

MOTION BY SUPERVISORS KATHRYN BARGER
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AGN. NO.

September 11, 2018

**Addressing Suicide among First Responders, Emergency Services Professionals
and Death Investigators**

Following tragic events such as the mass shootings in Parkland, Las Vegas or the devastating Thomas Fire in Santa Barbara, our first responders are hailed as heroes and extolled for their bravery. However, it is seldom acknowledged that those who serve in this capacity regularly experience death, trauma and tragedy, sometimes on a daily basis. While media reports and medical providers have fueled research on the physical and psychological effects of trauma experienced during military service, we have little information on the impacts that trauma may have on our first responders.

According to the Centers for Disease Control and Prevention (CDC, Leading Causes of Death Report, 2016), suicide in the *general population* was the tenth leading cause of death in the United States claiming twice as many lives (44,965) as homicide (18,362). However, in a recent white paper published by the Ruderman Family Foundation¹, the suicide rate among *first responders* is reported to be higher than those in the general population.

The white paper indicates there is not enough known about this connection to suicide and first responders but studies are now documenting trauma in the field and adds, “*Constant exposure to death and destruction exerts a psychological toll on first responders, resulting in post-traumatic stress disorder (PTSD), substance abuse, depression, and even suicide.*”

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¹ RUDERMAN FAMILY FOUNDATION; The Ruderman White paper on Mental Health and Suicide of First Responders. Heyman, Dill, Douglas, April 2018.

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The *Ruderman* report also noted that the number of firefighters and law enforcement officers who took their own lives outnumbered all line-of-duty deaths in 2017. The report expresses concern about the lack of conversation about mental health within police and fire departments and goes on to say that, “*Silence can be deadly, because it is interpreted as a lack of acceptance ... that prevents first responders from accessing potentially life-saving mental health services.*”

Less publicly heralded for their vital role are other County employees who are responsible for treating injuries and who take custody of bodies in the aftermath of tragedies, large and small. In the regular course of their duties, these professionals treat persons suffering from shock and respond to death scenes. The repeated exposure to these traumatic incidents can have a serious and lasting impact on the mental health of these employees.

Assembly Bill 1116, if approved, will create a *Peer Support and Crisis Referral Services Pilot Program* for firefighters, correctional peace officers, and parole officers. This multi-year pilot would provide a trained, peer-to-peer, support network to address the high-stress and unpredictable work environment of these professions. The County should broaden the scope of this state pilot in order to mitigate the occupational stress of not only firefighters, but coroner death investigators, sheriff’s personnel, emergency medical teams, and any other County employee who regularly is called to assist in the aftermath of critical incidents.

While some leaders within these professions, like the Los Angeles County Sheriff, have implemented strategies to mitigate occupational stress and discuss the importance and shared experience of mental health issues, the *Ruderman* report indicates that not enough agencies have programs and policies in place to address suicide prevention. Evidence-based programs can range from paid time off following a critical incident, making referrals to skilled trauma-informed health practitioners, to the AB 1116 vision of a peer-to-peer informal gathering. Recently, the Los Angeles County Fire Department added two medical positions to address preventative and psychological services and this provides a good foundation to advance services and provide help. However, because of the special bond that police officers, firefighters, and other justice agencies have amongst themselves, peer-to-peer conversations may be a valuable tool in recognizing and combating some of the challenges presented by repeated exposure to emotional and physical trauma. Communication to employees can be accomplished in other ways so that their mental health is part and parcel of being an effective and valued employee. Los Angeles County Sheriff’s Department, for example, requires that a deputy who is even peripherally-involved in a deputy-involved shooting make an appointment with a mental health practitioner within five days of a shooting.

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Los Angeles County accepts that violence is a public health issue. Suicide is a unique form of violence that deserves a closer look. Based on accumulated data, as well as the distinct cultures within the professions of policing, firefighting, emergency response, and death investigation, it is clear that the issue of suicide in this population requires special attention. It is time to bring awareness of the issue along with solutions in order to offer help to those who protect our lives; our property; and ensure our peace and safety.

WE, THEREFORE, MOVE that the Board of Supervisors request the Los Angeles County Fire Department (LACoFD), the Los Angeles County Sheriff's Department (LASD), Chief Medical Examiner/Coroner, Health Agency, along with the Chief Executive Officer (CEO), in consultation with Labor Partners, and other relevant departments and stakeholders to report back on the following in 90 days:

- 1) Review current policies, programs and services that address suicide prevention, critical incident stress management, as well as trauma-informed education and outreach for first-responders, emergency room personnel and crime scene personnel;
- 2) Examine historical data on deaths caused by suicide of sworn personnel and those in other emergency services and death investigation agencies;
- 3) Identify and work with experts who specialize in understanding the unique issues related to suicide and first responders in order to further develop protocols, policies, education and outreach, including, but not limited to, training for peers and supervisors to help recognize the warning signs of suicide and trauma; and
- 4) Examine national best practices utilized by other fire and justice agencies who have implemented policies, programs, and services that are well-received within their professional communities.

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