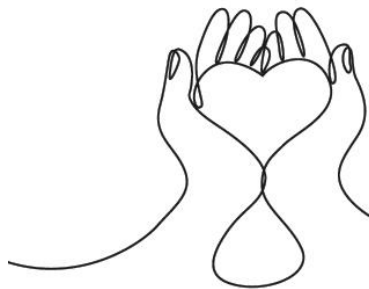


BRIEF INTERVENTIONS TO PREVENT SUICIDE: MILITARY & FIRST RESPONDERS

Suicide prevention is everyone's business



Together, we can create a suicide safer community

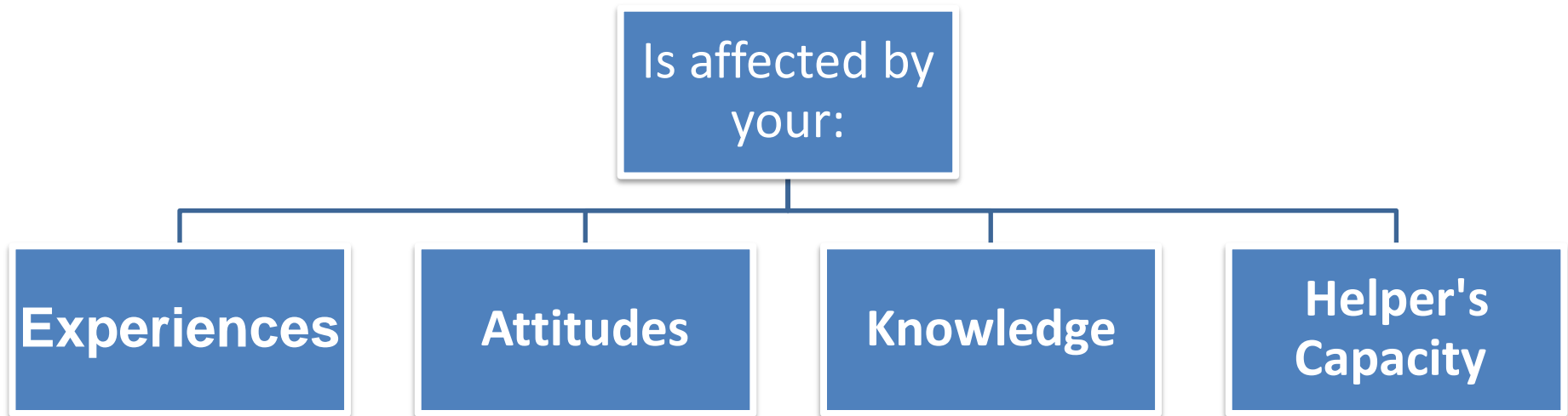
Jenny-Lee Almeida (she/her) Mental Health Educator CMHA-WECB
SafeTALK Instructor & mentor, ASIST Silver trainer and mentor

About This Session....

- Attitudes, Beliefs and Biases
- Suicide data in Canada in the workforce (military, first responders)
- Starting a conversations around suicide..
- Resources & training explored
- Q & A

Write down or bring to your mind's eye 1 or 2 most important things in your life.

Your Readiness To Help Someone Thinking About Suicide



Anyone, anywhere at any time can be at risk of having thoughts of suicide

1 in 20 individuals are currently thinking about suicide. 20% of population.

Most people who consider suicide are not determined to die.

They are undecided about whether to live or die.

Warning signs, invitations may be their way of asking for help or revealing the seriousness of the situation.

Remember there is no ultimate list of warning signs.

Suicide in Canada

approx. **11** PEOPLE die by suicide EACH DAY

approx. **4,000** DEATHS BY SUICIDE PER YEAR



CANADA.CA/HEALTH

Canada

Statistics and Facts

- Active military personnel and veterans of military service are distinct priority populations whose suicide rates exceed those of the general population.
- While men in Canada's general population are more likely to die by suicide than women, the risk for country's male veterans was 1.4 times as high as civilian men
- Younger male veterans (under 55) were most at risk, with a suicide rate 2.5 times as high as civilian men of the same age.
- Female veterans were also at higher risk than civilian females at 1.9 times as high.
- 8% of regular force veterans seriously considered suicide in the previous year, while 21.7 per cent considered suicide in their lifetime.
- First responders experience PTSD 2 times the rate of the average population
- An estimated 22% of all paramedics will develop PTSD

<https://www.veterans.gc.ca/eng/about-vac/research/research-directorate/publications/reports/veteran-suicide-mortality-study-2019>

https://www.suicideinfo.ca/local_resource/first-responders-trauma-intervention-suicide-prevention/

