







Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

Suicide Prevention & Awareness for First Responders

Tom Walker, MSW, RSW
Human Factors Specialist
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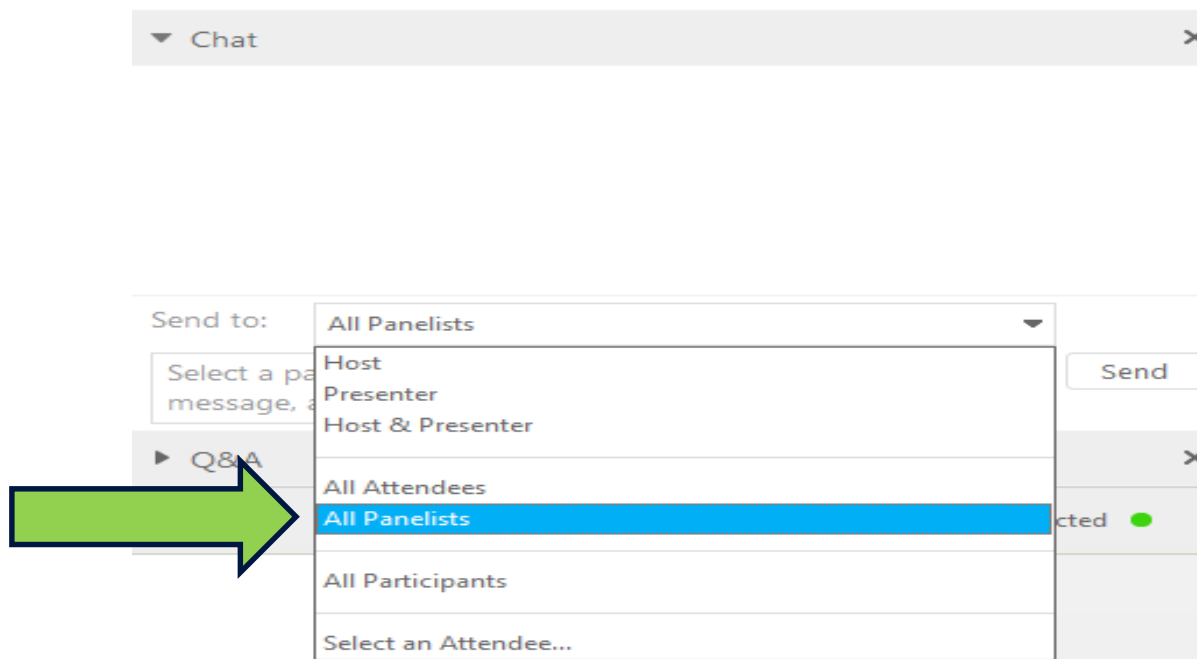
July 26, 2016, 1:00 p.m. - 2:00 p.m. ET

 @MHCC_  /theMHCC  /Mental Health Commission of Canada
 @theMHCC  /1MHCC

#FirstResponders
#MentalHealth



Important! Send questions/comments to 'All Panelists'



Presenter



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*That Which is to give light
~~must~~ **COULD** endure burning"*

(Frankl, 1963, p. 129)



Suicide: Prevention, Intervention & Postvention Strategies

Tom Walker MSW, RSW –

Human Factors Specialist Clinical Traumatologist &
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Good Afternoon!



Put on Your Teflon

As First Responders You:

