



## **SUICIDE PREVENTION AWARENESS MONTH**

**SUPPORTING FIRST RESPONDERS  
HEALTH & WELL-BEING**

**First Responder Suicide Awareness & Prevention Strategies**



# FACTS ABOUT SUICIDE

## **If someone is seriously contemplating suicide, do you really think it is possible for them to make a decision to live?**

We know that those at risk for suicide do not necessarily want to die, but do want help in reducing the pain they are experiencing so that they can go on to lead productive, fulfilling lives. There is a lot of ambivalence surrounding the decision to take one's own life, and by recognizing this, and discussing it, we can help the suicidal person start to recognize alternative options for managing their suffering. Often suicidal people are experiencing intolerable emotional pain, which they believe to be unrelenting. They often feel hopeless and trapped. By helping them to recognize and explore alternatives to dying, you are planting the seeds of hope that things can improve.

## **Will talking about suicide to a person make them suicidal?**

There is no research evidence that indicates talking to people about suicide, in the context of care, respect, and prevention, increases their risk of suicidal ideation or suicidal behaviors. Research does indicate that talking openly and responsibly about suicide lets a potentially suicidal person know they do not have to be alone, that there are people who want to listen and who want to help. Most people are relieved to finally be able to talk honestly about their feelings, and this alone can reduce the risk of an attempt.

## **Is talking about suicide, or threatening to kill yourself just a ploy to get attention?**

It is best to treat talk and threats about suicide seriously. Research indicates that up to 80% of suicidal people signal their intentions to others, in the hope that the signal will be recognized as a cry for help. These signals often include making a joke or threat about suicide, or making a reference to being dead. If we do take them seriously and ask them if they mean what they are saying, the worst that can happen is we will learn that they really were joking. Not asking could result in a far worse outcome.

## **If someone makes a suicide attempt, but does not die, is this just looking for attention?**

At some level, all suicide attempts are cries for help by individuals experiencing a high degree of desperation. It is important to treat all attempts as serious. Once an attempt is made at any level of lethality, the risk for future and more serious attempts and completion increases significantly.

# FACTS ABOUT SUICIDE CONT.

**If a person who was depressed and suicidal suddenly seems to feel better, does this mean they are no longer at risk for suicide?**

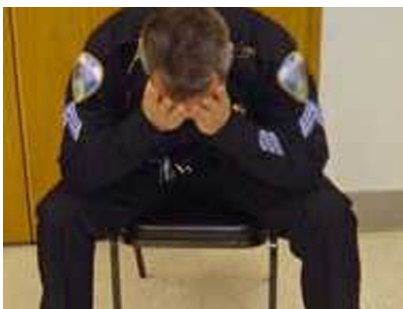
Hopefully, if a person seems better, they are indeed feeling better and are no longer considering suicide. HOWEVER, this apparent upswing in mood could also be an indicator of an increased risk of suicide. Sometimes, a suicidal person might feel relief that they have finally come to a decision – the emotional conflict over living or dying has been resolved. The best way to determine if a person's improved mood is related to decreased or increased risk of suicide is to have a direct and open discussion about suicide.

**What are the warning signs that someone might be considering suicide?**

About 80 percent of people who attempt or complete suicide send out warning signs to those around them, although they may not make a direct plea for help. Some warning signs may include:

- Talking or joking about suicide or dying;
- Making preparations for death such as giving away significant possessions, making a will, writing a suicide note, clearing up loose ends;
- A previous suicide attempt; the suicide of someone important;
- Being persistently depressed or down for more than a couple of weeks; protracted anxiety or agitation; extreme mood swings/bipolarity; outbursts of rage, grief, violence;
- Isolation, withdrawal from previously enjoyed relationships and activities;
- Lethargy, lack of interest, low energy, insomnia or over-sleeping;
- Increased use of alcohol or drugs;
- Uncharacteristic high risk activity, impulsive behaviors
- Expressions of hopelessness, helplessness, purposelessness
- Low self-esteem, low self-worth, self-contempt, anger toward self;

Significant loss(es), such as important relationship, health, identity, economic security, freedom.







## **What can we do if we think someone is suicidal?**

It is important to show a potentially suicidal person that we care and that we are concerned for their safety. It is also important to directly ask the person if they are considering suicide. This shows that we are taking their feelings seriously, and helps to establish if the risk for suicide is real. If you feel uncomfortable asking, it is important that you get someone else to ask. We need to listen to the person – without judgment and by showing empathy. If the person says they are considering suicide, we need to get help for that person by enlisting the help of professionals, such as a family doctor, a mental health professional, a 24-hour crisis line, or even a hospital emergency room if the person is imminently at risk. It is also important to enlist familial, friendship and social supports. If the person is at imminent risk of harming themselves, do not leave them alone until they have been assessed and received help from a competent and trustworthy professional, or until another trustworthy adult arrives to stay with them.

## **Don't suicides happen fast, and usually as the result of one sudden traumatic event, so that it is hard to prevent them?**

Suicides can appear to happen fast, or “out of nowhere,” when we have not noticed any indications of a person's suicidality. Although most people (80%) present a range of indicators to the people around them, few of us have been educated to recognize these warning signs and we miss them.

