



First Responder Suicide Prevention: Let's Talk About It

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Who Am I & What Do I Do



Content Warning

Due to the sensitive nature of the subject matter, it may become uncomfortable for some.

If you have been personally affected by suicide, are a suicide attempt survivor, or are currently considering suicide please know I am here to help.

You can call or text the National Suicide & Crisis Hotline at 988

The National Suicide & Crisis

Lifeline is available 24/7



Definitions

- ▶ **First Responders:** someone designated or trained to respond to an emergency
- ▶ **Suicide:** death caused by injuring oneself with the intent to die.
- ▶ **Suicide attempt:** when someone harms themselves with the intent to end their life, but they do not die as a result of their actions.
- ▶ **Suicidal ideation:** when someone is thinking about suicide.
- ▶ **Non-suicidal self Injury (NSSI):** behavior that is self-directed and deliberately results in injury or the potential for injury to oneself.
- ▶ **Suicide Loss Survivor:** Someone who lost a loved one to suicide.

In 2021:

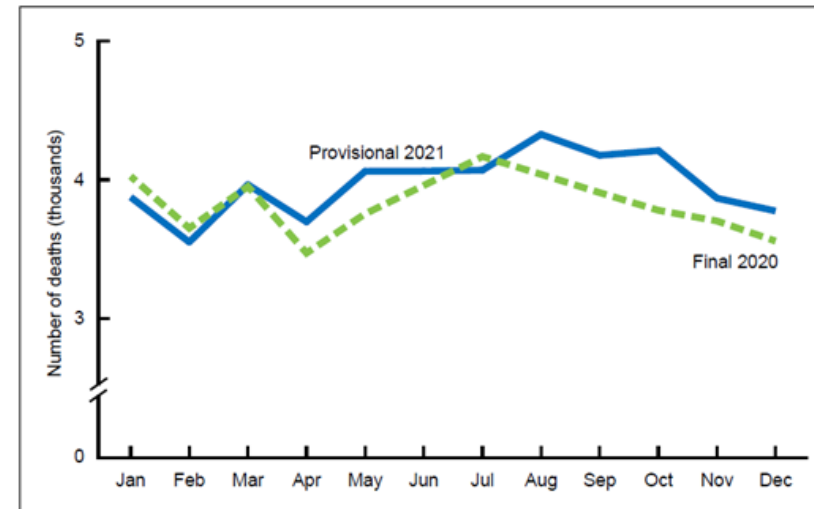
48,183 people died by suicide in the United States (increase of 4% from 2020)

- 12.3 million adults seriously thought about suicide
- 3.5 million adults made a plan
- 1.7 million adults attempted suicide
- 2nd leading cause of death for people ages 10-14 and 20-34

Alabama: 827

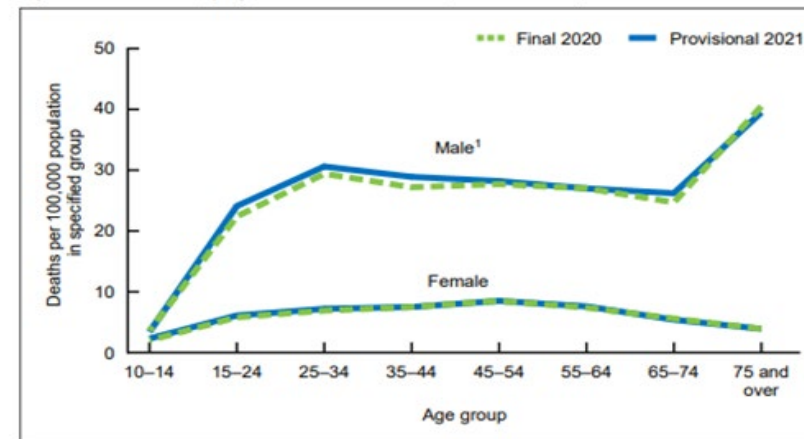
(Vital Statistics Rapid release - Centers for Disease Control and Prevention 2022)

Figure 1. Number of suicides, by month: United States, final 2020 and provisional 2021



NOTES: Suicides are identified with *International Classification of Diseases, 10th Revision* underlying cause-of-death codes U03, X60-X84, and Y87.0. Provisional 2021 data are based on death records received and processed by the National Center for Health Statistics as of May 15, 2021.
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

Figure 3. Suicide rate, by age and sex: United States, final 2020 and provisional 2021



¹Difference in rates between 2020 and 2021 was statistically significant at ages 15-24, 25-34, 35-44, and 65-74, $p < 0.05$.
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SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

National Law Enforcement Suicide Mortality Database (LE-SMD)

- ▶ LE-SMD is the only database in the world that collects extensive data on law enforcement and correctional officer suicide, murder-suicide, non-fatal attempts, and cases of accidental overdose deaths.
- ▶ Every case undergoes a stringent verification process to include the use of at least one of the following: police reports, autopsy and toxicology records, agency press releases, media accounts, next of kin notification.
- ▶ LE-SMD is a one-of-a-kind database that looks at 122 data points and serves as a confidential repository for cases involving current, sworn, retired, and former officers

National Law Enforcement Suicide Mortality Database

- In 2017:
 - 140 police officers died by suicide
 - 129 who died in the line of duty
- In 2020:
 - 116 verified cases of suicide
 - 182 verified cases of COVID-19
 - 113 line of duty deaths
- In 2021:
 - 61 verified cases of suicide
 - 129 line of duty deaths

<https://www.nlesmd.com/>

Table 1. National Law Enforcement Suicide Mortality Database (2017-2021).

