

Special Commission to Study the Prevention of Suicide Among Correction Officers in Massachusetts Correctional Facilities

June 2019 Report



Submitted by: The Executive Office of Public Safety and Security

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EXECUTIVE SUMMARY

The Special Commission to Study the Prevention of Suicide Among Correction Officers in Massachusetts Correctional Facilities (hereinafter “Special Commission”) was established by Section 219 of Chapter 69 of the Acts of 2018, *An Act Relative to Criminal Justice Reform* (hereinafter “The Criminal Justice Reform Act”).

Pursuant to the Criminal Justice Reform Act, the Special Commission was charged with:

1. Examining and evaluating the current jail and prison suicide prevention policies
2. Examining and evaluating suicide prevention training for correctional facility staff
3. Providing recommendations for improving suicide identification and intervention for correctional facility staff
4. Developing recommendations for providing mental health counseling services to correction officers that have a need for such services
5. Examining ways in which correctional facilities can reduce stress, anxiety, and depression among correction officers
6. Examining training programs for incoming correction officers and develop recommendations for programs to include a discussion of mental preparedness

The following report contains the Special Commission’s recommendations to address the issue of suicide prevention among correctional officers. The Special Commission met multiple times between November 2018 and July 2019 to develop these recommendations.

Examining and Evaluating Current Jail and Prison Suicide Prevention Policies and Training for Correctional Facility Staff

Protecting and supervising inmates is an important and necessary job. The officers tasked with performing this difficult duty operate in high stress environments that are often plagued with difficult working conditions. Despite the challenges of their positions, Massachusetts correctional officers perform their jobs with a high level of professionalism and integrity that often requires the officers to neglect their own wellness and safety.

A recent study showed that correctional officers are exposed to violence at rates roughly comparable to military veterans (Lerman, 2018). Because working on the front lines of the prison system can be uniquely challenging and can negatively impact the well-being of correctional officers, many experience mental health difficulties brought on by the nature of their on-the-job experiences. As a result, correctional officers require specialized services and training to cope with the psychological and emotional toll that these occupational stressors can take.

The *American Jail Association* has acknowledged the alarming physical toll as well, citing the life expectancy of a correctional officer as being as low as fifty-nine years of age, perhaps in part because “the lack of the appropriate resources and coping mechanisms in facilities to help correctional officers to manage stress can also increase stress-related illnesses” (Deamicis 2016).

While the increased stress associated with employment as a correctional officer is not unique to Massachusetts, the Commonwealth has experienced a high suicide rate among correctional

officers in recent years. To address this issue, the Department of Correction and local Sheriffs’ departments have taken immediate action through a multifaceted approach, even before the creation of the Special Commission. The main focuses have been on the wellness and the safety of these officers in the prevention of suicide through targeted steps in addressing this epidemic within their respective departments, including offered trainings and mental health services. These bodies are setting out to address the occupational stressors that continue to be major contributing factors on this issue. A majority of these measures include workshops and staff trainings coupled with one-on-one support available to correctional staff and/or their immediate families.

The **Massachusetts Department of Correction’s Employee Assistance Service Unit (EASU)** has been in existence since 1986 and currently employs a two-day interactive workshop in suicide first-aid known as the **Applied Suicide Intervention Skills Training (ASIST)**. The program teaches participants to recognize when someone is at risk of suicide and works with that individual to create a plan to support their immediate safety. There is no prior formal training required to attend the ASIST workshop. The program works to improve and integrate suicide prevention resources in the community at large. Interested participants can apply for this training through their Institution’s Training Officer (IRO) or Division Training Coordinator.

The Department of Correction’s Employee Assistance Service Unit has also instituted a **Question, Persuade, Refer (QPR) Program** in an effort to introduce useful skills and interventions for DOC employees to recognize peers that may be in distress and to detect suicide risks. This training is not intended to be a form of counseling or treatment, but should instead be used to offer hope through positive action. The program includes a suicide awareness quiz and introduces statistics

relevant to correctional officer suicide nationwide. It also looks at fundamental and proximal risk factors that can lead to suicide. It cites counseling and therapy, good physical health, medication compliance, friends, and a sponsor as part of a “wall of resistance” to suicide. The QPR program also presents scenarios to correctional officers that they may encounter and instructs how to best navigate those situations.