Suicide in the Workforce

Researchers found that suicide rates were highest among individuals working in five major industries:

- Mining, quarrying, and oil and gas extraction
- Construction
- Agriculture, forestry, fishing, and hunting
- Transportation
- Other services, like automotive repair

Suicide risk elevated among those working in six major occupations:

- Construction and extraction jobs
- Installation, maintenance, and repair
- Arts, design, entertainment, sports, and media
- Transportation and material moving
- Protective services
- Health care support

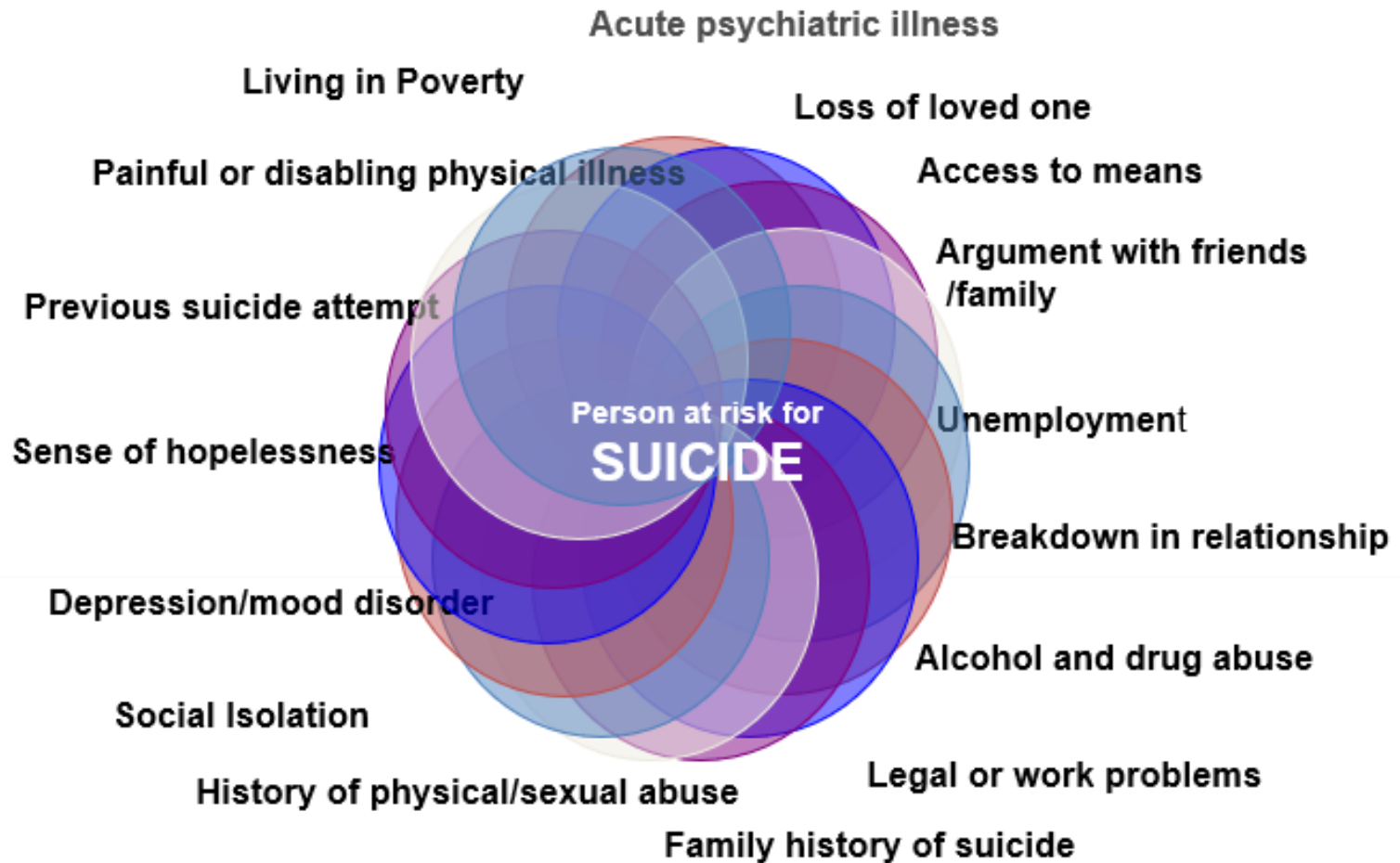
Alcohol use and death by suicide: A meta-analysis of 33 studies

- Alcohol use was associated with a 94% increase in the risk of death by suicide.
- Study found those who drink heavily and more frequently have increased risk of death by suicide, particularly over longer periods of time (Especially underserved/underrepresented populations including women, military personnel and youth).
- Alcohol use is a substantive risk factor for death by suicide and underscores the importance of monitoring alcohol use among individuals experiencing thoughts of suicide and screening for suicidality among heavier alcohol users.

