trauma and adversity in order to repair and rebuild relationships within the community. This work is intended to result in increased trust between law enforcement and the communities they serve, enhancing law enforcement officers' ability to effectively engage with community members, as well as increasing the likelihood that the community will assist in investigations to make communities safer and hold individuals who commit offenses accountable, and make it more likely that crime victims will report to the police, reducing the likelihood of re-victimization.

Federal grant funding has also been used to improve wellness of correctional workers. With grant funding, BJA supported the October 2021 publication of a monograph, Correctional Employee Wellness: Improving the Health of Our Greatest Assets, that provides results of a national scan of correctional employee wellness programs and services, particularly by state and local correctional agencies. The project, managed by the American Correctional Association (ACA), aimed to help increase awareness and provide leverage for agencies to seek funding support to improve their efforts.

The National Institute of Corrections (NIC) is also committed to improving wellness, particularly among those working in corrections. NIC funds training and technical assistance to address the systemic promotion of wellness and resiliency among correctional staff; has held virtual conferences focusing specifically on staff wellness and best practices; and has entered into collaborative agreements targeting occupational stressors and their effects and solutions. In FY 2022, NIC, in partnership with the University of Massachusetts, University of St. Louis, and the University of Connecticut Health Center, conducted a national webinar entitled Current and Innovative Practices in Reducing Staff Trauma and Organizational Stress in Corrections for Correctional Officers to present findings from the cooperative agreement project. The presenters shared current and best practices and proposed innovative solutions to reduce correctional staff trauma and organizational stress in U.S. jail and prison settings based on the findings from a scoping review and national survey. In addition, NIC released the Community Supervision Peer Support Guidelines (2022), which is intended to support community supervision agencies, including pretrial, probation, and parole agencies, in creating and maintaining peer support programs.

U.S. Department of Justice: Research/Data Collection

As mentioned previously, NIJ is investing in research and partnerships to promote the mental and physical health and safety of law enforcement officers and other individuals employed within the criminal justice system. NIJ has also been focused on studying both trauma and suicide among criminal justice employees; assessing the impact of criminal justice work stressors on the families of individuals employed in the criminal justice system; and promoting science-based tools and strategies to monitor physical and mental health. NIJ has a more than a two-decade history of supporting research to promote law enforcement wellness and suicide prevention. A 2012 NIJ-supported study on shiftwork and fatigue concluded that shiftwork not only increases stress but also leads to sleep problems, obesity, heart

problems, and sleep apnea.[65] A recent NIJ and NIMH-supported randomized control trial on the impact of mindfulness training on police officer stress and mental health suggested that mindfulness training may buffer against the consequences, including long-term consequences, of the chronic stress associated with the policing profession.[66]

NIJ has published a webinar, Protecting Against Stress and Trauma: Research Lessons for Law Enforcement - Research and Practice (June 2019), summarizing the findings of some of its research. It is also funding the following ongoing projects, Atypical Work Hours and Adaptation in Law Enforcement: Targets for Disease Prevention, Adverse Impacts of Organizational Stress on Officer Health and Wellness: Causes, Correlates, and Mitigation, and Police Organizational Stress: Impacts on Long-term Health and Wellness and Opportunities for Mitigation, and will continue to invest in research to promote the mental and physical health of law enforcement and other personnel employed by public safety agencies.

The Bureau of Justice Statistics (BJS) has also focused some of its work on suicide prevention. Specifically, it began implementing in 2022 a three-pronged approach to improving the measurement of suicide fatalities among law enforcement and correctional officers. The approach includes 1) collecting data to contextualize the FBI's LESDC, 2) providing the FBI's CJIS with financial and technical support to assist with the collection of accurate and reliable police suicide data, and 3) assessing existing data collection methodologies to inform DOJ's data collection efforts. In 2023, BJS will field a survey examining law enforcement agency resources for supporting officer mental health and wellness, fund a study with the FBI to conduct an environmental scan of studies of law enforcement suicide, and sponsor a public workshop through the Committee on National Statistics (CNSTAT) to discuss strategies to measure death by suicide of law enforcement and correctional officers in the United States. BJS is also conducting a feasibility study on collecting data on correctional officer occupational stressors and resources to mitigate those stressors in prisons and jails and will use these findings to develop a data collection to increase understanding of correctional officer suicide.

Federal Law Enforcement Agency Efforts

Federal law enforcement agencies and components that were engaged in the assessment have also demonstrated support for advancing prevention, intervention, and postvention programs to reduce risk factors for and build protective factors against suicide among personnel and have been remarkably open about the barriers that have impacted their progress. The Department of the Interior (DOI) and the Department of Treasury's Internal Revenue Service, Criminal Investigation (IRS CI), have issued agency-wide surveys to help inform improvements to policy and practice regarding officer wellness. IRS CI has expressed a need to further explore how staff concerns related to fitness for duty could be impacting interest in prevention and early intervention services. DOI is utilizing a consortium approach and has

[65] Violanti, 2012.
[66] Grupe et al., 2021.

established a law enforcement task force, including personnel from its law enforcement components,[67] to advance agency efforts and make recommendations to the Secretary, including ways to improve interventions after critical incidents and strategies to deal with barriers faced by the field (e.g., access to peer support and clinician services, remote region obstacles, staffing and funding shortages and recruitment, hiring, and retention challenges).

Capitol Police has also been advancing its efforts through the creation of the Howard C. 'Howie' Liebengood Center for Wellness in 2021 and is working to expand services utilizing a multi-dimensional, holistic approach with varied options for prevention and embedded intervention services. Center offerings are designed to address domains such as stress management, emotional well-being, sleep, nutrition, physical activity, and social connection in order to optimize employees' overall well-being. The designated "center" approach, which is expected to be more effective than embedding services within human resources and/or training, helps to highlight the value the organization places on normalizing and elevating prevention and intervention support and services for its workforce.

