Suicide Prevention & Awareness for First Responders

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#FirstResponders
#MentalHealth
Important! Send questions/comments to ‘All Panelists’
Presenter

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@mhcc_ #FirstResponders #MentalHealth
Suicide: Prevention, Intervention & Postvention Strategies

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(Frankl, 1963, p. 129)
Good Afternoon!

Put on Your Teflon
As First Responders You:

• support people on a continuum from small situations to the worst day of their lives;
• see the horrific things people do to people;
• hear people’s pain, grief and trauma;
• listen to their fears;
• listen to their rage;
• run toward chaos (the “norms”) run away;
• Accompany family in a time of change and mourning;
• are expected to be rational, calm, hopeful and compassionate.
Suicide – Prevention

pain is inevitable - suffering is optional
Suicide – Prevention

YOU CAN'T
STOP THE WAVES
BUT YOU CAN
LEARN TO SURF
I want to talk about surfing
My Experiences Surfing
I want to talk about surfing
My Experiences Surfing
My Take on Trauma

• As someone who lives with trauma I argue that we all need to take care of ourselves and our colleagues

• We need to expect our organization to support us – but we also have to open up the dialogue

• This means being proactive – not stigmatizing “the bravery of asking for help” and

• Asking for help if you need it
"We cannot become what we want to be by remaining what we are."

Max DePree, Leadership is an Art

I Invite You to Think Going Forward
Do YOU need to think about Trauma & Suicide differently?
Today We Will

• Discuss prevalence of suicide among first responders
• Discuss factors leading up to suicide
• Discuss PTSD and its connection to suicide
• Discuss prevention, intervention and postvention
• Learn a bit about surfing ☺️.
Looking at the Numbers

• How many people die by suicide in Canada each year?

• In 2012, 3926 Canadians died by suicide.

• 2972 were males and 954 were females.

• (Not sure of the stats in the LGBTQ community)

• The suicide rate overall was 11.3 per 100,000.

• 17.3 per 100,000 for males and 5.4 per 100,000 for females.
Looking at the Numbers

• In Canada, the ratio of male to female suicide is approximately 3:1. & 4:1 in US
• Male suicide 3 X’s higher than females since the 1950s
• The overall suicide rate for the general population aged 10 to 90+ is 11.3 per 100,000 citizens.
• During the working years (20 to 64) the general population suicide rate increases slightly to 14.3 per 100,000.
This in Context to Paramedics

• In April 2014 to 2015 there were an estimated 35 paramedic suicides in Canada
• We have an estimated 30,000 paramedics in Canada
• The rate would be \((35*100000/30000) = 116.7\) per 100000
• Compared to our 14.3 percent of the population in this age group.

First Responders

• 2016: 23 first responders and 5 military members have died by suicide.
• 2015: 40 first responders and 12 military members have died by suicide.
• Between April 29 and December 31, 2014: 27 first responders died by suicide while in 2014 - 19 military personnel died by suicide.
PTSD & First Responders (1)

- PTSD raises a sufferer's suicide risk, but even less-severe injuries can contribute as stressors. Such as:
  - Personal anxiety and poor health, family problems,
  - Abuse of alcohol and drugs,
  - Withdrawal,
  - Compassion fatigue and burnout which often looks like depression.
Arousal Levels

✓ When exposed to repetitive crisis;
✓ Our arousal begins to rise;
✓ Hyper or Hypo arousal becomes the constant State;
✓ This influences positively and negatively how we deal with conflict?
Anxiety attacks, flashbacks... Compulsive coping behaviours: i.e. Self injury, substance use, suicide etc...
PTSD & First Responders (2)

• A 2012 study noted that Canadian paramedics have a higher PTSD rate than other emergency workers.

• Estimations are that 16%-24% of Canadian medics will be diagnosed with PTSD.

