

MDPI

Article

Suicidal Ideation, Planning, and Attempts among Canadian Coast Guard and Conservation and Protection Officers

Jolan Nisbet ^{1,*}, Laleh Jamshidi ¹, Katie L. Andrews ¹, Taylor A. Teckchandani ¹, Jill A. B. Price ¹, Rosemary Ricciardelli ², Gregory S. Anderson ³ and R. Nicholas Carleton ¹

- Canadian Institute for Public Safety Research and Treatment (CIPSRT), University of Regina, Regina, SK S4S 0A2, Canada
- Fisheries and Marine Institute, Memorial University of Newfoundland, Saint John's, NL A1C 5R3, Canada
- Dean Faculty of Science, Thompson Rivers University, Kamloops, BC V2C 0C8, Canada
- * Correspondence: jolan.nisbet@uregina.ca

Abstract: The current study provides estimates of suicidal ideation, planning, and attempts among Canadian Coast Guard personnel and Canadian Conservation and Protection Officers. Participants (n = 385; 59% men) completed a self-report survey that collected past-year and lifetime estimates of suicidal ideation, planning, attempts, sociodemographic information, and symptoms related to mental health disorders. Within the sample, participants reported lifetime suicidal ideation (25.7%), planning (10.9%), and attempts (5.5%). Participants reported past-year suicidal ideation (7.5%), planning (2.1%), and the percentage of attempts was too marginal to report due to ethical considerations. Canadian Coast Guard personnel and Conservation and Protection Officers reported higher percentages of past-year and lifetime suicidal ideation, planning, and attempts than the Canadian general population, but the percentages reported are comparable to other Canadian PSP sectors. No statistically significant results were observed for the sociodemographic covariates within the past-year, whereas, statistically significant results were observed for the lifetime sociodemographic covariates of age, province of residence, and previous work experience. There were statistically significant associations between past-year suicidal ideation and positive screens for major depressive disorder (MDD) and general anxiety disorder (GAD); as well, past-year suicidal planning was associated with social anxiety disorder (SAD). There were also statistically significant associations between lifetime suicidal ideation, planning, and attempts and positive screens for posttraumatic stress disorder (PTSD), MDD, and SAD. Lifetime suicidal ideation and planning were associated with panic disorder (PD). The current estimates provide valuable information for clinicians and stakeholders involved in prevention programs, treatment, or future research.

Keywords: suicidal thoughts and behaviors; public safety personnel (PSP); mental health disorders; Posttraumatic Stress Injury (PTSI)



Citation: Nisbet, J.; Jamshidi, L.; Andrews, K.L.; Teckchandani, T.A.; Price, J.A.B.; Ricciardelli, R.; Anderson, G.S.; Carleton, R.N. Suicidal Ideation, Planning, and Attempts among Canadian Coast Guard and Conservation and Protection Officers. *Int. J. Environ. Res. Public Health* **2022**, 19, 16318. https://doi.org/10.3390/ ijerph192316318

Academic Editor: Paul B. Tchounwou

Received: 31 October 2022 Accepted: 2 December 2022 Published: 6 December 2022

Publisher's Note: MDPI stays neutral with regard to jurisdictional claims in published maps and institutional affiliations.



Copyright: © 2022 by the authors. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (https://creativecommons.org/licenses/by/4.0/).

1. Introduction

Suicide is a complex human behaviour which tends to involve multiple causes [1]. There are diverse factors associated with death by suicide, including suicidal ideation (i.e., thoughts that may or may not include a plan to die), and suicidal behaviours (i.e., suicidal planning, and attempts) [2–4]. Risk factors for suicidal ideation, planning, and attempts may include screening positive for a mental health disorder, abuse suffered as a child, various interpersonal conflicts, insomnia, hopelessness, or substance abuse [4–6]. People experiencing suicidal ideation may not seek formal care due to wishing to handle the issue alone, facing structural constraints, or fearing stigma [7].

Stigma related to mental health concerns may be higher within certain professions, such as those of public safety personnel (PSP) [8,9]. The term PSP encompasses a diverse group of professionals who work to ensure the safety and security of Canadians, including,

but not limited to, border services officers, correctional workers, firefighters (career and volunteer), Indigenous emergency management, operational and intelligence personnel, paramedics, policing (municipal and provincial), public safety communication, and Royal Canadian Mounted Police [10,11]. PSP also include professional personnel with duty-specific responsibilities related to law enforcement, environmental protection, or search and rescue operations. For example, the Canadian Department of Fisheries and Oceans (DFO) employs Conservation and Protection (C&P) Officers who have PSP duty-specific responsibilities related to law enforcement and habitat protection within Canadian waters. The DFO employs more than 600 C&P Officers who operate across seven regions in Canada. C&P Officers have specific training to fulfill a wide range of duties, either overtly or covertly, on land or at sea. C&P Officers may need to operate in remote locations with marginal to no backup. Canadian Coast Guard (CCG) personnel also fulfill PSP duty-specific responsibilities that involve search and rescue operations, monitoring for nautical hazards, responding to marine pollution, and providing navigational warnings within four Canadian regions to ensure sovereignty and security in Canadian waters [12–14].

C&P Officers and the CCG personnel report experiencing a high number of organizational stressors (e.g., bureaucratic red tape, staff shortages, excessive administrative duties), operational stressors (e.g., finding time to stay in good physical condition, fatigue, paperwork), and frequent exposure to potentially psychologically traumatic events (PPTE) [15,16]. A PPTE is a stressful event that may cause an individual psychological trauma [10]. The most frequent types of PPTE exposures include a serious transportation accident; a serious accident at work, home, or during recreational activity; physical assault; or sudden death, with most respondents reporting more than ten exposures to various PPTEs [16]. High levels of organizational and operational stressors, and frequent exposures to PPTE, place individuals at an elevated risk of developing symptoms related to one or more mental health disorders, which may increase an individual's risk of developing suicidal behaviours [17–20].

Despite indications of increased risk for suicidal ideation, planning, and attempts, as in other PSP sectors, the literature focused on CCG personnel and C&P Officers is limited, with no published results regarding suicidal behaviours [19]. Comparisons may be possible with coast guard personnel from the United States Coast Guard (USCG) due to similar occupational duties; however, there may be important differences because the USCG is overseen by the Department of Defence, whereas in Canada, CCG personnel operate as a special agency within Fisheries and Oceans Canada [14]. In 2018, the USCG estimated the past-year suicidal ideation (4.7%), planning (1.6%), and attempts (0.2%) [21]. Previous research emphasised that high levels of secrecy within the USCG and ongoing mental health stigma may prevent personnel from seeking help, alongside adverse interpersonal or professional costs [22].