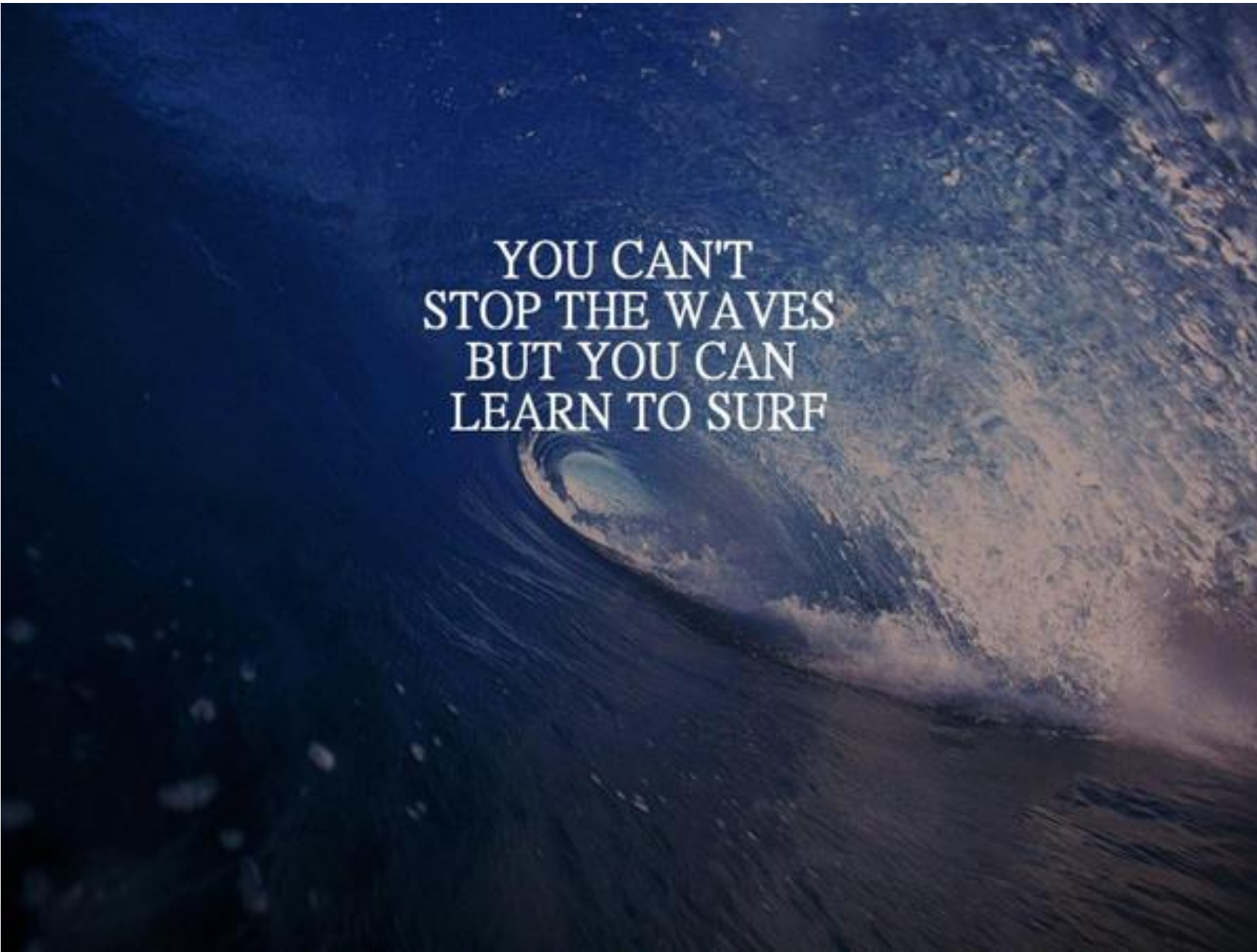
- **support people on a continuum from small situations to the worst day of their lives;**
- **see the horrific things people do to people;**
- **hear people's pain, grief and trauma**
- **listen to their fears;**
- **listen to their rage;**
- **run toward chaos (the "norms") run away;**
- **Accompany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

Suicide – Prevention

Covers @ FirstCovers.com

pain is inevitable -
suffering is optional

Suicide – Prevention

An aerial photograph of a large, curling ocean wave. The water is a deep, dark blue, and the wave's crest is a lighter, foamy white. The wave is moving from the top right towards the bottom left of the frame.

