Questions on Notice Police Association of NSW

Your proposal was based upon loosely something that exists in some Canadian Provinces, Alberta and Ontario? Is that right? Could you either expand on that now or maybe give us some detail on notice about how it works there?

Answer:

The PANSW understands legislation establishing a presumption diagnosed post-traumatic stress disorder, and in some cases other forms of psychological injury, arose out of and occurred during the course of the worker's employment, in the following jurisdictions:

- Alberta
- Ontario
- Manitoba
- New Brunswick
- Saskatchewan

The Department of Veteran Affairs Australia also has non liability health care for all mental health conditions.

http://at-ease.dva.gov.au/veterans/

DVA can pay for treatment for certain mental health conditions without the need for the conditions to be accepted as related to service. This is known as non-liability health care. The conditions covered are - post-traumatic stress disorder (PTSD), depressive disorder, anxiety disorder, and alcohol and substance use disorders. Non-liability health care is available to anyone who has served as a permanent member of the ADF. DVA can pay for your treatment for these mental health conditions before, during, or after you make a compensation claim, or if you never make a compensation claim.

Alberta

Relevant Provision

Workers' Compensation Act: Section 24.2

Presumption re EMTs, etc.

24.2

(1) … [Defines a range of first responders and terms relevant to PTSD and diagnosis] …

(2) If a worker who is or has been an emergency medical technician, firefighter, peace officer or police officer is diagnosed with post-traumatic stress disorder by a physician or psychologist, the post-traumatic stress disorder shall be presumed, unless the contrary is proven, to be an injury that arose out of and occurred during the course of the worker's employment in response to a traumatic event or a series of traumatic events to which the

worker was exposed in carrying out the worker's duties as an emergency medical technician, firefighter, peace officer or police officer.

(3) The Board shall

(a) assist a worker who is diagnosed with post-traumatic stress disorder in obtaining, or

(b) provide to the worker

treatment by culturally competent clinicians who are familiar with the research concerning treatment of first responders for post-traumatic stress disorder.

Amending Legislation

Bill 1: The Workers' Compensation Amendment Act 2012

Government Announcement

http://www.alberta.ca/release.cfm?xID=3236580990CF1-C6E8-FA7D-8356F8A75543B5F7

The Government introduced this Bill in 2012.

At the time, this meant 27,000 first responders became covered by the presumptive provision.

The Government did not anticipate any increase to Workers' Compensation premiums because "it is not anticipated that the number of claims received will change. It is also not anticipated that any additional successful claims will have any significant overall impact in employer premiums."

Ontario

Relevant Provision

Workplace Safety and Insurance Act, 1997,

Section 14

Posttraumatic stress disorder, first responders and other workers

Definitions

(1) … [Defines a range of first responders and terms relevant to PTSD and diagnosis]
…**Application**

(2) This section applies with respect to the following workers:

1. Full-time firefighters.
2. Part-time firefighters.
3. Volunteer firefighters.
4. Fire investigators.
5. Police officers.

6. Members of an emergency response team.

7. Paramedics.

8. Emergency medical attendants.

9. Ambulance service managers.

10. Workers in a correctional institution.

11. Workers in a place of secure custody or place of secure temporary detention.

12. Workers involved in dispatch. 2016, c. 4, s. 2.

Entitlement to benefits

(3) Subject to subsection (7), a worker is entitled to benefits under the insurance plan for posttraumatic stress disorder arising out of and in the course of the worker's employment if,

(a) the worker is a worker listed in subsection (2) or was a listed worker for at least one day on or after transition day;

(b) the worker is or was diagnosed with posttraumatic stress disorder by a psychiatrist or psychologist; and

(c) for a worker who,

(i) is a listed worker at the time of filing a claim, the diagnosis is made on or after transition day,

(ii) ceases to be a listed worker on or after the day on which section 2 of the Supporting Ontario's First Responders Act (Posttraumatic Stress Disorder), 2016 comes into force, the diagnosis is made on or after transition day but no later than 24 months after the day on which the worker ceases to be a listed worker, or

(iii) ceased to be a listed worker after transition day but before the day on which section 2 of the Supporting Ontario's First Responders Act (Posttraumatic Stress Disorder), 2016 comes into force, the diagnosis is made on or after transition day but no later than 24 months after the day on which section 2 of the Supporting Ontario's First Responders Act (Posttraumatic Stress Disorder), 2016 comes into force. 2016, c. 4, s. 2.

…

(5) The worker is entitled to benefits under the insurance plan as if the posttraumatic stress disorder were a personal injury. 2016, c. 4, s. 2.

Presumption re: course of employment

(6) For the purposes of subsection (3), the posttraumatic stress disorder is presumed to have arisen out of and in the course of the worker's employment, unless the contrary is shown. 2016, c. 4, s. 2.

No entitlement, employer's decisions or actions

(7) A worker is not entitled to benefits under the insurance plan for posttraumatic stress disorder if it is shown that the worker's posttraumatic stress disorder was caused by his or her employer's decisions or actions relating to the worker's employment, including a decision to change the work to be performed or the working conditions, to discipline the worker or to terminate the worker's employment. 2016, c. 4, s. 2.

…

Amending Legislation

Bill 163 Supporting Ontario's First Responders Act (Posttraumatic Stress Disorder), 2016

Government Announcement

https://news.ontario.ca/mol/en/2016/04/ontario-passes-legislation-to-support-first-responders-with-ptsd.html

The legislation applies to more than 73,000 first responders in Ontario.

Manitoba

The PANSW understands first responder unions campaigned for the legislation, and the government passed legislation to make the presumption apply to all workers, not just first responders.

Relevant Provision

The Workers Compensation Act

Presumption re post-traumatic stress disorder

4(5.8) If a worker

> (a) is exposed to a traumatic event or events of a type specified in the Diagnostic and Statistical Manual of Mental Disorders as a trigger for post-traumatic stress disorder; and
>
> (b) is diagnosed with post-traumatic stress disorder by a physician or psychologist;

the post-traumatic stress disorder must be presumed to be an occupational disease the dominant cause of which is the employment, unless the contrary is proven.

Amending Legislation

Workers' Compensation Amendment Act (Presumption re Post-Traumatic Stress Disorder and Other Amendments)

Government Announcement

http://news.gov.mb.ca/news/index.html?item=35114

New Brunswick

Relevant Provision

Workers' Compensation Act

7.1

(1) … [Definitions] …

(2) Subject to this section, if an emergency response worker is diagnosed with post-traumatic stress disorder by a psychiatrist or psychologist, it shall be presumed, unless the contrary is shown, that the post-traumatic stress disorder arose out of and in the course of the worker's employment in response to a traumatic event or a series of traumatic events to which the worker was exposed in carrying out the worker's duties as an emergency response worker.

(3) A worker is entitled to be paid compensation under this Act if

(a) the worker

(i) is an emergency response worker or was an emergency response worker on or after the day this section comes into force, and

(ii) is or was diagnosed with post-traumatic stress disorder by a psychiatrist or psychologist; and

(b) for the worker who

(i) is an emergency response worker at the time the worker claims compensation under this Act, the diagnosis of post-traumatic stress disorder was made by a psychiatrist or psychologist on or after the day this section comes into force, or

(ii) ceases to be an emergency response worker on or after a day this section comes into force, the diagnosis of post-traumatic stress disorder was made by a psychiatrist or psychologist no later than 24 months after the day on which the worker ceases to be an emergency response worker.

(4) An emergency response worker who is entitled to benefits under this Act for post-traumatic stress disorder is entitled to receive treatment by a psychiatrist or psychologist who is familiar with the research concerning treatment for post-traumatic stress disorder.

