



Research report

Career prevalence and correlates of suicidal thoughts and behaviors among firefighters



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ABSTRACT

Background: Firefighters experience high-risk occupational hazards that may confer increased risk for suicide; however, prevalence rates of suicidal thoughts and behaviors among firefighters are unknown. The purpose of this study is to describe the career prevalence of suicide ideation, plans, attempts, and non-suicidal self-injury among firefighters, in addition to sociodemographic, physical health, and occupational correlates.

Methods: Data were obtained from a cross-sectional convenience sample of 1027 current and retired firefighters who completed a nationwide web-based survey on mental health (mean age=38.49, SD=11.70; 91.2% male; 87.3% White). Sociodemographic, physical health, and occupational correlates were assessed via a structured questionnaire. Suicidal thoughts and behaviors were assessed using a modified version of the Self-Injurious Thoughts and Behaviors Interview-Short Form (SITBI-SF).

Results: The career prevalence estimates of suicide ideation, plans, attempts, and non-suicidal self-injury were found to be 46.8%, 19.2%, 15.5%, and 16.4%, respectively. Key factors associated with increased risk for reporting suicidal thoughts and behaviors included lower firefighter rank, fewer years of firefighter service, membership in an all-volunteer department, a history of professionally responding to a suicide attempt or death, and active duty military status.

Limitations: The current study utilized a cross-sectional convenience sample of firefighters.

Conclusions: Firefighters report an alarmingly high career prevalence of suicidal thoughts and behaviors. Our preliminary data are compelling, indicating the need for additional research as well as increased prevention and treatment efforts among firefighters to decrease suicide risk.

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1. Introduction

1.1. Career prevalence and correlates of suicidal thoughts and behaviors among firefighters

Suicide is a leading preventable cause of death. Each year, more than 800,000 individuals worldwide (World Health Organization, 2014) and approximately 40,000 individuals in the U.S. die by suicide (Centers for Disease Control and Prevention [CDC], 2015). Given the immense public health and personal burden of suicide, prominent leaders in medicine, including the Institute of Medicine (Institute of Medicine, 2002) and the U.S. Surgeon General (US Department of Health and Human Services Office of the Surgeon General and National Action Alliance for Suicide Prevention, 2012), have called for greater inquiry into the causes, prevention, assessment, and treatment of suicidal behavior.

Past research has demonstrated that certain occupational groups, by virtue of job-related exposures and hazards, have differential rates and correlates of suicidal behaviors (Milner et al., 2013). One group that is particularly important to study in terms of suicide is firefighters, in part because firefighters have distinct and traumatic occupational experiences that may confer elevated risk. Current theoretical models of suicide risk suggest that exposure to painful and provocative events inherent in firefighting may lower one's fear of death and elevate one's physical pain tolerance, creating conditions under which suicidal behaviors may emerge (Joiner, 2005; Van Orden et al., 2010). Within this theoretical model, work-life balance difficulties (e.g., shift work) among firefighters may lead to disruptions in familial social support (Regehr et al., 2005), thereby creating conditions under which suicidal ideation may emerge.

Studying suicide among firefighters is especially important given past research demonstrating that firefighters experience elevated rates of psychiatric disorders and symptoms, including depression, excessive alcohol and tobacco use, sleep disturbances,

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and post-traumatic stress disorder (PTSD; Carey et al., 2011; Cornil et al., 1999; Murphy et al., 1999). Among the general population, these conditions confer increased risk for suicidal ideation and both nonfatal and fatal suicide attempts (Nock et al., 2009, 2008a; Van Orden et al., 2010); yet, there are scant data among firefighters in particular. Musk et al. (1978) found that, among firefighters serving in Boston, rates of suicide fatalities were actually lower than those identified in the general population. However, a more recent study has called into question this notion, highlighting that protective service workers – inclusive of firefighters – have among the highest rates of workplace suicide fatalities (Tiesman et al., 2015). In light of these discrepant and preliminary data, and in considering the importance of studying the full continuum of suicidality (i.e., ideation, plans, attempts, NSSI, and fatalities), further research into suicidality among firefighters is warranted.

