Information Handbook on Suicide Prevention in Police Officers

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List of English Acronyms and Abbreviations

CBT	Cognitive behavioural therapy
EAP	Employee assistance program
EMDR	Eye movement desensitization and reprocessing
iPrep	International Performance Resilience and Efficiency Program
MBRT	Mindfulness-based resilience training
PAP	Police assistance program
PSP	Public safety personnel
PTE	Potentially traumatic event
PTSD	Post-traumatic stress disorder
R2MR	Road to Mental Readiness
TRiM	Trauma risk management
WHO	World Health Organization

List of French Acronyms and Abbreviations

APSAM	*Association paritaire pour la santé et la sécurité du travail – Affaires municipales*
CNESST	*Commission des normes, de l'équité, de la santé et de la sécurité du travail*
INSPQ	*Institut national de santé publique du Québec*
IRSST	*Institut de recherche Robert-Sauvé en santé et en sécurité du travail*
SPVM	*Service de police de la Ville de Montréal*

Objectives

The objectives of this document are to:

- present the issue of suicide and mental health problems in police officers;
- present the influencing factors associated with suicidal behaviours and suicide;
- present examples of useful interventions and programs for preventing suicide in police officers;
- describe the effects of certain interventions and programs related to suicide prevention in police officers and related populations;
- suggest avenues for action for suicide prevention among police officers.

Scope and Limitations

It should be noted that the interventions and programs mentioned in this document emerged from a review of the scientific literature, which is to say, articles published in scholarly journals, and a review of the grey literature, such as police organizations' websites and other associations. The list of interventions and programs presented in this document is not exhaustive in any way.

Who Is This Document For?

This document was produced at the request of the Association paritaire pour la santé et la sécurité du travail – Affaires municipales (Joint Association for health and safety in the workplace, Municipal Affairs' sector; APSAM). It is intended for police organizations and anyone who is interested in preventing suicide among police personnel: in other words, all police officers.

It will be of interest for managers and representatives of police force employees and for members of workplace health and safety committees that would like to set up a suicide prevention program or interventions. Likewise, police officers, trainers, mental health professionals, workplace health and safety and human resources personnel, police force partners, and the various groups representing police officers will find valuable information herein.

Introduction

The nature of police work often entails having a front-row seat for human distress. Aggression, violence, neglect, mental health problems, poverty and even death can be part of police officers' daily reality.

This work context can be conducive to the development of psychological distress and various mental health issues, such as post-traumatic stress disorder and major depression, which seem to partially explain the suicidal behaviours seen in certain police officers, according to the scientific literature. Suicidal behaviours and problems related to mental health are still taboo in society in general and appear to be even more so in police forces [1]. In performing their duties, police officers come into contact with people dealing with severe mental health problems. These encounters can help to forge a negative attitude among police officers, who do not want to be associated with this kind of problem [2]. Being identified as a vulnerable person and the possible negative impacts on their career are among the main fears reported; in and of themselves, they represent barriers to seeking help. Consequently, one of the major challenges facing police forces is quickly recognizing psychological distress and suicidal ideation, proactively offering support, and encouraging employees to seek help.

This document first presents the issue of suicide and certain mental health problems among police officers. It then lists the influencing factors associated with suicidal behaviours and suicide. The World Health Organization's (WHO) suicide prevention model, levels of prevention and definitions of concepts are then presented [3]. Definitions of concepts are grouped together in Appendix A. Interventions and programs from the scientific and grey literature are then described; details are presented in Appendix B. The results of scientific studies on the effects of certain interventions and programs on police officers and associated populations are also reported. A final section of this document covers avenues for action, with a particular focus on Quebec police organizations. Appendix C integrates the components of the suicide prevention model and the corresponding avenues for action in a single diagram.

Suicide and Suicidal Behaviours in the General Population

- According to the WHO, suicide is the act of deliberately killing oneself [3].
- Suicidal ideation refers to the act of thinking about killing oneself [4].
- A suicide attempt is an intentional act by a person with the purpose of killing themselves that does not result in death [4].
- Suicidal behaviours include suicidal ideation, attempts and suicide [3].

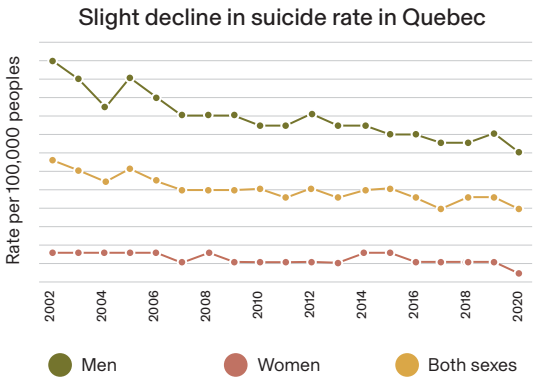
According to the Institut national de santé publique du Québec (INSPQ) [5], the number of deaths by suicide totalled 1,055 in 2020. Suicide is still relatively rare. In 2020, the age-adjusted suicide rate was 12.3 per 100,000 inhabitants, thus ranking eight among causes of death. In Quebec, as in most high-income nations, the suicide rate is three times higher in men than in women [3, 5]. In this province, people between the ages of 50 and 64 are at highest risk of dying by suicide [5].

Since 2020, the INSPQ has recorded emergency room visits related to certain suicidal behaviours, such as suicidal ideation and attempted suicide. In 2021, 3,780 hospitalizations were attributable to a suicide attempt, which brought the rate to 46.4 per 100,000 inhabitants. In this group, there were three times as many women as men. The rate of emergency room visits for suicidal ideation was 403.9 per 100,000 inhabitants in 2022, with 34,662 emergency room visits recorded [6].

Monitoring of suicidal behaviours in Quebec

1,055 suicides in 2020

3 suicides a day



3 times as many suicides in men as in women

1. Since the suicide rate varies as a function of age group, the adjustment eliminates the effect of age on the overall rate.

Suicidal behaviours according to age

(Figure adapted from Lévesque and Perron, Les comportements suicidaires au Québec: portrait 2023, INSPQ [5].)

Suicide among Police Officers

According to the Quebec Coroner's Office, the mean annual number of suicides among police officers has been three since 2015 (Coroner's Office, personal communication, May 31, 2022). Considering the total police population in Quebec from 2015 to 2021 and the number of suicides during the same period, the gross annual suicide rates ranged between 6.3 and 37.8 per 100,000 police officers (Coroner's Office, personal communication, May 31, 2022) [7]. However, caution must be used when comparing these gross rates and the rate for the general population, since the sociodemographic composition of the police population is not identical to that of the general population: the former is characterized by a predominance of men and an absence of minors and elderly people.

For purposes of comparison, deaths of police officers in service, that is, those caused by occupational injuries, are less frequent. The Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST) found two for the period from 2014 to 2018 [8].

Existing studies do not allow one to clearly determine whether police officers commit suicide more often than the general population, for the following reasons:

- Studies comparing the suicide rates for police officers with those for the general population did not consistently come to the same conclusions. Although some studies found higher suicide rates in police officers, others reported no significant differences and, in some cases, rates were lower for this population [9].
- Since the studies used different methods to estimate the suicide rate in police officers and the general population, the results are not always comparable [10].
- In the United States, where most studies of the topic have been conducted, scientists have observed a substantial proportion of deaths where the cause was "undetermined" according to coroners' investigations [11]. A secondary analysis determined that several of the deaths classified in this way were probably suicides. Thus, the annual number of deaths by suicide among police personnel in the United States could be understated.
- When they are hired, police officers must be in good physical and mental health. From this perspective, the suicide rate among police personnel should be lower than in the general population. A suicide rate equal to the general population's could in fact conceal a relatively higher risk in police officers [12].

Mental Health Problems among Police Officers

Mental health problems and suicidal behaviours are closely associated. Moreover, they are influenced by common factors. It is therefore relevant to investigate mental health problems among police officers from a suicide prevention perspective.

In this document, the term mental health problems is used to include mental health disorders and the severe symptoms associated with them. Mental health disorders are characterized by cognitive and emotional disturbances, abnormal behaviours, altered functioning, or any combination of these elements [13]. Symptoms are behavioural or psychological anomalies that may indicate an underlying problem. Psychological distress also refers to the presence of symptoms associated with mental health disorders [14].

The existence of a mental health disorder is clinically confirmed by professionals who are authorized to assess an individual's mental health condition using specific diagnostic criteria. People who have a mental health disorder do not always seek out a clinical assessment, and those who do may not necessarily disclose their disorder. Consequently, the individual in question and their relatives and peers may not be aware of the existence of a mental disorder. Moreover, some people who present severe symptoms do not meet all the diagnostic criteria for a disorder but they still experience significant distress, indicating a need for treatment and support [15].

> “From 2015 to 2019, the proportion of psychological injuries among all compensated injuries was 5.2 times higher among police officers than among all workers in Quebec.”

A Canadian study examined mental health problems among public safety personnel (PSP) [16]. The symptoms reported by municipal police officers who participated in the survey made it possible to estimate the current prevalence, namely the rate at the time of the survey, of certain mental health problems such as major depression (19.6%) and post-traumatic stress disorder (PTSD) (19.5%) [16]. These rates appear high in light of the data from the general population. Indeed, previous studies assessed the current prevalence of these disorders among Canadians as 8.4% for major depression [17] and 2.4% for PTSD [18].

Data from the CNESST also allow one to compare the extent of certain work-related mental health problems among police officers compared with all Quebec workers. From 2015 to 2019, the proportion of psychological injuries among all compensated injuries was 5.2 times higher among police officers than among all workers in Quebec [8]. These proportions reached 7.2% in police officers compared with 1.4% for all workers [8].