Amending Legislation

An Act to Amend the Workers' Compensation Act, Legislature 58, Bill 39, 2016

Saskatchewan

The PANSW understands the Saskatchewan Parliament has recently passed similar provisions, although those have not yet received Royal Assent (see Legislative Assembly of Saskatchewan: Progress of Bills 2016-2017 – Bill No 39).

The PANSW also understands the Saskatchewan presumption applies to all workers, not only first responders.

Relevant Provision

The Workers' Compensation Act, 2013

Amending Legislation

Bill No. 39 *An Act to amend The Workers' Compensation Act, 2013*

Presumption of psychological injury

28.1

(1) In this section:

(a) 'psychological injury' means a psychological injury, including post-traumatic stress disorder, as described in the edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association that is prescribed in the regulations;

(b) 'worker' means a person who works and:

(i) is exposed to a traumatic event; or

(ii) is in an occupation that is prescribed in the regulations.

(2) Unless the contrary is proven, if a worker or former worker is diagnosed with a psychological injury by a psychiatrist or psychologist, that injury is presumed to be an injury that arose out of and in the course of the worker's employment".

Government Announcement

https://www.saskatchewan.ca/government/news-and-media/2016/october/25/ptsd-amendments

Effects of a Comprehensive Police Suicide Prevention Program

Brian L. Mishara[1] and Normand Martin[2]

[1]Centre for Research and Intervention on Suicide and Euthanasia and Psychology Department, Université du Québec à Montréal, Montreal, Quebec, Canada
[2]Montreal Police Service (Service de police de la Ville de Montréal), Montreal, Canada

Abstract. *Background:* Police suicides are an important problem, and many police forces have high rates. Montreal police suicide rates were slightly higher than other Quebec police rates in the 11 years before the program began (30.5/100,000 per year vs. 26.0/100,000). *Aims:* To evaluate Together for Life, a suicide prevention program for the Montreal police. *Methods:* All 4,178 members of the Montreal police participated. The program involved training for all officers, supervisors, and union representatives as well as establishing a volunteer helpline and a publicity campaign. Outcome measures included suicide rates, pre-post assessments of learning, focus groups, interviews, and follow-up of supervisors. *Results:* In the 12 years since the program began the suicide rate decreased by 79% (6.4/100,000), while other Quebec police rates had a nonsignificant (11%) increase (29.0/100,000). Also, knowledge increased, supervisors engaged in effective interventions, and the activities were highly appreciated. *Limitations:* Possibly some unidentified factors unrelated to the program could have influenced the observed changes. *Conclusions:* The decrease in suicides appears to be related to this program since suicide rates for comparable populations did not decrease and there were no major changes in functioning, training, or recruitment to explain the differences. Comprehensive suicide prevention programs tailored to the work environment may significantly impact suicide rates.

Keywords: suicide, prevention, police, workplace, program evaluation, helpline

This paper presents the results of an evaluation of the effects of a multifaceted program to prevent suicides in the police force in Montreal, Quebec, Canada. We begin with a brief review of police suicide. We then describe the program and present the methodology and results of an evaluation of its implementation and its effects, including changes in suicide rates, which are compared with changes in other police forces in the Province of Quebec who did not participate in a suicide-prevention program. It was hypothesized that a sustained prevention program that provides suicide prevention education and support for all members of a police department may have a significant impact in decreasing suicides by police officers.

Suicide Among Police Officers

Although members of some police forces have a greater risk of suicide than comparable populations (Fields & Jones, 1999; Hackett & Violante, 2003), this is not always the case. For example, Marzuk, Nock, Leon, Portera, and Tardiff (2002) found that New York City police officers who died from 1977 to 1986 had suicide rates equal to or slightly lower than the city's resident population. A Province of Quebec study (Charbonneau, 2000) found similar findings: The male police suicide rate was equivalent to the standardized rate for males in the general population. A meta-analysis of 101 samples of police suicide rates (Loo, 2003) found important variations between police forces, regions, and countries. The suicide rates of 49 municipal police forces ranged from 0 to 80 suicides per 100,000 population per year. The mean rate of 19.3 was lower than the comparison mean in the general population of 25.2. More recent reports confirm the substantial variations in police suicide rates. For example, police in New South Wales, Australia, have higher rates than the general population (Barron, 2010). On the other hand, the rates of the Federal Austrian Police Corps were comparable to the adjusted suicide rate in the adjusted general population (Kapusta et al., 2010). In the Montreal Police Force, before this program, from 1986 to 1996, the mean rate of 30.5 per 100,000 population per year was comparable to rates for equivalent age and sex populations in Quebec – and not significantly different from the rate for the rest of the Quebec police officers from (26.0).

Regardless of the statistics, the death of a police officer has a significant impact, not only on the family and close friends of the victim, but also upon the entire department. Mitchell (1990) found that the death of a coworker is one of the top eight critical incidents within the emergency services professions, including police. Hackett and Violanti (2003) concluded that "the suicide of a department member

DOI: 10.1027/0227-5910/a000125

can send the agency or a specific work unit into an emotional tailspin that can take months, if not years, in which to recover" (p. 11). A study in Germany (Bar, Pahlke, Dahm, Weiss, & Heuft, 2004) found that, when there was a suicide or attempted suicide of a police officer, coworkers had a higher incidence of mental illness.

Some studies did not study actual suicides and attempts, but focused on correlations between possible risk factors and suicidal ideation. A study of factors associated with suicide ideation in the South African Police Service found that low scores on conscientiousness, emotional stability, approach coping, and turning to religion, as well as high scores on avoidance coping are associated with more suicide ideation (Pienaar, Rothmann, & Van De Vijver, 2007). In Norway, a study of 3,272 police (Berg, Hem, Lau, Loeb, & Ekeberg, 2003) found that suicidal ideation was mainly associated with personal and family problems. Similarly, a study of actual suicides in Queensland, Australia, police (Cantor, Tyman, & Slater, 1995) found that most suicides were associated with ill health, alcohol abuse, and domestic problems. However, they also report that police suicides occurred more frequently following disciplinary events. Violante (2004) found that police officers who suffered from posttraumatic stress disorder (PTSD) as a result of job-related stress and who also increased their alcohol use, had a 10-fold increased risk of suicidal ideation.

Many case reports and several research investigations have emphasized the high job stress of police officers. For example, Berg, Hem, Lau, and Ekeberg (2006a), in their survey of Norwegian police, found high levels of health problems associated with job stress. They also reported (Berg, Hem, Lau, & Ekeberg, 2006b) that police rarely seek help from psychologists or psychiatrists, even when they have serious suicidal ideation. Although there are estimates that 80% of US police suicide victims gave clues regarding their suicidal intentions (Violante, 1996), officers often do not seek help for their problems (Fields & Jones, 1999; Levenson & Dwyer, 2003).

In September 1999, the Federal Bureau of Investigation hosted a conference on Suicide and Law Enforcement at the FBI Academy and subsequently published 63 papers from that conference (Sheehan & Warren, 2001). These papers present information on how individual police forces attempted to prevent suicides by training programs, mental health interventions, and postvention programs. Yet none of the papers presented an evaluation of their implementation or their effects. One program to prevent suicides by improving the counseling skills and knowledge of helpers (Amsel, Placidi, Hendin, O'Neil, & Mann, 2001) did report high appreciation ratings of their training sessions.

Several other reports describe police suicide prevention program, but do not provide empirical data on their effectiveness. For example, Levenson, O'Hara, and Clark (2010) describe the Badge of Life Psychological Survival for Police Officers program, which teaches officers about job-related stress and trauma and emphasizes the importance of a voluntary, confidential "annual mental health check." Dowling, Moynihan, Genet, and Lewis (2005) describe the Police Organization Providing Peer Assistance (POPPA) program in the New York Police Department, which provides confidential peer support.

