

WHY DO TURKISH POLICE OFFICERS COMMIT SUICIDES? ANALYSIS OF SUICIDE CASES BETWEEN 2001 AND 2012

Fatih Mehmet Harmanci, PhD

Associate Prof., Ekrem Mus, PhD

Assistant Prof., Hamza Tosun, PhD

Turkish National Police Academy, Security Sciences Institute

Ufuk Tasci, PhD

Turkish National Police Academy, Elmadag Police Vocational School

Abstract

The concept of suicide existed since the beginning of human history, Anomie, sudden changes on living conditions, lack of communication between individuals are some fundamental causes of suicide. This study focuses on examining the Turkish police suicide cases, solutions to suicides, risks associated with groups, suicide-related factors, suicidal motivation, police suicide symptoms, crisis situation.

Suicidal behavior is described as a serious problem all over the world. Suicidal behavior requires a multi-dimensional approach including biological, psychological and social factors are taken into consideration. The researchers analyse the frequency of suicide attempts, format, preparing and triggering factors, clinical presentation, psychiatric disorders, biological factors, socio-demographic features through the world.

In this study, two secondary data was used; the first one is the official data held by the Security General Directorate of Statistics for police suicides and the second data is provided the Turkish Statistical Institute (TSI) on suicides cases in Turkish society. The analysis of two data, protective elements of conceptual framework is discussed in the article. The findings, results and recommendations are discoursed at the end of the paper.

Keywords: Turkish police officers, suicides

Introduction

The concept of suicide existed since the beginning of human history, Anomy, sudden changes on living conditions, lack of communication between individuals are some fundamental causes of suicide (Alptekin,

2008). Suicide is ending one's own life willingly because of person's social and psychological reasons (TDK, 2012). According to World Health Organization (WHO, 2012), nearly one million people commit suicide every year and suicide is a serious public health problem globally. Coping with adverse events becomes an advantage by many people to survive even helps to develop their personality, although some appear to have difficulty in coping with negative experiences and forces people to suicide attempts.

Suicidal behavior is described as a serious problem all over the world since last two decades. Suicidal behavior requires a multi-dimensional approach including biological, psychological and social factors are taken into consideration. Suicide and the frequency of suicide attempts, format, preparing and triggering factors, clinical presentation, psychiatric disorders, biological factors, socio-demographic features determining the risk factors and protective treatment strategies are to be identified in all over the world by the researchers (Atay & Gundogar, 2004).

Every year approximately 3,000 people commit suicide in Turkey; in 2001, 3,76 people committed suicide for 100 thousand people, while this ratio increased to 4,32 in 2012 (**Table 1**).

Table 1. Suicide Statistics in Turkey

| Year | Population | # Suicides | Ratio (100 thousand) |
|------|------------|------------|----------------------|
| 2001 | 68.800.000 | 2.584 | 3,76 |
| 2002 | 69.800.000 | 2.301 | 3,30 |
| 2003 | 70.800.000 | 2.705 | 3,82 |
| 2004 | 71.152.000 | 2.707 | 3,80 |
| 2005 | 72.065.000 | 2.703 | 3,75 |
| 2006 | 72.974.000 | 2.829 | 3,88 |
| 2007 | 73.875.000 | 2.793 | 3,78 |
| 2008 | 70.586.286 | 2.816 | 3,99 |
| 2009 | 71.517.100 | 2.898 | 4,05 |
| 2010 | 72.561.312 | 2.933 | 4,04 |
| 2011 | 73.722.988 | 2.677 | 3,63 |
| 2012 | 74.724.269 | 3.225 | 4,32 |

Suicide rate by using firearms consists of 25% of the Turkish general community while this rate is close to 100% for Turkish National Police (TNP) officers. Half of the suicides in Turkish public has a primary school degree (TUIK, 2013). When analyzing the police suicides between the years of 2000-2010, it can be seen (especially after 02.03.2004), the suicides decline in general because of the establishment of staff guidance and counseling service provided by the Counseling and Guidance Bureau at TNP. Nowadays a total of 149 personnel are working in Physiological &

Counseling and Guidance Bureau in Turkey (1 Psychiatrist, 137 Psychologists, and 11 ranking officers- senior counselor).

However, each year an average of 30 officers in the TNP commits suicide. TNP suicide rate is 11.8 per hundred thousand in 2012. Likewise, suicide rate per hundred thousand police is 18.1 percent in the United States police. US male police in general commit suicide at home with the weapon and police suicide pattern is similar to the general population (Aamodt & Stalnaker, 2006).

TNP has created some innovative approaches in the security sector and public services and has played an important role in building institutional identity (Mus, Koksall, & Yesilyurt, 2014). Cao, Burton and Velmer (2006) analyzed citizen confidence and satisfaction level in the Turkish National Police (TNP) by using European and World Values Survey. They found out that the level of citizen satisfaction from TNP is higher than all amongst European Union countries, other Muslim countries and neighboring countries. TNP officers and staff has to tackle many challenges and problems while while conducting their exceptional work. Many of these problems and challenges are to fight against crime and criminals, extra long working hours, and economic difficulties and requirements are due to the nature of the policing profession.

In Turkish society, psychological counseling, mental health and treatment has some prejudices and false beliefs. TNP focused to eliminate these obstacles and prejudices by outsourcing some services in the field. The specialist counselors in the TNP, prepared some courses to organization's managers, staff and their families on domestic solving problems, family counseling, professional communication, psychological problems, suicide prevention and management skills. The number of suicides are decreasing while the number of police officers are increasing in TNP. The possible explanations for this drop rate may be selected personnel education level, to raise standards and professional challenges and problems compared to previous years and to provide psychological support services to the personnel.

