

Breaking the Silence: One cop's story of hope and courage.

By Sgt. Eric Weaver (Ret.)

"If I don't tell you something, I'm going to kill myself." Those words were said to my then wife in the fall of 1995. By 1995 I had been working for my police department for the past nine years, and had been a police sergeant for the last three. I was the training coordinator for our SWAT team, as well as a sniper and entry team leader, and commanded my own platoon of pro-active, hard charging officers. Given my very tough exterior, the words I said to my wife that day were hard for her to hear, and even harder for me to say. She immediately said that I should get help. I told her that I would, but that she was in no way to tell anyone what I had told her. After all, what would people say if they found out that I, Sgt. Eric Weaver, was seriously contemplating killing himself?

Against all odds, I reached out for help. I called my primary care doctor for an appointment and though I was never direct with him about how I was feeling, he connected me with a counselor shortly thereafter. Of course, no one but my wife knew where I would go once a week. Shortly after I started seeing my therapist, my overwhelming sense of depression and suicide reached a level that I could no longer manage. In the spring of 1996 I had to admit that I was as close to suicide as I could be. I was not safe at work or at home, and it was determined that the only thing I could do to stay safe was to be hospitalized. Of course, I was not thrilled at the thought of being in a psychiatric hospital. After all, I've dealt with mentally ill people on the job for years, and I certainly didn't feel like I was one of "those people." However, the fact remained that I was sure to die if I wasn't hospitalized. I went to a hospital well outside of Rochester (I

certainly couldn't go to a Rochester hospital where everyone knew me) and given my extremely depressed and suicidal condition, it was decided that I was to be admitted. I was devastated, not sure what was happening to me and wishing I would have never told anyone about how I was feeling. Of course before being hospitalized that day I had to call in sick to work. But what would I say? I certainly couldn't tell the person who answered the phone at work that I was in a psychiatric hospital. We all know if that was said, word would spread pretty fast throughout the department. So that wasn't even an option. I worked out quite often, and everyone knew how much I enjoyed lifting as much weight as possible all the time. So it came easy to me to simply tell my department that my back went out while I was working out. Believe me, it sounds a whole lot better to tell someone that I have a back injury from lifting hundreds of pounds than it does telling someone that I was suicidal and in a psychiatric hospital. After all, I thought, there is no stigma around back injuries.

I stayed in the hospital about one week. It was not the most pleasant of places but it kept me safe, for the time being at least. After I was discharged I was sent home, and was given a treatment plan to follow up with some doctors for counseling and medication. I figured I could handle that, even though I didn't want to. So as I sat home the following week, still out with my "back injury," I began to realize that my depression and thoughts of suicide were not going away, in fact they were just getting worse.

I believe it was on a Saturday shortly following my discharge when I found myself in the bathroom of my home. I locked myself in there and began banging my head against the toilet and trying to cut my head open with a skeleton key that was above the door frame. As I'm yelling and swearing through the bathroom door at my wife, she

rushes our daughters down to the basement playroom area as they are screaming “what’s wrong with daddy?” Once my wife realizes that I was hurting myself in the bathroom (thankful today that I didn’t have my gun with me in that room), she immediately calls my therapist, who in turn tells her that she is going to call 911. You can probably imagine my anger when I was told that the police were being called on me. After all, how would someone expect a very mean, angry, depressed, suicidal SWAT team sergeant to react? I basically yelled through the bathroom door that if some rookie deputy sheriff shows up, that they better bring a bunch of them as no one was going to take me out of my own home. Of course, these were words that I had heard hundreds of times from other people, but now it was me who was saying them. To make a long story short, the police responded and I refused to come out of the bathroom. I yelled that the only way that I was going to come out was if my Captain at the time came to my home and ordered me out. I had great respect for him, and if he said that I should come out, then I would. He was eventually called, and he immediately came to my home and ordered me to come out of the bathroom. I did come out, and was ultimately taken back to the hospital for another admission. In the spring/summer of 1996, I was hospitalized a total of five times, eventually being admitted to a hospital in Rochester on three of those occasions. I underwent intense treatment that summer, including various medications and even ECT, electroconvulsive therapy (shock treatments), for my treatment-resistant depression. As you might imagine, life was hard.

Believe it or not I was actually able to come back to work in the beginning of fall in 1996. Of course I needed medical clearance and approval from our police physician, who was very understanding and empathetic to what I had been going through. Besides

my family, work was all I had. I had been a cop since I was twenty years old. I needed to come back to work to feel whole again.