| Year | Occupation | Number | Active | Retired | Former |
|------|--------------|------------|--------|---------|--------|
| 2020 | LE | 95 | 73 | 14 | 8 |
| | CO | 21 | 19 | 1 | 1 |
| | Total | 116 | 92 | 15 | 9 |
| 2021 | LE | 51 | 45 | 2 | 4 |
| | CO | 10 | 8 | 1 | 1 |
| | Total | 61 | 53 | 3 | 5 |

**Only cases that have been verified (by autopsy, police report, agency notification, family, etc.) are included in the data. Dozens of cases that are pending verification are not included.*

Firefighters and EMS

- In 2017:
 - 126 verified died by suicide
 - 93 verified died in the line of duty
- In 2020:
 - 127 verified cases of suicide
 - 113 line of duty deaths
- In 2021:
 - 97 verified cases of suicide
- Since 2020:
 - 259 verified cases of COVID-19 (181 FF, 78 EMS)

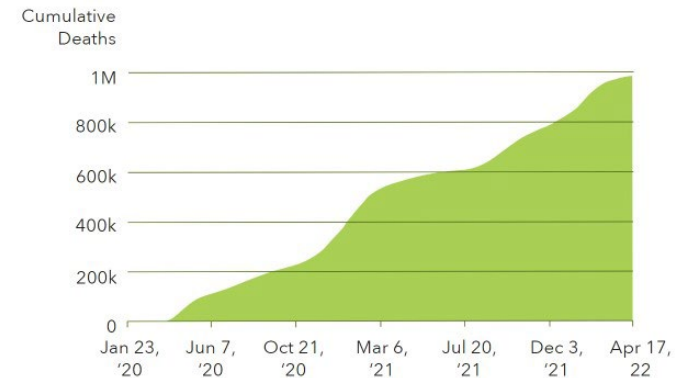
Firefighters Behavioral Health Alliance (FBHA)

Table 2. Confirmed suicides of Firefighters and EMS workers

| Year | 2021 | 2020 | 2019 | 2018 | 2017 |
|------------------------------|------|------|------|------|------|
| Number of confirmed suicides | 97 | 127 | 144 | 118 | 126 |

Figure 1: Trends in Total Deaths in the United States Reported to CDC

Source: Center for Disease Control (2022)



The COVID-19 pandemic affected the mental health of entire populations.

Higher Risk

- ▶ Middle Age (45-60)
- ▶ American Indian and Alaska Native
- ▶ LGBTQ+
- ▶ Active-Duty Military, Veterans, and National Guard
- ▶ Youth and young adults
- ▶ Suicide loss survivors
- ▶ Suicide attempt survivors
- ▶ Disaster survivors
- ▶ Anyone with a serious physical health or mental health diagnosis

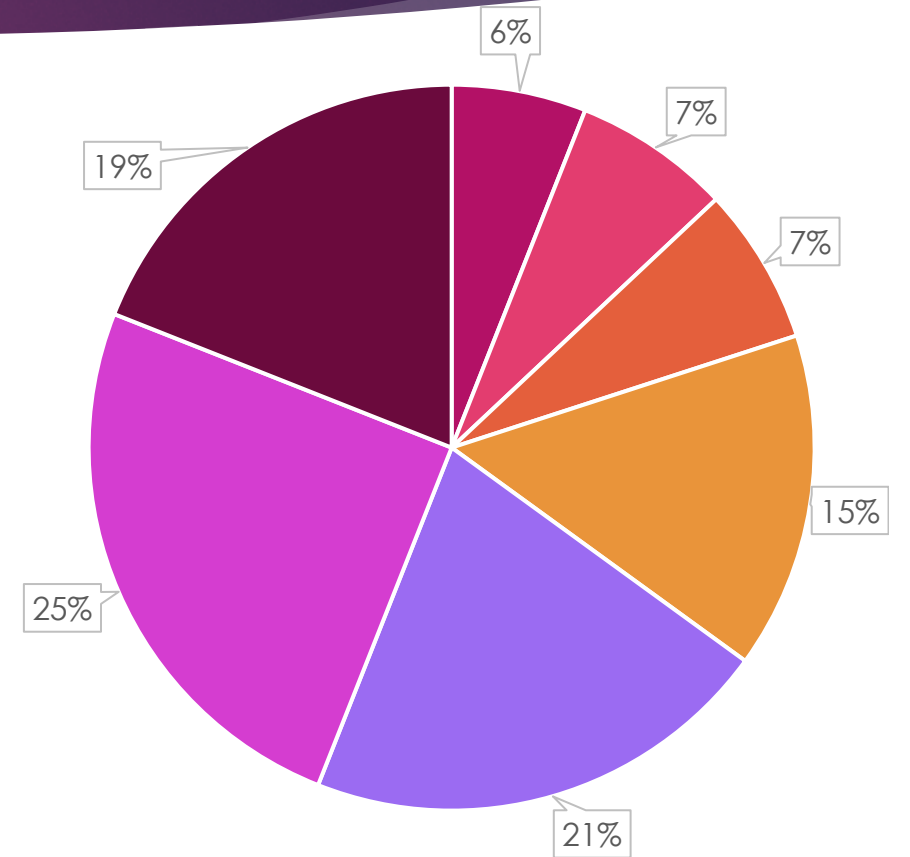
The Fatal 10: Risk Factors for 1st Responders

- Interpersonal Relationship Issues
- Substance Abuse & Addiction
- Cumulative Trauma & Stress
- Sleep Disturbance
- Mental Health Concerns
- Medical Issues
- Firearms Access
- Under Investigation
- Pending/Nearing Retirement
- Other Major Life Events/Situations

