

The Role of Emergency Medical Services Providers in Preventing Suicide



Jim, a paramedic, responded to a call that was dispatched as a suicide attempt. He found a young woman, her husband, their baby, and an empty bottle of Tylenol. The distraught husband said his wife had taken a large amount of the pills to try to kill herself.

Jim asked the weary-looking woman, Maria, what had

happened. She said she was depressed, had a bad headache, and had taken some Tylenol. Jim asked Maria directly, but compassionately, if she had been trying to kill herself. Maria would not give a clear answer, so Jim asked if she had ever attempted suicide. Then Maria started to cry and said she had attempted when she was a teenager and had vowed to never do it again. But now life was too difficult with the new baby and her husband unemployed, and she just couldn't take it anymore. Jim suggested that Maria and her husband go to the hospital to talk with a doctor to get some help for Maria, and Maria hesitantly agreed.

At the hospital, Jim told the emergency department physician that Maria had taken a large amount of Tylenol, had attempted suicide in the past, and now "just couldn't take it anymore." The physician thanked Jim for the information and said it was helpful.

(Based on the experiences of an EMS provider)

Key Steps to Reduce Suicide Risk among the People You Serve:

- Understand why suicide prevention fits with your role as an emergency medical services (EMS) provider
- Identify patients who may be at risk for suicide
- Respond to patients who may be at risk for suicide or have attempted suicide
- Help suicide loss survivors at the scene
- Consider becoming involved in suicide prevention in your organization and community

Understand Why Suicide Prevention Fits with Your Role as an EMS Provider

Like Jim, EMS providers are often called to situations involving an individual who is suicidal. These include:

- A person is communicating a desire or an intent to attempt suicide
- A person has just made a suicide attempt
- A person has died by suicide

You have an important role to play in all of these situations. First, you are key in addressing any immediate medical needs the patient may have. You can also provide clarity and support to the patient and other people at the scene.



You may also notice and document behavior and suicidal means that may help hospital staff determine the best care for the patient. The vignette about Maria shows how important a sensitive, direct response can be.

Know the facts

Suicide touches everyone—all ages and incomes; all racial, ethnic, and religious groups; and in all parts of the country.

- Suicide takes the lives of about 38,000 Americans each year (CDC, 2010).
- About 465,000 people per year are seen in hospital emergency departments for self-injury (CDC, 2010).
- Each year over 8 million adults think seriously about taking their life, and over 1 million make an attempt (NSDUH, 2011).

However, there is help and hope when individuals, communities, and professionals join forces to prevent suicide.



Identify People Who May Be At Risk for Suicide

Look 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 you to take action right away:

- **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. Ask if the patient has been showing these behaviors:

- 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

(Adapted from National Suicide Prevention Lifeline, [n.d.]

National Suicide Prevention Lifeline

The Lifeline is a 24-hour toll-free phone line for people in suicidal crisis or emotional distress. The phone number is 1-800-273-TALK (8255). For a Lifeline wallet-sized card listing the warning signs of suicide and the toll-free number, go to <http://www.suicidepreventionlifeline.org/getinvolved/materials.aspx>

Be alert to problems that increase suicide risk

Certain problems may increase a person's risk for suicide. Asking if the patient has any of these risk factors can help you assess the current situation more accurately and enable you to provide more complete information to medical staff.

Some of the most significant risk factors to ask about are:

- Prior suicide attempt(s)
- Alcohol and drug abuse
- Mood and anxiety disorders, e.g., depression, post-traumatic stress disorder (PTSD)
- Access to a means to kill oneself, i.e., lethal means

Suicide risk is usually greater among people with more than one risk factor. For individuals who are already at risk, a "triggering" event causing shame or despair may make them more likely to attempt suicide. These events may include relationship problems or breakups, problems at work, financial hardships, legal difficulties, and worsening health. Even though most people with risk factors will not attempt suicide, they should be evaluated by a professional.

(Adapted from Rodgers, 2011 and SPRC, 2008)

Respond to Patients Who May Be At Risk for Suicide or Have Attempted Suicide

Preparing ahead of time

- Review the protocols and procedures required by your organization and in your local area for responding to potential suicides.
- Consult your medical director to learn how you should handle a suicidal patient who refuses to be transported for an evaluation.
- Meet with law enforcement officers to discuss how to work together with suicidal patients, including those who refuse to be transported.

Arriving at the scene

Take all suicide threats and attempts seriously. Follow the recommendations below:

1. **Ensure the safety of everyone present.** This includes working with law enforcement officers to remove any lethal means the patient may have.
2. **Address any serious medical needs first,** for example, if the patient is unconscious or having difficulty breathing.
3. **Establish rapport with the patient.** Talk in a calm, accepting, and supportive manner. Explain what is happening and how you can help.
4. **Assess the patient:**
 - If the patient has just made a suicide attempt, first determine any medical needs and intervene appropriately.

