

Systematic Review of Effective Programmes Suicide Prevention in Police

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Abstract

The main objective of the research is to conduct a systematic review of effective programs on suicide prevention in police officers. 12 scientific investigations were taken into account regarding the effectiveness of suicide prevention programs in police officers, published between 2010 and 2019 in the databases: PsyArticles, PubMed, ProQuest Central, MEDLINE and Science Direct. We found 5 quasi-experimental studies, 3 systematic narrative reviews, 2 meta-analyzes and 2 experimental ones, all published in English, in a population almost entirely of men. Possible basic qualitative and quantitative analyzes of the evidence on effective preventive actions were carried out, and a list of preventive recommendations with more evidence about their effectiveness was proposed. It is concluded that the programs must include at least three basic actions of training, accompaniment and the construction of collaborative networks and strengthening of social exchange capacities as the basis for the development of effective preventive actions.

Keywords: *Prevention; Programs; Suicide; Police; Systematic Review*

Introduction

The mental health of uniformed Police personnel is greatly affected by various conditions linked to the very nature of the activities that involve their work of protection and social security [1] as important as it is stressful, and this has made suicide in this population a current health issue in different parts of the world [2].

Undoubtedly, the means of protection for their work have generated access to artifacts and weapons with which they can harm themselves, a risk added to the protective action they carry out in different destructive and violent events such as clashes, wars and catastrophic disasters. in which his self-injurious suicidal behavior can facilitate his death without registering or detecting his decision to end his life [3].

On the other hand, the World Health Organization [4] recognizes that suicide is one of the three main causes of death among men since every year about one million people have suicidal ideation or have already attempted kill yourself; especially in uniformed personnel such as the military and the police. In Latin America, in general, the suicide rate is high, since there are more than 7 cases per hour, and therefore suicide was declared as a relevant and preventable health problem [5].

Specifically in Colombia, the National Police [6] reported that the overall suicide rate in 2008 was 18 suicides per 100,000 uniformed persons, and by 2010 it increased to 20 effective suicides per 100,000 uniformed persons. Along these lines, Rodríguez, Medina, Rozo

and Sánchez [7] note that in the majority of suicide attempts and effective actions, the agents lived alone and had a history of previous attempts. Situation that in addition to affecting the well-being and individual health, reduces the positive image of the Police as an institution since it generates value judgments about the fulfillment of their work [1] rather than concern for their mental health, which undoubtedly it is a matter of extreme importance [8].

It should be noted that suicidal behavior is not an exclusive problem of the uniformed, but that their work has a high impact on mental health, and this explains about 50% of the registered suicide cases [9,10]; therefore, it is important and necessary to work on the identification of effective suicide prevention strategies that guide the implementation of actions aimed at generating timely detection and efficient preventive intervention [11], as it had been proposed. the WHO [12] in its guide to management guidelines that undoubtedly requires updating on progress in this regard.

Objective of the Study

Therefore, the objective of this study is to identify preventive actions of suicide in the Police that have a high investigative report about its effectiveness, this to guide the generation of preventive programs with real positive scope.

Methods

Corresponds to a systematic analytical review of police suicide prevention actions to assemble the original published studies in order to synthesize the conditions that define their effectiveness.

Sample

Twelve investigations were included, mostly in English, of an experimental or quasi-experimental type, meta-analyzes and systematic reviews as proposed by Vidal, Oramas and Borroto [13]. Using the following search criteria: Scientific research on the effectiveness of suicide prevention programs in police officers, published between 2010 and 2019 in the databases: PsyArticles, PubMed, ProQuest Central, MEDLINE and Science Direct; located with the following search criteria: "Suicide" OR "suicide risk" connected with AND "prevention policy" OR "program prevention" "police", NOT "veterans".

This allowed 35 published articles to be postulated among 76 documents located, which were analyzed in depth, to ratify the introduction of 12 studies that met all the inclusion criteria.

Instruments

Documentary record that includes location data, abstract, methodological data, results, recommendations for action and their possible positive and negative effects, emerging research questions and additional recommendations.

Compliance and quality rating charts performed by evaluators in the modified Angoff sessions.