Calibre Press, Silent no more: The fatal 10 of law enforcement suicide 2023

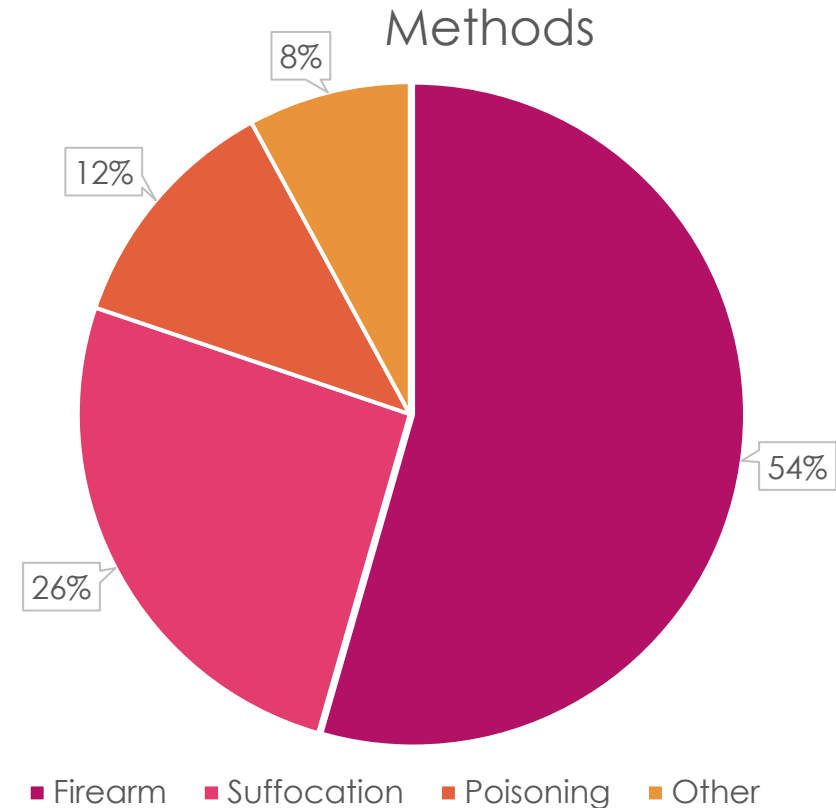
Reasons for EMS Suicides

- Medical/physical issues
- PTSD
- Addictions
- Depression
- Marital/family relationships
- Unknown
- Other reasons, including legal, financial, or combinations of various issues

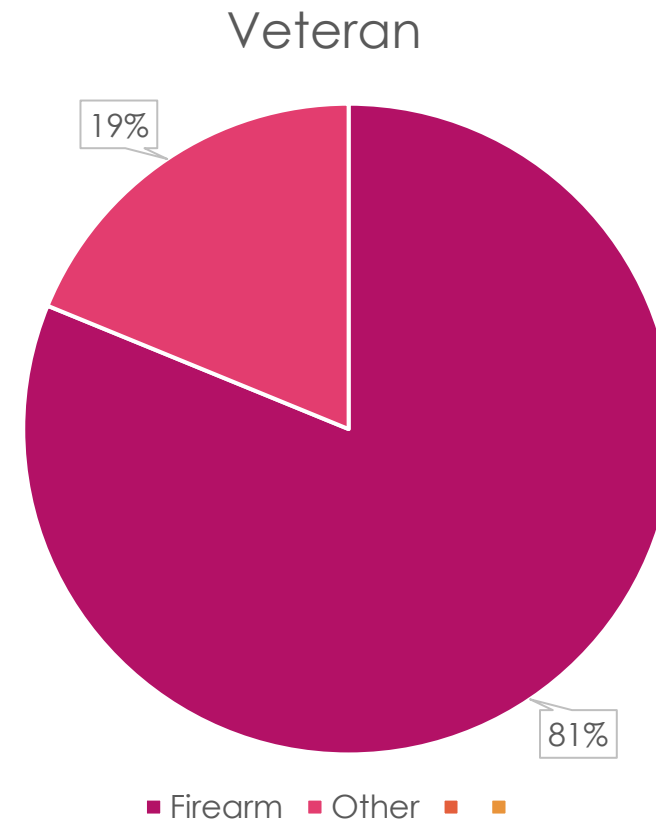
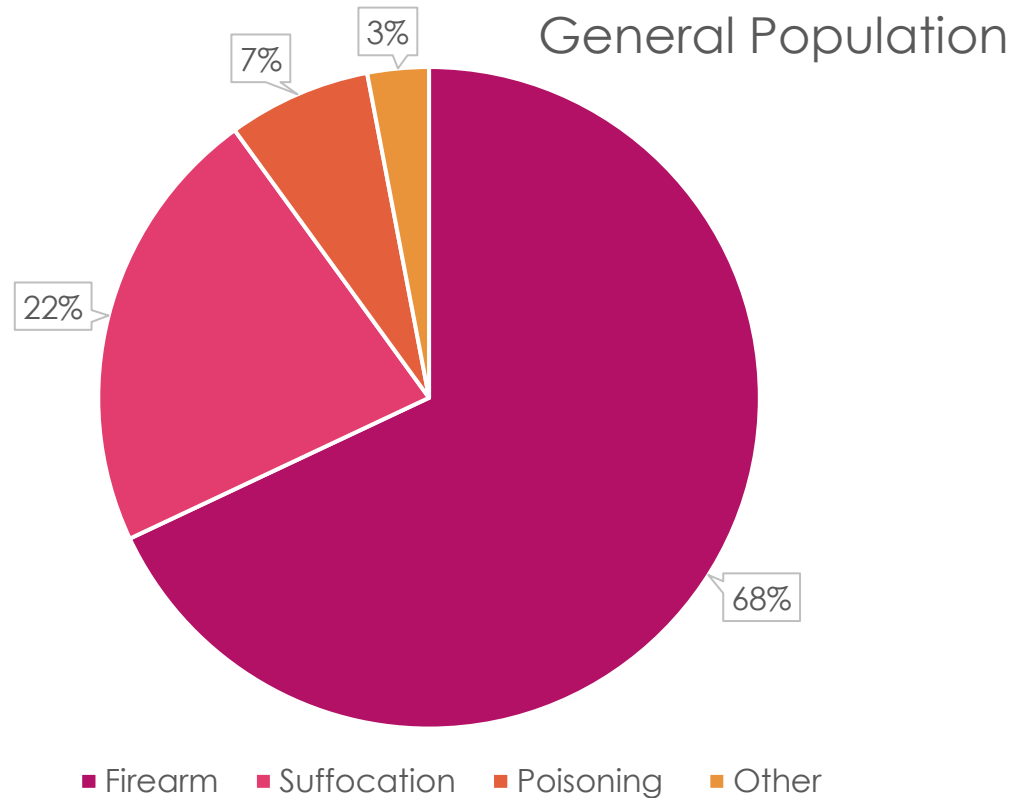