The Central Intelligence Agency (CIA) has also strengthened its commitments and hired (in November 2022) its first ever Chief Wellbeing Officer to oversee well-being programs for CIA officers both domestically and in locations across the globe.[68] A team of health and wellness professionals will oversee initiatives such as expanding opportunities for employees to practice health and well-being activities during the workday; providing additional mental health resources to officers and their family members; increasing access to childcare subsidies; and identifying additional flexible work options for officers.

Additionally, DHS has been prioritizing advancements to its efforts, further emphasized by a recent organizational change. In July 2022, DHS established the Office of Health Security (OHS), which serves as the principal medical, workforce health and safety, and public health authority for DHS. The creation of OHS prioritizes the DHS organizational wellness and psychological health portfolios as a headquarters-level priority of the Secretary. Similar to other public safety agencies, DHS is expanding the availability, accessibility, and awareness of resources to support employees and their families, with intentional thought and attention to address the unique needs across the Department's varying high stress mission areas (including but not limited to law enforcement). Examples include expanding the existing use of peer support personnel, increasing access to qualified mental health professionals, enhancing Employee Assistance Program (EAP) services offered Department-wide particularly for law enforcement officers, educating and dedicating focused time on mindfulness practice, resiliency, nutrition, physical

[67] For example, Bureau of Indian Affairs, Bureau of Land Management, Bureau of Reclamation, U.S. Fish and Wildlife Service Office of Law Enforcement and National Wildlife Refuge System Law Enforcement, National Park Service Law Enforcement Ranger Program, United States Park Police.
[68] Central Intelligence Agency, Office of Public Affairs, 2022.

fitness, and stress management strategies. DHS is looking to advance efforts in lethal means safety, evidence-based practices, and reducing stigma associated with help-seeking.

DHS is also developing a long-term research strategy with regards to psychological health, resilience, and employee well-being. This effort aims to identify the most pressing knowledge gaps and implementation challenges to address the foremost psychological health and resilience needs of the DHS workforce. One emerging theme is the need for organizations to better understand psychological health concerns, including health-related behaviors of concern, stressors, trauma exposure, suicidal behaviors, current wellness practices, help-seeking, and barriers to resource engagement.

DHS's law enforcement components[69] have been making investments in suicide prevention, intervention, and postvention. For example, Homeland Security Investigations within U.S. Immigration and Customs Enforcement has created a resiliency program (i.e., Awareness and Resilience Mentoring for Operational Readiness (ARMOR)) to mitigate potential psychological harm that could result from exposure to traumatic material associated with child exploitation investigations. ARMOR includes a proactive focus on primary and continual prevention of stressors, confidential and voluntary assistance to personnel struggling with personal or job-related stressors, and transition services that help ensure a healthy shift when the employee is assigned to another group or to duties that do not include exposure to graphic material. The ARMOR resilience program is implemented by a team of in-house licensed mental health clinicians who are assigned regions of responsibility. These clinicians conduct in-person resilience training to agents and analysts in regional offices. They also provide mental health consultation services and one-on-one mental health treatment when requested.

DOJ and its law enforcement components[70] are also supporting prevention, intervention, and postvention services to reduce suicide risk and build protective factors and have been taking measures to strengthen support provided to personnel in the field. Throughout the coronavirus pandemic, many DOJ law enforcement components increased their focus on workforce wellness and regularly provided information about behavioral health resources and tips for improving well-being. DOJ law enforcement components regularly provide support to employees in the field after critical incidents, and postvention services have also been provided.

Some components also offer peer support programs in field offices, including for non-sworn personnel. Short-term counseling services are also available to employees, many through a service provided through an external EAP provider. Some components have been assessing strategies to expand capacity for

[69] For example, Customs and Border Protection, Immigration and Customs Enforcement, U.S. Secret Service, Federal Protective Service, Transportation Security Administrations, Office of Inspector General.
[70] For example, Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF), Bureau of Prisons (BOP), Criminal Division (CRM), Drug Enforcement Administration (DEA), Federal Bureau of Investigation, Office of Inspector General (OIG), United States Attorneys' Offices, United States Marshals Service (USMS).

counseling services so that field offices and divisions can have greater access to reliable services by qualified mental health professionals, including in-house services at the field level.

Evidence-informed messaging campaigns (e.g., BOP's Gratitude Campaign and "Know Your Keys" anti-stigma campaign) and other messaging approaches are also being utilized to improve well-being and reduce stigma. Education and training on suicide prevention, mental health literacy, Mental Health First Aid, and other essential topics have also been a key focus for DOJ law enforcement components. DOJ will be working to address component-wide challenges by efficiently and effectively delivering evidence-based education and training for the workforce, including specialized training for supervisors. Component training divisions and academies, including the Federal Law Enforcement Training Center (FLETC), will be engaged to assess and discuss DOJ (and government-wide) solutions.

DOJ has also been strengthening information sharing to improve programs and policy. For example, FBI has a Well-being Task Force that informs FBI's Well-being and Resilience Initiative, and DOJ has convened discussions with component EAP Administrators and peer support personnel. In 2023, DOJ expects to develop policy that improves consistency and sets DOJ standards for prevention, intervention, and postvention support and services to reduce and build protections against suicide risk, including but not limited to peer support and reporting requirements to the LESDC Program. In 2023, DOJ also expects to begin a DOJ-wide systematic review of all policies, practices, and procedures related to law enforcement officer and employee wellness. DOJ will also host a convening with federal law enforcement agencies and HHS to discuss solutions to common challenges that face federal law enforcement agencies.

Recommendations

Over the years, research and reports have identified certain evidence-based and evidence-informed strategies, emerging practices,[71] and recommendations[72] to improve prevention, intervention, and postvention programs to reduce risk factors for and build protective factors against suicide, some specific to law enforcement agency personnel. The recommendations in this report are guided by that information

[71] For the purpose of this report, evidence-based practices are practices, interventions, methods, techniques, and procedures "that are based on high-quality scientific evidence and proven improvement in outcomes (Ham-Bayoli, et al., 2020)." An evidence-informed approach combines knowledge from practice, research, and people experiencing the practice (Australian Institute of Family Studies, 2022). An emerging practice is a procedure, approach, activity, or policy "that leads to, or is likely to lead to, improved outcomes (Health Resources and Services Administration, 2022)." (American Hospital Association, Health Research & Educational Trust, 2022).

