

FRONTLINE

Murrumbidgee Suicide Prevention
and Self Care Guide for
First Responders



This manual includes information which may cause distress or be triggering for you. Please reach out to your colleagues, family, friends and other trusted people for support. Alternatively below are some helplines and local services.

Helplines and local services

Free, confidential crisis support can be accessed 24/7 at the below phone numbers:

Mental Healthline – 1800 011 511

Beyond Blue – 1300 224 636

Lifeline – 13 11 14

Suicide Call Back Service – 1300 659 467

Mensline – 1300 78 99 78

Care Leavers Australasia Network (CLAN) – 1800 008 774

The following numbers are not crisis lines but are available in the Murrumbidgee to support you:

Murrumbidgee PHN Central Access and Navigation Service

1800 931 603

(9am-5pm, Monday to Friday except public holidays)

Wellways Helpline

1300 111 500

Free, confidential advice, information and service referral from peer volunteers

(9am-5pm, Monday to Friday except public holidays)

Your organisation Employee Assistance Program and other support:

Murrumbidgee Primary Health Network acknowledges the Traditional Custodians of the land in the Murrumbidgee region. We pay respect to past and present Elders of this land: the Wiradjuri, Yorta Yorta, Baraba Baraba, Wemba Wemba and Nari Nari peoples.

Contents

Introduction.....	2
Local Response Group and After Care Support information.....	3
Safely communicating about suicide.....	4
Common signs someone may need support.....	5
If you are worried someone may be suicidal.....	8
Supporting someone who is bereaved.....	12
Vicarious trauma.....	15
Burnout.....	16
Have you thought about suicide?.....	20
Mental and physical health.....	22
Self care.....	23
Further information.....	25
Quick reference on how to support someone who is suicidal.....	26



Introduction

It is the role of first responders to care for others, but we know these kinds of jobs can take their toll on personal wellbeing and sometimes, can lead to burnout. It is important to look after your own mental health and wellbeing to enable you to do your job and to stay safe and well. Beyond Blue's nationwide 'Answering the call' study found emergency service personnel report suicidal thoughts more than twice as often as adults in the general population. As a result of their work, first responders routinely witness or experience traumatic events such as significant human suffering or the death of others. Although the work of first responders is rewarding and meaningful, it can also be stressful and demanding. One in three first responders have reported experiencing high levels of psychological distress, while one in ten experienced severe and persistent reactions of post-traumatic stress disorder (PTSD), although they may not have recognised this themselves. There are many ways you, as a first responder, can cope with the stresses and challenges that are inherent of the role. You can refer to page 23 of this guide to read more about self care.

This 'Frontline' guide includes local and practical information to assist you as a first responder to suicide and other critical incidents, as well as ensure you are caring for your own wellbeing. This guide can be useful for police officers, firefighters, paramedics, rural fire service and state emergency service volunteers, along with a whole host of other professionals who may come across someone dealing with suicidal crisis or other critical incidents, including but not limited to emergency department staff, nurses, general practitioners, local community groups and many more.

Local Response Group

In the Murrumbidgee we have a Local Response Group (LRG) to respond to the needs of the community after a critical incident as described in the Murrumbidgee Communications and Response protocol. If you are aware of a critical incident, including a suicide within the Murrumbidgee region you can notify the LRG at localresponsegroup@mphn.org.au.

After Suicide Support Program

Wellways Australia provides the After Suicide Support Program in the Murrumbidgee region, providing support to families, friends, workplaces and communities following a death by suicide. The program provides a range of supports including emotional, practical, referral and education. The program is open ended and participants can engage with the program at a time suitable to them, regardless of when or where the death occurred. Referrals to the After Suicide Support Program can be made via email to referrals.thewayback@wellways.org. No referral form needed.

Resources and training

Information regarding evidence based training and electronic resources can be found at

mphn.org.au/mental-health-and-suicide-prevention.

wellways.org/suicide-prevention-training.

To request hard copy resources contact MPHNS via the website

mphn.org.au/contact.

Safely communicating about suicide

When talking about suicide in the community it is important we consider the language we use. Our language can contribute to the stigma surrounding suicide and create feelings of shame or judgement. Rather than saying **committed suicide** you would say **died by suicide** or **suicided**.

Avoiding the words **successful**, **unsuccessful** or **failed**, instead you would say **took their own life**, **suicide attempt** or **a non-fatal suicide attempt**. Certain details provided to the public in relation to a suicide attempt or death can increase the risk of contagion. It is recommended to avoid talking about **specific suicide data**, speaking in **generalised terms** is best, especially when talking about statistics. Do not mention where or how a person has died.