Program Goals and Activities

The long-term goal of *Together for Life* (in French, *Ensemble pour la vie*) is to prevent suicides among members of the Montreal Police Force. The program's short-term goal is to develop the abilities of officers to deal with suicide, develop mutual support and solidarity among members of the Force in suicide prevention, provide help for related problems, and develop competencies in using existing resources.

The program involves four complementary components:

- *Training for all units:* All police personnel received a half day training session conducted in each neighborhood police post, administrative unit, and operational center on the nature of suicide, identification of suicide risk and how to help a colleague in difficulty.
- *Police resources:* A new telephone helpline for police officers was established. Callers could choose from four problem areas (work events (traumatic situations); gay and lesbian issues; alcoholism, gambling and other dependencies; marital and relationship problems). Callers are asked to leave a message with their contact information so that they can be called back by a police volunteer trained in suicide prevention "in complete discretion."
- *Training of supervisors and union representatives:* This full-day training session conducted by psychologists focused upon improving supervisors' abilities to identify officers at risk of suicide and how to provide help.
- *Publicity campaign "Together for Life":* This campaign to inform police officers about suicide prevention involved publishing articles in the internal police newspapers, hanging large posters on the program in each police unit, and distributing a brochure describing the program to all members of the force.

In 2006 the program was repeated with another training of all units. The implementation of the program was evaluated in 2000–2001. However, we waited until 2010 to assess whether there was a significant impact upon suicide rates.

Methodology

Participants

The program was provided to all members of the Montreal police force. Table 1 shows characteristics of the 4,178 members of the Montreal police force as of December 31,

Table 1. Description of police personnel on Dec. 31, 2000

	Number (%)
Sex	
Men	3255 (77.9%)
Women	923 (22.1%)
Total	4178
Ranks	
Officers	2998
Sergeants	444
Sergeant-Detectives	507
Lieutenants	47
Lieutenant-Detectives	52
Captains	1
Captain-Detectives	2
Commanders	98
Inspectors	9
Chief-Inspectors	12
Assistant-Directors	5
Associate Directors	2
Age distribution	
20–29	1147
30–39	1810
40–49	889
50–59	330
60+	2
Distribution by years of service	
0–4	1305
5–10	545
10–14	868
15–19	549
20–24	323
25–29	440
30–34	141
35+	7

2000, in the 49 local community posts and police headquarters.

Procedures

Training for All Units

Questionnaires after participating in training were completed by all 2395 police officers who participated in the first phase of the program at the time of the evaluation. There are no missing data. In the first 1,781 questionnaires "yes" and "no" responses were given, but in the remaining questionnaires we used a 5-point Likert scale. Questionnaires asked about the perceived usefulness and suitability of the sessions as well as open-ended questions about what they have learned. Interviews were conducted with the two psychologists who conducted the training, and with the director and associate director of the program, focusing upon their impressions of the program, perceptions of its effects, and suggestions for changes. In addition, three focus groups were conducted concerning reactions to the sessions, particularly opinions on the content, format, and the general usefulness.

Police Resources

Data sheets completed by the helpers following each contact were analyzed and an additional data sheet on the nature of the problem, the nature of help given, and the outcome was added. In addition, an interview was conducted with the coordinator of the program and a 2.5-h focus group was conducted with the 11 volunteer officers working in Police Resources, without the presence of the program coordinator.

Questions concerning Police Resources, knowledge about its activities and impressions of its effectiveness were also included in the questionnaires completed by the supervisors.

Questions about Police Resources were asked in focus groups with officers who participated in the training, on their knowledge about the program and impressions of its usefulness. Also, questions about this component were included in the interviews with the program coordinators.

Training of Supervisors and Union Representatives

Before this evaluation began, 197 supervisors trained between June 17 and December 15, 1998, completed questionnaires concerning their impressions of the training and what they had learned. An additional 72 supervisors completed more detailed questionnaires both before and after participating in the training, which included additional questions on their perception of the role of the supervisor in intervention with employees in difficulty and their ability to name suicide warning signs.

Questionnaires were sent three years later to the 197 supervisors who received training in 1998, 119 of which were returned (response rate 60.4%). Of the 119 questionnaires returned, 9 of the 51 supervisors who reported having had to intervene with at least one officer in difficulty after they received training were randomly selected to participate in an indepth individual interview about their intervention experiences. Two of the 9 supervisors declined to participate, and a total of 7 interviews were conducted.

We also included questions about the supervisors and their training in interviews with the directors of the program as well as with other administrators.

Publicity Campaign "Together For Life"

Questions about the publicity campaign were included in the questionnaires sent to supervisors. Participants in each

of the focus groups were asked about their knowledge of and reactions to the campaign and all other people interviewed were asked about this campaign, and their recollections of its content and impressions.

General Information About the Overall Program and Changes in Suicide Rates

Two meetings were conducted between the researchers and the committee supervising the program implementation, involving union leadership and police force administrators. We obtained information from the Quebec Coroner's Office on all police suicides in the Montreal police and the other police suicides in the Province of Quebec for 11 years before the program began from 1986 to 1996 and for 12 years after the program, from 1997 to 2008. Because of delays in validating data there is a 2-year delay in obtaining suicide data from the Coroner's Office. We began data collection with 1986 since this was the first year that the coroner systematically included information on the occupation of persons who died by suicide.

Results

Training for All Units

350 90-minute meetings conducted by outside consultants were held with all units of the police force. 2,620 police officers participated in these meetings, which constituted 87.4% of all officers in the force. In the sample of questionnaires after training sessions, 96.1% felt that the sessions were useful, 96.6% felt that the format was suitable, and 99.2% responded that they would recommend the session positively to a colleague. In the second sample of 614 respondents using the Likert scale, 72.7% were strongly in agreement that the meetings were useful, 30.1% were generally in agreement, and only 1.1% at all in disagreement. Almost all (99%) agreed that the format was suitable and 75.9% strongly agreed that they would positively recommend the sessions to a colleague, 20.1% were generally in agreement with this statement, and only 0.4% were in disagreement.

Interviews were transcribed verbatim and then researchers coded key elements. Overall, those interviewed were pleased with this program. They reported that the success was due to the fact that the police counseling service had an excellent reputation and the trainers were able to "speak their language."

Police Resources

Interviews and the focus groups indicated that almost all members of the force are aware that this service exists. The program was known to 84% of supervisors; 70% said they knew about it from the posters and brochures, 29% from internal newspaper articles, and 19% had heard about it from a colleague. They accurately described the services provided. Nevertheless, there is relatively little use of the service. From February 1999 to December 2001, only 46 calls were received. Although women make up 22.1% of the police force, 42.4% of callers were women. Six of the calls came from the spouse of a police officer, and one was from a retired officer. The helpers felt that they were able to help the callers in all instances. Despite the infrequent use of the service, almost all members of the force were aware of its existence and also felt that having it available was an important resource that they would use if needed.

Training of Supervisors and Union Representatives

Table 2 summarizes responses concerning perceived abilities to intervene before and after participation in the sessions.