The Turkish police suicide examining and suggesting solutions was investigated in this study suicide risks associated with groups, suicide-related factors, suicidal motivation, police suicide symptoms, crisis situation, the protective elements of the conceptual framework after the investigation the findings and results and recommendations are included.

Risk Groups

There are many causes of suicide, studies on suicide indicate that some people are at greater risk in terms of suicide. In those studies, two types of people, who have acute and chronic problems, have been found more

likely to commit suicide. The importance of individual relationships and the people you live with problems stands as the most important acute problem that people is the distortion in personal relations with those who are valued to them. Relationship problems triggering suicide are among the most important factors (Ozguven, Soykan & Haran, 2003). The debates with girlfriend/ boyfriend or spouse in a few weeks before the suicide may trigger such an attempt. The loss of a loved one in the family is one of the other acute problems that pushes individuals to suicide. Rejection, to lose one's job, to catch a deadly disease might be other dynamics of suicide. Moreover, separation, divorce, stress, and hard working conditions are other factors that may cause suicidal behavior. Marital problems and betrayal are accepted as one of the most serious chronic problems (Yuksel, 2001).

Young people between the ages of 15-24, and people over the age of 45 are more inclined to suicidal behavior. As well as single, divorced, alcoholic, unemployed or failed people in school or professional life (Ugurlu et al., 2004) belong to high risk group who are more likely to commit suicide, because they have less reason to sustain life (Batıgun, 2005). At the same time people, who have attempted suicide before, are considered one of the risk groups who are prone to suicidal behavior. According to the statistics provided by Ministry of Health (2004), physicians, veterinarians, pharmacists, chemists and farmers' suicide rate is higher than average.

Psychiatric disorders are the major cause of suicidal behavior (Atay & Gundogar, 2004). From the perspective of the mental health, patients with depression and psychotic patients seems to be likely to commit suicide (Atesci et al., 2002). Although depression is very common illness nowadays and the name sounds like a disease, most people perceive that it is a normal symptom that emerges as a result of technological advances, individualization, and the rush of everyday life. For their inability to recognize depression, they do not need to visit a mental health expert. Because of all these reasons, depression often cannot be treated and becomes chronic (Dolasır, 2012).

Studies indicate that two third of patients with depression have suicidal thoughts, and the possibility of suicidal behavior for them may be 15%. The possibility of suicide in patients with depression are 3-4 times more compared to other mental disorders. This rate is about thirty times more than the general population mean. Thus, the relationship between suicide and depression must further be studied (Atesci et al., 2002). This is about thirty times of the general population mean. Therefore, it is necessary to study on suicide precautions for suicidal attempts of depressed people. For this purpose, suicide prevention centers were established in some developed countries. Such kind of centers are also being formed in some city centers in Turkey. Other measures taken against suicide are the inspection of media

about seditious suicide news, precautions at the places where are mostly preferred for suicidal behavior, and firearms possession some restrictions (Mete, 1999).

Depressed individuals have negative perspective about themselves, the world and the future. Hopelessness and negative expectations about the future is the most important factor that initiate and maintain suicidal process. People who commit suicide take suicidal behavior as the only solution to get rid of their desperate and unsolvable situation. In certain cases, falling into despair, and thinking about death all the time are not necessarily mean a sign of depression or suicide attempts. These thoughts are short-term and temporary. However, persistent suicidal thoughts are an important sign about suicidal behavior, because suicidal thoughts are a harbinger of an impending danger, unconscious conflict and a serious crisis. If the person does not get any psychological support in this situation, s/he is most likely to commit suicide (Dolasir, 2012). On the other hand, problematic relations with spouse or parents or even people may led to suicide. Discussion or abandonment may also trigger suicidal behavior. If people could not get adequate social support or professional support in such situations, they may fall into despair and commit suicide (Ozguven et al., 2003). Therefore, those who have relationship problems with spouse or parents are among the risk groups.

According to the theory of suicide, those who attempt suicide are often desperate or hopeless. They are in a search for a way out from their life style which is full of despair (Batıgun, 2005:29). Beck and Weishaar (1990) indicate that there is strong relationship between hopelessness and suicidal intent (Batıgun, 2005:29). The study carried out by Durak (1994) revealed that psychiatric patients who attempted to suicide feel the highest level of depression, compared to psychiatric patients who did not attempt to suicide and normal people (Batıgun, 2005, 29).

Escape from social and psychological problems such as family conflict, forced marriage, physical illness, pain, loneliness environment prints, or business challenges is one of the important determinants of suicide. For these people, death means an end to unbearable problems (Sayar, 2002:19). Thus, people who experience such problems are in the risk groups. Sometimes, people resort to suicide in order to express anger or to take revenge on others who hurt them. They leave hurtful messages to those who upset them. Suicide notes indicate how much pain a person felt in his/her life (Sayar, 2002, 19). These insights show that people who cannot overcome anger are also in the risk groups.

Loneliness is one of the most important determinants of suicide. Arising as a result of modern life, loneliness has a different meaning from being alone. It means an unpleasant psychological state that emerges when there is huge difference between the existing social relationships and desired

social relations. Studies on both normal individuals and patients point out that loneliness (Eskin, 1996) is related to the sex, age and marital status (Demir & Tarhan, 2001).

Seasonal characteristics are also significant determinants of suicidal behavior. In the warmer months the risk of committing suicide is increasing. Morning between 08:00 and 18:00 was found to have the highest risk. Cases that can be considered at high risk for suicidal behavior are mostly occur in the home of attempters (Yuksel, 2001). People in high-risk group often do not carry the intention of killing someone else. However, people in the low-risk group carry the intention of killing someone else. It was found that high-risk group of patients had left a suicide note, while the low-risk group had not.

