

On the application of psychological first aid skills in suicide alarm

Jie YAN

Criminal Investigation Department of the Xi'an City Public Security Bureau, Xi'an 710016, China

Abstract: With the rapid development of society and the accelerated pace of life, the number of suicide cases handled by the police is also on the rise. The author tries to apply the skills and methods of psychological first aid to deal with this kind of police situation from the psychological perspective, and puts forward practical countermeasures and suggestions, with a view to improving the command ability and field disposal level of police officers and ensuring the life safety of the people to the maximum extent.

Key words: psychological first aid; suicide; police; practical application

1 Introduction

In the daily work of public security organs, it is particularly difficult to deal with suicide-related police situations, and at the same time, it also puts forward higher work requirements for police officers. The reasons are as follows: First, the responsibility is immense. Every suicide alarm is not only related to personal life safety, but also to the peace of family and society. The second is that the situations are often complex. Many suicide-related police situations require close coordination and cooperation between public security organs, fire departments, medical institutions, and other relevant departments to ensure a smooth and effective response. The third is that the disposal of such situations is extremely difficult. There are many uncertain factors at the scene, and any negligence by the police officers at the scene will be infinitely magnified by the onlookers and the media. The fourth is great pressure. This kind of police situation can easily lead to police-related public opinion, and even accusations against the police, which brings great psychological pressure to the police. Therefore, how to deal with this kind of alarm successfully, efficiently and safely in a short period of time is an important issue facing the public security organs.

2 The basic content of suicide alarm

2.1 The definition of suicide

WHO (World Health Organization) defined suicide as a spontaneous and intentional action, and the actor himself fully understands or expects the fatal consequences of this action [1]. CCMD- II -R pointed out that suicide has the following characteristics: first, deliberate; second, the results of suicide behavior are death, disability and recovery after treatment; third, there must be suicidal and self-harm behavior; fourth, there is no contradiction between suicide and mental disorder [2].

In a narrow sense, suicide can be limited to suicidal behavior with fatal results. In a broad sense, suicide includes

suicidal ideation, suicidal attempt and fatal suicidal behavior. In this paper, the generalized suicide is collectively referred to as "suicide-related behavior".

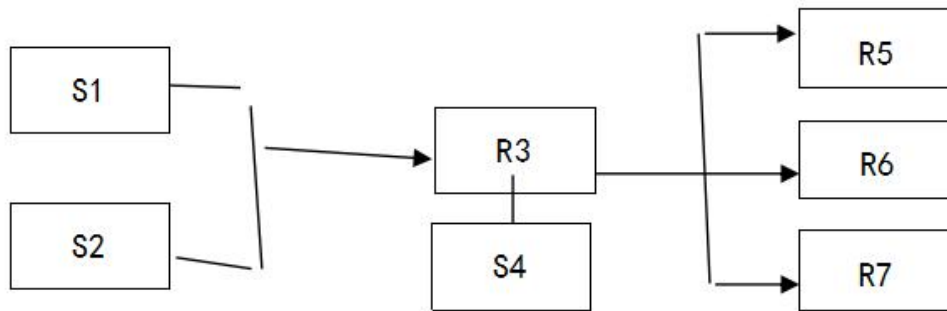
2.2 Related data links

According to WHO data, at least 700,000 people worldwide die of suicide every year, 9.2 out of every 100 people will have suicidal thoughts at some point in their lives, and 2.7 people will put suicide into practice. According to *China Health Statistics Yearbook 2020*, in 2019, the suicide rate in China was 41.6/100,000, and that in rural areas was 7.04/100,000. In 2022, the 110 Command Center of a city public security bureau in northwest China received more than 2,800 suicide alarms, which accounted for a certain proportion in the public security organs. There are generally three ways to call the police: Individuals call the police themselves, relatives and friends call the police, passers-by or netizens call the police, and the ways are jumping off a building, cutting ones' wrists or drinking medicine.

