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## Suicide Prevention for First Responders

The term First Responders encompasses a wide range of occupations, particularly when including federal, state, and local government, as well as private and third service workers. It includes those involved in law enforcement of any type, in firefighting regardless of where or what is burning, and those involved in bringing medical services to those in the community, regardless of where they are or why they need help. Sometimes, these groups have very little in common and sometimes they have a lot. When the topic is suicide and suicide prevention, they can be grouped together as high risk. This article and white paper show just how much: <http://www.sprc.org/news/more-officers-firefighters-died-suicide-line-duty-deaths-2017>. For those who have seen the tragedy of first responder suicide up close, or heard about it, they know that suicide needs to be prevented at all costs. And, to prevent it, an agency and its individuals – all of them – need to be aware of the increased risks in this population, the causes, the early signs of an issue, and how to quickly intercede and get help for that individual(s). Agency managers also have to be aware that the traits and drive that call a person to be a first responder put them at risk for not saying something when they are feeling depressed, alone (even in a crowd), hopeless, put upon or targeted, etc., or when they have mental health disorders, substance abuse or major changes in their lives. Those that have served in the military and/or are in the Reserves, often carry an even bigger burden and risk.

There are those who are at increased risk because of personal problems or work issues and the inability or unwillingness to self-identify it as a problem or to share their feelings with someone else. Reaching out for help is often considered as a failure to “be a man”, lack of ability to do the job, a sign of weakness, or just too much trouble. Stress and the non-ability to cope is cumulative. What might not bother someone on a given day, becomes overwhelming on a different one. Often, the one affected may not even realize how they are feeling until it is at a crisis point. Everyone has triggers and backgrounds and baggage that can affect mood or the ability to cope in the moment. What is needed to prevent a crisis, is an awareness, by everyone around an individual, at work and at home, of how a person is actually feeling and coping. There also has to be an awareness of signs to look for, although they may be subtle or gradual in appearance, in the person that needs help. And, that sometimes it can't wait. Often, people that were friends or family of an individual who killed his/herself will say they noticed something different about them or a change in their behavior but.... Now, they have to live with that which can even be a trigger.

Some of the reasons that First Responders are so at risk is because there can be so many triggers. It can be an especially difficult incident response that affects one or many individuals and is often identified for critical incident stress debriefing or management (CISD/CISM) or it may be an everyday response that is a trigger that only affects one person. The trigger may be related to an exposure to a disease, often a known bloodborne pathogen such as HIV, which means that the responder may have to be tested over a period of months before knowing if they were infected or not. It can be a sound or smell that triggers their PTSD (known or unknown). It can be anything.

There is help available that is First Responder specific and varies from setting up an entire suicide prevention program, training for some or all of an agency (some free, some not), to “just” a card that reminds everyone of behaviors and feelings associated with desperate circumstances, and when and how to seek help. The listed resources are not intended to suggest they alone can help anyone or any agency but just to act as a clearinghouse to resources and links that may be helpful. Some of the resources are aimed at First Responders in general and others are specific to a particular group (i.e. Police).

**Consultation with Medical Directors and Mental Health Professionals is strongly encouraged. Feelings of despair that can lead to suicide are significant and immediate access to professional help is essential.** Everyone who wants to change the statistics has to be involved.

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