The current study was designed to address extant gaps in the literature regarding suicidal behaviours among C&P Officers and CCG personnel by: (1) assessing self-reported past-year and lifetime percentages of suicidal ideation, planning, and attempts among a diverse sample of CCG personnel and C&P Officers; (2) comparing suicidal ideation, planning, and attempts across sociodemographic categories; (3) assessing for associations between positive screens for mental health disorders (i.e., posttraumatic stress disorder (PTSD), major depressive disorder (MDD), generalised anxiety disorder (GAD), social anxiety disorder (SAD), panic disorder (PD), alcohol use disorder (AUD)) and suicidal ideation, planning, and attempts in the past year or lifetime [19,23,24]. Based on suicidespecific research within the general population and other PSP sectors, we expected CCG personnel and C&P Officers to report higher levels of suicidal ideation, planning, and attempts than the general population [19,25–27]. Women CCG personnel and C&P Officers were expected to be more likely to screen positive for mental disorders and more likely to report suicidal behaviours [19,27,28]. The study results can inform and support ongoing proactive efforts, as well as treatment, intervention, and research initiatives specifically for C&P Officers and the CCG personnel.

2. Materials and Methods

2.1. Procedure

The current study used data collected via a web-based self-report survey that was available in English or French. The study was approved by the University of Regina Institutional Research Ethics Board (REB# 2021-003; approved on 2 May 2021). All participants were provided with a plain language summary of the research and completed informed consent. The self-report survey was based on a set of validated measures used in a previous study of PSP [29] but collaboratively redesigned by the research team and the DFO/CCG team to ensure variables relevant to the DFO/CCG were included. The survey was promoted and distributed by the CCG/DFO via member unions through emails, social media posts, and a video encouraging participation. The self-report survey was available from 1 February 2021 to 31 January 2022. Participants completed the survey anonymously and were provided with a randomly generated unique code upon entering the survey to facilitate repeated entry into the survey and multiple survey sessions to accommodate full participation.

2.2. Data and Sample

A total of (n = 385) C&P Officers (27.8%) and CCG (71.7%) completed the self-report survey questions related to suicide; more specifically, the participants answered "yes" or "no" to past-year and lifetime suicidal ideation, planning, and attempts. Participants who completed at least 30% or more of the survey were included in the current analyses and results. Participants were mostly male (59.7%), identifying as men (59.0%). Most participants reported being 30 to 39 or 40 to 49 years old (28.8%, 28.1%), Caucasian (88.1%), married or in common-law relationships (68.1%), from British Colombia (56.4%), and with post-secondary education (e.g., Trade School; 2-Year College Diploma) (39.7%). Most participants did not have any previous work experience within the Canadian Armed Forces (CAF) or another PSP sector (71.9%).

2.3. Self-Report Measures

2.3.1. Self-Report Measures Related to Suicidal Ideation, Planning, and Attempts

Past-year and lifetime suicidal ideation, planning, and attempts were assessed through a series of yes/no questions. Consistent with other suicide-specific research [2,3] the questions were categorised according to suicidal ideation, planning, and attempts. Suicidal ideation was assessed by asking, "Have you ever contemplated suicide?"; "Has this happened in the past 12 months?". Suicidal planning was assessed by asking, "Have you ever made a serious plan to attempt suicide?"; "Has this happened in the past 12 months?". Suicide attempts were assessed by asking, "Have you ever attempted suicide?"; "Did this happen in the past 12 months?".

2.3.2. Self-Report Measures Related to Mental Disorders

The survey also asked participants to self-report symptoms related to various mental disorders. A 'positive screen' on any of the following measures indicated that the individual self-reported symptoms consistent with expectations for a diagnosis of a particular disorder. A positive screen on a self-report survey is not necessarily synonymous with actually meeting diagnostic criteria, which requires a clinical interview by a licensed professional. Individuals who used the self-report measures and indicated a positive screen should seek the evaluation of a trained and licensed clinician for the possible diagnosis of a specific mental health disorder. The current study assessed symptoms related to the mental disorders of PTSD, MDD, GAD, SAD, PD, and AUD.

PTSD symptoms were self-reported using the PTSD Checklist for DSM-5 (PCL-5) [30]. Positive screens on the PCL-5 are determined by meeting the minimum DSM-5 criteria for each PTSD cluster and exceeding the minimum clinical cut-off of greater than 32 [31,32]. The Patient Health Questionnaire (PHQ-9) was used to assess for symptoms of MDD [33–35]. Positive screens on the PHQ-9 were determined by a score of 9 or greater [33]. The Generalised

Anxiety Disorder Scale (GAD-7) was used to assess for symptoms of GAD [36,37]. A positive screen for GAD required a total score of 9 or greater [38]. The Social Interaction Phobia Scale (SIPS) was used to assess for symptoms of SAD [39]. A positive screen for SAD requires a total score of 20 or greater [39]. The Panic Disorders Symptoms Severity Scale (PDSS-SR) was used to assess for symptoms of PD [40,41]. A positive screen for PD requires a total score of 7 or greater [40,42]. The AUDIT was used to assess for symptoms of dangerous alcohol consumption and dependence consistent with AUD [43–45]. A positive screen for hazardous alcohol use and dependence required the total AUDIT score to be 15 or greater [43]. Participants self-reported the measures based on the last year for the AUDIT, the past month for the PCL-5, the past 14 days for the PHQ-9 and GAD-7, and the past 7 days for the PDSS-SR. There is no specific time window used for SIPS.

2.4. Statistical Analyses

Several sociodemographic categories were used for comparison: (1) gender; (2) sex; (3) age; (4) education; (5) ethnicity; (6) marital status; (7) province of work; (8) previous work experience. Cross tabulations and a series of logistical regression models were used to examine the rates and association of past-year and lifetime suicidal ideation, planning, and attempts among the sociodemographic categories outlined above. A series of *t*-tests and one-way analysis of variance (ANOVA) tests were performed to compare suicidal ideation, planning, and attempts across sociodemographic categories. All tests were two-tailed with the alpha level of 0.05. Holm–Bonferroni adjustments were applied to alpha levels in post-hoc tests to decrease familywise error rate. Finally, logistic regression models were performed to evaluate the associations between suicidal behaviours (i.e., ideation, planning, attempts) and associations with mental disorders (i.e., PTSD, MDD, GAD, SAD, PD, and AUD).

3. Results

A considerable proportion of the total sample reported lifetime suicidal ideation (25.7%), planning (10.9%), and attempts (5.5%) in Table 1. Several participants also reported past-year suicidal ideation (7.5%), planning (2.1%), and 1 to 4 participants reported a past-year suicide attempt. No statistically significant results were observed for gender-based differences in lifetime suicidal ideation (23.3% for men; 29.3% for women) or past-year suicidal ideation (7.5% for men; 8.0% for women) in the sample.