Avoid using words such as **epidemic**, **crisis** or **cluster**, this can create a sense of fear in the community. Instead use **hopeful** messaging and **refer to local supports and referral pathways**.

It is important to capture specific details of an incident which will inevitably include the method, means and surrounding circumstances of an attempt or death. Information such as this can be triggering for the general community, where possible **avoid disclosing details to bystanders, community and the media**. Before divulging certain information, consider the purpose for which they need to know. Simply saying a person has died by suicide is all that is required, particularly when speaking with the media. Wherever possible provide contact details for 24/7 national helplines as well as local Murrumbidgee services and supports. These can be found at the front of this guide.

Common signs someone may need support

People who have had or are currently having thoughts of suicide talk about, or show signs of experiencing some, or all of the following:

- An extreme sense of worthlessness or being a burden on people.
- A sense of hopelessness, that things will never change or get better.
- Withdrawing from everyone, becoming isolated or alone.
- Increased conflict within the workplace, or at home.
- Taking increasing risks, such as excessive alcohol and drug use, or putting themselves in potentially dangerous situations.
- Taking steps towards ending their life, such as giving away possessions, saying goodbye to people, finding ways and means to act on their thoughts.

Noticing any of these signs in yourself or observing them in colleagues, family or friends means it is time to take action to stay safe.



“I just can’t stand it
anymore”

“I just don’t want to be here
anymore”

“Nothing I do is ever right”

“I’m done”

“I’ve just had enough”

“I make everyone’s life
difficult”

“I’m not good enough”

“I’m a burden”

“Everyone would be
better off without me”



"It is important to keep everyone talking, about the good and the bad. But more than that, it is important to listen and be empathetic. You could provide the smile, the hello or the ears that someone needs."

Jodie Payne – Rural Fire Service Volunteer

If you are worried someone may be suicidal

If you have noticed signs or have a feeling someone may be suicidal it is important to follow the steps below.

ACT NOW – firstly, ensure the safety of yourself and others around you. Let the person know you are concerned and want to support them. Don't avoid the situation, trust your gut instinct.

ACKNOWLEDGE YOUR REACTION – learning someone is contemplating suicide can be confronting. A natural reaction may be avoidance, unease, worry or to look for a solution or quick fix. Take some deep breaths, remain calm, if you are not in a position to support the person, find someone who can.

ASK ABOUT SUICIDE DIRECTLY - asking someone if they are having thoughts of suicide is the only way to know what is going on for them. It is important to ask the question directly; *Are you thinking about suicide?* Don't avoid the word suicide. It is a common myth that talking about suicide may put the thought into a person's head, but people with lived experience of suicidal thoughts often say they are relieved when someone asks and they can finally talk about what they are going through without feeling judged. It can be a hard question to ask, but it does save lives.

LISTEN – listening without judgement can be one of the most difficult things to do. It is challenging hearing someone is struggling or in pain and human nature tells us to try to offer a solution. The best thing you can do for someone who is experiencing suicidal thoughts is to be there and to listen, allow them the time and space to find the words to tell you what they are experiencing. Avoid telling the person things like *but you have so much to live for*, as this has the potential to put guilt on them. Try to avoid questioning or statements that may make them feel inadequate, belittled or give the impression you do not take suicide seriously. Some examples of appropriate and helpful ways to respond include;

ENQUIRE ABOUT SAFETY –

Ask:

- Have you thought about how to kill yourself?
- Do you have access to what you need to kill yourself? (The means)
- Have you attempted suicide before?
- What support do you need to stay safe for now?
- Have you recently taken any substances or increased your drug or alcohol use?

If you are worried about the person's immediate safety, do not leave them alone. Always follow the policies and procedures in place with your organisation. If needed and it is safe to do so, transport the person to the nearest emergency department for assistance.

DECIDE WHAT TO DO – talk together about where to from here, and who might be able to help. Discuss who they would like to make contact with such as family or friends to support them. Someone experiencing suicidal thoughts often feels like they are a burden. Remind them you care and are here to support them. Being with them and keeping them safe for now is the most important thing.

TAKE ACTION – it can be difficult for someone experiencing a suicidal crisis to do things on their own. Something as simple as making a phone call can feel overwhelming and impossible, offer to support them with the next steps. It is ok to take the lead on what action you have decided to take.

LOOK AFTER YOURSELF – working as a first responder can take its toll on your own mental wellbeing. Remember the importance of caring for yourself, debrief with your team, connect with your organisation's EAP (Employee Assistance Program) or other organisational supports. Don't forget to reach out to friends and family and practice good self care (page 23).