Participants generally felt much more at ease in handling problem situations after the training. In response to open-ended question, before the training most (93%) already

Table 2. Responses pre- and posttraining by supervisors and union representatives in 1998 (N = 197) and 2001 (N = 72)

	1998 pre	1998 post
"If you have to intervene with a police officer in difficulty, to what extent are you comfortable with":		
Evaluating his suicidal intentions*		
Not at all	1%	0%
A little comfortable	53%	3%
Comfortable	42%	86%
Very comfortable	4%	11%
Removing his service revolver**		
Not at all	2%	0%
A little comfortable	45%	7%
Comfortable	38%	57%
Very comfortable	15%	36%
Informing his family of your concerns**		
Not at all	6%	0%
A little comfortable	47%	13%
Comfortable	41%	64%
Very comfortable	6%	23%
Working in collaboration**		
Not at all	0%	0%
A little comfortable	18%	2%
Comfortable	58%	53%
Very comfortable	24%	45%

Notes. *Pre-post differences significant 1998 (χ^2) $p < .001$; 2001 pre-post significant (χ^2) $p < .05$. **Pre-post differences significant 1998 and 2001 (χ^2) $p < .001$.

Table 3. Police suicide rates in Montreal and the rest of Quebec before and after implementation of the suicide prevention program

		Montreal police	Police rest of Quebec	Comparison Montreal to rest of Quebec
Before program 1986–1996	Suicides	14	29	
	Population	4178	10131	
	Rate per 100 000	30.46	26.02	$p = 0.63$ (*ns*)
	95% confidence interval	18.04–51.44	18.08–37.45	
After program 1997–2008	Suicides	4	32	
	Population	5189	9197	
	Rate per 100 000	6.42	28.99	**p = .007**
	95% confidence interval	2.31–17.88	20.19–41.64	
Change from 1986–1996 to 1997–2008		–78.9%	+ 11.4%	
95% confidence interval		–93.3% to –33.4%	–33.3% to 86.2%	
Comparison before-after		**p = .008**	$p = .68$ (*ns*)	

Significant differences are in bold.

knew that behavior changes were a possible indication of suicidal risk, and this increased to 100% after the training. Some 64% indicated that talking about suicide and suicide threats were possible signs before the training, about the same (61%) as afterward. There was a significant increase in the number who mentioned physical symptoms, such as weight loss and sleep problems (24% before, 83% after). There was a significant increase from 20% to 39% of direct questioning about suicidal intentions. There was also a small but significant increase in the proportion who mentioned removing the officer's service revolver (from 70% to 76%). Most (80% before; 88% after) said that they would help the person find appropriate therapy or counseling, and most (76% before; 78% after) said that it was important to establish a support system for the individual in difficulty.

In the 2001 follow-up of officers who participated in the 1998 training, 90% felt that the training had been helpful (29% "very helpful" and 61% "somewhat helpful"). When asked what they had learned, 67% stated the training helped them better identify suicidal intentions and 58% that it helped them understand the importance of listening and offering support. 40% said that they were more able to identify difficulties, 25% that they learned to ask direct questions about suicidal intentions, 45% rated the content of the training session as "very useful" for their work, and 46% rated the content was "somewhat useful."

43% of the 119 supervisors responded that they had intervened with an officer in crisis, and over half (51%) reported having intervened on several occasions. The most frequent problem was family and couple difficulties (29%). 76% said that they listened to the persons in difficulty, 69% made adjustments to the person's work situation in order to help, and 82% referred the person to the police counseling service. A third (33%) said that they involved others to establish a support network for the person.

Almost all the interventions (96%) were rated as having positive effects. In 92% of the cases, the employee followed the supervisor's advice. Thirty-eight supervisors (32%) made specific suggestions for improving the training, most focusing on the need for an annual refresher course, follow-up or "memory-aids."

Three years later supervisors still felt that the sessions had been useful. Of the 51 supervisors who intervened with an officer in crisis, there were 89 different interventions. In 11 instances (13%), the supervisor took away the officer's service revolver as a suicide prevention measure. Interviews with 7 supervisors who had intervened since their training indicated a high quality of interventions. Each of the 7 supervisors gave detailed information about questions asked to identify the nature of the problem, and they all became directly involved in helping find solutions and guaranteeing follow-up.

Publicity Campaign

Although everyone from the officers to administrative personnel was aware of all components of the suicide prevention program, they were often not aware that the components were linked together as part of a general suicide prevention strategy. For example, of the 119 supervisors who received questionnaires in 2001, only 40 (34%) recognized that they had heard of the program "Together for Life." Nevertheless, all the supervisors were aware of the training programs and Police Resources.

Changes in Suicide Rates

During the 11 years from 1986 to 1996 before the program was initiated, the suicide rate in the Montreal police was slightly higher but not significantly different from the rate for all the other police in the Province of Quebec, 30.5 per 100,000 per annum in Montreal compared with 26.0 per 100,000 for the other Quebec police. There were 14 suicides in Montreal during this period (at least one suicide in

9 of the 10 years). There were 29 suicides in the other police in the Province with an average of 10,131 police officers. During the 12 years since the date the program began in 1997 until 2008, there were 4 suicides in Montreal police and 32 suicides in other Quebec police, with an average increase in police force members in Montreal to 5189 and a decrease in the average number of police elsewhere in Quebec to 9197. The Montreal police suicide rate decreased significantly by 78.9% ($p < .008$) to 6.42 per 100,000 per annum, while the other Quebec police had an 11.4% nonsignificant increase in suicides to 29.0 per 100,000; with a significant postprogram difference between Montreal suicide rates and other provincial police suicide rates ($p < .007$) (see Table 3).

Discussion

The results indicate that this suicide-prevention program is effective in attaining its objectives. Besides being greatly appreciated, the three principal components of the program – the training for all units, the Police Resources program, and the training of supervisors and union representatives – resulted in increased knowledge and improved interventions with officers at risk of suicide. One important factor related to the program success is the great appreciation and high regard held for the Police Counseling Service, whose director and employees implemented most of this program. The program was skillfully implemented, placing emphasis upon available resources within the force by training supervisors and volunteer officers as helpers. The trainers were well received because they "spoke the language" of the police milieu and were not seen as outsiders.

One of the most impressive findings is the fact that after the program there was a significant 79% decrease in suicides and no comparable decrease in suicide deaths in police elsewhere in the Province of Quebec, where no similar police suicide prevention program was initiated. It is likely that this dramatic decrease is linked to this suicide prevention initiative. Although this change could be due to some extraneous factors, we are not aware of any other event or situation that could explain this decrease. There were no major changes in the functioning, training, or recruitment patterns of the police force during this period, and the suicide rates in Quebec for the same age and sex groups did not decline during the same time period.

Although the primary goal of decreasing the incidence of police suicides was achieved, it is impossible to identify from this study which components of this multifaceted program were essential in contributing to the decrease in suicides. The data on appreciation of the program and changes in knowledge and practices are positive; however, differences in response rates and a lack of psychometric validation of those scales reveal weaknesses in this study. Nevertheless, even if the response rate were 100% and the scales were carefully validated, there is no way of knowing whether the significant changes in attitudes and knowledge were responsible for the decrease in suicides. The only way to identify empirically the essential components would be to compare variants of the program with different populations. It is also possible that the effects are not due to any specific program components, but rather to a more global synergetic effect of the multifaceted program. In fact, the evaluators have hypothesized that this may be the case.

The evaluators are under the impression that one of the major factors to explain those changes may be that all levels of the police milieu were affected by this program, from the directors of the force and the union leaders down to each officer on the beat. In this small closed environment, it may be possible to engage in persistent and intensive activities which may influence the mentality and the culture of the entire milieu. Suicidal behavior, previously considered to be a culturally acceptable way to deal with a crisis, may no longer be seen as an appropriate way to deal with problems. In the past, officers would joke about "eating their gun" when things got really tough. Now, it appears that officers do not joke about this quite as often, and that they frequently mention available sources for help. Furthermore, part of the emphasis of the training was that a suicide is not an event affecting only the suicidal individual, but also involves and profoundly affects the entire community. One of the effects of this program was that suicidal behavior is seen as less acceptable because of its implications for the rest of the force.

