Suicide Awareness

In support of Suicide Awareness Month (September), and World Suicide Prevention Day (September 10) this resource provides information to destigmatize and raise awareness about suicide and its unique impacts on public safety personnel (PSP).

Why does suicide happen?

Suicide is complex, can impact anyone and can occur for any reason. Some factors associated with death by suicide include the presence of a new or ongoing mental health condition, combined with a stressful life event or significant loss, which may be:

- **Personal** (e.g., loss of an important relationship through separation or divorce);
- **Work -related** (e.g., violence or loss of status);
- Or stress due to **other factors** (e.g., financial strain).
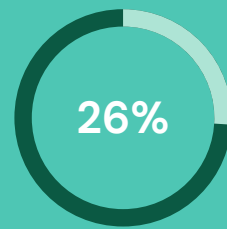
Past-Year & Lifetime Suicidal Ideation

Relative to the general public, Canadian PSP are facing disproportionately higher rates of past year and lifetime suicidal ideation. Suicidal ideation refers to thoughts and behaviours around suicide, including thinking about, considering, or planning suicide. Approximately 2% of the general public has had thoughts of suicide in the past year and 12% has had thoughts of suicide in their lifetime.

PSP face a higher risk of encountering potentially psychologically traumatic events (PPTE) relative to the general population, such as direct or indirect exposure to actual or perceived threats of death, serious injury, or sexual violence. These experiences can include witnessing deaths, serious vehicle accidents, fires, explosions, and physical assaults. PPTE are linked to increased rates of mental health challenges, including posttraumatic stress disorder (PTSD), depression, anxiety, panic disorder, substance use disorder, burnout, and moral injury, which can disrupt normal mental, emotional, and physical regulation.

The unique demands of public safety work may be at play here and must be considered by public safety organizations. Implementing suicide-prevention programs that address short (acute) and long term (chronic) mental health symptoms that may arise from the nature of the work is important to the wellbeing and function of Canadian PSP.
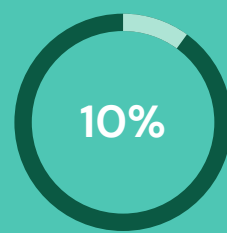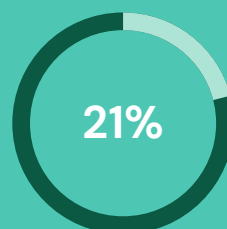
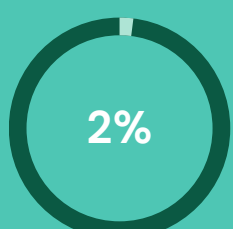**10%** Royal Canadian Mounted Police - **Past Year** Suicidal Ideation

26% Royal Canadian Mounted Police - **Lifetime** Suicidal Ideation
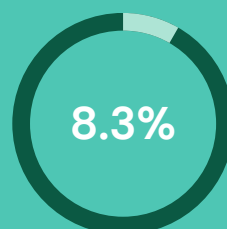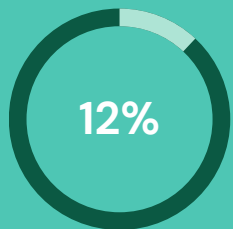
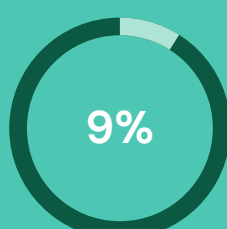**8.3%** Municipal and Provincial Police - **Past Year** Suicidal Ideation

21% Municipal and Provincial Police - **Lifetime** Suicidal Ideation

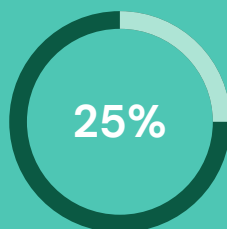**2%** Canadian Public - **Past Year** Suicidal Ideation
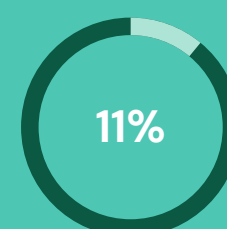
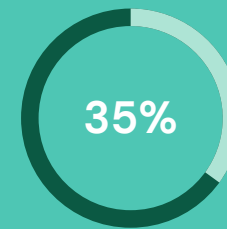**12%** Canadian Public - **Lifetime** Suicidal Ideation

9% Firefighters - **Past Year** Suicidal Ideation

25% Firefighters - **Lifetime** Suicidal Ideation

11% Correctional Workers - **Past Year** Suicidal Ideation

35% Correctional Workers - **Lifetime** Suicidal Ideation

*Data for PSP is from 2018

Why do PSP Report Higher Rates of Suicidal Ideation?

