

# TRAINING THE POLICE TO HANDLE SUICIDE

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POLICE ARE INCREASINGLY FINDING THEMSELVES INTERVENING IN SITUATIONS involving suicidal individuals. Moreover, a considerable amount of time and energy is devoted to investigating both attempted and successful suicides. Each year in South Australia approximately 200 people kill themselves. Probably ten times that number also attract police attention by flirting in some way with the notion of suicide. Police obviously cannot ignore these situations.

The majority of operational police officers, as a regular part of their duties, are being called upon to deal with a wide range of suicidal behaviour. A police officer may be sent to an incident shortly after an apparent suicide attempt and be required to restore order and confusion among distressed friends/relatives, talk calmly and patiently to an often uncooperative suicide attempter and make a sensible decision with inadequate information about what action should be taken. Alternatively, the more unfortunate police officer may need to relate to a disturbed individual in the process of trying to kill himself—this task is more delicate, with suicidal offenders at sieges who may have taken hostages and also appear homicidal. In addition, police are constantly required to assess the suicidal potential of prisoners. Another common task may be to conduct inquiries to determine if the cause of a sudden death was, in fact, suicide or something else. A large percentage of the people police deal with in the above situations are young adults and youths. However, the principles police act upon are not restricted by considerations of age.

It is important for police officers to appreciate the dynamics of suicidal behaviour. With education and understanding comes greater professional expertise in:

- talking to someone who has apparently attempted to commit suicide, for example, following a drug overdose;
- relating to someone who is in an immediate suicide threatening position, for example, preparing to jump from a window ledge;
- recognising early someone who may be a suicide risk, for example, a prisoner in the police cells; and
- conducting an inquiry into a death or disappearance which could be suicide.

## **Intervention Difficulties for Police**

Traditionally, the police role has been seen by the community and by police themselves as primarily concerned with law enforcement, that is, crime prevention, protection of life and property, investigation of offences and the apprehension of offenders. However, in recent years, the police have become more sensitive to a broad range of community social problems and the needs of victims of society, for example cases of domestic violence, child abuse, drug addiction and psychiatric disorders. An awareness of their community service role, as opposed to the law enforcement role, has created adjustment problems for some operational police officers.

Many police feel more comfortable dealing with law enforcement issues as these tend to be more predictable, can easily be related to set regulations and procedures and usually provide concrete results and, therefore, greater scope for job satisfaction.

A major difficulty in training police to intervene in community social problems is to develop the confidence of police officers to handle situations which many of them feel are well beyond their level of expertise and should perhaps be the concern of other helping professions. Through enforcing the law, police continually become embroiled in people's personal crises and emotional trauma. Who else in the community can the public turn to on a twenty-four hour basis and expect a response in a few minutes?

Some specific difficulties encountered by police intervening in incidents involving suicidal persons are as follows:

### *Difficult working conditions*

Many incidents with which police must cope involve difficult working conditions. It may be 2 am in the middle of winter by the roadside. The police officer may have to deal with excited bystanders, media looking for a story, frantic friends and an uncooperative suicidal individual. There may be other jobs banking up on the police radio network and confusion about what has occurred or might happen. The police officer has to gain control of the situation and, with the available information, make a calculated assessment about what is the best action to take.

### *Lack of knowledge*

Suicide, like many of the social problems which police must handle, requires a knowledge of very complex psychological behaviour. Situations with which police must cope would often tax the knowledge of psychiatrists, psychologists, social workers and welfare workers. It is often very difficult for police officers to predict what might happen or to know precisely what actions they should take when dealing with a suicidal individual.

### *Adopting patient flexible attitudes*

Police tend to be practical, action orientated, decisive and directive people. These qualities help them cope with offenders, conflict situations and law enforcement issues, utilising proven procedures and following legal requirements. Relating to suicidal individuals requires a more patient, gentle, reflective and flexible frame of reference. This involves a dramatic shift in the attitudes and behaviours of use in many other situations. Consequently, some police feel very unfamiliar and uncomfortable adopting patient, flexible attitudes when dealing with a distressed, suicidal person.

### *Lack of counselling skills*

Intervening with a suicidal individual, especially at a time of crisis, requires very sensitive interpersonal skills and a considerable amount of counselling expertise. Police are not counsellors, although often they must act as negotiators, mediators and arbitrators. Many police feel unsure of themselves in making decisions about what to say when relating to a distressed, suicidal person. Additional problems are created if a police officer's uncertainty is conveyed to the suicidal individual since rapport between the two of them is usually lost.

