Suicide Assessment and Interventions Among First Responder Communities: What we Know and What Works

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Let’s start with the numbers…

Suicide in the US

- 2nd leading cause of death in individuals 10-34
- 4th leading cause of death in individuals 35-54
- 10th leading cause of death overall

Source: CDC

And it's getting worse.

One of the few causes of death in the US that's increasing.

From 1999-2016 the total suicide rate in the US **increased 28%**

from 10.5 to 13.4 per 100,000.

Source: CDC

In NY, 29% increase in suicide from 1999-2016.

Source: CDC

Suicidality in EMS

Rates of contemplating (37%) or attempting (6.6%) suicide are ≈10X higher than the general population.

Suicidality in the Fire Service

	Firefighters
Thoughts	47%
Plan	19%
Attempt	16%

Suicidality in Police

Police: 4X the rate of suicide compared to firefighters

In all professions,
Suicide > LODD

This is **not** going away any time soon.

Some of it will never go away.

If we don't start to intervene with those in crisis, this is going to continue.

But if we can use and integrate assessment and intervention tools and strategies,

we can get people the help they need and reduce suicide rates.

What I'm going to Cover Today

I. An overview of the process
II. How to conduct a brief, effective suicide assessment
III. Immediate interventions for safety

I. An overview of the process

You have to know someone is in crisis before you can intervene.

This is an active process.

We're bad at this.

Culture?

Embarrassment?

Bystander effect?

There are effective, learnable frameworks for asking and intervening.

Gatekeeper training

QPR

QPR

- Question
- Persuade
- Refer

Intervention at the provider level

Most suicidal individuals
communicate their
suicidality
before an attempt.

Overt or coded

Train people to detect suicidal communications and respond to them.

There may be only one chance to intervene.

Bonus: it changes the culture

QPR

- Question → Assessment
- Persuade
- Refer

→ Intervention

II. Suicide assessment

Suicidality tends to follow a standard progression.

Ideation -> Intent -> Plan -> Attempt

Slowly or quickly

1. Suicidal Ideation

Thoughts of suicide or death

Relatively common

Anxiety, depression, bipolar, PTSD, etc.

but also…

Chronic pain and chronic illness.

and also…

Anything that triggers shame, despair, humiliation.

Much suicidality stays at the level of ideation.

Protective factors.

Protective factors

- Moral/ religious
- Obligations
- Effect on others

2. Intent

Moving from thoughts to plans.

3. Plan

How?

Means and lethality

Additional factors

1. History of attempts

2. Alcohol use

Impulsivity

But isn’t this complicated?

No.

You have to
ask the questions!

How?

Your tone and body language.

You have to genuinely care

1. Empathize and normalize, then transition

2 key questions

- Have you had thoughts of killing yourself?
- Have you ever made a suicide attempt?

If no, you're done.

If yes…

1. Intent and plan

How?

2. Protective factors

Why not?

3. Alcohol use

Is this a thorough and complete suicide assessment?

No. But it's surprisingly good.

5 simple questions

1. Thoughts of suicide?
2. History of attempt?

<u>If yes,</u>

3. How?
4. Why not?
5. Alcohol use?

There is no single cut-off.

Bob, 27 YOM, recent breakup

- Wants to be dead
- No history
- No plan
- Strong religious beliefs about suicide
- Doesn't want to hurt parents

- Wants to be dead
- No history
- "I would take pills."
  - Has pills
- "They'd be better off without me"

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III. Intervention

There are effective treatments for suicidality.

Depression

Anxiety

PTSD

But they need time to work.

We need interventions to make sure the person is safe in the meantime.

Keep Them Safe

- If intent, intervene
  - Set up a mental health visit
  - Referrals
- Use family, friends to assist
- Consider admission
- Set up a safety plan

Safety Plan

Step 1: Recognizing warning signs

Thoughts, Images, Mood, Situation, Behavior

Step 2: Internal coping strategies

Step 3: People and social settings that provide distraction

Step 4: People to ask for help

Step 5: Professionals or agencies to contact during a crisis

Including after hours contacts

Step 6: Reducing lethal means

Revisit as needed

You are buying time.

As I close…

First responders are at increased risk for suicide, and that risk is not going away.

But if we can intervene,
we can help.

Think about how you can put these in place in your agencies.

Teach and train everyone.

Everyone should be comfortable:

- Asking the question
- Estimating risk
- Initiate an intervention
- Help with a safety plan

You can help, starting TODAY.

Thank you.

Questions?
Discussion?

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Helpful numbers

- National Suicide Prevention Lifeline: 800-273-8255
- Fire/EMS Helpline: 888-731-3473
- NYS Emotional Support Helpline:
  - 7 days a week, 8am-10pm: 844-863-9314
- Albany county mobile crisis team: 518-549–6500
- Albany county mental health support line: 518-269-6634 (8am - 5pm)

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