[72] The following were utilized in the development of this report: The Ruderman White Paper Update on Mental Health and Suicide of First Responders (May 2022); President's Commission on Law Enforcement and the Administration of Justice (December 2020); the National Consortium on Preventing Law Enforcement Suicide: Final Report (2020); An Occupational Risk: What Every Police Agency Should Do to Prevent Suicide Among its Officers (October 2019); The Law Enforcement Mental Health and Wellness Act: Report to Congress (March 2019); and Officer Health and Organizational Wellness: Emerging Issues and Recommendations (October 2017).

and the assessment conducted over the last several months. They are divided into the following overarching categories:

1. Utilize Public Policy to Advance Efforts
2. Increase Access to and Utilization of Evidence-based Services and Interventions
3. Advance Research
4. Improve Data Collection Efforts
5. Strengthen Coordination and Information Sharing
6. Support Standards for Routine Mental Wellness Visits
7. Advance the Practice of Evidence-based Peer Support
8. Support Education and Training that Increases Knowledge and Provides Skills
9. Strengthen Communication

Although there are numerous practices, strategies, and approaches that can improve overall psychological health and well-being, these recommendations focus primarily on specific areas where targeted support, collaboration, and financial investments are most needed at the present time for suicide prevention.[73]

[73] See Appendix B for a high-level overview of each recommendation.

Detailed Recommendations

Utilize Public Policy to Advance Efforts

1. **Prioritize and invest in comprehensive, multi-dimensional, evidence-based prevention, intervention, and postvention programs to reduce risk factors for and build protective factors against suicide among law enforcement (and other public safety) agency personnel.**

   Law enforcement (and other public safety) agencies have not been provided adequate capacity to develop, implement, and evaluate comprehensive, evidence-based or evidence-informed prevention, intervention, and postvention programs that reduce risk factors for and build protective factors against suicide among the workforce. And given resource constraints and mission responsibilities, many struggle just to deliver effective employee assistance support at basic levels. Governments should invest in multi-dimensional, comprehensive, culturally sensitive, and competent occupational programs where knowledge can be gained, needed skills can be obtained and practiced, support can be offered, and clinical interventions can be provided for law enforcement (and other public safety) agency personnel. Programs in the workplace can help to normalize and increase help-seeking behavior and provide support and services to the workforce. Institutionalizing these programs is essential, including for continuity, and they should be overseen by qualified leaders. Building performance measures and evaluation processes into these programs at the onset is also imperative to ensure that programs can be assessed for effectiveness. Consideration should be given to standing up statewide, local, and/or regional "centers" where services from qualified professionals can be shared and accessed by federal, state, local, tribal, and territory law enforcement (and other public safety) agencies.

2. **Create and implement strategic plans *and* action plans, in partnership with the workforce, to advance psychological health and well-being among those in law enforcement (and other public safety) agencies.**

   Strategic plans can be helpful for setting priorities and identifying and organizing agency goals and objectives; however, strategic plans are not enough. Action plans that operationalize the vision must also be developed. As importantly, the workforce should be part of the development and implementation process to impact change, particularly a change in culture. Law enforcement (and other public safety) agencies should explore whether strategic plans/action plans and formal/informal workforce engagement could help strengthen and institutionalize cultures that promote and support well-being and psychological health. Strategic plans should specifically outline strategies to reduce risk factors for and increase protective factors against suicide, including ways to engage families.

3. **Advance policies and practices that foster leadership and workforce cultures that promote and support psychological health and well-being.**

   A comprehensive and systematic review of existing agency and applicable government-wide policies and training can help determine gaps in agency guidance, practice, and processes as well as inconsistencies with and between principles and practices that advance psychological health and well-being. Policies and protocols on psychological fitness-for-duty, both pre-employment and through reoccurring screening, should utilize evidence-based practices and clearly define instances in which examinations should not be initiated. Additionally, policies that guide processes for and protections when accessing prevention and intervention services such as services for alcohol misuse and to manage stressors and symptoms of post-traumatic stress, PTSD, depression, anxiety, and substance

use, including written communication about rights, are essential and can improve transparency and willingness to proactively access services.

It is also particularly important for agency leadership to express and demonstrate support when personnel are experiencing crises and draw upon best practices in situations where personnel could benefit from higher level of care (e.g., partial hospitalization, inpatient treatment). Similarly, best practices should be used when personnel are in imminent danger or when suicide risk assessments have indicated that lethal means safety measures are necessary, including temporary, voluntary relinquishing of duty weapons (and other firearms) for lethal means safety. Thoughtful communications and trusting relationships between personnel and leadership is vitally important.

Protocols and training for managers on safe, effective, and evidence-informed messaging, especially to help navigate communications around death by suicide, suicide ideation, attempted suicide, and other crises, should be developed and used. Policies and practices that are inclusive of a range of related needs, challenges, and issues (e.g., pregnancy, childcare, medication management, treatment and recovery,[74] sexual harassment, discrimination) are also essential and should be developed using evidence-based principles. Other government agencies and collective bargaining units could be useful resources to help agencies with the review and development of policies. When assessing and drafting new policy, it would be helpful to consider language and processes that:

- reduce risks and exposures that could increase operational and organizational stress, where possible;
- increase protections against suicide and behavioral health challenges, including mitigating the factors associated with increased risk;
- minimize and mitigate family, relationship, and financial stressors;
- protect the privacy and confidentiality of personnel seeking or receiving mental health and substance use treatment services;
- foster an environment in which personnel can readily access help and services, including treatment and recovery;
- foster an inclusive and affirming work environment for law enforcement officers from diverse backgrounds (racial, ethic, sexual and gender minorities, persons with disabilities, etc.);
- address and improve morale, recruitment, and retention;
- minimize bureaucracy and prevent inconsistency among policies;
- institutionalize practices that help personnel routinely address performance-related, family/relationship, or similar needs without having to make a special request;
- reduce institutional stigma (i.e., accurately represent behavioral health issues and conditions, do not unduly or inappropriately create restrictions, prohibit opportunities, or reinforce discrimination); and
- improve language and framing using positive, trauma-informed, person-centered communication, when possible.