“I can’t imagine how you are feeling right now, it sounds like things are really difficult for you, I am here to support you in any way that I can.”

“Thank you for being willing to open up to me about what you are going through, and from what you have said it sounds like a really challenging situation. I would like to help you identify some supports to help keep you safe for now.”

Supporting someone who is bereaved

Supporting someone who is recently bereaved by suicide can be challenging. They are often experiencing a range of emotions including distress, sadness, shock, anger and disbelief. For some, communicating with first responders can feel overwhelming and confusing. Because of this, many bereaved people find it difficult to remember what they were told at the time of distress. As a first responder, it can be hard to know what to say especially when there is a job to do.

Below are some helpful tips:

- Speak slowly
- Personalise the interaction – use the name of their loved one
- Try to avoid referring to place of death as a crime scene or evidence
- If possible, provide or offer water, as this can assist with regulating shock and distress
- Where available, utilise and include other support persons, such as a family friend, neighbour, or work mate in communication
- Refer the bereaved person, family, workplace to support services, such as Wellways After Suicide Support Program to assist (page 3).

Finding the balance between doing your job and supporting people who are highly distressed can be challenging and distressing for you. Acknowledge your thoughts and feelings and remember to connect with others and support your own self care (page 23) and wellbeing following the event.





“As we attend so many incidents – fire, accidents and interacting with victims, it is important to be able to talk to your crew, family or friends about things that can be stressful and confronting at times. These events could be a trigger, if someone is not in a good mental state. Being the person who can listen to their story is a helpful start in preventing suicide.”

John Payne – Rural Fire Service Volunteer

Vicarious trauma

Vicarious trauma is trauma symptoms you may experience as a result of being repeatedly exposed to other people's traumatic incidents and/or their stories of trauma. This exposure may, over time, impact your world view or belief systems of how something should be, your resilience, or ability to be able to cope as a result of hearing those stories. Vicarious trauma is not a sign of weakness, rather an indication of working empathetically with people over a period of time. Vicarious trauma is cumulative, it builds up over time and is often experienced by professions such as first responders, mental health workers, family workers, lawyers and workers in the justice system.

Some signs you may be experiencing vicarious trauma:

- Invasive thoughts of a traumatic situation or incident
- Irritable, easily frustrated, short fused
- Interrupted sleep patterns
- Out of the ordinary and preoccupied thoughts
- Difficulty managing personal boundaries
- Work related boundaries - feeling you need to overstep the boundaries of your role
- Difficulty leaving work at the end of the day
- Loss of connection with yourself and others or questioning who you are and your identity
- Increased time alone, not wanting to be around others, disconnecting from others at work and at home
- Stop doing things that make you feel good or disinterest in daily activities

The signs and symptoms of vicarious trauma vary from person to person. For some people, there may be many, while others may experience problems in one particular area of their lives and not others. It is important to look out for the symptoms of vicarious trauma and seek support early.

More information on vicarious trauma including training, resources information and support can be found at: www.blueknot.org.au.

Burnout

Burnout is physical and psychological exhaustion and stress connected to a person's work. It is often prolonged and contributed to by things such as long hours, high stress levels, exposure to distress or trauma. It is important to understand many people experience these things within the work place, sometimes together, other times in isolation. It is really helpful to have an understanding of the impacts of burnout so you and your workplace can be proactive in preventing it from happening. Burnout if left unattended may contribute to lessened productivity, mental health concerns, and high absenteeism.

Some signs of burnout include:

- Physical and emotional stress – unease when going to work (physical or emotional)
- Low job satisfaction – feeling like you just don't want to be there/ less ability to be empathetic
- Feeling frustrated by friends, family or work colleagues
- Feeling under pressure and overwhelmed
- Unable to properly refuel and regenerate – disinterested in remedies that usually assist in managing stress
- Increased absenteeism such as sick days
- Irritability and anger – snapping at others/lower patience levels




TURVEY PARK
472

www.fire.nsw.gov.au





A close-up photograph of a firefighter's shoulder and upper arm. The firefighter is wearing a bright yellow jacket with a dark blue collar. On the shoulder, there are two circular silver medals. A blue and white crest is visible on the sleeve. The background is blurred, showing the red and white colors of a fire truck.

“I hope that people who are finding it hard to cope, will talk to someone. It doesn’t have to be a member of their family or group of friends, it can be anyone who will listen to you.”

Colin Smeeth AFSM – Rural Fire Service Group Captain

Have you thought about suicide?