Suicide Related Factors

The studies carried out to reveal the reasons of suicide assert that it is a process rather than the result that leads people to commit suicide and many different factors play a role in this process (Leenaars, 1996). These factors are individual factors, psychological experiences and risk factors.

Individual factors: serotonergic abnormalities (brain work) (Van Heeringen, 2003), and lower serum cholesterol levels (Lester, 2002) are organic factors.

Psychological experiences: hopelessness, anger, loneliness, impulsiveness, perceived problem-solving skills and so on. (Sahin, Onur & Basim, 2008).

Risk factors: 1) Demographic risk factors, 2) The risk factors associated with acute and chronic life events, 3) The risk factors associated with psychiatric disorders (Holmes and Rache, 1967:216; Hawton, 2005; Ozsoy Demirel & Esel, 2003; Sayar, 2002):

1) Demographic Risk Factors

- Men commit suicide more than women, but women attempt suicide more than men
 - Being in the 15-24 age range or over the age of 45 for men and 55 years for women
 - Unmarried or divorced/ separated commit
 - Suicide or suicide attempts history in the family
 - Low socio-economic status and unemployment
 - Easy access to toxic substances and firearms
- 2) The risk factors associated with acute and chronic life events
- Mourning, especially after the loss of spouse
 - Domestic violence within peers, Arrest
 - AIDS, cancer, MS, and other serious diseases

- Early physical and sexual abuse/ traumatic experiences

3) The risk factors associated with psychiatric disorders

Approximately 94% people who committed suicide or suicide attempts have been reported of at least one psychiatric disorder (Baxter & Appleby, 1999). People who committed suicide diagnosed mostly with depressive disorders, mental illness, schizophrenia or dementia is followed. Majority of these patients also have alcohol dependence. In order to understand the process of suicide risk factors, individual's psychological life and biological predisposition must be evaluate together. All the factors are in a complex and mutual interaction. Therefore, to understand suicidal behavior and develop protective/ preventive strategies, the interaction of all related factors must be taken into consideration.

Suicide is an issue that concerns all parts of society. Some professional groups dealing directly with people's problems (health care workers, police officers, etc.) have high level of suicidal risk. These professional employees face more often with stressful life events and intense, long, uncertain working hours. Suicide awareness and development of suicide protective policies for these occupational groups is crucial for the prevention of suicide. Police have some additional risk factors compared to other individuals. According to Miller (2005: 104), police who are under criminal investigation are more risky than others. Especially police who have a sense of committing ashamed offense, have even higher risks.

Suicidal Symptoms for Police

Police have some additional risk factors compared to other individuals. According to Miller (2005: 104), police who are under criminal investigation are more risky than others. Especially police who have a sense of committing ashamed offense have even higher risks. People show some symptoms of committing suicides. Miller (2005: 104-105) categorized these symptoms into two groups for police; verbal symptoms and behavioral symptoms.

Suicide is one of the important elements in crisis situations. People may lose individual's mental balance while coping with unaccepted challenges. Crises do not occur for no reason. The most common crisis issues are interpersonal relationships, losses, traumatic events, role changes (Sonneck et al., 2000). Suicide attempts are mostly cry for help and communication efforts to others rather than to end one's life. These people are usually in a psychiatric crisis situations. Crisis situation does not lead to suicide most of the time. Hopelessness and loss of control in cases of crisis, may lead to suicide attempts. Relationship problems with spouse or parents may lead to suicide. According to the research, people with suicidal

tendencies feel loneliness and social isolation, perceive economic troubles unresolved and see themselves helpless. They do not get adequate social support and professional support for this situation (Ozguven et al., 2003).

On the other hand, some protective factors that may prevent suicide should be mentioned. Family, personality, cognitive structure, cultural and socio-demographic characteristics are the main important factors to prevent suicide. For example, family support, being married and having children, having happy marriages, self esteem, asking advice when taking important decisions, being open to new information are other protective factors. Participate in social activities, establishemnet of good relationships with friends, the support of people around plays a protective role in suicide (Yuksel, 2001).

Methodology

In this study, two secondary data were used; the first one is the official data held by the Security General Directorate of Statistics for police suicides between 2001-2012 and the second data is provided by the Turkish Statistical Institute (TUIK) on suicides cases in Turkish society.

Descriptive Statistics

Despite the fact that the number of employees of the TNP have increased in each year, the number of police suicides surprisingly and unexpectedly have decreased. The rates of suicide incidents in Turkey have been observed to increase with the whole population growth (**Table 2**).

Table 2. Suicides in Turkey and in the Turkish National Police (TNP)

| Years | Turkish Population | | | TNP | | |
|-------|--------------------|------------|-----------------------|------------|------------|-----------------------|
| | Pop. | # Suicides | Percentage (Thousand) | # Personel | # Suicides | Percentage (Thousand) |
| 2001 | 68.800.000 | 2.584 | 0,038 | 193.451 | 47 | 0,243 |
| 2002 | 69.800.000 | 2.301 | 0,033 | 189.896 | 28 | 0,147 |
| 2003 | 70.800.000 | 2.705 | 0,038 | 189.986 | 27 | 0,142 |
| 2004 | 71.152.000 | 2.707 | 0,038 | 189.093 | 26 | 0,137 |
| 2005 | 72.065.000 | 2.703 | 0,038 | 191.546 | 19 | 0,099 |
| 2006 | 72.974.000 | 2.829 | 0,039 | 197.021 | 29 | 0,147 |
| 2007 | 73.875.000 | 2.793 | 0,038 | 203.920 | 28 | 0,137 |
| 2008 | 70.586.286 | 2.816 | 0,040 | 209.695 | 27 | 0,129 |
| 2009 | 71.517.100 | 2.898 | 0,041 | 220.954 | 27 | 0,122 |
| 2010 | 72.561.312 | 2.933 | 0,040 | 229.965 | 25 | 0,109 |
| 2011 | 73.722.988 | 2.677 | 0,036 | 245.872 | 29 | 0,118 |
| 2012 | 74.724.269 | 3.225 | 0,043 | 255.347 | 29 | 0,114 |

