

INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

AUGUST 18-22, 2019 | NASHVILLE, TN



Redmond Health and Safety Symposium | Barbera EMS Conference

EMERGING

THREATS

EVOLVING

OPPORTUNITIES

INNOVATIVE

SOLUTIONS

Suicide and Suicide Prevention in the Fire Service

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August 22, 2019

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<https://www.facebook.com/IAFFonline>



<https://www.youtube.com/user/IAFFTV>



Agenda

- I. Prevention: Understanding fire fighter suicide
- II. Intervention: Helping a member who is suicidal
- III. Postvention: What to do if a member dies by suicide
- IV. Question & Answer



The Personal Impact



Do you know a fire fighter who has died by suicide?

Do you know more than one fire fighter who has died by suicide?

Prevention: Understanding fire fighter suicide



Risk Factors for Suicide

Risk factors are characteristics that make it more likely that individuals will consider, attempt, or die by suicide:

- Previous suicide attempt(s)
- Presence of mental health conditions
- Alcohol or drug abuse
- Loss (relational, social, work, or financial)
- Exposure to trauma
- Family history of suicide
- Access to firearms or other lethal means



Protective Factors for Suicide

Protective factors are characteristics that make it less likely that individuals will consider, attempt, or die by suicide:

- Connectedness to individuals, family, community, and social institutions
- Effective clinical care for mental, physical, and substance abuse disorders
- Problem-solving skills and ability to adapt to change
- Self-esteem and a sense of purpose or meaning in life



Interpersonal Theory of Suicide

Thwarted Belongingness

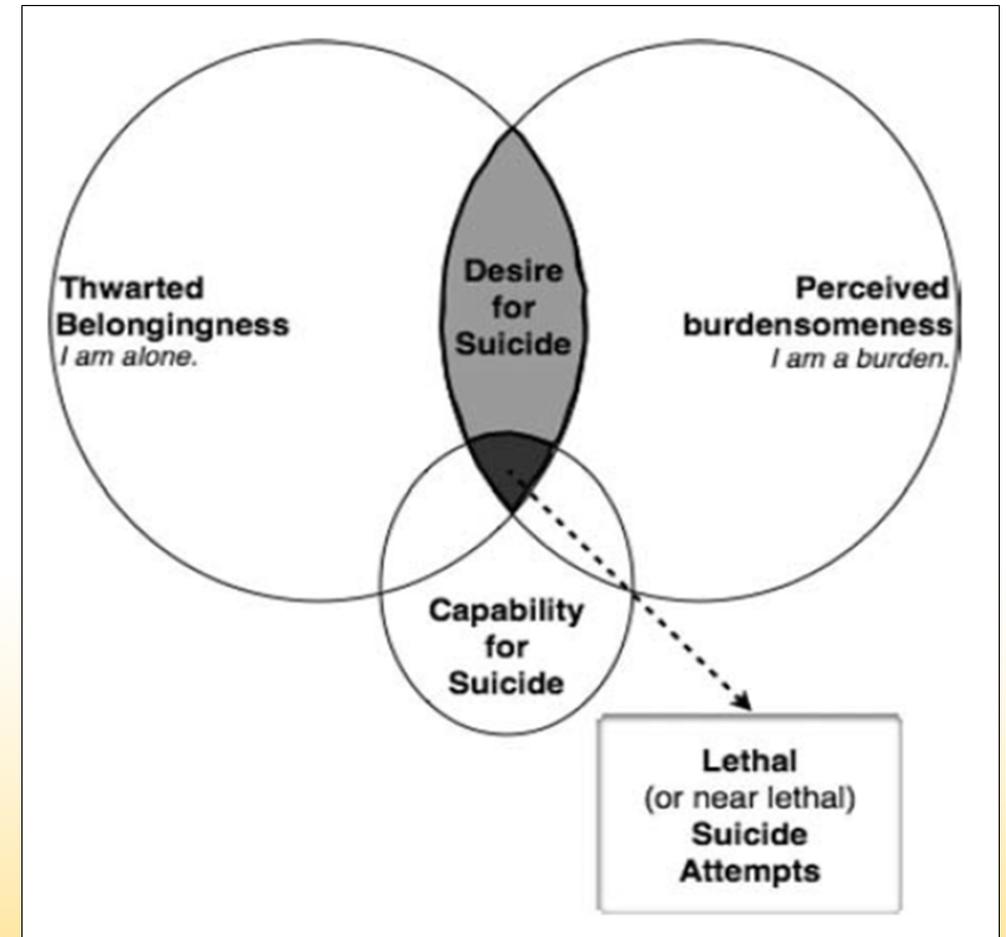
- Social connections vital
- Loss of reciprocal care

Perceived Burdensomeness

- “They will better off without me.”