Process

To broaden the scope of the search, each researcher located and registered all the candidate articles in a shared excel matrix, then analysis and consensus sessions were carried out with the modified Angoff methodology, in which a first evaluation of titles and abstracts was made, after which removed: (1) those articles that did not focus on suicide or any of its parameters, (2) those that did not focus on suicide prevention, (3) those that did not involve police officers in their suicide prevention programs and (4) those that did not comply

with the type of research proposed in the inclusion criteria. Once the sample of validated articles was defined, the possible qualitative and quantitative analyzes of the evidence on effective preventive actions were carried out, and a list was proposed. of preventive recommendations with greater evidence.

Results

Among the included studies we found 5 quasi-experimental studies, 3 systematic narrative reviews, 2 meta-analyzes and 2 experimental, all published in English, in a population almost entirely of men (Table 1).

Type of study	No. of studies	No. studies	%	Language	Sex
Systematic reviews	3	18 - 21- 53	25	English	Almost 100% men
Meta analysis	2	13 - 25	17	English	Almost 100% men
Experimental	2		17	English	Almost 100% men
Quasi-experimental	5		41	English	Almost 100% men

Table 1: Characteristics of included studies.

Actions related to the effectiveness of suicide prevention programs in police officers.

As can be seen in table 2, most of the reported programs that are chosen by the representatives and managers of the application groups are multi-component, since in all cases they indicate that it was necessary to follow a process of internal decisions in all reported studies. The three components with the highest report of effectiveness, in order of amount of evidence, were training in suicide risk management for professionals and staff in general (97%), increased knowledge about suicide in topics that improve their attitude and confidence of help in this regard, in addition to understanding its relationship with depression in large part (60%) and timely detection of suicide risk and health counseling (45%); It should be noted that these chosen actions and techniques are specific components of the Gate Keepers program that were chosen by the team in charge.

Components	N	Action/Technique
Training in suicide risk management for professionals and staff in general	11	Structured learning and role play on risk situation management. Advanced training given by professionals to health professionals, managers, especially in support of cases of depression and suicide risk. Basic training for personnel and the community in general. Fostering more adaptive beliefs about suicide prevention to decrease the reluctance of professionals, the community and users. Promotion of the use of e-learning modules and use of suitable material available on the internet. Creation of progress analysis and discussion groups.
Increased knowledge of suicide in topics that improve their attitude and help confidence in this regard, in addition to understanding their relationship with depression.	7	Training courses and open talks, preparation of informative material. Guardian training in timely risk identification. Training in improving self-efficacy, suicide intervention, crisis intervention, treatment of alcohol and drug abuse. Training in the safe use of weapons and restricting access to lethal methods, such as firearms and medications to people at risk. Timely referral and definition of care route. Development of dissemination material on the subject: brochures, posters and notes in the media.
Timely detection of suicide risk and health orientation.	5	Development of follow-up actions -internal investigation on daily practices and interactions related to suicide. Opening of helplines and early attention.
Presentation of experiences of attempted survivors	1	In open conversation spaces

Table 2: Actions reported effectively in police suicide prevention programs.

It is important to note that only 4 studies report having carried out specific follow-up of participants, 2 classified as experimental did not have control groups, 2 only include command or training personnel for possible entry into the program, and only one included the use of electronic training modules. learning and dissemination.

Discussion and Conclusion

In the candidate and the chosen investigations it was seen that in general there is a negative conception of suicide, since conceiving it as an important health issue is seen as an unacceptable failure in security control, and this can affect the image projected by the agents of an entity in charge of protecting the community for which they are responsible, which is why the limited location of documents published in this regard is explained.

It is important to note that a large part of the articles examined corresponded to systematic reviews or meta-analyzes and this allows defining specific recommendations with sufficient scientific evidence, ratified with the review of included experimental and quasi-experimental studies; As a result of the systematic review of an analytical nature carried out in the aforementioned scientific sample, it can be stated that the most effective prevention programs are aimed at active and retired personnel, are multi-component and include at least two of three prevention strategies in a complementary way to ensure its scope in decreasing suicidal behavior. It should be noted that most of the studies on the subject recognize that the effectiveness in changing suicidal behavior depends on the analysis of specific conditions and functioning according to the context, but that without a doubt its positive scope can be replicated and extended to the population. located in other countries [14-16].