On the first day back to work I was nervous as to what was going to be said to me. You can imagine my relief when I kept getting the same question over and over. That question was simply, “so Sarge how’s your back?” I couldn’t believe it! I had been in and out of psychiatric hospitals five times and was out of work for nearly six months, and no one knew. My biggest fear was relieved. I would jokingly tell people how my back went out doing 600lb. squats, but that it was feeling pretty good after so much rest. Life was good. I remained in therapy and on medication, and was able to be back to work doing everything that I was able to do before. Remarkably, the Captain that came to my house that day to get me out of my bathroom never told anyone except for his Commanding Officer, the Deputy Chief (both of whom are FBI National Academy alumni). His, as well as the Deputy Chief’s, respect for me and for my confidentiality was remarkable and admirable. They not only helped save my life that year, but my reputation as well.

For the next couple of years I seemed to flourish. I was back working on SWAT and had been hand selected for our Tactical Unit. Again, life seemed good. Unfortunately, my behavior wasn’t. In an effort to prove to myself, and myself alone, that I wasn’t just some crazy guy who had been locked up in psychiatric hospitals, I became aggressive, belligerent, and forceful. My behavior had gotten so out of control that I found myself in the spring of 1998 facing some pretty serious internal departmental charges. Eventually everything that I thought I was, was taken from me. I was forcibly removed from the SWAT team, the Tactical Unit, suspended for fifteen days, and

removed entirely from patrol to serve time on administrative duty for one full year. The only thing I was allowed to retain was my rank. I felt that life was now officially over.

While on administrative duty one day during the summer of 1998, I sat quietly alone in the basement of our Public Safety Building telling myself that this was it and the time had come. My life as I had known it was over, I could no longer fight anymore and I no longer desired to go on with my life. I sat on a bench in the far corner of the men's locker room with my department issued Beretta 9mm handgun in my hand for about the fiftieth time. I was alone and I was determined that this was how and where I would die. I figured everyone would now learn how much I was hurting inside. The images of my family passed through my mind briefly; how they would take the news, how the funeral would go, who would be there, and if anyone would even care that I was dead. These images had passed through my mind hundreds of times over the years, but this time seemed different.

With my gun in my hand I was slowly pulling back on the trigger when I heard the faint sounds of someone walking in the door and then into the restroom area of the locker room. The locker room was very large with probably a hundred or so lockers and even though I was sitting as far away from the entrance as I could get, I could still hear what sounded like water running in one of the sinks. I didn't want anyone around when I killed myself. This was personal, and I wanted to be alone. So I quickly put my gun back in my holster, got up, and starting walking through the locker room.

So, with great disappointment and frustration that I didn't go through with my suicide, I walked out of the locker room fully expecting to see one of my fellow officers washing his hands. However, there was no one at the sink. In fact I saw no one at all.

Was it just my imagination that I heard water running? I figured I must have just been hearing things. But now, since no one was in the bathroom, I was faced with two choices. I could go back and finish what I came to the locker room to do, or leave. For whatever reason, I chose to leave. I then went and told my wife what I did and later that day I admitted myself to the same psychiatric hospital I had been in two years before.

Remarkably, I didn't kill myself that day in 1998 because of the phantom sounds of running water from a sink. I would discover many years later what God's plans were for me in my life; and they apparently didn't include killing myself in a police locker room that day. Believe it or not, I would be back to work again in just a few short weeks.

The years went by and my recovery from my mental illnesses continued in silence, with very few people knowing anything about my struggles. That all changed in 2002 when a fellow officer completed suicide. His death affected me tremendously on many levels. While his death was a tragedy, it also motivated me in a way that I would have never imagined. His death inspired me to talk about my own issues with suicide, not just to a few people, but to my entire department. I requested from our Chief's Office that I be granted a few minutes to talk at one of our Command Staff meetings. After being put on their agenda one morning, I openly shared with everyone present where I really had been all those months in 1996 and 1998. I made it clear that I had no back injury, but that I suffered from mental illness and had been hospitalized for being suicidal six times. You could have heard a pin drop as I told my story. When I was done telling them what I had gone through, I told them that I would like permission to share my story during the next in-service dates in hopes that it would break the silence of some very real issues while at the same time allow others to share and seek help for

what they may be going through as well. After much discussion, and with the support of my department's Chief and new Deputy Chief, who was also a clinical psychologist, I was given permission to develop a curriculum on mental health, cumulative stress, and suicide to my entire department. I entitled the course Emotional Safety and Survival and over the years, have taught it to nearly 15,000-20,000 law enforcement officers across New York State and parts of the U.S.