The Sheriffs’ departments throughout Massachusetts have also made great strides in introducing programs, policies and procedures that are designed to improve the well-being of their employees and prevent correctional officer suicide. When looking at individual counties’ proactive measures, a few approaches stand out. **Barnstable County’s Cape Cod Regional Law Enforcement Council** provides Departmental personnel with guidelines to support the utilization of their department’s Wellness & Peer Support Team and other established wellness management support systems. Barnstable County pursues measures in employee wellness issues and has established a **Wellness & Peer Support Team** to assist in this. Their peer supporters are available to assist department members involved in critical incidents or in need of assistance resulting from work related or other issues. Persons utilizing such services may also request these services for significant others or immediate family members. Participation as a peer supporter is a voluntary assignment and comes through a formalized selection process. Peer Support Team members receive updated training which meets minimum standards. The Peer Support Team has an established chain of command and keeps an updated list of active members which is made available to all members of the department. If department members choose not to speak to a Police Peer Supporter, they will be provided with additional resources by **the Police Peer Support Team** and contact will be made on their behalf if requested. This includes but is not limited to the Cape Cod Regional Law Enforcement Council

Wellness and Peer Support Unit or the Cape & Islands Critical Incident Support Team.

The Peer Support Team may be accessed through employee requests, third party requests (notification of an employee who may benefit from peer support services), or critical incidents (a Peer Support Team member will be notified immediately after an occurrence of this nature). The Team also provides on-site assistance, individual assistance, debriefings after critical incidents, and follow-up support when appropriate.

In the event of a critical incident, the Peer Support Team will confer to decide on an appropriate response. On-site assistance may be needed with peer support services. They have the ability to set up a mobile command post and immediately address the physical needs and retain important information about the incident. If appropriate, a follow-up debriefing is scheduled accordingly. This would include the Cape & Islands Critical Incident Support Team and other department members. It is important to note that members attending a debriefing while on duty will be excused.

The **Berkshire County Sheriff’s Office** currently employs various trainings that address the warning signs of suicide in correctional officers including departmental changes/investigation, previous suicide attempts, hopelessness and depression, PTSD symptoms, terminal illness, and financial crisis, among many others.

The Berkshire County Sheriff’s Office also offers stress management strategies specifically for corrections officers to promote positive coping strategies and improve officers’ responses to stressful situations. They look at a certain markers as stress “predictors” such as the security level of an officer, contact hours with inmates, and low job support, among others to track an individual officer’s level of risk for a suicide attempt. They also tackle cultural barriers to seeking treatment and recognize that those most at risk are often the least

likely to seek help. Furthermore, they recognize that if the responsibility falls entirely on correctional officers to seek the help they need in preventing and reducing suicidal ideation, suicide rates will continue to increase among these officers.

The **Middlesex County Sheriff's Office** enlisted **The Diagnostic Center** as a technical assistance resource provider to build community capacity to make evidence-based decisions on this issue. The Diagnostic Center began a process of identifying contributing factors associated with correctional officer work-related stressors that may lead to suicide attempts. Subject matter experts were included in the diagnostic process, including a public safety psychologist, a corrections consultant, and a mental health researcher, among others. In addition, the Diagnostic Center provided access to national resources and research on public safety wellness and safety initiatives. An analysis conducted by the Diagnostic Center resulted in six major contributing factors to this issue as outlined in their final case study. Middlesex Sheriff, Peter J. Koutoujian, has been a leader on this issue and has called attention to the tragedy of one of his own officers' suicide. "We spend a lot of time focusing on the mental health of our inmates, but not enough time focusing on the mental health of the people who are caring for them," Koutoujian said (ToresBinjns 2012).

