

Law Enforcement's Role as Suicide Assessors for Prevention

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G. K. Chesterton wrote in *Orthodoxy* (1908), “The man who kills a man, kills a man. The man who kills himself, kills all men. As far as he is concerned he wipes out the world.” Suicide is a part of our society, and the completion of a suicide often affects a family and community twofold leaving stigma and a disposition for future mental health problems. The association with mental illness and suicide is strong bringing along with it the misunderstandings and negative views by the general public. The topic of suicide is not spoken about in your average family households, leaving many frantic with the unknown when the concern rises. Our problem solvers for life and death concerns in our society are our law enforcement organizations. With little training law enforcement officers have become the “go to” people for suicide assessment and prevention.

Law enforcement has a culture of its own and attracts a particular group of people to the job. People in any public safety position have a deep-rooted compassion for helping people. Law enforcement is unique in the fact that most get into the profession to help people by fighting crime. This mindset can help officers deal with the violent trauma that they see day to day and can help deliver a purpose to the chaos they encounter. The fighting crime mentality leaves little room for the idea of suicide assessment and prevention. The thought by many is suicide prevention is a medical call and not one for law enforcement. Law enforcement personnel overlook that most state statutes give officers the authority to take someone into a protective custody and transport them to the hospital for suicide and mental health assessments; while the same authority and law is not given to paramedics and firefighters.

The general public also considers suicide assessment to be a medical related issue. The problem voiced by concerned families and individuals is the lack of access to open communication with medical professionals. The Health Insurance Portability and Accountability Act (HIPAA) was created to help protect the rights of patients, but as a side effect has blocked preventative communication from concerned parties about potential suicidal behavior. The lack of communication and follow up

has left concern parties having to wait until the suicidal behavior become an imminent threat and they are forced to call their local emergency number, 911. It comes as a surprise to many when law enforcement responds to their call for service. Law enforcement is the de facto when it comes to a threat to a person life.

The Center for Disease Control and Prevention has data from 2013 showing suicide as the tenth leading cause of death in the United States for all ages. This accounts for 41,149 deaths by suicide that year. That is a rate of 12.6 per 100, which equals to 113 suicides each day or one every 13 minutes. 113 people could fill up a Boeing 737-500, which is frequently flown by Southwest Airlines and it seats 122 passengers. Imagine if every day a Southwest Airlines Boeing 737-500 crashed, killing everyone but the flight crew, it would be a huge national uproar and focus of the media. An estimated 3.9%, 9.3 million, of the adult population reported having suicidal thoughts in the past year. An estimated 1.3 million adults attempted suicide in the past year, and among those 1.1 million reported making a suicide plan (CDC). With these stats it shows that there are approximately 25 suicide attempts for every suicide completion, which means there is 2,825 attempts a day. If four New Mexico high school's entire student population attempted to take someone's life it still would not match the number of suicide attempts a day but action would immediately be taken to prevent such attacks (U.S. Department of Education, 1999-2000). The impact of suicide on our society is often overlooked and put on the bottom of the political and social agendas.

Albuquerque, NM is the 32nd largest city in the United States, per the U.S. Census Bureau, with a population of 557,169 and 5th highest in suicide rates for large cities (National Association of County and City Health Officials, 2007). The law enforcement organization for the city is a municipal police department that is staffed with 865 officers and allotted for 1000 (Lucero, 2015). The field service bureau that is responsible for police calls for service has approximately 400 officers. The Albuquerque Police Department (APD) collects data for police calls for service reference suicide through a CrimeView Desktop CAD Data Layer program. This

program showed in 2013 there were 3,141 calls that were coded as a suicide call; while in 2014 there were 3,473 calls coded as a suicide call. Averaging the two years makes 3,307 calls, which break down to 275 suicide calls a month and around nine calls a day. It is not a matter of if an officer will take a suicide coded call but when for this department. Officers must obtain a peace officer certification from the State of New Mexico to practice law enforcement; being such a large department APD maintains their own training academy for employees, cadets, to attend in their course to becoming officers. During the 27-week academy cadets are taught a total of one hour on suicide and in that hour depression is also talked about. It is surprising that such a common situation where a human life is in jeopardy officers are only provided one hour of training to prevent a tragedy and potential loss of life.

The largest emergency psychiatric provider for Albuquerque, NM is the University of New Mexico's (UNM) hospital's psychiatric emergency services (PES) department. This department provides a law enforcement drop off port for quick and easy transfers of patients from law enforcement custody to the hospital making them one of the more common resources officers use for mental health evaluations. PES takes all levels of law enforcement mental health evaluations including suicide assessment and evaluations. The director of PES, Mohamad Khafaja M.D., proved statistics of the APD drop offs showing a total of 910 in 2013 and 927 in 2014. Averaging the two years makes 918 emergency drop offs a year or 76 a month, which is around two a day. Dr. Khafaja indicated that the majority brought in by officers were threats to others and not self-harm or suicide concerns.

With the restriction on mental health providers preventing open communication and proactive treatment by national laws, law enforcement officers are the de facto street mental health clinicians with little training in suicide prevention and assessments. The prevalence of suicide in our society and the city of Albuquerque shows the need for successful intervention to preserve human life. The city of Albuquerque having one of the highest rates of suicide completion in large cities provides its officers with one hour of assessment and prevention training. The

break down of PES intakes does not differentiate reasons for drop off, but looking at the numbers 27% of the APD officer's contacts would result in an evaluation. With the high rates of suicide completion in Albuquerque and the responsibilities placed on law enforcement to complete prevention evaluations additional training should be the first step in addressing this community issue.

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