[74] Guidance from the DOL on Recovery-Ready Workplace and Stay at Work/Return to Work/RETAIN Initiative as well as guidance from HHS and state government could be useful resources when developing guidance on treatment and recovery.

Increase Access to and Utilization of Evidence-based Services and Interventions

4. **Ensure that law enforcement agency personnel have readily available access to confidential behavioral health services[75] from dedicated and qualified mental health professionals.**

   Law enforcement (and other public safety) agencies should explore the use of fulltime qualified mental health professionals who are dedicated solely for use by personnel within law enforcement (and other public safety) agencies to provide confidential counseling services and other best practices (e.g., safety planning intervention, crisis response planning, teaching distress tolerance skills, other brief interventions). These services could be provided using a local, regional, or statewide shared-services approach, but should be dedicated to serve these occupational groups to improve access to reliable, reputable, and qualified service providers for delivery of quality services. Furthermore, mental health professionals that are dedicated to assisting and supporting law enforcement officers, especially those who are embedded, can have a better understanding of the law enforcement culture and specialized needs of these personnel.[76]

5. **Train and utilize peers to provide support and strengthen connections to mental health and substance use treatment services and resources.**

   Law enforcement agencies that are not utilizing a peer support program to provide psychological support, education, and other resources to personnel after critical incidents and during other times of stress, should assess how a program could benefit personnel. Programs should be developed using evidence-informed and/or evidence-based practices. The following DOJ-grant funded published works could be useful starting points:

   - Implementing Peer Support Services in Small and Rural Law Enforcement Agencies (2023)
   - Community Supervision Peer Support Program Guidelines (2022)
   - Peer Support as a Powerful Tool in Law Enforcement Suicide Prevention (2020)
   - Developing a Critical Incident Peer Support Program: Model Policy (2021)
   - Responding to Mental Health and Wellness Challenges: Ideas from the Field (January 2020)
   - Building and Sustaining an Officer Wellness Program: Lessons from the San Diego Police Department (2018)

6. **Strengthen access to and awareness about qualified mental health professionals.**

   Law enforcement (and other public safety) agency personnel have expressed challenges accessing services from mental health professionals, including those competent regarding risk factors associated with and efficacious interventions[77] for law enforcement agency personnel. To address these challenges, governments, academic institutions, and professional groups should take actions to incorporate this competency into licensure and higher education programs for mental health and other healthcare professionals. A certificate program offered by academic institutions and/or professional

[75] Behavioral health services are those that assist individuals with mental health, substance use, life stressors and crises, and stress-related physical symptoms.
[76] If services are embedded within the agency, clear guidelines on confidentiality should be established and followed to ensure that individuals take advantage of these critical services.
[77] For the purpose of this document, efficacious interventions are those that produce or are likely to produce a desired effect. See Lampotang et al, 2013.

organizations could be beneficial. There would be additional value in developing standards for creating content for continuing education, higher education, and certificate programs in this area.

Additionally, locating a qualified, reputable, mental health professional who also accepts new clients *and* health insurance can be exceptionally frustrating and often leads to abandoned efforts by law enforcement agency personnel (and their family). To address this challenge, actions should be taken to populate and maintain up-to-date information, including those who provide services through employee assistance programs.

7. Aggressively address local and national shortages of mental health professionals and barriers to readily available affordable care.

The local and national inventory of mental health professionals is substantially lacking across the nation and there is an even smaller pool of professionals who are well-suited to serve law enforcement (and other public safety) agency personnel. There is a critical need for a focused and funded national and local strategy and action plan that increases awareness and interest in the specialty field of mental health and substance use treatment services for law enforcement (and other public safety) agency personnel. Education incentives to first responders, active or former, looking for a second or new career in the mental health or substance use field could be useful to building the inventory of qualified mental health professionals. There could also be benefits to establishing internship agreements between university programs and law enforcement (and other public safety) agencies.

8. Strengthen leadership knowledge and the utilization of evidence-based postvention services.

It is recommended that federal, state, local, tribal, and territory law enforcement agency leadership explore ways to strengthen their knowledge and the utilization of evidence-based postvention services in the aftermath of a suicide. Postvention facilitates healing and recovery from grief and distress, mitigates negative effects and risk factors, and strengthens mental health through immediate and long-term support. It is critical that services be provided by those specially trained in how to communicate about suicide, loss and grief, and mental health to prevent contagion and foster healing. Education and training should be provided to agencies on how to effectively and safely communicate and deliver these services and where to go for technical assistance.

9. Support the utilization of evidence-based treatments, evidence-informed practices, and best practice interventions to mitigate the impact of and protect personnel from both the short and long-term impacts of cumulative stress and trauma.

Several evidence-based treatments, evidence-informed practices, and specific interventions have been shown to treat suicidal ideation, reduce suicide risk, and protect individuals from the impacts of cumulative stress, secondary and vicarious trauma, and post-traumatic stress, including practices that mentally prepare personnel for exposure and help reduce intrusive memories resulting from exposure. Certain practices are not only useful as preventative measures but can lessen the harm, including harm and unresolved trauma from experiences prior to law enforcement agency service, and mitigate their impact. Personnel should be provided information about and access to evidence-based treatments and best practice interventions to address specific stressors, diagnoses, and symptoms, including suicidal thinking and behavior.

