



SUICIDE FACT SHEET

Understanding suicide

Suicide is the act of taking one's own life voluntarily and intentionally. Talking about suicide can be difficult, and can involve strong or uncomfortable feelings. However, talking about and understanding suicide can help to create safe spaces for people to share their feelings and concerns, which can help reduce the risks of people dying by suicide.

Researchers often examine three aspects of suicidal behaviour: thoughts (ideation), planning, and attempts. Many people understand what is meant by planning and attempts, but suicidal thoughts might mean different things to different people.

Suicidal thoughts might be:

- an early warning sign that someone is feeling a lot of stress;
- caused by experiences which create intense feelings that someone struggles to cope with; or,
- symptoms of a mental health challenge, like major depressive disorder or posttraumatic stress disorder (PTSD)¹.

Suicidal thoughts can be temporary or can last for long periods of time. Suicidal thoughts can make effective problem solving really difficult.

Suicide in public safety personnel (PSP)

Approximately 11 people per day die by suicide in Canada³. We do not know how many Canadians who die by suicide are PSP. We do know that suicidal behaviours (i.e., thoughts, planning, attempts) appear much higher for PSP than the general public². There is also evidence that PSP women and PSP under 30 report more lifetime suicidal behaviours².

Why are PSP different?

PSP face several unique occupational risk factors for suicide, including:

- Regular exposures to potentially psychologically traumatic events;
- Access to weapons and other lethal methods (e.g., medicine);
- A greater prevalence of mental health challenges;
- Shift work, which can disrupt regular sleep and impact mental health;
- A tendency to prioritize helping others over themselves; and,
- Structural stigma and self-stigma against mental health issues is often high in PSP professions.

PSP also have some protective factors associated with their work, including:

- connectedness or a sense of camaraderie with their colleagues;
- social support; and,
- a sense of purpose or duty.

Helping to reduce suicide among PSP

Knowing who is thinking about suicide can be very difficult; however, we can take steps to make talking about suicide and getting help easier.

- Be proactive** – take action to increase education, supports, organizational awareness, self-awareness, and mental health skills.
- Improve access to mental health screening (e.g., regularly use the [CIPSRT self-assessment tools](#)).
 - Increase awareness of suicide and mental health disorders, typically through education and training. Ensure that people know how to ask and how to answer questions like, “Are you feeling suicidal?”
 - Address related factors like access to evidence-based mental health supports, stigma, or cultural barriers.
 - Provide evidence-based or evidence-informed training to people who may encounter distress PSP at increased risk for suicide (e.g., supervisors, peer supporters).

- Be supportive** – take actions that can help to sustain good mental health and well-being, and make sure that PSP have easy access to early evidence-based supports⁴.
- Provide better access to care and improved treatment.
 - Prioritize managing the transitions between work and non-work life.

- Be responsive** – after someone attempts to die by suicide, or dies by suicide, actively work to support the people who may be impacted.
- Provide evidence-based mental health supports, to people, including family, who knew the person who died.
 - Be understanding and compassionate. Ensure that you treat attempts and death by suicide as service-related.
 - Improve media reporting after PSP suicides making the focus more about the person’s service than their deaths.

How to help someone in crisis

Talking openly and directly about suicide can help to determine if someone needs support. If you want to help someone who might be at risk, you should⁵:

- ask if they are having suicidal thoughts;
- listen and show concern;
- reassure them they are not alone and help is available;
- let them know you care; or,
- connect them with help such as a:
 - o crisis line;
 - Canada Suicide Prevention Service (CSC) 1-833-456-4566
 - Canada Suicide Prevention Service (CSC) in Quebec 1-866-APPELLE
 - o trusted person (peer support); or
 - o registered healthcare professional

For more information about suicide, you can access resources from the following organizations:

- [Canadian Association for Suicide Prevention](#)
- [Government of Canada](#)
- [Centre for Addictions and Mental Health](#)

For access to education and training, you can visit:

- [Canadian Institute for Public Safety Research and Treatment](#)
- [Mental Health Commission of Canada](#)
- [L'Association québécoise de prévention du suicide \(AQPS\) - Les formations en prévention du suicide | Association québécoise de prévention du suicide](#)

References

1. Canadian Association for Suicide Prevention. I'm having thoughts of suicide. Retrieved August 6, 2022. <https://suicideprevention.ca/im-having-thoughts-of-suicide/>.
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3. Hatcher, S. (2021). Suicide in Public Safety Personnel what we know, what we think we know and what we don't know. Presented for CIPSRT <https://youtu.be/VNxEaelwe50>
4. Ganz, D., Braquehais, M.D., & Sher, L. (2010). Secondary prevention of suicide. *PLoS Medicine*, 7(6). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2879412/>.
5. Government of Canada. Preventing suicide: Warning signs and how to help. (2022) Retrieved August 6, 2022. <https://www.canada.ca/en/public-health/services/suicide-prevention/warning-signs.html>.