Sometimes workers in highly stressful, empathetic and traumatic roles can become overwhelmed and feel they are unable to cope. It is normal to experience these feelings at times, but it is really important that if you are noticing signs of not feeling like yourself, or have been thinking about suicide, to seek immediate support.

It can be difficult asking for help, especially when you are the one who is often providing support. You may be worried about what people think or be fearful of not being able to continue to do your job. It is important to remember that to be able to support others, you must also support yourself and make your wellbeing a priority.

Seek help immediately by:

- **Talking to someone:** reach out and tell someone you trust you don't feel okay. It can be difficult to open up, but talking about what you are thinking and feeling can make a big difference. You may consider talking to a loved one, family member, close friend or a colleague.
- **Seeking help:** there are many services available in your community for you. Specific information for your organisation can be written and kept on the inside cover of this guide. Your GP is also a good place to seek help.
- **Finding strategies for coping that work for you:** for many people thoughts of suicide can occur throughout their life. For others, it may be a one-off experience. Learn how to recognise who and what you need when you are feeling this way and seek them out straight away. This can include speaking to someone you trust, or an activity you know supports your wellbeing (music, journalling, exercise).
- **Having hope:** it can feel like no one else understands, but many people have had thoughts about suicide or attempted suicide and survived. Taking the first steps to get help can sometimes be hard, but people do get through this and continue on to live happy and fulfilling lives.

EMERGENCY

EMERGENCY ↓

Mental and physical health

In the same way we monitor, manage and work on our physical health daily, we need to do the same for our mental health and overall wellbeing. Our physical and mental health are strongly connected, taking care of our physical health is scientifically proven to improve our mental wellbeing and vice versa, a decline in one can affect the other.

Staying physically and mentally well in day-to-day life helps make all the difference. Living a healthy lifestyle includes eating and drinking healthily, being physically active, sleeping well, managing stress and staying connected to others.



Self care

Self care is care provided for you by you, a conscious act someone takes in order to promote their own physical, mental and emotional health. It is about identifying what you need to help keep yourself well and connected to your loved ones and community. Self care is about treating yourself as kindly as you treat others.

As first responders you are exposed to a high number of traumatic events and incidents, this can have a significant impact on your own mental health and wellbeing. It can be challenging to identify when you need to take timeout to do activities that make you feel better about yourself, your life situation and your job.

When you are busy and feel like you are constantly on call, caring for yourself is usually put on hold. Caring for others is what you have been trained to do, meaning it can be difficult to know when to say no. By neglecting to prioritise yourself, you risk losing your energy and momentum, it may affect your relationships with friends and family or ability to do your job. To ensure you stay connected to loved ones, are able to perform your job effectively and for the longevity of your career, it is important to maintain a healthy relationship with yourself.

When you avoid doing things that make you feel physically, mentally and emotionally well, you deplete your confidence and self-esteem. This can mean becoming disconnected from your community and the people who can support you.

Caring for yourself shows others they too need to put themselves first and not overextend or overwork. A good way to remember to take time to care for your own wellbeing, is to schedule this in your diary, preplan a day solely for the purpose of doing something you enjoy.

Further information

mphn.org.au

blackdoginstitute.org.au

wellways.org

beyondblue.org.au

kit.wellways.org

ruok.org.au/triple-ok

lifeline.org.au

fortemaustralia.org.au

mensline.org.au

grieflink.org.au

suicidecallbackservice.org.au

headtohealth.gov.au



“I’m here for you”

“We’ll work this out together”

“I am willing to support
you”

“I won’t leave you until
you feel safe”

“Everything is going to be ok”

“We need to keep you safe
right now”

“Are you having suicidal
thoughts?”

“Do you have a plan?”

Quick reference on how to support someone who is suicidal

1. **ACT NOW** – ensure safety, don't hesitate, trust your gut instinct.
2. **Acknowledge your reactions** – take some deep breaths, remain calm.
3. **Ask about suicide directly** – are you having suicidal thoughts?
4. **Listen** – listen without judgement. Don't offer a quick fix.
5. **Enquire about safety** – ask:
 - Have you thought about how to kill yourself?
 - Do you have access to what you need to kill yourself?
 - Have you attempted suicide before?
 - What support do you need to stay safe for now?
 - Any recent or increased drug or alcohol use?
 - If you are worried about the person's immediate safety, do not leave them alone. If needed transport to nearest emergency department for assistance.
6. **Decide what to do** – talk together about where to from here, who can support them?
7. **Take action** – offer to support them with the next step.
8. **Look after yourself** – remember the importance of caring for yourself, practice good self care.