Address Cultural Differences

Differences in cultural background can affect how people respond to problems, the way they talk about death and dying, and their attitudes toward suicide, as well as how they feel about sharing personal information and seeking help. It is important to be aware of these possible differences and tailor your responses accordingly.

For more information on EMS providers addressing cultural differences, see the article "Culturally Competent Care in the Emergency Medical Services."



- Whether or not an attempt has been made, encourage the patient to talk about how he or she is feeling. Acknowledge the feelings and do not judge them. Since patients may be inhibited by the presence of law enforcement officers, it is often best to have officers stay outside the specific area while you are assessing the patient.
 - If the patient has not made an attempt, ask several direct questions to determine the person's risk for attempting, such as "Are you thinking about ending your life (killing yourself)?" and "Do you have a plan?" Do not be afraid to ask these questions. Asking a person about suicide will not encourage him or her to attempt suicide. Many people who are suicidal are relieved to find someone they can talk with about how they are really feeling.
 - Ask whether the patient has been behaving in ways, or having any of the problems, described earlier that indicate potential suicide risk.
5. **Supervise the patient constantly.** If necessary, set up protective measures so that the patient cannot engage in suicidal behavior.
 6. **Collect items** such as toxic substances, alcohol, drugs, or medications that might have been taken (even just empty containers). Bring these items to the hospital to help medical and mental health staff determine the appropriate treatment.
 7. **Transport the patient to the hospital.** Many EMS providers advise that any patient whose words or actions indicate he or she may be suicidal be taken to a hospital for an evaluation. If the situation is unclear or the patient refuses to be treated or transported, follow your organization's protocols and/or call medical direction for assistance.



Documenting your findings

Document all of your findings on the patient's care report, including suicidal statements or behavior, suicide notes, pills, rope, weapons, information provided by people at the scene, and any other evidence showing the person may be suicidal. These findings will be used for the following:

- Patient treatment and support as needed before arriving at the hospital
- Assessment and treatment of the patient by the hospital staff
- Reports on the numbers and types of suicide-related calls to which EMS providers respond

Interacting with family or friends present at the scene

- Family and friends who are present at the scene are often the ones who called EMS. Give them support, reassurance, and a general explanation of what you are doing and will be doing.
- Family and friends may be able to provide you with useful information and help calm the patient.
- You may also want to obtain information directly from the patient, away from others who are present.



Help Suicide Loss Survivors at the Scene

When it is clear that an individual has died by suicide, the police and a medical examiner or coroner become responsible for the body. The EMS providers need to turn their attention to any family or friends of the deceased who are at the scene.

Here are some recommendations for helping survivors:

1. **Establish rapport** and explain that you are there to help. Be sensitive to the feelings of suicide loss survivors. Allow the survivors to express their thoughts and feelings. Convey caring and compassion, provide support, and let them know that their emotions are okay.
2. **Briefly explain the investigation process** that occurs with any unnatural death, including what will happen with the body of their loved one.
3. **Help survivors identify other people** from whom they can get support, such as other family members, close friends, a family physician, or clergy. Offer to contact any of these people.
4. **Provide written information** about community resources they can contact for support, such as mental health providers and suicide survivor groups. Also consider giving them information on coping with a suicide death (see [Suicide Survivor Resource Materials and Support Group Directories](#) in the Resources section of this sheet).
5. **Take care of yourself** after you have left the scene. It is natural that EMS providers may be affected by what they have seen and experienced in helping people who are suicidal and suicide loss survivors. It is important to pay attention to your feelings and get support from other people you trust, such as co-workers, family, friends, or your organization's employee assistance program.

Consider Becoming Involved in Suicide Prevention in Your Organization and Community

Helping individuals who are suicidal is a crucial role for EMS providers. In addition, you may want to participate in broader suicide prevention efforts in your organization and local community. Here are some ways you can get involved:

- Suggest that your employer sponsor a presentation on suicide awareness by a mental health professional for co-workers, community groups, or the general public.
- Identify a gatekeeper training program for your colleagues or members of your local community. Gatekeeper programs help people learn how to identify individuals at risk for suicide and respond appropriately.

Suicide Loss Survivors' Reactions

Survivors of suicide loss include anyone who is close to the person who has died. They will likely experience a mixture of strong and conflicting feelings, including emotional shock, confusion, denial, grief, guilt, blame, anger, and shame. They may show physical and behavioral signs similar to those of victims of other types of emotional trauma.

Helping Your Colleagues

Suicide can occur among your colleagues as well as among the people you serve. EMS providers are at risk for suicide because of the stresses of their jobs. If you notice signs of risk for suicide among your colleagues, you can assist them in receiving help.