• This is compared to 9.3% of the general population in that age range.
Definitions

Prevention
• Preventing situations by looking at both risk and resiliency factors
• Intentional – PTSD is a possibility – not an inevitability

Intervention
• Different from counselling:
• Suicide intervention’s main goal is keeping the person safe.
• Requires the helper to be more active, directive and specific
Definitions (2)

- **Postvention**
  - Refers to the services offered to support and assist those affected by or bereaved by suicide - including the person who attempted.
  - *Suicide Postvention is also suicide prevention.*
- **The goals of suicide Postvention are:**
  - Assisting those affected by the suicide
  - Supporting those who need specialized support.
  - Providing appropriate and accurate information about suicide.
  - Mitigating the effects of suicide contagion.
  - Facilitating the return to work.
Prevention

• So when bad things happen, what are you doing to mitigate PTSD?
• When is the last time you intentionally put on your teflon (armour) when going into a bad call? i.e.
• First off: Stay out of people’s Shoes
Unconscious Empathy
Don’t Walk In Their Shoes

Know About

- Your patient/victim’s shoes
- Treating them well
- However, if you are really uncomfortable
- Somewhere – Sometime you may have slipped into their shoes – get out!!!
Types of Trauma

DEVELOPMENTAL, SHOCK AND RELATIONAL

What do/did you struggle with?
Types of Trauma

• Developmental Trauma
  – Living in adverse conditions that affect the nervous system of the child (ambient)

• Shock Trauma
  – An unexpected event that is sudden and can be extreme (May include medical procedures)

• Relational Trauma
  – Can be on the continuum of war, bullying, domestic violence to sexual assault or abuse by someone we know (ambient)
INTENTIONALITY
Extinguish & Go Surfing
We’ll Always Have to Ride the Waves
Talk to Yourself – Don’t listen
- Don’t take things home (develop rituals)
- Positive self talk

3-2-1 Grounding
3 things you See – Hear - Feel

Remember What Sustains YOU

ESCAPE – PHYSICALLY OR MENTALLY

Psychological First Aid
Emotional Freedom Therapy (EFT)

**Tapping Points**

- **Top of Head**
- **Eyebrow**
- **Side of Eye**
- **Under Eye**
- **Collarbone**
- **Under Arm**
- **Liver**
- **Karate Chop**

**SET-UP**

- **Tender / Sore Spot** - Place your right hand over your heart. In the area where your fingertips land, rub gently until you find a place that's a little more sensitive than the surrounding area. This is the "sore" spot.
- **Karate Chop Point** - Outer edge of hand in fleshy part below the pinky finger

**TAPPING POINTS** (listed in order we tap them)

- **Eyebrow** - Inner edge of eyebrow, just above nose
- **Side of Eye** - On the bone, just outside the outer edge of the eye
- **Under Eye** - On the bone directly under the pupil
- **Under Nose** - Center point under nose, above lip
- **Chin** - Center of chin, right in the crease
- **Collarbone** - Under collarbone, about 2" to either side of midline
- **Under Arm** - 4" below armpit
  - Women: Middle of bra band
  - Men: Even with the nipple
- **Liver** - At lower edge of ribs, just outside imaginary line down from the nipple
- **Wrist** - 3 points on each wrist, below crease where wrist joins hand
- **Top of Head** - Crown of head

[https://www.youtube.com/watch?v=IWu3rSEddZI](https://www.youtube.com/watch?v=IWu3rSEddZI)
Know Your Resources

What happens when we stop caring or become too defended with our Heart?

Remember- Is it Possible to Care too Much?

I am not letting you get hurt again
Compassion Fatigue - Vicarious Traumatization - Pearlman et. Al.