As seen in **Table 2**, the number of suicides in Turkey has increased to 3200 from 2500. The number of suicides in the TNP, however, which was 47 in 2001, has reduced in subsequent years and has remained constant at an average of 28. The ratio of suicides in Turkey and in the Turkish National Police are shown in **Figure 1**.

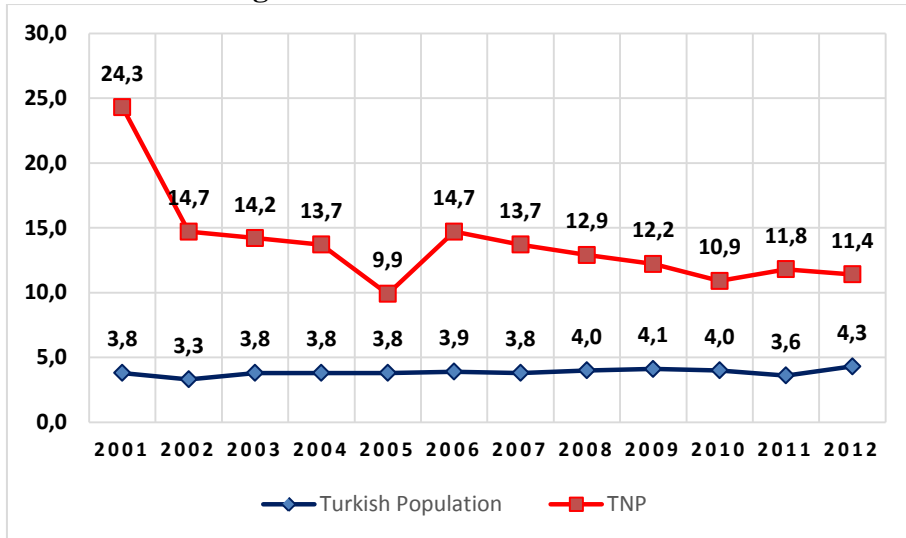


Figure 1. The ratio of suicide incidents (Turkish Population and TNP)

As shown in **Figure 1**, suicide rate in Turkey which was 3,8 per 100 thousand in 2001 showed a rising trend after 2006 and then reached 4,3 per 100 thousand in 2012. The opposite occurred in the TNP in which police suicide rate has showed a continuous downward trend and dropped to 11,4 per 100 thousand in 2012 from 24,3 in 2001. According to research, the rates of suicides in police organizations in the other countries in 2012 are 18 in the USA, 32 in Austria, 23 in Germany and 11,4 in Turkey (per 100 thousand) (EGM, 2012; Goldsmith et al., 2002).

As seen **Figure 2**, the ratio of number of suicides between Turkey and the TNP dropped to 2,65 in 2012, which was 6,47 in 2001. The reasons of this decrease of the suicide numbers in the TNP may be that personnel selection and education standards in the organization have raised, though not as high level as expected, that occupational problems have resolved in years, and that psychological support services for those who have needed in the TNP have begun.

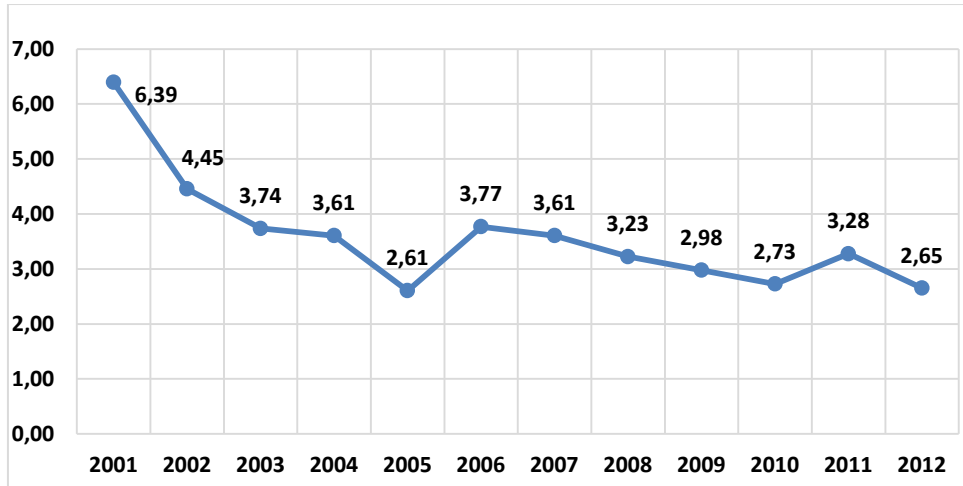


Figure 2. Comparison of the suicide rates between Turkish citizen and TNP Officers

Gender

As seen in **Figure 3**, 95% of suicide committers were male, whereas 5% of them were female. This rate, which seems not compatible with the literature, shows that the potential of suicide commit is equal among male and female officers considering the fact that 95% of the TNP consist of male officers. As mentioned earlier, women attempt suicide more than men but this is not valid in the TNP. Therefore, it can be said that the suicide risk among male and female officers in the TNP is equal.