	_	Lifetime			Past-Year			
		Ideation	Planning	Attempts	Ideation	Planning	Attempts	
		% (n)	% (n)	% (n)	% (n)	% (n)	% (n)	
Total Sample	All (<i>n</i> = 385)	25.7 (99)	10.9 (42)	5.5 (21)	7.5 (29)	2.1 (8)	^	
	CCG (n = 276)	27.5 (76)	12.0 (33)	4.7 (13)	8.0 (22)	2.5 (7)	^	
	C&P (n = 107)	19.6 (21)	7.5 (8)	7.5 (8)	4.7 (5)	^	-	
	All (<i>n</i> = 227)	23.3 (53)	9.7 (22)	4.8 (11)	7.5 (17)	^	^	
Men	CCG (n = 155)	23.9 (37)	11.6 (18)	3.2 (5)	8.4 (13)	^	^	
	C&P (n = 71)	21.1 (15)	^	8.5 (6)	^	-	-	
Women	All $(n = 150)$	29.3 (44)	13.3 (20)	6.7 (10)	8.0 (12)	^	-	
	CCG (n = 115)	32.2 (37)	13.0 (15)	7.0 (8)	7.8 (9)	^	-	
	C&P(n = 34)	17.6 (6)	^` ′	^``	^`´	^	-	

Table 1. Percentage of Lifetime and Past-Year Suicidal ideation, planning, and attempts (n = 385).

Notes: ^ = The sample size is between 1 and 4; consequently, the data cannot be presented; - = no data reported; All = total sample; CCG = Canadian Coast Guard; C&P = Conservation and Protection.

The associated logistic regression models regarding lifetime suicidal ideation, planning, and attempts are presented in Table 2. There are relatively few statistically significant results. Individuals from 40 to 59 years in age were significantly more likely to report lifetime

suicidal ideation (p < 0.05) than those of age 19 to 29 years old. Respondents working in Nova Scotia were statistically significantly more likely to report lifetime suicidal attempts compared to those working in British Colombia (p < 0.05). Individuals with previous CAF work experience and work experience in a PSP sector had statistically significantly higher reports of lifetime suicide attempts (p < 0.01) than those who had no such previous work experience. Other sociodemographic variable categories were not significantly associated with lifetime suicidal ideation, planning, and attempts.

The associations between lifetime and past-year suicidal ideation, planning, attempts, and positive screens for mental disorders (i.e., PTSD, MDD, GAD, SAD, PD, AUD) are presented in Table 4. There were statistically significant associations between positive screens for PTSD, MDD, SAD and lifetime suicidal ideation, planning, and attempts. Positive screens for PD were associated with lifetime suicidal ideation and planning, but not attempts. Past-year suicidal ideation was associated with MDD (p < 0.01) and GAD (p < 0.05). Positive screens for SAD were associated with statistically significantly increased ORs in past-year suicidal planning (p < 0.05).

Table 2. Associations between Sociodemographic Covariates and Lifetime Suicidal ideation, planning, and attempts.

	Total $(n = 385)$	Ideation		Planning		Attempts	
	% (n)	% (n)	OR (95% CI)	% (n)	OR (95% CI)	% (n)	OR (95% CI)
Gender							
Men	59.0 (227)	23.3 (53)	1	9.7 (22)	1	4.8 (11)	1
Non-binary	1.3 (5)	^	^	-	-	-	-
Two-spirit	=	-	-	-	-	-	-
Women	39.0 (150)	29.3 (44)	1.36 (0.85, 2.17)	13.3 (20)	1.45 (0.76, 2.75)	6.7 (10)	1.40 (0.58, 3.37)
Sex							
Male	59.7 (230)	23.9 (55)	1	10.0 (23)	1	4.3 (10)	1
Female	39.7 (153)	28.8 (44)	1.28 (0.81, 2.04)	12.4 (19)	1.29 (0.67, 2.45)	7.2 (11)	1.70 (0.70, 4.10)
Age					•		
19–29	12.7 (49)	14.3 (7)	1	^	-	^	-
30–39	28.8 (111)	25.2 (28)	2.02 (0.82, 5.02)	10.8 (12)	-	6.3 (7)	-
40–49	28.1 (108)	30.6 (33)	2.64 (1.08, 6.49) *	16.7 (18)	-	6.5 (7)	-
50-59	23.6 (91)	29.7 (27)	2.53 (1.01, 6.34) *	8.8 (8)	-	5.5 (5)	-
60+	5.5 (21)	^	1.41 (0.34, 5.45)	^	-	^	-
Education							
High School or Less	9.1 (35)	17.1 (6)	1	^	-	^	-
College Program (e.g., Trade School; 2-Year			1 00 (0 72 4 07)	14.4 (22)		7.0 (10)	
College Diploma)	39.7 (153)	28.1 (43)	1.89 (0.73,4.87)	14.4 (22)	-	7.8 (12)	-
Coast Guard College: Graduated Fleet	10.1 (39)	23.1 (9)	1.45 (0.46,4.59)	^	-	^	-
Coast Guard College: MCTS Officer Training	2.3 (9)	^	2.42 (0.47,12.47)	^	-	^	-
University Degree (4-year College or Higher)	33.5 (129)	27.1 (35)	1.80 (0.69,4.70)	7.8 (10)	-	5.4 (7)	-
Ethnicity							
Asian	2.3 (9)	^	-	^	-	^	-
Black	^	^	-	^	-	^	-
Hispanic	^	^	-	^	-	^	-
Indigenous (i.e., First Nations, Inuit, Métis)	3.4 (13)	^	-	^	-	^	-
South Asian	^	^	-	^	-	^	-
Caucasian	88.1 (339)	25.1 (85)	-	10.0 (34)	-	5.3 (18)	-
Prefer Not to Answer	1.3 (5)	^	-	^ ` ′	-	^	-
Other	3.9 (15)	53.3 (8)	-	33.3 (5)	-	^	-
Marital Status							
Single	22.1 (85)	27.1 (23)	1	10.6 (9)	1	^	-
Married/Common Law	68.1 (262)	23.3 (61)	0.82 (0.47, 1.43)	9.9 (26)	0.93 (0.42, 2.07)	5.7 (15)	-

Table 2. Cont.

