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Suicide Awareness

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Our Purpose

CIPHER, a Knowledge Hub funded by the Public Health Agency of Canada through a partnership with the Canadian Institute for Public Safety Research and Treatment (CIPSRT), curates and mobilizes the resources created by nine research projects tasked to develop resources to meet the mental health and well-being needs of Canadians most affected by the COVID-19 pandemic, including healthcare workers, public safety personnel, their families, and caregivers

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PRESENTER

DR. MARGARET C. MCKINNON

MARGARET C. MCKINNON, PHD, CPsYCH | HOMEWOOD CHAIR IN
COMMUNITY CARE | CANADIAN INSTITUTE FOR PUBLIC SAFETY RESEARCH AND TREATMENT

Published by **Healthcare Salute** on February 5, 2024 for **Healthcare Workers, Leaders**

CIPHER Webinar Series: Healthcare Salute Showcase

Mark your calendars for February 15th 2024 for an upcoming live, free webinar! We encourage you to join our 1-hour session with Dr. Margaret McKinnon to learn more about: Healthcare Salute: Supporting our healthcare supporters during the pandemic.



CIPSRT – ICRTSP
SYMPOSIUM 2024

Together We Are Stronger: Showcasing Collaborative Efforts
to Support the Wellbeing of all Public Safety Personnel (PSP).

March 19–20, 2024 | Ottawa, ON

on January 31, 2024 for **Public Safety Personnel**

Together We Are Stronger: Showcasing Collaborative Efforts to Support the Wellbeing of all Public Safety Personnel (PSP)

The Canadian Institute for Public Safety Research and Treatment (CIPSRT) is hosting a 2-day symposium/showcase that is intended to raise a greater awareness among PSP about mental health and wellbeing. Learn more here.

Canadian Institute for
Pandemic Health
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Published by **CIPHER** on January 31, 2024 for **Families, General Population, HCW, PSP**

CIPHER Introduction – Audiogram

Tags: **CIPHER**

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Treatment website, and spe

Suicide 

Awareness

World Suicide Prevention Day
provides information to destigmatize

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.

Group	Past Year Suicidal Ideation	Lifetime Suicidal Ideation
Royal Canadian Mounted Police	10%	26%
Municipal and Provincial Police	8.3%	21%
Firefighters	9%	25%
Correctional Workers	11%	35%
General Public	2%	12%

*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:



<h2>Risk Factors</h2> <ul style="list-style-type: none"> • 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. 	<h2>Protective Factors</h2> <ul style="list-style-type: none"> • 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.
<h2>Signs to watch for in your coworker</h2> <ul style="list-style-type: none"> • 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. 	<h2>How can you help a coworker?</h2> <p>There are several courses designed to assist in helping talk about mental health and suicide in the workplace. Some include:</p> <ul style="list-style-type: none"> Mental Health First Aid Training Psychological First Aid Training Applied Suicide Intervention Skills Training <p>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.</p> <p>If you are concerned about someone's immediate safety, call 9-8-8.</p>
<h2>Moving forward - Recommendations</h2>	

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.

RESOURCES

If YOU OR SOMEONE YOU KNOW IS IN IMMEDIATE DANGER, PLEASE CALL 9-1-1.

Help is available 24/7 for suicide prevention and mental health. Here are some resources:

- **9-8-8: Canada's Suicide Crisis Helpline** (text or call 9-8-8, 24 hours, every day of the year)
- **For Quebec residents: 1-866-APPELLE (277-3553)**
- **Kids Help Phone: 1-800-668-6868** or text **CONNECT** to 686968
- **Tools for Wellness Helpline for Indigenous peoples: 1-855-242-3310**
- **Trans Lifeline: 1-877-330-6366**
- **PSNPET Canada - Resources tailored for PSP**
- **Preventing suicide: Warning signs and how to help**

Tools and Resources for PSP Mental Health

SECRET

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