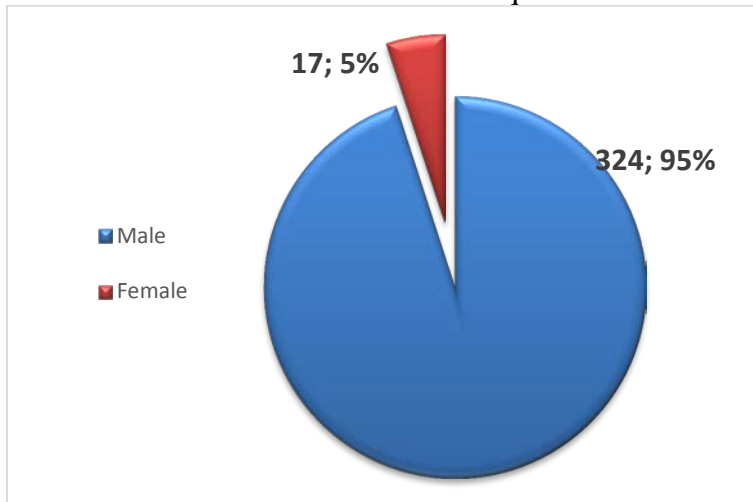


Figure 3. Gender Status of the suicide incidents in the TNP

Marital Status

Figure 4 shows marital status of those committing suicide in the TNP. As seen in Graphic 4, 64% of suicide committers were married while 32% of single. A total of 4% was either divorced or widow.

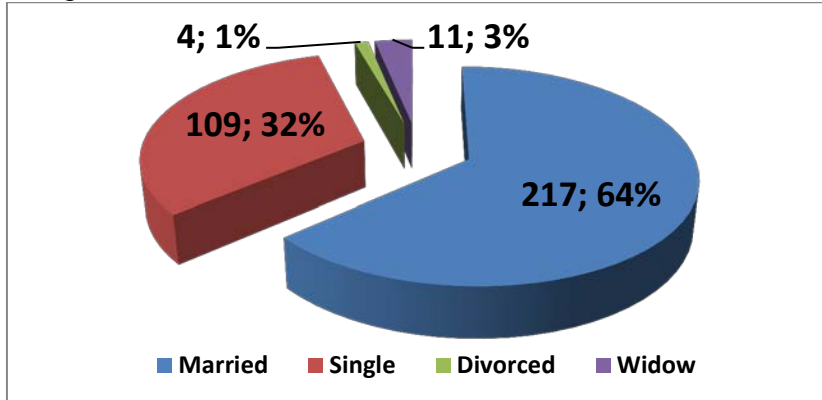


Figure 4. Suicide incidents in the TNP from Marital Status Perspective

Education

As seen in **Figure 5**, 91% of the suicide committers were those graduated from high school and upper level. This finding seems to conflict the literature in which suicide committers have generally low education level.

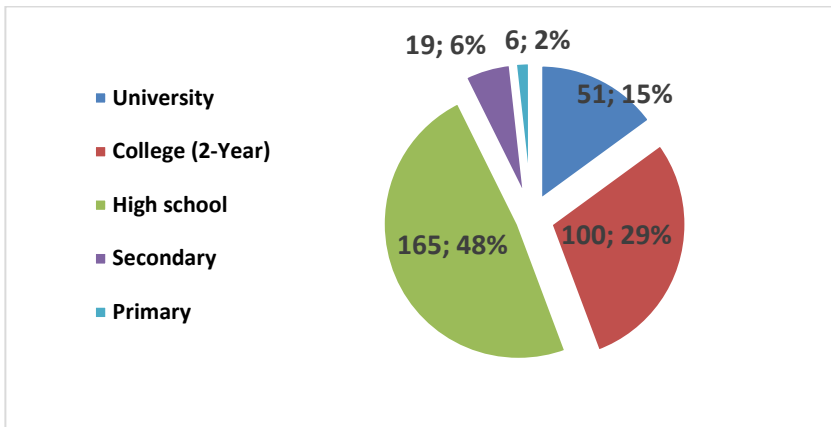


Figure 5. Suicide incidents in the TNP from Educational Perspective

Officers’ Rank

Looking at the raw data given in **Table 3**, it can be seen that mostly police officers have committed suicides. However, when compared with the number of rank staff employed in the management, it is observed that all cases of suicide are at similar rates. Table 3 shows suicide incidents in the TNP from suicide committers’ rank perspective.

Table 3. Suicide Incidents in the TNP per Officers' Rank

| Year | High Rank Officer (Director) | Middle Rank Officer | Police Officers | TOTAL |
|--------------|------------------------------|---------------------|-----------------|------------|
| 2001 | | 1 | 46 | 47 |
| 2002 | | 1 | 27 | 28 |
| 2003 | 1 | 1 | 25 | 27 |
| 2004 | 1 | 2 | 23 | 26 |
| 2005 | 1 | | 18 | 19 |
| 2006 | 1 | 1 | 27 | 29 |
| 2007 | | 1 | 27 | 28 |
| 2008 | | | 27 | 27 |
| 2009 | 1 | | 26 | 27 |
| 2010 | | | 25 | 25 |
| 2011 | 1 | | 28 | 29 |
| 2012 | | 2 | 27 | 29 |
| TOTAL | 6 | 9 | 326 | 341 |

Officers' Tenure

As seen in **Table 4**, it can be seen that suicide incidents mostly occurred in the first years of the officers. Regarding the statistics on service years of the officers in the TNP, suicide rate in the first 10-year period are high (56%), whereas 20-year period and later on period show a big decline (1%). Considering that impulsivity and anger lives of young people in their ages is more and that many changes in their life have occurred in this period (leaving home, starting a new job, establishing close relationships, etc.), the result seems understandable. Professional wearing out of officers whose tenure 10 years and above can be a negative effect to accelerate their suicide.