Suicide rates by Method: US 2021

- ▶ Firearms are the most common method used in suicides. Firearms are used in more than 50% of suicides.



Suicide rates by Method: Alabama 2019



Firearm & Mental Health Discussion

- ▶ If there are firearms at the disposal of a person in crisis, please take action to remove them.
- ▶ Explain that this is a Mental Health conversation, not a “Right to bear arms” conversation
- ▶ Research shows that most people in suicidal crisis who don't have easy access to a lethal suicide method **will not** simply find another way to kill themselves. (<https://afsp.org/an-introduction-to-firearms-and-suicide-prevention>)

Stigma Surrounding Suicide

- ▶ “Many EMS personnel continue to fear the stigma that is unfortunately associated with mental health issues. This may delay someone from seeking help, which can prolong suffering and only worsen the situation,”

Dr. Matthew Levy, DO, MSc, NRP, associate professor of emergency medicine and associate EMS fellowship director at Johns Hopkins University School of Medicine.

- ▶ Types of Stigma

- ▶ **Felt stigma** whereby the person in crisis blames themselves
- ▶ **Enacted stigma** whereby the society and culture stigmatize mental illness

Suicide Language Awareness

- ▶ Replace committed suicide with Died by suicide
- ▶ Do not ask how someone died from suicide
- ▶ Do not use shame statements or judgmental language such as “Suicide is a sin”, “they took the easy way out”, “they were selfish”.
- ▶ Say their name!

Breaking Stigma?

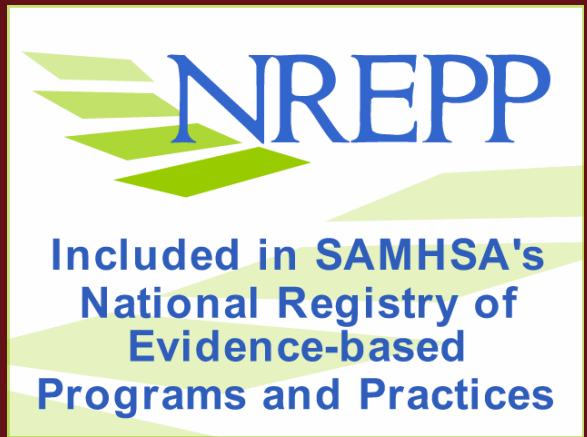
What are some ways that **YOU** can address suicide stigma in your work life?

What are some ways that **YOU** can address suicide stigma in your personal life?

Protective Factors & Prevention

- ▶ Adopt and strengthen mental health policies
- ▶ Acknowledge connection between on-the-job stress and suicide
- ▶ Identify and keep accurate statistical data on suicide deaths
- ▶ Develop peer support/critical incident stress management protocols after a suicide death of co-worker
- ▶ Provide suicide loss bereavement support to family and peers
- ▶ Suicide prevention training for significant others and family members
- ▶ Suicide prevention training for recruits, enlisted, and retired 1st responders





Ask A Question,
Save A Life.

QUESTION. PERSUADE. REFER.

What is the Purpose of QPR?

QPR is not intended to be a form of counseling or treatment.

QPR is intended to offer hope through positive action.



Suicide Myths & Facts

MYTH 1

No one can stop a suicide, it is inevitable.

FACT 1

If people in a crisis get the help they need, they may never be suicidal again.

MYTH 2

Asking a person about suicide will only make them angry and increase the risk of suicide.

FACT 2

Asking someone directly about suicidal intent lowers anxiety, opens up communication and lowers the risk of a suicide attempt.

MYTH 3

Only experts can prevent suicide.

FACT 3

Suicide prevention is everybody's business, and anyone can help prevent the tragedy of suicide.

MYTH 4

People considering suicide keep their plans to themselves.

FACT 4

Most people considering suicide communicate their intent sometime during the week of preceding their attempt.

MYTH 5

Those who talk about suicide, do not do it.

FACT 5

People who talk about suicide may try, or even complete, an act of self-destruction.

MYTH 6

Once a person decides to complete suicide, there is nothing anyone can do to stop them.

FACT 6

Suicide is the most preventable kind of death, and almost any positive action may save a life.

