The Role of First Responders in Preventing Suicide

If you are thinking of hurting yourself, or if you are concerned that someone else may be suicidal, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

Paul was part of a team that responded to an emergency call from a father whose daughter, age 17, had just fallen from the second-story porch of their house. When Paul arrived on the scene, the father was frantic. Paul assured the father that his daughter was in good hands and seemed to have survived the fall with only a broken arm and a bump on the head. He told the father that they would take his daughter to an emergency room for x-rays and a further evaluation just to make sure that she didn't have any other serious injuries. Paul was a bit puzzled as to how the girl could fall off a second-story porch surrounded by a waist-high railing.

Paul asked the father what had happened and if the girl had any medical conditions. The father said that his daughter had been treated for depression. Paul asked if the father thought that she might have jumped from the porch. The father said that his daughter had never tried to hurt herself-that while his daughter had problems, she wasn't the type of person who would try to kill herself.

Paul spoke with the young woman in the ambulance on the way to the hospital, telling her what had happened, where they were going, and what would happen when they arrived at the hospital. Paul asked her what had happened before the fall. The young woman replied that she wasn't sure.

Paul spoke to the emergency physician at the hospital when they arrived and reported that this case could have been a suicide attempt. The doctor said that she would carefully assess the patient and thanked Paul for telling her about this possibility.

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Introduction

Each year, more than 34,000 Americans take their own lives (CDC, 2007). Another 375,000 visit emergency rooms for self-inflicted injuries (CDC, 2009). Emergency medical technicians (EMTs) and firefighters are often called to respond to these deaths and injuries.

Suicides and suicide attempts take an emotional toll beyond those of unintentional injuries. Any sudden death is a shock to the family and friends of the deceased, as well as to bystanders and first responders. The shock to family and friends is compounded when the death or injury is self-inflicted, provoking disbelief, anger, and guilt. Those who have injured themselves during a suicide attempt can be confused and distraught, which can also be true of their friends and families. How first responders act in these situations can make a difference for the patient, as well as for the family and friends of a person who has died by suicide or tried to kill him- or herself. At the same time, responding to these incidents can also take a toll on the emotional health of EMTs and firefighters.

This short publication offers some information on helping those who have attempted suicide or are at high risk to attempt; responding to friends, families, and bystanders; and preventing suicide among EMTs and firefighters.

Recognizing the Warning Signs

The following warning signs may mean someone is at risk for suicide. The risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change.

- Talking about wanting to die or kill oneself
- Looking for a way to kill oneself, such as searching online or buying a gun
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

These signs are especially critical if the patient has a history or current diagnosis of a psychiatric disorder, such as depression, alcohol or drug abuse, bipolar disorder, or schizophrenia. Recent life events, including physical illness (especially if associated with pain) and emotional trauma (resulting from, for example, the loss of a job or a loved one), can also contribute to the risk of suicide (Jacobs, Brewer, & Klein-Benheim, 1999). Research indicates that a combination of alcohol use and PTSD produces a tenfold increase in the risk of suicide (Violanti, 2004).

Helping Suicide Attempters

First responders spend much of their time responding to medical emergencies involving people who had no desire to be killed or injured. Having to use their time and resources on caring for people who intentionally inflict injuries on themselves may raise mixed emotions. It is important to understand that, in the words of a major report on suicide, "in the United States, over 90 percent of suicides are associated with mental illness, including alcohol and/or substance use disorders" (Goldsmith, Pellmar, Kleinman, & Bunney, 2002). It is important to treat those with intentionally self-inflicted injuries as compassionately as you would treat those who are injured unintentionally. In particular, it is essential that you do not blame them for their injuries.

Compassion will also help you elicit the information you need to treat a person injured in a suicide attempt. Many people who survive suicide attempts feel embarrassed and ashamed. Some may deny that their injuries were self-inflicted. Some will attempt to refuse treatment. Establishing a rapport with your patient will help you provide effective treatment at the scene and assist the patient and other health care providers in finding appropriate long-term treatment that may prevent another suicide attempt.

The principles of facilitative communication (Fortinash & Holoday-Worret, 2003) can be useful in establishing a rapport with a person with self-inflicted injuries (or a person whose injuries you suspect are self-inflicted):

- Genuineness. Sincerity on your part can evoke sincerity on the part of your patient.
- Respect. Respect the patient, regardless of your personal feelings about suicide. Establishing a sense of self-worth is an important step toward recovery for a person who has attempted suicide.
- Empathy. Empathic understanding is the ability to perceive the client's understanding of life as if it were your own.
- Concreteness. Your ability to say precisely what you mean, rather than rely on abstraction or metaphor, will help you question the patient to determine vital information, such as the availability of a means to carry out suicide, the intensity of the patient's wish to die, the specific nature of any suicide plan, and the presence of associated risk factors.

Decisions about whether a person with self-inflicted injuries should be transported to an emergency room must take into consideration the person's emotional state as well as his or her medical condition. One of the primary risk factors for attempting suicide is a previous attempt. Thus, you should assume that any patient who has attempted suicide is at risk.

Never leave a person who has attempted suicide alone. You can help protect a patient by doing the following:

- Transporting the patient to an emergency room where he or she can be kept under observation and further evaluated.
- Helping the patient's family, friends, or caregivers develop a plan so that someone is with the patient at all times.
- Helping the patient's family, friends, or caregivers make sure that lethal means, especially firearms and medications, are not available to the patient.

