

Friday Night [under the] Lights... 2015



Tough Friday...

This is a hard Friday message this week. I want to discuss something that's really hard to talk about but vitally important for all of us, our friends, co-workers and families...

As many of you know, our Communications colleagues have developed a weekly Leadership Message that goes out to all of AMR. A group of us takes turns writing about things that are important to our organization, topics of importance or contemporary issues we're facing.

For many reasons, I wrote the toughest message I think I've ever written about at AMR yesterday.

What I didn't expect were the responses to what I wrote.

Here's the message I sent (I'm sorry if you read this yesterday):

When we need us...

I want to have a tough discussion today. This is perhaps the most important communication I'll have with you all year.

This is about us. You & Me.

Our organization, our AMR family, has embraced a mission to make a difference by caring for people in need. Everything we do, regardless of our role, our profession or our location is focused on doing as much as we possibly can to make people's lives better. Whether we work directly with patients or provide the crucial support to make the patient care happen, our goal is aligned. We are in the make-people-better business.

It's not an easy commitment. Any of us could have chosen to help people in different ways by providing support for them in something like retail, entertainment or education, for example. All vitally important, but so much different than healthcare.

We've chosen to help people when something goes wrong. When a small clot suddenly stops circulation to a loved one's brain and they can no longer speak or recognize their family. When a kid is tragically struck by a car and lies motionless in a street. When an elderly person vomits blood and wonders if it signals a catastrophic life-ending event. We even help when there's no real significant health risk, but we have the tools to provide information, guidance or just reassurance.

I'm writing this today because we have recently lost members of our AMR family who have taken their own lives. It makes me so unbelievably sad. What our organization, our AMR family, does is the most admirable of work. We help to bring order to chaos, relief to fear and security to the unknown. We collectively have both the desire and knowledge to help – especially in the toughest of circumstances.

The intensity of those efforts and the emotional strain they can cause are significant. When you pile on the physical demands of a 24/7 requirement to care for our patients, and the personal impact on our own friends and family, the pressure can become overwhelming. While all of us as caregivers are taught to recognize this pain and use our compassion and skills to help our patients, we don't reach out for help ourselves or we're reluctant to "get into someone's space" if we sense they're going through tough times.

One of the hazards of our chosen profession is the acute or chronic impact of what we see and what we do every day. While we try as hard as we can to minimize the personal impact (we're taught from Day One to stay strong – "it's part of the job"), sometimes those challenges – that deep personal pain, becomes so overbearing that it creates a real sense of despair...

That's when we need *us*.

I think one of the most important cultural traits we should cherish as an AMR family is our ability and our drive to look out for one another, embrace those that need our help and always remember that the tools we provide for our patients work for us as well. It's tough for us to reach out (remember, we're taught from Day One to stay strong). While we may feel like it's a weakness, all of us know that those that seek help have demonstrated significant strength. How many times do we say to our patients – "I'm proud of you for reaching out."?

There are many really good ways to connect with people and programs that have the tools to help us navigate tough times. One of the important components of those programs is a commitment to privacy. AMR has a robust Employee Assistance Program (EAP) that's available to all of us. There's also a wonderful organization called Code Green (<http://codegreencampaign.org/>) founded and managed by EMS Providers specifically for our profession. They have a tremendous list of 24/7 options that can provide help, whenever we need it most. I'd encourage you to look at their website – it's nice to know that help is there. I suggest putting their number in your contacts: 1-877-230-6060.

I did.

There are several more on the site that you may be interested in as well.

It's difficult, if not impossible, for most of us to know how much pain these folks must have had. Our colleagues in mental health remind us that a sense of despair is extremely powerful and can dominate everything in a person's life.

They also remind us that there's one thing that's even more powerful – Our ability to intervene, provide support, carry our fellow human beings through tough times and help craft a future that's free of that despair and allows them to live a fulfilling, happy life.