The Diagnostic Center also offered a number of recommended evidence-based programs and practices that came out of its comprehensive study. These included a peer support program, an employee assistance program, critical incident response teams, and other organizational practices such as reducing involuntary overtime and improving the promotion process. The Middlesex County Sheriff's Office has begun implementing the Diagnostic Center's recommendations at the operational level and is already seeing qualitative results. Some actions that have been taken include an academy class to help fill vacancies to decrease forced overtime, onsite presence of service

providers, and the development of an employee satisfaction survey.

The **Hampden County Sheriff's Department** offers an **Employee Assistance Program (EAP)** that is free and completely confidential for all participants. The program provides an assessment, information, short-term counseling, referral and follow-up services to employees and immediate family members who seek assistance. The program's services address issues involving marital stress, financial pressure, depression, anxiety, fatigue, substance abuse, and other personal, mental and physical health concerns. Employees can refer themselves or be referred by an HR officer or supervisor to utilize this program.

The **Critical Incident Response Team (CIRT)**, is notified of any crisis situation that involves an employee and steps in to alleviate any subsequent personal issues the employees might face coming out of that situation. The Team attempts to maintain health and productivity, prevent traumatic stress effects, and restore the individual to normal functions. The CIRT reports quarterly to the Superintendent to review their responses, planning, and training needs. The work related events that require these types of responses include suicide attempts, suicide, serious injuries, etc. They also deal with out of work events including sexual assault/abuse, auto accidents, and serious physical injury/abuse.

The **Essex County Sheriff's Department** has contracted with an outside independent vendor to enhance and manage their **Employee Assistance Program (EAP)**. This agency specializes in individual assessment and referrals. Their services, which are free to the employee, include counseling, assessments, and potential referrals for marital/family relations, emotional difficulties, legal or financial matters, and problems caused by alcohol and / or drug abuse. Services are confidential and accessible by telephone 24hours a day. In addition to the EAP, the Sheriff established a

Peer Support Team in 2018. The team is comprised of employees representing different facilities, shifts, ranks, cultures, military backgrounds, and seniority. Members of the team have attended a variety of trainings including: Applied Suicide Intervention Skills Training (ASIST); Question, Persuade and Refer for Correctional Professionals (QRP); Correctional Outreach Resilience Education (CORE); Assisting Individuals in Crisis & Group Crisis Intervention; Addictions conferences; Family Support; and Overcoming Stigmas. The Department emphasizes trainings that enhances employees' ability to better perform their jobs and maintain their well-being both physically and emotionally. Sheriff Kevin F. Coppinger recognizes "That our employees are our greatest asset and the key to our success. We are committed to a work environment that encourages employees to maximize their career potential and actively supports their personal health and well-being."

Out-of-State Research/Data

The **University of California at Berkley** published a report on the current state of training and support services for correctional officers and their families in the state of California. The report included the results of a survey conducted by UC Berkley with a sample of correctional officers. The report specifically looked at mental and physical wellness, exposure to violence, attitudes towards rehabilitation and punishment, job training and management, and work-life balance, as well as training and support (Lerman 2017). The highlights of their findings illustrate that officers are exposed to violence at rates comparable to military veterans. The research tracked a high number of correctional officers with high incidences of stress-related illnesses compared to the average American. These stress-related illnesses include high blood pressure, diabetes, heart disease, headaches, and digestive issues. A third of the 8,334 officers surveyed reported feeling more anxious or depressed since beginning to work in corrections. Another startling finding in the report is that ten percent of the

sample of officers in the study have thought about killing themselves. The study indicated that the suicidal ideation rate is even greater for retired correctional officers (1 in 7). While 31% of the officers that reported thinking about suicide report thinking about it often in the past year, 73% report not having told anyone, which is extremely troubling (Lerman 2017). Many of the officers also indicated that they had not been trained at all on health-related issues or that the training is of poor quality. These correctional officers also expressed a willingness to learn more about these issues.