Source: <https://onlinelibrary.wiley.com/doi/abs/10.1111/sltb.12846>

Complexity Of Suicide

Anywhere, Anytime and ANYONE can be a person at risk of SUICIDE





What To Do

Ask about Suicide

- Ask about suicide with care:
- Explore invitations that you may have learned, observed, heard or sensed as reasons to start an open conversation about suicide.

Listen

- Listen with respect:
- Focus on listening to understand.
- Take all suicide threats seriously. Listen and express concern in a nonjudgmental way.

Connect to supports

- Connect individual to supports who are able, available and approachable.
- Peer support
- EAP
- Family

Ways To Start A Conversation About Suicide:

I have been feeling concerned about you lately.

Recently, I have noticed...(invitations)

I wanted to check in with you because you haven't seemed yourself lately..

Questions you can ask:

- When did you begin feeling like this?
- Did something happen that made you start feeling this way?
- How can I best support you right now?
- Have you thought about getting help and whom that may be?

Brief Interventions: Listening

Find out what they are experiencing:

- Ask what they are experiencing to open a conversation and get a sense of what they are going through.
- Some people need more time before they can tell you what they are going through. If that's the case, it's okay.
- They will at least know that you are open, interested in learning about their experience, and want to be there for them.

Brief Interventions: Responding

Ask what they need.

- It's as simple as that. The kind of support they need from you or others will vary and it's important to listen.

Collaborate on options and solutions.

- Ask what they have tried to address the situation.
- Build on their strengths and find out what they see as options.
- Remember that their strengths are still there regardless of what is happening, so it's an opportunity to build on that.

Brief interventions: Address Harm Reduction

Sometimes when we are going through a tough time, we start coping in ways that can be harmful.

- This can include excessive drinking, drug use, or physical self-harm.
- If you see concerning behaviour or habits, you will want to **have a conversation** with them about it and see if there are ways to increase safety.
- You want to **brainstorm options** with them, let them know that you care, and approach this compassionately because they are using this behaviour to help themselves get through their pain.
- **If they do not see this as an issue at first, that's okay.** At least you began a dialogue and that is the first step.

Life protectors & life promoters

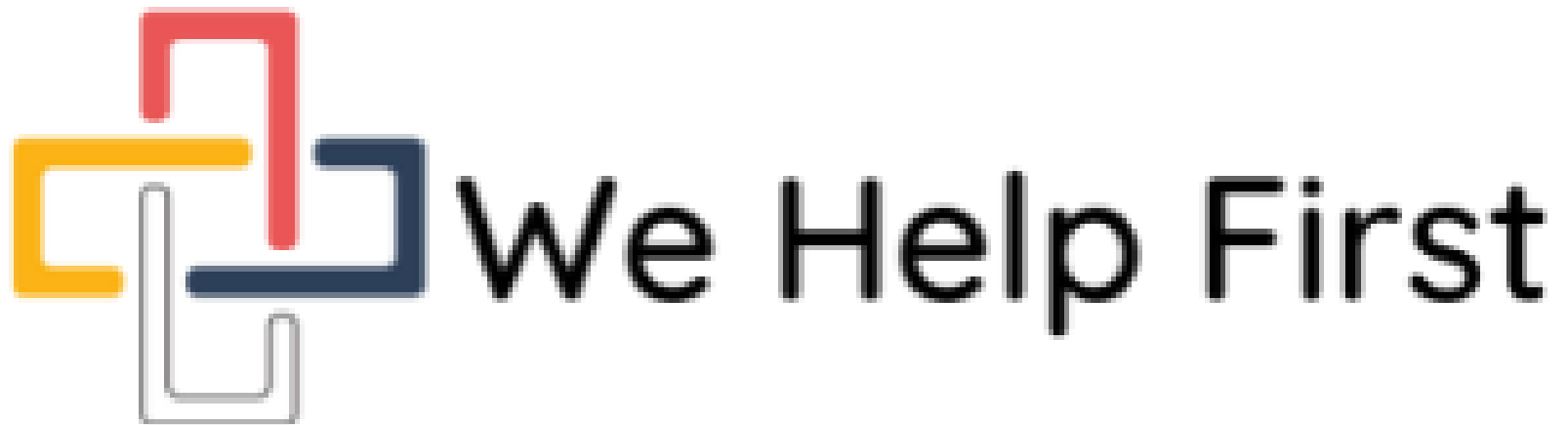
The most important things/people in your life could help create safety for now from suicide.