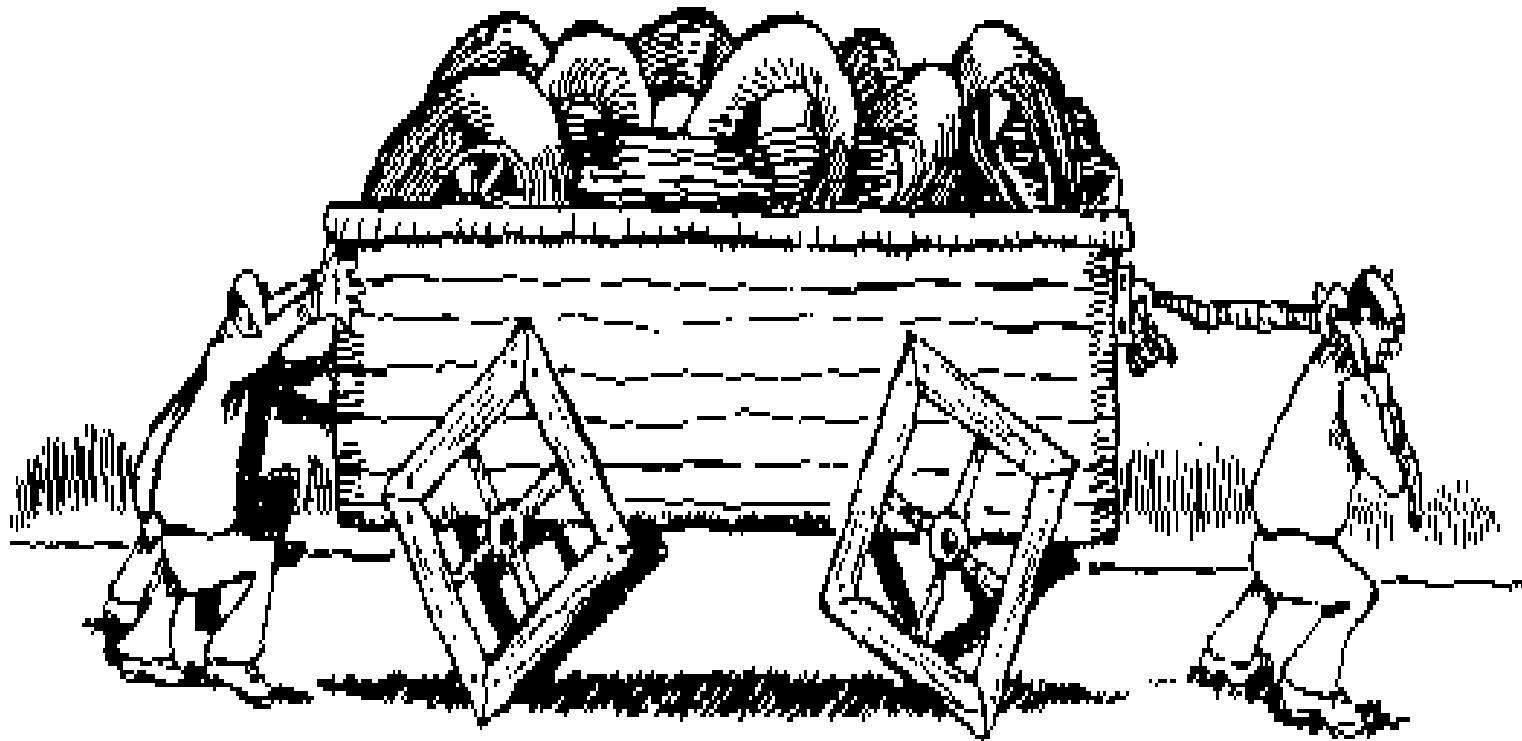
YOU CAN'T
STOP THE WAVES
BUT YOU CAN
LEARN TO SURF

I want to talk about Surfing

I want to talk about Surfing
My Experiences

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.**
- https://en.wikipedia.org/wiki/Paramedics_in_Canada

