

Washington Law
Enforcement Officer
Mental Health &
Wellness Task Force
Report

December 2021

(2020) SSB 6570



Prepared by the Injury & Violence Prevention Program
Division of Prevention & Community Health



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Publication Number

140-256

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Special thanks to those that served as contributors to help put this report together and provided feedback, key insights, lived experiences, recommendation, edits, data and next steps for this report.

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Executive Summary

In 2020, the legislature passed Substitute Senate Bill 6570, which directed the Department of Health (Department) to convene a task force to examine factors related to the behavioral health and wellness of law enforcement officers serving in Washington state and identify recommendations to improve the behavioral health status of law enforcement officers and personnel (LEO) and their families. The Law Enforcement Mental Health and Wellness Task Force was convened between January and September 2021 and mandated to report its findings and recommendations to the legislature in December 2021.

Key Findings and Recommendations

This report provides information on the unique challenges and job-related stressors that can impact LEO mental health and wellbeing. During the development of this report a lack of data specific to law enforcement personnel became apparent. While this report contains key findings and recommendations, more research and data are needed to be able to fully understand the nuances, the extent of behavioral health supports, and issues among LEO and their families.

To improve LEO mental health and prevent deaths by suicide, focus should include an emphasis on reducing stigma and encouraging LEO, their friends, family, and people who support them to seek help for themselves or others, when needed. Efforts should also include a focus on mental health and wellness programming that is tailored for LEO and their families. Programming and training should include content on lethal means safety and safety planning that is culturally appropriate for LEO. Model policies and procedures should be available to help organizations put strategies in place to reduce risk of suicide among LEO. This is particularly important when personnel are impacted by a loss due to suicide or an attempt (postvention), and during transitions in their career or when exiting the field.

Task Force Recommendations

- 1. Fund culturally and linguistically tailored programming and services that support emotional wellness for law enforcement personnel and their families, and support retention of law enforcement personnel by providing more services.**
- 2. Support local jurisdictions with comprehensive planning and implementation of data driven policies and procedures to increase law enforcement personnel wellness, reduce suicide workforce rates, and increase help-seeking behaviors for LEO and their families.**
- 3. Expand behavioral health services that are tailored to law enforcement.**
- 4. Increase lethal means safety and safety planning.**
- 5. Develop comprehensive and equitable statewide behavioral health and suicide research and data about the law enforcement sector.**

Background

LEO face unique challenges and job-related stressors that can impact their mental health and overall wellbeing. In 2020, the legislature passed Substitute Senate Bill 6570, which required the Department to convene, chair, and provide staff support for a Task Force to examine factors related to the behavioral health and wellness of law enforcement officers serving in Washington state.

Substitute Senate Bill 6570 mandated the Task Force examine behavioral health status data, unique factors influencing behavioral health in the law enforcement community, state and federal recommendations to address behavioral health issues among LEO, and options to improve the behavioral health status of LEO and their families. The full text of the enacted legislation is included in Appendix A. In 2021, separate from Substitute Senate Bill 6570, the Washington Association of Sheriffs and Police Chiefs was allocated funding from the legislature via a budget proviso to establish a behavioral health support and suicide prevention program for law enforcement officers in three pilot locations.

The Task Force's Approach

The Task Force was chaired by Beth Mizushima of the Department. Task Force members included co-chair Chief Scott Behrbaum of Issaquah Police Department and 17 other individuals who represented sectors named in the legislation. Additional individuals were welcomed to participate. Their involvement enriched the diversity of viewpoints, expertise, and lived experiences among Task Force participants.

The Task Force met seven times between January and September 2021 to examine data related to mental and behavioral health, national reports, best practices for preventing suicide and providing behavioral health services to LEO, gaps in knowledge and data, and recommendations for preventing deaths by suicide among LEO.

The Washington Association of Sheriffs and Police Chiefs received funding in the 2021 budget (2021 Engrossed Substitute Senate Bill 5092 section 218(14)) to distribute grants for three behavioral support and suicide prevention pilot programs. The new allocation of funding will provide much needed forward momentum. Lessons learned from program implementation can provide a blueprint for how to bring programming for LEO and their families to scale across Washington state—to promote behavioral health and prevent suicide death.

The Task Force members identified six key risk factors that contribute to adverse behavioral health outcomes and impacts on wellness for LEO in Washington state. These key risk factors are:

- Mental health and substance use disorder or misuse

- Cultural norms of policing culture
- Access to and familiarity with lethal means
- Exposure to trauma and suicide from daily work duties
- Agency and organizational stressors and lack of support for emotional wellness
- Community tensions and social dynamics surrounding policing

The Task Force also gathered input and feedback from LEO across Washington state via an online survey (n=1192). Task Force members promoted the survey across the state to LEO. Participation was completely voluntarily and anonymous. The Task Force used this feedback to improve and refine recommendations.

Task Force members further reviewed materials and presentations focused on suicide prevention among Veterans. There are important similarities between LEO and Veterans. These areas of similarities, and differences, should be highlighted and reviewed independently to plan and implement effective suicide prevention strategies specifically for LEO.

The Task Force also reviewed the Washington State Department of Health Suicide Prevention Plan (State Plan), published in 2015. The Task Force’s recommendations, discussed later in this report, aligns with the State Plan’s four strategic directions. The four directions are:

1. **Strategic Direction 1: Healthy and Empowered Individuals, Families, and Communities.** Recommendations emphasize creating and maintaining programs that improve connectedness and focusing on high-priority populations and groups experiencing serious stressors among the law enforcement personnel community.
2. **Strategic Direction 2: Clinical and Community Preventive Services.** Recommendations emphasize expanding trainings on suicide assessment, treatment, and management for health professionals to include tailored content specific to serving LEO. Additionally, Task Force recommendations support the State Plan’s recommendations for education on reducing access to lethal means—including the safe storage of firearms and medications—and to promote community crisis resources and tailor response services to specific communities.
3. **Strategic Direction 3: Treatment and Support Services.** Recommendations support peer programming and LEO-dedicated services as an important component of comprehensive care systems.
4. **Strategic Direction 4: Suicide Surveillance, Research, and Evaluation.** Recommendations promote evaluation of prevention programs to improve programming and advance the suicide prevention field informed by data specific to the LEO community in Washington state.