It wasn't until I started telling others about my battles with mental illness and suicide that I realized what a tremendous problem it actually is in our line of work. I went on to working with numerous officers and their families, and eventually developed and coordinated our department's Emotionally Disturbed Persons Response Team (Crisis Intervention Team), the first team of its kind in NYS, and later became our department's full time Mental Health Coordinator. I retired from my department in 2005 after serving twenty years. In addition to various other roles I serve in, currently travel across NYS training police officers on mental health, mental illness and suicide prevention, as well as develop and train Crisis Intervention Teams in communities throughout New York. Who would have imagined?

Over these last two decades I have been diagnosed with a variety of mental illnesses, including major depression, bi-polar disorder, anxiety disorder, obsessive-compulsive disorder with psychotic features, and post-traumatic stress disorder, and have been hospitalized on two additional occasions. In the many years of me speaking out on mental illness I have learned some valuable lessons. One thing I have learned is that mental health, just like physical health, plays an important role at every stage of our lives. Sadly in our culture, especially in the law enforcement culture, what comes to

mind first when one hears the words “mental health” or “mental illness” are words such as “depressed, irrational, unstable, crazy, or nuts.” However, research has shown that approximately one out of every four people in the United States deals with some mental health related issue in any given year. Law enforcement officers are not immune from these statistics. Officers struggle with the same problems as anyone else, yet the stigmas, embarrassment, misunderstandings, and fear of reaching out create some very real barriers, which in turn causes some very real and serious mental health issues in officers to be undiagnosed and untreated for years. This of course causes serious harm to thousands of officers and their families across the country who are struggling in this way. Unfortunately, all too often officers seek comfort for their mental health issues through self-medicating with alcohol, gambling, drugs, unhealthy relationships, and countless other means. They feel the stigma and shame around reaching out, so they simply deal with their problems the only way they know how.

Similarly, the stigmas surrounding suicide often keep those desperately in need of help from seeking it as well. Suicide’s correlation to mental health is evident, as it has been determined that 90% of all people who die by suicide have a diagnosable psychiatric disorder at the time of their death. The latest statistics provided by the American Association of Suicidology reports that in 2012 there were 40,600 reported suicide deaths in the United States. Suicide rates are not going down, and police suicide is something that far too many police departments across the U.S. have had to deal with at one time or another.

Mental illnesses such as Post Traumatic Stress Disorder which many officers can suffer from, is just as disabling, if not more so, than a vast array of other medical

conditions that are openly dealt with and treated. However, as previously stated, many of those who suffer never seek help, and those who do seek help do not always receive treatment.

I spent a total of twenty two years in law enforcement (my first two years spent working in a county jail as a Corrections Officer) struggling with depression, stress, and grief, and have seen more death, violence, and bloodshed in those years than I care to remember. My journey through life as a police officer, later on as a pastor, and now as mental health trainer and police consultant, as well as a husband and father, has been filled with every possible emotion from total despair and worthlessness, to a life filled with hope and purpose.

It has been my mission over these many years to reduce stigma, increase understanding surrounding the many challenges of mental health related issues, create a culture that openly discusses the topic of mental illness, suicide and suicide related behavior, and above all proclaim that there is hope. As I continue to work on my own mental health issues, I strive to be a living example that a level of recovery is available to everyone. It is my hope and desire that individuals and families will no longer need to suffer in silence, and instead proclaim the fact that mental illnesses are treatable and that suicide is preventable. The law enforcement community struggles with knowing what to do with officers who suffer with mental illness. We are quick to judge and call them unfit for duty. However I know that it is because of my mental illness, not in despite of it, as well as the amazing support of my department that I have been able to speak out on one of the last taboo subjects in 21st century policing.

Eric Weaver is a retired Sergeant from the Rochester, NY Police Department, and is currently the Executive Director of his own training and consulting group; Overcoming The Darkness. For more information on Eric and his list of trainings, please visit www.overcomingthedarkness.com.

If you or someone you care about is thinking about suicide, please call 1-800-273-TALK (8255)