During Florida's legislative session in 2011, a bill was proposed that would effectively extend, by five years, the age and years of service necessary for correctional officers to retire. Advocates of the proposed change justified it in claiming that correctional officers are living longer and have life spans similar to that of the general population. The **Florida Mortality Study** was conducted with the objective of testing the accuracy of this assumption. The statistical data was derived from the Florida Retirement System and the Florida Department of Health for the purposes of assessing life expectancy in corrections officers and laypersons for comparison. The research period was from 2000-2009.

The analysis indicated that the average life span of Florida law enforcement and correctional officers was twelve years (approximately 19%) shorter than that of the average Florida resident (Parker 2011). While cause of death statistics were not collected as part of the analysis, this study's results with respect to lifespan offer even greater factual evidence of a systemic issue afflicting correctional officers.

Northeastern University Study

Northeastern University received a grant from the National Institute of Justice for the purpose of studying this very issue in the context of Massachusetts correctional facilities. Their focus is on causes and effects of officer suicides specifically

within the Massachusetts Department of Correction. The lead researcher, **Natasha Frost**—the associate dean for graduate studies at the College of Social Sciences and Humanities, is working to gain a deeper understanding of what it is truly like to work with correctional officers to better understand their circumstances. Frost will be working alongside Senior Researcher **Carlos Monteiro** to carry out the study. They have set out to study this issue in three phases. The first will look at the case studies of sixteen correctional officers who have died by suicide in Massachusetts since 2010. The final two stages will consider connections and patterns based on the outcomes of these case studies, along with any impacts on select officers within the Department as a result of the suicides. Frost and Monteiro’s team will work in conjunction with the **Riverside Trauma Center** which specializes in “postvention”—a type of intervention that helps to develop suicide prevention programming by supporting those impacted by suicide. They will also be working with the **On Guard Initiative**, a nonprofit founded by the Bryanna Mellen, the daughter of a correctional officer who died by suicide. Through these partnerships, the Northeastern research team will have access to integral data and insights needed to examine this issue from a community perspective.

Key Insights

Massachusetts Sheriffs’ departments and the Department of Correction could benefit greatly from partnerships with national associations that deal with correctional officer suicide on a larger scale. Notably, the Middlesex Sheriff’s Office worked with the **Bureau of Justice Assistance** and the **National Sheriff’s Association** in sponsoring a conference focusing specifically on the wellness and safety of correctional officers in December 2012. They sought targeted programs aimed at improving correctional officer wellness and safety. As a result, the Middlesex County Sheriff’s Office established national standards on the subject.

There is considerable overlap in the trainings produced and circulated both at the Department of Correction and Massachusetts Sheriffs’ Departments. Both the Hampden County Sheriff’s Department and the Department of Correction utilize the **Question, Persuade, Refer (QPR)** trainings. Additionally, both the Barnstable County and Middlesex County Sheriffs’ offices (through the Diagnostic Center) offer peer programs and one-on-one support.

Generally, officers who engage in the suicide prevention programs and trainings offered by the Massachusetts Department of Correction and Massachusetts Sheriffs’ Departments respond positively to these services. These Departments focus on identifying the warning signs of suicide and looking for certain predictors to address immediately. This proactive approach really sets Massachusetts apart from the national norm.

The Special Commission’s research into these programs has found that confidentiality remains a constant concern among correctional officers, including those who utilizes these services. Maintaining the integrity of these programs is crucial to expanding their utilization and realizing their positive effect upon the population of correctional officers who take advantage of the services they offer.

Recommendations for Improving Suicide Identification and Intervention for Correctional Facility Staff

The current availability and quality of offerings to intervene and prevent suicide at the state and local level in Massachusetts correctional facilities is above average.

To build off the already successful model of programs and services, this Commission would recommend the following practices be carried out:

- *An expansion of trainings on how to best mitigate workplace stressors, mental health, and substance abuse*

Multiple studies have illustrated that correctional officers have significantly higher substance abuse rates than the general population (Deamicis 2016). Trainings with an emphasis on addressing this specific concern could be included into recruit officer and in service training programs.