The Task Force also reviewed the recommendations of the March 2019 Law Enforcement Mental Health and Wellness Act Report to Congress (Report to Congress). The 22

recommendations from the Report to Congress are included in Appendix B. Both reports highlight the need for the following:

- Increasing community-based clinicians’ understanding of the unique risks for LEO and their families. Recommendations in this report emphasize the opportunity for Washington state to provide specialty training for behavioral health providers as a part of the state’s credentialing process.
- Supporting programming that is tailored specifically for LEO and their families, including but not limited to, peer support programming and wellness services that span beyond critical incident stress or the immediate aftermath of an extremely stressful incident.
- Supporting transitions, such as retirement or separation from law enforcement service.
- Supporting the development of model policies that assist agencies with their efforts to reduce suicide and change their culture, by reducing barriers and increasing protective factors among their workforce.

Factors Related to Law Enforcement Behavioral Health and Officer Wellness

There are limited data on suicide among LEO, but there is a growing body of research that helps to identify risk and protective factors unique to LEO and their families. In public health, **risk factors** are characteristics present in an individual’s life that might make them more vulnerable to suicide, or otherwise negatively impact their emotional wellbeing in a significant manner. **Protective factors** are characteristics present in an individual’s life which aid in defending against thoughts of suicide and/or a negative impact on their emotional wellbeing.

Risk Factors

In addition to risk factors that may be unique to each individual, such as mental health and substance use disorders, LEO face additional

Table 1. Risk and Protective Factors

Risk Factors	Protective Factors
Mental health and substance use disorder or misuse	Access to culturally appropriate mental health and wellness services
Cultural norms of policing culture	External organizational supports
Access to and familiarity with lethal means	Resilience and coping skills
Exposure to trauma and suicide from daily work duties	Social connectedness and peer support
Agency and organizational stressors and lack of support for emotional wellness	Strong workplace leadership and culture, including peer support
Community tensions and social dynamics surrounding policing	Self-identifiable reasons for living
	Healthy family relationships

challenges brought forth by their daily duties. Like the general population, shift work and resulting lack of sleep, social isolation, and relationship challenges can increase stress among LEO.

Cultural norms that promote the consumption of alcohol to relax after a shift and relieve tension, and expectations of rigid controlled emotional responses can be commonplace among law enforcement. These cultural norms can increase stress, depression, and the risk of developing substance use disorders.

Suicide risk factors—including behavioral health issues—that are common to law enforcement and their families include:

- **Sustained exposures to critical incidents and trauma at a higher rate than other professions.** These incidents may include intervening in abuse and violence. Like other first responders, it also include heightened exposure to suicide attempts and suicide deaths. Additionally, LEO may experience high levels of workplace stress due to the unique day-to-day obligations of the job. Research has found an association between high levels of stress and depressive symptoms among LEO.¹
- **Law enforcement officers have access to, and familiarity with, lethal means.** LEO and are more likely to utilize firearms as part of their daily work, have a firearm with them at home, be trained on use of firearms, and own their own firearms.
- **Community tensions and social dynamics** surrounding policing which have led to critical conversations, policy changes, and a shifting social landscape within communities. These changes may lead to added work-related stress.
- **Agency or organizational stressors**, such as low staffing capacity, may require a high demand of overtime and low use of vacation or periods of time away from shift work. These challenges can increase stress among LEO and add challenges for maintaining healthy relationships with their friends, family, and other social support networks. A lack of support in leadership can add to work-related stress and lower rates of help-seeking behavior. Staffing shortages and high demand for law enforcement also creates challenges with the staffing capacity for LEO to take time away for help and services.

¹ Penelope Allison, Anna Mnatsakanova, Erin McCanlies, Desta Fekedulegn, Tara A. Hartley, Michael E. Andrew, and John M. Violanti, "[Police stress and depressive symptoms: role of coping and hardiness](#)," *Policing* 43, 2 (2019): 247–261.

Protective Factors

Protective factors for LEO include²:

- **Mental health and wellness services is an important protective factor, but the services must be tailored for LEO and their families.** Service providers must have insight into the field of law enforcement to ensure services meet the needs of LEO. Agencies can assess, identify, and remove barriers to access to care, such as allowing LEO to utilize services during their shift. Leadership commitment to educate their teams about how to access care—and end the associated stigma, bias, and fear—can further increase protective factors for individuals in law enforcement.
- **Other organizational and structural supports so that LEO can take the time they need to access services, have respite, and nurture their social relationships.** The structure of law enforcement work does not allow for time off. It is also made more difficult if vacancy rates are high. Supports such as decreasing demand for overtime, providing flexibility with work scheduling, time off, and sabbaticals can help support LEO and serve as protective factors.
- **Resilience and life skills for coping with work-related stressors** are protective factors that can be strengthened as a part of professional development for LEO. Resilience, or the ability to recover from setbacks and adapt to challenging circumstances, can be fostered through providing trainings that enhance an individual’s problem-solving skills, critical thinking, communication skills, flexibility and self-confidence, self-reflection, and awareness. This can also have positive impacts in an individual’s personal life, such as overcoming economic stressors and relationship challenges. Expansion of these services through Employee Assistance Programs (EAP) and other wellbeing programming would benefit LEO and their families.
- **Social connectedness and peer support is essential to mitigating risk factors.** Peers have the ability to use their knowledge and

Law Enforcement Officer Feedback

Feedback from 1,192 LEO highlighted protective factors such as **family support and strong family relationships**, and the **presence of a supportive spouse or partner** as having strong positive impacts and protection for the mental health and emotional wellbeing of LEO.