Tragedies like this cause us to pause and think. Perhaps the most important part of my message is to remind ourselves of the tremendous comfort and importance of looking out for one another and to open our arms, our hearts and our expertise in recognition, treatment and support for each other. If we're worried that one of our AMR family needs some help, let's do what we do best: Make that difference by caring for people in need.

That's what families do. It's when *we* need *us*.

Ed

It took me more than a week to figure out what to say and how to say it. I wanted to be respectful of the co-workers, friends and family who knew and loved those that took their lives. I wanted to raise awareness of the issue – take a minute to convince all of us that this is an issue that we ALL have to pay attention to and we ALL have the potential to literally change the course of a potential tragedy.

I personally spent some time reviewing the literature, exploring what other organizations have done and trying to better understand the problem and what we can do to help. I was embarrassed at some of the things I didn't know. Like many diseases and health problems, we sometimes don't dig deeply unless it's a front burner issue.

The message above went out yesterday afternoon.

I don't think I've ever received as many comments back from anything I've written about. I have to tell you – I was blown away by the volume of responses. But it wasn't just the volume – I was struck by the sincerity and concern, the personal, emotional discussions and some very practical observations.

I always appreciate those of you that take a minute to comment – or validate that I'm not off base. Writing can sometimes feel one way and when it turns into dialogue, it helps me maintain the right focus.

For those of you that wrote to me about your own personal experiences with someone who took their own life, you reminded me how devastating this is for survivors and loved ones. The pain never goes away – the memories of the events are excruciatingly painful, the never-answered question of “why” will forever be unanswered and the personal struggle with “what ifs” is so hard.

It was really sad to hear a few of the stories about other AMR friends and colleagues that have taken their lives in the past – One this past Saturday (*R - I know you're reading this and I'm really sorry*).

I was reminded that we are often the people who respond to the call and when we arrive, we face not only the complexity of the call, but the emotional shock of responding to a coworker or a friend and seeing them in that moment. You reminded me that the image will never, ever go away.

I also got some frank discussion about the types of resources we have available to help in times of need and the concerns about how they can sometimes be challenging to navigate or get the kind of help you need. I especially appreciate those of you that wrote about this.

I feel obligated to you to help fix that. As a matter of fact, I can tell you that this discussion has been top of mind for all of us in AMR – Starting at the very top.

Truth be told, the very first person to call me a few weeks ago – the reason all of us even started looking – was Ted Van Horne. So when I say this has the attention and support from the top, it's because “the top” was the first one wanting to help... Ted, Richard Barr, Leslie Mueller, Ron Thackery, Lori Burns and several others of us have been having discussions since then about how we can help and how to make sure we do everything we can, in AMR and in EMS as a profession, to support efforts to make a difference.

I was also really, *really* impressed by the number of folks from the entire organization (from field providers to communications, to finance, to Access2Care to ops supervisors) who offered to help in any way they could, who posted number in stations and crew quarters and comm and asked what they could do help make a difference.

So... There are some important facts about suicide that we should all know. These facts help keep us on the lookout for those at risk, help us understand the complexities of the problem and arm us with critically important knowledge to care for each other...

- Per the CDC, in 2013, there were 41,149 deaths by suicide in the United States. Suicide is the 10th leading cause of death (homicide ranks 16th). It is the second leading cause of death for 15 - 24 year olds.
- Every day, approximately 105 Americans die by suicide
- There is one death by suicide every 13 minutes in the US
- There is one suicide for every estimated 25 suicide attempts. (CDC)