From 2014 to 2018, 263 police officers were compensated for a psychological injury [8]. These data represent only injuries reported to and accepted by the CNESST, but not the prevalence of mental health problems that may affect police officers. The problems reported were mainly post-traumatic stress (64%), adjustment disorder (22%), anxiety or stress (11%) and depressive state (1%) [8]. In workers in general, the main problems reported were in the same order: post-traumatic stress (53%), adjustment disorder (28%), anxiety or stress (11%) and depressive state (4%) [8].

Police officers versus workers in general compensated by the CNESST for a psychological injury from 2014 to 2018

Injuries	Police officers	Workers in general
Post-traumatic stress	65 %	55 %
Adjustment disorder	23 %	29 %
Anxiety or stress	11 %	11 %
Depressive state	1 %	5 %
Total	**100 %**	**100 %**

Factors Influencing Suicidal Behaviours and Suicide

Suicide is a complex and multidetermined phenomenon, which means that it is the result of the accumulation and interaction of several factors [3]. The box below defines the types of factors associated with suicide that are examined in this document.

The influencing factors presented are not exhaustive. They are some of the ones most often mentioned in the scientific literature. Police officers are affected by universal risk factors, like the general population, but also by factors specific to their work context. The literature on suicide in police personnel highlights certain factors that may apply to other groups. Nevertheless, they do appear to have a particular effect on suicidal behaviours among police officers, and they are assessed with measurement tools developed specifically for this work context. The numbers used in the table and thereafter do not refer to the predominance of the particular factor; they are simply used to make identification easier.

Influencing factors

In the epidemiology of suicide, risk factors can increase the risk of suicide, that is, the probability at a given time of dying by suicide. On the other hand, protective factors can reduce the effect of risk factors on suicide risk. Risk and protective factors can be assigned to three categories:

- individual (specific to the person and their personal characteristics);
- social (related to the family context, friends and society in general);
- organizational (related to the work context and environment).

Precipitating factors

Certain factors tend to trigger a suicidal crisis. These are precipitating risk factors.

Universal risk factors

Individual universal risk factors

1. History of suicidal ideation or suicide attempts
2. Mental health problems
3. Physical health problems
4. Alcohol consumption
5. Difficult transitions or life course
6. Despair

Social universal risk factors

7. Mental health stigma
8. Access to lethal means
9. Loss of a loved one to suicide
10. Inappropriate media coverage of suicide

Precipitating risk factor

11. Breakup or divorce

Universal protective factors

Individual universal protective factors

18. Treatment plan for mental health problems
19. Resilience and coping strategies
20. Psychological well-being

Social universal protective factors

21. Social support
22. Access to mental health services

Risk factors specific to the police context

Individual risk factors

12. Work-related chronic stress

Organizational risk factors

13. Atypical work schedules
14. Access to a service firearm
15. Exposure to potentially traumatic events
16. Barriers to using mental health services

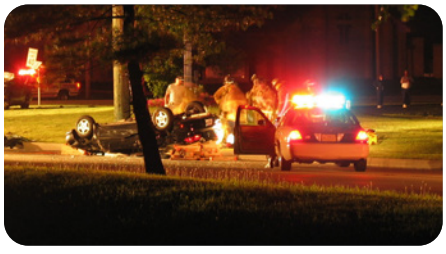
Precipitating risk factor

17. Investigation, suspension or professional setback

Protective factors specific to the police context

Organizational protective factors

23. Feeling of belonging
24. Support from managers and colleagues



Individual universal risk factors

1. *History of suicidal ideation or suicide attempts*: A history of suicide attempts is a significant predictor of a future suicidal behaviour or death by suicide [19].
2. *Mental health problems*: Cross-tabulation of data from the Canadian Community Health Survey and the Discharge Abstract Database allows us to estimate the prevalence of certain problems in the Canadian population that has been hospitalized for a suicide attempt or death by suicide. The proportions of people who, during the year preceding a suicidal behaviour, presented symptoms indicating the existence of a mental health problem were 27% for anxiety disorders, 16% for an episode of major depression, 16% for disorders related to substance use, and 14% for bipolar disorder [20]. Overall, 47% of people who were hospitalized for a suicide attempt or died by suicide had at least one of these disorders [20]. This study excluded the province of Quebec, whose databases are not compatible, but there is no reason to believe that these results would not apply to the population of Quebec.
3. *Physical health problems*: Chronic health problems, chronic pain and diseases with a poor prognosis increase the risk of dying by suicide [3].
4. *Alcohol consumption*: In Quebec, for the years 2017–2018, the blood alcohol level was analyzed in 78% of cases of suicide [21]. Among both men and women, 32% of the analyses were positive. In most cases, the rate was higher than 80 mg per 100 ml of blood, the allowable limit to drive in many jurisdictions.
5. *Difficult transitions or life course*: Other psychosocial factors are related to an increased risk of suicide, such as personal and family history of abuse and distressing life events [3, 22]. In general, life transitions can constitute high-risk periods for suicide (e.g., entering the labour market, starting retirement).
6. *Hopelessness*: Hopelessness can be observed when a person believes that their problems are permanent and insurmountable. Hopelessness is a particularly important indicator of suicidal risk when it is combined with a mental health problem [3].

Social universal risk factors

7 *Mental health stigma*: Stigma related to mental health is a negative, erroneous attitude regarding a person that leads to a negative action or discrimination [23]. In a context where the use of mental health care services is stigmatized, one might believe that people who have symptoms are less likely to take steps to seek an assessment or treatment for fear of being judged [3].

8 *Access to lethal means*: The ease with which an individual can access lethal means is associated with the probability of dying by suicide in case of a crisis and increases the probability of planning a suicide [3].

9 *Loss of a loved one to suicide*: It appears that people who are grieving a loss by suicide, especially one in the family, have more marked distress and a higher suicide risk than people who have lost a loved one to disease or violence [24, 25]. In addition, when a suicide occurs in an environment such as a workplace, the probability of a subsequent suicide in the same environment increases [26].

10 *Inappropriate media coverage of suicide*: Media coverage of a suicide can lead to suicidal behaviours in people who are exposed to it, particularly when the reporting allows them to identify with the deceased person or that person's action is glorified [3].

Precipitating risk factor

11 *Breakup or divorce*: Breakup and divorce often lead to the loss of someone's main confidant, namely their former life partner [3]. In people whose social network is limited to their spouse, the distress related to separation may be experienced alone.

Individual risk factors specific to the police context

12 *Work-related chronic stress*: Chronic stress and dissatisfaction resulting from chronic stressors related to work are associated with suicidal ideation in police officers [24, 25].

Organizational risk factors specific to the police context

13 *Atypical work schedules*: Shift work and atypical schedules, such as evening and night work, can reduce the quality of sleep and disrupt the family dynamic [26], two known risk factors for suicide that are particularly common in police personnel [3, 22].

14 *Access to a service firearm*: Police officers have access to a firearm, and several studies have documented the fact that the service firearm is the means they are most likely to use to kill themselves [27–29]. Compared with other methods, the likelihood of surviving a bullet is low. In addition, the effect is faster than the effect of poisoning with liquid or solid substances. It is therefore more difficult to change one's mind, call for help or be saved once the action has been taken, which increases the risk of death.

15 *Exposure to potentially traumatic events (PTEs)*: Exposure to PTEs is associated with the severity of symptoms of many mental health problems, such as symptoms of depression and PTSD, as well as substance abuse [16]. These in turn are associated with an increased probability of suicidal behaviours in PSP [1, 30–38].

16 *Barriers to using mental health services*: Barriers to seeking help and stigma reduce the use of these services. According to the literature on PSP and military personnel, certain obstacles seem to be particularly salient for these groups [39–41]. The box below presents these barriers to seeking help and indicators of stigma.

Barriers to using mental health services

Barriers to seeking help	Indicators of stigma
• Unawareness of help resources • Difficulty obtaining an appointment with a professional • Preference for managing problems oneself • Superiors discouraging the use of services • Real or perceived ignorance of the police reality by professional services • Belief that assistance services cannot support police personnel • Problems related to transportation • High costs of services that are not reimbursed	• Fear of breaches of confidentiality of the consultation itself and the content of discussions during the consultation • Fear that using the assistance service will have consequences for one's career • Negative perception of colleagues who have a mental health problem • Perception of being judged by one's colleagues and superiors if one consults a professional

Precipitating risk factor

17 *Investigation, suspension or professional setback*: This factor is identified in the literature as potentially precipitating a suicide attempt or death by suicide in police personnel [42, 43].

Individual universal protective factors

18 *Treatment plan for mental health problems*: If a mental health problem exists, quickly initiating an appropriate treatment plan and following it may reduce the risk [3].

19 *Resilience and coping strategies*: Resilience is the process and result of coping to difficult or taxing life experiences, particularly by means of mental, emotional and behavioural flexibility [44]. coping strategies refer to thoughts and behaviours deployed in response to stressors [45]. Resilience and coping strategies play a protective role since they allow individuals to face up to adversity [3].

20 *Psychological well-being*: Experiencing well-being may have a generally protective effect against suicide [3].

Social universal protective factors

21 *Social support*: This is an important protective factor against suicide since it contributes to resilience [3]. Social support can take several forms. It can come from family, friends, colleagues or managers. Types of support include material assistance, services, signs of affection, advice, and participation in activities [46, 47]. Support is not limited to attentive listening when a problem arises: the perception of having social support from the people one knows constitutes a determining protective factor against suicide [3].