Table 4. Suicide incidents according to suicide committers' tenure years

| Year | 0-10 year | 11-20 year | 21- year | Total |
|--------------|------------|------------|-----------|------------|
| 2001 | 35 | 10 | 2 | 47 |
| 2002 | 18 | 7 | 3 | 28 |
| 2003 | 19 | 5 | 3 | 27 |
| 2004 | 15 | 11 | 0 | 26 |
| 2005 | 11 | 4 | 4 | 19 |
| 2006 | 12 | 11 | 6 | 29 |
| 2007 | 15 | 12 | 1 | 28 |
| 2008 | 15 | 8 | 4 | 27 |
| 2009 | 8 | 14 | 5 | 27 |
| 2010 | 11 | 13 | 1 | 25 |
| 2011 | 12 | 14 | 3 | 29 |
| 2012 | 11 | 14 | 4 | 29 |
| Total | 207 | 125 | 35 | 341 |

Age

Figure 6 shows that the increase in the suicide rate in the TNP is observed in the 36-40 ages. When the ages are examined individually, 40, 41, and 38 years respectively show significantly differences from other ages. In terms of reasons triggering suicides, mental problems, family relationships, and economic problems take the lead in the TNP as well as in Turkey.

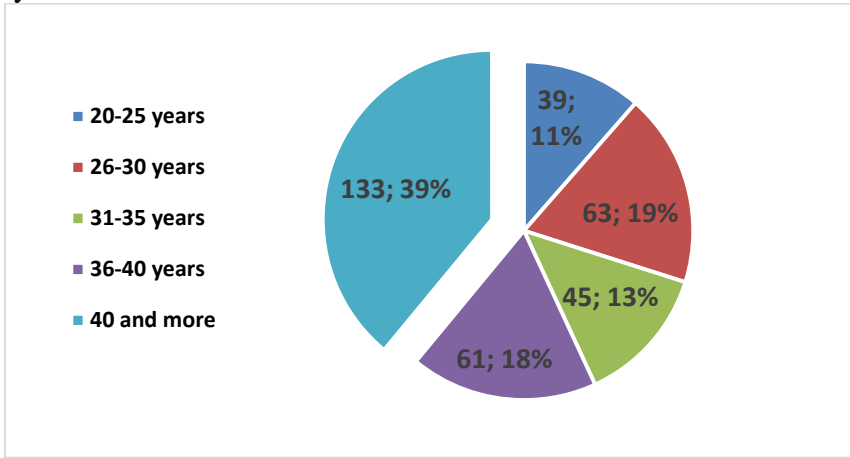


Figure 1. Suicide incidents in the TNP in respect to age groups

Suicide Method

The suicide incidents happened in the TNP are shown in **Figure 8** in terms of the suicide method. Using guns was the extremely used method in the incidents occurred in the TNP. 334 suicides taken place between 2002 and 2012 were realized by using a gun, 6 of which were realized by hanging himself and only one of the suiciders uses drugs to commit suicide.

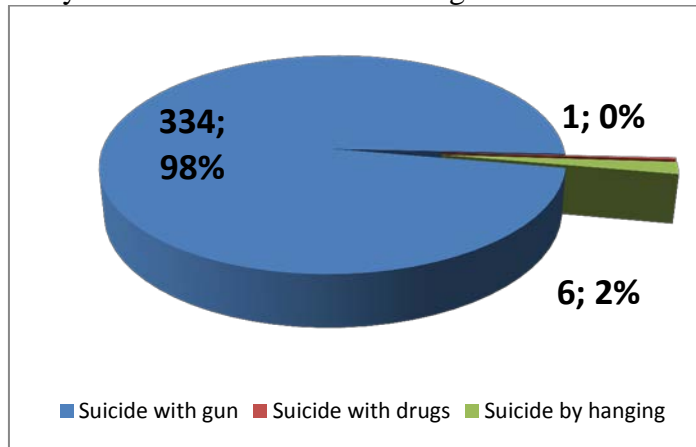


Figure 7. Suicide methods in the incidents happened in the TNP

The month the suicides occur

The number of suicide incidents in the TNP has shown in **Figure 8** by the month in which the suicide occurred. Suicidal cases have increased in summer (May, June, July and August), which correlates with the literature. Regarding winter, while December is the month in which suicide incidents are high, November, however, shows so low suicide rate that it is below half of other months’ average rate.