- An estimated quarter million people each year become suicide survivors (AAS).
- There is one suicide for every estimated 4 suicide attempts in the elderly. (CDC)
- Over 800,000 people die by suicide every year. (WHO)
- There is one death by suicide in the world every 40 seconds. (WHO)
- Suicide is the 3rd leading cause of death in the world for those aged 15-44 years. (WHO)
- Suicide among males is 4x's higher than among females. Male deaths represent 79% of all US suicides. (CDC)
- Firearms are the most commonly used method of suicide among males (51%). (CDC)
- Access to firearms is associated with a significantly increased risk of suicide. (NAMI)
- Females are more likely than males to have had suicidal thoughts. (CDC)
- Females experience depression at roughly 2x's the rate of men.(SMH)
- Females attempt suicide 3x's as often as males. (CDC)
- Poisoning is the most common method of suicide for females. (CDC)
- Depression (a significant risk factor) can affect 20-25% of us in a given year
- Unfortunately, according to NAMI, only half of those people experiencing major depression seek treatment
- BUT (this is really important) 80-90% of people that seek treatment for depression are treated successfully using therapy and/or medication. (TAPS study)
- Finally (I didn't know this) - Depression is the leading cause of disability worldwide. (WHO)

(Sources: CDC – Center for Disease Control, WHO - World Health Organization, AAS – American Association of Suicidology, NAMI- National Alliance on Mental Illness, NIMH – National Institute of Mental Health, SMH – Screening for Mental Health).

While the problem of suicide is extremely complex, we understand quite a bit about risk factors and indications requiring immediate help.

You probably know that many people have fleeting thoughts of death. Fleeting thoughts of death are less of a problem and are much different from actively planning to commit suicide. A person's risk of committing suicide is increased if they frequently think about killing themselves or have a definite plan or approach.

An important part of understanding suicide is the feeling of despair. Most people who seriously consider suicide don't want to end their lives. *They want to end their pain.*

They may see suicide as the only solution to their problems. They feel hopeless, helpless, and worthless. A person who feels hopeless believes that no one can help their problems. A person who feels helpless feels lost and unable to take steps to solve problems. A person who feels worthless is overwhelmed with a sense of personal failure.

There are some well-described risk factors for suicide:

- A personal or family history of suicide attempts or completed suicide
- A personal or family history of severe anxiety, depression, or other mental health problem, such as bipolar disorder (manic-depressive illness) or schizophrenia
- An alcohol or substance abuse problem
- A history of significant depression

It's important to remember that not all people that experience the above challenges are suicidal, nor do all patients who commit suicide have one of the above. But the risk factors should heighten our awareness of the potential.

So, what can we all do?

- Be aware – Especially those we know work with or are around often. We have the best opportunity to identify the risk factors.
- If you're worried – Act. Sometimes the simple act of someone showing interest can open up critical moments of communication.
- Understand, and share, the opportunities for help, treatment and support.
- Applaud those that reach out for help. That's something we, as a profession, want to encourage and culturalize (I made the word up but it's exactly the message I want to communicate).
- Remember how successful an intervention or treatment can be. Remember that there are so many success stories – We have to seize the opportunity to help

Finally, the newly formed Code Green Campaign is a wonderful source of immediate help and support for First Responders who are struggling - The Code Green Campaign takes its name from the color of the mental health awareness ribbon, and from the "code alerts" that EMS uses to designate an emergency patient. It was founded by EMS Providers FOR EMS Providers.

The campaign has two goals.

- Raise awareness of the high rate of mental health issues, substance abuse and suicide among first responders.
- Provide education for responders on how to provide care for themselves and recognize issues in their peers.



“The campaign raises awareness by giving first responders an outlet to tell the story of their mental health issues anonymously, and then republishing those stories so they can be viewed by everyone. This allows us to see what each other have really gone through, and allows those of us who are struggling to understand that we are not alone. It also allows those who do not have firsthand experience with mental health issues to see that mental health issues can affect anyone, which will hopefully decrease the stigma.”

Thanks for reading tonight. We work hard to make the lives of people in our communities better. We will do the same for each other.

And if anyone ever needs to talk, I'm at 303.495.1202.

That's it from my world.

Take good care of yourself, your friends, your family and each other.

Especially when *we* need *us*.

Ed

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