Law enforcement agencies should also put in place evidence-based practices to prevent burnout among employees who provide psychosocial services to personnel (e.g., mental health counselor, peer support personnel, chaplain). Additionally, agency policies should mitigate factors associated with

increased risk, including strengthening organizational supports for personnel exposed to trauma. Law enforcement and other public safety agency professionals, families, peer support, chaplains, and health/mental health professionals should consider visiting the following websites:

- Coping with a Disaster or Traumatic Event (HHS, CDC)
- Vicarious Trauma Toolkit (DOJ, OVC)
- Trauma and Violence (HHS, SAMHSA)
- Coping with Traumatic Events (HHS, NIH, NIMH)
- Suicide Prevention (HHS, NIH, NIMH)
- Suicide Prevention Resource Center (SPRC)
- Workplaces (SPRC best practices for workplaces)
- Identify and Assist Persons at Risk (SPRC best practice screening tools for suicide risk)
- 988 Suicide & Crisis Lifeline (HHS, SAMHSA)

Additionally, a resource document that provides details on specific evidence-based intervention and treatment models for cumulative stress, trauma and suicide risk including descriptions, target populations and outcomes, and workplace specific approaches should be created.

Advance Research

10. Prioritize and provide increased funding to address research gaps.

More research is needed to help agencies, personnel, service providers, and families develop and implement evidence-based practices; however, funding support has been limited. Making investments in research, including community-based participatory research, short-term and longitudinal studies, program evaluations, process and quality improvement efforts, and demonstration projects that also lead to adaptable and scalable solutions, is paramount. Advancements could be made with more support from federal and state agencies and lawmakers. States should collaborate with their research entities, and HHS, DOJ, DHS, DoD, and VA should also collaborate on ways to prevent unnecessary duplication of research and improve research. Appendix C provides detailed research gaps and needs.

Improve Data Collection Efforts

11. Support the collection of data on deaths by suicide and attempted suicide.

Collecting and analyzing data on deaths by suicide and attempted suicide of law enforcement and other public safety agency personnel is critical as this information can help to prevent suicide and inform policies, practices, and programs. Law enforcement agencies should collect types of data that can identify frequencies and trends in suicide within law enforcement agencies, data that can address potential disparities and inequities in suicide deaths, as well as types of data that would be adequate for empirical analyses of risk and protective factors for suicide among law enforcement agency personnel and the level and trends in suicide within law enforcement agencies.

A "psychological autopsy" utilized by properly trained specialists is one evidence-based approach that agencies can utilize to gather data on the psychosocial environment of an individual who has died

by suicide. Agencies should also be encouraged to submit data to the Law Enforcement Suicide Data Collection (LESDC) Program as this program is intended to be a central repository for data across the United States and its territories about deaths by suicide and attempted suicide of law enforcement officers (as defined by the Law Enforcement Suicide Data Collection Act). The federal government and state governments should consider requiring their respective agencies to, at least, report known deaths by suicide to the LESDC Program. Government policies that guide agency protocols for reporting to the LESDC Program would also be useful, including those that provide methods for personnel and families to anonymously report data on suicide attempts. Continued advocacy of reporting to the LESDC Program by federal law enforcement agencies, public health, law enforcement and other public safety associations, and others will continue to be important.

12. **Support agencies in their efforts to employ measurement-based (data-driven) approaches to identify priority psychological health, well-being, and suicide prevention needs and gauge the impact and performance of agency efforts.**

    It is important to build knowledge, skills, and abilities within law enforcement and public safety agencies about how to systematically and effectively use measurement-based approaches to evaluate the health and well-being of the workforce, including data on suicidal thoughts and attempts. Organizational culture that stigmatizes mental health help-seeking can lead individuals in public safety agencies to be particularly reluctant to share information (including through the use of anonymous surveys) because of concerns that the disclosure could be attributed to them and negatively impact perceptions of their occupational suitability. Data collection on health-related behaviors, which helps to inform policy, practice, and resource priorities, must be done with great care to protect the privacy of personnel. Customized education for agency leadership about evidence-based approaches including those that can be implemented in-house by different sizes of law enforcement and public safety agencies would be useful. Additionally, increased resources for agencies would expand capacity to collect and analyze data and evaluate the progress of programs and initiatives, either with in-house or contracted research support. A repository of data collection strategies, validated anonymous survey instruments, technology, and other reliable tools, should also be compiled and made easily adaptable for agencies. Training on this information should also be provided.

Strengthen Coordination and Information Sharing

13. **Institutionalize information sharing, collaboration, and coordination between entities that support suicide prevention programs, conduct research on suicide/suicide prevention, and collect and analyze data on deaths by suicide and attempted suicide.**

    It is recommended that federal and state agencies and academic partners that support suicide prevention programs and/or fund or intend to fund research on suicide and/or suicide prevention, maintain strong systems of internal and external communication, collaboration, and coordination and ensure continuity in research.

14. **Utilize Communities of Practice (CoPs) for information sharing and problem solving.**

    The operational realities for law enforcement (and other public safety) agencies create particular challenges with developing and delivering prevention, intervention, and postvention services and

support to reduce and protect against suicide risk. Communities of Practice (CoPs) have been useful approaches for sharing information and problem-solving on numerous topics, including among law enforcement agencies, and could advance efforts. It is recommended that public health, including the Indian Health Service, and law enforcement agencies and associations, utilize new or existing CoPs to strengthen their efforts. It is recommended that CoPs explore ways to incorporate subject matter experts, service providers, and operational personnel to aid in an expansion of knowledge and adoption of evidence-based practices. A CoP should also be formed to address unique legal, policy, staffing, and geographic challenges facing federal law enforcement and other federal public safety agencies.

Support Standards for Routine Mental Wellness Visits

15. Explore standards for and utilization of routine individual mental wellness visits.[78]

Some law enforcement and other public safety agencies are institutionalizing routine confidential, preventative mental wellness visits to help normalize help-seeking behavior and strengthen connections to preventative services and other resources. These periodic visits do not involve a psychological examination or screening that determines occupational suitability; however, there is a risk that they could be perceived that way if not implemented and promoted effectively. Standards for evidence-based practices, including implementation and program evaluation guidance, would be useful to improve consistency, understanding, and the effectiveness of these approaches. Piloting these practices may be a useful approach before they are fully institutionalized by an agency. Consideration should also be given to incorporating routine individual mental wellness visits that are conducted by mental health professionals as covered preventative healthcare in health insurance plans.

