Suicide and Crisis
Suicide in Law Enforcement
LD112
3 Hours

SJPD Communications Policies

Objectives:

- What is suicide?
- What is a Crisis?
- Risk Factors
- Features of Suicide Risk
- Screening/Assessment for Suicide
- Suicide Intervention/Practice Exercise

What is Suicide?

1. Suicide is the act of intentionally causing one's own death.
2. It is sometimes a way for people to escape pain or suffering.
    - The way societies view suicide varies widely according to culture and religion.

Causes that effect Suicide:

1. Relationship problems
2. Problematic substance abuse
3. Crisis in the past or upcoming two weeks
4. Physical health problems
5. Job/Financial problems
6. Criminal/Legal problems
7. Loss of housing

Nationwide Statistics:

1. 10th ranking cause of death in the US
2. Every day, approximately 123 Americans die by suicide
3. There is one death by suicide in the US every 12 minutes
4. Each year 47,173 Americans die by suicide
5. Alcoholism is a factor is 30% of completed suicides

Risk Factors:

1. Family history of suicide
2. Previous suicide attempt(s)
3. History of mental disorders, particularly clinical depression
4. History of alcohol and substance abuse
5. Feelings of hopelessness
6. Impulsive or aggressive tendencies
7. Cultural and religious beliefs
8. Local epidemics of suicide
9. Isolation, a feeling of being cut off from other people
10. Barriers to accessing mental health treatment
11. Loss (relational, social, work, or financial)
12. Physical illness
13. Easy access to lethal methods
14. Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or to suicidal thoughts

Factors that can increase the risk of suicide:

1. Affective Disorders
2. Bipolar
3. Major Depression
4. Substance Abuse
5. Alcohol
6. Schizophrenia
7. Personality Disorders

Common Misconceptions:

1. People who talk about suicide won't really do it.
2. If a person is determined to kill him/herself, nothing is going to stop them.
3. People who commit suicide are unwilling to seek help.
4. Talking about suicide may give someone the idea.
5. Only crazy people commit suicide.
    - The following are common misconceptions about suicide:
    - **"People who talk about suicide won't really do it."**
    - **Not True.** Almost everyone who commits or attempts suicide has given some clue or warning. Do not ignore suicide threats. Statements like "you'll be sorry when I'm dead," "I can't see any way out," -- no matter how casually or jokingly said, may indicate serious suicidal feelings.

- **"If a person is determined to kill him/herself, nothing is going to stop him/her."**
- **Not True.** Even the most severely depressed person has mixed feelings about death, and most waver until the very last moment between wanting to live and wanting to die. Most suicidal people do not want to die; they want the pain to stop. The impulse to end it all, however overpowering, does not last forever.
- **"People who commit suicide are people who were unwilling to seek help."**
- **Not True.** Studies of suicide victims have shown that more then half had sought medical help within six month before their deaths and a majority had seen a medical professional within 1 month of their death.
- **"Talking about suicide may give someone the idea."**
- **Not True.** You don't give a suicidal person morbid ideas by talking about suicide. The opposite is true -- bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do.
- ***Only crazy people commit suicide***
- FACT: Although most suicidal people are very unhappy, most suicidal acts are committed by people that aren't characterized as psychotic. Thus, they are generally rational and in tough with reality. Seventy-five percent of those who commit suicide are, however, clinically depressed.

Emotions:

1. Sad, despondent
2. Hopeless
3. Helpless
4. Worthless
5. Lonely
6. Extreme mood changes
7. Apathy
8. Guilt
    - Because many suicides are preventable, we want to respond in a vigorous and wise way to prevent such behavior.

Behaviors:

1. Inactivity

2. Giving away possessions
3. Loss of interest
4. Withdrawal from family, friends, work/school
5. Reckless behavior
6. Substance abuse (alcohol / drugs)
7. Sudden changes in behavior
8. Impulsivity

Expressed thoughts:

1. "I wish I were dead."
2. "All of my problems will end soon."
3. "I'm a loser."
4. "I can't do anything right."
5. "I won't be needing these things anymore."
6. "Everyone will be better off without me."
7. "I just can't keep my thoughts straight anymore."