² National Officer Safety Initiatives “Preventing suicide among law enforcement officers: An issue brief”, International Association of Chiefs of Police. 2021, available online at: <https://www.theiacp.org/resources/preventing-suicide-among-law-enforcement-officers>

personal experience to understand challenges their coworkers may face. Agencies can invest in peer support programming to ensure team members know how to recognize risk, reduce stigma of seeking help, and assist others with access to meaningful and culturally appropriate care. With this knowledge, peers can help reinforce workplace cultures that promote mental health and wellbeing. Social support and connection is also a crucial protective factor. It is important to support LEO to invest time and skills in strengthening healthy relationships with their friends and families. Efforts to help families understand law enforcement culture can also increase support for LEO.

Deputy Margaret Ryyanen

When Deputy Margaret Ryyanen returned from a four-year hiatus from law enforcement, she was nervous about the time she took away to focus on her mental health, heal, and recover.

“When I decided to get back into law enforcement, I was really nervous that no agency would want me; I left the profession due to mental health issues that came from doing the work.

Coming back to the job I truly feel called to do has been incredibly healing. I used to feel like such a failure and that I had been a terrible officer. Getting back into it and succeeding helps me realize that I was actually a great officer and my struggles in the job were truly due to my mental health.

My agency’s leadership is incredibly supportive of me sharing the story about my past struggles and subsequent recovery. They see me as an asset to my peers and to the agency. Instead of seeing me as a risk or liability, they see that I’m stronger and more well-rounded and therefore a better officer.”

Opportunities to Improve Help-Seeking Behaviors and Access to Support

Social beliefs, bias, discrimination, and stigma can present barriers to seeking care and undermine people’s efforts for wellness. Reducing stigma, particularly through active demonstration of leadership support and peer support programming, can increase utilization of services and resources among law enforcement officers. Law enforcement agencies can establish policies and procedures to reflect their commitment to support their employees and ensure that officers have access to emotional health and general wellness support services consistently, during periods of high stress, and during exposure to acute traumatic events.

Stigma can also be reduced by changing cultural norms and uses of language. Leadership and personnel need to be intentional about promoting safe and positive messaging about reducing risk of suicide. Lessons learned from reporting on suicide are important for day-to-day

communication as well. For example, safe messaging includes providing accurate information without sharing details that may be triggering to others or place judgement. Positive messaging includes discussing information about mental health or risk of suicide in ways that shares hope and reminds people that recovery is possible.³

Other efforts, including language use, can shift norms that reinforce stoicism and the ideology that officers must be 'tougher than the job' to norms that promote behaviors supportive of mental health and wellbeing. For example, leadership can discuss their positive experiences with accessing programming, such as EAP and remind people of its availability. Providing trauma-informed tools, training, materials, and other supports can assist agencies and leadership in enhancing their efforts as they build organizational culture.

Best practice model policies and procedures, developed by subject matter experts and researchers, need to be available to guide agencies' development of policies and procedures. Putting policies and procedures in place will strengthen postvention protocols so that agencies know how to support personnel after a death by suicide among LEO or exposure to an acute traumatic event in the community. Agencies can put procedures in place to ensure that officers understand the process for seeking support, and proactively address concerns about discipline to ensure LEO are confident that they can seek help with no fear of reprisal.

It is common in Washington for law enforcement agencies to have high use of overtime and unused leave. The demand for law enforcement response, staffing turnover, and the length of time it takes to train incoming officers (recruitment, academy, field training completion), can increase the difficulty of staffing the day-to-day work.

It is important for agencies to be able to structure their staffing capacity in a way that reflects their desire for officers to take time away from work in the form of annual leave, sabbaticals, or to access mental health services at a remote location, without putting pressure on those remaining on duty. Efforts to increase recruitment may have a positive impact on staffing levels, but agencies can use best practices to promote mental health and wellbeing as ways to support and retain LEO. Other opportunities to recruit and retain officers should also be considered.

Law Enforcement Data

Washington state-level data specific to mental and behavioral health among LEO is limited. No statewide public health surveillance system tracks this issue specifically in a comprehensive manner. Due to such limited data, more research and data collection is needed.

³ Reporting on Suicide, "Best Practices and Recommendations for Reporting on Suicide," Reporting On Suicide. 2021, available online at: <https://reportingonsuicide.org/wp-content/themes/ros2015/assets/images/Recommendations-eng.pdf>

To understand more about LEO in Washington state, the Washington Department of Labor and Industries (L&I) reviewed the state's Behavioral Risk Factor Surveillance System (BRFSS)⁴ data.

Of the working adults interviewed through BRFSS from 2011–2017, roughly three in every 1,000 workers identified as LEO. The small number of officers made it difficult to assess statistical significance of some of the questions. During these eight years, compared to the state's general working adult population, LEO appeared to be:

- More likely to be male, white, and 35–44 years of age
- More likely to be a veteran of military service
- More likely to be physically active outside work
- Less likely to be heavy drinkers⁵

On mental health questions, compared to other workers, LEO reported, on average, fewer days of poor mental health in the last 30 days. Similarly, they were:

- Less likely to have reported feeling hopeless or depressed in the last 30 days
- Less likely to have been diagnosed with a depressive disorder

Regarding firearms in the home, LEO were:

- More likely to have a loaded firearm in or around their homes (about 90 percent of officers, compared to about 35 percent of other occupational fields)
- More likely to keep a firearm loaded and not stored in a place needing a key or combination to access (about 26 percent of officers, compared to about 6 percent of other workers)

Suicide

The [*Mental Health America's 2021 State of Mental Health Report*](#) ranks each state according to the prevalence of mental illness and rates of access to care. In 2021, Washington ranks 31st in overall rankings and 37th for adults only, indicating that the population have a higher prevalence of mental illness and lower rates of access to care than most other states. Despite the many successes and efforts in suicide prevention, there is still work to be done. Preliminary data from the

⁴ BRFSS is a Center for Disease Control and Prevention-led survey of adults used for the assessment and surveillance of chronic and emerging health issues. In Washington, survey implementation relies on partnerships (including fiscal commitments) among Washington Department of Health, state agencies, local health jurisdictions, and the Center for Disease Control and Prevention.

