

# Summary Briefing



## Death by Suicide in the UK Fire and Rescue Service

A JOINT PUBLICATION WITH

NOTTINGHAM  
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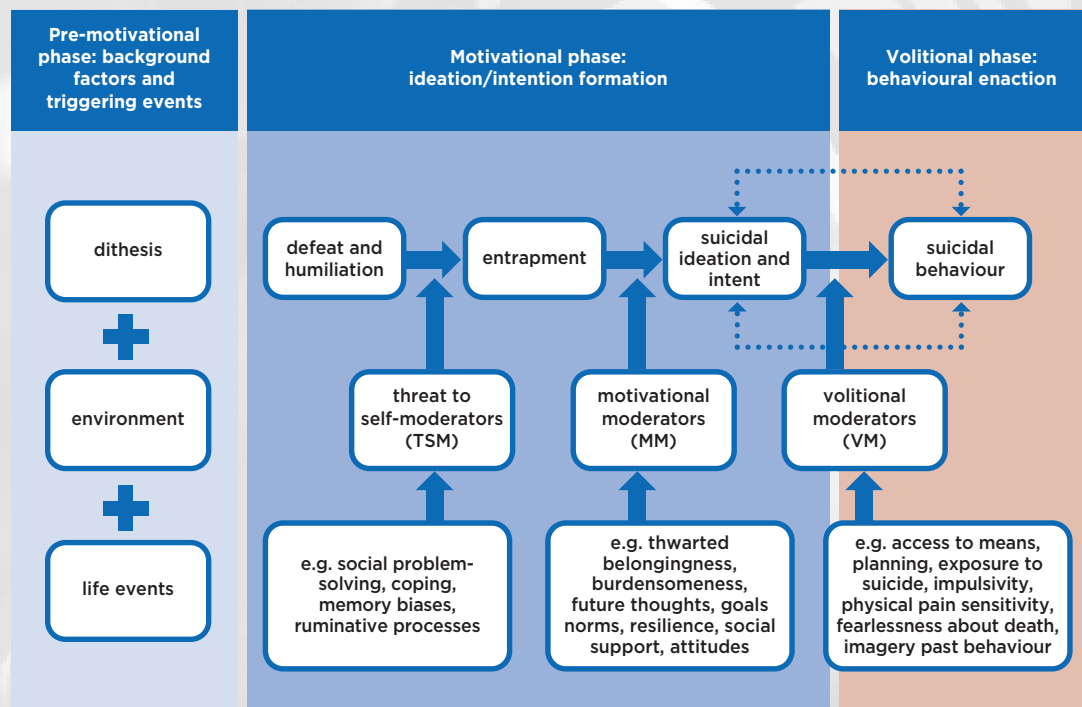
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AFSA commissioned NTU to complete a review of the published literature relating to death by suicide of firefighters. This work forms part of a broader range of ASFA work to understand death by suicide in firefighters.

# WHAT ARE THE CIRCUMSTANCES WHICH DEATH BY SUICIDE ARE LIKELY?

Integrated Motivational-Volitional model (IMV) (O'Connor & Kirtley, 2018).



This considers the broader life context of the individual, when aspects in figure 1 are present, and the individual then has limited personal resources to ameliorate them, the individual has high capacity for pain, then death by suicide can be a higher risk. A supporting system of interventions needs to be built to support individuals through lower-level challenges so that they do not build together and become a larger issue.



## LANGUAGE IS IMPORTANT

**Aligning the words and meaning we use to create a shared understanding is essential.**

**The report details what the differences are between 'death by suicide', 'attempted suicide', 'self-reported suicide risk', 'self-harm' and 'suicidal ideation'.**



## INTERRUPTING PATHWAYS UPSTREAM

**Designing support before the issues interconnect is most effective. Lower-level broader contextual support for relationship breakdown, unemployment, alcohol use, help-seeking behaviour, stigma, ability to express feelings of distress, reframing help-seeking as masculine, processing of anger, apathy, risk-taking, helplessness, worthlessness, desperation and frustration in the face of unsolvable problems, and use of emotional regulation techniques.**



## QUALITY ASSURED GUIDES FOR EMPLOYERS

**Ensuring UK fire and rescue services use quality assured guides for employers on suicide prevention in the workplace, focussing on supportive cultures where employees gain support for issues that collectively increase the risk of death by suicide.**

Recognising different risk and protective factors exist across different ethnic groups as well as levels of power, access or advocacy within support systems. Strategies promoting good psychological health reduces stigma, especially for men, to seek help. Strategies should be designed to be proactive and opt-out rather than opt-in, promoting the need to proactively talk and ask about suicide, ensuring guidance

and safety plans are widely available and signposted across occupational and key stakeholders.