Acquired Capability

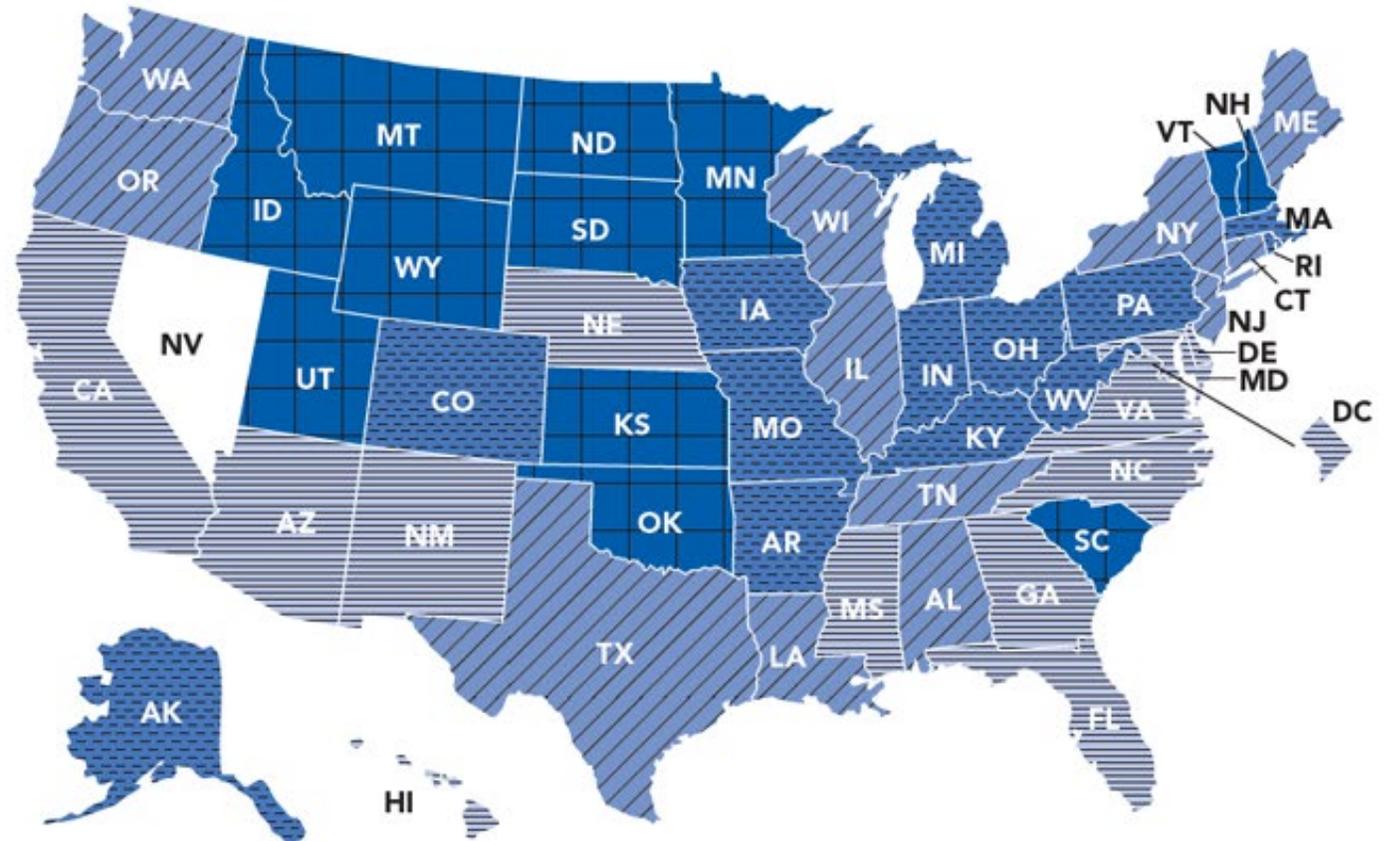
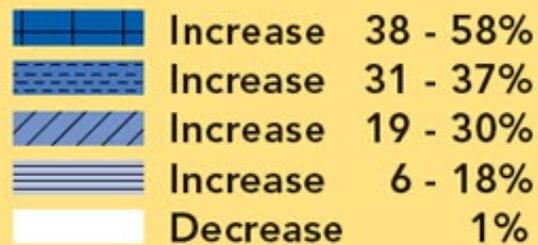
- Increased pain tolerance
- Decreased fear of death



Van Orden, KA, Witte, TK, Cukrowicz, KC, Braithwaite, SR, Selby, EA, & Joiner, TE (2010). The interpersonal theory of suicide. *Psychological Review*, 117, 575-600.

Increasing Suicide Rates

Suicide rates rose across the US from 1999 to 2016.



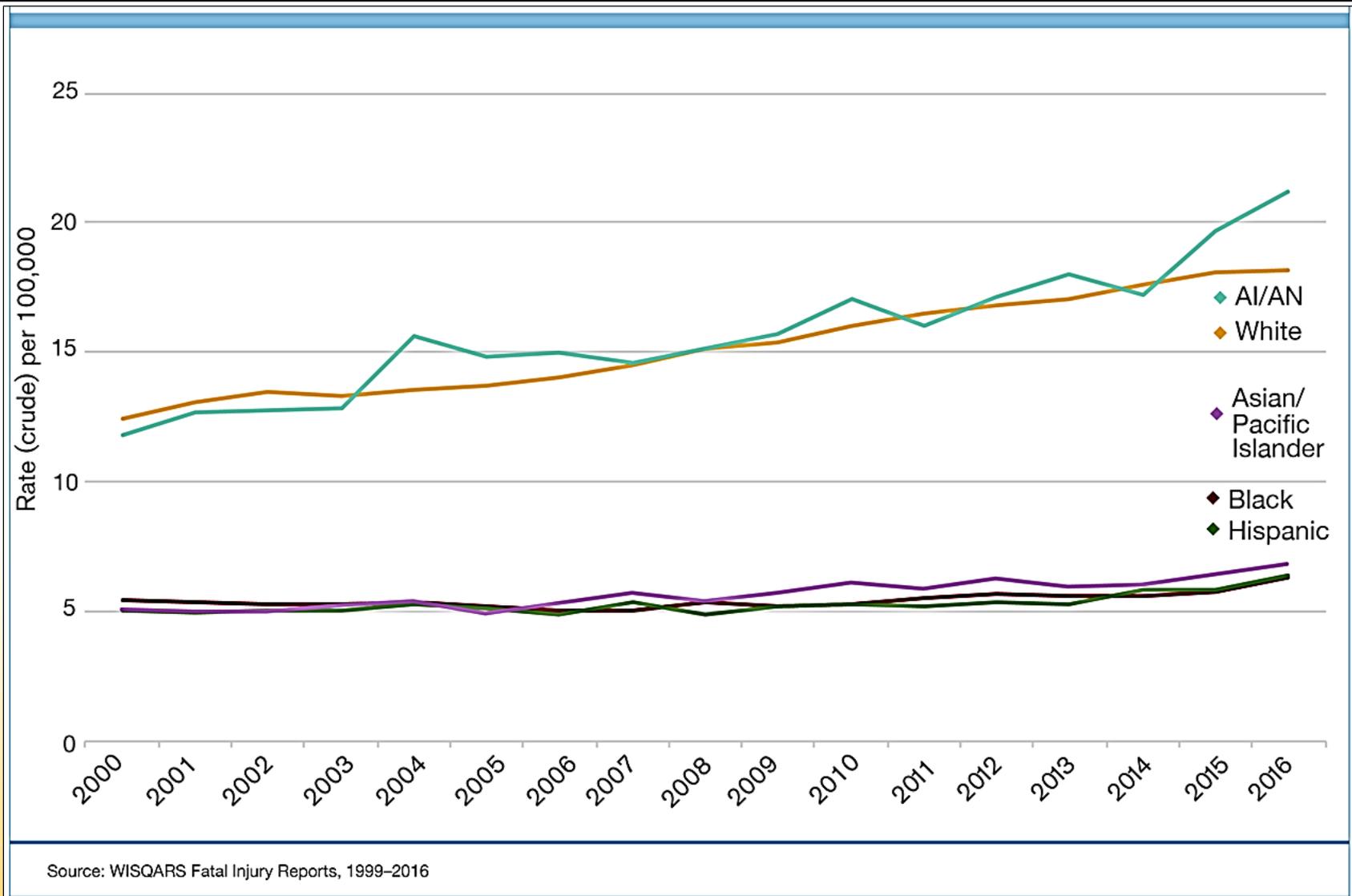
SOURCE: CDC's National Vital Statistics System;
CDC Vital Signs, June 2018.