	Total $(n = 385)$	Ideation		Planning		Attempts	
	% (n)	% (n)	OR (95% CI)	% (n)	OR (95% CI)	% (n)	OR (95% CI)
Separated/Divorced	7.5 (29)	44.8 (13)	2.19 (0.91, 5.25)	17.2 (5)	1.76 (0.54, 5.76)	^	-
Widowed	^	^	2.70 (0.16, 44.90)	^	8.44 (0.49, 146.96)	^	-
Province of Work							
British Columbia	56.4 (217)	76.0 (165)	1	10.6 (23)	1	4.1 (9)	1
New Brunswick	1.8 (7)	^	0.53 (0.06, 4.49)	^	-	^	-
Newfoundland and Labrador	7.3 (28)	25.0 (7)	1.06 (0.43, 2.63)	^	1.01 (0.28, 3.62)	^	-
Northern Territories (YK, NWT, NVT)	^	^	-	^	-	^	-
Nova Scotia	9.6 (37)	35.1 (13)	1.72 (0.82, 3.62)	13.5 (5)	1.32 (0.47, 3.72)	13.5 (5)	3.59 (1.13, 11.41) *
Ontario	11.7 (45)	37.8 (17)	1.93 (0.98, 3.80)	15.6 (7)	1.60 (0.64, 3.99)	^	1.64 (0.43, 6.33)
Québec	12.7 (49)	18.4 (9)	0.71 (0.32, 1.57)	^	0.75 (0.25, 2.28)	^	2.04 (0.60, 6.93)
Previous Work Experience							
Neither	71.9 (277)	23.8 (66)	1	10.1 (28)	1	4.3 (12)	1
Public Safety Only	16.9 (65)	30.8 (20)	1.42 (0.78, 2.58)	12.3 (8)	1.24 (0.54, 2.87)	7.7 (5)	1.83 (0.62, 5.40)
CAF Only	8.6 (33)	24.2 (8)	1.02 (0.44, 2.38)	^	0.57 (0.13, 2.52)	^	0.69 (0.09, 5.46)
CAF and Public Safety	2.6 (10)	50.5 (5)	3.20 (0.90, 11.38)	^	5.91 (1.57, 22.20)	^	9.43 (2.17, 41.05) **
Occupation Category					•		•
CCG	71.7 (276)	27.5 (76)	1	12.0 (33)	1	4.7 (13)	1
C&P	27.8 (107)	19.6 (21)	0.64 (0.37, 1.11)	7.5 (8)	0.59 (0.26, 1.33)	7.5 (8)	1.63 (0.66, 4.05)

Notes: $\hat{}$ = Sample size is between 1 and 4; consequently, the data cannot be presented; $\hat{}$ = no data reported; $\hat{}$ \hat

Table 3. Associations between Sociodemographic Covariates and Past-Year Suicidal ideation, planning, and attempts.

	Ideation		Planning		Attempts	
	% (n)	OR (95% CI)	% (n)	OR (95% CI)	% (n)	OR (95% CI)
Gender						
Men	7.5 (17)	1	^	-	^	-
Non-binary	^	^	-	-	-	-
Two-spirit	-	-	-	-		

Table 3. Cont.

	Ideation		Planning		Attempts	
	% (n)	OR (95% CI)	% (n)	OR (95% CI)	% (n)	OR (95% CI)
Women	8.0 (12)	0.79 (0.33, 1.91)	^	-	^	-
Sex	, ,	,				
Male	7.8 (18)	1	^	-	^	-
Female	7.2 (11)	0.69 (0.28, 1.66)	^	-	^	-
Age						
19–29	^	-	^	-	^	-
30–39	9.0 (10)	-	^	-	^	-
40–49	6.5 (7)	-	^	-	^	-
50–59	11.0 (10)	-	^	-	^	-
60 +	^ ′	-	^	-	^	-
Education						
High School or Less	^	-	^	-	-	-
College Program (e.g., Trade School; 2-Year College	0.0 (4.5)		^			
Diploma)	9.8 (15)	-		=	=	=
Coast Guard College: Graduated Fleet	^	-	^	_	-	_
Coast Guard College: MCTS Officer Training	^	-	^	-	-	-
University Degree (4-year College or Higher)	7.8 (10)	-	^	-	-	-
Ethnicity	,					
Asian	^	-	^	-	^	-
Black	^	-	^	-	^	-
Hispanic	^	-	^	-	^	-
Indigenous (i.e., First Nations, Inuit, Métis)	^	-	^	_	^	_
South Asian	^	-	^	-	^	-
Caucasian	7.4 (25)	-	2.1 (7)	_	^	-
Prefer Not to Answer	^ ′	-	^ ′	_	^	-
Other	^	-	^	_	^	-
Marital Status						
Single	9.4 (8)	1	^	-	-	_
Married/Common Law	5.0 (13)	0.51 (0.18, 1.46)	^	-	-	_
Separated/Divorced	20.7 (6)	1.61 (0.40, 6.44)	^	-	-	-
Widowed	^ ′	-	^	-	-	-
Province of Work						
British Columbia	8.3 (18)	1	2.8 (6)	1	^	-
New Brunswick	^	-		-	^	_

Table 3. Cont.

	Ideation		Planning		Attempts	
	% (n)	OR (95% CI)	% (n)	OR (95% CI)	% (n)	OR (95% CI
Newfoundland and Labrador	^	0.76 (0.13, 4.29)	^	-	^	-
Northern Territories (YK, NWT, NVT)	^	-	^	-	^	-
Nova Scotia	^	0.57 (0.14, 2.32)	^	-	^	-
Ontario	^	0.58 (0.17, 2.05)	^	0.47 (0.05, 4.77)	^	-
Québec	^	0.54 (0.10, 2.87)	^	0.94 (0.08, 10.91)	^	-
Previous Work Experience						
Neither	7.2 (20)	1	1.8 (5)	1	^	-
Public Safety Only	10.8 (7)	1.24 (0.43, 3.57)	^	1.53 (0.24, 9.95)	^	-
CAF Only	^	0.33 (0.04, 2.85)	^	- · ·	^	-
CAF and Public Safety	^	0.58 (0.06, 5.47)	^	1.53 (0.13, 17.97)	^	-
Occupation Category						
CCG	8.0 (22)	1	2.5 (7)	1	^	-
C&P	4.7 (5)	0.77 (0.25, 2.35)	^	0.53 (0.06, 5.06)	^	-

Notes: ^ = Sample size is between 1 and 4; consequently, the data cannot be presented; - = no data reported; CAF = Canadian Armed Forces; CCG = Canadian Coast Guard; C&P = Conservation and Protection; MCTS = Marine Communications and Traffic Services. No statistically significant results were shown for the sociodemographic covariates and reported past-year suicidal ideation, planning, or attempts.