22 *Access to mental health services*: An environment that facilitates access to available mental health services at any time may counteract the presence of certain risk factors.

Organizational protective factors specific to the police context

23 *Belongingness*: This refers to the feeling of belonging to a team, an organization, the profession. The need to form strong, stable interpersonal bonds has been identified in the literature as a fundamental universal need [48]. Belongingness is felt when people who interact mutually respect each other and perceive themselves as a team [49–51]. Among police officers, since the concept of the group is central to their identity and the performance of their duties, it is considered to be a protective factor against suicide [52, 53].

24 *Support from managers and colleagues*: For PSP, support from peers, managers and executives can decrease the severity of suicidal ideation in case of exposure to professional stress [54]. These workers live through disturbing experiences that they often prefer to keep from their families and friends [55]. Thus, it is easier for them to speak with each other since they have had the experience together, or been through similar situations during their career. On the other hand, lack of organizational support has been identified as a risk factor for suicide among police officers who have certain symptoms of mental health disorders. Indeed, police officers who report both poor organizational support and elevated PTSD symptoms have a greater probability of feeling despair [56], an important risk factor for suicide [3].

To sum up, suicide risk corresponds to the accumulation of risk factors combined with a lack of protective factors, and these influencing factors can be individual, social or organizational. Better knowledge of the influencing factors makes it possible to intervene directly with a person considered to be at risk of suicide or change their social and organizational environment to minimize the risk of suicide. Senior executives and managers who are aware of mental health problems as an important organizational issue can contribute to preventing suicide by creating workplaces that favour mental health [57] and by promoting access to assistance services for workers at highest risk of suicide [58].

List of Interventions and Suicide Prevention Programs for Police Officers

Several models characterize suicide prevention interventions according to different levels [3, 57, 59]. In its report on national suicide prevention strategies, the WHO defines three levels of prevention [3]. These levels target groups that differ on the basis of the suicide risk of the people making them up. The first level targets the entire population; the second, people who present suicide risk factors; and the third, people who present a mental health problem or suicidal behaviours. In this document, these levels are designated with the terms primary, secondary and tertiary, respectively.

Because of the multidetermined nature of suicide, the scientific community recommends comprehensive prevention programs, namely structured sets of interventions [3]. An intervention may take several forms and may target one or more influencing factors for suicide. They may be part of a prevention program or be used independently.

Based on the WHO's model, a literature review concerning suicide prevention and mental health problems in police officers was carried out to inform police organizations about existing interventions and programs.

The first objective of this review of the scientific literature was to identify scientific publications that specifically cover suicide prevention in police officers. It was also intended to identify studies that had assessed the effects of interventions and programs designed to prevent or treat the consequences of PTE exposure for PSP's mental health [60]. This literature was relevant since exposure to PTEs, which may have negative consequences for mental health, is a risk factor for the police population that must be considered for suicide prevention.

Then a review of the grey literature, that is, publications that had not been peer-reviewed, was done. It was intended to identify suicide prevention interventions and programs that are used in police organizations or could meet the needs of police officers including those from Quebec. Thus, interventions meant for the general population, military personnel or PSP were also listed when they appeared to be relevant and transferable to the police population.

"Because of the multidetermined nature of suicide, the scientific community recommends comprehensive prevention programs, namely structured sets of interventions."

Interventions and programs listed according to prevention level

These literature reviews enabled us to identify a range of interventions and programs that target one or more influencing factors for suicide. Not all influencing factors are matched with a corresponding intervention or program.

Examples of interventions and programs identified in the publications are presented in four tables in an appendix to this document (see Appendix B). For each prevention level, the targeted influencing factors and types of interventions are described. Some interventions might apply at more than one level, because they meet the needs of more than one target group. They were assigned to one specific level for easier reading. Some comprehensive programs are also presented.

2. The WHO designates the levels of prevention with the terms universal, selective and indicated [3]. However, the terms primary, secondary and tertiary were selected because they are used more often in police organizations.

Levels of prevention and types of associated interventions or programs

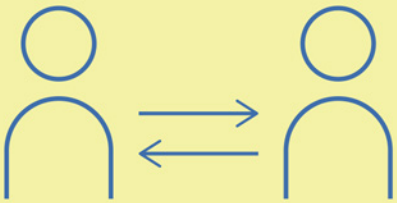
Primary prevention	1.1 Awareness campaigns
	1.2 Training and information activities
	1.3 Resilience training
Secondary prevention	2.1 Employee assistance programs
	2.2 Support from colleagues and managers [3]
	2.3 Comprehensive PTE management
	2.4 Helplines
	2.5 Postvention
Tertiary prevention	3.1 Treatment of mental health problems
	3.2 Treatment of suicidal behaviours

3. The terms peer helpers and sentinels are often used in the literature on suicide prevention and post-traumatic stress. Considering the variability and overlap of the definitions assigned to these terms, these two interventions have been grouped together in “support from colleagues and managers.”

Primary Prevention Interventions

The primary prevention level benefits all police personnel. It involves interventions that are intended to decrease stigma related to mental health, barriers to seeking help (e.g., unawareness of services) and chronic stress, and to strengthen protective factors such as resilience, coping strategies, mental wellness and social support. Thus, interventions associated with primary prevention include awareness campaigns, information and training activities, and resilience training. Awareness campaigns are efforts organized to promote mental health by means of increased awareness of illnesses, healthy behaviours and other topics related to health care [61] **(intervention type 1.1)**. It is recommended that program organizers focus on one or two mental health programs and use several distribution channels, such as social media and posters [3]. In suicide prevention, training and information activities are intended to improve knowledge of suicide, mental health, available resources and preventive skills **(intervention type 1.2)**. As for resilience training, it involves activities intended to equip police officers to better adapt to adversity **(intervention type 1.3)**.

"Thus, interventions associated with primary prevention include awareness campaigns, information and training activities, and resilience training."



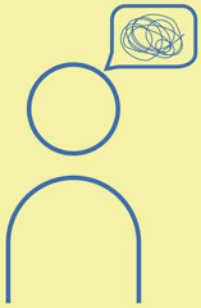
Secondary Prevention Interventions

Secondary prevention targets police officers who present risk factors for suicide, including precipitating factors. These may include police officers who are going through a transition, such as retirement, an investigation, a professional setback, or a breakup or divorce, or who are exposed to a PTE or the suicide of a loved one or colleague. These interventions are intended to bolster social support, resilience and positive coping strategies. Another target for secondary prevention interventions is to minimize stigma related to mental health and certain barriers to seeking help, such as the availability of resources and certain professionals' ignorance of the police reality. Secondary prevention includes employee assistance programs (EAPs), support from colleagues and managers, helplines, postvention and comprehensive PTE management programs. An EAP is a confidential counselling service, usually short-term, for employees who are having personal and/or professional difficulties [62] **(intervention type 2.1)**. Support from colleagues and managers refers to a wide range of approaches in which people with similar roles or experiences provide structured assistance to their peers [33] **(intervention type 2.2)**. Comprehensive PTE management programs constitute an organized series of interventions with the aim of preventing post-traumatic stress disorder (PTSD), supporting police officers involved in a potentially traumatic event, and promoting the recovery of officers who are affected by one [63] **(intervention type 2.3)**. As for helplines, they can be staffed by police officers and/or professionals who have received training in the police context; people can turn to them when no other social or professional support is available or wanted [3] **(intervention type 2.4)**. Postvention covers actions deployed after a suicide occurs within an organization [64] **(intervention type 2.5)**. This kind of intervention provides support for employees exposed to a suicide.

"Secondary prevention includes employee assistance programs (EAPs), support from colleagues and managers, helplines, postvention and comprehensive PTE management programs."

Tertiary Prevention Interventions

Tertiary prevention specifically targets police officers who present major risk factors for suicide, including mental health problems and suicidal behaviours. These interventions are designed to reduce barriers to seeking help, mental health problems, suicidal behaviours and access to firearms for the highest-risk police officers. Tertiary-level interventions include treatment of mental health problems (intervention type 3.1) and treatment of suicidal behaviours (intervention type 3.2).



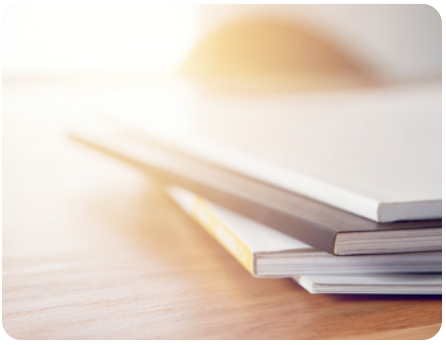
Examples of Comprehensive Suicide Prevention Programs for Police Officers and Military Personnel

The Service de police de la Ville de Montréal (SPVM) suicide prevention program, "Ensemble pour la vie" ("Together for life"), is an example of a comprehensive program (program example 4.1). It comprises four main types of interventions: an awareness campaign (primary prevention); a helpline staffed by volunteer police officers (secondary prevention); a half-day training session for all police personnel on the nature of suicide, the available resources and the collective responsibility to help colleagues in difficulty (primary-secondary prevention); and a one-day training session for supervisors and union representatives on identifying suicide risk and ways of helping (tertiary prevention).

In parallel, the SPVM set up some individual interventions that are not part of the comprehensive suicide prevention program, but that can also contribute to prevention. Before implementing its suicide prevention program, the SPVM already had a police assistance program (PAP) that had an excellent reputation [65]. This initiative focuses on the availability of adapted services, reduction of stigma and treatment of mental health problems. A peer support program was added after the completion of the first evaluation of the suicide prevention program [65, 66]. It should be noted that the SPVM has also put in place some other proactive interventions that involve approaching personnel in order to reduce stigma and protect mental health. The training on preparing for critical incidents is an example [67].