A young Black man with short dreadlocks is shown from the chest up, wearing a dark green bomber jacket over a white t-shirt. He is looking slightly to his right with a thoughtful expression. He is holding a small, open notebook in his left hand and a white pen in his right hand, as if he is about to write or has just finished writing. The background is a blurred outdoor setting with warm, golden light, suggesting late afternoon or early morning.

How can I help?



Suicide Clues and Warning Signs

The background of the slide is a photograph of a magnifying glass resting on a document. The document is covered in a dense, repeating pattern of various symbols, including letters, numbers, and geometric shapes. The magnifying glass is positioned over the center of the document, and its lens is focused on the pattern. A blue circular graphic with a white border and a red inner ring is overlaid on the left side of the image, containing the text. A blue line with four circular nodes connects the text area to the magnifying glass and the document pattern.

Take All Signs Seriously.

The more clues and signs observed, the greater the risk.



Direct
Verbal Clues



Indirect Verbal
Clues



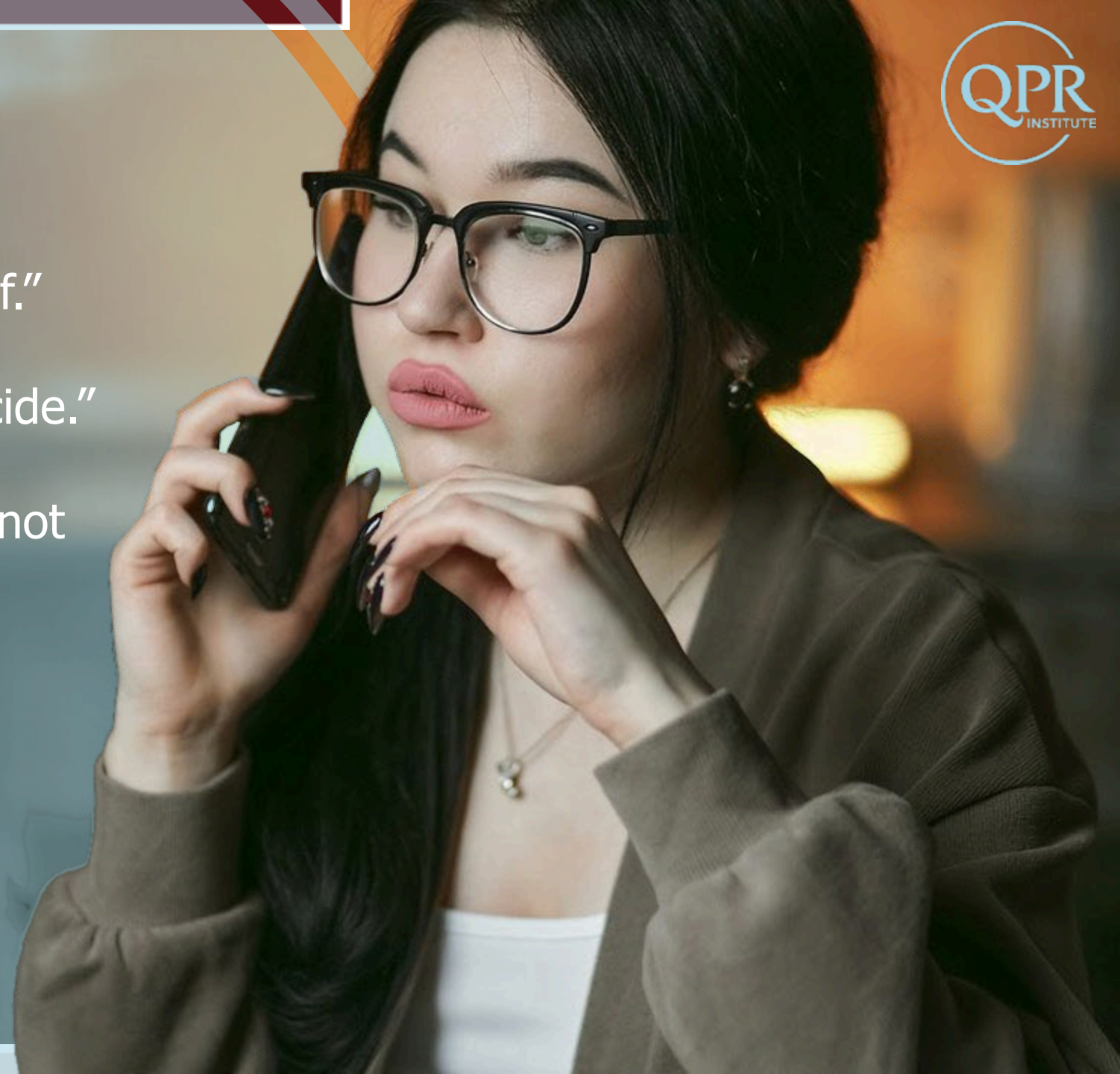
Behavioral Clues



Situational
Clues

Direct Verbal Clues

- “I’ve decided to kill myself.”
- “I wish I were dead.”
- “I’m going to commit suicide.”
- “I’m going to end it all.”
- “If (such and such) does not happen, I’ll kill myself.”



A background image showing a young man and a young woman in a dimly lit setting, possibly a train or subway. The woman is on the left, wearing a dark beanie and a dark jacket, looking down. The man is on the right, wearing a dark jacket over a light-colored t-shirt, looking towards the woman. A large blue circular graphic is overlaid on the right side of the image.

Indirect Verbal Clues

- "I'm tired of life, I just can't go on."
- "My family would be better off without me."
- "Who cares if I'm dead anyway."
- "I just want out."
- "I won't be around much longer."
- "Pretty soon you won't have to worry about me."