Suicide Rates by Age and Sex in the US (2017)

Data Courtesy of CDC



Rate of Suicide by Race, US 2000-2016



Data on Fire Fighter Suicide are Lacking

- Most of what is reported about fire fighter suicide is not supported by the science
- The following are not known:
 - The rate of suicide among fire fighters
 - If fire fighter suicide is increasing or decreasing
 - If fire fighters are at higher risk for suicide than other comparable groups
- No reliable, national tracking system for fire fighter suicides



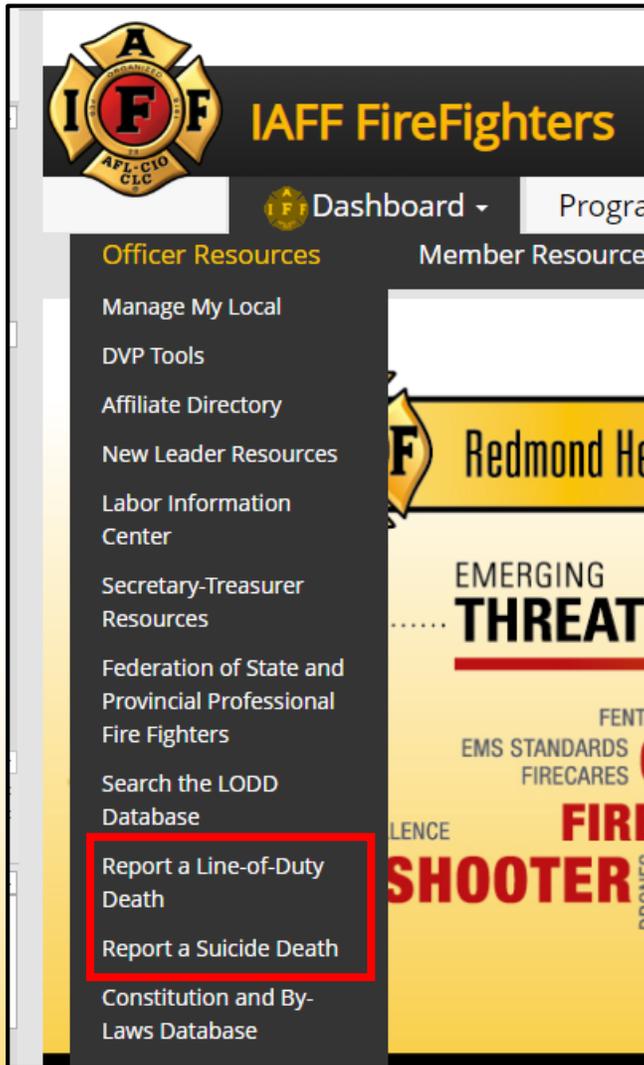
Helping Emergency Responders Overcome Act

- H.R. 1646, reintroduced in 2019
- Introduced by Rep. Bera (D-CA)
- Would develop system to collect data on first responder suicide; require annual report to Congress
- Would allow grant funding to establish or enhance peer-support programs



New Suicide Death Reporting System

- Online reporting system
- Available to local union leaders
- Includes postvention resources



Choose from the options below:

- report a line of duty death
- report a suicide death that is being considered a line of duty death
- report a suicide death that is NOT being considered a line of duty death

User guide: <http://services.prod.iaff.org/ContentFile/Get/38760>



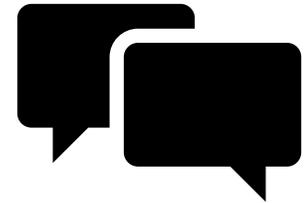
Intervention: Helping a member who is suicidal



Warning Signs for Suicide

Warning signs indicate an immediate risk of suicide:

- Talking about:
 - Wanting to die or kill themselves
 - Feeling hopeless or having no reason to live
 - Feeling trapped or in unbearable pain
 - Being a burden to others
 - Seeking revenge



Warning Signs for Suicide

Warning signs indicate an immediate risk of suicide:

- Behaviors:
 - Looking for ways to kill themselves
 - Increasing use of alcohol or drugs
 - Withdrawing or isolating
- Mood:
 - Anxious
 - Agitated or anger
 - Humiliation or shame



Are you having thoughts about killing yourself?

Asking about suicide will not make someone suicidal.



National Suicide Prevention Lifeline Network



NATIONAL
SUICIDE
PREVENTION
LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org



Veterans
Crisis Line
1-800-273-8255
PRESS 1



Canada
Suicide
Prevention
Service | Crisis
Services
Canada

1.833.456.4566





Reducing access to lethal means is key.