Because of the success of this program, the effects of which will be described below, the SPVM has collaborated with other cities and regions including York, Ontario, Los Angeles, U.S.A., and Geneva, Switzerland, to set up similar programs.

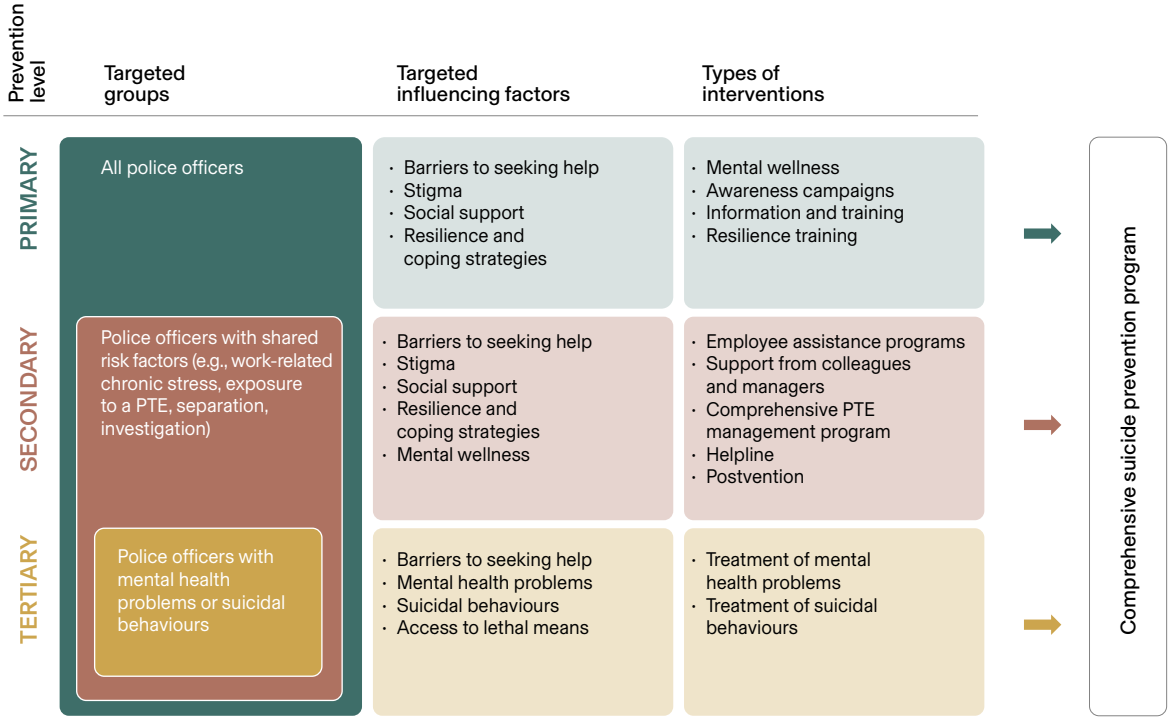
"Tertiary-level interventions include treatment of mental health problems and treatment of suicidal behaviours."



Another comprehensive program is the one implemented by the U.S. Air Force **(program example 4.2)**. It initially included 11 interventions, mainly at the primary (e.g., awareness campaigns, information activities on mental health) and secondary levels (e.g., assessment of suicide risk in officers under investigation, a comprehensive PTE management program, and a heightened confidentiality policy for personnel under investigation who consult mental health assistance services) [68, 69]. Since then, the program has been enhanced with other interventions, such as including family members in resilience training activities (primary prevention), postvention (secondary prevention) and restriction of access to lethal means for officers at risk (tertiary prevention).

Thus, by intervening at different levels, police organizations can meet their employees' different needs. These organizations can refer to the integrative diagram to develop a comprehensive suicide prevention program for police officers.

Integrative diagram of suicide prevention for police officers



Effects of Interventions and Suicide Prevention Programs for Police Officers

The literature review revealed the existence of numerous interventions and programs, most of which have never been assessed scientifically. Nevertheless, the following studies measure the effects of certain primary, secondary and tertiary prevention interventions and programs and comprehensive programs.

Effects of Primary Prevention Interventions and Programs

It is difficult to assess the impacts on suicide of primary prevention, for which the direct targets are located upstream of distress (e.g., resilience and coping strategies). Evidence concerning primary prevention does not concern changes in suicidal behaviours and suicide, but rather the improvement in mental health in general [60]. The studies in question evaluated the effects of resilience training programs on certain risk and protective factors related to suicide.

A Canadian study examined the efficacy of the Road to Mental Readiness (R2MR) intervention to reduce stigma in municipal police officers. Police officers' negative perceptions of colleagues with a mental health problem were measured before and after participation in this intervention. The reduction in this indicator of stigma was significant immediately after the training session, but the effect was not maintained 6 months and 12 months later [16]. Consequently, refresher sessions are indicated for this intervention [16].

International studies have shown that resilience training affects other influencing factors for suicide. Some of these interventions seem to be effective at increasing resilience and positively changing the use of certain coping strategies by police personnel [70–73]. In addition, these studies indicate that taking part in such training is associated with other benefits, such as increased mental wellness and fewer symptoms of depression, anxiety, PTSD and alcohol abuse [70–73].

Effects of Secondary Prevention Interventions and Programs

In police officers, secondary prevention has been studied in relation to stigma of mental health issues and barriers to seeking help. These studies concerned peer support interventions.

At the York Regional Police, in Ontario, a peer helper service was implemented to support police officers facing PTEs and organizational stressors (e.g., promotion process, police culture and lack of support from supervisors). The police officers who were acting as peer helpers were asked questions to explore the effect of this peer support on their colleagues. In this study, these officers stated that their interventions improved police personnel's knowledge of mental health and reduced stigma in their community, particularly by decreasing fears about asking for help. Peer helpers who had lived through a traumatic experience said that their personal experience gave them credibility, which made it easier for their colleagues to ask for help [74].

A U.K. study investigated whether there were fewer barriers to seeking help in police services where Trauma Risk Management (TRiM) was implemented. This intervention is based on psychological first aid, where police officers evaluated their peers' risk of developing psychological distress following exposure to a PTE [75]. The services examined in this study had put TRiM into practice at least seven years before. The study showed that certain indicators of stigma (e.g., concerns regarding colleagues' attitudes toward mental health problems) and barriers to seeking help (e.g., unawareness of resources) were perceived as being lower in police departments and services that were using TRiM [75]. Thus, after some years of application, peer support appears to reduce stigma by inducing an organizational change, namely an improvement in attitudes toward mental health problems and the acceptability of asking for help [75].

Several post-event intervention models are available to organizations, but there is no conclusive evidence that any one model is effective at preventing PTSD in adults exposed to a PTE [76]. Nevertheless, certain specialists recommend watchful waiting in the month following a PTE to determine whether additional help is needed and, if necessary, to guide the person to professional services [76]. Psychological first aid is an example of an intervention that incorporates watchful waiting.

Effects of Tertiary Prevention Interventions and Programs

Studies on interventions and programs situated specifically at this level measured important risk factors for suicide, such as mental health problems and suicidal behaviours. They concern the treatment of mental health disorders in PSP and veterans.

The efficacy of psychotherapy for PTSD has been assessed in police personnel. Some studies show that cognitive behavioural therapy (CBT) is associated with a reduction in PTSD rates observed six months and two years following the end of treatment [77, 78]. It also has indirect effects on suicidal behaviours. Among veterans presenting both PTSD and suicidal ideation, the reduction in PTSD symptoms with this therapeutic approach had the effect of reducing suicidal ideation [79].

Suicidal ideation also seems to have decreased in police officers who participated in an intensive therapy program for PTSD. This is what was revealed by the evaluation of the West Coast Post-Trauma Retreat, in which a group of PSP took part, about half of whom were police officers [80]. Participation in the program was associated with a significant decrease in suicidal ideation. In addition, certain participants who had had suicidal ideation before joining the program later said that the efficacy of the treatment had dissuaded them from attempting suicide. It therefore appears to be important to screen for suicidal ideation before and after participation in this kind of program and to offer monitoring and support when needed for people who have completed it [3].

There are several psychotherapeutic approaches for PTSD. The ones recommended for adults include CBT for PTSD and eye movement desensitization and reprocessing (EMDR) [76]. For adults with a diagnosis of PTSD or clinically significant symptoms of PTSD that manifest more than three months after a traumatic event who do not want to undertake psychotherapy such as CBT for PTSD or EMDR in person, computer-assisted CBT for PTSD may be considered. On the other hand, this method is contraindicated for individuals who have more severe PTSD symptoms (especially dissociative symptoms) and for those who represent a danger to themselves or others [76].

Effects of Comprehensive Suicide Prevention Programs

Studies of comprehensive suicide prevention programs for police personnel have investigated their impacts on deaths by suicide. A meta-analysis based on six studies showed that suicide rates declined by half when such programs were implemented for PSP and military personnel [81]. The studies analyzed included the assessments of the SPVM's and the U.S. Air Force's suicide prevention programs.