What Not To Do

- Do not keep it a secret; offer discretion
- Do not sidestep the issue or treat it lightly
- Do not leave the person alone if they have expressed actions to die by suicide or suspect imminent danger.
- Do not offer solutions
- Do not judge
- Do not try to be a therapist
- Do not put yourself in danger

Mental Health Resources for First Responders



<https://wehelpfirst.ca/>

Postvention Supports

Bereavement Education Seminars

Recommended for those seeking grief and bereavement-based services

Focus

Reactions to grief

Realistic expectations when grieving

Healthy coping strategies

Groups

- Adult Grievers Educational Support Group
- Pregnancy & Infant Loss Educational Support Group
- Bereaved Parents of Older Children (Peer Support Group)
- Remember Our Children (ROC) Group
- Spousal Loss Education Support Group
- Spousal Loss After Care Group
- Survivors of Suicide Loss Education Support Group

Griefworks - Children's bereavement program

Support for individual children, families, professional caregivers and the child's social environment

Eligibility

Children and youth (through to high school age), who have experienced a recent loss through death and are a resident of Windsor-Essex

Referral Process

Self-referral, caregivers, community agencies, school boards

Via Coordinated Access

National crisis line for suicide prevention – Talk Suicide Canada and 988

The Government of Canada is investing \$21 million over 5 years (from 2020/21 to 2024/25) in the Centre for Addiction and Mental Health to implement and sustain a fully operational pan-Canadian suicide prevention service with its partners, Crisis Services Canada and the Canadian Mental Health Association.

Talk Suicide Canada currently provides 24/7 suicide crisis support via phone (1-833-456-4566) in English and French, 24 hours a day, 7 days a week and by text (45645) in English and French in the evenings to people in Canada.

The Government of Canada is undertaking the implementation of a national three-digit suicide prevention and mental health crisis line – 988. This shorter number will be easier to remember in times of distress and will provide a simpler way of accessing suicide prevention and mental health crisis support.



LIVINGWORKS
ASIST



LIVINGWORKS
safeTALK

CMHA-WECB will be offering all individuals present at Respect forum FREE ASIST and safeTALK training.

Please see CMHA-WECB information table to reserve your spot (sign up sheet) or email jalmeida@cmha-wecb.on.ca

**If you would like your spouse/partner or support person to receive this training please provide first name and email of individual.

Roots of hope: A community suicide prevention model



The WECSPC (Windsor-Essex County Suicide prevention coalition) will be forming 5 subcommittees. For those interested we have a sign up sheet at the CMHA-WECB table or email:

jalmeida@cmah-wecb.on.ca

The 5 pillars

Means Safety. Identify “hot spots” and implement measures to limit access to the suicide methods being used.

Public Awareness. Create local educational campaigns (e.g., posters, brochures, social media).

Research. Set research priorities, surveillance, and monitoring and evaluation to increase the suicide prevention evidence base.

Specialized Supports. Develop a range of possible prevention, intervention, and postvention services (e.g., peer support, support groups, workplace interventions, and coordinated planning and access to services).

Training and Networks. Provide training and learning opportunities for community gatekeepers (e.g., physicians, first responders, nurses, HR staff and managers, and teachers).

Questions/Discussion



Thank You!



HOW DID WE DO?

www.surveymonkey.com/r/CMHAWECB



<https://windsoriessex.cmha.ca/>



Canadian Mental Health Association - Windsor



@cmhawecb



@cmhawecb



@cmhawecb

References

- Cerel, J., Brown, M.M., Maple, M., Singleton, M., van de Venne, J., Moore, M. and Flaherty, C. (2019), How Many People Are Exposed to Suicide? Suicide Mortality and Coronavirus Disease 2019—A Perfect Storm? JAMA Psychiatry. Published online April 10, 2020. Gunnell, D. et. al.
- Suicide Risk and Prevention During the COVID-19 Pandemic. The Lancet. Published online April 11, 2020 Peterson, C., Sussell, A., Li, J., Schumacher, P. K., Yeoman, K., & Stone, D. M. (2020).
- Suicide rates by industry and occupation – National Violent Death Reporting System, 32 states, 2016. Morbidity and Mortality Weekly Report, 69(3), 57–62
- <https://www.samhsa.gov/sites/default/files/covid19-behavioral-health-disparities-black-latino>
- <https://www.washingtonpost.com/health/2020/06/12/mental-health-george-floyd-census/?arc404=true>
- <https://s21151.pcdn.co/wp-content/uploads/Suicide-Prevention-in-the-Workplace-Deck-2020-07-15.pdf>