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.**

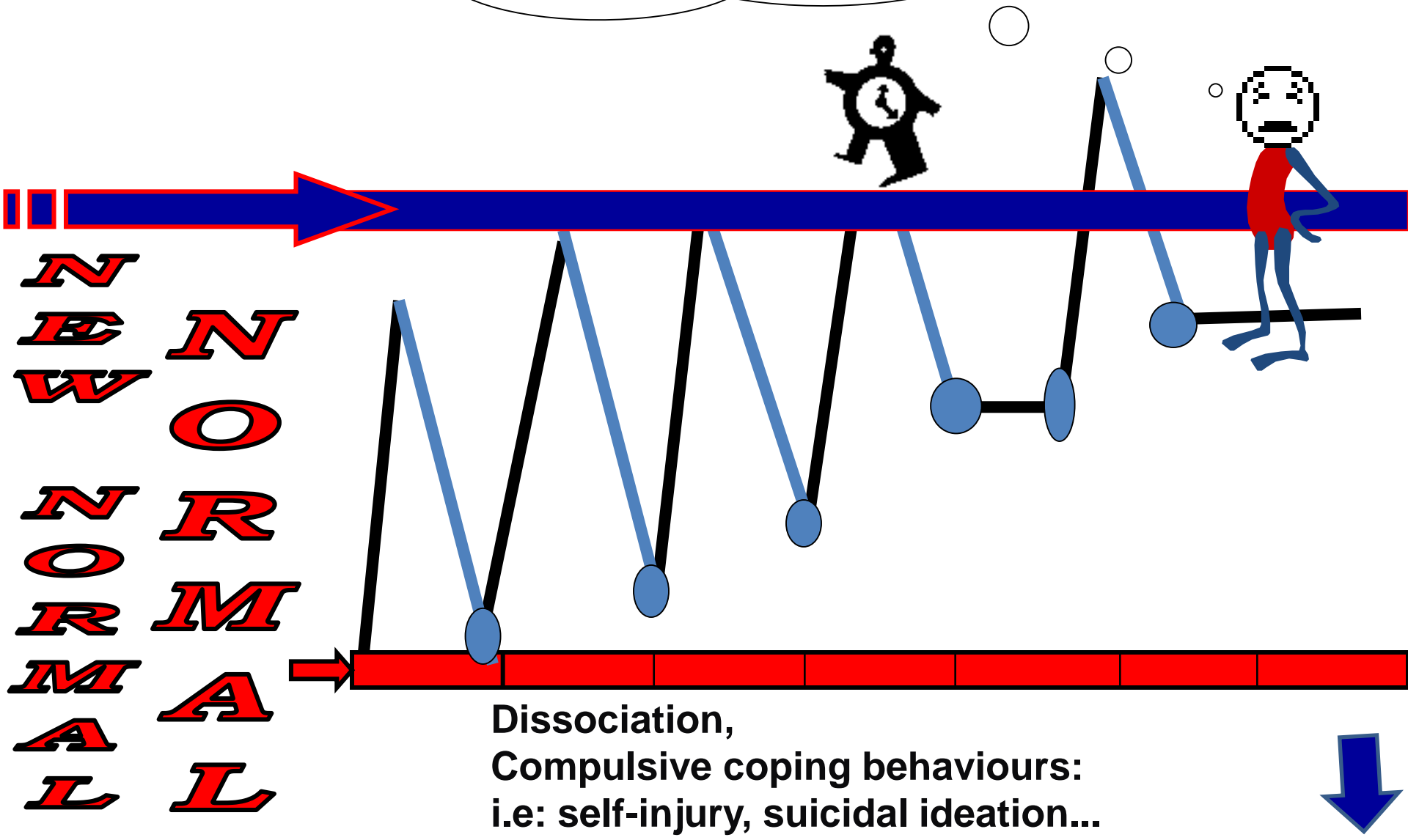
PTSD & First Responders (1)

- **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

Definitons (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



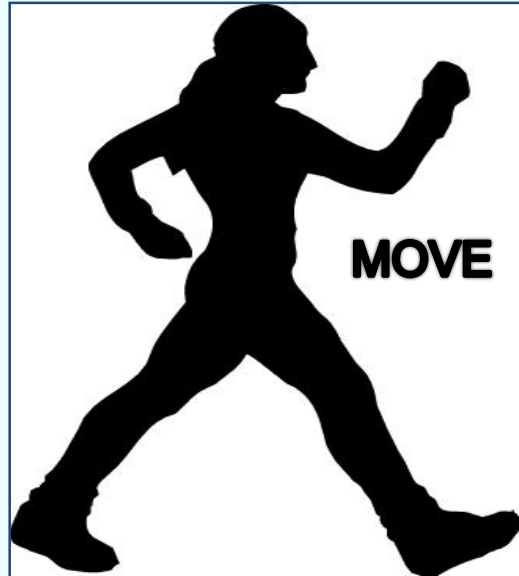
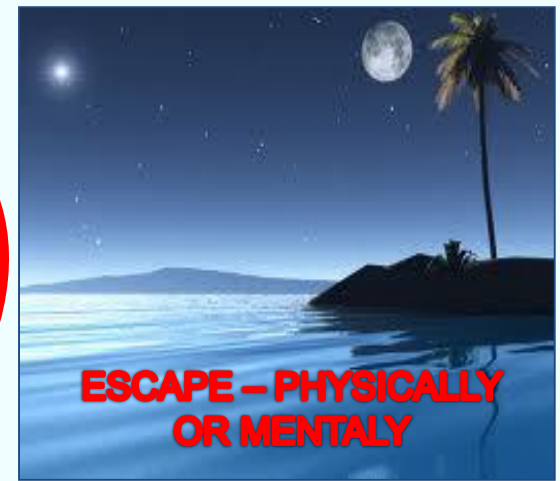
- **Developmental Trauma**
 - Living in adverse conditions that affect the nervous system of the child (**ambient**)
- **Shock Trauma**
 - An unexpected event that is sudden and can be extreme (May include medical procedures)
- **Relational Trauma**
 - Can be on the continuum of war, bullying, domestic violence to sexual assault or abuse by someone we know (**ambient**)