Israeli Defense Force (IDF) Firearm Access

2003-2005: average of 28 suicides per year

2006: Policy change- weapons not brought home on weekends

2007-2008: average of 16.5 suicide per year

**40%
decrease**

**in suicide
deaths, mostly
due to
decreased
firearm
suicides on
weekends**

Lubin, G., Werbeloff, N., Halperin, D., Shmushkevitch, M., Weiser, M., & Knobler, H. Y. (2010). Decrease in suicide rates after a change of policy reducing access to firearms in adolescents: a naturalistic epidemiological study. *Suicide and Life-threatening behavior*, 40(5), 421-424.



Reducing Access to Lethal Means



**CONCERNED ABOUT
A FAMILY MEMBER
OR FRIEND?**

ARE THEY SUICIDAL?

- Depressed, angry, impulsive?
- Going through a relationship break-up, legal trouble, or other setback?
- Using drugs or alcohol more?
- Withdrawing from things they used to enjoy?
- Talking about being better off dead?
- Losing hope?
- Acting reckless?
- Feeling trapped?

SUICIDES IN NH
for outnumber homicides

**FIREARMS ARE THE
LEADING METHOD**

**ATTEMPTS WITH A GUN
ARE MORE DEADLY**
than attempts with other methods

HOLD ON TO THEIR GUNS

- Putting time and distance between a suicidal person and a gun may save a life.
- For other ways to help, call the National Suicide Prevention Lifeline: 1-800-273-TALK (8255).


www.nhfsc.org

- Let the member know you are concerned and want to help keep them safe
- Always ask about firearm access
- Involve family and friends to help reduce access
- Best option: temporary storage outside the home
- Let the member know reduced access is not permanent

<https://theconnectprogram.org/resources/nh-firearm-safety-coalition/>



Counseling on Access to Lethal Means (CALM)

Free, online training from the Suicide Prevention Resource Center (SPRC):

1. Identify people who could benefit from lethal means counseling,
2. ask about their access to lethal methods, and
3. work with them—and their families—to reduce access.

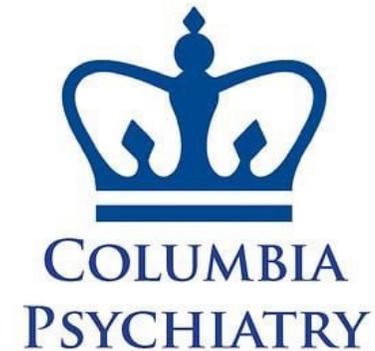


<https://go.edc.org/CALMonline>



Coming Soon: Suicide Intervention Training

- IAFF suicide intervention training under development
- Evidence-based intervention: Safety Planning
- Will be available online to IAFF-trained peer supporters





Postvention: What to do if a member dies by suicide



What is Postvention?

Suicide postvention is an organized response in the aftermath of a suicide to:

- 1) facilitate the healing of individuals from the grief and distress of suicide loss;
- 2) mitigate other negative effects of exposure to suicide; and
- 3) prevent suicide among people who are at high risk after exposure to suicide.

National Action Alliance for Suicide Prevention, Survivors of Suicide Loss Task Force (2015). Responding to Grief, Trauma, and Distress After a Suicide: U.S. National Guidelines. Washington, DC.



Tasks of Postvention

1. Verify the death
2. Coordinate resources
3. Disseminate information
4. Identify and support those most impacted
5. Commemorate the deceased
6. Enhance behavioral health programming



Adapted from: Berkowitz, L., McCauley, J., Schuurman, D. L., & Jordan, J. R. (2011). Organizational postvention after suicide death. Grief after suicide: Understanding the consequences and caring for the survivors, 157-178.



1. Verify the Death

- Verify the details: who, when, where, how, other circumstances
- If the death occurred on department or union property:
 - Contact law enforcement
 - Keep scene clear
 - Send representative to assist with family notification



2. Coordinate Resources

- What policies and SOP's apply?
- What resources are available? Who should be involved?
 - Human resource department
 - Employee assistance program (EAP)
 - Mental health clinicians
 - Local mental health agencies or crisis center
 - Clergy
 - Peer support team



3. Disseminate Information

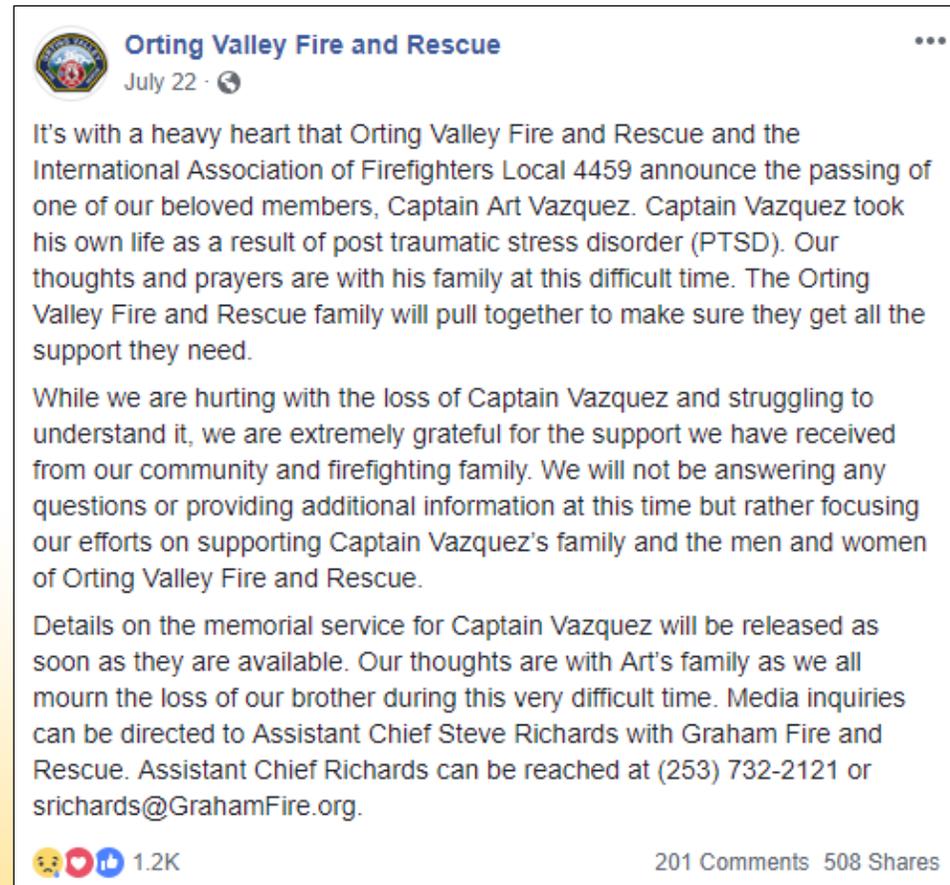
- Follow existing death notification procedures
- Avoid providing information about the method used
- Identify a media spokesperson
- Provide a written statement
- Notify IAFF district and state/provincial leadership, headquarters