⁵ The Behavioral Risk Factor Surveillance System data for heavy alcohol consumption is a calculated variable defined as adult men having 2 or more drinks per day and adult women having 1 or more drinks per day.

Washington National Violent Death Reporting System (WA NVDRS) database shows that from 2015 to date, 36 law enforcement officers have died by suicide.⁶

From 2015–2019 in Washington, approximately 75 percent of firearm-related deaths were suicides and 48 percent of deaths by suicide involved the use of a firearm⁷. Among law enforcement, nationally and in Washington, this impact is even greater. Nationally, 80 percent of deaths by suicide among law enforcement involve the use of a firearm, most frequently with the officer’s own weapon.⁸ Similarly, in Washington about 90 percent of deaths by suicide among LEO involve the use of a firearm.⁹

Despite this role of firearms in suicide, research among firearm owners has shown knowledge gaps in how firearms influence suicide risk and how to practice firearm safety related to suicide risk.¹⁰ Although this research is not specific to LEO, it helps to highlight opportunities to improve safety during crucial periods in time for people at risk of suicide who have access to and familiarity with firearms.

Vulnerable Populations

Within the general population there are individuals and groups of people who are at higher risk of suicide, regardless of their occupations. For example, in the United States, suicide is the seventh leading cause of death for men. The risk of suicide is even higher for men who are gay, bisexual, or other men who have sex with men.¹¹ Similarly, understanding racial and ethnic differences in rates of suicidal ideation, attempts, and deaths will improve prevention efforts and ensure people can access culturally appropriate behavioral health services. For example, in the United States the highest rates of suicides are among American Indians and Alaska Natives, as well as non-Hispanic White populations. Other Americans with higher than average rates of

⁶ WA NVDRS database includes data from all counties in Washington state from 2018 to the present; 2020-2021 data is still preliminary. Data was last updated on September 6, 2021. This report only includes data from decedents with occupation information.

⁷ WA NVDRS database. 2020-2021 data is still preliminary. Data was last updated on September 6, 2021. This report only includes data from decedents with occupation information.

⁸ National Officer Safety Initiatives, op. cit

⁹ WA NVDRS database. Data was last updated on September 6, 2021. This report only includes data from decedents with occupation information.

¹⁰ Anestis, M. D., Butterworth, S. E., & Houtsma, C. (2018). Perceptions of firearms and suicide: The role of misinformation in storage practices and openness to means safety measures. *Journal of affective disorders*, 227, 530–535.

<https://doi.org/10.1016/j.jad.2017.11.057>

Simonetti, J. A., Azrael, D., & Miller, M. (2019). Firearm Storage Practices and Risk Perceptions Among a Nationally Representative Sample of U.S. Veterans With and Without Self-Harm Risk Factors. *Suicide & life-threatening behavior*, 49(3), 653–664. <https://doi.org/10.1111/sltb.12463>

Miller, M., Azrael, D., & Hemenway, D. (2006). Belief in the inevitability of suicide: results from a national survey. *Suicide & life-threatening behavior*, 36(1), 1–11. <https://doi.org/10.1521/suli.2006.36.1.1>

¹¹ CDC, “Suicide and Violence Prevention Among Gay and Bisexual Men”, Centers for Disease Control and Prevention. Available online at: <https://www.cdc.gov/msmhealth/suicide-violence-prevention.htm>

suicide deaths include Veterans and people who live in rural areas.¹² In Washington, although Veterans themselves make up 7 percent of the population, they account for 19 percent of total suicide deaths.¹³ Ensuring different populations' needs are met does not diminish prevention efforts for other groups; rather, tailoring efforts to meet diverse needs ensures strong positive outcomes for everyone.

Specific to law enforcement, further research is needed to understand behavioral health and wellness needs that may be unique to the field of law enforcement. Further consideration regarding the emotional health and wellness of LEO should be made for groups who are at higher risk of suicide among the general population, to ensure prevention methods are as effective as possible. Considerations for female officers, dispatch and other non-sworn staff (ie. dispatch, crime scene technicians, etc.), LEO in transitions such as retirement, and families of LEO should not be unintentionally overlooked.

Behavioral Health Status and Services

There are limited data on health status and behavioral health service utilization for law enforcement officers. LEO and their families can access behavioral health services through their EAP and through their health insurers. In Washington, individuals can access free and confidential crisis services by calling or texting:

- [National Suicide Prevention Lifeline](#) call center (provided by three call centers in Washington: 1-800-273-8255; for veterans, press 1)
- Text 741741 to access the [Crisis Text Line](#)
- Other call centers specific to LEO, first responders, and their families:
 - [Safe Call Now](#) (206-459-3020)
 - [Code 4 NW](#) (425-243-5092), which specifically serves callers from Washington state
- Local crisis services, including in person services, are accessible by calling their [county's local crisis line](#)
- People can access anonymous and confidential help by calling the [Washington Recovery Help Line](#) for crisis intervention and referral services

¹² CDC, "Facts About Suicide", Centers for Disease Control and Prevention. Available online at: <https://www.cdc.gov/suicide/facts/index.html>

¹³ Garza, Codie Marie, "Washington State Service Member, Veteran and Family Suicide Prevention Strategic Plan 2021-2023," Washington State Department of Veterans Affairs. 2021, available online at: <https://www.dva.wa.gov/sites/default/files/2020-12/Washington%20State%20SMVF%20Suicide%20Prevention%20Strategy%2021-23%20FINAL%2012.17.2020.pdf>

Exposure to trauma, substance misuse, post-traumatic stress disorder (PTSD), and depression can be related and also increase risk of suicide. It is important for LEO and their families to have access to timely services that are well informed about the field of law enforcement and its unique experiences, stressors, risk, and protective factors.

Deputy Margaret Ryyanen

“When I started going through the trauma, I had no idea what was wrong with me. Thankfully, while at a training seminar I attended a class that was about vicarious trauma and had the realization they were describing exactly what I was experiencing. I had been working with sex offenders and investigating crimes against children. It was some of the most rewarding work I’ve ever done but yet it was killing off parts of me. I knew I needed help.

