



A systematic review of suicidal thoughts and behaviors among police officers, firefighters, EMTs, and paramedics



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HIGHLIGHTS

- Police, firefighters, and EMTs/paramedics experience significant stressors.
- Suicide risk may be elevated among these first responders.
- We review studies examining rates and correlates of suicide among first responders.

ARTICLE INFO

Article history:

Received 3 August 2015

Received in revised form 1 December 2015

Accepted 7 December 2015

Available online 12 December 2015

Keywords:

First responders

Police

Firefighters

Emergency medical technicians

Paramedics

Suicide

ABSTRACT

First responders—police officers, firefighters, emergency medical technicians (EMTs), and paramedics—experience significant job-related stressors and exposures that may confer increased risk for mental health morbidities (e.g., posttraumatic stress disorder [PTSD], suicidal thoughts and behaviors) and hastened mortality (e.g., death by suicide). Inherent in these occupations, however, are also factors (e.g., camaraderie, pre-enlistment screening) that may inoculate against the development or maintenance of psychiatric conditions. Several reviews of the literature have documented the prevalence and potency of PTSD among first responders; the value of these extant reviews is considerable. Nonetheless, the literature has not been systematically described with regard to suicidality. In this systematic review, we present 63 quantitative studies examining suicidal thoughts, behaviors, and/or fatalities among first responders; identify population-specific risk and protective factors; and pinpoint strengths and weaknesses of the existing literature. Findings reveal elevated risk for suicide among first responders; however, studies utilizing more rigorous methodologies (e.g., longitudinal designs, probability sampling strategies) are sorely needed. First responders have an armamentarium of resources to take care of others; it is the duty of researchers, clinicians, and the public to aid in taking care of their health as well, in part by reducing suicide risk.

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1. Introduction

In some jurisdictions within the United States, the ten-code (cf. radio code) for a police officer or other first responder who is in distress and in need of additional assistance is 10–13. Coincidentally, or perhaps purposely, this maps onto the exact chapter and verse of the following excerpt from the Epistle to the Romans: “For whosoever shall call upon the name of the Lord shall be saved” (Rom. 10:13 King James Version). The point here is not about religion but rather about an age-old recognition that our protectors—police officers, firefighters, emergency medical technicians (EMTs), and paramedics¹—need and are themselves deserving of protection and saving in all domains spanning both physical and mental health.

There have been several meta-analyses and scoping reviews of the literature regarding posttraumatic stress disorder (PTSD) among first responders (Berger et al., 2012; Faust & Ven, 2014; Haugen, Evces, & Weiss, 2012; Liu, Tarigan, Bromet, & Kim, 2014). These articles have revealed a dearth of population-specific intervention studies (Haugen et al., 2012) and highlighted the enduring sequelae in the years following the 9/11 terrorist attacks (Liu et al., 2014). These reviews have had an important effect on the field, spurring further inquiry into the causes, prevention, and treatment of PTSD among first responders, including the development of an integrative psychotherapy for the treatment of PTSD among 9/11 first responders (Haugen, Splaun, Evces, & Weiss, 2013; see also Whealin, Ruzek, & Southwick, 2008).

In addition to PTSD, first responders are also susceptible to other psychiatric consequences, including suicidal thoughts and behaviors. Within the general population, over 40,000 individuals die by suicide each year in the U.S. (Centers for Disease Control and Prevention [CDC], 2015); an estimated one million adults make a non-fatal suicide attempt and eight million adults experience serious thoughts of suicide annually (Crosby, Han, Ortega, Parks, & Gfroerer, 2011). Research has consistently demonstrated differential suicide risk across occupational groups (Boxer, Burnett, & Swanson, 1995; Milner, Spittal, Pirkis, & LaMontagne, 2013), with some studies finding relatively higher rates of fatalities among protective services workers (cf. first responders), in particular (Tiesman et al., 2015). However, establishment of a strong evidentiary base has been hampered by conflicting findings, with some studies finding no appreciable increase in risk (e.g., Marzuk, Nock, Leon, Portera, & Tardiff, 2002) and others finding lower rates of suicide as compared to the general population (e.g., Musk, Monson, Peters, & Peters, 1978). Thus, the abundant yet discrepant literature among first responders highlights the necessity of integrating findings across disciplines, research groups, and time periods.

First responders are immensely self-sacrificial and deserving of our deep veneration and careful attention. Several occupational considerations make the study of suicidality among these populations particularly compelling. First, first responder occupations carry inherent risks that pose acute and chronic dangers to one's health and safety: a police officer shields the public from deadly bullets; a firefighter runs into a burning building when everyone else is running out; and EMTs/paramedics are charged with saving someone from a life-threatening situation. Beyond the potential for loss of life, these experiences may also lower one's fear of death, creating conditions under which suicidality emerges (Van Orden et al., 2010). Second, shift-work may cause sleep disturbances and disruptions in familial social support (Vallières, Azaiez, Moreau, LeBlanc, & Morin, 2014), both of which are potent risk factors for suicide (Bernert, Kim, Iwata, & Perlis, 2015; Van Orden et al., 2010). Third, many of these individuals serve more than one of these roles (e.g., a full-time firefighter who is dually certified as an EMT), and these additional occupational hazards may confer additive risk. Fourth, these individuals have access to highly lethal suicide means (e.g., firearms in the case of police officers). Finally, though not exhaustively, first responder groups are overwhelmingly comprised of white males (U.S. Bureau of Labor Statistics, 2015)—the same demographic group that is also at the highest risk for suicide (CDC, 2015).

To the best of our knowledge, no systematic review of the literature exists examining the entire continuum of suicidality (i.e., ideation, attempts, and fatalities) among multiple—indeed, often overlapping—first responder populations. In the absence of a systematic review on these topics, it remains difficult to parse apart nuances within the literature, draw conclusions, and identify future research that is needed in order to better understand and prevent suicide among these important populations. As such, herein we review quantitative data examining suicide among first responders, inclusive of all ranks and titles of police officers, firefighters, EMTs, and paramedics. These handles will be used as general descriptors, though we recognize that essential distinctions exist within these occupations, including, for example, the importance of rank structures. Further, we identify risk (e.g., traumatic exposures), protective (e.g., camaraderie), and organizational (e.g., pre-enlistment screening) factors that are unique to these populations.

2. Methodology

We conducted a comprehensive, systematic search for articles published in English (searches were queried on July 19, 2015). We converged results from four leading databases—PubMed, MEDLINE, PsycINFO, and Sociological Abstracts—using the following search term categories and permutations thereof: *police* (police officer*, detective*, law enforcement), *firefighter* (firefighter*, fireman, firemen), *emergency medical technician/paramedic* (emergency medical technician*, EMT, EMTs, paramedic*, medics), and *suicide* (suicid*, non-suicidal self-injury, NSSI, self-harm). Within PubMed, we used the Medical Subject

¹ Although the roles of military service members are similar, this review will exclude military occupations due to the scope of existing studies and several reviews already published within this area (Bryan et al., 2015; Buckman et al., 2011; Kaylor, King, & King, 1987; Nock et al., 2013), as well as a focus of the current report on first responders. We acknowledge that many individuals will have concurrent or past military service experience.

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