### *Lack of life experience*

Police officers gain considerable life experience in the course of performing their duties but this does not happen overnight. The majority of police officers engaged in uniform patrol duties are very young and only have several months general police training to guide them. They have to learn quickly and during that learning process find themselves required to deal regularly with difficult psychological crises, including the problems of suicidal youth. Young police officers are frequently the first responders to crisis situations. Society expects them to act with a great deal of wisdom and maturity to resolve the crises they encounter.

## **Police Recruit Training**

The South Australia Police Psychology Unit has among its responsibilities the task of training police cadets to cope with a range of crisis intervention situations police typically encounter. These include, for example, domestic violence, child abuse, sexual assaults, disasters, grief, drug addiction, psychiatric disorders, sieges, demonstrations and, of course, suicidal behaviour. The training philosophy adopted is designed to counter the operational difficulties police officers experience handling crisis situations. The recruit training package has been created to impart relevant knowledge of human behaviour, develop appropriate intervention attitudes, foster interpersonal skills and provide a frame of reference for operational experience in the real world.

The recruit training package relating to suicidal behaviour has been taught and continually modified since 1980. It is part of the Psychology (Crisis Behaviour) Module which is designed to acquaint police with their community service role as opposed to the law enforcement role. The suicidal behaviour training package is divided into three components.

### *Knowledge of suicide*

Police cadets receive theoretical knowledge from police psychologists using lecturettes, handouts, classroom discussions and case studies. No suitable films on suicide have been found. Topics covered include:

- The nature of suicidal behaviour: the ambivalent and emotional nature of suicidal behaviour is discussed together with factors which determine chances of survival.
- Myths about suicide: common myths are examined, for example, 'suicide happens without warning' and 'persons who attempt suicide are mentally ill', etc.
- Suicidal individuals: suicidal behaviour is presented as being on a continuum with distinctions being drawn between attention seeking individuals, not serious about dying, at one extreme, and determined suicide attempters at the other.

- Indications of suicidal risk: factors considered include reasons, behaviour, warning comments and emotional/physical state of suicidal persons.
- Preventing suicide attempts: basic principles about how to intervene with suicidal individuals are presented as a series of behavioural DOs and DON'Ts which may help a police officer relate effectively to a person threatening to kill himself or herself.
- Suicidal behaviour in custody: information is given regarding the profiles of suicidal prisoners, probable reasons for prisoners attempting suicide, risk assessment procedures and preventative measures to minimise the incidence of suicide attempts in custody.
- Relevant welfare services: those available within South Australia are reviewed.

The above knowledge requires half-a-day input. The human behaviour knowledge is supplemented with lectures from other police instructors regarding police procedures and coronial matters. Relevant procedural and legal knowledge provided throughout the Psychology (Crisis Behaviour) Module follows the input on human behaviour. This is quite deliberate. The idea is to get police cadets to initially think about human relations issues and to give these priority over regulations and legal issues. It is considered that this ordering of instruction helps develop more flexible attitudes than may occur if the initial emphasis is placed upon law enforcement issues.

#### *Practical experience*

Following theoretical input on human behaviour, police procedures and legal matters, the training package concentrates on providing some practical experience of suicidal behaviour. The rationale applied is that theoretical knowledge alone is insufficient to develop attitude change in police cadets about the need for intervention when relating to suicidal individuals. Some experience of how suicidal behaviour affects people also tends to personalise the knowledge previously gained by cadets.

Providing practical experience of suicidal behaviour has proved difficult. Several approaches have been utilised including classroom discussions with individuals who have attempted suicide or with the relatives of persons who have killed themselves; visits to youth centres and psychiatric hospitals, which enable cadets to speak to depressed youths who show suicidal tendencies; and, visits to the Adelaide Mortuary, which confront cadets with the results of successful suicides. Subsequently, debriefs are conducted by police psychologists with police cadets to review their impressions, feelings and attitudes about the above experiences. These debriefs also allow the experience gained to be related to actual operational incidents.

#### *Skills building*

Theoretical knowledge and practical experiences of suicidal behaviour are insufficient preparation for police duties. The process must also include the development of appropriate intervention skills. This is achieved by conducting a half-day of role plays about typical situations police encounter operationally.

