Coronial cases from Australia highlight that 110 police officers, paramedics and firefighters died by suicide between July 2000 and December 2012. It was the first time the number of suicides among emergency service personnel had been officially quantified in Australia. Of the total 110 deaths, 62 cases involved police officers, 26 were paramedics, and 22 involved firefighters. Most were men and the typical age range was 30 to 49 years.

**Figure 1. Coronial Cases from Australia.**

*“In Australia, there are more than 80,000 full-time emergency workers who perform a vital role in protecting and providing emergency assistance to other citizens,” the college said in its submission. “As a result of their work, these Australians operate under very difficult working conditions and are regularly exposed to potentially traumatic experiences.”*

**Figure 2. Statement from the Royal Australian and New Zealand College of Psychiatrists to the Australian Senate Inquiry, June 2018.**

Ensuring good sleep habits;

Understanding about nutrition and eating a balanced diet;

Undertaking at least 30 minutes of physical activity daily;

Addressing any pre-existing morbidities and ensuring compliance with required prescribed medications;

Attending to any injuries;

Regularly attending appointments with general practitioner doctors; and

Engaging in social sporting activities.

**Figure 3. Physical Self-Care Reported by 9/11 Paramedics and EMTs.**

*“I never really stopped to think about my health, physical or otherwise. You know, you just did your job. You didn’t complain. You just go on with it. But after the attacks, it became pretty evident that lots of us were struggling. But we still didn’t really talk about it; I know I didn’t ask for help until about five years later. Now, I have a head-guy who helps me to examine what’s going on in my life and how it’s impacting on my ability to do my job. Before 9/11, I have never even thought out about this type of stuff”*

**Figure 4. Male Paramedic Quote.**

*“We had debriefings. But for me, they were simply too generic. It felt like a one-size-fits-all approach, and we were in a pretty unique situation. All of us were feeling things differently. What worked for one person didn’t necessarily work for someone else. And I know for me, it took a while to figure out worked. And I just don’t think the debriefing was enough. I can understand the need to talk soon after the event, but I don’t think we really even grasped the true impact for years down the track. And where are the debriefers then? They are long gone; they have forgotten about us.”*

**Figure 5. Female EMT Quote.**

*“I slowly started to realize that I needed to look after myself if I was going to be able to look after anyone else. I was lucky that I had a pretty good network around me. My kids were at a great local school. My Church helped me a lot. I was one of the lucky ones; I felt like I was part of a community, you’re not isolated from that. I know guys who didn’t have that network and support around them before the attacks really struggled afterwards.”*

**Figure 6. Male EMT Quote.**