INTENTIONALITY

Extinguish & Go Surfing

**We'll Always Have to
Ride the Waves**





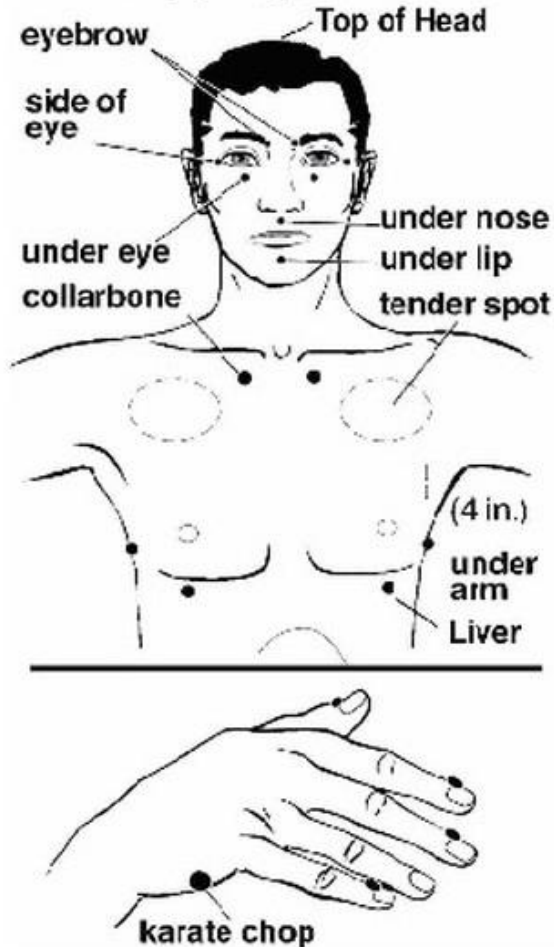
**3-2-1 Grounding
3 things you
See – Hear - Feel**

**Talk to Yourself –
Don't listen**

- Don't take things home (develop rituals)
- Positive self talk

Emotional Freedom Therapy (EFT)

Tapping Points



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

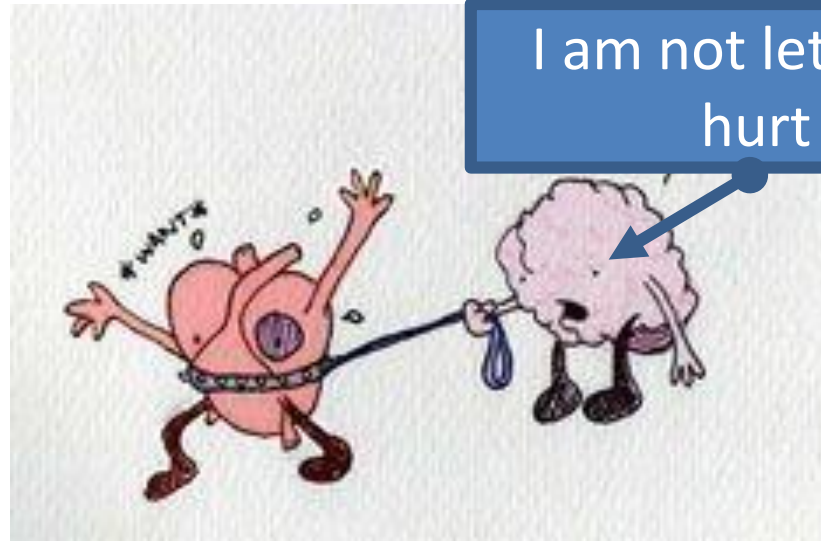
TAPPING POINTS (listed in order we tap them)