	PTSD	MDD	GAD	SAD	PD	AUD
	OR (95% CI)	OR (95% CI)	OR (95% CI)	OR (95% CI)	OR (95% CI)	OR (95% CI)
Lifetime						
Ideation	5.14 (2.87, 9.19) ***	3.13 (1.90, 5.16) ***	1.74 (0.96, 3.15)	2.63 (1.55, 4.46) ***	2.15 (1.02, 4.55) *	1.88 (0.82, 4.33)
Planning	4.94 (2.46, 9.93) ***	2.68 (1.38, 5.19) **	1.62 (0.73, 3.61)	3.56 (1.80, 7.05) ***	2.65 (1.06, 6.64) *	1.47 (0.48, 4.53)
Attempt	4.15 (1.62, 10.65) **	3.72 (1.52, 9.06) **	1.72 (0.61, 4.90)	3.64 (1.48, 8.91) **	2.56 (0.81, 8.14)	1.31 (0.29, 5.96)
Past-Year						
Ideation	2.12 (0.86, 5.26)	5.19 (2.03, 13.25) ***	3.54 (1.30, 9.70) *	1.64 (0.66, 4.08)	2.33 (0.70, 7.72)	0.53 (0.11, 2.69)
Planning	3.06 (0.62, 15.06)	5.50 (0.96, 31.59)	2.70 (0.50, 14.53)	10.50 (1.13, 97.91)	4.05 (0.69, 23.90)	-
Attempt	-	-	-	-	-	-

Table 4. Associations Between Past-Year and Lifetime Suicidal ideation, planning, and attempts and Mental Disorders.

Note: OR- Odds ratios; CI- confidence interval; *p < 0.05, **p < 0.01, *** p < 0.001—Statistically significantly different from the reference group; - = no data reported; AUDIT = Alcohol Use Disorder; CCG = Canadian Coast Guard; C&P = Conservation and Protection; GAD = Generalized Anxiety Disorder; MDD = Major Depressive Disorder; PTSD = Posttraumatic Stress Disorder; PD = Panic Disorder; SAD = Social Anxiety Disorder.

4. Discussion

The current study provides estimates of the percentage of lifetime and past year suicidal ideations, planning, and attempts among a sample of CCG personnel and C&P Officers. The results provide the first information extending the Canadian PSP suicide data to include CCG personnel and C&P Officers. The results indicate higher percentages of lifetime suicidal ideation, planning, and attempts, respectively, among C&P (i.e., 19.6%, 7.5%; 7.5%) and CCG (i.e., 27.5%; 12%; 4.7%) than the Canadian general population (i.e., 11.8%; 4.0%, 3.1%) [46]. Lifetime percentages of suicidal ideation, planning, and attempts among the total sample of CCG personnel and C&P Officers (i.e., 25.7%; 10.9%; 5.5%) were comparable to the overall rates reported among other Canadian PSP sectors, including nurses (i.e., 33.0%; 17.0%; 8.0%), correctional workers (i.e., 26.6%; 11.9%; 5.2%), municipal/provincial police (20.5%; 8.9%; 2.1%), RCMP (25.7%; 11.2%; 2.4%), firefighters (25.2%; 8.8%; 3.3%), paramedics (41.1%; 23.8%; 9.8%), and call centre operators/dispatchers (28.7%; 13.6%; 8.6%) [19,24,47].

The current results indicated differences in the past-year and lifetime suicidal ideation between C&P Officers (4.7%, 19.6%) and CCG personnel (8.0%, 27.5%). The differences may be due to several factors, including but not limited to the sample size, differing duties, or differences in remote deployments. Further research is required to fully understand the differences in suicidal ideation in the context of variations in occupational responsibilities and diverse sources of occupational strain.

Although not statistically significant, perhaps due to the sample size, CCG women reported higher lifetime suicidal ideation (32.2%) than women C&P Officers (17.6%). The CCG specific-sample also reported higher past-year suicidal ideation, planning, and attempts than the specific sample of C&P Officers, but the results were not statistically significant, again perhaps due to the sample size. The percentage of women who reported suicidal ideation is consistent with other PSP-specific research [19]. Wider population-based research highlights the "gender paradox" by which there is an over-representation of nonfatal suicidal ideation, planning, and attempts among women, yet fatal suicides are more common among men [48,49]. The higher percentages of suicidal behaviours reported by women highlights a specific need, and increased research may be needed to understand why men may report less suicidal ideation, planning, or attempts.

Sociodemographic covariates and lifetime suicidal ideation and attempts indicated a few statistically significant associations. Lifetime suicidal ideation was associated with age. Participants in the age categories of 40 to 49 and 50 to 59 appear to be at an elevated risk of suicidal ideation compared to participants younger than 40. The association may be partially explained by the greater likelihood of participants experiencing diverse PPTE with cumulative service and the association between frequent exposures to PPTE and mental health disorders [50]. Participants residing in Nova Scotia appear to be at an elevated risk for a suicide attempt. The possible influence of remote geography warrants additional attention and may be a proxy for several other factors including regional dynamics, population density, and access to resources. Leaders of CCG personnel and C&P Officers in Nova Scotia may consider further research and increasing focused mental health supports. Participants who reported having previous service with CAF and another PSP sector appear to be at an elevated risk for a suicide attempt. This may be a result of higher number of exposures to PPTEs and a greater likelihood to screen positive for PTSD, mood, anxiety, or acute stress disorders [51]. Participants who reported a combination of previous CAF experience and ongoing PSP service may require specifically targeted mental health support which highlights the need to inquire about previous experience during screening, assessment, and treatment in order to ensure appropriate resources are allocated [51]. All leaders may consider further research to understand mitigating variables of cumulative and/or diverse service.

The current study provides initial understandings of estimated percentages of CCG personnel and C&P Officers who reported lifetime and past-year suicidal ideation, planning, and attempts. The current results provide estimates to those supporting CCG personnel and C&P Officers. The results also provide greater nuance on suicidal ideation, planning, and attempts among other PSP populations. Nevertheless, estimating suicidal ideation, planning, and attempts remains extremely difficult as many events are not reported or do not require a hospital stay [52]. A greater understanding of the nuances surrounding suicidal ideation is required, particularly given the remote nature of the duties performed by many CCG personnel and C&P Officers. Service in profoundly remote areas is anticipated to increase amidst growing pressure for Arctic sovereignty in Canada and possible increases to the CCG budget [53–55]. Due to the remote nature of CCG personnel and C&P Officer service, innovative options such as PSPNET (i.e., www.pspnet.ca) (accessed on 30 October 2022), may be critical to support this PSP population.

Strengths and Limitations

The current study has a few limitations: (1) the participation rate was approximately (18%) for C&P and (5%) for CCG, which may be due to challenges experienced at remote service locations; (2) voluntary participation created an unknowable influence from self-selection biases; (3) despite structural assurances regarding the protection of their mental health data, ongoing perceptions of the stigma of mental health challenges among PSP may have facilitated underreporting of suicidal behaviours; [8,56] (4) the self-report measure may have provided increased accuracy, but does not provide the possibility for clinicians to offer help, and if necessary, make arrangements to assist those at an elevated risk of a suicide attempt; (5) data were collected during COVID-19 which may have compounded additional stressors related to past-year suicidal ideation, attempts, and planning; however, the extent to which COVID played a role remains uncertain.