3 Assessing suicide risk from a psychological perspective

As a global public health problem, suicide urgently needs a comprehensive theoretical model to describe and explain the occurrence process of suicide, so as to promote the study of suicide. This paper explains the occurrence process of suicide behavior from the aspects of cognitive model of suicide behavior and risk assessment of suicide schema.

3.1 S-R suicide psychological model



S (stimulus)-R (reaction) suicide psychological model

Conditional stimulus 1: the conflict dilemma of events or psychological behavior

Conditional stimulus 2: I can't solve it with all my strength.

Conditional response 3: Suicide motive

Conditional stimulus 4: firing pin event

Conditional response 5: self-abuse behavior

Conditional reaction 6: Self-harm behavior

Conditional response 7: Suicide.

3.2 The start of the suicide equation

In the presence of conditioned stimuli 1 and 2, conditioned response 3 occurs. This exciting process of S (stimulus) -R (response) is called suicide equation. The idea of the client's death is from shallow to deep, from slight to serious, and the central turning point is the construction of the "suicide equation". When the person encounters a traumatic event or is in a traumatic state and meets the preset conditions of the suicide equation, there will be suicidal thoughts. After the person internalizes the S-R model and starts the suicide equation, suicidal motivation occurs. When the suicidal motivation develops into suicidal thoughts and a firing pin event occurs, they will detonate self-injury, self-mutilation or suicide.

3.3 Life crisis rating assessment and analysis

Suicide can range from suicidal ideation (active or passive), suicide planning, suicide preparation, suicide drill to

suicide attempt, which is a continuous spectrum, and its risks are different at different points.

Table 1. The degree of crisis in life, the corresponding case theme and the schematic diagram of the core issues

Category	Grade	Subject of case	Level item	Core problem
Light crisis	1	Life events are out of control	<input type="checkbox"/> A unreasonable things <input type="checkbox"/> B interpersonal troubles <input type="checkbox"/> C no solution. <input type="checkbox"/> D worry and distress <input type="checkbox"/> E pain and despair <input type="checkbox"/> F apathy <input type="checkbox"/> G mental distress	Have no ability to control event Don't want to live.
	2	Interpersonal conflict frustration	<input type="checkbox"/> H negative view of the environment <input type="checkbox"/> I have a negative view of others. <input type="checkbox"/> J negative view of oneself (past, present and future)	
Middle crisis	3	Abnormal motivation puzzle	<input type="checkbox"/> K deep anxiety, panic, fear and compulsion <input type="checkbox"/> L hostility towards yourself, others or society <input type="checkbox"/> M hostility to life <input type="checkbox"/> N family responsibilities collapse <input type="checkbox"/> O disintegration of survival belief	Have no ability to control oneself ↓ Forget it when you're dead
	4	Abnormal emotional distress	<input type="checkbox"/> P experience and tendency of depression, crying or mania. <input type="checkbox"/> Q1 unhappy; Q2 can't live! <input type="checkbox"/> R1 too painful; R2 dead!	
Heavy crisis	5	Suicide initiated. equation	<input type="checkbox"/> S1 suicide motives in past; S2 present and S3 future <input type="checkbox"/> T suicidal thoughts <input type="checkbox"/> U purposive suicide	Have no ability to save oneself ↓ I want to commit suicide.
	6	Prepare to enter suicide procedure	<input type="checkbox"/> V1 experience of self-abuse (self-abuse, self-mutilation, suicide); V2 can't stop suicide. <input type="checkbox"/> W1 suicide plan; W2 hospice arrangement.	
Urgent crisis	7	Has entered suicide procedure	<input type="checkbox"/> X the impulse or behavior to die immediately and commit suicide now. <input type="checkbox"/> Y out of control <input type="checkbox"/> Z suicide behavior (before, during and after)	Have no ability to stop yourself ↓ friended to death

It is necessary to dynamically grasp the psychological state and risk level of the help-seekers, understand what factors may be the inducement of suicide, in order to avoid them in time, deal with them flexibly and avoid stimulating the clients again. If the risk level is high, it is necessary to communicate with the effective contact person in time, and cooperate with the fire department, medical department, community and other departments to take emergency response measures. If it is a minor, report it in time and make relevant records.

