienced by the wider general public, but those with high levels of exposure, such as frontline workers, may be at increased risk (Gunnell and others, 2020). In addition, policing had the added stress of understanding and enforcing rapidly changing legislation, often at conflict with the public. As a result, there is evidence of adverse effects on health and wellbeing among police officers and staff (Kyprianides and others, 2021). Mental health problems as a consequence of COVID-19 are likely to present for a protracted period beyond the pandemic, and peak at a later date. Interventions to decrease anxiety, stress and fears are therefore required in policing, as well as the general population.

Prevention strategies and effectiveness of interventions

Suicide is a complex situation and prevention of suicide is not an easy task. Prevention involves a series of interventions, including awareness raising, dissemination of information and control of risk factors (World Health Organization, 2009).

Farmer and Stevenson (2017) suggest that those in roles at high risk of stress and trauma, such as those in policing, require more targeted help with regard to mental health. There is not a comprehensive evidence

base of specific interventions that will work for policing. However, many effective suicide prevention strategies in other areas begin with holistic approaches that value open and honest dialogue in relation to mental health. Suicide prevention initiatives need to be embedded in the overall culture of the workplace, as well as in occupational health and wellbeing policies. Police officers and staff need to feel comfortable in seeking support from line managers. In turn, line managers need the support of other relevant and specialist departments (Business in the Community and Public Health England, 2020).

Suicide prevention and intervention strategies based on specific target groups, include universal, selective, indicated and multi-component.

- Universal interventions aim to shift risk across the entire population by, for example, reducing or removing access to means, or awareness-raising campaigns.
- Selective interventions target sub-groups who exhibit factors that may predispose them to suicidal behaviour. For example, this could include targeting those with particular psychiatric conditions.
- Indicated interventions target those who already exhibit suicidal thoughts or behaviour by, for example, providing interventions for those who present at accident and emergency departments.
- Multi-component interventions are a combination of the above, sometimes delivered in communities. These interventions may include media campaigns, training and education.

Evidence suggests that awareness programmes and certain psychological interventions, such as cognitive behavioural therapy (CBT), are beneficial (Turecki and others, 2019). Some, or all, of these types of intervention may be suitable in policing. By increased adoption of awareness and intervention, we can better understand the most suitable routes for policing (Farmer and Stevenson, 2017).

Stakeholder knowledge and current guidance

Due to the lack of an established evidence base specifically aimed at UK policing on which to guide any recommendations, it has been necessary to look elsewhere to similar organisations, other experts or reference groups in order to increase knowledge. Table 1 highlights documents relating to UK suicide research conducted in recent years that are of particular relevance to policing.

Table 1: Literature relating to UK suicide that are of relevance to policing

Reference: Association of Ambulance Chief Executives (2021)
Title: Working Together to Prevent Suicide in the Ambulance Service: **A National Consensus Statement for England** **What We Know** **Next Steps** **Implementation Self-Audit Tool**
Comments: A series of documents have been produced for the ambulance sector, including 'What we know', a consensus document, 'Next steps' and a postvention toolkit. These documents are of relevance to policing, due to some of the similarities in the emergency service sector.
Reference: Armitage (2017)
Title: **Police suicide: Risk factors and intervention measures**
Comments: The Rev Dr Richard Armitage has spent many years as a UK police chaplain. He began researching this topic following the suicide of a number of police employees and recently retired officers. He makes a number of observations and recommendations regarding the individual, the organisation, and initiatives of family and friends.

Reference: Business in the Community and Public Health England (2020)

Title: **Reducing the risk of suicide: A toolkit for employers**

Comments: This resource was designed in order to assist organisations of any kind to adopt strategies to reduce the risk of suicide, and to embed suicide prevention strategies into the health and wellbeing policies of organisations. It addresses suicide both within and outside the workplace, where it involves an employee, a contractor, or a family member or close friend of such an employee.

Reference: HM Government (2019)

Title: **Cross-government suicide prevention workplan**

Comments: This workplan commits every area of government to take action on suicide. A National Suicide Prevention Strategy Deliver Group (NSPSDG) has been established to track, monitor and report on the implementation of the workplan. In addition to government representatives, this group includes the voluntary and charitable sectors. There are commitments to reduce suicide in specific occupational groups and to expand the Mind Blue Light programme to other sectors.

Reference: Mind (2019)

Title: **Wellbeing and mental health support in the emergency services: Our learning and key recommendations for the sector**

Comments: This report outlines the findings from the Mind Blue Light programme delivered between 2015 and 2019. Mind reported improvements in the percentage of respondents aware of available support, an increase in organisations encouraging discussion around mental health, a rise in organisational support and an increase in mental health training. Overall, the findings are encouraging, but there is still room for improvement and Mind provide a series of recommendations to assist with this.

Reference: Sharp and others (2020)

Title: **Assessing the mental health and wellbeing of the Emergency Responder community in the UK**

Comments: The research conducted for this report was commissioned by The Royal Foundation. The report utilises the term 'Emergency Responders' in order to capture first responders, operational staff, support staff, call operators and other at-risk personnel across the 'blue light' services, including volunteer and search and rescue services. It recognises that emergency personnel are regularly exposed to trauma and violence, as well as the demands this can place on mental health and wellbeing.

Observations

The following key themes have emerged from initial consultation with partners and examination of the existing literature.

- **Recording of data** – ONS currently record data for serving police officers and PCSOs of normal working age (20-64 years) who die by suicide. There may be others outside of this age range who are currently not captured. Others who may not be captured by way of current recording measures include police staff, retired officers and those who leave the profession via discipline measures or otherwise. An unrelated project is currently being led by the National Police Chiefs' Council (NPCC) to introduce a means of recording death and serious injury events in policing. This should allow for data to be gathered, not only for suicide deaths, but also for death and serious injury by other means. In turn, this will facilitate timely data capture and allow future research and analysis of relevant data.
- **Future research** – Suicide in UK policing is currently under-researched. There is much that we can learn from international research projects in this field. However, there remains scope for UK-specific research by both qualitative and quantitative means. In addition, there is opportunity for future research, using the above

data, once the recording mechanism is established and collation of data is commenced.

- **Working practices reviews** – There are a number of areas within policing working practices that come under scrutiny as requiring regular review. These include, but are not limited to:
  - mental health and suicide awareness training and education at all levels in the organisation
  - regular review of the most up-to-date evidence in relation to shift patterns, in accordance with Home Office guidance
  - effective workload management
  - provision of effective welfare services and recognition of the cost benefits of psychological welfare programmes
  - timely professional standards investigations
- **Culture change and focusing on primary prevention** – The culture within policing may still be a barrier to individuals seeking help at early stages. Employers are in a position to create the environment where employees are able to talk openly and to seek help, along with assisting employees understanding the importance of good physical and mental health. Availability of support mechanisms should be widely publicised within policing, to ensure that everyone is aware of where they can turn to for support. Officers and staff should also be encouraged to accept those interventions necessary for their continued wellbeing. This goes hand in hand with supervisor awareness. There is a level of personal responsibility, along with organisational responsibility, for welfare and communication. Overall, a holistic approach to health and wellbeing is key to encouraging employees to open up about their concerns.

Next steps

This document provides the initial findings and observations in relation to the current landscape. The next steps in the development of a national consensus statement for the prevention of suicide in policing include:

- agreeing shared commitments
- developing the consensus statement for suicide prevention in policing in England and Wales, backed up by useful tools and resources
- further defining best practice
- translating commitments from consensus into next steps
- wider consultation with officers, staff and stakeholders
- preparing a suicide postvention toolkit

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