To our knowledge, only two studies have previously examined suicide ideation among firefighters, finding sleep disturbances as a risk factor (De Barros et al., 2012) and social support as a protective factor (Carpenter et al., 2015). These studies did not report prevalence rates or other key correlates, and they were limited in scope to suicide ideation. Thus, although these preliminary findings and anecdotal evidence suggest possible elevated rates of suicidal thoughts and behaviors among firefighters (Finney et al., 2015; Gist et al., 2011), there has yet to be an empirical investigation of prevalence rates and correlates of suicide ideation, plans, attempts, and non-suicidal self-injury (NSSI) in this unique population.

In this regard, there exists an immense need for greater research into suicide among firefighters. In 2011, the National Fallen Firefighters Foundation (2014) (NFFF) convened a workgroup of researchers, practitioners, and fire service representatives to discuss the state of the science on suicide among firefighters. The workgroup's findings highlighted the dearth of scientific data regarding suicidal thoughts and behaviors among firefighters and underscored the need for a study on their prevalence and correlates (Gist et al., 2011). Understanding the scope of the problem of suicide and its key associated factors is crucial in informing population-relevant screening, prevention, and intervention efforts.

As such, we conducted a nationwide survey on the behavioral and mental health of firefighters, inclusive of full-time, volunteer, and retired firefighters. Our aims were twofold: (1) to determine the career prevalence of suicide ideation, plans, attempts, and NSSI; and (2) to examine the sociodemographic, physical health, and occupational correlates of each of these points that fall along the continuum of suicidal behaviors.

2. Materials and methods

2.1. Participants and procedures

Participants included a convenience sample of 1027 current and retired firefighters who completed a nationwide web-based survey during February 2015 (see Table 1). Individuals were between 18 and 82 years old ($M=38.49$, $SD=11.70$), and 91.2% were male.¹ The majority was non-Hispanic White (87.3%) and married (72.6%), and most respondents reported completing some college (33.5%) or having a 2-(20.3%) or 4-year (26.9%) college degree. Previous or current military service was reported by 26.9% of the sample.

Table 1
Participant sociodemographic, physical health, and occupational characteristics.

Characteristic	Total N=1027	Valid %
Sociodemographic		
<i>Age (M=38.49, SD=11.70, range=18–82)</i>		
18–24 years	142	13.8
25–34 years	277	27.0
35–44 years	296	28.8
45–54 years	215	20.9
55+ years	97	9.4
<i>Sex</i>		
Male	928	91.2
Female	90	8.8
Missing	9	–
<i>Race/ethnicity</i>		
White	897	87.3
Hispanic or Latino	28	2.7
Native American or Alaska Native	82	8.0
Other	20	1.9
<i>Marital status</i>		
Married	746	72.6
Divorced or separated	96	9.3
Widowed	6	0.6
Never married	179	17.4
<i>Education level</i>		
Did not complete high school	7	0.7
High school/GED	86	8.4
Some college	344	33.5
2-year college	208	20.3
4-year college	276	26.9
Post-graduate	105	10.2
Missing	1	–
<i>Military status</i>		
Active duty	93	9.1
Reserves	61	6.0
National guard	22	2.2
Veteran or retiree	89	8.7
Other	10	1.0
Civilian (no military service)	748	73.1
Missing	4	–
Physical health characteristics		
<i>Self-reported medical diagnoses</i>		
Cancer	70	6.8
Chronic pain	136	13.2
Occupational characteristics		
<i>Firefighter rank</i>		
Firefighter I	111	10.8
Firefighter II	203	19.8
Engineer/Technician/Chauffeur	141	13.8
Sergeant	48	4.7
Lieutenant	135	13.2
Captain	138	13.5
Chief officers ^a	166	16.2
Other	82	8.0
Missing	3	–
<i>Firefighter status</i>		
Current	917	89.5
Retired	108	10.5
Missing	2	–
<i>Years of service as firefighter (M=15.74, SD=10.74, range=0.5–60)</i>		
0–10 years	421	41.0
11–20 years	270	26.3
21–30 years	224	21.8

¹ Percentages presented herein are valid percentages, based off the total number of participants who responded to the question. As indicated in Table 1, there were very few missing data (< 1%) among participant variables.

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