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Webinar

Organized by the Canadian Institute for Public Safety Research and Treatment (CIPSRT)

Speaker:
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Suicide in Public Safety Personnel: What we know, what we think we know, and what we don't know

This presentation reviews the literature on suicide in public service personnel, compare what we know with the general population and conclude with suggestions about how to prevent suicides in public safety personnel.

To (re)-see this webinar: https://register.gotowebinar.com/recording/1022581415947569419

There are different ways of thinking about suicide. It can be **a moral problem** - it is done by bad people (suicide was decriminalized in Canada in 1972), **a social problem** - it is the result of social difficulties (suicide rates by country, age, religion, etc. feeling disconnected from society) and **a medical problem** - it is caused by mental illness (figures show that most people who died by suicide had a mental illness).

The current situation in Canada:

- About 11 people a day die of suicide in Canada
- 4012 suicides in 2019 (3540 in 2020 provisional figures)
- 11/100,000 population: it is rare
- Rate hasn't changed much in last ten years
- Of those 4012 suicides 3058 were in men. It is not necessarily link to youth but to gender.

What we know about PSP suicides:

Generally, PSPs most at risk for suicide are male, middle-aged. Because of their profession, PSPs will develop protective factors such as connectedness (sense of belonging to an organization), social support, and a sense of purpose and duty. But they also have unique risk factors for suicide, such as:

- Herds, identity, and uniform
- Stigma (e.g., they don't want to be identified as people they see every day on the street, suffering from mental illness)
- Toxic workplaces (discipline, betrayal, and humiliation)
- Access to weapons and other lethal methods
- Teamwork to help others rather than personal needs
- Occupational exposure to trauma

What we think we know:

PSP's have higher rates of suicide that general population – evidence is variable, and it is hard to know the most appropriate comparison group. Finally, we <u>can't</u> predict who is going to die by suicide.

What we don't know:

Nobody knows how many PSP's die by suicide in Canada. We don't know the role of contagion or how to prevent (chronic) exposure to trauma causing mental injuries.

Suicide prevention in PSP:

1) Before people get to being recognized high risk:
   - Better access and screening for mental disorders
   - Address non-medical factors – toxic organizations, stigma, change culture
   - Train gatekeepers (peer support: "have got your back")

2) When people who are identified as high risk:
   - Better access to care and better treatment
   - Manage transitions between work/non-work better

3) What we do after suicide:
   - Know what to do after a suicide – honor guards, death in service, etc.
   - Improve media reporting after first responder suicides
   - Better monitoring of PSP suicides

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