Although this program was specific to the police environment, similar prevention programs specially tailored for other work environments may be an effective means of preventing suicidal behavior. Within a relatively small milieu, it is possible to educate all members and perhaps even produce long-lasting ideological changes. A challenge with this type of program is to maintain its momentum and ensure that as new persons join the police force, they are initiated into the new cultural norms where suicide is not seen as acceptable and resources for help are perceived as available and useful. Based upon these evaluation results, the Montreal police department, with union support, has continued this program and has integrated many of the recommendations from the evaluation.

Acknowledgments

The authors thank Suzanne Comeau, who was involved in the development and implementation of the original program, and the Montreal Police Officers and Supervisors, who supported and participated in this evaluation, as well as Geneviève Gratton, who gathered and summarized much of the data. The program was devised by a team headed by Normand Martin, PhD, in collaboration with Suzanne Comeau, Pierre Fortin, Claude Lagueux, Denise Champagne, and Stephane Beaulieu. We thank the Quebec Provincial Coroner's Office for providing data on police suicides and Danielle St-Laurent and Denis Hamel of the Que-

bec National Institute for Public Health for their statistical analyses of the suicide rates. Information on the program may be obtained from Dr. Normand Martin (normand.martin@spvm.qc.ca). This evaluation was supported by a grant from the Minister of Health and Social Services of the Province of Quebec.

References

Amsel, L. V., Placidi, G. P. A., Hendin, H., O'Neil, M., & Mann, J. J. (2001). An evidence-based educational intervention to improve evaluation and preventive services for officials at risk for suicidal behavior. In D. C. Sheehan & J. J. Warren (Eds.), *Suicide and law enforcement* (pp. 17–30). Washington, DC: Federal Bureau of Investigation Academy.

Bar, V. O., Pahlke, C., Dahm, P., Weiss, U., & Heuft, G. (2004). Secondary prevention for police officers involved in job-related psychological stressful or traumatic situations. *Zeitschrift für Psychosomatische Medizin und Psychotherapie, 50*, 190–202.

Barron, S. (2010). Police officer suicide within the New South Wales police force from 1999 to 2008. *Police Practice and Research, 11*, 371–382.

Berg, A. M., Hem, E., Lau, B., & Ekeberg, O. (2006a). An exploration of job stress and health in the Norwegian police service: A cross sectional study. *Journal of Occupational Medicine and Toxicology, 1*, 26.

Berg, A. M., Hem, E., Lau, B., & Ekeberg, O. (2006b). Help-seeking in the Norwegian police service. *Journal of Occupational Health, 48*, 145–153.

Berg, A. M., Hem, E., Lau, B., Loeb, M., & Ekeberg, O. (2003). Suicidal ideation and attempts in Norwegian police. *Suicide and Life-Threatening Behavior, 33*, 302–312.

Cantor, C. H., Tyman, R., & Slater, P. J. (1995). A historical survey of police suicide in Queensland, Australia, 1843–1992. *Suicide and Life-Threatening Behavior, 25*, 499–507.

Charbonneau, L. (2000). Le suicide chez les policiers au Québec: Enjeux méthodologiques et état de la situation [Suicides in the Quebec police force: The current situation and methodological challenges]. *Population, 55*, 367–378.

Dowling, F. G., Moynihan, G., Genet, B., & Lewis, J. (2006). A peer-based assistance program for officers with the New York City Police Department: Report of the effects of September 11, 2001. *American Journal of Psychiatry, 163*, 151–153.

Fields, G., & Jones, C. (1999, June 1). Code of silence doesn't help. *USA Today*, pp. A1–A2.

Hackett, D. P., & Violante, J. M. (2003). *Police suicide: Tactics for prevention*. Springfield, IL: C. C. Thomas.

Kapusta, N. D., Voracek, M., Etzersdorfer, E., Niederkrotenthaler, T., Dervic, K., Plener, P. L., ... Sonneck, G. (2010). Characteristics of police officer suicides in the Federal Austrian Police Corps. *Crisis, 31*, 265–271.

Levenson R. L., & Dwyer, L. A. (2003). Peer support in law enforcement: Past, present, and future. *International Journal of Emergency Mental Health, 5*, 147–152.

Levenson, R. L., Jr., O'Hara, A. F., & Clark, R., Sr. (2010). The Badge of Life Psychological Survival for Police Officers Program. *International Journal of Emergency Mental Health, 12*, 95–101.

Loo, R. (2003). A meta-analysis of police suicide rates: Findings and issues. *Suicide and Life-Threatening Behavior, 33*, 313–325.

Marzuk, M. M., Nock, M. K., Leon, A. C., Portera, L., & Tardiff, K. (2002). Suicide among New York City police officers, 1977–1996. *American Journal of Psychiatry, 159*, 2069–2071.

Mitchell, J. I. (1990). *Emergency services stress*. Upper Saddle River, NJ: Prentice Hall.

Pienaar, J., Rothmann, S., & Van De Vijver, F. J. R. (2007). Occupational stress, personality traits, coping strategies, and suicide ideation in the South African Police Service. *Criminal Justice and Behavior, 34*, 246–258.

Sheehan D. C., & Warren, J. I. (Eds.). (2001). *Suicide and law enforcement*. Washington, DC: Federal Bureau of Investigation Academy.

Violante, J. M. (1996). *Police suicide: Epidemic in blue*. Springfield, IL: C. C. Thomas.

Violante, J. M. (2004). Predictors of police suicide ideation. *Suicide and Life-Threatening Behavior, 34*, 277–283.

Received November 25, 2011
Revision received August 15, 2011
Accepted August 30, 2011
Published online