Advance the Practice of Evidence-based Peer Support

16. Develop policy, evidence-based professional standards, and a toolkit for peer support programs.

Due to the wide variability in the selection, training, and application of peer support personnel in peer support programs within law enforcement agencies, professional standards, policy, and a toolkit for peer support programs that sets forth evidence-based, minimum program criteria, practices, and training are needed. Peer support programs should be supported and backed by a qualified mental health professional who is available for consultation, supervision, and training, and also included in the professional standards and minimum requirements for these programs. Information about the importance of clinical oversight; effective strategies for utilizing retirees, active employees, and employees who have separated from the agency; and effective ways to share programs across public safety and law enforcement agencies of all types and sizes, to include sample interagency agreements, should also be included in the toolkit.

[78] A routine mental wellness visit is a narrowly defined non-diagnostic meeting that is conducted on agency time with a mental health professional or peer support specialist. These visits have also been referred to as a mandatory annual mental health check or mental wellness check-in.

17. **Educate on state laws that address communications with peer support personnel and those that are confidential and protected from certain disclosures.**

    State and local laws vary in how communications are protected between peer support personnel and those they support. Training on what these personnel are legally and ethically permitted to share regarding behavioral health (and suicide) should be provided to ensure greater awareness and transparency about existing protections.

Support Education and Training that Increases Knowledge and Provides Skills

18. **Prioritize evidence-based education and training as a preventative measure and throughout the entire life cycle of one's career – into retirement.**

    All governments should prioritize evidence-based education and training as a preventative measure and provide adequate levels of funding to law enforcement (and other public safety) agencies to support these activities. Equipping personnel with specific knowledge, skills, and abilities can serve as important protective factors for stress, trauma, depression, substance use, and suicide, and help the workforce provide critical public safety services. Agencies often lack funding to provide quality, evidence-based training to personnel in an efficient and effective manner, and throughout the entire life cycle of one's career – into retirement. Funding is also needed to provide certain education and training to personnel's family/support persons.

19. **Prioritize evidence-based training for agency personnel to develop skills to protect against the effects of and advance personal growth from highly stressful experiences and exposure to trauma.**

    Agency personnel who are at high risk of experiencing work-related trauma and post-traumatic stress symptoms should be provided education and skills-based training on evidence-based approaches that build resilience, prevent and reduce post-traumatic stress symptoms, and advance personal growth after trauma. Training should also be provided about specific treatment and intervention models and include teaching on self-guided best practice interventions. Scalable and adaptable evidence-based training in resilience and distress tolerance skills, post-traumatic growth, mindfulness skills, meditation, yoga, and other evidence-based techniques is imperative. Additionally, educational resources and training are needed for leaders and managers to improve knowledge and skills in supportive supervision and early intervention and assistance for personnel in distress. Training for supervisors and personnel whose occupational group is more exposed to traumatic events should also be prioritized.

20. **Advance education and training for personnel by institutionalizing interagency and intra-agency collaboration.**

    Collaboration across governments and among government agencies and other entities can provide meaningful opportunities to exchange ideas and perspectives and improve the quality of education, curricula, and training materials. Collaboration also helps to prevent the unnecessary duplication of resources, particularly if evidence-based model curricula are developed from varying perspectives and with the ability to operationalize and adapt certain portions to address issues and needs of multiple agencies. Institutionalizing collaboration and information sharing across governments to

develop shared curricula and trainers could help address challenges associated with financing and scaling training on occupational health, prevention, intervention, and postvention.

21. Develop resources, conduct outreach, and provide education to mental health professionals who serve/will serve law enforcement (and other public safety) agency personnel.

Governments and private entities (e.g., campus police) with staff supporting law enforcement (or other public safety) agency personnel should ensure that mental health professionals, including third-party providers and 988/other crisis support lines, are required to receive (and actually receive) education and information about the work and culture of these occupations, including occupational stressors and factors that contribute to work-related post-traumatic stress, secondary and vicarious trauma, and moral injury. Those who serve Tribal law enforcement/public safety agency personnel should receive additional cultural-specific training. For governments, agencies, and entities that contract with third-party providers for service delivery, the completion of customized agency-offered education and training should be a required contract clause and completed before the delivery of services to agency personnel and applicable family members.

Collaboration between HHS, state public health departments, and law enforcement and (other public safety) agency leaders could be particularly helpful in coordinating improvements to existing systems of education and training for mental health professionals, including third-party providers, who assist law enforcement and other public safety agencies through EAPs. Consideration should be given to model training for service providers and training for governments to strengthen statements of work and clauses in procurement contracts.

Additionally, an independent evaluation on the effectiveness of services provided by third-party EAP providers, including federally funded third-party providers, could be useful in remedying issues and improving the perception and marketing of these much-needed services for law enforcement (and other public safety) agency personnel.

Strengthen Communication

22. Utilize and provide training on evidence-based and evidence-informed communication approaches to reduce risk and barriers to help-seeking and treatment-seeking behavior.

It is recommended that all governments utilize evidence-based or evidence-informed communication approaches to reduce risk and barriers to self-care and help-seeking behavior among the workforce. All levels of government and public safety agency leadership should be trained on how to express and demonstrate support when personnel are experiencing a crisis, including situations when sworn law enforcement personnel could benefit from in-patient treatment or a temporary voluntary surrender of a duty weapon for lethal means safety. Evidence-informed training should also be provided for managers on when and how to safely, effectively, and appropriately communicate (verbally and in writing) about:

- death by suicide, attempted suicide, and other life or behavioral health crises of personnel;
- return to duty needs of personnel, including privacy considerations;
- appropriately handling third-party disclosures of concerns about personnel; and
- responding to deaths by suicide or attempted suicide that occur in or around the place of work.

