



Looking out for your co-worker

Firefighters and emergency medical personnel do not hesitate to protect each other on the job – even if it puts their own lives at risk. But what if your colleague is threatening his/her own life?

If you think a co-worker is contemplating suicide, will you take action? Will you have the courage to act boldly?



Suicide within fire and emergency medical services:

- Most people who die by suicide communicate their intentions ahead of time.
- Untreated, undiagnosed depression can be deadly.
- Cumulative career stress can be as dangerous as post traumatic stress disorder.
- Alcohol increases the risk for suicide.
- Suicide has a devastating effect on family, friends and colleagues.
- Overall good health reduces risk of death by heart attack and suicide.

Tips for coping

- Cherish your family.
- Congratulate yourself on victories.
- Create an outside hobby.
- Celebrate the good things in life.
- Eat healthy and exercise regularly.
- Remember your priorities in life.

Your job should not be your first priority. It should not define who you are, but rather be something that you do.

Contact:

AID LIFE

This acronym may help you remember what to do when assisting a person who is suicidal:

- A** – Ask. Do not be afraid to ask, “Are you thinking about hurting yourself?” or “Are you thinking about suicide?”
- I** – Intervene immediately. Take action. Listen and let the person know he or she is not alone.
- D** – Don’t keep it a secret.
- L** – Locate help. Seek out a professional, peer support person, chaplain, friend, family member or supervisor.
- I** – Involve command. Supervisors can secure immediate and long-term assistance.
- F** – Find someone to stay with the person now. Don’t leave the person alone.
- E** – Expedite. Get help now. An at-risk person needs immediate attention from professionals.

Suicide prevention is everybody’s business.

Mayday: Firefighter needs assistance!



Common thoughts that keep people from reaching out to a suicidal person

I was afraid to ask about suicidal thoughts.

You cannot give someone the idea of committing suicide.

What if I'm wrong?

Firefighters and emergency medical personnel have good instincts when it comes to reading people. If you are getting a feeling that somebody may hurt him/her self – trust your gut!

If he/she really is suicidal, I won't be able to stop him/her.

Suicidal thoughts are often impulsive and temporary. If you can get the person past the impulse and to proper assistance, he or she will often recover and go on with life.

Suicidal people want to die!

Most people thinking of suicide want a way out of intolerable physical or emotional pain. Some part of them wants to live and you can help them find a way to do it.

If I say something, that person's career is over.

Your best option is to think in terms of necessary and sufficient force. Intervene safely as much as is necessary to keep the person alive and get him or her assistance.

If the person is suicidal but cooperative with seeking help, peer support, confidential counseling, or voluntary inpatient care may be enough.

If, however, the person is uncooperative and/or imminently suicidal, a supervisor may become the necessary force you need to get help. While involving the department may result in the individual being relieved of duty, the person still has a good chance of getting his or her job back once the problems are resolved. The possibility of losing a job should not outweigh a person losing his/her life!



So what can I do?

Eighty-five percent of people who attempt suicide tell someone first – through actions or statements. As a colleague, you may be the first person to see or hear these warning signs. If you think someone may be having thoughts about harming him/her self:

- Trust your instincts.
- Reach out as soon as possible.
- Ask “Are you thinking about killing yourself?”
- Contact your EAP/CISM/Peer Support Group for a confidential consultation.

Once you have confirmed the person is having thoughts of harming him/her self:

- Immediately contact your EAP/CISM/Peer Support Group.
- Ascertain if the person has a plan.
- Ask permission to secure weapon(s), including backup weapons.
- Do not leave the person alone.
- Help delegate necessary duties such as child care until the crisis is resolved.
- Get debriefed when the situation is resolved – for your own peace of mind.

Why do people attempt suicide?

- Psychological/physical pain.
- Depression.
- Anxiety.
- Relationship problems.
- Being under investigation.

Alcohol or other drug problems significantly increase the risk for suicide!

Are there any risk factors/indicators for someone to commit suicide?

- Recent loss (actual or perceived).
- Recent increase in problems (under investigation, financial, marital, work).
- Sadness and/or depression.
- Hopelessness or having no future-oriented plans.
- Social isolation or withdrawal.
- Irritability or increased conflict with others.
- Sudden drop in job performance.
- Increased alcohol or drug use.
- Sleep or appetite problems.
- Constricted thinking – rigid thinking or thoughts that issues are “black and white” only.
- Increased risk-taking behavior.

Those at risk for suicide also might:

- Give away possessions or prepare for death (will, correcting beneficiary information, etc.).
- Talk about suicide.
- Make viable plans and means.
- Have a history of suicidal behavior.
- Practice the plan or means of suicide (suicide rehearsal).

While few of these actions by themselves are a guarantee the person is feeling suicidal, each of these should alert a “backup officer” to be concerned and start asking questions.