Provide a Written Statement

Statement should include:

- Factual information about the death
- Acknowledgement it was a suicide
- Condolences to family and friends
- Plans to provide support
- Information about funeral arrangements
- Media contact



Talking to the Media



RECOMMENDATIONS FOR REPORTING ON SUICIDE®

Developed in collaboration with: American Association of Suicidology, American Foundation for Suicide Prevention, Annenberg Public Policy Center, Associated Press Managing Editors, Canterbury Suicide Project - University of Otago, Christchurch, New Zealand, Columbia University Department of Psychiatry, CorvallisSafety.org, Emotion Technology, International Association for Suicide Prevention Task Force on Media and Suicide, Medical University of Vienna, National Alliance on Mental Illness, National Institute of Mental Health, National Press Photographers Association, New York State Psychiatric Institute, Substance Abuse and Mental Health Services Administration, Suicide Awareness Voices of Education, Suicide Prevention Resource Centre, The Centers for Disease Control and Prevention (CDC) and UCLA School of Public Health, Community Health Sciences.

IMPORTANT POINTS FOR COVERING SUICIDE

- More than 50 research studies worldwide have found that certain types of news coverage can increase the likelihood of suicide in vulnerable individuals. The magnitude of the increase is related to the amount, duration and prominence of coverage.
- Risk of additional suicides increases when the story explicitly describes the suicide method, uses dramatic/graphic headlines or images, and repeated/extensive coverage sensationalizes or glamorizes a death.
- Covering suicide carefully, even briefly, can change public misperceptions and correct myths, which can encourage those who are vulnerable or at risk to seek help.

Suicide is a public health issue. Media and online coverage of suicide should be informed by using best practices. Some suicide deaths may be newsworthy. However, the way media cover suicide can influence behavior negatively by contributing to contagion or positively by encouraging help-seeking.

References and additional information can be found at: www.ReportingOnSuicide.org.

Suicide Contagion or "Copycat Suicide" occurs when one or more suicides are reported in a way that contributes to another suicide.

The way media cover suicide can influence behavior:

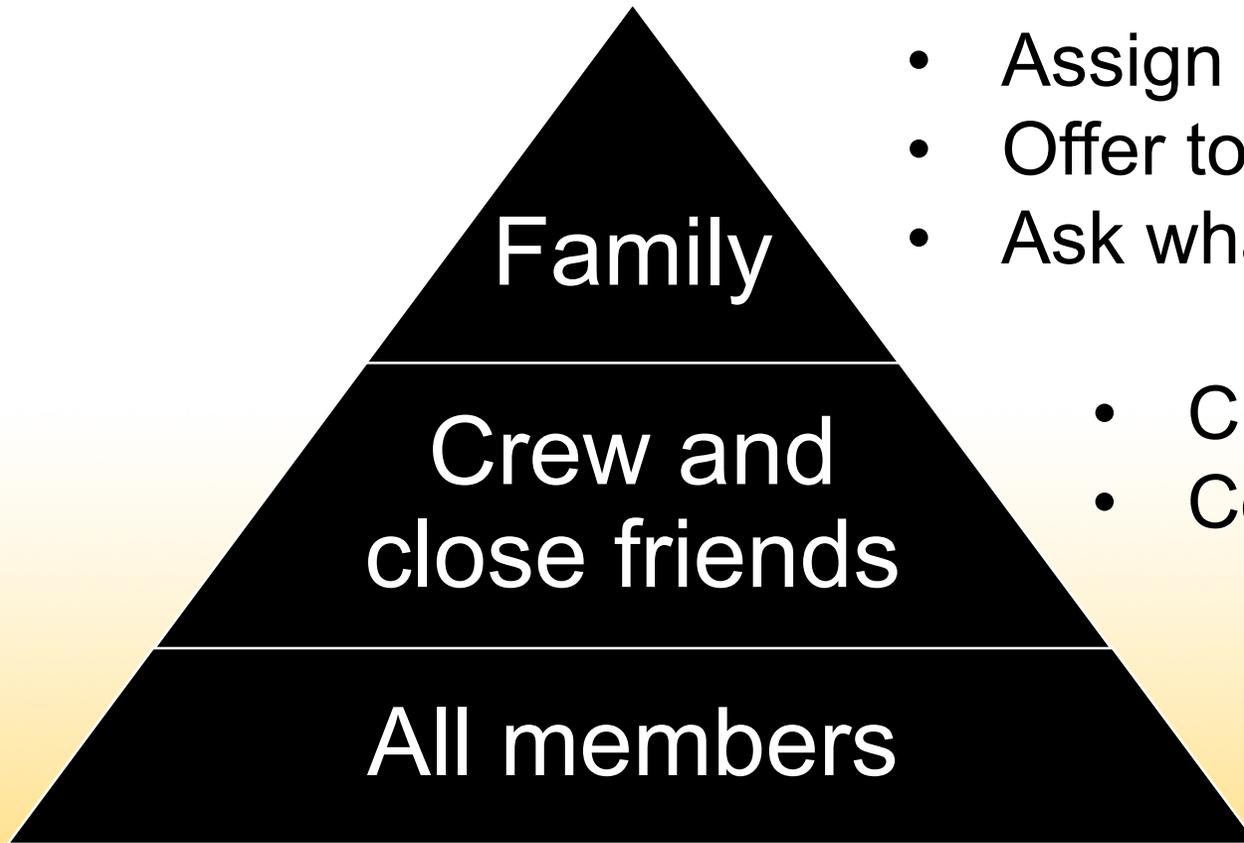
- negatively by contributing to contagion, or
- positively by encouraging help-seeking.

