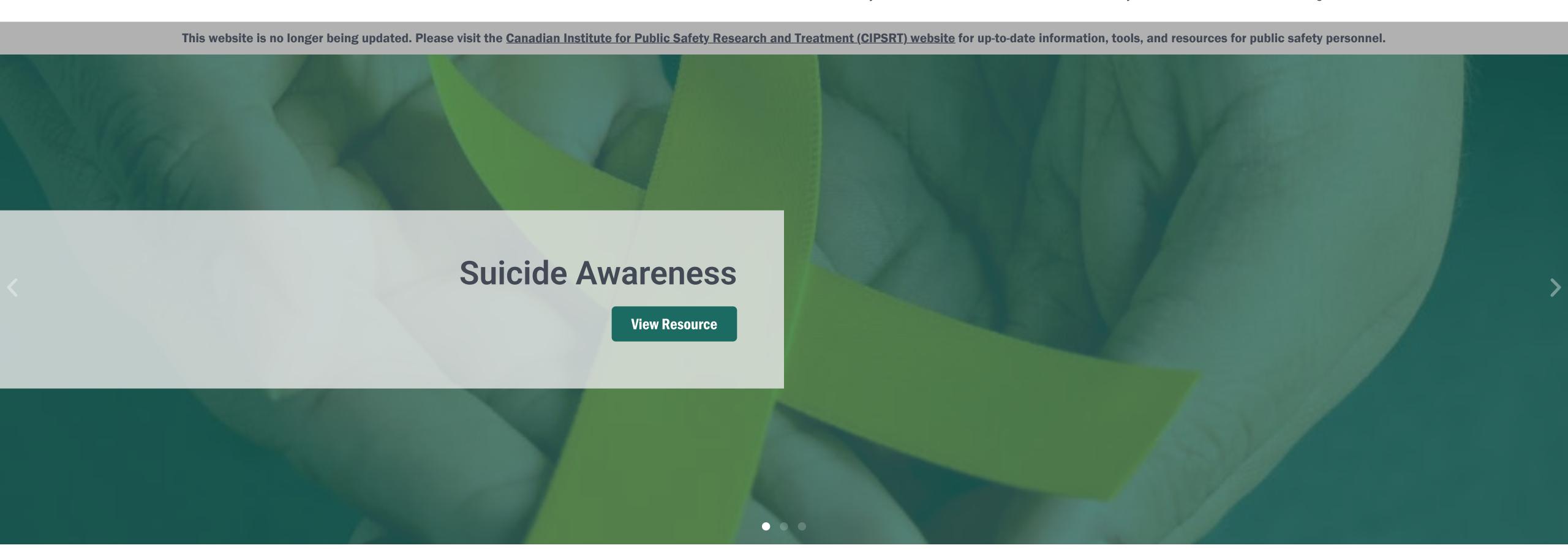
Projects 🗸 Glossary Of Terms Version 3.0 I◆I English ✓ About Us Resources



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

Learn more



Latest News



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.

③





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.

Tags: **Symposium**







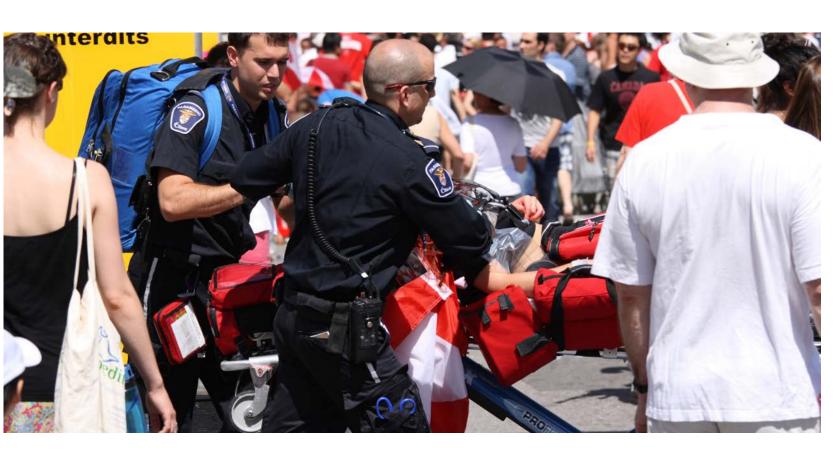
Population, HCW, PSP

CIPHER Introduction – Audiogram

Tags: CIPHER

















Suicide Awareness

Download PDF

Tags: Prevention, Suicide Awareness

In support of Suicide Awareness Month (September), and World Suicide Prevention Day (September 10) this resource provides information to destigmatize and raise awareness about suicide and its unique impacts on public safety personnel (PSP).

This website is no longer being updated. Please visit the Canadian Institute for Public Safety Research and Treatment (CIPSRT) website for up-to-date information, tools, and resources for public safety personnel.

For more resources and information, please consider visiting The Canadian Institute for Public Safety Research and Treatment website, and specifically the following link (note: on or after September 1st, 2024):

https://www.cipsrt-icrtsp.ca/en/understanding-suicide-and-public-safety-personnel



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

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

disproportionately higher rates of past year and lifetime

suicidal ideation. Suicidal ideation refers to thoughts and

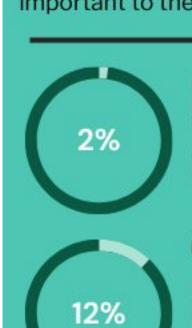
behaviours around suicide, including thinking about,

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.