When I reached out to Code 4 NW, they got me in touch with a counselor that same day. The counselor had worked with the Department of Corrections so he understood law enforcement and the specific fears officers face when struggling with mental health. I was diagnosed with post-traumatic stress disorder, obsessive compulsive disorder (OCD), anxiety and depression. I’d always thought PTSD was a diagnosis reserved for war veterans and that it was a life sentence; thank goodness I learned that was not true.

It took a lot of time and hard work, but I’ve come out the other side a happier, healthier, more well-rounded individual than I’ve ever been. I’m more comfortable in my own skin and have learned the depth of my integrity and strength. I’ll never be who I was before the trauma, but I couldn’t be happier with my new normal.”

Improving Law Enforcement Mental Health

Bridging Knowledge Gaps and Addressing Data Limitations

Since 2018, the primary source of data on death by suicide has been the WA NVDRS. Facts about suicides and other violent deaths for the online database come from four major sources: death certificates, coroner and medical examiner reports, law enforcement reports, and toxicology and laboratory reports.

WA NVDRS contains a wide variety of information, however, additional capacity is needed in the field to ensure accurate and complete data are consistently collected and available for analysis. It is important to also strengthen law enforcement’s, coroners’, and medical examiners’ understanding for how their investigator reports and how case files are directly connected to community based prevention efforts, identified through WA NVDRS surveillance. Continued data surveillance, research, and evaluation will add to Washington’s ability to

identify and implement culturally and geographically relevant solutions, that are tailored specifically to LEO and their families.

Increasing Law Enforcement Behavioral Health Best Practices

Organizational culture and associated policies, procedures, and systems can have positive impacts on LEO mental health and wellbeing. However, law enforcement agencies are faced with many challenges such as limited funding, low staffing capacity, and work demands that require shift work or overtime, which complicates organizations' abilities to make changes. Agencies need support to navigate these systematic challenges.

Organizational culture can reinforce the concepts that mental health and physical health are connected and seeking help is a way to be healthy and perform their best. Model policies and procedures, developed by subject matter experts and researchers, can also help agencies tailor best practices to meet their needs and adjust their practices to the uniqueness of each agency. Each agency's approach to policy implementation may differ based on many factors, including organizational size, population density within service areas, access to local resources, and composition of their workforces. Agencies can put policies and procedures in place that provide LEO with support after they have been impacted by a suicide attempt or loss. This process can prevent increased risk of suicide for personnel and their families. Additionally, ensuring that practices follow key principles of a trauma-informed approach can help to reduce the cumulative stress experienced by LEO.

Agencies can build connections among their peers to increase LEO social networks. Support among friends and family who understand the unique stressors of law enforcement can help strengthen LEO resilience. Like peers, other individuals who are connected to LEO can be trained to identify risk of suicide, talk directly about suicide, and refer them to care.

Social supports are also essential for LEO during transitions, such as changes in duty assignments, shifts, major life events, exiting the field, or retiring. When LEO have a strong sense of self and value to others, transitions can be made easier.

Pilot Project Program for Law Enforcement Mental Health

There is much to learn from evaluation of pilot projects that are tailored and developed specifically to LEO and their families. Pilot programming can reference best, and promising, practices and feedback from LEO and their families, to implement strategies and programming that appropriately consider local context and agency needs. When gathering feedback in Washington, 1,192 LEO personnel provided information in writing and via conversation. This response demonstrates the interest and willingness of LEO to provide insight into the perspectives, needs, challenges, and solutions to improve mental health and wellbeing and

prevent suicide among their ranks. Pilot programs provide the opportunity to identify the key elements of success that can be brought to scale across the state. Public financial support, and financial capabilities to support or sustain those efforts alone.

Deputy Devon Edwards

I was tired and angry all the time. At work it was starting to come through. It began with micro-complaints - driving too fast, using my computer while driving. The depression continued to creep up on me. At the time, I did not want my department to know. I continued to struggle, and every time I intended to die, I'd get a call and I'd respond.

I had a sergeant at the time who knew I was struggling. I was not sure how because even my district partner didn't know. From that point on he would message me every day, ask me where I was, and he'd show up. He would ask me how I was, every day. Finally, I told him I was not doing well. He gently encouraged me to get help if I needed it, but he also listened to me. It was the first time someone listened to me.

Later, I called Code 4 NW and got connected with a counselor. I'm still seeing her. She, a Code 4 NW member and a former Deputy from my agency who had a similar experience, kept encouraging me to go to a recovery center that has a first responder program. After a series of events where everything came to a head, I contacted my counselor and said I was ready to go. Within a week I was there. I was with firefighters, police officers and an EMT, as well as people who had some kind of interaction with law enforcement that helped save their life. I found my humanity, and being with them helped to remind me why I began this profession.

At the center I had counseling, physical fitness, mindfulness and meditation, which really did something for me, and a workbook to complete. ***It definitely changed my life. Reaching out and saying, "I need help" is what saved my life.*** After I got back, even though it was only 30 days, I was a completely different person. I started telling people my story. My district partner was gutted, he could not understand how he didn't know but it was because I hid it really well. He thought I was just angry all the time.

When I began to tell my story, my fear went away – it was my story to tell. When I was in the dark place, I didn't want anyone to know and I was afraid of what would happen if they found out. I thought they may not want to go on a call with me, they may not trust me, etc. But, it was completely the opposite. I was vulnerable with them, and they gave me the greatest gift of all, which was their vulnerability. I was able to connect others to counselors and help them. All I got was love and respect. Now, I have healthy boundaries, I've kept up with all the tools and training from the center, I keep up with my counseling, and my medication. ***I am the healthiest I've ever been, and I genuinely think I'm a better human being.***

Washington SSB 6570 Task Force Recommendations

Recommendation 1: Fund culturally and linguistically tailored programming and services that support emotional wellness for law enforcement personnel and their families.