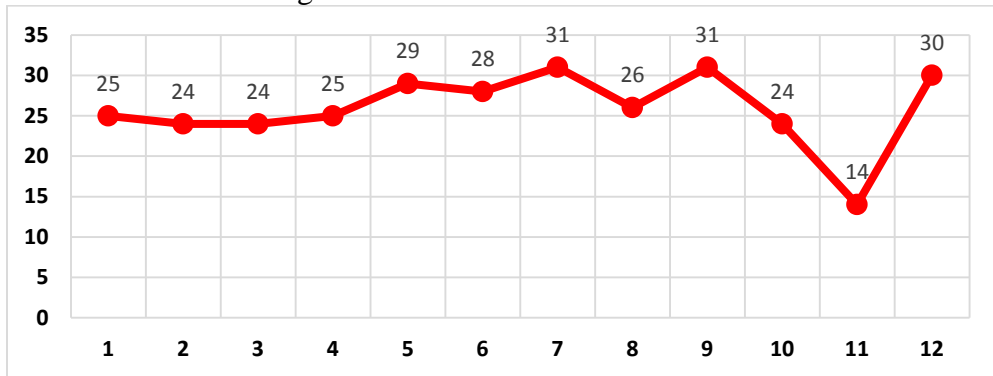


Figure 8. Months in which suicides occur in the TNP

In term of the Day the suicides occur

The number of suicide incidents in terms of the day in which the suicide occurred in the TNP has shown in **Figure 9**. As seen in **Figure 9**, suicide incidents mostly occur on Mondays, Tuesdays and Fridays. The highest number of suicide incidents is on Tuesdays. Sundays are the lowest days on which half of whole other six days’ incidents happen.

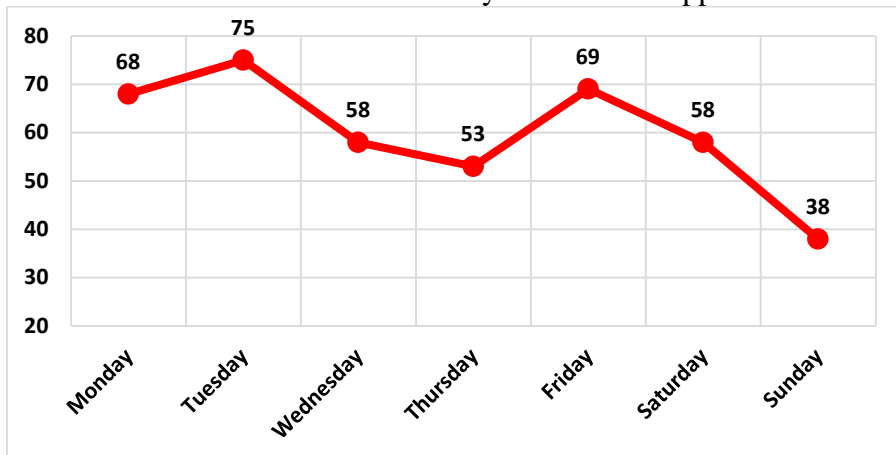


Figure 9. Days in which suicide incidents occur in the TNP

Conclusion and Recommendations

The combination of different factors such as psychiatric, economic and family problems can impact the suicidal behaviour. However, when examined in depth the suicide cases, psychiatric treatment has been shown to benefit for the patients. Policing is a profession inherent psychological and physical difficulties and it requires an understanding of professional and determined resistance can be carried out by individuals. The bio-psycho-social healthy person is necessary to be chosen and these individuals should be given to practical and action-oriented training.

Lack of communication, coping with problems and inability to settle stress are some of the reasons that cause of suicide and mental health problems. Thus, the cadets in the Police Academy and other police training institutions should be provided necessary education in psychology, communication, stress management, recognizing an individual, problem solving skills, management psychology, and social psychology. Later, these educational programs should be maintained during the professional life with in-service training.

More than 130 psychologists and 30 counselors are serving actively at the TNP. Although the number of psychologists increased in recent years the ratio still remains insufficient. For example, one psychologist is responsible for 1562 police officers. This figure is far from the desired level for counselling service. In particular, the lack of an active counselors will work in preventive services is even more remarkable. Increasing the number of psychologists and counselors will increase the effectiveness and efficiency of security services.

Managers should take greater responsibility in recognition of new employees to the profession in terms of contributing to the prevention of experienced suicide cases in the first year of the profession, follow-up, ensuring orientation, to adapt to the social life and take in responsibility (marriage, social relationships, tasks etc.) The loss of a loved one is one of the most important reasons of depression to increase the risk of suicide. These losses stand out as reduced his self-esteem, unemployment, divorce, death, separation, leaving home, or disease. Losses may be real sometimes, and sometimes may be perceptual. Even though people do not actually suffer, they may think that they have suffered. The desires and goals that could not be achieved by individuals bring an intense sense of hopelessness. Therefore, those with depression and those having any real or perceptual loss are in the risk groups. Unit managers should be aware of these individuals and follow in this situation and be next to the colleagues not feeling of being alone.

As with most of Turkish citizens, Turkish police are reluctant to take psychological support when needed. Guidance and Counseling Office should increase the awareness of psychological support contributions to mental health by organizing seminars related to depression and stress. In this context, banners, SMS and e-mail transmissions and other promotional and informational activities can be done. Managers should closely follow the problems of their personel such as separation, grief, debt and sudden life changes and should direct them to the Counseling Bureau.

References:

