Emergency Responders and Suicide Loss Support

Tony Salvatore

It was early evening and Bill and Sally were worried. Their oldest son had been very down since separating from his wife. After being unable to reach him all day they drove to his condo. The building was surrounded by police cars, ambulances, and fire trucks. The lobby was crowded with emergency responders. They were shunted to a side room. Their questions were ignored. They were told that their son locked himself in the unit and a gunshot had been heard.

Bill pushed his way out of the room. An officer said: "Your son's dead – shot himself in the head." Bill barely had time to share the horrible news with Sally when a detective assailed them with questions. Did you know he was suicidal? Had he made threats? Was he mentally ill? What about drugs? Did you know that he had a gun? Bill numbly answered and then asked about his son. "Coroner's got the body. You can go." As they left, Bill heard the detective tell a TV reporter: "Just a guy who blew his brains out."

This account does not reflect all suicide scenes, but it is typical enough. Nobody should be treated like that. An unnatural death investigation must take place. It may "treat every suicide as a homicide until proven otherwise." Nonetheless, officiousness, indifference, and insensitivity have no place. Compassion and support can be available. A possible source was standing by during Bill and Sally's ordeal.

Amidst the flashing lights that sad night sat an ambulance crewed by two Emergency Medical Technicians (EMTs) and an SUV manned by a Paramedic. As they saw it, there was no patient. They were wrong. There were two people in unbearable trauma and nobody noticed. Nobody sat with them or said that they were sorry for their loss. Of the personnel on the scene, the EMTs and the paramedic were the only trained caregivers, but they were not in a caregiving mode.

The *National Strategy for Suicide Prevention: Goals and Objectives for Action* (2001) noted this problem. Objective 7.5 reads in part "…Increase the proportion of those who provide key services to suicide survivors (e.g., emergency medical technicians…) who have received training that addresses…the unique needs of suicide survivors." A rationale for this objective was provided in a suicide survivors need assessment by the Calgary Health Region in 2005. It found: "Reactions by first responders, such as police, EMS, and Medical Examiner personnel have a lasting impact and can vastly influence the course of recovery."[1]

Since then Wayne Zygowicz, the EMS Chief in Littleton, CO, did some research on the issue. He found that all of the fire rescue personnel in Littleton had responded to a suicide emergency and that 97% had been involved when there was a fatality[2]. Chief Zygowicz surveyed other departments and found that only 3% offered training in dealing with suicide. The need remains.

Five years ago, as a volunteer for Survivors of Suicide, Inc., which serves the metropolitan Philadelphia, PA area, I heard from many individuals like Bill and Sally. I'm on the staff of Montgomery County Emergency Service, Inc. (MCES), in Norristown, PA. It is a crisis facility

that has an EMS and has had been training police in mental health crisis intervention since 1975. EMT training fit our mission. I had the venue. I needed the program.

I talked to EMTs and learned that misinformation about suicide was common in their ranks and that suicide was highly stigmatized. EMTs knew how to medically stabilize an injurious attempt, but they had little understanding of why suicide happened. Some who had been to suicides bore emotional scars. A few wanted to find out more about suicide but none saw any role with survivors. A very few had lost somebody close to suicide, but they just did not want to go there.

Next I looked at the limited research on survivor support needs. This was incorporated into a brief presentation blending SOS's support philosophy, basic crisis intervention, and elements of "psychological first aid." The program addressed these topics:

- Why do suicides happen?
- What are the risk factors of suicide?
- What are the myths of suicide?
- What is different about suicide loss?
- What are the immediate needs of suicide survivors?
- What is postvention "first aid"?
- What are behaviors to avoid?
- What community supports are available?

I also wrote a short handbook, ***What Emergency Responders Need to Know about Suicide Loss*** (www.co.delaware.pa.us/intercommunity/SuicideBooklet.pdf). The presentation has been given many times but, all in all, the booklet has been better received. Many EMTs are part-time volunteers and finding time for training can be a problem. As noted earlier, some EMTs just did not want to revisit memories of past suicide calls.

All this aside, EMTs must be part of the solution rather than part of the problem after a suicide. They will always be in the right place for postvention. No other support resource can match their access. Recently, I published an article in an EMS periodical, which I hoped would rekindle attention to this concern.[3] It did. I received messages from all over the country welcoming the information. Most voiced interest in adding suicide loss postvention to the EMT skill set.

Somewhere a family is beginning the worst time of their lives and the folks who could help them are busy loading their gear back on the truck. Like all emergency responders, those EMTs take great pride in their professionalism, their caring, and their courage. They represent a pervasive potential post-suicide support resource. They will meet the need if we help them recognize it.

We must press for suicide prevention and suicide loss to be covered in initial and ongoing EMT education. We must share our stories with EMTs in our communities listen to theirs. We must drive home the message that suicide is the utterly worst traumatic loss and that constitutes a devastating individual and family crisis requiring attention at the earliest opportunity.

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[1] Davis, C., Hinger, B. ***Assessing the Needs of Survivors of Suicide: A Needs Assessment in the Calgary Health Region (Region 3), Alberta,*** Alberta: Calgary Health Region, 2005.
[2] Thorton, S., EMS and Suicide Aftermath, ***The Denver Post***, January 15, 2009.
[3] Salvatore, T. Life After Suicide: How Emergency Responders can Help Those Left Behind, ***EMS Magazine*** 39(2) 2010, 54-57.