4 The principles and actions of psychological first aid

Psychological first aid is just like cardiopulmonary resuscitation when the soul is desperate and suffocated, in that it aims to stabilize and resuscitate the individual's emotional state. It helps the parties get out of dangerous situations, eliminate suicidal thoughts and behaviors, get the fastest psychological support at the first time, and restore their sense of control over life.

4.1 The concept of psychological first aid

Psychological first aid is also called mental health first aid (MHFA), which is to provide support and encouragement when someone around you is found to be suffering from mental illness, so that they can get professional diagnosis and treatment at an early stage, get more help from social resources as soon as possible, and get out of the predicament and prevent the crisis.

4.2 Three principles of psychological first aid

The goal of psychological first aid is to ensure the safety of the parties, stabilize their emotions and make them get out of danger. Therefore, three principles need to be grasped at the scene:

Principle1: Observe and get a preliminary understanding of the parties' situation. That is, check the safety, the basic needs, and whether there is a serious disturbing reaction. Specifically, it includes confirming whether the client's situation is safe, what practical help the client urgently needs now, and whether the client is too emotional, such as excessive anger, excessive panic, silence, hysteria, etc.

Principle 2: Listen and quickly grasp the psychology of the parties. This involves approaching the parties, asking about their needs and concerns, and helping them calm down. Specifically, it includes providing practical help and using open-ended questions. It's important to avoid interrupting, judging, or rushing to comfort.

Principle3: Contact and try your best to provide necessary help. That is, assisting them in expressing their needs, providing relevant information, facilitating contact with family and social resources. Specifically, it includes asking and letting the parties fully express themselves, understanding and agreeing from the other side's point of view, and helping them find resources to solve the current difficulties.

5 Six common skills of psychological first aid

Based on the "Hawthorne effect" in psychology, the common skills of psychological first aid specifically include:

5.1 Open questions

5.1.1 Ask the story

By asking about questions such as, "what happened", "what have you experienced", "how did you spend this particular time" can help them feel heard and cared for.

5.1.2 Ask about feelings

Guiding the parties to express their feelings in words will alleviate their grief and anger. Example questions include:

"How do you feel now?"

"What was your mood at that time?"

5.1.3 Ask for information

People who have experienced a crisis will have a "blank mind" and a "chaotic mood". Then, the way to ask questions may be like: "what is your biggest concern", "what is most important to you", "what kind of help do you need", "how do you want to solve it".

5.2 Listen wholeheartedly

Chinese characters are the carrier of Chinese culture, and the traditional Chinese character for listening is "Zhen". When we break down this character, we can see several components that symbolize different aspects of listening. The "er" stands for hearing the sound with the ear; "wang" means listening is king, as if the other person is king; "shímù-yīxīn" represents as if there are ten pairs of eyes to observe; "yi" stands for listening attentively; "xīn" means listening attentively. The specific listening method can be summarized as "SOLER" listening method:

S (Squarely): that is, sideways facing the other, preferably on the left side of the other party; O (Open): that is, the body is in an open stance, and the palms and upper and lower limbs are naturally spread out to express calmness and acceptance; L (Lean): that is, the body is slightly inclined to the parties to express care, concern and protection; E (Eye): eye contact, which conveys care, concern and attention, so that the other party can get warmth and attention; R (Relax): that is, the body is relaxed, and allowing the police on the spot to relax, making the other side feel calm and practical.