- Aamodt, M. G. and. Stalnaker, N. A. (2006). *Police Officer Suicide: Frequency and officer profiles*. <http://www.policeone.com/health-fitness/articles/137133/>
- Alptekin, K. (2008). *Sosyal hizmet bakış açısından genç yetişkinlerde intihar girişimlerinin incelemesi: Bir model önerisi*. Yayınlanmamış doktora tezi, Hacettepe Üniversitesi Sosyal Bilimler Enstitüsü.
- Atay, İ.M. ve Gündoğar, D. (2004). İntihar davranışında risk faktörleri: Bir gözden geçirme. *Kriz Dergisi*, 12 (3), 39-52.
- Ateşçi, F.Ç., Kuloğlu, M., Tezcan, E. ve ark. (2002). İntihar girişimi olan bireylerde birinci ve ikinci eksen tanıları. *Klinik Psikiyatri*, (5), 22-27.
- Aycan, S., Tümay, Ş. ve Şimşek, Z. (2000). *İntiharın önlenmesi birinci basamak sağlık çalışanları için kaynak*. Ankara: Sağlık Bakanlığı Temel Sağlık Hizmetleri Genel Müdürlüğü Yayınları.
- Batıgün, A.D. (2005). İntihar Olasılığı: Yaşamı Sürdürme Nedenleri, Umutsuzluk ve Yalnızlık Açısından Bir İnceleme. *Türk Psikiyatri Dergisi*. 16(1), 29-39
- Baxter, D. & Appleby, L. (1999). Case register study of suicide risk in mental disorders. *British Journal of Psychiatry*, 175, 322-326.
- Cao, L., Burton Jr., & Velmer, S. (2006). Spanning the continents: assessing the Turkish public confidence in the police. *Policing: An International Journal of Police Strategies & Management*, 29(3), 451-463.
- Demir A. ve Tarhan N. (2001). Loneliness and social dissatisfaction in Turkish adolescents. *The Journal of Psychology*, 135, 113-123.
- Dolaşır, S. (2012). İntiharların Genel Özellikleri ve İntiharı Önleme Yolları. <http://bilgininadresi.net/>
- Eskin, M. (1996). Cross-cultural gender differences in the psychosocial correlates of current adolescent suicidal ideation. *Journal of Gender, Culture, and Health*, 1: 189-205.
- Goldsmith, S. K., Pellmar, T. C., Kleinman, A. M. ve Bunney, W. E. (Eds.). (2002). *Reducing Suicide: A National Imperative*. Washington, DC: National Academies Press.

- Hawton, K. (2005). Restriction of access to methods of suicide as a means of suicide prevention. In Prevention and treatment of suicidal behavior from science to practice. Edited by Hawton K. Oxford: Oxford University Press; 279-291.
- Holmes, T.H. and Rache, R.H. (1967). The Social Readjustment Rating Scale. *Journal of Psychosomatic Research*, 11, 213-218. Northern Ireland: Pergamon Press. 1967.
- EGM (2012). *Poliste intihar düşüştü*. <http://www.memurlar.net/haber/314993/> E.T: 11.09.2014
- Leenaars, A. A. (1996). Suicide: A Multidimensional Malaise. *Suicide and Life-Threatening Behavior*, 26, 221–236.
- Lester, D. (2002). Serum Cholesterol Levels and Suicide: A Meta-Analysis. *Suicide and Life-Threatening Behavior*, 32, 333–346.
- Maris, W. R., Berman, A.L. and Silverman, M. M. (2000). *Comprehensive Textbook of Suicidology*. Guildford Pres.
- Mete, L. (1999). *Depresyon: Hüzünden Melankoliye*. İletişim Yayınları.
- Miller, L. (2005). Police Officer Suicide: Causes, Prevention, and Practical Intervention Strategies. *International Journal of Emergency Mental Health*, 7 (2), 101-114
- Muş, E., Köksal, T., & Yeşilyurt, H. (2014). Türkiye’de Güvenlik Hizmetlerinin Vatandaş Memnuniyeti Açısından Değerlendirilmesi (Evaluation of Public Satisfaction with Law Enforcement Services in Turkey). *International Journal of Human Sciences*, 11(2), 559-581.
- Özguven, H.D., Soykan, Ç. ve Haran, S. (2003). İntihar girişimlerinde sorun alanları ve tetikleyiciler. *Kriz Dergisi*, 11(1), 13-24.
- Özsoy Demirel, S. & Eşel, E. (2003). İntihar (Özkıyım). *Anadolu Psikiyatri Dergisi* 4, 175 - 185.
- Ministry of Health- Sağlık Bakanlığı Temel Sağlık Hizmetleri Gen. Md. (2004). *İntiharın Önlenmesi; Birinci Basamak Sağlık Çalışanları İçin Kaynak*. Ruhsal ve Davranışsal Hastalıklar Ruh Sağlığı Bölümü Dünya Sağlık Örgütü Cenevre 2000.
- Şahin, N.H., Onur, A. & Basım, H. N. (2008). İntihar Olasılığının, Öfke, Dürtüsellik ve Problem Çözme Becerilerindeki Yetersizlik ile Yordanması. *Türk Psikoloji Dergisi*, 23 (62), 79-88.
- Sayar, K. (2002). Toplumsal Ve Ruhsal Dinamikleriyle İntihar. *Karizma*. Ekim - Kasım - Aralık 2002, Sayı: 19 s.17–24.
- Sonneck, G., Goll, H., Herzog, H. ve ark. (2000). *Krize müdahale ve intiharı önleme*. (Y. Sözer, Çev.). Ankara: Ankara Üniversitesi Psikiyatrik Kriz Uygulama ve Araştırma Merkezi Yayınları. (Orijinal çalışma basım tarihi 1993.)
- TUİK. (2013). İntihar İstatistikleri. www.tuik.gov.tr.

Uğurlu, M., Soydal, T., Acar, H. ve ark. (2004). *İntihar olgusu ve önlenmesi*. Ankara: Sağlık Bakanlığı Temel Sağlık Hizmetleri Genel Müdürlüğü Yayınları.

Van Heeringen, K. (2003). The neurobiology of suicide and suicidality. *Can J Psychiatry*, 48, 292–300.

World Health Organization. (2012). How can suicide be prevented? Retrieved from <http://www.who.int/features/qa/24/en/index.html>

Yüksel, N. (2001). *İntiharın nörobiyolojisi*. 3. Biyolojik Psikiyatri Kongresi, 18-20 Haziran, 2001, Kapadokya.