For more information on helping co-workers, see the Resources section, including the information sheet [The Role of Co-Workers in Suicide Prevention](#).

- Distribute, to your colleagues and the public, written materials on suicide prevention developed by national organizations, such as the [American Foundation for Suicide Prevention](#), [American Association of Suicidology](#), and [SAVE](#).

Resources

A Guide for Early Responders Supporting Survivors Bereaved by Suicide

By Winnipeg Suicide Prevention Network (2012)

<http://suicideprevention.ca/wp-content/uploads/2014/05/Early-Responder-Final.pdf>

This guide provides information for emergency responders on how survivors of a suicide loss may feel and how to support them.

Connect Suicide Prevention and Intervention Training for Emergency Medical Services and Connect Suicide Postvention Training for Emergency Medical Services

By Connect

Published 2004

<http://www.theconnectprogram.org/training-audiences/suicide-prevention-emergency-medical-services>

The Prevention and Intervention Training is designed to increase the competence of EMS providers in responding to individuals who are suicidal or at high risk for suicide. It includes best practice procedures specific to EMS providers, interactive case scenarios, and discussion on how to integrate key community services for an effective and comprehensive response.

The Postvention Training is designed to support proactive planning to ensure an integrated community response with other key service providers after a suicide death. Participants also learn steps for reducing the risk of suicide contagion.

Each training is six hours and can be tailored for specific audiences. The intended audience includes EMS providers/first responders and fire and safety, search and rescue, and disaster response teams. Participants may include administrative staff, chiefs, superintendents, dispatch, and other responders in a department or facility.

Culturally Competent Care in the Emergency Medical Services

By L. Dees in *Texas EMS Magazine* (2007)

<http://www.dshs.state.tx.us/emstraumasystems/JA07CulturallyCompetentCare.pdf>

This article discusses how culture can affect patients' perceptions of health issues and interactions with health care providers, and the issues that EMS providers need to consider in interacting with people from different cultures.

Emergency Responders Management of Patients Who May Have Attempted Suicide

<http://ispub.com/IJRDM/5/2/5315>

By L. Lipton in the *Internet Journal of Rescue and Disaster Medicine* (2005)

This journal article addresses how EMS providers should work with patients who may have attempted suicide.

QPR for EMS/Firefighters

By QPR Institute (2010)

http://courses.qprinstitute.com/index.php?option=com_zoo&task=item&item_id=11&Itemid=101

This online course covers knowledge and skills that EMS providers and firefighters need to recognize and respond to people who may be suicidal or have attempted suicide, to help the family and friends of individuals who have just died by suicide, and to assist colleagues who may be suicidal. If participants complete just the first two hours of this course, they earn the QPR Gatekeeper for Suicide Prevention Certificate. If they complete the entire course (six to eight hours), they earn the QPR for EMS/Firefighter Certificate in Suicide Prevention.

Suicide Survivor Resource Materials and Support Group Directories

American Association of Suicidology (AAS):

<http://www.suicidology.org/suicide-survivors/suicide-loss-survivors>

American Foundation for Suicide Prevention (AFSP):

<https://afsp.org/find-support/ive-lost-someone/>

Suicide Awareness Voices of Education (SAVE):

<https://www.save.org/what-we-do/grief-support/>

Suicide Warning Signs (wallet card)

By National Suicide Prevention Lifeline (2011)

<http://www.suicidepreventionlifeline.org/getinvolved/materials.aspx>

This wallet-sized card contains the warning signs for suicide and the toll-free number of the National Suicide Prevention Lifeline.

The Role of Co-Workers in Preventing Suicide

By Suicide Prevention Resource Center (published 2006; partially updated 2011)

<http://www.sprc.org/sites/default/files/resource-program/CoWorkers.pdf>

This information sheet helps people in any type of workplace learn how to recognize and respond to the warning signs for suicide in their co-workers.

What Emergency Responders Need to Know about Suicide Loss: A Suicide Postvention Handbook

By T. Salvatore for Montgomery County Emergency Service, Inc., Norristown, PA (2005)

<http://www.co.delaware.pa.us/intercommunity/PDFs/SuicideBooklet.pdf>

This brief handbook on postvention helps police officers, EMS providers, and crisis intervention specialists understand how to help family members, friends, and others close to a person who has just died by suicide.

Textbooks on Emergency Medical Services

Most textbooks for EMS providers include some information on handling behavioral emergencies and specifically on working with people who may be suicidal or who have attempted suicide. This information is usually located in the chapter on behavioral emergencies.

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Web: <http://www.sprc.org> • E-mail: info@sprc.org • Phone: 877-GET-SPRC (438-7772)