<http://reportingonsuicide.org/>



4. Identify and Support Those Most Impacted

- Who is likely to be impacted by this person's death?



- Assign a family liaison
- Offer to pack up decedent's locker
- Ask what support is most useful
- Check in with each member
- Cover shifts so they can attend funeral
- Provide psychoeducation
- Refer to vetted resources



Supporting the Family

Suicide Bereavement Support Groups

-  • AAS: <http://www.suicidology.org/suicide-survivors/sos-directory>
-  • AFSP: <https://afsp.org/find-support/ive-lost-someone/find-a-support-group/>
-  • CASP: <https://www.suicideprevention.ca/Survivor-Support-Centres>
-  • SAVE: <https://save.org/save-support-groups/>

Healing Conversations: Survivor Outreach Program

-  • AFSP: <https://afsp.org/find-support/ive-lost-someone/healing-conversations/>



5. Commemorate the Deceased

- Memorialize in the same ways you would for other deaths
- Honor how the person lived rather than how they died
- Plan ahead for: deceased's birthday, anniversary of death



New Postvention Handouts

- Series of handouts on suicide grief and loss
- Additional handouts under development
- Download from the conference app, IAFF website, or “Report a Suicide Death” page

FIRE FIGHTER SUICIDE

How to Cope With Grief and Loss



If someone you care about has died by suicide, this information can help you understand and cope with what has happened.

SUICIDE AS A SUDDEN DEATH

It's shocking when someone you care about dies by suicide, and it is normal to feel confused, numb, angry, guilty or agitated. Here are some tips for coping:

- Connect by being with people who care about you and by comforting one another. Look for connections like those you find in conversations around the kitchen table.
- Seek help by telling people what you need — and what is helpful and what is not.
- Understand that painful feelings will ebb and flow. Emotions build up and peak, then diminish and recede before starting all over again.
- Look for calm by deep breathing, visualizing a peaceful scene or doing something you know will relax you.
- Keep it simple by taking care of your basic needs: food, water and sleep.
- Take action with a focus on today and on the next thing that needs to be done.
- Allow yourself to say yes or no to being around particular people or activities.
- Be hopeful by believing that it is possible to get through this difficult time and be okay.
- Remember the strengths you have used in your life to meet other challenges you have faced.
- Protect yourself by minimizing risky behavior, including using alcohol or drugs.
- Stay safe by getting emergency assistance or calling the Lifeline (1-800-273-8255 in the United States and 1-833-456-4566 in Canada) if you feel suicidal.

WHY SUICIDE?

People kill themselves primarily because of overwhelming mental and emotional pain, which one expert calls psychache. Pain becomes unbearable because:

- It's viewed it as unending.
- It's believed it cannot be fixed.
- It's thought that only dying will end it.

Impaired psychological functioning (or not being in one's right mind) is often a contributing factor in suicide. "Choosing" suicide is not the same as making other choices. A multitude of personal and environmental factors — from severe depression to social isolation to not knowing how to ask for help — play a role in suicide. Each person's situation is unique.

People left behind to grieve a death by suicide look for answers to many questions. Sometimes these answers are helpful but also insufficient. Suicide is a complicated behavior that involves a person's body, mind, heart and soul. Most people's struggle with the question why leads both to answers and to the limits of what can be known.

INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS
www.iaff.org

IN CRISIS?

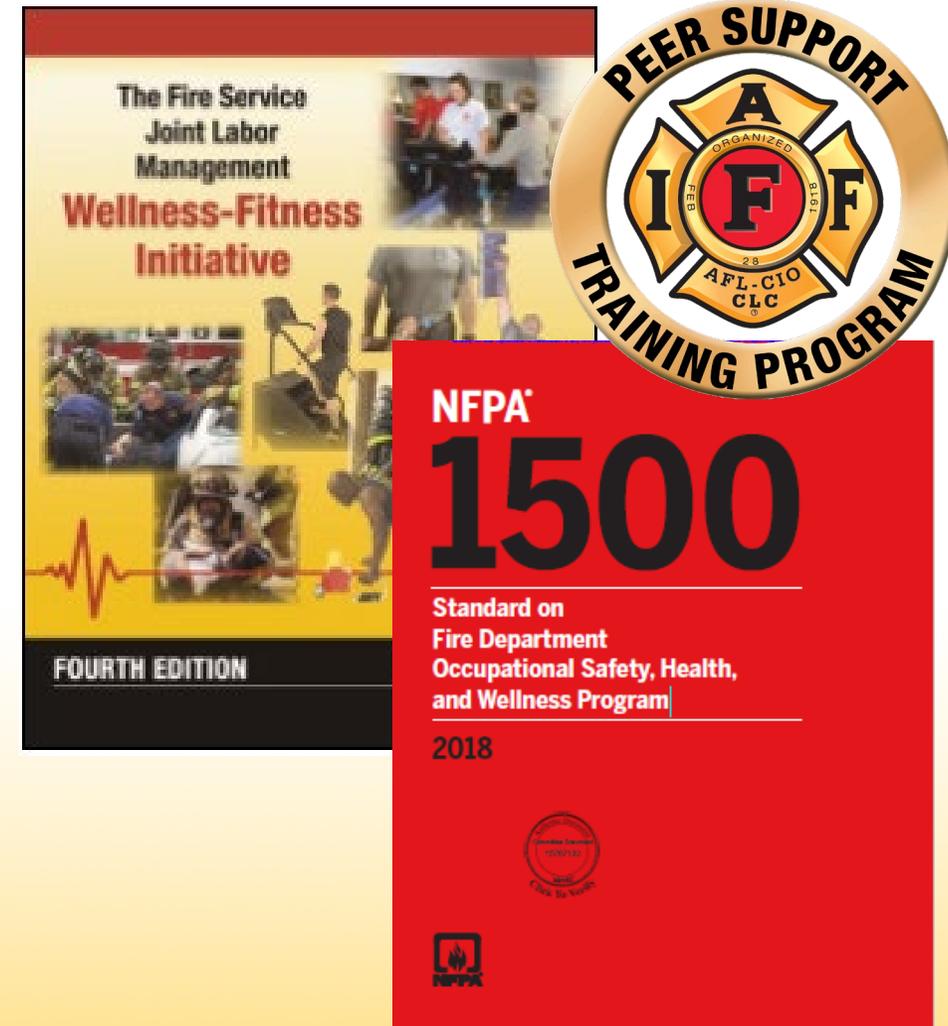
Call the Lifeline
US: 1-800-273-TALK (8255)
Canada: 1-833-456-4566