The entire workforce should also be provided skills to effectively and safely communicate with colleagues (and others) who have expressed thoughts of suicide, including the ability to have conversations about lethal means safety. Law enforcement agencies should also create and utilize evidence-informed agency-wide communication strategies directed at personnel and their family/support persons to build protective factors, particularly against occupational risk factors for suicide.[79]

Additionally, verbal and written communication approaches that increase agency-wide awareness, improve transparency, and clarify information about privacy and confidentiality associated with voluntary participation in counseling and other behavioral health services could dispel myths and reduce some barriers to help-seeking and treatment-seeking behavior. For agencies that require personnel to have and maintain a security clearance, clarification, both verbally and in writing, on the type of information required to obtain and maintain a security clearance should be provided, and agency policies should ensure consistency in communication.

23. Make it easy to locate and access up-to-date information and resources on evidence-based prevention, intervention, and postvention programs that reduce risk factors for and build protective factors against suicide.

It is recommended that governments and law enforcement (and other public safety) organizations explore ways to strengthen systems of communicating best practice interventions, evidence-based training, tools, research, and other information that can help improve well-being and psychological health and reduce risk factors for and build protective factors against suicide. Information should be communicated to public safety agencies, agency personnel, and family members. Websites, social media networks, and technology applications can be useful tools.

Additionally, improvements to the coordination, storage, and organization of information (e.g., including guidance documents, practical and adaptable tools, research, data and data collection tools, evidence-based/evidence-informed approaches, best practice interventions, evidence-based training and curricula) should be explored in order to make it easy for law enforcement and other public safety agencies across the nation to locate and access information. Existing websites established with grant-funding and/or through prior legislative actions should also be assessed to determine whether improvements, consolidations, and modifications would be useful and are needed.

[79] See also Recommendations 4 and 9, which complement this recommendation.

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Appendix A

Federal Data Sources

Name of System	Data Source/Type of Data	Program Agency
National Violent Death Reporting System (NVDRS) Program Link	• All 50 states, the District of Columbia, and Puerto Rico. Other U.S. territories are also eligible to participate. • Multiple source approach: death certificates, coroner/medical examiner reports (including toxicology reports), and law enforcement reports • De-identified data on violent deaths of all persons (case definition: homicide, suicide, deaths of undetermined intent, deaths due to legal intervention, and unintentional firearm deaths) • Submissions to NVDRS are required	U.S. Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC)
National Electronic Injury Surveillance System Program (NEISS-AIP) Program Link _____ **NEISS- Work** Program Link	• De-identified emergency room data • Nonfatal injuries of all persons • Submissions to NEISS-AIP are voluntary _____ • Non-fatal injuries that occur at work, including intentional events, are also reviewed through NEISS-Work.	Consumer Product Safety Commission (CPSC) _____ National Institute for Occupational Safety & Health (in conjunction with CPSC)
National Occupational Mortality Surveillance (NOMS) Program Program Link	• De-identified death certificate data issued by state vital records offices. • Deaths of all persons • Submissions to the NOMS Program are voluntary.	HHS, CDC
National Syndromic Surveillance Program (NSSP) Program Link	• De-identified emergency room data • Nonfatal injuries of all persons • 73% of emergency room departments contribute to NSSP.	HHS, CDC
National Survey on Drug Use and Health Program Link	• Survey on tobacco, alcohol and drug use and mental health and other health-related issues in the United States. • Household address randomly selected through scientific methods to take the survey. • Participation in National Survey is voluntary	HHS, Substance Abuse and Mental Health Services Administration

Law Enforcement Suicide Data Collection (LESDC) Program Program Link	• Data specific to deaths by suicide and attempted suicide • Data is limited to incidents of law enforcement officers (LEOs), as defined by the LESDC Act • Data does not contain names of LEOs • Submissions made by law enforcement agencies, as defined by the LESDC act • Submissions to LESDC Program are voluntary	Department of Justice, Federal Bureau of Investigation, Criminal Justice Information Services Division
National Fire Incident Reporting System (NFIRS) Program Link	• Data submitted through states. • Data contains a full range of activities (e.g., fire, emergency medical services, severe weather, natural disasters) • Submissions to the NFIRS are voluntary	Department of Homeland Security, Federal Emergency Management Agency, United States Fire Administration
Census of Fatal Occupational Injuries (CFOI) Program Link	• A review of all fatal occupational injuries, including deaths by suicide that occur at the place of work • Data reviewed for the census includes, death certificate data, workers' compensation reports, federal and state agency administrative reports (original source) • Census data is substantiated with two or more independent source documents or a source document and a follow-up questionnaire.	Department of Labor, Bureau of Labor Statistics

Appendix B

Recommendations

Utilize Public Policy to Advance Efforts

1. Prioritize and invest in comprehensive, multi-dimensional evidence-based prevention, intervention, and postvention programs to reduce risk factors for and build protective factors against suicide among law enforcement (and other public safety) agency personnel.

2. Create and implement strategic plans *and* action plans, in partnership with the workforce, to advance psychological health and well-being among those in law enforcement (and other public safety) agencies.

3. Advance policies and practices that foster leadership and workforce cultures that promote and support psychological health and well-being.

Increase Access to and Utilization of Evidence-based Services and Interventions

4. Ensure that law enforcement agency personnel have readily available access to confidential behavioral health services from dedicated and qualified mental health professionals.

5. Train and utilize peers to provide support and strengthen connections to mental health and substance use treatment services and resources.

6. Strengthen access to and awareness about qualified mental health professionals.

7. Aggressively address local and national shortages of mental health professionals and barriers to readily available affordable care.

8. Strengthen leadership knowledge and the utilization of evidence-based postvention services.

9. Support the utilization of evidence-based treatments, evidence-informed practices, and best practice interventions to mitigate the impact of and protect personnel from both the short and long-term impacts of cumulative stress and trauma.

Advance Research

10. Prioritize and provide increased funding to address research gaps.

Improve Data Collection Efforts

11. Support the collection of data on deaths by suicide and attempted suicide.

12. Support agencies in their efforts to employ measurement-based (data-driven) approaches to identify priority psychological health, well-being, and suicide prevention needs and gauge the impact and performance of agency efforts.

