



Shepherd Care®

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To Care for People Where They Live and Work

COMMUNITY Care TOPIC

Suicide, Why?

Suicide can be a traumatic event for anyone to deal with, especially family members, 911 dispatch workers, first responders, mental health employees, EMS and law enforcement, and others close to the individual. By looking at this volatile subject, it is the hope that understanding, and support can be brought to bear upon all involved.

It is understood that intense stresses of life could lead to bad outcomes such as suicide. But according to a recent study, mental disorders, including depression, and drug and alcohol abuse, are linked to a higher risk of suicide.

For those contemplating termination for their life, they need to consider how their death would affect those around them and the possible cost and future consequences in case the attempt fails.

How to Deal with Suicide?

Suicide is a loss that often leads to little closure. It is more than an unfortunate accident. It is a selfish individual choice which has multiple community ramifications.

- Prevention? - There is guilt often associated with after a suicide. We need to remember that though there could be room for improvement, a person cannot know everything. It was that individual's choice and we are just bystanders, however closely involved.
- The Fallout - Asking why and what could I have done to intervene allows us to learn from the event. We can implement new procedures. It can also cause great guilt and anxiety.

- Connection - No man is an island. There are people to turn to for support before, during, and after. If none are available locally, consider forming a local support group, even among co-workers, to rely and share when in need to deal with processing this event. Mental Health agencies can offer support and counseling.
- Stability and Support- With sufficient care the person encountering this event can work through the feelings, pain, and thoughts associated with the loss.
- Post-Traumatic Stress (PTSD)- The person interacting with someone considering suicide, say a 911 Call Dispatcher, first responders to the scene, and family members who discover or identify the body, can often experience symptoms such as disturbing recurring flashbacks, avoidance or numbing of memories of the event, and high levels of anxiety that continue for more than a month after the traumatic event.
- Mandated Reporting- The typical reporting situations that activate mandatory reporting are 1.) A danger to self, as in suicide threats/thoughts. 2.) Planning the event (as in they have obtained pills). 3.) A history of past suicide attempts. *See applicable state or local laws for specifics.*
- Memorials- Life must go on. Step by step, keep moving forward is needed. The path is not always clear, but progress is important. We can live each day with purpose, to honor the life and memory of our departed loved one. Yes, the fading and passing of life will happen, but while we live, it remains up to us, the living, to live.

Ultimately we just need to try our best to learn from the critical and distressing event so our lives can move on. We must not become a secondhand causality.

Introducing your Community Chaplain

Eric Kieselbach

(pronounced "key-sill-baa")

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"Suicide is a permanent solution to a temporary problem. Suicide is a choice and I think if we work with that with kids, we'll get somewhere."

Peter Lynch

"I call heaven and earth to record this day against you, that I set before you life and death, blessing and cursing: therefore choose life, that both thou and thy seed may live."

Deuteronomy 30:19

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