Changes can be physical and/or physiological:

1. Lack of interest in appearance
    - Personal conditions that may be associated with suicidal thinking
    - Neglect of personal appearance
    - Low self esteem
2. Change/loss of interest in sex
    - Extreme promiscuity
3. Change in sleep pattern
    - Changes in sleeping patterns
4. Change in appetite or weight
    - Onset of eating disorders
5. Physical health complaints
    - Dramatic emotional outbursts
    - Significant increase in the use of alcohol and or drugs
    - Exaggeration of health complaints or the emergence of psychosomatic illnesses
    - Preoccupation with death, with morbid thoughts or themes of destruction

Different types of suicide calls:

1. Shooting

2. Hanging
3. Overdose
4. Jumper
5. Stabbing or Cutting
6. Putting themselves in harms way – running into traffic or in front of a train

Suicide by COP:

1. Police use of deadly force.
    - **Suicide by cop** is a suicide method in which a suicidal individual deliberately acts in a threatening way, with the goal of provoking a lethal response from a law enforcement officer or other armed individual, such as being shot to death.

Different ways calls are received:

1. The actual suicidal caller themselves
2. The person who finds the body
3. The family or friend who is concerned about a loved one who they feel is suicidal
4. A witness or passerby
5. Posted on social media
6.

What is your plan?:

1. How?
2. Do they have the means? Method?
3. When

What is a crisis?

1. A crisis is any situation for which a person does not have adequate coping skills. Therefore, crisis is self-defined. What is a crisis for one person may not be a crisis for another person. Crises may range from seemingly minor situations, such as not being prepared for class, to major life changes, such as death or divorce. Crisis is environmentally based. What is now a crisis may not have been a crisis before or would not be a crisis in a different setting.

The crisis process:

1. Recognition
    - The person realizes that they are not coping.
2. Attempted Resolution
    - The person struggles to solve the situation and may involve other people to try and help. Typically, a crisis person does not perceive others as fully understanding the crisis or supporting the crisis person in the crisis.
3. Emotional Blockage
    - Not being able to solve the crisis, the person is overwhelmed by emotions. Fear, anxiety, anger, confusion, inadequacy, guilt, and grief are common. From the sheer intensity of the emotions, the person becomes unable to deal rationally with the situation. Usual thought processes are disrupted by feelings, and "thinking about the problem" is not only difficult, but also frustrating and unproductive. This perceived inability to deal with what is going on leads to a loss of self-esteem and reinforces the panic of emotions surrounding the situation. A vicious cycle is formed; not coping lowers the self-esteem, and the lowered self-esteem lessens the ability to cope.

Symptom:

1. Sadness or Helplessness
2. Loss of interest in or pleasure from daily activities
3. Feeling tired all the time
4. Sleeping too much or not enough
5. Feeling unworthy or guilty without an obvious reason
6. Having problems concentrating, remembering, or making decisions
7. Thinking about death or suicide

What is emotional trauma?

1. Emotional and psychological trauma is the result of extraordinarily stressful events that shatter your sense of security, making you feel helpless and vulnerable in a dangerous world.
2. Emotional and psychological trauma can be caused by single-blow, one-time events, such as a horrible accident, a natural disaster, or a violent attack. Trauma can also stem from ongoing, relentless stress, such as living in a crime-ridden neighborhood or struggling with cancer.

Resources:

1. Internal
   - 24 hours a day/7 days a week
   - CISM criitical incident specialty management
   - Mental Health Network
   - Chaplins
2. External
   - Alum Rock counseling center
   - Suicide and Crisis line

Intervention techniques:

1. Build Rapport / Connection
2. Acceptance / Avoid Making Judgements
3. Elicit Feelings
4. Empathize
5. Listen Responsively
6. Identify and Clarify Presenting Problem(s)
7. Don't make promises you can't keep
8. Be honest

Protective factors:

1. Protective factors buffer individuals from suicidal thoughts and behavior:
   - Effective clinical care for mental, physical, and substance abuse disorders
   - Easy access to a variety of clinical interventions and support for help seeking
   - Family and community support (connectedness)
   - Support from ongoing medical and mental health care relationships
   - Skills in problem solving, conflict resolution, and nonviolent ways of handling disputes
   - Cultural and religious beliefs that discourage suicide and support instincts for self-preservation

Associated Communication Policies:

1. A 2511 Crisis Intervention Team (CIT)
2. C 1660 Attempted Suicide 1056A
3. C 1689 Mentally Disturbed Person 5150

4. C 1737 Welfare Check
5. R 1217 Crisis Intervention Team – CIT Response

A 2511 CRISIS INTERVENTION TEAM (CIT)

The Crisis Intervention Team (CIT) program was developed by the Police Department to ensure that individuals who suffer from mental illness or impairment, and are having some sort of crisis, receive CIT personnel to assist. It consists of a specially trained group of Communications personnel and officers skilled in encounters with mentally ill.