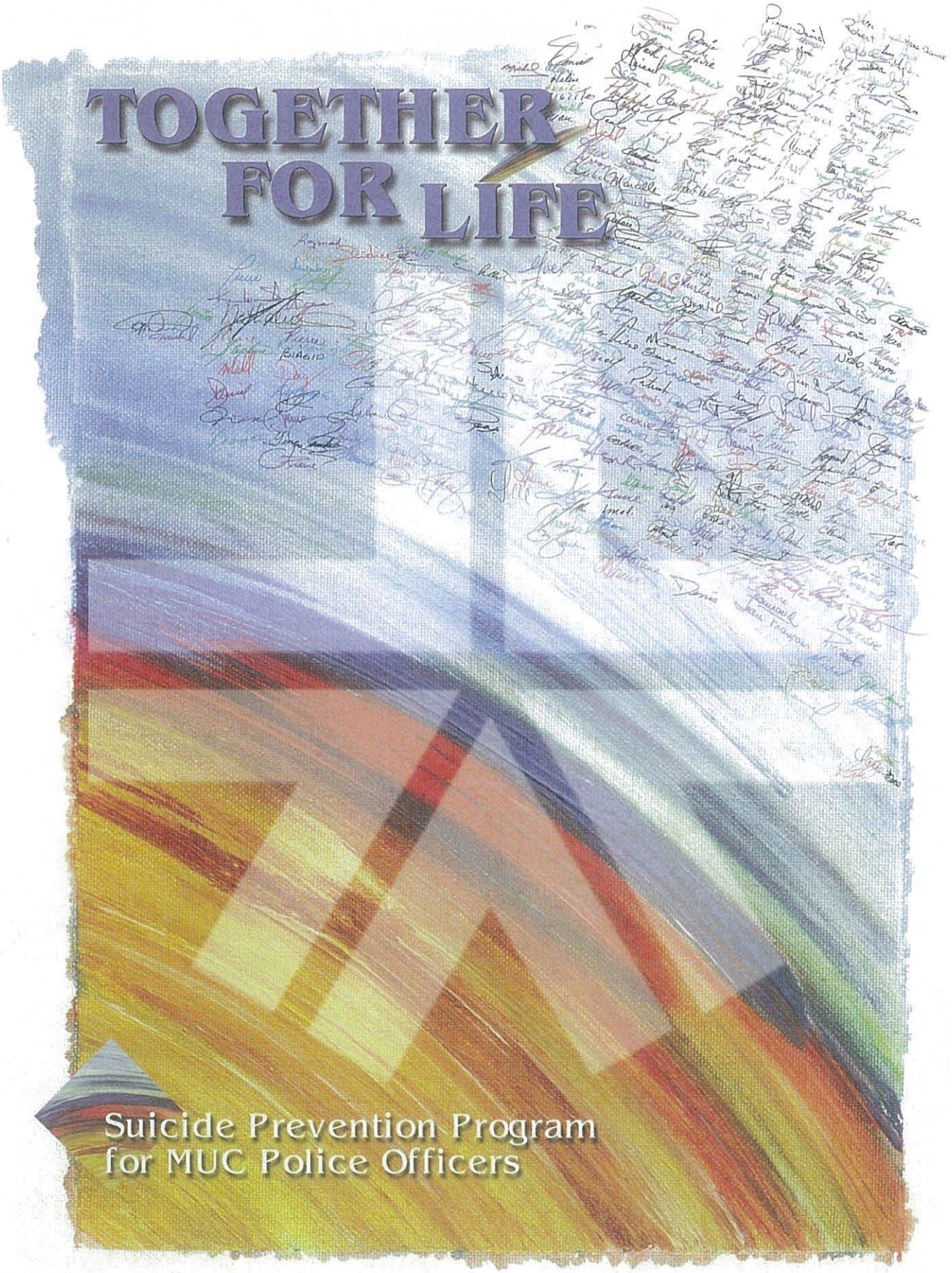
About the authors

Brian L. Mishara, PhD, is Director of the Centre for Research and Intervention on Suicide and Euthanasia and Professor of Psychology at the Université du Québec à Montréal in Montreal, Quebec, Canada.

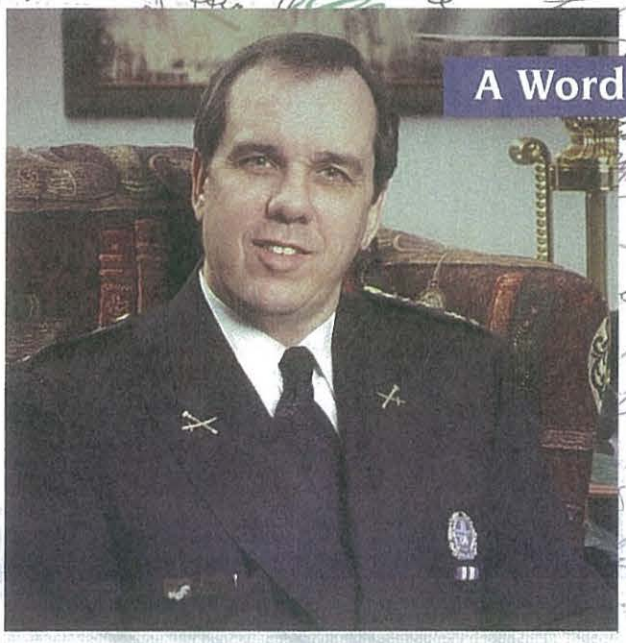
Normand Martin, PhD, is Director of the Aid Program for Police Officers of the Montreal Police Service (Service de Police de la Ville de Montréal), Canada. He is also the Vice-Chairperson of the Board of Directors of Suicide Action Montreal.

Brian L. Mishara

Centre for Research and Intervention on
Suicide and Euthanasia (CRISE)
Université du Québec à Montréal
C. P. 8888, Succ. Centre-ville
Montréal, Québec H/C 3P8
Canada
Tel. +1 514 987 4832
Fax +1 514 987 0350
E-mail mishara.brian@uqam.ca


TOGETHER FOR LIFE
Suicide Prevention Program
for MUC Police Officers

A Word from the Director



The police profession is a demanding one, and we know police officers can experience tough times in their personal and professional lives. Unfortunately, some are unwilling or unable to ask for help; when things look bleakest, they may even contemplate putting an end to it all. When a police officer commits suicide, two questions immediately spring to mind: "Why?" and "What more could we have done?"

TOGETHER FOR LIFE

The Service de police de la Communauté urbaine de Montréal is taking up the challenge that **together we can make a difference by breaking the silence and taking an active part in preventing suicide**. The suicide prevention program is based on SPCUM member support and incites each and everyone of us do our part. In the spirit of partnership, it was developed and implemented with the Fraternité des policiers et policières de la C.U.M.

Michel Sarrazin, SPCUM Director

Why custom-tailor a suicide prevention program for police officers?

Loss of lives as a result of suicide is a problem that has to be taken very seriously in police forces. The police milieu, as several studies show, is a high-risk environment (1). The culture is unique in several respects. Police officers must learn how to control their emotions in order to make quick decisions when confronted with potentially explosive situations. Over the years, they develop a thick skin that protects them but can also isolate and even entrap them.

For police officers armed and accustomed to solving problems quickly and decisively, a personal crisis can sometimes lead to putting an end to it all. Unfortunately, the interval between the emergence of suicidal thoughts and the act can sometimes be very brief.

In recognition of this issue, the Service de police de la Communauté urbaine de Montréal (SPCUM) launched a professional and confidential counselling program for police officers and their families in the early 1990s. Since then, the rate of suicide within the SPCUM has fallen by more than 50%.

These results are encouraging, but our concern is people, not numbers. When someone commits suicide, the loss is devastating for families, colleagues and the organization itself. Each time, we examine what we need to do to prevent another occurrence.

A suicide prevention program can provide an alternative to address these concerns. Yet to be truly effective in raising awareness and preventing suicide, the program must have the necessary scope and be applicable to a police culture.

The SPCUM began to look at the options in 1997. Known under the acronym PARIS (Prevention through Action on the Risk and Intention of Suicide), the program is the result of an exploratory process launched by the Police Officer Assistance Program team of psychologists under the guidance of Dr. Normand Martin, Ph.D. It has the support of SPCUM management and the Fraternité des policiers et policières de la CUM.

(1) Violanti, J. M., (1996), Police Suicide: an Overview, Police Studies, 19, 77-89.

What is PARIS's primary goal?

The program is intended to rally the entire police community around the idea of prevention. Ultimately, the aim is to weave a tighter safety net by reaching all SPCUM members, so that every member of the service feels better equipped to intervene.

The program's basic tenet is that no matter what their rank, age or function, SPCUM police officers can help prevent suicide by breaking the silence and dealing with the subject of suicide directly and broad-mindedly.

What are the program's goals?

