FIRE FIGHTER SUICIDE AND BEHAVIORAL HEALTH ARE BECOMING A CONCERN TO THE FIRE SERVICE

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November 2016
(Revised Edition)
Abstract

Mental health and suicide prevention awareness have long been topics that have been swept under the carpet and thought to have no place in the fire service. Challenged with the increasing awareness of fire fighter and EMT suicide, several organizations—including the International Association of Fire Chiefs, National Volunteer Fire Council, International Association of Fire Fighters, and National Fallen Fire Fighters—are conducting campaigns to raise awareness to this problem. The National Fire Protection Association has collected various research studies associated with fire service behavioral health and mental wellness. NFPA’s effort will continue to focus attention on awareness and prevention and to increase consciousness of fire fighter suicide and behavioral health and well-being. As the standards development authority for the fire service, NFPA’s emphasis will continue to highlight the need for behavioral health and mental wellness practices.

Keywords: Literature review, Post-traumatic stress disorder (PTSD), Behavioral health, Mental health, Fire fighters, Fire service, Suicides, Rehabilitation, Personal resilience, Mental illnesses, Fire fighter fatalities, Stress management

The content, opinions and conclusions contained in this report are solely those of the authors.

NFPA Research No. 2751/Revised December 2016

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Firefighter Suicide and Behavioral Health Are Becoming a Concern to the Fire Service.

Part I: Recognizing the Need for Awareness and Prevention of Firefighter Suicide and for Behavioral Health Research

Mental health and suicide prevention awareness have long been topics that have been swept under the carpet and thought to have no place in the fire service. Challenged with the increasing awareness of firefighter and EMT suicide, several organizations—including the International Association of Fire Chiefs, National Volunteer Fire Council, International Association of Fire Fighters, and National Fallen Firefighters—are conducting campaigns to raise awareness to this problem. The National Fire Protection Association has collected various research studies associated with fire service behavioral health and mental wellness. NFPA’s effort will continue to focus attention on awareness and prevention and to increase consciousness of firefighter suicide and behavioral health and well-being. As the standards development authority for the fire service, NFPA’s emphasis will continue to highlight the need for behavioral health and mental wellness practices.

Fire service personnel perform duties and serve the community with the intentional effort of making a situation safe and delivering assistance, whether it’s a residential structure fire or a medical care concern. There are not many occupations where the public is served and the expectations are as high as with the public safety sector (law enforcement, fire service, and emergency medical service). Along with serving the community, first responders come across many situations that affect the community and individuals they serve, but many times there are underlying circumstances that are not readily apparent. Firefighters are not immune to these same types of circumstances. Not only are they caring for and providing assistance to individuals, they are still human beings with their own life situations. There are times when it is easy to disassociate from an incident to which they’ve responded. But there are other times when a connection can directly affect the mental well-being and behavioral health of the firefighter.

Suicide is not a direct result of having responded to an incident but rather the end of a series of evolutionary behavioral health ideations, which can include variables such as alcoholism, anxiety, depression, and drug abuse. These tendencies can be caused by a single threat to mental wellness or a series of cumulative events, including but not limited to a traumatic incident leading to PTSD, divorce, family economics, elderly care of a family member, and military service experiences.

While the research on firefighter suicide and behavioral health is limited, significant topics are being explored. For an annotated bibliography of those research projects, navigate to: http://www.nfpa.org/ffsuicideawareness.

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Part II: A Review of Selected Annotated Bibliography Used for Firefighter Suicide and Behavioral Health Research

While the topic of firefighter suicide is relatively new in terms of research and awareness to circumstances, there has been research undertaken to begin to address the suicide tendencies, risk factors, awareness, intervention schemes, correlation between suicide tendencies and other contributing social and personal situations, and PTSD to list a few. This paper lists several research studies and resources that address firefighter behavioral health and well-being, and suicide awareness and prevention.

Kimbrel NA; Pennington ML; Cammarata CM; Leto F; Ostiguy WJ; Gulliver SB. (July 2016). “Is Cumulative Exposure to Suicide Attempts and Deaths a Risk Factor for Suicidal Behavior Among Firefighters? A Preliminary Study.” Suicide and Life-Threatening Behavior.
This thesis explores the cumulative exposure effects of suicide attempts and deaths and suicidal behavior among firefighters.

Stanley IH; Hom MA; Joiner TE. (May 2016). “Suicide mortality among firefighters: Results from a large, urban fire department.” American Journal of Industrial Medicine.
This report recommends ways to determine strategies for collecting and analyzing data related to firefighter death by suicide.

Gulliver SB; Pennington ML; Leto F; Cammarata C; Ostiguy W; Zavodny C; Flynn EJ; Kimbrel NA. (2016/40(2)/121-128). “In the wake of suicide: Developing guidelines for suicide postvention in fire service.” Death Studies.
The purpose of this project was to encourage the implementation of policies or procedures for suicide awareness guidance for the fire service.

This thesis examines fire service occupational hazards and the association to the risk of suicide and the need for prevention and treatment for firefighters.