- *Mandated regular physical examinations including a behavioral health assessment and other health interventions instead of the current physical incentives and stipends offered to encourage correctional officers to pursue medical checkups*
- *An expansion of the peer review model and evaluation of staff levels to ensure ample peer counselor staff to meet individual department/facility needs*

At the staff level, all employees of the Assistance Services Unit at the Department of Correction are becoming certified as QPR instructors so they may be qualified to facilitate QPR suicide prevention programs for staff as part of the next in-service staff training and be better-equipped to manage stressors afflicting correctional officers in their care. This prevention-based approach allows the entire unit to be responsive to the issue of correctional officer suicide.

- *Sharing best practices at the state and local level to keep trainings consistent and share ideas, trends, and concerns including regularly scheduled meetings between the Sheriff's Departments and the Department*

of Correction's Employee Assistance Program staff and other stakeholders for the purpose of mitigating risks and recognizing departments that lack sufficient training in this area. These best practices should be documented for proper implementation.

This collaborative effort ensures that any agency or facility can flag issues for one another and escalate any specific issues for a comprehensive response.

Recommendations for Providing Mental Health Counseling Services to Correctional Officers

The Special Commission believes the following recommendations could be effective in addressing mental health concerns for correctional officers:

- *Trainings to reduce stigma and address cultural issues surrounding those who seek mental health counseling and treatment, including trainings for families of correctional officers*
- *Trainings on how to protect oneself in times of crisis*
- *Ensure confidentiality in accordance with MGL Chapter 329 of the Acts of 2018*
- *The distribution of quarterly optional and confidential surveys to assess and track any stress points and concerns of officers to better serve them*
- *Administer group trainings and discussions following these surveys based on the results to discuss issues that seem to be trending and offer suggestions for services*

- *Quantify collective results periodically (e.g. every 3-5 years) to identify patterns, concerns, and new data as to what is working and what is not working*
- *Ensure that Critical Response Team personnel continue to follow up with officers days, weeks, and even months after the incident if the severity of the traumatic incident necessitates it*

Methods for Reducing Stress, Anxiety, and Depression Among Correctional Officers

Mental preparedness came up frequently in the meetings of the Special Commission. Oftentimes, it is difficult to prepare an officer for what he can expect inside a prison or house of correction until he or she experiences it firsthand.

In order to better prepare these officers, the Special Commission recommends mandated suicide training at the academy before an officer's first day. This will hopefully prompt the incoming officers to think about their respective occupational environment and how it has the potential to lead to suicidal ideation and how to recognize the warning signs of suicidal ideation in themselves and their fellow officers.

In addition to training and services, correctional officers should be encouraged to engage in physical activity and utilize available exercise and in-house gym and recreational equipment.

One issue currently facing the Department of Correction that has the high potential to negatively impact the mental well-being of correctional officers is forced overtime.

Due to operational needs the staff at the Department of Correction is currently experiencing forced overtime on a regular basis. Overtime can quickly lead to burnout and inability to get time off for special occasions. If overtime causes burnout, both sick leave and turnover increase, resulting in still greater demands for overtime (Finn 1998). To the extent that it is possible to do so, officers should work with supervisors to keep open communication about staffing levels and excessive overtime to alleviate undue stress. Burnout from overtime can often lead to a decrease in productivity which can then potentially increase the number of stressful incidents an officer might encounter.

Conclusion

The issue of suicide among correctional officers is just beginning to gain widespread public recognition. It is likely that the findings of the Northeastern study will have substantial implications both locally and out-of-state in addressing this issue with more data to stand behind to support the need for services to assist our correctional officers. Bodies such as this Special Commission and the employing facilities in which these officers work will continue to make strides to demonstrate to officers how valued they are and will continue to strive to reduce stigma surrounding seeking help and improving everyday working conditions to lessen the impact of the traumas they experience on the job.

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