The "Ensemble pour la vie" program proved to be effective at reducing suicide rates among police officers. An initial study documented the decline in rates after it was set up in 1998 [65]. The results showed that the mean annual suicide rate among police officers in Montreal decreased from 30.5 to 6.4 per 100,000 people, a 79% drop. After 1998, the suicide rate for other Quebec police officers increased non-significantly, from 26.0 to 29.0 per 100,000 people. The decrease in the suicide rate at the SPVM was not observed in other police forces. Consequently, the drop in suicide rates among Montreal police officers is most likely attributable to the measures included in the "Ensemble pour la vie" program. A second evaluation was able to conclude that the program's efficacy was maintained over time. In fact, the suicide rate at the SPVM remained stable until 2018 [66].

The assessment of the SPVM's program showed that managers and union representatives who had taken part in training on intervening with suicidal people applied what they had learned with at-risk police officers [65]. Indeed, following the training, workplace adaptations for the person in distress, referrals to the PAP, involvement by other people to boost social support and conditions for taking away the service firearm were applied to certain police officers. It is therefore possible to state that the training may have caused the managers and union representatives to act in response to certain risk or protective factors for suicide.

The U.S. Air Force's comprehensive suicide prevention program is also known to be effective. A first evaluation dated in 2003 showed a 33% drop in suicide rates following its implementation [68]. A second evaluation published in 2010 revealed that the effects were maintained over time, except in 2004 [69]. The authors noted that several of the interventions included in this program were applied less rigorously in 2004, at which point the suicide rate for military personnel increased, highlighting the importance of maintaining suicide prevention efforts to ensure that the effects are maintained.

The results presented above show that, individually, interventions and programs at each of the three levels can have complementary effects that are relevant in preventing suicide, particularly by changing certain influencing factors. In this regard, tertiary prevention could prevent suicide attempts by police officers who present major risk factors for suicide. By combining this approach with primary- and secondary-level interventions, it would be possible to reduce the number of police officers for whom an accumulation of risk factors leads to the development of mental health problems or suicidal behaviours. In line with general public health recommendations [3], comprehensive, long-lasting programs are desirable to reduce suicide rates.

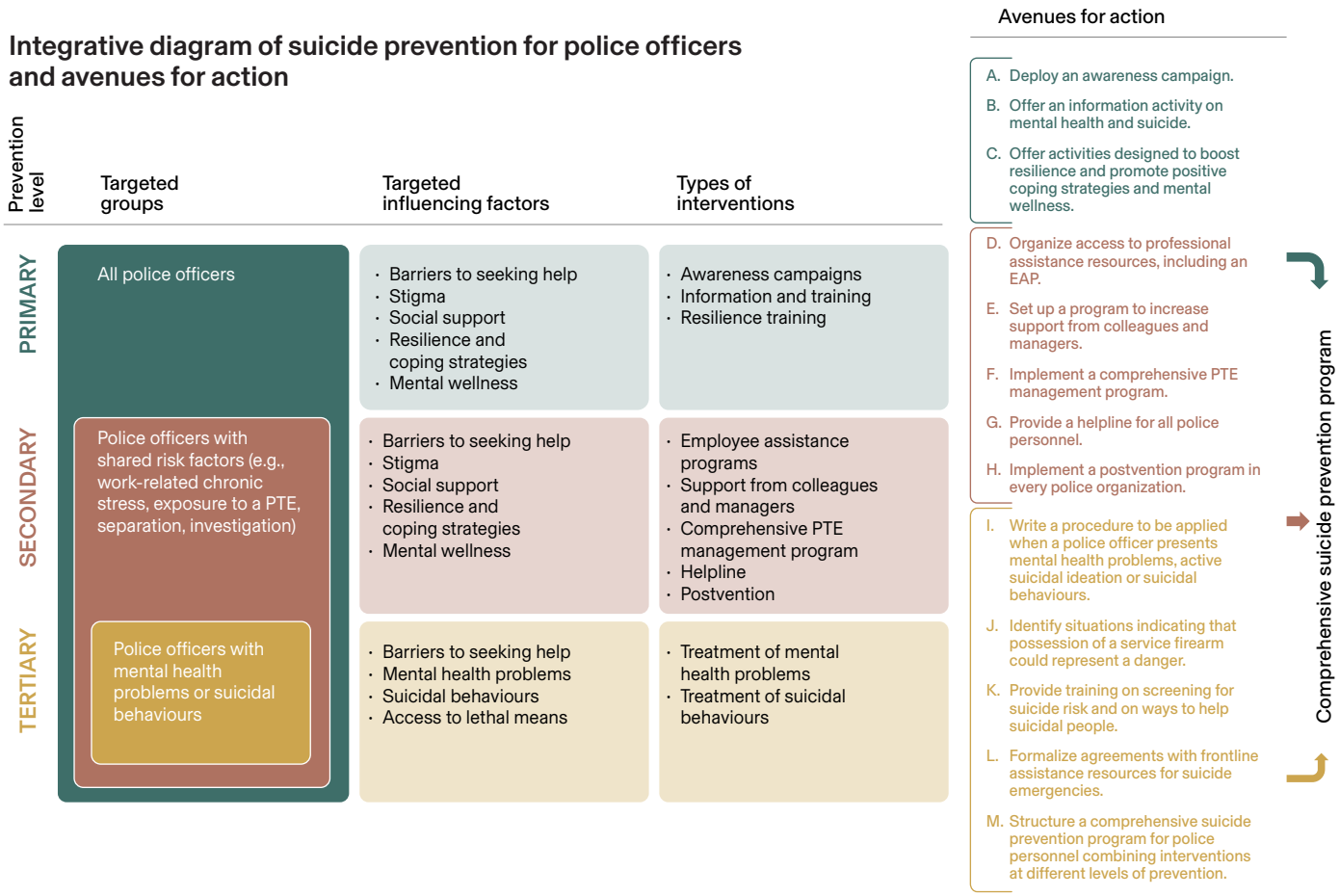
Avenues for Action

This section sets out some avenues for action whose efficacy for suicide prevention is supported by evidence or which have been added to programs that are known to be effective. These avenues are as operational as possible and are intended specifically for stakeholders in police organizations who want to set up a suicide prevention program. Some factors that should be considered in implementing them in police organizations such as those in Quebec are also presented.

The avenues for action proposed here are meant to foster police officers' mental health, make it easier to ask for help, and respond appropriately to people who are experiencing psychological distress, mental health problems or suicidal behaviours. As mentioned above, a series of interventions acting upon risk and protective factors for suicide is likely to prevent suicidal actions by police personnel.

Suicide prevention requires all members of police organizations to participate. The set of interventions focusing on awareness and training will equip police officers to offer help to colleagues when necessary and allow certain officers to acquire more advanced skills, enabling them to intervene in a crisis. Moreover, strong organizational support is necessary to ensure that everyone plays their role. In this regard, moving toward a caring organizational culture requires a real desire on the part of top management, along with the involvement of all stakeholders.

Integrative diagram of suicide prevention for police officers and avenues for action



Primary Prevention

Primary prevention targets the entire police population. It is implemented even before suicidal behaviours occur. Its purpose is to decrease stigma related to mental health and barriers to seeking help, increase social support and mental wellness, and promote positive coping strategies. The related avenues for action consist in raising awareness, providing information about mental health and suicide, and offering activities to strengthen resilience.

A **Avenue for action**: Deploy an awareness campaign designed to reduce the stigma associated with mental health problems and barriers to seeking help (e.g., unawareness of resources).

Points to consider

- The messages must be adapted to the target population [3].
- Certain indicators of stigma, which appear to be quite widespread, should be targeted more: for example, the fear that consulting someone about mental health will harm one's career [39].

B **Avenue for action**: Offer all police officers, managers and union representatives an information activity on mental health and suicide and on the resources available to foster social support and reduce stigma and barriers to seeking help.

Point to consider

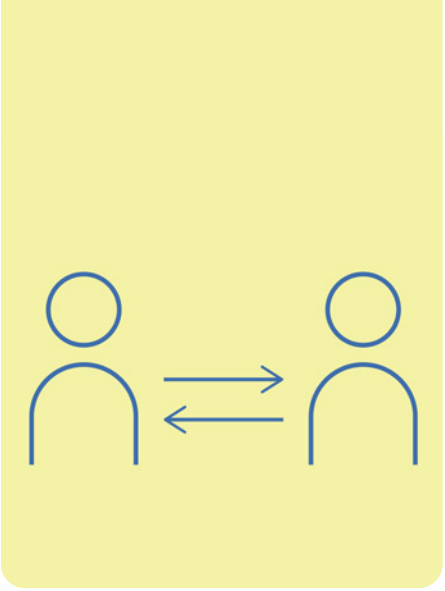
- Police personnel appreciate having training sessions led by police officers who have faced difficulties, asked for help and are now doing well. In this regard, the information activities under the SPVM's program are now facilitated by a psychologist and a police officer with personal experience related to mental health [65].

C **Avenue for action**: Offer police personnel activities designed to strengthen resilience and promote positive coping strategies and mental wellness.

Points to consider

- The involvement of experienced police officers and managers along with mental health professionals is strongly encouraged when these workshops are being designed or adapted [70].
- Participation is easier when it happens during working hours [72].

Secondary Prevention



Secondary prevention targets police officers who present certain risk factors for suicide. It is intended to promote access to assistance services by reducing barriers to seeking help (e.g., unawareness of assistance resources) and stigma (e.g., concerns regarding colleagues' attitudes toward mental health problems) and to increase social support, resilience and coping strategies. The corresponding avenues for action consist in organizing access to professional resources, implementing activities to favour support from colleagues and managers, managing PTEs, and providing a helpline and a postvention program.