If you're unable to function because of your grief, if your grief feels relentless, or if you're using alcohol or other harmful means to cope with grief, contact a peer supporter, behavioral health professional, employee assistance program or your physician.



6. Enhance Behavioral Health Programming

- IAFF online Behavioral Health Awareness course (2 hours)
- IAFF in-person Peer Support Training (2 days)
- Wellness-Fitness Initiative 4th Edition, Chapter 5
- NFPA 1500 Standard on Fire Department Occupational Safety, Health, and Wellness Program, Chapter 12



Find Your State Suicide Prevention Coordinator



Suicide Prevention Resource Center

About Suicide Effective Prevention Resources & Programs Training News & Highlights [Organizations](#)



8 2 5 5
1 (800) 273 TALK

Featured Tool



Virtual Learning Lab

Virtual Learning Lab: State Suicide Prevention

This online learning lab can assist state and community leaders to more strategically build partnerships and improve their efforts to prevent suicide and overcome common challenges.

States

Suicide prevention efforts can have greater power when they move beyond a single organization to reach a whole community. Find out what's going on in your state and consider ways to join with partners to have a greater impact. Find your state below for information and resources, including:

- » Contact information
- » Suicide prevention plans
- » State and community organizations involved in suicide prevention
- » Garrett Lee Smith Suicide Prevention Act and National Strategy for Suicide Prevention (NSSP) grantees
- » Current legislation and news updates



Alabama

[View Prevention Plan](#)

State Contact: [Betsy Cagle](#), (334) 206-3995,



Alaska

[View Prevention Plan](#)

State Contact: [James Gallanos](#), (907) 465-8536,



Arizona

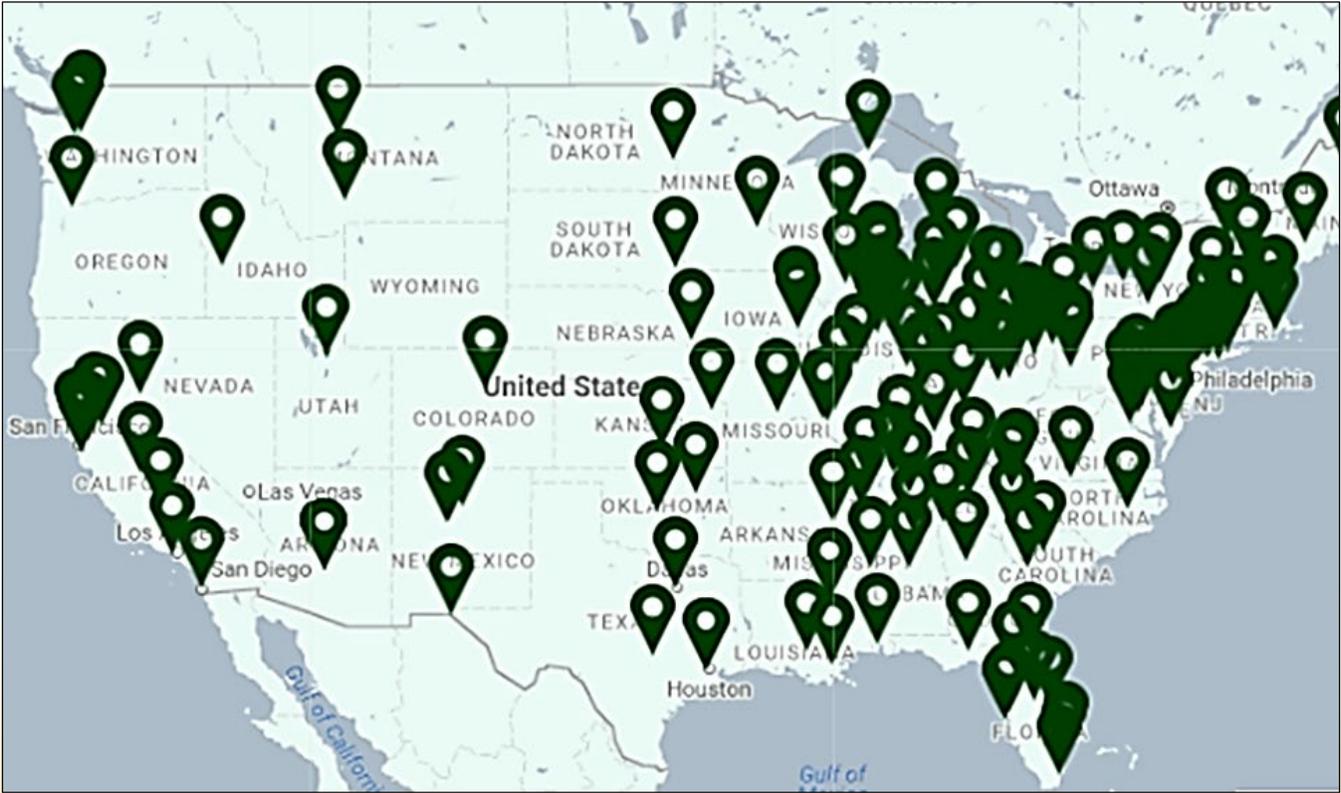
[View Prevention Plan](#)