The study limitations are offset by several strengths: (1) web-based surveys, which allowed even CCG personnel and C&P Officers operating in remote locations the possibility to participate; (2) the ability of respondents to self-report suicidal ideation, planning, and attempts without the presence of clinicians, which may provide more accurate data due to possible stigma; (3) the respondents were asked both past-year and lifetime suicidal ideation, planning, and attempts.

5. Conclusions

The current study provides a first estimate of the percentage of suicidal ideation, planning, and attempts among C&P Officers and CCG within the past year and lifetime. The percentages appear higher than the Canadian general population, but comparable to other Canadian PSP communities. There were statistically significant associations between past-year suicidal ideation and positive screens for MDD and GAD, and past-year suicidal planning showed statistically significant associations with SAD. Lifetime suicidal ideation, planning, and attempts were statistically significantly associated with positive screens for PTSD, MDD, and SAD. Additional research and efforts are needed to support specific members within the CCG personnel and C&P Officers who may be at greater risk (i.e., individuals older than 40 years, women). Further exploration and mental health support planning may be required to support CCG personnel and C&P Officers in Nova Scotia due to higher reported attempts than other provinces. Continued support for former CAF veterans is needed, particularly for individuals with career experience in a different PSP sector.

Author Contributions: All authors made substantial contributions consistent with the International Committee of Medical Journal Editors. We present below the details describing the contributions of the authors. Initial design for the current article was a collaborative effort based on the following contributors, each of whom was responsible for overseeing their area-specific domains for assessment, all of whom reviewed, revised as necessary, and approved the final design in its entirety: Conceptualization, J.N., K.L.A., L.J., R.N.C., T.A.T., R.R., G.S.A. and J.A.B.P.; Methodology, J.N., K.L.A., R.N.C. and L.J.; Software, L.J.; Validation, J.N. and R.N.C.; Formal Analysis, L.J. and T.A.T.; Investigation, J.N., L.J. and R.N.C.; Resources, K.L.A., J.N., G.S.A., R.N.C., R.R. and T.A.T.; Data Curation, J.N., K.L.A., J.A.B.P., L.J., T.A.T. and R.N.C.; Writing—original draft preparation, J.N., K.L.A., L.J., G.S.A., R.N.C., R.R. and T.A.T., Writing—review and editing, J.N., K.L.A., L.J., R.R., T.A.T., G.S.A. and R.N.C.; Supervision, R.N.C.; Project Administration, K.L.A., J.A.B.P. and R.N.C.; Funding Acquisition, J.A.B.P. and R.N.C.; All authors have read and agreed to the published version of the manuscript.

Funding: This research was funded by the Department of Fisheries and Oceans Canada.

Institutional Review Board Statement: The study was conducted in accordance with the Declaration of Helsinki, and approved by the Research Ethics Board of the University of Regina (REB# 2021-003; Approved on 2 May 2021).

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: Data access will not be provided due to the sensitive nature of the content.

Acknowledgments: The authors would like to acknowledge and thank the Canadian Conservation and Protection Officers and the Canadian Coast Guard personnel for taking part in the present study. Thanks also goes to all the efforts made by the Department of Fisheries and Oceans and the Canadian Coast Guard Advisory Committee including: Agnes Donovan, Geoffrey Denman, and Karolyn Jones. Thanks to Myles Ferguson, and Emilie Kossick for their help with final report. Finally, thanks to Andrea Stelnicki for her early involvement in the project. Immense gratitude to Donna King and Nick Jones for their time and commitment to this research.

Conflicts of Interest: The authors declare no conflict of interest.

References

- 1. Balázs, J.; Benazzi, F.; Rihmer, Z.; Rihmer, A.; Akiskal, K.K.; Akiskal, H.S. The close link between suicide attempts and mixed (bipolar) depression: Implications for suicide prevention. *J. Affect. Disord.* **2006**, *91*, 133–138. [CrossRef] [PubMed]
- 2. Ribeiro, J.D.; Huang, X.; Fox, K.R.; Franklin, J.C. Depression and hopelessness as risk factors for suicide ideation, attempts and death: Meta-analysis of longitudinal studies. *Br. J. Psychiatry J. Ment. Sci.* **2018**, 212, 279–286. [CrossRef] [PubMed]
- 3. Sareen, J.; Isaak, C.; Katz, L.Y.; Bolton, J.; Enns, M.W.; Stein, M.B. Promising strategies for advancement in knowledge of suicide risk factors and prevention. *Am. J. Prev. Med.* **2014**, *47*, S257–S263. [CrossRef] [PubMed]
- 4. Steele, I.H.; Thrower, N.; Noroian, P.; Saleh, F.M. Understanding suicide across the lifespan: A United States perspective of suicide risk factors, assessment & management. *J. Forensic Sci.* **2018**, *63*, 162–171. [CrossRef] [PubMed]