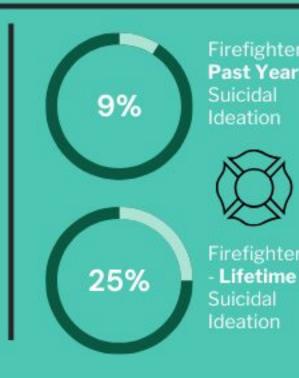


10%

26%









Royal Canadian

Mounted Police -

Suicidal Ideation

Royal Canadian

Lifetime Suicidal

Past Year

Ideation?

Unique occupational hazards that contribute to difficult or unsupportive work environments that are challenging to cope with:

- Exposure to potentially psychologically traumatic events (e.g., threats to their own life, witnessing violence, scenes of accidents, fatalities, suicide).
- harassment, or bullying. Experiencing challenging ethical decisions.

Shift work, extensive public

scrutiny, workplace stigma,



help. Many PSP fear the perception that they cannot handle their job. This stigma can fuel shame and fear of judgement related to mental health.



health.

Suicide Awareness



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

· Emotional detachment from family, friends, and the work organization. Signs to watch for in

your coworker 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.

 Having robust connections to a support network where you can receive and provide support.

· Having a sense of control, meaning,

mattering in one's life.

purpose, responsibility, belonging, and

- 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. How can you help

a coworker? There are several courses designed to

assist in helping talk about mental health

and suicide in the workplace. Some include: Mental Health First Aid Training

Psychological First Aid Training Applied Suicide Intervention Skills **Training**

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.

If you are concerned about someone's

immediate safety, call 9-8-8.

Moving forward - Recommendations

Proactive measures for PSP Leaders Accurately recording data · At present, suicide rates among PSP are · Implement proactive suicide not systematically tracked in death

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 evidenceinformed 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**

health services and support programs

competent in the unique demands of

Prioritize access to high quality healthcare for PSP, including mental

public safety work.

- Suicide
- 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

reporting.

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.





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)

 Hope for Wellness Helpline for Indigenous peoples: 1-855-242-3310 • Trans Lifeline: 1-877-330-6366 PSPNET Canada - Resources tailored for PSP

• Kids Help Phone: 1-800-668-6868 or text CONNECT to 686868

Preventing suicide: Warning signs and how to help

Tools and Resources for PSP Mental Health





Anderson, G. S., Di Nota, P. M., Groll, D., and Carleton, R. N. (2020). Peer support and crisis-

focused psychological intentions designed to mitigate post-traumatic stress injuries among public safety and frontline healthcare personnel: A systematic review. International Journal of Environmental Research and Public Health, 17, pp.7645. https://doi.org/10.3390/ijerph17207645

Chen, Y-Y., Cai, Z, Chang, Q., Canetto, S. S., and Yip, P. S. F. (2021). Caregiving as suicide-prevention: an ecological 20-country study of the association between men's family carework, unemployment, and suicide. Social Psychiatry and Psychiatric Epidemiology, 56, pp.

Psychology, 59(3), 220-231. https://doi.org/10.1037/cap0000136

2185-2198. https://doi.org/10.1007/s00127-021-02095-9 Gray, L., Hatcher, S., Heber, A., McKenny, S. B., Slobodian, A., Weighill, C., and Taylor, N. E. (2019).

Report of the expert panel on police officer deaths by suicide. https://www.publications.gov.on.ca/CL30232 Jamieson, N., Usher, K., Maple, M., and Ratnarajah, D. (2020). Invisible wounds and suicide: Moral injury and veteran mental health. International Journal of Mental Health Nursing, 29, pp. 105-109.

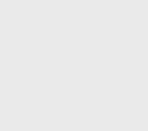
Mental Health Research Canada. (2021). Mental Health During COVID-19 Outbreak: Poll #8. https://www.mhrc.ca/findings-of-poll-8 Mishara, B. L., and Martin, N. (2012). Effects of a comprehensive police suicide program. Crisis,

seat: A grounded theory study exploring moral injury in Canadian public safety communicators, firefighters, and paramedics. International Journal of Environmental Research and Public Health, 18, pp.12145. https://doi.org/10.3390/ijerph182212145 Canadian Institute for Pandemic Health Education and Response

Smith-MacDonald, L, Lentz, L., Malloy, D., Bremault-Phillips, S., Carleton, R. N. (2021). Meat in a

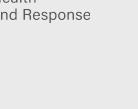
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Carleton, R. N., Afifi, T. O., Turner, S., Taillieu, T., LeBouthillier, D. M., Duranceau, S., Sareen, J., Ricciardelli, R., MacPhee, R. S., Groll, D., Hozempa, K., Brunet, A., Weekes, J. R., Griffiths, C. T., Abrams, K. J., Jones, N. A., Beshai, S., Cramm, H. A., Dobson, K. S., . . . Asmundson, G. J. G. (2018). Suicidal ideation, plans, and attempts among public safety personnel in Canada. Canadian