D **Avenue for action**: Organize access to professional resources, particularly in an EAP, considering measures that will reduce barriers to seeking help. Such measures include:

- Draw up a list of professional assistance resources, being sure to include case workers who are trained about the police reality;
- Host mental health care professionals in outreach activities (e.g., patrol, mustering) to familiarize them with the police reality and help police officers get used to these resources;
- Promote assistance services to which police personnel have access inside their organization;
- Allow police personnel to consult during working hours;
- Offer virtual services to improve access in regions where services may be less accessible;
- Inform police personnel that consultation with mental health professionals is confidential;
- Target organizational situations in which support could be offered to police officers (e.g., investigation, suspension or professional setback);
- Maintain access to services after retirement.

E **Avenue for action**: Implement a program to increase support from colleagues and managers in reaction to individual, familial and organizational stressors.

Points to consider

- The selection of peer helpers could be based on criteria such as sufficient work experience, nomination by colleagues, approval of the application by a team of peers and clinicians, and possessing various characteristics such as being a good listener [67, 82].
- Since this role is added to the police officers' regular emotional work, it is important to ensure peer helpers' well-being [83].
- Support the implementation of networks of sentinels in various environments, including the workplace, which is one of the measures included in the Quebec government's 2022–2026 suicide prevention strategy [84].

F **Avenue for action**: Implement a comprehensive PTE management program that includes supportive actions after a PTE.

Point to consider

- The literature includes models for peer support after a PTE [85].

G **Avenue for action**: Make a helpline available to all police personnel that is staffed by peers or professionals trained in the police reality.

Points to consider

- Recruit police officers with diverse profiles so that callers can speak with a peer helper who shares their reality;

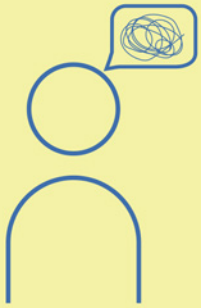
- In New Jersey, U.S.A., the COP-2-COP helpline gives callers the chance to speak to retired police officers and mental health professionals [86].

H **Avenue for action**: Implement a postvention program in every police organization.

Point to consider

- The Association québécoise de prévention du suicide's postvention program could be adapted to different police contexts so that the guidelines respond better to each one's reality and needs. Each organization could then transpose it to its own context.
- The Sûreté du Québec has set up a postvention protocol that could be adapted to the needs of municipal police services.

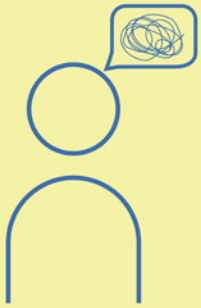
Tertiary Prevention



Tertiary prevention concentrates on police officers who are most at risk of suicide, such as those who have a mental health problem (e.g., PTSD, substance abuse, depression), active suicidal ideation or a recent suicide attempt. It has the goal of reducing barriers to seeking help, mental health problems, suicidal behaviours and access to the means of killing oneself (e.g., the service firearm). The related avenues for action consist in planning actions to be taken with people at high risk, determining which situations require an evaluation regarding taking away the firearm, training personnel to identify suicide risk and intervene with police officers who have suicidal ideation, and reaching agreements with frontline assistance resources.

I **Avenue for action**: Write a procedure to be applied when a police officer presents mental health problems, suicidal behaviours or active suicidal ideation.
Here are some examples of actions that could be taken:

- screen or assess suicide risk;
- assess the need to disarm the person and do so, if necessary (see avenue for action J);
- accompany the person to professional assistance resources;
- mobilize the support network;
- maintain contact with the person during their absence, including preparation for their return to work;
- upon the return to work, if the firearm has been taken away, apply the procedure for evaluating the person's fitness to bear arms;
- provide increased support during the weeks following the person's return to work.



J **Avenue for action**: Identify situations indicating that the possession of a service firearm could represent a danger to the police officer or to someone else, which would lead to an assessment of the need to take the firearm away:

- expression of active suicidal ideation;
- a recent suicide attempt;
- expression of marked psychological distress due to a personal or professional situation (e.g., divorce or family conflicts, investigation, professional setback, chronic pain);
- absence from work for a mental health problem;
- absence from work for more than 14 days;
- recommendation by a health care professional.

K **Avenue for action**: Offer people likely to intervene with police officers who present active suicidal ideation or suicidal behaviours (e.g., managers, union representatives, peer helpers) training on how to identify suicide risk and ways of helping suicidal people (e.g., guide them to assistance resources, take away the service firearm, solicit help from family and friends).

L **Avenue for action**: Formalize agreements with frontline assistance resources for suicide emergencies. For example, reach an agreement with a hospital to create channels for access to services that will make it easier to treat a police officer in the midst of a suicide crisis.

Comprehensive Prevention

M **Avenue for action**: Structure a comprehensive suicide prevention program for police personnel by combining interventions situated at different levels.

Conclusion

Based on the scientific literature and experience with certain programs implemented in police services, it seems likely that a combination of several interventions will have the most significant impacts on suicide prevention in police personnel. What is needed is a combination of awareness, training, the organization and provision of support, and planning of interventions that target police officers at a high risk of attempting suicide.

For police officers, access to adapted assistance services that are familiar with the reality of their work remains an issue. In addition, use of these services is compromised by barriers to seeking help and stigma, highlighting the importance of targeting these issues.

It is important to note that suicide prevention is a shared responsibility that concerns all personnel in police organizations. It is crucial to act in concert to favour the implementation of necessary actions. In addition, a long-term, ongoing commitment is essential to support preventive actions and thus to contribute to enhancing police officers' mental health. Police organizations that implement the interventions proposed in this document will set up a safety net that can save police officers' lives.

To support police organizations with suicide prevention, other parties can also come into play, including research centres that can assess the programs set up in workplaces.

Finally, suicide prevention is an issue that affects other urgent response contexts. The avenues for action presented in this report could be useful for other organizations that employ public safety personnel.

"Police organizations that implement the interventions proposed in this document will set up a safety net that can save police officers' lives."

To contact suicide prevention resources

La Vigile treatment centre helpline 1 888-315-0007

Intervention service via online computer chat at suicide.ca, or by downloading the free mobile app "**My Tools**"

By phone at **1 866 APPELLE (277-3553)**

These services are free and available **24/7, throughout Quebec**. You can also consult your EAP, if there is one.

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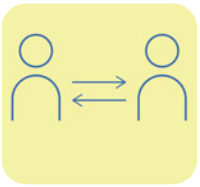
Appendices

A. Definition of Key Suicide Prevention Concepts Used in This Document

Primary prevention: Primary prevention targets the entire police population. It acts even before suicidal behaviours occur. Its aim is to reduce or eliminate certain risk factors or increase certain protective factors.

Secondary prevention: Secondary prevention targets police officers who present risk factors or who might have suicidal ideation but who do not seem to be fully engaged in a suicidal process. Interventions consist in detecting distress or suicidal ideation and enhancing support. Intervening with the family and friends of someone who has committed suicide is also part of secondary prevention.



Tertiary prevention: Tertiary prevention focuses on the most at-risk police personnel, such as those who have a mental health disorder or severe symptoms associated with anxiety disorders, mood disorders, PTSD, substance abuse, active suicidal ideation or a suicide attempt. The goals of these interventions are to slow the progression of psychological problems and to reduce suicidal ideation.

Comprehensive suicide prevention program: Structured set of interventions acting at different levels with the ultimate aim of reducing suicide rates.

Suicide prevention intervention: Preventive or curative activity that may be part of a suicide prevention program or may be used alone. Interventions are ultimately intended to reduce a risk factor, enhance a protective factor or limit suicidal behaviours.

Targeted influencing factors: Specific target of an intervention or program related to modifying an influencing factor or reducing suicide rates and suicidal behaviours.

B. Examples of Interventions and Programs from the Scientific and Grey Literature[4]

1. Primary prevention	
1.1 Awareness campaigns	**Awareness campaigns are efforts organized to promote health by means of increased awareness of diseases, healthy behaviours or other topics related to health care [61].**
Intervention	**Awareness campaign**
Organization	SPVM
Target group	All SPVM police officers
Format	Campaign to publicize the Ensemble pour la vie program in offices, internal newsletters and the service's intranet, describing it and emphasizing that it is meant for all police personnel.
Targeted influencing factors	Stigma related to mental health, barriers to seeking help. Social support and support from managers and colleagues.
References	**Available upon request**

Intervention	**National Consortium on Preventing Law Enforcement Suicide Toolkit**
Organization	International Association of Chiefs of Police, U.S.A.
Target group	Police officers
Format	This is a multistage model for managers and mental health professionals. It includes several awareness interventions intended to create a culture of prevention. These interventions include a tool for diagnosing employees' needs and the distribution of positive messages about asking for help.
Targeted influencing factors	Stigma related to mental health, barriers to seeking help. Social support and support from managers and colleagues.
References	**https://www.theiacp.org/resources/national-consortium-on-preventing-law-enforcement-suicide-toolkit**

4. Cette recension des programmes et interventions n'est pas exhaustive.

1.2 Training and information activities	Training and information activities on suicide prevention are designed to improve knowledge of suicide, mental health, available resources and preventive skills.
Intervention	**Prevention of psychological impacts**
Organization	École nationale de police du Québec
Target group	Public safety personnel
Format	This online training is divided into four modules, each lasting 1.25 hours. It covers peer support from colleagues and managers, mental health prevention tools, individual variability and, finally, coping strategies and resilience.
Targeted influencing factors	Stigma related to mental health, barriers to seeking help. Social support and support from managers and colleagues.
References	**https://www.enpq.qc.ca/formations-en-ligne/prevention-impacts-psychologiques**