- 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

Know Your Resources

What happens when we stop caring or become to 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

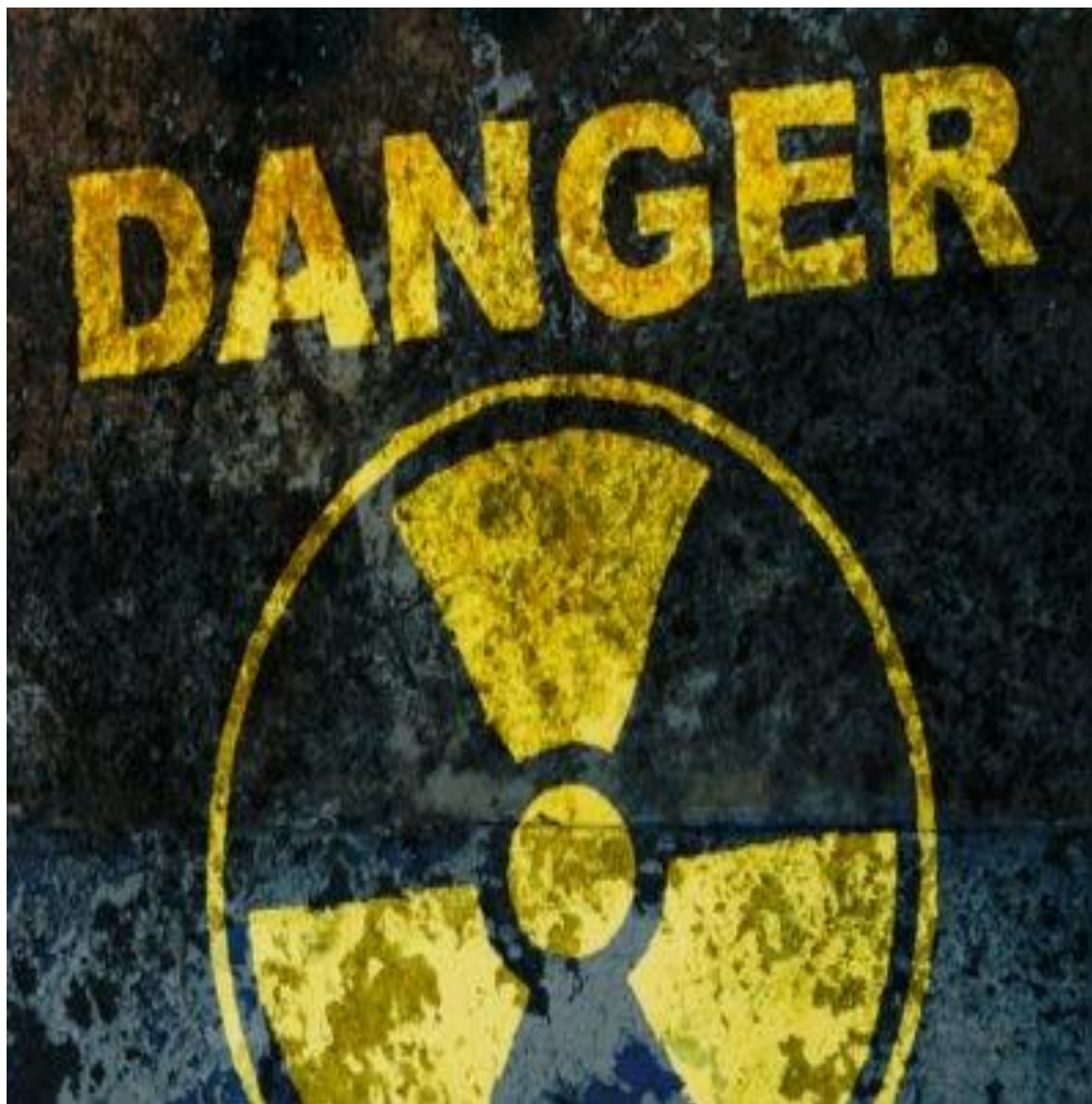
Mental

- **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





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...”***

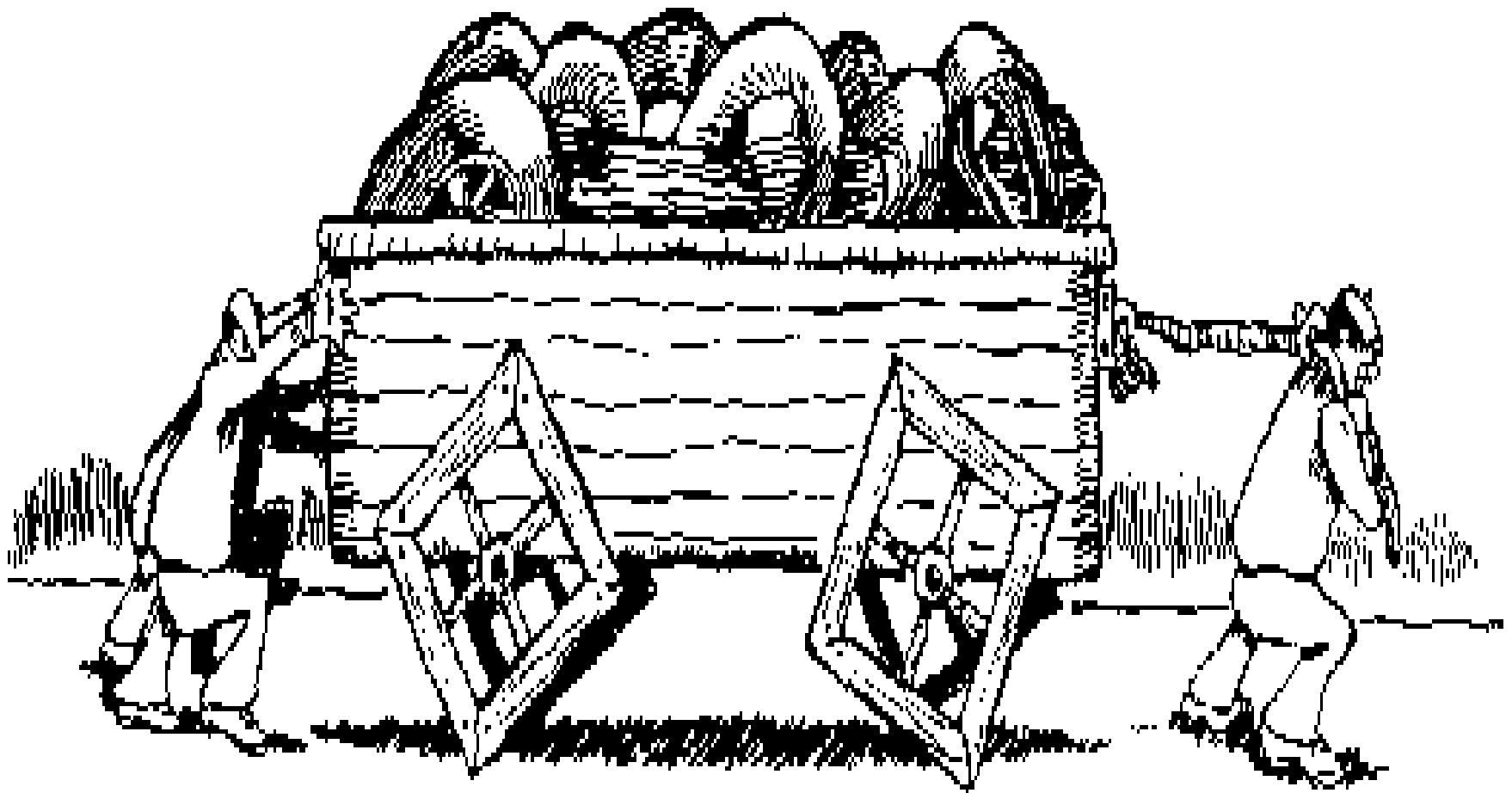
Myths About Suicide

- **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**

LEVEL OF RISK	LOW	MODERATE	HIGH
Suicidal Ideation Frequency (how often?)	Occasional	Intermittent	Continuous
Intensity (how strong?)	Mild	Strong	Overwhelming
Lethality of method	Not High	Possibly lethal	Overwhelming
Availability of means	Doesn't have access	Can get access	Has immediate access
Specificity of plan (how, what, where, when)	Not considered	Considered details	Details worked out