Helping Suicide Survivors

If you respond to a situation in which a person has died by suicide in a home or workplace, you probably will be faced with distraught friends, relatives, and co-workers. Those who were close to or affected by a suicide are called "suicide survivors." Survivors may be overwhelmed with grief, anger, or disbelief. They may, for example, want to see the body because they cannot believe that their friend or loved one has died. You may need to gently explain why it is necessary to secure the area until, for example, the coroner arrives. Family members may resent strangers (even those who came to help) "taking over" their home following a suicide. They may be in psychological, or even physical, shock. They can respond with anger, which may be directed at you or others at the scene. They may also have a need to tell you about their relationship with the deceased.

You should prepare them for what is going to occur at the scene, such as the arrival of the coroner. Friends and family also need emotional support during the crisis caused by a suicide-sometimes more than you can, or should, provide. While you can offer some support, it is far more effective in the long run to help survivors mobilize their

own support networks, including friends, relatives, and clergy. Offer to call family or friends for them. There are suicide survivor support groups throughout the United States. Let survivors know that such help is available and that you can help them find these groups. (Information on finding suicide survivor support groups in your community is included under the Resources section below.)

You may find yourself being questioned by journalists at the site of a suicide. It is extremely important to be sensitive to the family (and to investigations in process) after a suicide. It is also important not to contribute to news coverage of suicide, as research has shown that this can contribute to suicide attempts by other vulnerable people. The easiest response to media requests for information is to refer the media to the designated communication or press officer at the local police department, fire department, or hospital. If you do speak to the press, it is important that you don't glamorize suicide, defame or criticize the victim, or portray suicide as an inexplicable or senseless act about which nothing can be done. If at all possible, use press coverage of a suicide to convey the message that people who are considering hurting themselves should get help by talking to a friend, a family member, a mental health professional, or the **National Suicide Prevention Lifeline** at **(800) 273-TALK (8255)**.

Helping Yourself and Your Fellow First Responders

Job stress is common for EMTs and paramedics due to their irregular hours and constant need to treat patients in life-or-death situations (United States Department of Labor, 2004). This stress can result in post-traumatic stress disorder (PSTD) and other problems that can affect first responders' emotional, professional, and personal lives (Alexander & Klein, 2001). The stress and emotional weight of the work takes a toll and needs to be addressed in order for first responders to maintain their professionalism and effectiveness. Responding to a suicide, in particular, can be stressful. It can be helpful to discuss these situations with colleagues and supervisors afterward.

The National Institute of Mental Health outlines three categories of PTSD symptoms (NIMH, 2009):

- Re-experiencing symptoms. Flashbacks, bad dreams, frightening thoughts, or sudden and dramatic re-experiences of a traumatic episode.
- Avoidance. Avoiding places, events, or objects that are reminders of the experience and losing interest in activities that were enjoyable in the past.
- Hyperarousal. A constant feeling that danger is imminent; it can be characterized by being startled easily, feeling tense, having difficulty sleeping, and/or angry outbursts.
- A colleague who is considering harming himself or herself may try to reach out to you-sometimes directly, sometimes indirectly. You should be especially alert for imminent warning signs.
- A colleague who is considering harming himself or herself may try to reach out to you—sometimes directly, sometimes indirectly. You should be especially alert for imminent warning signs. If you believe that a colleague is thinking about suicide, you can ask that person directly, in private. If your colleague admits that he or she is thinking about suicide, or you have a serious concern that your colleague will harm himself or herself in spite of your colleague's denials, there are a number of steps you can take:
- Express your concern to an appropriate person, such as a line supervisor or your agency's mental health professional or consultant. It is important that you seek support in your efforts.
- Ask your colleague to call the National Suicide Prevention Lifeline at (800) 273-TALK (8255).
- Offer to help your colleague find, or accompany him or her to, a mental health professional who is better able to evaluate your colleague's risk and to recommend next steps.
- Help your colleague's family and friends develop a plan so that someone is with your colleague at all times until the crisis is resolved.

Responding to a colleague in need may not be easy. You may feel like you are meddling or overstepping your role and intruding into your colleague's personal life. But coming to the assistance of a colleague in crisis can be as important as responding to a serious motor vehicle collision or fire.

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Resources for EMTs and Fire Fighters

Organizations

National Center for Post-Traumatic Stress Disorder
(http://www.ptsd.va.gov/). This is an educational resource on PTSD developed by the Department of Veterans Affairs. It includes publications, fact sheets, and other resources on the assessment, identification, and treatment of PTSD, many of which are useful for those in emergency medical services (particularly the fact sheet on Casualty and Death Notification).

Suicide Survivor Support Group Directories.
The American Association of Suicidology (AAS) and the American Foundation for Suicide Prevention (AFSP) offer online directories of suicide survivor support groups. The AAS directory is located at http://www.suicidology.org/web/guest/support-group-directory. The AFSP directory can be found at http://www.afsp.org/index.cfm?page_id=FEE33687-BD31-F739-D66C210657168295.

For national organizations and federal agencies with general resources on suicide prevention, go to http://www.sprc.org/basics/national-organizations.

Resource Materials

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