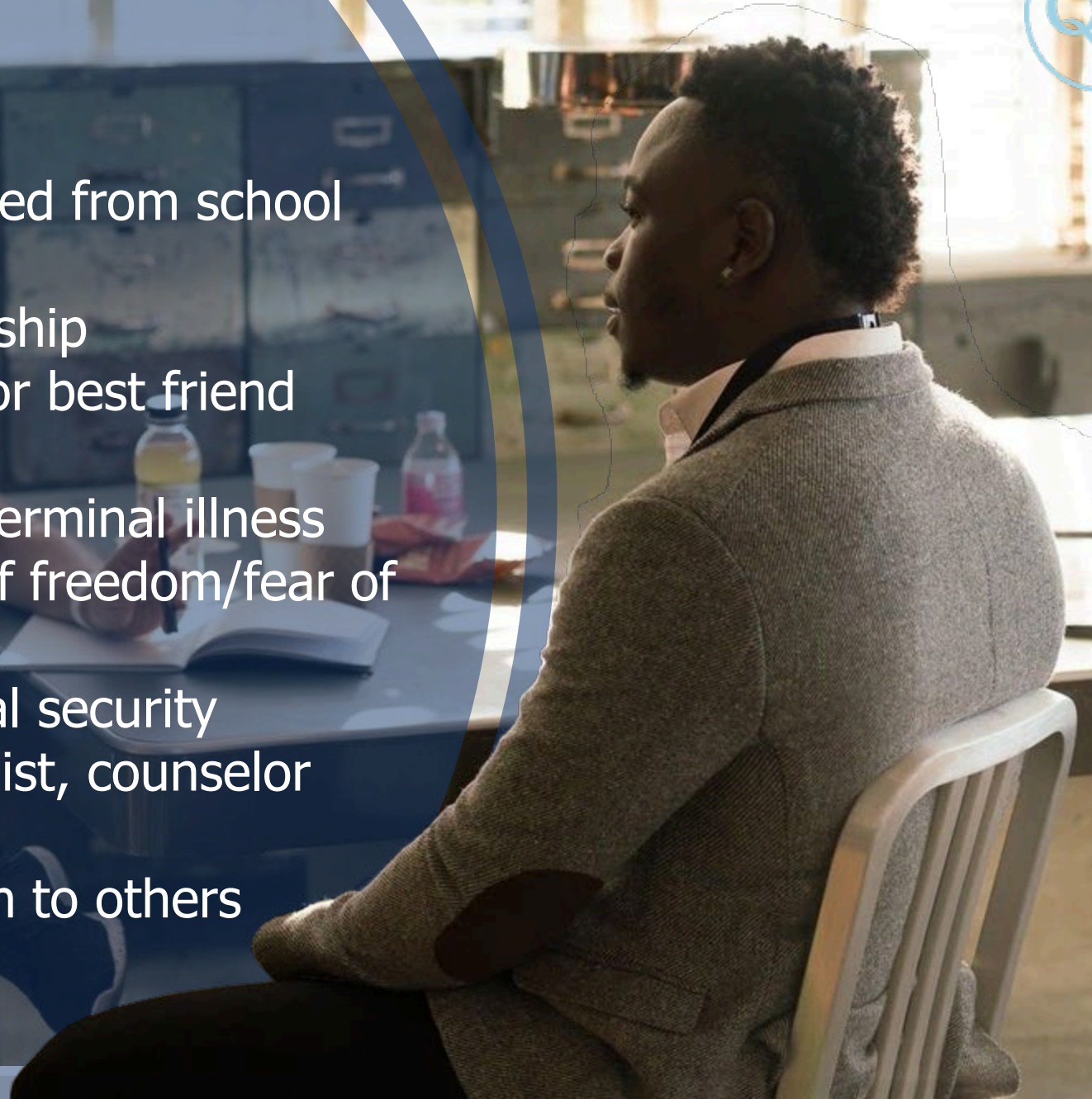
Behavioral Clues

- Any previous suicide attempt
- Acquiring a gun or stockpiling pills
- Co-occurring depression, moodiness, hopelessness
- Putting personal affairs in order
- Giving away prized possessions
- Sudden interest or disinterest in religion
- Drug or alcohol abuse, or relapse after a period of recovery
- Unexplained anger, aggression and irritability



Situational Clues

- Being fired or being expelled from school
- A recent unwanted move
- Loss of any major relationship
- Death of a spouse, child, or best friend—especially if by suicide
- Diagnosis of a serious or terminal illness
- Sudden unexpected loss of freedom/fear of punishment
- Anticipated loss of financial security
- Loss of a cherished therapist, counselor or teacher
- Fear of becoming a burden to others





Suicide Questions

Tips for Asking the Question

- 1 If in doubt, don't wait. Ask the Question!
- 2 If the person is reluctant, be persistent.
- 3 Talk to the person alone in a private setting.
- 4 Allow the person to talk freely.
- 5 Give yourself plenty of time.
- 6 Have your resources handy: the QPR Card, phone numbers, counselor's name and any other information that might help.





REMEMBER:

How you ask the question is less important than that you ask it.

The QPR Institute offers a 3-step intervention plan.



QUESTION

- Approach:
Direct or Indirect
- Identifying questions to
avoid

Less Direct Approach

- “Have you been unhappy lately?”
- “Have you been very unhappy lately?”
- “Have you been so very unhappy lately that you’ve been thinking about ending your life?”
- “Do you ever wish you could go to sleep and never wake up?”

Direct Approach

- “You know, when people are as upset as you seem to be, they sometimes wish they were dead. I’m wondering if you’re feeling that way, too?”
- “You look pretty miserable; I wonder if you’re thinking about suicide?”
- “Are you thinking about killing yourself?”