Intervention	**Guidelines for Commanders on Use of Mental Health Services**
Organization	U.S. Air Force, U.S.A.
Target group	Military personnel
Format	Commanders receive training on how and when to use mental health services and how to facilitate a rapid search for help.
Targeted influencing factors	Stigma related to mental health, barriers to seeking help. Social support and support from managers and colleagues.
References	**https://www.resilience.af.mil/suicide-prevention-program/**

Program	**BREAKING THE SILENCE: Suicide Prevention for Law Enforcement Video Facilitation Guide and Video**
Organization	Carson J. Spencer Foundation, U.S.A.
Target group	Police officers
Format	Video and guidebook facilitating discussion by managers and police personnel about suicide prevention and favouring a culture of prevention.
Targeted influencing factors	Stigma related to mental health, barriers to seeking help. Social support and support from managers and colleagues.
References	**https://theactionalliance.org/sites/default/files/leguide.pdf**

1.3 Resilience training	These are psychosocial interventions that consist in equipping people to better cope with adversity.
Intervention	**Mindfulness-based resilience training (MBRT)**
Organization	Mindful Badge Train for Humanity, U.S.A.
Target group	Police officers
Format	Several training models, day-long workshops and residential stays. The training is intended to improve self-efficacy, boost post-traumatic growth capacities, develop serenity and a healthy lifestyle and promote mental wellness.
Targeted influencing factors	Alcohol consumption, work-related chronic stress, atypical work schedule, exposure to PTEs. Resilience and coping strategies, mental wellness.
References	**https://www.mindfulbadge.com**
Intervention	**International Performance Resilience and Efficiency Program (iPrep)**
Organization	The Hart Lab, Canada
Target group	Police officers
Format	The training, which lasts 3 to 4 days, takes place in the classroom and includes dynamic scenarios based on real-life situations. It targets the development of behavioural responses and skills that improve performance by fostering frontline officers' resilience.
Targeted influencing factors	Work-related chronic stress, exposure to PTEs. Resilience and coping strategies.
References	**https://hartlab.net/evidence-based-police-training**
Intervention	**Road to Mental Readiness Training (R2MR)**
Organization	Mental Health Commission of Canada
Target group	Police officers
Format	Training that focuses on learning resilience and the effects of trauma in the workplace.
Targeted influencing factors	Stigma related to mental health, work-related chronic stress, exposure to PTEs. Resilience and coping strategies, mental wellness.
References	**https://www.canada.ca/en/department-national-defence/services/benefits-military/health-support/road-to-mental-readiness.html**

2.1 Employee assistance programs	A confidential short-term counselling service for employees who are having personal and/or professional problems [62].
Program	**Police assistance program**
Organization	SPVM
Target group	SPVM police officers presenting suicide risk factors (difficult transitions or life course, breakup, divorce, stigma related to mental health, barriers to seeking help, work-related chronic stress, exposure to PTEs).
Format	Confidential psychological consultation service, available 24/7. Training and suicide prevention activities.
Targeted influencing factors	Difficult transitions or life course, breakup, divorce, stigma related to mental health, barriers to seeking help, work-related chronic stress, exposure to PTEs.
References	Available upon request

2.2 Activities related to support from colleagues and managers	Support from colleagues and managers refers to a wide range of approaches whereby participants who share roles or experiences provide structured assistance for their peers [33].
Intervention	**Peer Support Unit**
Organization	Beyond the Blue, Canada
Target group	Police officers presenting suicide risk factors (exposure to PTEs and work-related chronic stress) and their families.
Format	The team includes about 50 members who get involved to support police personnel dealing with stress factors that may or may not be work-related. It enables them to share their problems with other police officers and with civilians who have personal experience and are able to guide them in their path toward recovery.
Targeted influencing factors	Difficult transitions or life course, breakup, divorce, stigma related to mental health, barriers to seeking help, work-related chronic stress, exposure to PTEs. Resilience and coping strategies, mental wellness, social support and support from managers and colleagues.
References	https://www.canadabeyondtheblue.com/

Intervention	Virtual peer support meeting
Organization	Badge of Life Canada, Canada
Target group	Police officers presenting suicide risk factors (work-related chronic stress and mental health problems, such as PTSD).
Format	Weekly virtual assistance group where public safety personnel are invited to talk with peers about the effects of operational stress, post-traumatic stress disorder and suicide.
Targeted influencing factors	Stigma related to mental health, barriers to seeking help, work-related chronic stress. Resilience and coping strategies, mental wellness, social support, support from managers and colleagues.
References	https://badgeoflifecanada.org/

Intervention	Trauma Risk Management (TRiM)
Organization	Kent Police, U.K.
Target group	Military and police personnel exposed to PTEs.
Format	Psychological first aid adapted to the police context. Interview with a colleague or manager to assess the need for support and watchful waiting for police officers in the month following exposure to a PTE.
Targeted influencing factors	Stigma related to mental health, barriers to seeking help, work-related chronic stress, exposure to PTEs. Resilience and coping strategies, mental wellness, social support, support from managers and colleagues.
References	https://www.kent.police.uk/foi-ai/kent-police/Policy/human-resources/trauma-risk-incident-management-trim-protocol-l111260/

Intervention	“Agir en sentinelle pour la prévention du suicide” (“Acting as a suicide prevention sentinel”) training
Organization	Association québécoise de prévention du suicide
Target group	Individuals presenting certain risk factors for suicide.
Format	A 7-hour training session designed to identify vulnerable people presenting risk factors for suicide.
Targeted influencing factors	Mental health problems, alcohol consumption, difficult transitions or life course, despair, loss of a loved one to suicide, stigma related to mental health, access to lethal means, inappropriate media coverage of suicide, work-related chronic stress, atypical work schedules, access to a service firearm, exposure to PTEs, barriers to seeking help. Social support, support from managers and colleagues.
References	https://www.aqps.info/se-former/

Intervention	Investigative interview policy
Organization	U.S. Air Force, U.S.A.
Target group	Military personnel under investigation.
Format	The union representative is responsible for assessing the emotional state of the officer under investigation. The representative may contact a mental health care and service provider if they think it is possible that the person under investigation might engage in a suicidal action.
Targeted influencing factors	Mental health problems, stigma related to mental health, barriers to seeking help, work-related chronic stress, exposure to PTEs, investigation, suspension or professional setback. Social support, access to mental health services.
Références	https://www.resilience.af.mil/suicide-prevention-program/

2.3 Comprehensive PTE management	Structured set of interventions with the purpose of preventing post-traumatic stress disorder, supporting police personnel involved in a PTE and favouring the recovery of those who are affected by it [63].
Program	**Services for mental health management in workplaces, including first responders**
Organization	Trauma Studies Center, Canada
Target group	PSP exposed to PTEs.
Format	The centre's professionals are able to assist workplaces in setting up a traumatic event management plan, offering support and making police personnel and other first responders more aware of the psychological consequences that may follow a PTE.
Targeted influencing factors	Mental health problems, stigma related to mental health, barriers to seeking help, exposure to PTEs. Access to mental health services, treatment plan for mental health disorders, resilience and coping strategies, mental wellness.
References	https://trauma.criusmm.net/en/workplaces/

Program	Comprehensive program for managing traumatic events at work
Organization	Association paritaire pour la santé et la sécurité du travail – Affaires municipales (Joint Association for health and safety in the workplace, Municipal Affairs' sector)
Target group	Police officers exposed to PTEs.
Format	This program is for all police personnel. Tools are available to customize it: an action plan, a self-assessment tool that allows one to portray the organizational handling of risk of exposure to PTEs, a sample protocol for event management, and examples of good support practices to be put in place following a PTE.

Targeted influencing factors	Stigma related to mental health, barriers to seeking help, exposure to PTEs, access to a service firearm. Support from managers and colleagues.
References	https://www.apsam.com/clienteles-et-services/police/police-stress-post-traumatique/programme-de-gestion-globale-des-evenements-traumatiques-au-travail

Intervention	**Responding to trauma in policing. A practical guide**
Organization	College of Policing, U.K.
Target group	Police officers exposed to PTEs.
Format	Tools for evaluating risks of stress and trauma for managers of public safety personnel. Interventions when a PTE occurs, follow-up and evaluation of interventions with personnel. Managers are made aware of suicidal ideation as a mental health condition that can result from exposure to a PTE.
Targeted influencing factors	Stigma related to mental health, barriers to seeking help, exposure to PTEs, access to a service firearm. Support from managers and colleagues.
References	https://assets.college.police.uk/s3fs-public/2021-02/responding-to-trauma-in-policing.pdf

Intervention	**PSPNET**
Organization	Canadian Institute for Public Safety Research and Treatment, Canada
Target group	Public safety personnel with mental health problems (except when the symptoms are severe, especially dissociation, and when the person represents a danger to themselves and others).
Format	Computer-assisted cognitive behavioural therapy, which combines online learning modules with weekly support from a therapist by means of secure emails or by phone.
Targeted influencing factors	Mental health problems, alcohol consumption, stigma related to mental health, barriers to seeking help, access to lethal means, breakup, separation, work-related chronic stress, exposure to PTEs, investigation, suspension or professional setback. Access to mental health services, social support, resilience and coping strategies, treatment plan for mental health disorders and mental wellness.
References	https://www.pspnet.ca

2.4 Helplines	Helplines are staffed by people who are trained in the police context.
Intervention	**SPVM helpline**
Organization	SPVM
Target group	Police officers with risk factors (exposure to PTEs, alcohol consumption, breakup or divorce, personal problems).
Format	Callers indicate the nature of their problem and are invited to leave their contact information so that a volunteer police officer, who is trained in suicide prevention, can call them back.
Targeted influencing factors	Stigma related to mental health, barriers to seeking help, work-related chronic stress, exposure to PTEs, access to a service firearm Social support, resilience and coping strategies, access to mental health services.
References	Available upon request