5.3 Take vitamin T

T stands for touch: touch and contact. Vitamin T specifically refers to supplying vitamins to the active "crawling brain" (concerned about individual survival and sensitive to touch and hug) under stress through eye contact with the clients, touching the other's shoulder or hugging with the hand, so as to alleviate their defensive psychology and effectively restrain the stress state caused by anxiety of the client.

5.4 Emotional anchoring

"Anchoring" is like an anchor sinking to the bottom of the sea, which fixes the consciousness of the parties somewhere, thus stopping the emotional ship. Through the practice of psychological stabilization, the concern of the parties is pulled back from the subjective world to the world that can be perceived at present. Commonly used methods are:

5.4.1 Abdominal breathing

This technique involves inhaling through the nose, allowing the air flow through the abdomen and protrude, stay for a while after inhaling, then spitting out the air though the mouth, staying for a while, and continuing to repeat the next breath.

5.4.2 Three "5" methods

When inhaling, count from 1 to 5 in your mind. Then hold your breath and count silently from 1 to 5; Then exhale, counting silently from 1 to 5.

5.4.3 Landing technology

The core is to draw the attention of the parties from internal thinking back to the present moment. For example, "spiritual landing" means asking the parties to look around, pay attention to the surrounding environment, and quickly say the colors, shapes and names of various objects they see. "Body landing" means handing warm water (in winter) or ice water (in summer) to the client, which involves using physical sensations (like the touch and temperature of water) to reconnect with the body and the present moment.

5.5 Pain-relieving drugs for trauma

That is, "speaking what you can say in a calm and caring tone with certain body language (eye contact, handshake, hug, etc.) at a slower speed" [3]. Do not stimulate the pain points of the parties, and avoid the expression without temperature preaching, otherwise it will have the opposite effect.

1. Common mistakes in work are as follows:

- (1) I know how you feel.
- (2) You are lucky to be alive.
- (3) Although you lost your leg, you saved your life.
- (4) You are still young, you can go on with your life and find another person.
- (5) The person you love didn't suffer too much when you died.
- (6) You shouldn't feel this way.
- (7) It will be all right, and everything will be all right.

2. The correct statement is as follows:

- (1) You don't have to restrain your emotions now. Crying, anger and hatred can all be expressed in your own way (allowing emotions to be expressed).
- (2) I feel very sorry for the pain you have experienced (establish empathy).
- (3) It must be very sad to hear/see/feel these things (establish empathy).
- (4) It is normal for you to feel this way, and everyone who has experienced the same event may have such a reaction (normalization).
- (5) You are safe now (if this person is really safe. Stabilization).
- (6) It's not your fault (when the other person feels guilty).
- (7) Things will get better, and so will you.

5.6 Cultivate empathy

Activating "mirror neurons" is the neural mechanism and psychological theory of empathy, and the ability to empathize in psychological first aid is empathy, which can be used in work:

1. You look (emotional words)
2. You just said (paraphrasing the other person's thoughts)
3. Do you mean (telling the other person's thoughts)
4. I don't know if I understand it correctly. This matter is for you ... (the other person's thoughts or feelings)
5. It sounds as if you (the other person's thoughts or feelings). Can you tell me more about this?
6. I can hear that you are in a low mood now.
7. Relax and follow me to breathe slowly, and you may feel better.

Through the use of the above six psychological first aid skills, we can establish a stable aid relationship, enhance the sense of security of the parties, maintain the moderate emotional release of the parties, give verbal and behavioral support, help the parties rebuild the social support system, and assist other units to do a good job in the handover of the parties, with a view to resolving the conflict risk, effectively handling the joint logistics, improving the command ability, alleviating the pressure of the police and avoiding public opinion speculation.

Conflicts of interest

The author declares no conflicts of interest regarding the publication of this paper.

References

- [1] World Health Organization. 2004.
- [2] CCMD-II-R: Diagnostic Criteria for Mental Disorders in China.
- [3] WHO Guidelines for Psychological First Aid 2013. 2013.