The prevention strategy with the greatest scientific support reported, almost in all of the investigations, was advanced training carried out by experts in handling situations of suicide risk and depression for professionals, and one at a specific level for personnel in general and the community, developed through the application of strategies that include technical presentation, structured learning, based on the promotion of comprehensive and caring beliefs about suicide. Training that can be carried out in a mixed face-to-face and virtual pedagogical way to facilitate the scope, and allow the generation of problem analysis groups and the implementation of the program. Already Biolatto [17], Foxcroft and Tsertsvadze [18], the Ministry of Health and Social Protection [19] and the WHO [20] recommend the development of prevention actions made up of cultural, social and individual components, in order to guarantee its effectiveness.

Second, more than half of the studies analyzed indicated that it is necessary to increase the general knowledge of the community about suicide, especially in order to improve the attitude and confidence of help in this regard, and to provide advanced technical training in topics that facilitate understanding of the relationship between suicide risk and mental health conditions such as depression and drug use, as well as training in self-efficacy techniques and crisis intervention in emergencies. For this, it is recommended to offer training courses to professionals and open talks, with supporting information material that also includes information on the appropriate use of weapons and medications in cases of risk, and to create strategies for the general dissemination of the program through internal communication media. In addition, the importance of establishing timely referral systems and the clear definition and dissemination of the care route is highlighted, so that each person in uniform or does not see the responsibility for their actions and the value of the commitment they have as an agent of the law and as a citizen in the protection of the life of all [21-23].

Previous health research, indicated that increasing the general knowledge of the community about suicide helps to adequately face the situation, facilitates the identification of risk factors present in the social group and recognizes in a timely manner the specific needs for timely action [24,25]. In addition, an action and intervention guide has been formulated that must be effectively disclosed to promote and facilitate its use [26,27].

It should be noted that Shelef, *et al.* [3] highlight the importance of controlling potential variables of increased suicide risk, such as access and specific restriction of methods that can be lethal (firearms or medications) in high-risk cases. But it is key to note that not only

by restricting firearms and lethal substances can suicidal behavior be prevented, since there is an important component of psychosocial support necessary to reinforce the feeling of well-being and personal security both in the police and in the police. citizens [28].

Thirdly, the importance of carrying out actions aimed at the timely detection of suicide risk was evidenced in order to offer timely health guidance to seek direct help or through established or existing helplines, and to carry out follow-up actions to facilitate remission. timely by the defined healthcare route that must be previously disclosed by the means described above. As indicated by previous studies carried out with various populations on the importance of disseminating suicide crisis management strategies [3,14,29], a condition previously recommended by researchers and national and international entities [24,30-32].

In conclusion, all the actions imply the construction of networks and joint work teams, since without a doubt the strengthening of the capacities for social exchange is the basis for the implementation and success of any of the recommendations regarding suicide prevention [13]. Likewise, it is necessary to carry out a greater number of investigations around the understanding of the conditions that have increased suicide in the police, in order to be able to work with more success, specificity and, of course, in time, in the development of preventive actions. specific. Finally, it should be noted that the three components of preventive action of police suicide are part of the Gate Keepers Program [33], although some specific actions were proposed in the indicated contexts of application.

Finally, it is important to note that the negative conception of suicide causes that in the uniformed groups it is seen as an unacceptable behavior since they report that it has unintended implications on the projected image and the assessment made by the rest of the armed forces [34-36].

Limitations of the Study

The fact that only two meta-analyzes were located and that the follow-up measures taken in the experimental and quasi-experimental studies were diverse limited the development of mathematical processing that complemented and ratified the qualitative analyzes made. For this reason, it is necessary to carry out a follow-up evaluation of the prevention actions carried out and establish adequate statistical comparisons that allow establishing that their maintenance is due to the intervention carried out and not to other variables. On the other hand, it should be noted that most of the research participants were men, and it is important to note that there are suicidal cases in women who deserve equal attention and specific understanding.

Bibliography

1. Tudela-Poblete P. Police performance evaluation: exploring relationships between public opinion and police work in Chile (2012).
2. Castillo AL. "Determining factors in the mental health of the active uniformed personnel of the Colombian National Police". *Logos Ciencia y Tecnología Magazine* 1.1 (2009): 57-66.
3. Shelef L., et al. "An effective suicide prevention program in the Israel Defense Forces: a cohort study". *European Psychiatry* 31 (2016): 37-43.
4. World Health Organization. "Suicide prevention, a global imperative". Washington, DC: OPS (2014).
5. Pan American Health Organization. "Suicide mortality in the Americas" (2014).
6. Colombia National Police. (s.f). My life my passion - Commanders and middle managers (2010).
7. Rodríguez A., et al. "Suicidal ideation and associated factors in a group of police officers from Pereira-Colombia". *The Agora* 13.2 (2013): 411-420.