Organisational suicide prevention awareness training including how to talk to someone about suicide behaviours and should be supplemented with organisation specific signposting to relevant internal or external services.



## WHAT WORKS?

**Investing resources and support for 'upstream' issues is the most effective method of suicide prevention. This means providing opportunities and methods for people to be supported as they work through issues such as relationship breakdown, financial difficulties or changes in employment status. Providing support for these issues as they develop helps prevent their accumulation. Creating an environment where people feel a sense of connectedness, belonging and are valued is the most powerful approach to suicide prevention.**





A summary of evidence reviewed to inform our understanding of death by suicide in the UK Fire and Rescue Service formed **17 recommendations**:

- 1) The UK Fire and Rescue Service should continue to develop their coordinated, development of policy framework to support the psychological health of the UK fire sector through the National Fire Chiefs Council, The Fire Fighters Charity and other key stakeholders.
- 2) A sector wide coordination and implementation plan should be developed with an extensive and well-resourced quality assured approach to prevent failure and fracture points should be carried out and compared against the reviewed evidence.
- 3) The UK Fire and Rescue Service, the Fire Fighters Charity and the National Fire Chiefs Council should implement a framework of quality assurance to support occupational health departments across the UK Fire and Rescue Services to ensure that a range of interventions are available to individuals to support them through a range of difficulties, to prevent the accumulation of issues which could lead to a pathway to death by suicide.
- 4) The UK Fire and Rescue Service, the Fire Fighters Charity and the project review group should consider this report, and the outputs of other relevant documents, practitioner research, and policy reviews, and consider the further development of a national approach to supporting the psychological health and support pathways across the UK Fire and Rescue Services.
- 5) Consultations involving key stakeholders should take place to address the ethical and sensitive nature of this topic area and ensure sensitivity is forefront in the discussions of policy and the wider project.
- 6) There needs to be central coordination of the development, implementation and quality assurance of occupational health and wellbeing initiatives or pathways between the key stakeholder groups to ensure that any individual on a pathway or being signposted is not missed between partners or between initiatives.
- 7) Full reviews of the criteria and definitions of death by suicide should be undertaken across the project, key stakeholder groups and any intervention policies within individual FRSs, to ensure a shared understanding of death by suicide and its associated related issues is established, to ensure a coordination.
- 8) As alcohol and substances have been established as causing an increased risk of death by suicide, interventions and support should be designed so that those who are identified or self-identify as an issue with substances and alcohol can receive confidential support.
- 9) Relationship breakdown is a major factor in many death by suicide, these challenges may benefit from the development of compassionate policies which allow staff to manage life around difficult (including financial and practical) times.
- 10) Coordinated, informed, evidence-based plans should be developed across the stakeholder groups to break down stigma attached to suicidal behaviour and provide safe spaces to talk and gain support.
- 11) Support and interventions should be proactive and recognise the effect of traumatic events and should not wait for people to come forward as this may only be at crisis points, rather than upstream where interventions are more effective.
- 12) As males are at greater risk, especially middle-aged males, interventions must be in a format suitable for that demographic and overcomes the stigma of asking for help (see above about proactive framing, although this should not take a mandatory approach, rather an opt-out rather than opt-in approach).
- 13) A coordinated, cross stakeholder campaign which aims to upskill staff in peer-based death by suicide prevention e.g. increasing confidence in talking about it, would educate and engage the fire sector to break down the stigma, increase access to support, and encourages staff to look out for each other. An option might be to commission a specialist organisation such as Zero Suicide Alliance to develop short training videos with scenarios within the context of the fire service.
- 14) Safety plan exemplars should be developed and made widely available online through occupational health websites, key stakeholder support websites, and through services employee assistance programme.
- 15) Developing coordinated, clear communications on options for accessing the right support throughout the sector is vital to ensure the messages of support and help reach those at risk of death by suicide. Crucially this should be confidential and not identify those who use that support to anyone outside their wishes of disclosure.
- 16) There should be a coordinated effort to ensure that current wellbeing checks and stakeholder services in place across the sector consider the potential risks around suicide and signposting for services.
- 17) This review considered protected characteristics in the context of death by suicide. As the recording of this information on the death certificate is not practiced in the UK, more work on this area should be conducted to understand any relationship.