Intervention	COP-2-COP
Organization	New Jersey State Police, U.S.A.
Target group	In-service or retired police personnel with risk factors (exposure to PTEs, alcohol consumption, breakup or divorce, difficult transitions or life course) and their families.
Format	24/7 helpline staffed by retired police officers and mental health counsellors. They offer psychological support and suicide prevention. The crisis centre can travel around to support police officers exposed to a PTE.
Targeted influencing factors	Stigma related to mental health, barriers to seeking help, difficult transitions or life course, work-related chronic stress, exposure to PTEs, access to a service firearm. Social support, resilience and coping strategies, access to mental health services.
References	https://njfop.org/cop2cop/

Intervention	POPPA
Organization	New York City Police Department, U.S.A.
Target group	In-service or retired police personnel with risk factors (exposure to PTEs, alcohol consumption, breakup or divorce, difficult transitions or life course).
Format	24/7 helpline staffed by police personnel and mental health counsellors who offer support and psychological assistance.
Targeted influencing factors	Stigma related to mental health, barriers to seeking help, work-related chronic stress, exposure to PTEs, access to a service firearm. Social support, resilience and coping strategies, access to mental health services.
References	http://poppanewyork.org

2.5 Postvention	Postvention comprises interventions deployed after a suicide [64].
Intervention	**After a Suicide in Blue: A Guide for Law Enforcement Agencies**
Organization	International Association of Chiefs of Police, U.S.A.
Target group	Police officers exposed to a suicide.
Format	Guide setting out best practices for managers of police services. Measures to be taken immediately after the loss of an officer, and support and services to be considered for employees and family.
Targeted influencing factors	Loss of a loved one to suicide, access to a service firearm, work-related chronic stress, exposure to PTEs. Social support, support from managers and colleagues, access to mental health services
References	https://www.edc.org/sites/default/files/uploads/IACP-NOSI-After-Suicide.pdf
Program	**Être prêt à agir à la suite d'un suicide ("Being ready to act after a suicide")**
Organization	Association québécoise de prévention du suicide
Target group	General population exposed to a suicide.
Format	This program documents the repercussions of a suicide, a description of the three subgroups for whom interventions are proposed, four sequential phases of intervention that are spaced out after the period of shock created by the event, 10 measures to implement to avoid a copycat effect and foster a return to normal functioning, recommended actions for each measure, preliminary tasks, and finally, tools to support the actions.
Targeted influencing factors	Loss of a loved one to suicide, access to a service firearm, work-related chronic stress, exposure to PTEs. Social support, support from managers and colleagues, access to mental health services.
References	https://www.aqps.info/postvention/
Program	**Postvention program in case of an employee's suicide**
Organization	Sûreté du Québec
Target group	Police officers exposed to a suicide.
Format	This initiative is implemented by managers and mental health professionals. It includes, first, the assessment of the situation, operation and administrative needs, and psychological support. Next, an announcement to personnel must be prepared and the information reframed. Then, the EAP's intervention must be coordinated, implementing specific interventions for different groups. Finally, the interventions are evaluated so that preventive strategies can be improved.
Targeted influencing factors	Loss of a loved one to suicide, access to a service firearm, work-related chronic stress, exposure to PTEs. Social support, support from managers and colleagues, access to mental health services.
Références	Disponibles sur demande

3. Tertiary prevention	
3.1 Treatment of mental health problems	**These interventions are designed to treat mental health problems or reduce the severity of symptoms in people who have such problems.**
Programme	**West Coast Post-trauma Retreat, U.S.A.**
Organization	First Responder Support Network, U.S.A.
Target group	Public safety personnel (active or retired) who have mental health problems or suicidal behaviours.
Format	Six-day retreat including psychological re-education and individual and group follow-up specific to people who have been exposed to PTEs and who have symptoms related to post-traumatic stress disorder.
Targeted influencing factors	Mental health problems, alcohol consumption, stigma related to mental health, barriers to seeking help, access to lethal means, breakup, separation, work-related chronic stress, exposure to PTEs, investigation, suspension or professional setback. Access to mental health services, social support, resilience and coping strategies, treatment plan for mental health disorders and mental wellness.
References	https://www.frsn.org/west-coast-post-trauma-retreat.html
Program	**Respite program**
Organization	La Vigile treatment centre, Canada
Target group	Public safety personnel with mental health problems.
Format	Four-week stays including group educational workshops, relaxation sessions, meetings with a case worker and an exit plan.
Targeted influencing factors	Mental health problems, alcohol consumption, stigma related to mental health, barriers to seeking help, access to lethal means, breakup, separation, work-related chronic stress, exposure to PTEs, investigation, suspension or professional setback. Access to mental health services, social support, resilience and coping strategies, treatment plan for mental health disorders and mental wellness.
References	https://lavigile.qc.ca/services-2/les-programmes/
Program	**Therapy on "Dependencies in people who wear or have worn a uniform"**
Organization	Centre CASA, Canada
Target group	Public safety personnel with mental health problems.
Format	Closed therapy lasting a predetermined number of days and including group and individual meetings.

Targeted influencing factors	Mental health problems, alcohol consumption, stigma related to mental health, barriers to seeking help, access to lethal means, breakup, separation, work-related chronic stress, exposure to PTEs, investigation, suspension or professional setback. Access to mental health services, social support, resilience and coping strategies, treatment plan for mental health disorders and mental wellness.
References	https://www.centrecasa.qc.ca/

Intervention	**Treating PTSD in first responders: A guide for serving those who serve**
Organization	American Psychological Association, U.S.A.
Target group	Public safety personnel with mental health problems.
Format	This document covers exposure-based cognitive behavioural therapy to treat post-traumatic stress disorder in emergency services personnel. It is mainly for mental health professionals who intervene with police officers or other PSP. The exposure-based CBT approach is described.
Targeted influencing factors	Mental health problems, alcohol consumption, stigma related to mental health, barriers to seeking help, access to lethal means, breakup, separation, work-related chronic stress, exposure to PTEs, investigation, suspension or professional setback. Access to mental health services, social support, resilience and coping strategies, treatment plan for mental health disorders and mental wellness.
References	https://doi.org/10.1037/0000255-000

3.2 Treatment of suicidal behaviours	**Well-founded assessment of the existence of suicidal ideation and support for people identified as suicidal.**
Intervention	**Training in identification of suicide risk and ways to help**
Organization	SPVM
Target group	Police officers with mental health problems or suicidal behaviours.
Format	Half-day training for sergeants and union representatives on the identification of a person at risk, assessment of suicidal intent and taking away the service firearm.
Targeted influencing factors	Mental health problems, alcohol consumption, stigma related to mental health, barriers to seeking help, access to lethal means, breakup, separation, Work-related chronic stress, exposure to PTEs, investigation, suspension or professional setback. Access to mental health services, support from managers and colleagues.
References	Available upon request

Intervention	Mental health–related disarmament procedure
Organization	Sûreté du Québec
Target group	Police officers with mental health problems or suicidal behaviours.
Format	When a police officer presents a behaviour, mental state or physical state indicating a risk for their security, disarmament should be considered. The firearm can be taken away by a superior or a colleague, depending on the situation. This procedure is accompanied by an evaluation by a health professional. The service firearm can be returned to the person after their recovery; a certificate from a health professional may be necessary.
Targeted influencing factors	Access to lethal means, mental health problems, alcohol consumption, breakup, separation, investigation or suspension.
References	Available upon request

4. Comprehensive suicide prevention programs	
4.1 4.1 SPVM suicide prevention program	
Program	**Ensemble pour la vie (“Together for life”)**
Organization	SPVM
Target group	SPVM police officers
Format	Primary prevention: an awareness campaign. Primary and secondary prevention: half-day training for all police officers about the nature of suicide, the available resources and the collective responsibility to help colleagues. Secondary prevention: a helpline staffed by volunteer police officers. Tertiary prevention: one-day training for supervisors and union representatives on the identification of suicide risk and ways to help. The SPVM has set up related interventions that are not part of the program but can also contribute to prevention, including support from colleagues and managers and the police assistance program (PAP).
Targeted influencing factors	Stigma related to mental health, barriers to seeking help, work-related chronic stress, exposure to PTEs. Resilience and coping strategies, mental wellness, social support, support from managers and colleagues.
References	Available upon request

4.2 Air Force Suicide Prevention Program	
Program	**U.S. Air Force Suicide Prevention Program**
Organization	U.S. Air Force, U.S.A.
Target group	All U.S. Air Force officers
Format	Primary prevention: involvement of top management, training of commanders in suicide prevention, assessment tool to determine military personnel's mental health needs, awareness campaign, information activities on mental health intended for everyone, annual training in groups and for the community, resilience training with families. Secondary prevention: evaluation of suicide risk in officers under investigation, PTE management, confidentiality policy governing consultation of mental health services, postvention, documentation, when, possible, of suicide attempts and deaths by suicide. Tertiary prevention: restriction of access to lethal means for officers at risk of suicide.
Targeted influencing factors	Physical health problems, mental health problems, stigma related to mental health, barriers to seeking help, work-related chronic stress, atypical work schedule, exposure to PTEs, access to lethal means, breakup, separation, investigation. Resilience and coping strategies, mental wellness, social support, support from managers and colleagues.
References	https://www.resilience.af.mil/suicide-prevention-program/

C. Integrative Diagram of Suicide Prevention in Police Officers and Avenues for Action