- Transformation in helper’s inner experience;
- Cumulative effect of working with traumatized people;
- General changes: withdrawal, despair, disconnection, cynicism, etc.
Effects of CF, VT

Physical
- Sleep problems
- GI tract problems
- Neck/backaches
- Anxiety

Emotional
- Irritable/hypersensitivity
- Emotional numbness
- Hopeless/powerless
- Overwhelmed
- Sadness/depression
Effects of CF, VT

**Mental**
- Poor concentration
- Confusion/memory problems
- Difficulty making decisions
- Decreased self-esteem

**Spiritual/Relational**
- Loss of meaning
- Sense of disconnection
- Interpersonal problems and conflict
- Worry about the future
High Risk Factors
Suicide Warning Signs

- Feeling Worthless
- Feeling Trapped
- Alcohol and Drug misuse
- Giving things away
- Feeling like you Don’t Belong
- Engaging in “risky” behaviors
- A History of Suicidal Behavior
- Frequently Talking about Death
- Feeling like a Burden to others
- Dramatic changes in Mood and Behaviour
- Aggressiveness and Irritability
- Possessing Lethal Means
- Social Isolation or Feeling Alone
- A sense of Hopelessness or No Hope for the Future
What is your reaction?

• “I can understand that suicidal thoughts and plans can be how someone is coping…”

• “I can empathize with a person considering suicide that for them this is a possible solution”

• “I am afraid of how I might feel or what might happen if someone I know dies by suicide…”
Myths About Suicide

• Myth #1: People who talk about suicide rarely do it.

• Myth #2: The suicidal person wants to die and there’s nothing anyone can do about it.

• Myth #3: A person who has attempted suicide will always have thoughts of suicide.

• Myth #4: If you ask a person directly about suicide, it will lead them to a suicide attempt.

• Myth #5: A good job and stable relationships prevent people from contemplating suicide.
Suicide Intervention Steps

1. Look for an invitation and warning signs
2. Build rapport and approach
3. Ask the Question!
4. Listen and Understand – don’t try to fix it
5. Let them -- Ask about reasons for living
6. Assess severity of risk
7. Develop a safety plan
8. Follow-up
<table>
<thead>
<tr>
<th>LEVEL OF RISK</th>
<th>LOW</th>
<th>MODERATE</th>
<th>HIGH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicidal Ideation Frequency (how often?)</td>
<td>Occasional</td>
<td>Intermittent</td>
<td>Continuous</td>
</tr>
<tr>
<td>Intensity (how strong?)</td>
<td>Mild</td>
<td>Strong</td>
<td>Overwhelming</td>
</tr>
<tr>
<td>Lethality of method</td>
<td>Not High</td>
<td>Possibly lethal</td>
<td>Overwhelming</td>
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<tr>
<td>Availability of means</td>
<td>Doesn't have access</td>
<td>Can get access</td>
<td>Has immediate access</td>
</tr>
<tr>
<td>Specificity of plan (how, what, where, when)</td>
<td>Not considered</td>
<td>Considered details</td>
<td>Details worked out</td>
</tr>
</tbody>
</table>
"We cannot become what we want to be by remaining what we are."

Max DePree, Leadership is an Art

So are you going to do anything differently?
Really do you need to do something??

The only ones who really know what’s going on
Remember

• Good self-care
• It's okay to ask for help!
• When looking for a counsellor ask these questions:
  • I need someone who’s very experience with trauma (i.e. first responders)
  • I need someone who I don’t have to take care of when I talk about the trauma I’ve seen and been through
  • I need someone who’s going to work with me rather than telling me: “you need to get a new job.”
Never Give Up!
Putting Theory into Action

You’ll know you learned if:

<table>
<thead>
<tr>
<th>You Feel Differently</th>
<th>✓</th>
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<tbody>
<tr>
<td>Think Differently</td>
<td>✓</td>
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<tr>
<td>Act Differently</td>
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Name three areas where you will use the skills; BRAINSTORM.
Questions

@mhcc_ #FirstResponders #MentalHealth
Next Mental Health for First Responders Webinar

October 4, 2016 at 1:00 p.m. ET

To watch our past webinars, visit our website at: www.mentalhealthcommission.ca/English/workinar
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