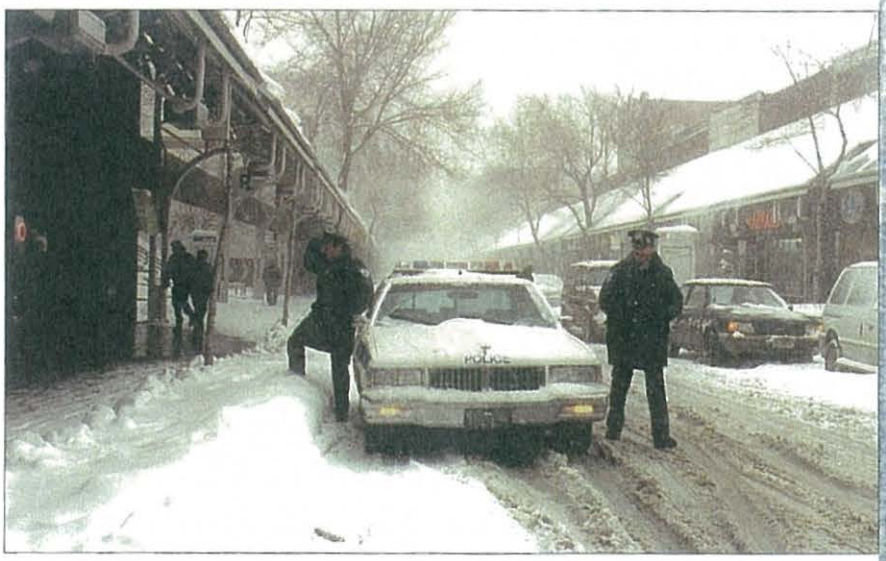
The program has three main goals:

- ***Raising awareness and informing the police community to ensure that all members are aware of the suicide issue and related myths.***
- ***Developing new reflexes in staff, so they learn to spot the signs of people at risk, allowing early identification of police officers experiencing difficulties and intervention and referral to appropriate resources.***
- ***Innovating, at the organizational level, to maintain, improve or launch new services related to managing employees at risk and preventing suicide.***

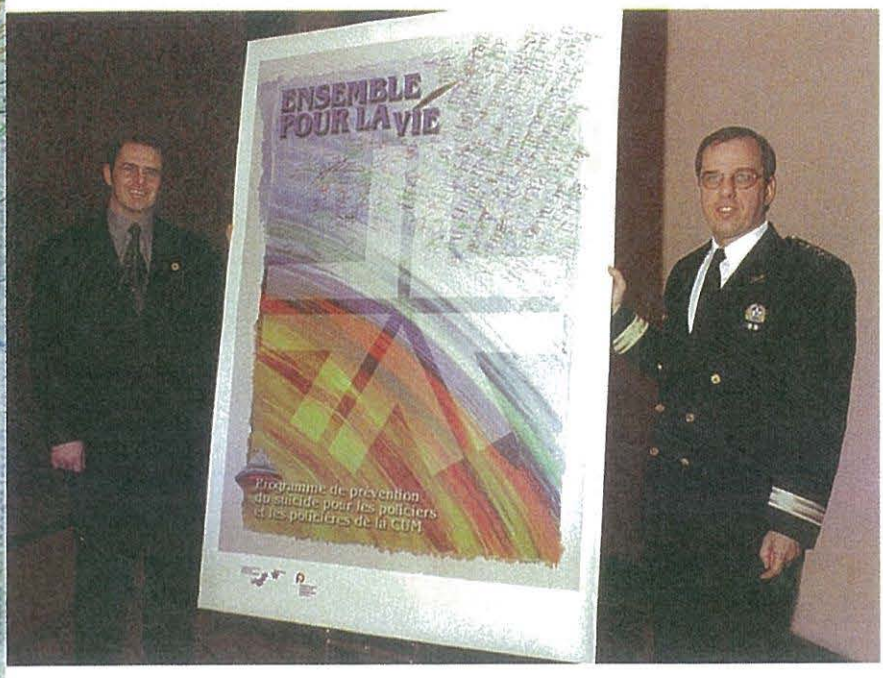
What prevention activities are included in the program?

The four main components, outlined below, depend for their effectiveness on mutual support among police officers. They integrate complementary strategies to raise awareness, train and support police officers.

1. ***Program promotion campaign***
2. ***Tour of the units***
3. ***Management and union representative training***
4. ***Peer Police Support Line***



1 Program promotion campaign



SPCUM Director Michel Sarrazin and Fraternité president Alain Simoneau officially launched the suicide prevention program during a ceremony attended by some one hundred guests and police and union representatives.

The launch officially inaugurated the program's prevention activities by providing wide workplace visibility. The strategic communications plan developed jointly by SPCUM and Fraternité communications consultants includes distribution of a poster and flyers, publication of articles in internal newsletters, and creation of a joint Web page.

The campaign's theme "Together for Life" is a collective and symbolic call to action, reminding us that police officers belong to a large community. The poster features the campaign slogan and the signatures of 700 police officers in the work units. The signatures symbolize SPCUM members' human and personal commitment to act preventively. Some 10,000 flyers were distributed, and 250 posters were sent to SPCUM work units.

2 Tour of the units

The tour of all units is a major component that entails meeting with the 4,150 SPCUM police officers in their work units. An experienced psychologist facilitates the 90-minute interactive meetings, where discussion between the participants and the psychologist is encouraged.

The meetings focus mainly on raising awareness and demystifying suicide in a police context. Content is flexible and adapted to individual work group needs. A facilitation manual was developed to ensure that participants feel free to express themselves on the themes targeted by the suicide prevention program.

This prevention activity is intended to promote a better understanding of suicide in a police environment and develop shared feelings around being able to intervene when someone is in despair. The intent is also to encourage police officers to ask for professional help in times of need.

Launched in 1997, this activity will take place over a period of more than three years. At the end of the tour, our goal is to have developed within the SPCUM a collective consensus with regard to intervention and suicide prevention.

Comments collected during a participant survey have been extremely favourable. Police officers appreciate the warm and respectful ambience in which team members and the psychologist interact. They say that the exchange has raised their awareness of suicide in a police environment and broadened their perspective. They also appreciate the support of the SPCUM and the Police Officers Assistance Program. Overall, they say they are more aware of what kind of help is available and feel better equipped to help a colleague in despair.

Comments of police officers who attended the meeting on suicide prevention.

"The SPCUM cares about our health."
"Being aware of suicide helps us be more attentive to others and ourselves."
"With what we learned during the meeting, we're better equipped to intervene."
"If we need help, all we have to do is ask and it's available."
"The meeting was excellent, things were well explained and helpful."
"It's a preliminary link of trust if such a situation were to occur."
"Everyone should take this course; I would recommend it to everyone if it could save a life."

3 Management and Union Representative Training

Suicide prevention also includes a training component for all supervisory management and union representatives. Commanders, investigation and gendarmerie supervisors along with union delegates learn to detect signs of despair and intervene in a preventive manner.

The training program objectives are as follows:

- *Develop a partnership with line and union supervisors so that each becomes a program champion.*
- *Clearly inform supervisors of the professional and administrative networks they can link into to support them in their process of reaching out to employees in despair.*
- *Develop a partnership between line and union supervisors and police officers experiencing difficulties to ensure that their roles complement each other and that management of the officers involved is well integrated.*

The SPCUM has produced a video entitled "*Preventive intervention in managing employees in despair*" to be used in the training. Designed specifically for the police environment, the video portrays a supervisor intervening with a police officer and illustrates the various stages of preventive intervention:

- *Identifying suicidal intentions*
- *Supervisor approaches in such circumstances*
- *Referral to Assistance Program professionals*
- *Removal of the service weapon*
- *Establishing a support network*

Training focuses mainly on a series of reflective exercises on suicide prevention and video viewing and analysis. Role playing rounds out the training, enabling participants to apply and integrate the recommended approaches in preventive intervention.

After completing the training, supervisors say that they improved their intervention skills, had a better understanding of the suicidal process and a clearer idea of their role in helping police officers in despair. They feel more at ease in evaluating suicidal behaviour, removing the service weapon if need be, and informing the family of their concerns. They also have more confidence that they can motivate the police officer involved to seek professional help.

