BEYOND RESILIENCE

Police Mental Health & Suicide Prevention

One-Page Canadian Policy Cheat Sheet | J. Bruce Townley | August 2026

CORE MESSAGE Police suicide prevention is a government and employer duty of care - not an individual resilience problem. Effective reform requires protected treatment, psychologically safer workplaces, accountable leadership and measurable results.

Who Must Do What

Responsibility	Priority actions
Federal	Five-year national strategy; legislation requiring standardized, de-identified indicators through national reporting; stable CIPSRT/PSPNET funding; police-specific 9-8-8 clinician within five minutes; grants tied to enforceable standards.
Provincial, territorial & Indigenous	Confidential baseline assessments and periodic validated reassessment; annual or twice-yearly psychologist appointments; presumptive coverage and immediate treatment; no arbitrary benefit caps; protected treatment records; culturally grounded care.
Municipal councils & police boards	Safe staffing and overtime limits; backfill and graduated return to work; resilience, prevention and risk-identification training with confidential monitoring; chief accountability; independent inspection and public results.

Non-Negotiable Safeguards

- **Independent care.** Members self-refer outside the chain of command, human resources and fitness-for-duty systems.
- **Qualified clinicians.** Assessment and intervention are reserved for regulated professionals with suicide-risk competence and recent police/public-safety experience; non-clinicians route only.
- **Clinical authority.** Command governs operations - not acute diagnosis, treatment or fitness. Return-to-work orders, treatment overrides and claim-denial recommendations require independent written clinical input.
- **Legal protection.** Voluntary treatment communications receive presumptive privilege; fitness-for-duty assessments remain separate, purpose-limited and transparent.
- **Prevention, not surveillance.** Baselines, reassessment and monitoring must guide confidential care and aggregate risk identification - not hiring, promotion or discipline.
- **Humane risk management.** Use clinician-guided firearm safety, timely discipline, family access and non-punitive temporary restrictions.

What Success Looks Like

Human outcomes
Earlier care • reduced stigma • stronger trust • healthier work-life balance • sustainable return to work • fewer preventable deaths

System outcomes
Shorter clinical waits • durable returns • less prolonged absence • potentially lower compensation and legal costs • transparent accountability

MEASURE: access time • clinician wait • baseline-to-follow-up change • trust/confidentiality • workload • claim delays • return-to-work durability • compliance audits • attempts and deaths