- Expand pilot projects for mental health and wellness programming tailored for law enforcement. For those projects which show success, bring them to scale in Washington.
- Establish suicide prevention and emotional wellness training curricula that have been tailored to address the specific risk and protective factors encountered by law enforcement personnel.
- Increase funding for programming and wellness-related measures in the workplace that support law enforcement emotional and physical wellbeing.
- Support law enforcement agencies in retention initiatives including mental and wellness programs and measures, trauma informed practices to build peer support and strengthen community, and reduce turn over and staffing shortages.

Recommendation 2: Support local jurisdictions with comprehensive planning and implementation of data driven policies and procedures to increase law enforcement personnel wellness, reduce suicide workforce rates, and increase help-seeking behaviors for LEO and their families.

- Support law enforcement jurisdictions' human resources with development and implementation of model policies, toolkits, and trainings to promote behavioral health, personnel safety, and confidence in help-seeking behaviors.
- Develop Washington state model policies and procedures, specific to comprehensive law enforcement personnel physical and emotional wellness and suicide prevention, for agencies to tailor and implement, as appropriate to meet the needs of their jurisdictions' and departments' cultures.

Challenges & Solutions

Agencies across the state are experiencing high vacancy rates.

Mental health and wellness programming will need to fit within staffing and scheduling constraints (i.e., utilization of technology such as web-based applications, program activities that can be completed during work time, etc.).

Peer programming, and other solutions where behavioral health providers are embedded within the agency, can provide supports while also conducting other job duties (i.e., behavioral health provider can rotate on ride alongs to build trust, connection, and opportunities to have discussion in a less formal setting, etc.).

Public and private investment in recruitment and retention strategies, including professional development opportunities that support development of skills that peers can provide (i.e., gatekeeper training, certified peer counselors, etc.).

Recommendation 3: Expand behavioral health services that are tailored for law enforcement.

- Establish peer support and education programming to increase individual protective factors.
- Establish screening and onboarding support measures for new law enforcement personnel, and screening and post-employment support measures for retiring or transitioning law enforcement personnel.
- Provide specialty training credentialing for behavioral health providers who support law enforcement personnel.

Recommendation 4: Increase lethal means safety and safety planning.

- Expand the Governor’s Challenge initiatives funding for education about firearm safety, including lethal means safety, tailored for law enforcement personnel and their families.¹⁴
- Improve current Safety Planning Intervention (SPI) opportunities for law enforcement.

Recommendation 5: Develop comprehensive statewide behavioral health and suicide research and data about the law enforcement sector.

- Develop a comprehensive and equitable system of research and data on the law enforcement sector of the behavioral health challenges, needs, and successes that are occurring in order to be able to better understand the issues which can be used to provide targeted services, cultural shifts, and programs to improve law enforcement behavioral health and save lives.

Challenges and Solutions

Out of every 10 deaths by suicide among LEO, 8-9 involve a firearm.

For individuals at risk of suicide, reducing access to lethal means, even temporarily, can save lives. Education about when, why, and how to secure and regain access to firearms is an important strategy to address suicide risk. It should be included with programming and supports tailored for LEO, and done in a culturally dignifying way that aligns with existing values of firearm safety.

For more details on these recommendations please see Appendix D.

¹⁴ For more information on the Governor’s Challenge priority area 3, see the State’s Plan, available at: <https://www.dva.wa.gov/sites/default/files/2020-12/Washington%20State%20SMVF%20Suicide%20Prevention%20Strategy%2021-23%20FINAL%2012.17.2020.pdf>

Conclusion

Despite the many successes and efforts in suicide prevention, there is still important work to be done. The Task Force has identified key risk and protective factors that are important to inform programming, training, and policies and procedures that can help support and improve the behavioral health status of LEO and their families. The Task Force has also identified stigma of behavioral health and suicide as an important barrier to help-seeking behavior. However, a major key protective factor for LEO is social support, particularly family support and strong family relationships, and supportive peers. Addressing stigma, as well as promoting social support and other protective factors, must be key components of future strategies to prevent suicide among LEO. Similarly, all programming, training and education must be culturally appropriate for LEO and their families in order to achieve desired positive outcomes.

The Department and Task Force will continue to analyze the feedback collected from LEO and will share this information with the Washington Association of Sheriffs and Police Chiefs as they work to establish a behavioral health support and suicide prevention program for LEO. The Task Force will continue to meet through June 2022, and are available to share information and collaborate with partners across the state in efforts to increase suicide prevention among LEO.

Appendix A: (2020) Substitute Senate Bill 6570

LAW ENFORCEMENT MENTAL HEALTH AND WELLNESS TASK FORCE

EFFECTIVE DATE: June 11, 2020

AN ACT Relating to the law enforcement officer mental health and wellness; creating new sections; and providing an expiration date.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. Sec. 1. (1) The legislature finds that law enforcement officers respond to and witness some of the most tragic events that happen in our communities. On-the-job stress can have a significant impact on their physical and mental well-being and can accumulate over the course of a career.

(2) Research indicates that law enforcement officers experience key risk factors for suicides, including exposure to trauma, alcohol use, availability of firearms, and the strains of shift work. Compared to the general population, law enforcement officers report much higher rates of depression, posttraumatic stress disorder, and other anxiety-related mental health conditions. These health conditions have a significant impact on officers and their families.

(3) A 2019 report from the United States department of justice found that, nationally, law enforcement suicides are 28.2 per one hundred thousand for men and 12.2 per one hundred thousand for women. A 2018 report by the Ruderman family foundation found that law enforcement officers are one and one-half times more likely to die by suicide than the general population.

(4) Despite these significant risk factors, there is no central repository of comprehensive data regarding law enforcement officer suicides. As a result, there are no comprehensive tools available to law enforcement agencies to develop effective suicide prevention strategies, or to know whether those strategies are making a difference.

(5) Although Washington state has conducted significant work towards suicide prevention more broadly, there is not a current statewide program that provides comprehensive, evidence-based mental health and suicide prevention resources for law enforcement and their families.

(6) The legislature finds that there is an urgent need to develop resources and interventions specifically targeted at helping law enforcement and their family members manage their behavioral health needs.