- 5. Afifi, T.O.; Enns, M.W.; Cox, B.J.; Asmundson, G.J.G.; Stein, M.B.; Sareen, J. Population attributable fractions of psychiatric disorders and suicide ideation and attempts associated with adverse childhood experiences. *Am. J. Public Health* **2008**, *98*, 946–952. [CrossRef]
- 6. Afifi, T.O.; Taillieu, T.; Zamorski, M.A.; Turner, S.; Cheung, K.; Sareen, J. Association of child abuse exposure with suicidal ideation, suicide plans, and suicide attempts in military personnel and the general population in Canada. *JAMA Psychiatry* **2016**, 73, 229–238. [CrossRef]
- 7. Bruffaerts, R.; Demyttenaere, K.; Hwang, I.; Chiu, W.-T.; Sampson, N.; Kessler, R.C.; Alonso, J.; Borges, G.; de Girolamo, G.; de Graaf, R.; et al. Treatment of suicidal people around the world. *Br. J. Psychiatry J. Ment. Sci.* **2011**, 199, 64–70. [CrossRef]
- 8. Karaffa, K.M.; Koch, J.M. Stigma, Pluralistic ignorance, and attitudes toward seeking mental health services among police officers. *Crim. Justice Behav.* **2016**, 43, 759–777. [CrossRef]
- 9. Ricciardelli, R.; Carleton, R.N.; Mooney, T.; Cramm, H. "Playing the system": Structural factors potentiating mental health stigma, challenging awareness, and creating barriers to care for Canadian public safety personnel. *Health* **2020**, 24, 259–278. [CrossRef]
- 10. Canadian Institute for Public Safety Research and Treatment CIPSRT. Glossary of Terms. Available online: https://www.cipsrt-icrtsp.ca/en/resources/glossary-of-terms (accessed on 11 February 2022).
- 11. Government of Canada Publication. Healthy Minds, Safe Communities: Supporting Our Public Safety Officers through a National Strategy for Operational Stress Injuries/Robert Oliphant, Chair.: XC76-1/1-421-5E-PDF-Government of Canada Publications. Available online: https://publications.gc.ca/site/eng/9.825367/publication.html (accessed on 22 June 2022).
- Canadian Coast Guard Search and Rescue Program Information. Available online: https://www.ccg-gcc.gc.ca/search-rescue-recherche-sauvetage/program-info-programme-eng.html (accessed on 22 June 2022).
- 13. Canadian House of Commons Standing Committee on Fisheries and Oceans. Available online: https://www.ourcommons.ca/DocumentViewer/en/42-1/FOPO/meeting-7/evidence (accessed on 22 June 2022).
- 14. Department Fisheries and Oceans Canada Canadian Coast Guard. Available online: https://www.ccg-gcc.gc.ca/index-eng.html (accessed on 22 June 2022).
- 15. Andrews, K.L.; Jamshidi, L.; Nisbet, J.; Teckchandani, T.A.; Price, J.A.B.; Ricciardelli, R.; Anderson, G.S.; Carleton, R.N. Assessing the relative impact of diverse stressors among Canadian coast guard and conservation and protection officers. *Int. J. Environ. Res. Public. Health* **2022**, *in press*.
- 16. Andrews, K.L.; Jamshidi, L.; Nisbet, J.; Teckchandani, T.A.; Price, J.A.B.; Ricciardelli, R.; Anderson, G.S.; Carleton, R.N. Exposures to potentially psychologically traumatic events among Canadian coast guard and conservation and protection officers. *Int. J. Environ. Res. Public. Health.* **2022**, *19*, 15116. [CrossRef] [PubMed]
- 17. Bailey, J.W. Suicide Attempt Impact on United States Coast Guard Career Retention. Ph.D. Thesis, Walden University, Minneapolis, MN, USA, 2020.
- 18. Steinmetz, S.I.M. *The Study of a Secret Society: Resistance to Open Discussion of Suicide in the United States Coast Guard*; Universal-Publishers: Irvine, CA, USA, 2011; ISBN 978-1-61233-751-7.
- 19. Carleton, R.N.; Afifi, T.O.; Turner, S.; Taillieu, T.; LeBouthillier, D.M.; Duranceau, S.; Sareen, J.; Ricciardelli, R.; MacPhee, R.S.; Groll, D.; et al. Suicidal ideation, plans, and attempts among public safety personnel in Canada. *Can. Psychol. Can.* **2018**, *59*, 220. [CrossRef]
- 20. Carleton, R.N.; Afifi, T.O.; Taillieu, T.; Turner, S.; Mason, J.E.; Ricciardelli, R.; McCreary, D.R.; Vaughan, A.D.; Anderson, G.S.; Krakauer, R.L.; et al. Assessing the relative impact of diverse stressors among public safety personnel. *Int. J. Environ. Res. Public. Health* **2020**, *17*, 1234. [CrossRef]
- 21. Meadows, S.O.; Engel, C.C.; Collins, R.L.; Beckman, R.L.; Breslau, J.; Bloom, E.L.; Dunbar, M.S.; Gilbert, M.; Grant, D.; Hawes-Dawson, J.; et al. 2018 Department of Defense Health Related Behaviors Survey (HRBS): Results for the Active Component; RAND Corporation: Santa Monica, CA, USA, 2021.
- 22. McAlexander; Gray Suicide Prevention Program. COMDTINST 1734.1; American Coast Guard: Washington, DC, USA, 2005.
- 23. Sterud, T.; Hem, E.; Lau, B.; Ekeberg, Ø. Suicidal ideation and suicide attempts in a nationwide sample of operational Norwegian ambulance personnel. *J. Occup. Health* **2008**, *50*, 406–414. [CrossRef] [PubMed]
- 24. Carleton, R.N.; Ricciardelli, R.; Taillieu, T.; Stelnicki, A.M.; Groll, D.; Afifi, T.O. Provincial correctional workers: Suicidal ideation, plans, and attempts. *Can. Psychol. Can.* **2021**, *63*, 366–375. [CrossRef]
- 25. Findlay, L. Depression and Suicidal ideation among Canadians aged 15 to 24. Health Rep. 2017, 28, 11.
- 26. Mustard, C.A.; Bielecky, A.; Etches, J.; Wilkins, R.; Tjepkema, M.; Amick, B.C.; Smith, P.M.; Gnam, W.H.; Aronson, K.J. Suicide mortality by occupation in Canada, 1991–2001. *Can. J. Psychiatry* **2010**, *55*, 369–376. [CrossRef]
- 27. Di Nota, P.M.; Anderson, G.S.; Ricciardelli, R.; Carleton, R.N.; Groll, D. Mental disorders, suicidal ideation, plans and attempts among Canadian police. *Occup. Med.* **2020**, *70*, 183–190. [CrossRef] [PubMed]
- 28. Carleton, R.N.; Afifi, T.O.; Turner, S.; Taillieu, T.; Duranceau, S.; LeBouthillier, D.M.; Sareen, J.; Ricciardelli, R.; MacPhee, R.S.; Groll, D.; et al. Mental disorder symptoms among public safety personnel in Canada. *Can. J. Psychiatry Rev.* **2018**, 63, 54–64. [CrossRef] [PubMed]
- 29. Carleton, R.N.; Krätzig, G.P.; Sauer-Zavala, S.; Neary, J.P.; Lix, L.M.; Fletcher, A.J.; Afifi, T.O.; Brunet, A.; Martin, R.; Hamelin, K.S.; et al. The Royal Canadian Mounted Police (RCMP) Study: Protocol for a prospective investigation of mental health risk and resilience factors. *Health Promot. Chronic Dis. Prev. Can.* **2022**, 42, 319–333. [CrossRef]