IMPORTANT:

If you cannot ask the question, **find someone who can.**



How **not** to ask the suicide question:

- × "You're not thinking of killing yourself, are you?"
- × "You wouldn't do anything stupid, would you?"
- × "Suicide is a dumb idea. Surely you are not thinking about suicide?"



PERSUADE

Persuading Someone to Stay Alive

- Listen to the problem and give them your full attention.
- Remember, suicide is not the problem, only the solution to a perceived insoluble problem.
- Do not rush to judgment.
- Offer hope in any form.



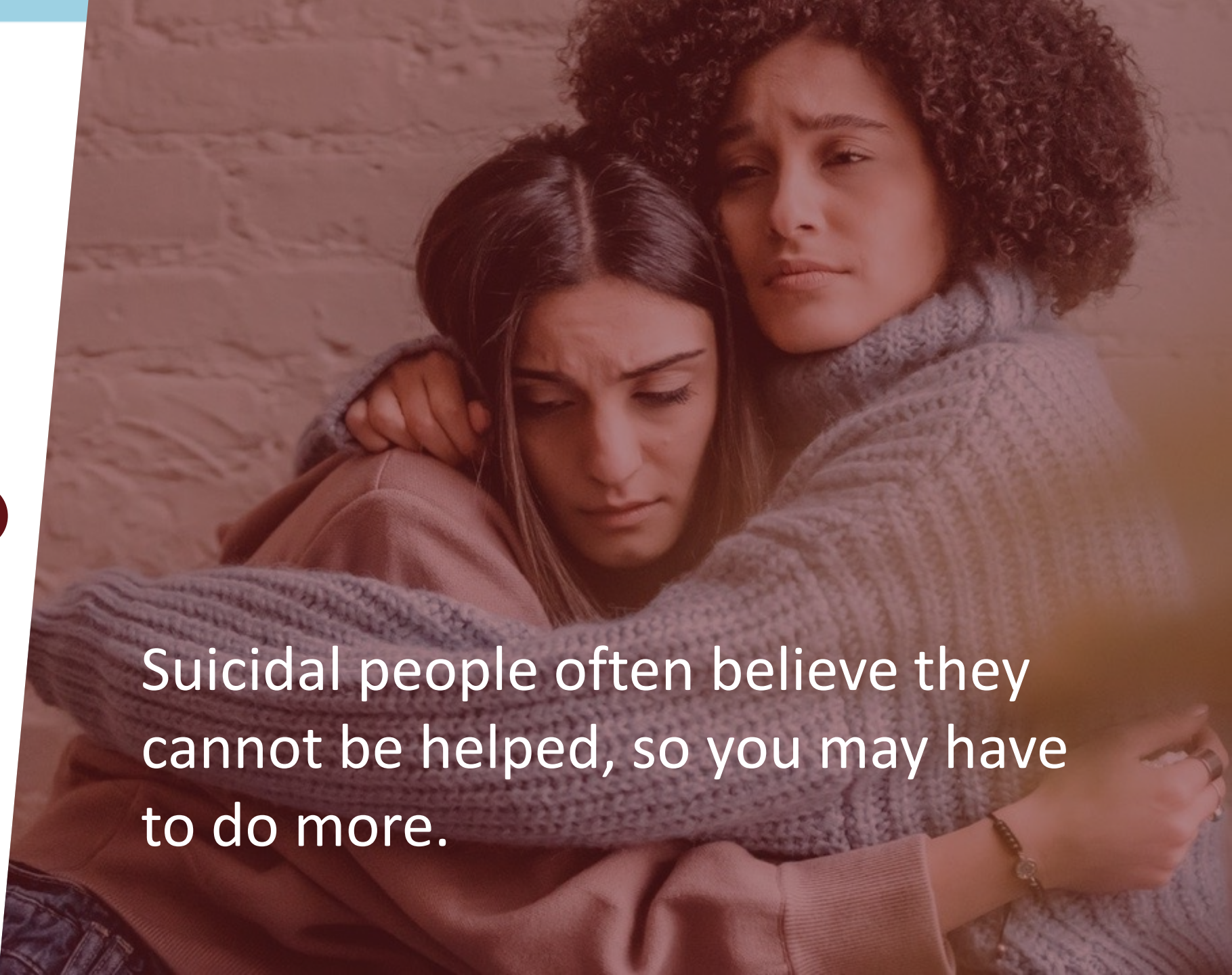


Then, ASK:

- “Will you go with me to get help?”
- “Will you let me help you get help?”
- “What can we do to keep you safe for now?”



REFER

A photograph of two women in a warm embrace. The woman in the foreground has long dark hair and is looking down with a sad expression. The woman behind her has curly hair and is looking towards the camera with a concerned expression. They are both wearing light-colored, textured sweaters. The background is a textured, light-colored wall.

Suicidal people often believe they cannot be helped, so you may have to do more.

Referral Options

- ★★★ The **best referral** involves taking the person directly to someone who can help.
- ★★ The **next best referral** is getting a commitment from them to accept help, then making the arrangements to get that help.
- ★ The **third best referral** is to give referral information and try to get a good faith commitment not to complete or attempt suicide.





Any willingness to accept help at some time, **even if in the future**, is a good outcome.