4 The Peer Police Support Line

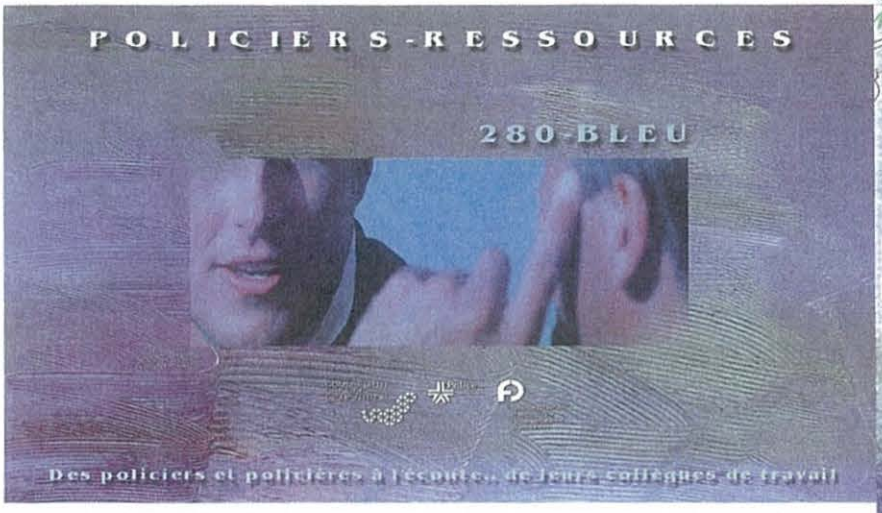
In all police forces, there have always been – and will continue to be – individuals who serve as resources for others, that is, police officers and union representatives who spontaneously help and support their colleagues. The **PARIS program** is based precisely on this idea of mutual support. Leveraging this asset, which is ingrained in the police culture, the prevention program's multifaceted approach includes a telephone support group staffed by volunteers.
Designed by SPCUM agent Jean-François Cimon, working in conjunction with Assistance Program psychologists, the new listening service provides on-the-spot listening and support to police officers experiencing difficulties and constitutes a complementary support to the professional services offered by Assistance Program psychologists.

The Peer Police Support Line is unique, in that SPCUM members can talk anonymously with colleagues who themselves have dealt with difficult life issues. For example, a police officer going through a marital separation can talk to a resource-police who has dealt with the same situation.

Four specific issues are targeted at present, and others may be added as the need arises:

- ***Couples and families***
- ***Alcohol and dependence***
- ***Gay police officers***
- ***Critical incidents***

The message conveyed to the police community by the Peer Police Support Line is one of hope, since peers themselves have experienced and resolved difficult life situations. The Program spreads the message of hope and support to police officers going through personal difficulties, to keep a rough patch from deteriorating into despair.



What results has PARIS achieved?

The suicide prevention experience among SPCUM police officers is currently under evaluation. A grant was awarded by the Québec department of health and social services. Both the preventive intervention strategy and the program's post-implementation effects are being measured, using quantitative and qualitative methods. The overall results will be made available once the evaluation process has been completed.

We can already say that we would be prepared to start over tomorrow if need be. SPCUM members who have been involved at one level or another feel they have benefited from the tools they have been given – tools that let them contribute to the suicide prevention goal pursued by everyone in the SPCUM police community.

Thanks to a broad and multi-dimensional prevention strategy and leveraging existing resources and services, today we can assert that police officers have the capacity to deal with the issue of suicide when they feel supported and their skills are strengthened.

Program collaboration

Police Officers Assistance Program team of psychologists

Dr. Normand Martin, Ph.D.
Suzanne Comeau, M.Ps.
Pierrre Fortin, M.A.

Suicide Prevention Programm Contributors
Claude Lagueux, M.Ps.
Stéphane Beaulieu, M.Sc.
Michel Loyer, M.Sc.
Caroline Roy, B.Sc., trainee

Steering Committee
S.P.C.U.M. Representatives
François Landry
Serge Gascon
Serge Meloche

Fraternité Representatives
Jacques Dinel
Pierre-David Tremblay
Georges Painchaud
Yves Francoeur

Scientific Committee
Dr. Brian Mishara, Ph.D.
Université du Québec à Montréal
Sylvaine Raymond
Lucie Charbonneau
Association québécoise en suicidologie
Brigitte Lavoie
Suicide-Action Montréal

Peer Police Support Line
Jean-François Cimon
Co-ordinator
Peers Police Volunteer

SPCUM *Communications*
Louise Boisvert
Danièle Gagné
Louise Boisclair
Nathalie Michaud
Michel Gagnon
Stéphane Banfi
Claude Leclair

Fraternité Communications
Philippe Roy

Legal Services
Me Marie-Michèle Daigneault
Me Denis Asselin

Graphic Design
Martial Boucher
Vincent Bégin

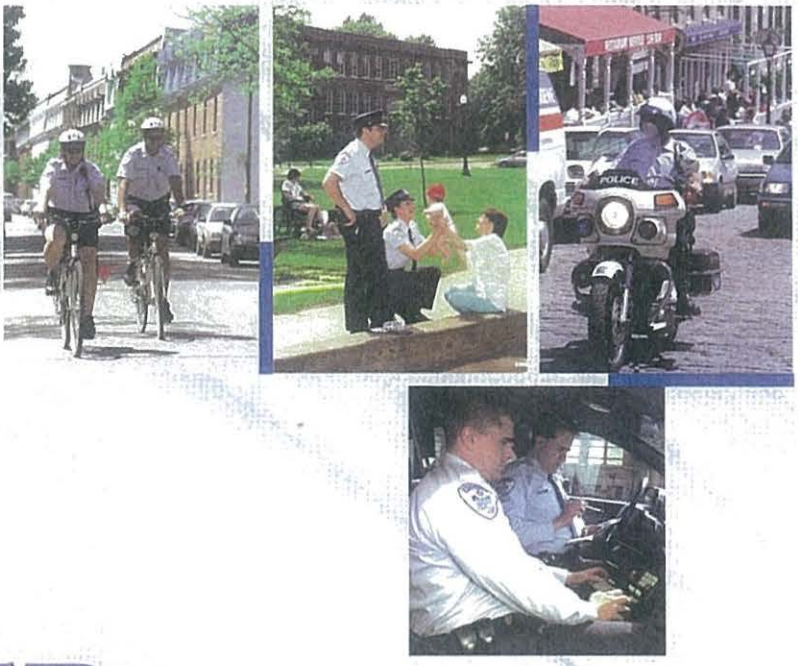
SPCUM *Training Section*
Vincent Arsenault
Gilles Jalbert
Alain Éthier
Jean Laramée
Gilbert Gagnon
Pierre Labelle
Léo Colette

For additional information, please contact the head of the Suicide Prevention Program:

Dr. Normand Martin, Ph.D.
Psychologist

Head of the MUC *Police Officers Assistance Program*
2120, *Sherbrooke St. East*
Suite 609
Montreal, Quebec
Canada
H2K 1C3

Telephone: (514) 280-3214
Fax: (514) 280-2523
E-mail: *normand.martin@spcum.qc.ca*



TOGETHER FOR LIFE

This program received financial support from the Service de police de la Communauté urbaine de Montréal, the Fraternité des policiers et policières de la C.U.M. and the Québec Ministère de la Santé et des Services sociaux.

COMMUNAUTÉ URBAINE DE MONTRÉAL

Police

Fraternité des policiers et policières de la Communauté urbaine de Montréal inc.

Gouvernement du Québec
Ministère de la Santé et des Services sociaux