NEW SECTION. Sec. 2. (1)(a) The department of health shall convene a task force on law enforcement officer mental health and wellness in Washington state with members as provided in this subsection:

- (i) The secretary of health, or the secretary's designee;
- (ii) The chief of the Washington state patrol, or the chief's designee;
- (iii) The director of the health care authority, or the director's designee;
- (iv) The secretary of the department of corrections, or the secretary's designee;
- (v) A representative from the University of Washington's forefront suicide prevention program;
- (vi) The executive director of the criminal justice training commission, or the director's designee;
- (vii) A psychiatrist;
- (viii) A representative of local public health;
- (ix) One representative each from:
 - (A) The Washington council of police and sheriffs;
 - (B) The Washington state fraternal order of police;
 - (C) The council of metropolitan police and sheriffs;
 - (D) The Washington state patrol troopers association;
 - (E) The Washington state patrol lieutenants and captains association;
 - (F) Tribal law enforcement;

- (G) The Washington association of sheriffs and police chiefs;
 - (H) An association representing community behavioral health agencies;
 - (I) An association representing mental health providers; and
 - (J) An association representing substance use disorder treatment providers.
- (b) The representative from the department of health shall serve as chair of the task force.
- (c) At a minimum, the task force shall meet quarterly.
- (2) The task force shall review the following issues and information:
- (a) Data related to the behavioral health status of law enforcement officer, including suicide rates, substance abuse rates, posttraumatic stress disorder, depression, availability of behavioral health services, and utilization of behavioral health services;
 - (b) Factors unique to the law enforcement community that affect the behavioral health of persons working in law enforcement, including factors affecting suicide rates;
 - (c) Components that should be addressed in the behavioral health and suicide prevention pilot program established in section 3 of this act, including consideration of components that relate to similar programs funded by or partially funded by the bureau of justice assistance and the national institute of justice;
 - (d) The recommendations of the Washington state department of health's suicide prevention plan and the applicability of the plan's recommendations to law enforcement mental health issues;
 - (e) The recommendations of the United States department of justice 2019 report to congress on law enforcement mental health and wellness; and
 - (f) Options to improve the behavioral health status of and reduce prevalent mental health issues and suicide risk among law enforcement officers and their families.
- (3) Staff support for the task force shall be provided by the department of health.

(4) The task force shall report its findings and recommendations to the governor and relevant committees of the legislature by December 1, 2021, including a summary of:

- (a) The data to be reviewed described in subsection (2) of this section;
- (b) The results of the pilot projects funded by this act and recommendations regarding the continuation of those programs;
- (c) The best practices and policies for providing mental health services and preventing law enforcement suicide; and
- (d) Recommendations on resources and technical assistance to support law enforcement agencies in preventing law enforcement suicides.

(5) This section expires July 1, 2022.

****NEW SECTION. Sec. 3.(1) Subject to the availability of amounts appropriated for this specific purpose not to exceed three hundred thousand dollars per fiscal year, the Washington association of sheriffs and police chiefs shall establish three pilot projects to support behavioral health improvement and suicide prevention efforts for law enforcement officers.***

(2) The Washington association of sheriffs and police chiefs shall establish a competitive grant program to award funding for the three pilot projects by September 1, 2020.

(3) Law enforcement associations and agencies are eligible to compete for grant funding.

(4) The following programs and activities are eligible for grant funding:

- (a) Public information and wellness promotion campaigns;***
- (b) Embedded mental health professionals;***
- (c) Peer support programs;***
- (d) Resiliency training programs; and***
- (e) Critical incident stress management programs.***

(5) Grantees must provide a report to the association of the results of their programs by October 1, 2021. The association must provide the information to the officer mental health and wellness task force established in section 2 of this act, for incorporation in the December 1, 2021, report to the governor and relevant committees of the legislature.

**Sec. 3 was vetoed. See Governor’s partial veto message below.*

“I am returning herewith, without my approval as to Section Sec 3, Substitute Senate Bill No. 6570 entitled:

“AN ACT Relating to law enforcement officer mental health and wellness.”

Section 3 of this bill directs the Washington Association of Sheriffs and Police Chiefs to establish three pilot projects, subject to amounts appropriated for this purpose, to support behavioral health and other improvement efforts for law enforcement officers. With the rapidly changing environment related to the state’s response to COVID-19 and the new economic realities the state faces, I made the difficult choice to veto the funding provided to support this pilot project in Sec 218 (17) and Sec 221 (65) of Engrossed Substitute Senate Bill 6168.

For these reasons I have vetoed Section Sec 3 of Substitute Senate Bill No. 6570.

With the exception of Section Sec 3, Substitute Senate Bill No. 6570 is approved.”

--- END ---

Appendix B: U.S. Department of Justice Report to Congress - Recommendations

Recommendation 1. Support the creation of a public service campaign around law enforcement officer mental health and wellness in conjunction with National Mental Health Month.

Recommendation 2. Support the development of resources for community-based clinicians who interact with law enforcement and their families to help them better understand some of the unique risks facing their clients and what resources may be available to them as members of the first responder community.

Recommendation 3. Support programs to embed mental health professionals in law enforcement agencies.

Recommendation 4. Support programs for law enforcement family readiness at the federal, state, and local level.

Recommendation 5. Encourage departments to allow retired law enforcement officers to make use of departmental peer support programs for a select period of time post-retirement or separation.

Recommendation 6. Support the development of model policies and implementation guidance for law enforcement agencies to make substantial efforts to reduce suicide.

Recommendation 7. Support the creation of a Law Enforcement Suicide Event Report surveillance system, possibly beginning with a focus on federal law enforcement agencies.

Recommendation 8. Support rigorous research that can evaluate the efficacy of crisis lines and, if supported, provide data toward considering them an evidence-based practice.

Recommendation 9. Support the expansion of crisis lines for law enforcement that are staffed with call-takers and counselors with a law enforcement background.

Recommendation 10. Consider support for a national crisis line for law enforcement.

Recommendation 11. Support research to determine the efficacy of mental health checks, establish which approaches are most effective, and provide resources that move law enforcement toward best practices.