State Contact: [Nikki Kontz](#), (602) 248-8337, nikki@teenlifeline.org

 <https://www.sprc.org/states>



Find Your Local Crisis Center

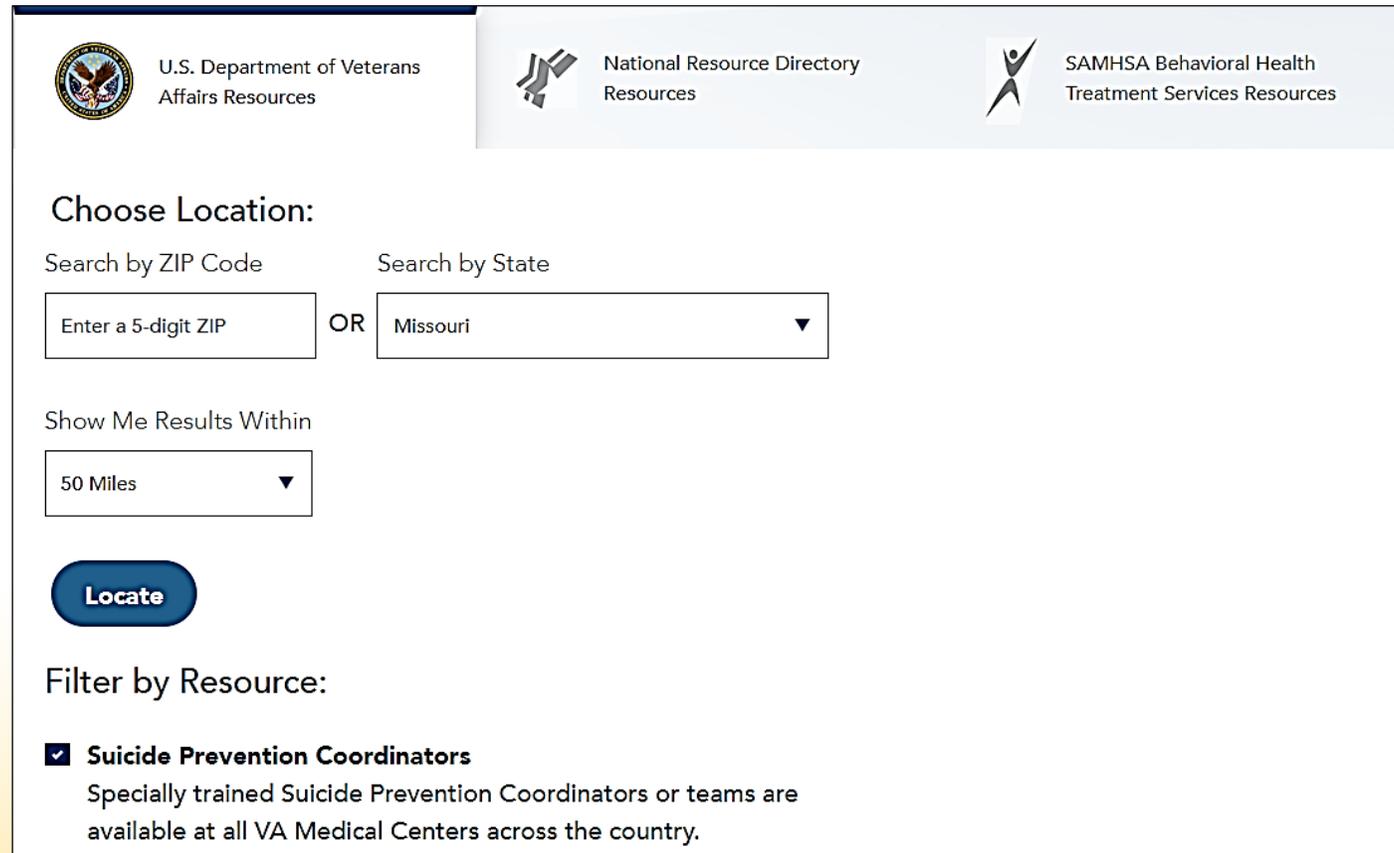


 <https://suicidepreventionlifeline.org/our-network/>

 <http://www.crisisservicescanada.ca/en/need-help/looking-for-local-resources-support/>



Find a VA Suicide Prevention Coordinator



The screenshot shows a search interface for finding VA Suicide Prevention Coordinators. At the top, there are three logos: the U.S. Department of Veterans Affairs Resources, National Resource Directory Resources, and SAMHSA Behavioral Health Treatment Services Resources. Below the logos, the text "Choose Location:" is followed by two search options: "Search by ZIP Code" and "Search by State". The "Search by ZIP Code" option has a text input field with the placeholder "Enter a 5-digit ZIP". The "Search by State" option has a dropdown menu currently showing "Missouri". Below these options is a "Show Me Results Within" section with a dropdown menu set to "50 Miles". A blue "Locate" button is positioned below the search options. At the bottom, there is a "Filter by Resource:" section with a checked checkbox for "Suicide Prevention Coordinators" and a descriptive text: "Specially trained Suicide Prevention Coordinators or teams are available at all VA Medical Centers across the country."

 <https://www.veteranscrisisline.net/get-help/local-resources>



Question & Answer



We Need Your Feedback!

Your evaluations help us improve our workshops and presentations

Complete your evaluations using the IAFF Frontline App:

1. Open the Frontline App and click on the “☰” symbol in the top left corner by the logo
2. Select “sign in” and login with your iaaff.org username
3. Click the “Events” icon and select REDMOND
4. Select “Sessions” and click on the workshop you attended
5. Click “Session Evaluation”
6. Complete the evaluation
7. Click “Submit”

For the overall evaluation, follow steps 1, 2 and 3
Then click “More”, then “Information” and
“Overall Event Evaluation”.