- 30. Blevins, C.A.; Weathers, F.W.; Davis, M.T.; Witte, T.K.; Domino, J.L. The posttraumatic stress disorder checklist for DSM-5 (PCL-5): Development and initial psychometric evaluation. *J. Trauma. Stress* **2015**, *28*, 489–498. [CrossRef] [PubMed]
- 31. Weathers, F.W.; Lintz, B.T.; Keane, T.M.; Palmieri, P.A.; Marx, B.P.; Schnurr, P.P. *The PTSD Checklist for DSM-5 (PCL-5)*; National Center for PTSD: White River Junction, VT, USA, 2013.
- 32. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed.; American Psychiatric Association: Washington, DC, USA, 2013.
- 33. Manea, L.; Gilbody, S.; McMillan, D. A diagnostic meta-analysis of the patient health questionnaire-9 (PHQ-9) algorithm scoring method as a screen for depression. *Gen. Hosp. Psychiatry* **2015**, *37*, *67*–75. [CrossRef] [PubMed]
- 34. Kroenke, K.; Spitzer, R.L.; Williams, J.B. The PHQ-9: Validity of a brief depression severity measure. *J. Gen. Intern. Med.* **2001**, *16*, 606–613. [CrossRef] [PubMed]
- 35. Zimmerman, M.; Ellison, W.; Young, D.; Chelminski, I.; Dalrymple, K. How many different ways do patients meet the diagnostic criteria for major depressive disorder? *Compr. Psychiatry* **2015**, *56*, 29–34. [CrossRef]
- 36. Beard, C.; Björgvinsson, T. Beyond generalized anxiety disorder: Psychometric properties of the GAD-7 in a heterogeneous psychiatric sample. *J. Anxiety Disord.* **2014**, *28*, 547–552. [CrossRef]
- 37. Spitzer, R.L.; Kroenke, K.; Williams, J.B.W.; Löwe, B. A brief measure for assessing Generalized Anxiety Disorder: The GAD-7. *Arch. Intern. Med.* **2006**, *166*, 1092–1097. [CrossRef] [PubMed]
- 38. Swinson, R.P. The GAD-7 scale was accurate for diagnosing generalised anxiety disorder. *Evid. Based Med.* **2006**, *11*, 184. [CrossRef]
- 39. Carleton, R.N.; Collimore, K.C.; Asmundson, G.J.G.; McCabe, R.E.; Rowa, K.; Antony, M.M. Refining and validating the social interaction anxiety scale and the social phobia scale. *Depress. Anxiety* **2009**, *26*, E71–E81. [CrossRef]
- 40. Houck, P.R.; Spiegel, D.A.; Shear, M.K.; Rucci, P. Reliability of the self-report version of the panic disorder severity scale. *Depress. Anxiety* **2002**, *15*, 183–185. [CrossRef]
- 41. Shear, M.K.; Brown, T.A.; Barlow, D.H.; Money, R.; Sholomskas, D.E.; Woods, S.W.; Gorman, J.M.; Papp, L.A. Multicenter collaborative panic disorder severity scale. *Am. J. Psychiatry* **1997**, *154*, 1571–1575. [CrossRef] [PubMed]
- 42. Shear, M.K.; Rucci, P.; Williams, J.; Frank, E.; Grochocinski, V.; Vander Bilt, J.; Houck, P.; Wang, T. Reliability and validity of the panic disorder severity scale: Replication and extension. *J. Psychiatr. Res.* **2001**, *35*, 293–296. [CrossRef] [PubMed]
- 43. Gache, P.; Michaud, P.; Landry, U.; Accietto, C.; Arfaoui, S.; Wenger, O.; Daeppen, J.-B. The alcohol use disorders identification test (AUDIT) as a screening tool for excessive drinking in primary care: Reliability and validity of a French version. *Alcohol. Clin. Exp. Res.* 2005, 29, 2001–2007. [CrossRef] [PubMed]
- 44. Saunders, J.B.; Aasland, O.G.; Babor, T.F.; de la Fuente, J.R.; Grant, M. Development of the alcohol use disorders identification test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption–II. *Addict. Abingdon Engl.* 1993, 88, 791–804. [CrossRef]
- 45. World Health Organisation AUDIT: The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Health Care. Available online: https://www.who.int/publications-detail-redirect/audit-the-alcohol-use-disorders-identification-test-guidelines-for-use-in-primary-health-care (accessed on 26 May 2022).
- 46. Public Health Agency of Canada. Suicide in Canada: Key Statistics (Infographic); Public Health Agency of Canada: Ottawa, ON, Canada, 2020.
- 47. Stelnicki, A.M.; Jamshidi, L.; Angehrn, A.; Nicholas Carleton, R. Suicidal behaviors among nurses in Canada. *Can. J. Nurs. Res. Rev. Can. Rech. En Sci. Infirm.* **2020**, 52, 226–236. [CrossRef] [PubMed]
- 48. Schrijvers, D.L.; Bollen, J.; Sabbe, B.G.C. The gender paradox in suicidal behavior and its impact on the suicidal process. *J. Affect. Disord.* **2012**, *138*, 19–26. [CrossRef] [PubMed]
- 49. Canetto, S.S.; Sakinofsky, I. The gender paradox in suicide. Suicide Life. Threat. Behav. 1998, 28, 1–23. [CrossRef] [PubMed]
- 50. Carleton, R.N.; Afifi, T.O.; Taillieu, T.; Turner, S.; Krakauer, R.; Anderson, G.S.; MacPhee, R.S.; Ricciardelli, R.; Cramm, H.A.; Groll, D.; et al. Exposures to potentially traumatic events among public safety personnel in Canada. *Can. J. Behav. Sci. Rev. Can. Sci. Comport.* 2018, 51, 37–52. [CrossRef]
- 51. Groll, D.L.; Ricciardelli, R.; Carleton, R.N.; Anderson, G.S.; Cramm, H.A. A cross-sectional study of the relationship between previous military experience and mental health disorders in currently serving public safety personnel Canada. *Can. J. Psychiatry Rev. Can. Psychiatr.* **2020**, *65*, 330–337. [CrossRef]
- 52. Langlois, S.; Morrison, P. Suicide deaths and suicide attempts. Health Rep. 2002, 13, 14.
- 53. Boudreau, B. Re-imagining Canadian Defence and Security. Available online: https://policyoptions.irpp.org/magazines/re-imagining-canadian-defence-and-security/ (accessed on 21 June 2022).
- 54. Forand, J.L.; Larochelle, V.; Brookes, D.; Lee, J.P.Y.; MacLeod, M.; Dao, R.; Heard, G.J.; McCoy, N.; Kollenberg, K. Surveillance of Canada's high arctic. In Proceedings of the Oceans 2008, Quebec City, QC, Canada, 15–18 September 2008; pp. 980–984. [CrossRef]
- 55. Kives, B. By Spending More on Defence, the True North Concedes It Must Be Stronger If It Wants to Stay Free. *CBC News*. Available online: https://www.cbc.ca/news/canada/manitoba/canda-winnipeg-defence-budget-analysis-1.6413824 (accessed on 21 June 2022).
- 56. Henderson, S.N.; Van Hasselt, V.B.; LeDuc, T.J.; Couwels, J. Firefighter suicide: Understanding cultural challenges for mental health professionals. *Prof. Psychol. Res. Pract.* **2016**, 47, 224–230. [CrossRef]