Recommendation 12. Consider methods for establishing remote access or regional mental health check programs at the state or federal level.

Recommendation 13. Support the expansion of peer support programs to ensure all officers have access to this important wellness service.

Recommendation 14. Support the expansion of peer programs to include broader health and wellness, not just critical incident stress.

Recommendation 15. Support alternative methods to agency specific peer programs, such as through regional collaborations or labor organizations.

Recommendation 16. Support training programs for peer mentors for peer support programs to expand.

Recommendation 17. Remember all the types of agencies, including federal, when supporting peer programs for law enforcement.

Recommendation 18. Improve legislative privacy protections for officers seeking assistance from peer crisis lines and other peer-support programs.

Recommendation 19. Support the identification, development, and delivery of successful resiliency training programs for both academy and periodic in-service settings.

Recommendation 20. Support training programs that promote the universal application of preventative interventions, including skills to manage stress.

Recommendation 21. Encourage departments to make support available to nonsworn employees on the same teams as their sworn colleagues whenever possible.

Appendix C: Expanded Recommendation Details

Recommendation 1: **Fund culturally and linguistically tailored programming and services that support emotional wellness for law enforcement personnel and their families.**

- Implement gatekeeper¹⁵ training on identifying suicide risk, asking directly about suicide, and referring oneself or others to resources to care for emotional wellness and suicide risk.
- Provide trauma-informed training opportunities to address emotional wellbeing and suicide risk for law enforcement personnel. Consider all communities in these opportunities, including women, LGBTQ+ personnel, and personnel of color.
- Incorporate considerations for the unique challenges and opportunities because of geographic density (rural vs. urban), as well as department jurisdiction size, to include staffing size, access to resources, and funding limitations.
- Implement evidence-based peer programming that are tailored for the law enforcement community.
- Provide resources within the workplace, such as nutritional consultation, a place to exercise while on duty, and other related measures, that support a wholistic approach to law enforcement personnel wellness.
- Promote time away from job-related duties, including options for sabbaticals and fulltime training retreats, to ensure law enforcement personnel can focus on overall wellness and a reasonable work-life balance.
- Ensure law enforcement personnel can reasonably contribute to the establishment of a work schedule and shift rotation that promotes overall physical and emotional wellness and does not contribute to enduring feelings of social or emotional isolation.
- Funding agencies to increase staffing capacity and invest in recruitment and retention strategies can have positive results.

¹⁵ Gatekeeper training is designed to teach teachers, coaches, clergy, emergency responders, medical providers and others in the community to identify people who may be at risk of suicide and how to respond effectively. Effective response includes helping individuals access care and support services.

Recommendation 2: **Support local jurisdictions with comprehensive planning and implementation of data driven policies and procedures to increase law enforcement personnel wellness, reduce suicide workforce rates, and increase help-seeking behaviors for LEO and their families.**

- Provide leadership with supports, such as resources or toolkits, to incorporate understanding of the impact of vicarious trauma, trauma-informed approaches, and stigma reduction into the organizational culture.
- Implement policies and procedures that operationalize law enforcement agencies' leadership's visions of supporting wellness and eliminating stigma.
- Establish policies and procedures that ensure law enforcement personnel are offered a range of emotional support and wellness services that include EAP and dedicated law enforcement wellness programming. These resources should be offered consistently throughout the year. Confidential documentation of support offered should be required following exposure to a traumatic event or upon a documented increase in risk screening indicators. This documentation should be maintained by human resources personnel.
- Establish policies and procedures to ensure safe and positive messaging about reducing risk of suicide and supporting mental health within law enforcement agencies. Such messaging from designated leadership, natural leaders in the department, written materials, and internal and external communications will promote safety, help-seeking, stigma reduction, and healing.
- Establish policies and procedures to provide support to LEO, as well as friends and families of LEO, after a law enforcement personnel suicide death or attempt, and reassure them that there will not be any discipline for seeking help.

Recommendation 3: **Expand behavioral health services that are tailored for law enforcement.**

- Conduct employee baseline resilience assessments within six months of hire and every year while they are employed, to identify individual protective factors that can be strengthened with professional development opportunities and supports to enhance overall wellness and resilience.
- Ensure behavioral health providers supporting law enforcement personnel have access to specialized and occupation-driven training, which will provide context for stressors faced by law enforcement, assure the delivery of culturally informed services, and ensure adequate provider supervision support to prevent vicarious trauma.

- Conduct resilience and trauma impact assessments as part of transition planning to identify individual protective factors and risk factors that can be supported, with appropriate referrals to professional support and programming, for transitioning personnel.
- Build transition planning support programming for employees who are exiting the field or retiring, that includes education about resources, opportunities to stay involved with the law enforcement field, and lethal means safety.

Recommendation 4: **Increase lethal means safety and safety planning.**

- Continue dissemination of a [free online course](#) on firearms and lethal means safety. Expand course to specifically address suicide-related risk factors that characterize risk among LEO.
- Disseminate a toolkit to federal firearms licensees (FFL) about their potential roles in suicide prevention and public education about lethal means safety.
- Expand [LEARN SAVES LIVES](#) across Washington state for LEO and those who come in contact with the first responder community.
- Collaborate with the [Safer Homes, Suicide Aware program](#) to establish strategies and programming that will address the unique needs of LEO and their families.
- Develop and disseminate a [state model list training](#) on suicide prevention and firearms cultural competency for healthcare providers. Training should include how to have informed conversations about the role of lethal means in suicide prevention and guidance on conducting lethal means counseling, specifically to assist providers serving law enforcement personnel.
- Propose opportunities for additional temporary safe storage options of firearms and other lethal means that would be available to law enforcement personnel and their families during times of excessive emotional stress or suicidal ideation.

Recommendation 5: **Develop comprehensive statewide behavioral health and suicide research and data about the law enforcement sector.**

- Improve consistency and expansion of surveillance data collection in the field regarding law enforcement suicide deaths, attempts, and ideation, as available through surveillance systems and other sources.