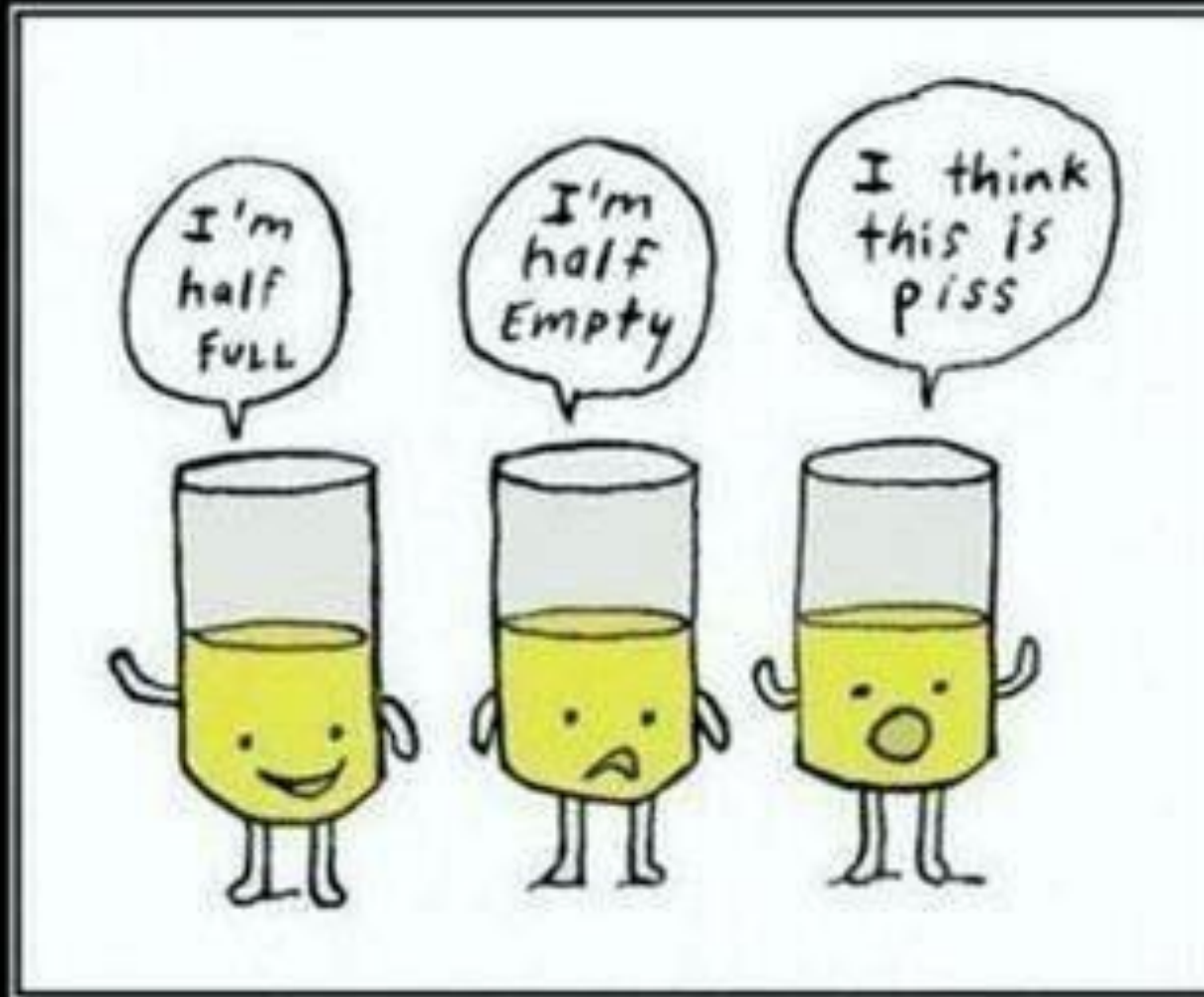


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**So are you going to do anything
differently?**

REALLY DO YOU NEED TO DO SOMETHING??



REALISTS

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:

You Feel Differently	
Think Differently	
Act Differently	

- Name three areas where you will use the skills;
- BRAINSTORM.



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Questions



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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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Thank you



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