Unique occupational hazards that contribute to difficult or unsupportive work environments that are challenging to cope with:

- Exposure to potentially psychologically traumatic events (e.g., threats to their own life, witnessing violence, scenes of accidents, fatalities, suicide).
- Shift work, extensive public scrutiny, workplace stigma, harassment, or bullying.
- Experiencing challenging ethical decisions.

The stigma related to mental health in public safety sectors can prevent some PSP from seeking help. Many PSP fear the perception that they cannot handle their job. This stigma can fuel shame and fear of judgement related to mental health.

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Risk Factors

- Indications of mental health difficulties including depression, burnout, anxiety, emotional exhaustion, depersonalization, PTSD symptoms, and moral injury.

- Organizational barriers include a perceived lack of support, ineffective communication, inadequate supervision, operational stress, moral injury factors, and a shortage of personal protective equipment.

- Working in rural areas or small towns.

- Being 30 years old or younger and/or in the early stages of one's career.

- Experiencing financial stress and uncertainty.

- Increased alcohol use or poor physical health.

- Emotional detachment from family, friends, and the work organization.

Signs to watch for in your coworker

- Increased impulsiveness or unusual behavior, including increased substance use.

- Increased pessimism and hopelessness and/or talking of being a burden to others.

- Extreme emotional reactions, such as intense anger or irritability.

- Social withdrawal or isolation from family, friends, and hobbies.

- Too much or too little sleep.

- Threatening to hurt or kill oneself.

Protective Factors

- Having a sense of control, meaning, purpose, responsibility, belonging, and mattering in one's life.

- Having robust connections to a support network where you can receive and provide support.

- Being involved in family responsibilities (particularly child care), as well as financial responsibilities is related to better wellbeing, health, and longevity, than a gendered division of labour.

- Increasing or maintaining physical activity.

- Older age and career seniority.

- Participation in ongoing mental health training programs.

How can you help a coworker?

There are several courses designed to assist in helping talk about mental health and suicide in the workplace. Some include:

Mental Health First Aid Training

Psychological First Aid Training

Applied Suicide Intervention Skills Training

TAKEAWAY: If you are concerned about someone or believe they may be thinking of suicide - talk to them and offer help, as well as organizing supports professionally and within their community network. **Don't give up! Be persistent, they may not accept your help the first time.**

If you are concerned about someone's immediate safety, call 9-8-8.

Moving forward - Recommendations

Proactive measures for PSP Leaders

- Implement proactive suicide prevention and awareness programs.
- Amplify employees' voices within the workplace to help address moral injury and potentially psychologically traumatic experiences.
- Offer opportunities to acquire skills that help manage exposures to workplace stressors. Specific improvement areas may include increasing engagement in evidence-informed mental health education, acknowledging their grief, re-finding meaning and purpose, engaging in compassion and forgiveness practices, identifying personal values, and seeking social support.
- Select trustworthy, empathetic, and supportive leaders with positive leadership styles

Access to Quality Care

- Prioritize access to high quality healthcare for PSP, including mental health services and support programs competent in the unique demands of public safety work.

Accurately recording data

- At present, suicide rates among PSP are not systematically tracked in death reporting.
- Without tracking data, organizations cannot accurately understand the scope of the situation. This information is crucial for developing effective interventions and assessing the impact of these interventions on suicide rates. Tracking death by suicide among first responders was a recommendation of the Report of the Expert Panel on Police Officer Deaths by Suicide (2019).

Mitigating Stigma

- The pressure to project a strong persona can run high in PSP occupations and some PSP may be hesitant to reveal mental health challenges due to concerns about being perceived as 'weak' or fear of missing opportunities for career advancement.

- Shifting occupational cultures around mental health is crucial to creating environments where seeking assistance and navigating the path to recovery is not just accepted but encouraged.

Suicide Awareness

Tools and Resources for PSP Mental Health

CIPSRT
ICRTSP

PSP**NET**

PSP MENTAL HEALTH

PSP**NET** FAMILIES

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