C 1660 ATTEMPTED SUICIDE (C) 1056A [2]

A non-fatal self-inflicted destructive act with explicit or implied intent to die.

Even if the reporting party believes the person is dead, the appropriate type code to use is 1056A, as medical, fire or police personnel have not confirmed the death.

Determine the method used.

- If a weapon is involved determine where the weapon is now. When a gun or knife was used and is still within reach of the victim, priority 1.
- If drugs are involved, determine the type of drug and amount taken.

Determine if there is prior history of attempted suicide and what method was used in the past.

Include CIT needed (refer to C 1214 – PSYCHOLOGICAL CRISIS CALLERS).

If second hand information, obtain as much information on the victim including phone number(s). The calltaker shall not call the victim based on second hand information.

C 1689 MENTALLY DISTURBED PERSON 5150 [2]

A person who has a mental disorder who is harmful to him/herself or others.

Determine if the person is being violent and describe what the person is doing.

Determine the nature of the mental disorder.

Determine if the person is taking medication and what type.

The Crisis Intervention Team shall be requested as per established procedures (refer to C 1214 – PSYCHOLOGOICAL CRISIS CALLERS).

MENTALLY DISTURBED FEMALE 5150X [2]

C 1737 WELFARE CHECK WELCK (WELCKEMS) [2]

A request to check the well being of another person.

Determine if medical

People who live in the area shall be asked if they have attempted to make contact with the subject.

If it is determined that the subject has prior medical problems, the RP shall be advised that ambulance is not normally dispatched unless they feel it is needed. An ambulance shall be sent in all cases where there exists evidence of a present medical condition (i.e. subject dropped phone and was gasping for air).

If it is determined that a suicidal person has done harm to themselves, then the appropriate type code to use is **1056A**. In any case involving mental instability or emotional crisis, a CIT officer shall be requested as well.

R 1216 CRISIS INTERVENTION TEAM (CIT) RESPONSE

Dispatchers receiving events indicating a CIT response is needed (refer to C 1214 – PSYCHOLOGICAL CRISIS CALLS) shall dispatch a CIT officer assigned to the District. If no CIT unit in the district of origin (or neighboring District on the same channel) is available, the following guidelines will be adhered to:

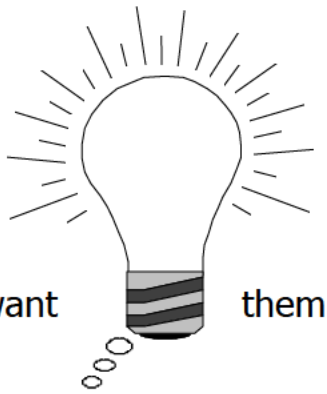
Any CIT related calls involving weapons (including hostage/barricade situations) – broadcast city-wide for a CIT Unit

Any CIT related calls (with no weapons) – broadcast division-wide for a CIT Unit All dispatch personnel shall document in the event whether or not a CIT unit is responding. If no CIT unit is available, the dispatcher handling the call shall ensure that the District Sergeant and Area Commander are notified.

KEY CONCEPTS AND TECHNIQUES
FOR ASSESSING THE SUICIDAL CALLER

Specific Do's

Do….



- start off the call by saying, "What's going on…"
- use the person's name. This shows sincerity.
- let him/her know you are concerned, you don't want them to kill themselves and you do want to help.
- be ready to accept the caller's view of the world, even if it's a bleak and despairing one. Even if it's an irrational one, be able to stay with their feelings.
- suggest that people really do need help at times. In our culture that isn't always easy to do. People's egos are at stake.

- find out when/if a traumatic event happened, whether it was recently or long ago.
- find out the details if there was a traumatic event, and if they're willing to discuss it.
- allow silences.
- use humor when appropriate.
- use open-ended questions. Questions they can answer a simple "yes" or "no" to are not going to give you much insight. The more the caller can communicate, the better.