Suicides are also rarely the result of a single traumatic loss or change. Usually, there are many contributing factors and events that have developed or occurred over a period of time. A sudden traumatic event may be the ‘trigger’ event that moves a person to end their life, but it is unlikely the only cause.

It is likely that many suicides could be prevented if we educated ourselves about the immediate, short term, and long term indicators of suicidal risk, as well as how to reach out and get effective help for someone who is letting us know they are in serious distress.

## **NEED HELP NOW?**

**[SAFE CALL NOW](#) – 1-206-459-3020 OR 1-877-230-6060**

Safe Call Now is a resource for public safety employees to speak confidentially with officers, former law enforcement officers, public safety professionals and/or mental healthcare providers who are familiar with your line of work. CONFIDENTIAL, comprehensive, 24-hour crisis referral service for all public safety employees, all emergency services personnel and their family members nationwide.

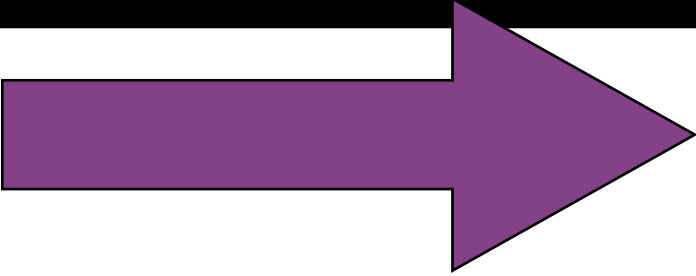




# KEY MESSAGES & TALKING POINTS

- Suicides among first responders, often driven by emotional strain in a culture that long has discouraged showing weakness, are too common, according to organizations that track the deaths.
- A survey of more than 4,000 first responders found that 6.6 percent had attempted suicide, which is more than 10 times the rate in the general population, according to a 2015 article published in the Journal of Emergency Medical Services.
- Friends, family and coworkers reported 132 first-responder suicides nationwide in 2016 to the Firefighter Behavioral Health Alliance
- Child deaths are the most troubling calls for first responders, followed by the deaths of coworkers who die in the line of duty.
- The Journal of Emergency Medical Services survey found that first responders who felt supported and encouraged at work were less likely to contemplate suicide.
- Firefighter/EMS/Police suicides are outnumbering line of duty deaths.
- As a police officer, felt the need to hide my mental health challenges due to the stigma that exists within the culture of law enforcement.





## I am worried someone I know may be thinking about suicide: What do I say? What do I do?

Many of us will notice changes in people around us and get the feeling that 'something is not right'. You may not want to say anything for fear of making the situation worse or because you don't know what to say if they confirm your concerns. While these conversations can be very difficult and confronting, there is a lot you can do. By talking to the person and getting further information, you can assist them to talk to others and get the professional support they may need.



### Things to remember:

- Act on observations
- Manage your thoughts and fears
- Prepare in advance
- Start the conversation
- Listen without judgement
- Get the person talking
- Ask directly
- Ask about plans
- Ask further questions to determine risk
- Keep the person safe
- Encourage and support the person to seek help
- Look after yourself
- Learn about other services and resources that are available.

## Start the conversation

You will need to use your connection to the person and your own style to start the conversation.

- You can start by saying you are worried and what in particular has made you concerned.
- If someone posts a comment online that makes it sound like they're thinking about suicide, encourage them to chat to you in private by contacting them directly.

**For example, look out for statements like:**

**"I am completely over it."**

**"No one would miss me if I wasn't around anymore."**

**An example response might be:**

**"Hi friend, I saw your post on Facebook and I am a bit worried about you. Do you have time for a chat?"**

## Listen without judgment

Make the person feel comfortable talking to you by listening without judgment or criticism, offering support and understanding.

- Let the person express their feelings without interruption. They need an opportunity to talk about how they are feeling and may be relieved to be able to do so.
- Regardless of what the person discloses, you should take them seriously and acknowledge the reasons the person wants to die.
- Remember, it doesn't matter whether you think the issue is serious, it is what the person thinks that is most important.

**X Don't try to minimize their problems by saying things like:**

**"Try not to worry about it."**

**"It doesn't sound so bad."**

**"I know how you feel."**

**Instead, say things like:**

**"It sounds like you are really low"**

**"I can see this is worrying for you"**





## Get the Person Talking

It is best to listen to what they say rather than trying to give advice or 'fix' their problem.

- Use open-ended questions so that you get a better understanding of their situation, thoughts and feelings. Encourage the person to seek help and support from others close to them, bereavement support services or health professionals.
- Remember that someone's gender, age, cultural background and a range of other factors about them may impact on how they talk about what they are experiencing.
- Non-verbal communication (e.g. your gestures, tone of voice) can be really important to setting the person at ease.
- If you are talking via telephone or sending a message you can still put them at ease by responding in breaks to show you are listening and encouraging them to keep communicating.



