



City of Vancouver
Fire and Rescue Services

Vancouver
Fire Fighters Association
International Association of Fire Fighters
Local 18



Suicide Awareness

Caring for Yourself and Your Colleagues in the Fire Service

As a retired Fire Chief once said, **“To be in this business, everybody thinks you have to have thick skin and be tough. The main thing I always tell people is, you have to have compassion.”**

Firefighter suicide shakes the very core of the fire service, and its impact can be emotionally and mentally impacting, even debilitating, for those who are left behind to grieve.

There are many myths and misconceptions surrounding suicide that must be addressed and debunked. These include:

- Suicide is a sign of weakness.
- People who commit suicide have no “guts.”
- The family of the deceased should be ashamed or embarrassed.
- Someone who committed suicide took the “easy way out.”
- The person should have asked for help.
- The person was/is looking for attention.

Suicide seems to contradict the very essence of what it takes to be a firefighter: courage, resilience, self-sacrifice, confidence, and the ability to handle the most difficult of situations; but these myths and misconceptions contribute to the ignorance surrounding behavioral and mental health issues and a stigma that can result in the unwillingness of those suffering to ask for help. There is nothing ‘easy’ or ‘weak’ about deciding to commit suicide. Oftentimes someone’s cries for help go unnoticed or are ignored, or the stigma kept them silent.

Across Canada and the US, fire services are coming to see that they need to cultivate an environment of compassion and understanding. Those suffering from behavioral and mental health issues should be able to seek help without the fear of being ridiculed or ostracized, and members should be able to identify the warning signs and symptoms and take necessary action.

The Impact of Suicide

Those in the fire service have two families. One is at the station, where emotions range from excitement, frustration, anger, sadness, depression, content, and pride with those who share the same values. This is a family that any firefighter would risk his or her life for at the fire scene. The other family is the one at home. Firefighters often need to balance the commitment to their fire service family with their personal family and show the same dedication and respect to loved ones as on the job. This seems like a simple task, but most firefighters would agree it is a difficult balancing act. For career firefighters who live close to a third of their life away from home, and volunteer and paid-on-call firefighters who are required to drop everything they are doing when the pager goes off, missing or leaving family events can take its toll.



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When a firefighter takes his or her life, the impact ripples through these two families. There are several surveys of the general public that show that each suicide has a deeply emotional impact on an average of six people. But how many people are significantly affected when a firefighter takes their life? Likely many, many more.

Suicide leaves many questions for the families, friends, and fellow firefighters. Besides wondering “why,” survivors are sometimes left with the guilt of questioning what they missed that could have helped their loved one. A completed suicide cannot be tied back to just one event or factor, but is usually the culmination of a variety of social, mental, emotional and physiological/biochemical factors over time.

The Problem

Too often first responders keep things bottled up. It is entrenched within the fire service culture not to show personal weakness. Firefighters will call a Mayday when they are in trouble in a building but are often silent when they are suffering internally. There is a perception that asking for help will make one appear weak. This is a perception that needs to be changed. If a firefighter can ask for help on the fire ground, he or she should feel comfortable asking for help at the firehouse.

Watching out for each other

Suicide can be prevented, and most suicidal people desperately want to live. They are often just unable to see alternatives to their problems. This is why a change in fire service culture is imperative; firefighters need to feel comfortable asking for help, not only at the scene but also in their personal lives without being seen as weak. Firefighters are faced with emotional needs that are very unique, and many are struggling from work-related stress. When symptoms occur, a firefighter needs a support system in place that is readily accessible from someone who is qualified and truly understands his or her circumstances. For someone on your team, you may be able to be an initial source support.

Watch for signs of immediate risk for suicide

There are some behaviors that may mean a person is at immediate risk for suicide. These three should prompt immediate action:

- Talking about wanting to die or to kill oneself
- Looking for a way to kill oneself, such as searching online or obtaining a gun
- Talking about feeling hopeless or having no reason to live

Other behaviors may also indicate a serious risk, especially if the behavior is new; has increased; and/or seems related to a painful event, loss, or change. They are:

- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings



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Those who hear these statements need to take action to provide assistance.

- Feelings of helplessness - “I can’t do it”
 - Feelings of hopelessness - “I won’t get better”
 - Feelings of worthlessness - “I don’t deserve,” “The world will be better off without me, No one will miss me”
- 90 percent of all suicide victims had other psychological issues they were dealing with at the time.

These include:

- Depression/stress
- Alcohol/substance abuse
- Schizophrenia-psychotic-hallucinations, delusions
- Bi-polar, anxiety disorders
- Mood disorders
- Phobias

Each of these impacts a person’s sense of wellbeing and can alter their view of themselves, their lives, and their future.

Reach out to someone who may be at risk

To help co-workers who may be at risk for suicide, you can take the steps below, depending on what feels most comfortable to you:

- Talk with your MFAP or HR Department or call the city’s EFAP (FSEAP) about your concerns.
- Reach out to the person:
 - o Ask how he or she is doing.
 - o Listen without judging.
 - o Mention changes you have noticed in your co-worker’s behavior and say that you are concerned about his or her emotional well-being.
 - o Suggest that he or she talk with someone in the MFAP, the HR Department, or another mental health professional. Offer to help arrange an appointment and go with the person.
- Continue to stay in contact with the person and pay attention to how he or she is doing.

Needing someone to talk to? Feeling Suicidal?

Contact your Local Lower Mainland Crisis Society 24/7:

ANYWHERE IN BC: 1-800-SUICIDE (1-800-784-2433)

Mental Health Support Line: 310-6789

Online Chat Services (youth): www.youthinbc.com (noon - 1am)

Online Chat Service (adult): www.crisiscentrechat.ca (noon - 1am)

To find a local Counselor visit:

<http://bc-counsellors.force.com/CounsellorSearch>

Employment Assistance Program:

www.HomeWeb.ca / [1.800.663.1142](tel:18006631142).

Visit our very own website for these and many more resources:

Vancouvercism.com