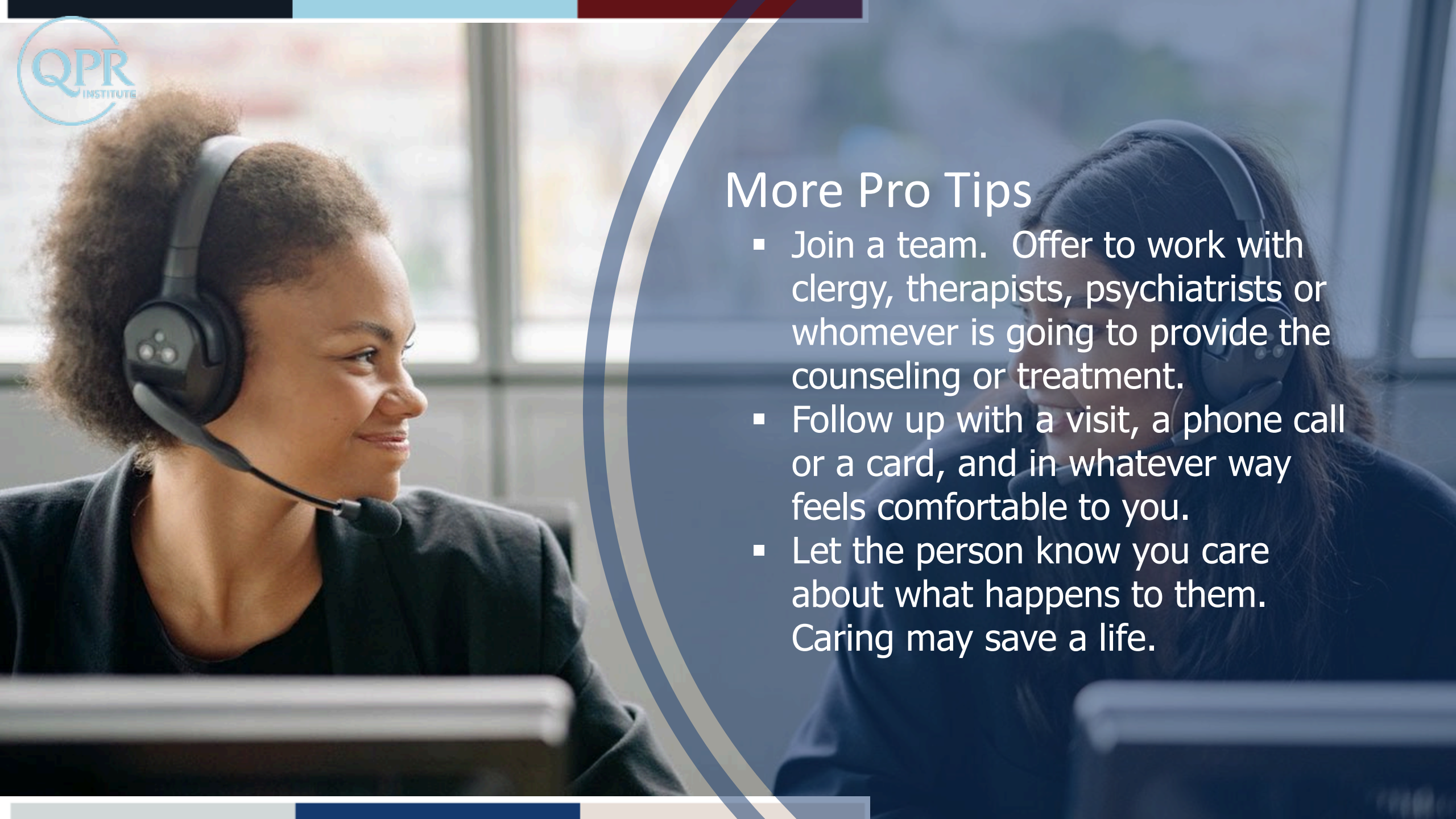
REMEMBER:

Since almost all efforts to persuade someone to live instead of attempt suicide will be met with agreement and relief, don't hesitate to get involved or take the lead.

Pro Tips for Effective QPR

- Offer encouragement, such as:
 - “I want you to live”
 - “I’m on your side... We’ll get through this.”
- Get others involved. Ask the person who else might help.
 - Family. Friends. Brothers. Sisters. Pastors. Priest. Rabbi. Bishop. Physician.





More Pro Tips

- Join a team. Offer to work with clergy, therapists, psychiatrists or whomever is going to provide the counseling or treatment.
- Follow up with a visit, a phone call or a card, and in whatever way feels comfortable to you.
- Let the person know you care about what happens to them. Caring may save a life.

REMEMBER

When you apply QPR, you plant
the seeds of hope.

Hope helps prevent suicide.



Let's Practice

- ▶ Break up into groups of 3
- ▶ Imagine that you are talking to your friend, family member or colleague and know them well. You also know this person has been having a lot of personal problems lately and seems to be down and blue much of the time, even saying they feel “hopeless.”
- ▶ Listen for the problems that suicide would solve and listen for a “warning sign.” When you hear the warning sign, find a way to use “Tell Me More” and ask the Suicide question
- ▶ Continue to listen and try to persuade them to go with you to get help. Be sure you complete all the QPR steps
- ▶ Take turns being the QPR gatekeeper, the person struggling, and the observer

Reflections

- ▶ “What did you become aware of during the course of this exercise?”
- ▶ “What did it feel like for you to ask the suicide question?”
 - ▶ Where did you feel it in your body?
- ▶ “What were some of the circumstances that kept you from asking the question (if you were unable to)?”
- ▶ What are some ways that you feel you can learn from this experience?

How Can We Help?

- ▶ Break Stigmas
 - ▶ Talk about mental health and suicide openly and honestly
- ▶ Education
 - ▶ Take additional training
 - ▶ Learn the warning signs
- ▶ Tell your story
 - ▶ Struggles and Healing
- ▶ Self-Care!!!

Let's Get Coffee

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