8. Lombana A. "Determining factors in the mental health of the active uniformed personnel of the Colombian National Police". *Logos Science and Technology Magazine* 1.1 (2009).
9. Forensic Science. "Forensis 2011: data for life (Report to the press)". Bogotá (2011).
10. Merikangas KR., et al. "Prevalence and correlates of bipolar spectrum disorder in the World Mental Health Survey Initiative". *Archive General of Psychiatry* 68.3 (2011): 241-251.
11. Londoño C., et al. "Symptoms of depression in men". *Universitas Psychologica* 16.4 (2017): 1-19.
12. World Health Organization. "Suicide prevention, a tool for front line police, fire and other first responders" (2009).
13. Vidal Ledo M., et al. "Systematic reviews". *Higher Medical Education* 29.1 (2015): 198-207.
14. Mishara BL and Martin N. "Effects of a comprehensive police suicide prevention program". *Crisis* (2012).
15. Ghoncheh R., et al. "Suicide prevention e-learning modules designed National Institute of Legal Medicine". *Crisis* 35.3 (2014): 176-185.
16. Burnette C Ramchand and R Ayer L. "Gatekeeper training for suicide prevention". *Rand Health* 5 (2015): 1.
17. Biolatto L. "Strategies with adolescents to prevent problematic alcohol consumption: modalities and areas of application". *Towards Health Promotion* 23.2 (2018): 48-66.
18. Foxcroft DR and Tsertsvadze A. "Universal multi-component prevention programs for alcohol misuse in young people". *Cochrane Database of Systematic Reviews* 9 (2011): CD009307.
19. Ministry of Health and Social Protection. National suicide prevention program (2013).
20. World Health Organization. Suicide prevention an instrument for primary health care workers (2008).
21. Knox KL., et al. "The US Air Force suicide prevention program: implications for public health policy". *American Journal of Public Health* 100.12 (2010): 2457-2463.
22. Petrovic A., et al. "P-1437-Police training as suicide prevention strategy: Preliminary results from Slovenia". *European Psychiatry* 27 (2012): 1.
23. Thoen MA., et al. "Agency-offered and officer-utilized suicide prevention and wellness programs: a national study". *Psychological Services* 17.2 (2019): 129-140.
24. Conselleria de Sanitat Universale. Living is the way out. Public health (2015).
25. Pan American Health Organization. Suicide prevention: a global imperative (2014b).
26. World Health Organization. "MhGAP Intervention Guide for Mental, Neurological and Substance Use Disorders at the Non-Specialized Health Care Level: Version 1.0". Geneva (2011).
27. Piedrahita L., et al. "Estrategia de intervención para la prevención del adolescent suicide: school as context". *Towards Health Promotion* 17.2 (2012): 136-148.
28. Arensman E., et al. "Effectiveness of depression - suicidal behavior gatekeeper training among police officers in three European regions: outcomes of the Optimizing suicide prevention Programs and their implementation in Europe (OSPI-Europe) study". *International journal of social psychiatry* 62.7 (2016): 651-660.

29. Marzano L., *et al.* "Police and suicide prevention". *Crisis* 37.3 (2016): 194-204.
30. Chilean Ministry of Health. Recommendations for the Prevention of Suicidal Behavior in Educational Institutions (2019).
31. Rocamora A. "Crisis intervention in suicidal behaviors". 2nd Edition, Desclee de Brower (2016).
32. European Union within the Public Health Program 2008-2013. Prevention of suicidal behavior and interventions after suicide (2014).
33. Gate Keepers Program. The Gate Keepers Program (2019).
34. Milner A., *et al.* "Workplace suicide prevention: a systematic review of published and unpublished activities". *Health Promotion International* 30.1 (2014): 29-37.
35. Terpstra S., *et al.* "Suicide prevention gatekeeper training in the Netherlands improves gatekeepers' knowledge of suicide prevention and their confidence to discuss suicidality, an observational study". *BMC Public Health* 18.1 (2018).
36. Witt K Milner., *et al.* "Effectiveness of suicide prevention programs for emergency and protective services employees: A systematic review and meta-analysis". *American Journal Industrial Medicine* 60.4 (2017): 394-407.

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