## Ask Directly About Suicide

To find out whether a person is suicidal, it is usually best to ask directly whether the person is thinking about taking their own life.

### Ask:

"Are you having thoughts about suicide?" or "Are you thinking about killing yourself?"

### Avoid phrases like:

"You don't want to kill yourself do you?"

"You're not thinking of suicide are you?"

- Once rapport has been built, the question should be easier to ask, but make sure you ask without judgment and in a way that allows people to tell the truth.
- Let the person know that many people think about suicide. Try to offer hope and suggest that people can find ways to get through difficult times.

### For example:

"I may not know how you feel, but I do want to help you get through this."



# How To Help

## Ask About Plans

If the person confirms they are thinking about suicide, it is important to try and find out if they are in immediate danger.

- People are usually at higher risk of suicide when they have a specific way in mind and the ability to carry it out. The more detailed the plan is, generally the higher the risk will be.
- You may need to ask direct questions to find out how detailed their plans are.
- For example:
  - "Have you thought about how you would kill yourself?"
  - "Have you thought about when you would kill yourself?"
  - "Have you taken any steps to get the things you would need to carry out your plan?"

## Keep The Person Safe

Take steps to keep the person safe. If the person has access to lethal means of suicide close by (or on them) you may want to talk to them about handing them over safely.

If you are concerned the person may be at imminent risk (that is, they might take their life soon) then contact emergency services immediately and tell them what you know. Stay with the person or ensure someone else is with the person until support arrives.

If the person is not at imminent risk, or you are uncertain about their level of risk, talk to them about who else they could tell and involve.

When talking to someone with suicidal thoughts, remember that suicide should not be kept a secret. The number one priority is to keep the person safe, this may mean breaking confidentiality if you need to get someone else involved.

## Encourage And Support The Person To Seek Help

Involve the person in identifying other people that might be able to help them with the problem: family, friends, peers, clergy, clinicians, physicians, hotlines.



# Resources

## **SAFE CALL NOW – 1-206-459-3020 OR 1-877-230-6060**

Safe Call Now is a resource for public safety employees to speak confidentially with officers, former law enforcement officers, public safety professionals and/or mental healthcare providers who are familiar with your line of work.

## **SHARE THE LOAD – 1-888-731-3473**

A program run by the National Volunteer Fire Council. They have a help line, and have also collected a list of many good resources for people looking for help and support.

## **COP 2 COP – 1-866-COP-2COP**

A 24/7 hotline based in New Jersey staffed by retired officers who are licensed Clinical Social Worker, known as Cop Clinicians, and specifically trained Mental Health professionals, along with volunteer retired officers who are trained as peer supporters.

## **LIFELINE CRISIS CHAT - [www.contact-usa.org/chat.html](http://www.contact-usa.org/chat.html)**

A online help chat that is part of the National Suicide Prevention Lifeline network. Get help via chat instead of telephone call.

## **911 WELLNESS FOUNDATION - <https://911wellness.com/>**

The foundation's mission is to foster optimal health fueling resilience, peak performance, and a high Quality of Life (at work and at home) for our nation's 911 Public Safety Telecommunicators (PST).



# Resources Continued

## **FIREFIGHTER BEHAVIORAL HEALTH ALLIANCE** - <http://www.ffbha.org>

The mission of Firefighter Behavioral Health Alliance is to collaborate, develop and implement behavioral health awareness, prevention, intervention, and post crisis strategies to provide firefighters with an easily accessible and confidential source of information.

## **1ST ALLIANCE** - <http://1alliance.org/>

First Alliance is working to bring together First Responders and a variety of resource that can assist in the time of need. They have 3 primary goals: to provide a central Global support database so First Responders can confidentially find spiritual and emotional help, to form an alliance of First Responders that can change legislation and benefits, and to collect post traumatic stress injury and suicide data that can be presented to affect change.

## **THE CODE GREEN CAMPAIGN** - <http://codegreencampaign.org/>

The campaign has two main goals. The primary goal is raising awareness of the high rates of mental health issues, substance abuse and suicide among first responders. The secondary goal is providing education for responders on how to provide care for themselves and recognize issues in their peers.

## **BLUE HELP**- <https://wearebluehelp.org/>

It is the mission of Blue H.E.L.P. to reduce mental health stigma through education, advocate for benefits for those suffering from post-traumatic stress, acknowledge the service and sacrifice of law enforcement officers we lost to suicide, assist officers in their search for healing, and to bring awareness to suicide and mental health issues.





## In Honor & Memory



Our suicide awareness and prevention materials are dedicated to the memory of Paramedic Ryan Burger who died due to suicide in 2015. Ryan dedicated his life to helping others through his work as a Paramedic for Austin/Travis County EMS. Ryan worked at Rural Metro Ambulance in San Diego for 5 years as an EMT/Paramedic before moving to Austin in 2010. Ryan was loved by his family and fiancée, Stephanie Cunningham, as well as co-workers, and friends. Ryan was a dedicated professional that cared deeply for his patients. We honor Ryan's dedication, passion, and sacrifice for his service to his fellow co-workers and the community he served.

## His Life Mattered