Hom MA; Stanley IH; Ringer FB; Joiner TE. (June 2016/67(6)/688-91). “Mental Health Service Use Among Firefighters With Suicidal Thoughts and Behaviors.” Psychiatric Services.
The outcomes of this report indicate that mental health services are generally provided once the risk to a firefighter’s suicide ideation is recognized.

Carpenter GS; Carpenter TP; Kimbrel NA; Flynn EJ; Pennington M; Cammarata C; Zimering RT; Kamholz BW; Gulliver SB. (March 2015/39(2)/191-6). “Social support, stress, and suicidal ideation in professional firefighters.” American Journal of Health Behavior.
While this research suggests additional exploration is needed, there appears to be a correlation between occupational stress and suicide ideation in firefighters.

Chu C; Buchman-Schmitt JM; Hom MA; Stanley IH; Joiner TE Jr. (June2016/240/26-33). “A test of the interpersonal theory of suicide in a large sample of current firefighters.” Psychiatry Research.
This study appears to indicate that firefighters experience behavioral health concerns and suicide ideation related to occupational stresses.
Emergency responders experience job-related stresses that increase risk for behavioral health concerns including suicide.

According to this report, there are indications that firefighters are at increased risk of dying by suicide as compared to the civilian population.

This project examined mental health programs that can be used by fire departments as a means to assist with post-traumatic stress disorders and firefighter suicide.

Houston Fire Department developed a suicide prevention program in response to the risks to its public safety personnel.

This study points to the importance of reducing suicide among firefighter/EMS personnel by targeting depression and PTSD symptoms.

This thesis hones in on firefighter suicide and the risks from suicide ideation.

This article assesses the research in resiliency training and positive adaptation in diminishing the risk of PTSD.

This study focuses on the reliability of critical incident stress debriefing (CISD) on firefighter occupational experiences versus the benefits of peer support.

Additional Resources:
Moffitt, J., Bostock, J. and Cave, A. (2014/13(2)/103-113). Promoting well-being and reducing stigma about mental health in the fire service. Journal of Public Mental Health. The project indicates that providing training in behavioral health awareness was beneficial in creating positive outcomes.


Deppa, Karen F; Saltzberg, Judith. (June 2016/p. 2-15). Resilience Training for Firefighters Part of the series Springer Briefs in Fire: An Approach to Prevent Behavioral Health Problems. This is a book on developing skills to help firefighters with the effects of stress incidents and situations.


This is a publication addressing PTSD and cancer as a growing risk for firefighters and MES personnel.

This report consists of findings of a forest service firefighter suicide and includes a brief narrative of what happened, lessons learned, a synthesis of macro lessons, and appendices.

This is a review of literature to assess specific psychological trauma in firefighters.

This study compared the relative fitness of factorial models of PTSD among African American male firefighters.

The study examined a specific method for behavioral health training program for firefighters in distress.

This is a report from the Standing Committee on Public Safety and National Security for the Parliament of Canada.


CDC report on occupational groups with higher suicide rates might be at risk for a number of reasons.

See also "protective service". High rates of female suicide occur among those working in emergency service occupations.
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Part III: Pathway to Awareness and Prevention for Firefighter Suicide and Behavioral Health and Wellness

For years, the fire service has recognized that organized, formal training and education have led to consistently well-trained firefighters in North America. This consistency is obtained from established, time-tested standards, most notably NFPA 1001, Standard for Fire Fighter Professional Qualifications. The job performance requirements in NFPA 1001 center specifically on the physical tasks of the job. However, the realization that the mental aspects of firefighters need to be recognized and focused is becoming clearer and more prevalent. The adoption of training programs and certification need to be institutionalized, for the same reasons the tasks of safe ascent on ladders are learned, precise search and rescue techniques are used at an incident, and maintenance of tools and equipment are vital to readiness. The same should hold true for firefighters’ behavioral health and mental wellness. Awareness and prevention of firefighter suicide and behavioral health and wellness should begin at the entry level during recruit training.

A substantive firefighter suicide prevention and behavioral health and wellness training program has to focus on the following areas:

- Identifying signs and symptoms of emotional and behavioral health distress, including anxiety, depression, addiction, and challenging circumstances to situations typically not encountered
- Developing and sustaining a peer support group
- Seeking established professional mental health services or crisis care tailored to the fire service and/or public safety
- Recognizing how mental health practices fit into overall health and aid in preventative mental health self-care, including sleep, stress management, resilience, emotional intelligence, and conflict resolution
- Utilizing awareness level training and education in emotional and behavioral health distress situations
- Upholding a means of confidentiality
- Maintaining open lines of communication
- Appreciating non-judgmental aspects
- Assisting in a referral process

The documented cases of firefighter suicide indicate that contributing factors ultimately led the firefighters to take their lives. In many situations, if help had been available, it might have helped prevent a suicide. Firefighters often mask their distress, and those around them do not see the subtleties that otherwise would initiate an intervention process; without awareness training, the warning signs of possible suicide can be difficult to recognize. Whether it is anxiety, depression, PTSD resulting from one incident or a series of events, a combination of family-life, divorce, or financial hardship, there are signs that indicate assistance is needed. It’s no longer a matter of “Suck it up and deal with it!” It’s time to deliver firefighter suicide, behavioral health and mental well-being awareness and prevention programs at the firefighter level.