Strengthen Coordination and Information Sharing

13. Institutionalize information sharing, collaboration, and coordination between entities that support suicide prevention programs, conduct research on suicide/suicide prevention, and collect and analyze data on deaths by suicide and attempted suicide.

14. Utilize Communities of Practice (CoP) for information sharing and problem solving.

Support Standards for Routine Mental Wellness Visits

15. Explore standards for and utilization of routine individual mental wellness visits.

Advance the Practice of Evidence-based Peer Support

16. Develop policy, evidence-based professional standards, and a toolkit for peer support programs.

17. Educate on state laws that address communications with peer support personnel and those that are confidential and protected from certain disclosures.

Support Education and Training that Increases Knowledge and Provides Skills

18. Prioritize evidence-based education and training as a preventative measure and throughout the entire life cycle of one's career – into retirement.

19. Prioritize evidence-based training for agency personnel to develop skills to protect against the effects of and advance personal growth from highly stressful experiences and exposure to trauma.

20. Advance education and training for personnel by institutionalizing interagency and intra-agency collaboration.

21. Develop resources, conduct outreach, and provide education to mental health professionals who serve/will serve law enforcement (and other public safety) agency personnel.

Strengthen Communication

22. Utilize and provide training on evidence-based and evidence-informed communication approaches to reduce risk and barriers to help-seeking and treatment-seeking behavior.

23. Make it easy to locate and access up-to-date information and resources on evidence-based prevention, intervention, and postvention programs that reduce risk factors for and build protective factors against suicide.

Appendix C

Research Gaps and Needs

Making investments in research, including community-based participatory research, short-term and longitudinal studies,[80] program evaluations, process and quality improvement efforts, and demonstration projects that also lead to adaptable and scalable solutions, is paramount. Advancements could be made with more support from federal and state agencies and lawmakers. States should collaborate with their research entities, and federal agencies should also collaborate on ways to prevent unnecessary duplication of research and improve research on:

1. implementation of comprehensive, multi-dimensional prevention, intervention, and postvention programs within law enforcement (and other public safety) agencies to reduce and protect against suicide and other negative outcomes, including but not limited to: policy implementation and identifying key metrics that foster measurement and evaluation of health and wellness (in a more standardized way); organizational elements; resource sharing; and the impacts of management approaches;
2. protective and mitigating factors for suicide specific to law enforcement agency personnel, including the impact of exposure of law enforcement personnel to suicidal behavior, including exposure or involvement with "suicide by cop;"
3. identifying the organizational and operational factors that moderate suicide risk among personnel in law enforcement agencies, perhaps as compared to other occupations;
4. the specific factors and combination of factors, including specific operational or organizational stressors, hazards, and tasks, that make law enforcement agency personnel and specific populations/groups at elevated risk for suicide, posttraumatic stress disorder, and other adverse health outcomes;
5. the unique experiences, help-seeking patterns, and health related outcomes for specific subpopulations/groups;
6. the impact of work-life balance on overall well-being;
7. identifying the factors that facilitate and inhibit help-seeking and treatment-seeking at the individual, leadership, and organizational levels;
8. identifying best practices for mitigating common barriers to care engagement, including mental health stigma, fear of adverse career impacts, privacy concerns, and negative treatment beliefs;
9. identifying the elements of a successful peer support program, including number of peer support personnel needed proportional to the workforce, and other peer intervention approaches within a law enforcement or other public safety agency that are effective in suicide prevention;
10. identifying the elements of effective engagement with family/support persons to reduce risk and strengthen protections;

[80] Similar to the Army STARRS/STARRS-LS research (Centers for the Study of Traumatic Stress, 2022).

11. the efficacy of confidential, routine individual mental wellness visits[81] for law enforcement personnel to provide assistance, reduce stigma, and normalizes help-seeking and treatment-seeking behavior;

12. the efficacy of and best practices for critical incident stress debriefings/management;

13. the efficacy of mobile wellness and behavioral health applications for law enforcement;

14. effective clinical support, including the number of mental health clinicians needed proportional to the workforce, types of interventions and modes of delivery (including embedded mental health professionals), and placement, for law enforcement or other public safety agency personnel, including the application of universal prevention approaches, selective prevention methods (for specific populations and groups), and indicated prevention strategies (for those with already identified needs for clinical support);

15. effective lethal means safety strategies for law enforcement or other public safety agency personnel that can be utilized by the agency, individuals, and family/support persons;

16. specific education and training that is effective to reduce risk factors for and build protective factors against suicide including, but not limited to topics on psychological resilience, stress management, health promotion, preventing and mitigating trauma exposure, workforce culture; conveyance of training (e.g., live, virtual, computer-based, by professional or paraprofessional); target populations (e.g., supervisors, operators, family/support persons); periodicity of training (e.g., at entrance/academy, periodic/recurring, contingencies of new assignments/roles/milestones); and essential training objectives (e.g., knowledge, attitudes, skills, behavior change);

17. the elements of effective communication approaches by agencies and supervisors in a law enforcement agency, across the span of prevention, intervention and postvention, to personnel and family/support persons, including the use of technology and technology applications being used by law enforcement (or other public safety) agencies;

18. evaluation of the efficacy of culturally-competent, national crisis lines for law enforcement, with consideration given to extending 988 capabilities for this purpose;

19. the effect of trauma-informed organizational policies and procedures, especially in the context of significant events including, but not limited to, a work-related injury and/or involvement in a shooting, in order to mitigate the impact of traumatic experiences;

20. the effect of occupational health and wellness programs and activities, such as the promotion of relaxation activities including agency-offered relaxation mobile applications, yoga, mindfulness, and other similar activities; and

21. the effects of organizational and social changes on staff morale, retention, behavioral health, and suicide.

[81] A routine mental wellness visit is a narrowly defined non-diagnostic meeting that is conducted on agency time with a mental health professional or peer support member. These visits have also been referred to as a mandatory annual mental health check or mental wellness check-in.