Role plays are administered by members of the Police Psychology Unit who role play the part of suicidal individuals. Police cadets are paired off to act as police patrol crews. They are given a general scenario for each role play. The scenario includes the kinds of information a patrol crew would expect to receive via police radio when despatched to an

incident. It also includes the preliminary observations a patrol would make upon arrival at a scene. Police cadets are required to handle the situation as if the action was real. If the attitudes and behaviour of the cadets is conducive to resolving the role playing incident in a constructive way, the suicidal role player cooperates. However, if the actions of the cadets are inappropriate, the problems they encounter with the suicidal role player magnify. The role play is stopped when it is clear the situation is becoming controlled, stalemated or uncontrollable. Each role play is observed by other members of a cadet class.

On completion of a role play, the cadets, acting as a police patrol, explain what they were trying to do, what actions they feel were constructive and what they would do differently given another opportunity. The suicidal role player indicates what impact the patrol crew's behaviour has had upon him. Class members add additional relevant and constructive observations about the way the role play was handled. The police psychologist summarises the lessons learnt and relates them back to the guiding intervention principles provided earlier during the knowledge input stage of the training package.

Role plays provide a valuable method of integrating theoretical knowledge of suicidal behaviour and police operational procedures. They enable police cadets to experiment with techniques of intervention, increase their awareness of difficulties which may be encountered operationally and develop the confidence to handle real life situations constructively.

### **Some Other Initiatives**

In addition to the Police Recruit Training Program, some other initiatives have been introduced by the South Australia Police Department to help police officers recognise and cope with suicidal persons they may encounter in the performance of their duties. These initiatives are briefly commented upon below.

#### *Deaths in custody seminars*

Deaths in custody seminars were introduced into the South Australia Police Department in early 1989. These are one-day staff development programs for operational police officers. Their aim is to educate police in procedures designed to minimise the incidence of prisoner deaths occurring in police cells. Some of the deaths which have occurred were suicide. Also, on frequent occasions, police cell guards have acted promptly and prevented suicide attempts from being successful.

Part of the deaths in custody seminar is a segment entitled 'Suicidal behaviour in custody'. As with recruit training programs, police are given information regarding the profiles of suicidal prisoners. Also, probable reasons for prisoners attempting suicide are discussed, including the trauma of arrest and the influence of many prisoner's deprived backgrounds and unstable personalities. In addition, preventative measures to minimise suicide attempts are revised. In particular, police are taught to:

- treat the prisoner with dignity;
- create a climate for communication;
- make a careful risk assessment by: considering the prisoner's profile; reviewing the prisoner's background; observing the prisoner's behaviour; considering the prisoner's comments;
- ensure the prisoner is not isolated;
- monitor closely the high risk prisoner whilst in police custody.

Throughout the seminar, the care and welfare of prisoners is continually emphasised.

### *Prisoner screening form*

A prisoner screening form was introduced at the Adelaide Watch House in March 1988 and extended in June 1989 to all police stations where prisoners are detained. It is completed for all persons arrested, charged and lodged at a police station.

The form was designed in an endeavour to prevent persons suiciding whilst in custody. It requires the arresting officer, duty sergeant and all cell guards to note the physical and emotional condition of the prisoner. The intention is that the prisoner screening form should alert police on cell guard duty to high risk prisoners so that appropriate action can be taken.

### *Psychological debriefings*

The South Australia Police Department has a policy which requires police who have been subjected to emotionally traumatic situations to undertake a confidential psychological debriefing. Psychological debriefings have proven valuable in enabling police officers to ventilate their feelings and defuse their emotions regarding crisis situations they have encountered. Several police who have dealt with suicidal individuals have benefited from these debriefings. This has been especially important when police officers have intervened in incidents involving actual suicide attempts and in cases of deaths in custody. The debriefings and follow up counselling have enabled the police officers concerned to see these situations in a realistic perspective and, therefore, to return to operational duties with increased confidence and peace of mind.

## **Conclusion**

Police training programs have demonstrated their worth. Feedback from psychiatric hospitals indicates that patients for admission are being conveyed by police with more empathy and less distress than was the case prior to the introduction of police training to handle both suicidal persons and psychiatric disorders. Also, on several occasions during psychological debriefings it has become obvious that the police officer involved has capably utilised the guiding principles learnt during recruit training.

Improvements to the current training of police to handle suicide could be made by utilising additional teaching techniques such as films or videos, increasing the range of case studies discussed and devoting more time to role playing practice. Fortunately, police cadets receive some transference of relevant knowledge, appropriate attitude change and useful skills building practice from lessons learnt during training in related crisis intervention topics. This occurs throughout the Psychology (Crisis Behaviour) Module.