



UFF Position Statement:

Implementation of Comprehensive Behavioral Health Programs in the Fire Service

Traditionally, medical and physical fitness takes precedence over emotional or behavioral fitness in the fire service. The aftermath of 9/11, Hurricane Katrina, terrorist attacks and other disasters, is shifting that tradition. As fire fighters face more and more disturbing and devastating incidents, job-related stress and the potential for behavioral health issues have increased.

Left unaddressed, these stressors interfere with day-to-day life. They affect work, sleep, and relationships. Ultimately, stressors can result in diagnosable mental illnesses, such as Post-Traumatic Stress Disorder (PTSD); depression; anxiety and substance use disorders.

Without comprehensive programs to address the mental and emotional health of fire service personnel, departments are likely to have employees who are often absent, involved in more accidents, receive more injuries, utilize more sick leave, and poorly perform required duties. Unfortunately, the most serious consequence of untreated behavioral health problems is the risk of suicide. A 2015 study found that, over the course of their careers, a troubling number of fire fighters experience suicidal ideation (46%), make suicide plans (19%) and attempt suicide (15.5%). The cost of continuing to overlook behavioral health within the fire service is just too great.

Currently, very few departments have truly comprehensive behavioral health programs. Most fire departments have a patchwork of ineffective services. Departments with these piecemeal programs often scramble to amass resources when behavioral health concerns arise. All too often, response to behavioral health issues is characterized by ineffective and underutilized Employee Assistance Programs, few or no protocols or standard operating procedures and pervasive stigma. The result is decreased discussion about behavioral health and very little access to evidence based services. In contrast, fire departments that implement a comprehensive behavioral health program are able to move out of reactionary mode and become more proactive and preventive. These departments put programs and policies into place to address behavioral health emergencies and, more importantly, develop tools and protocols to prevent behavioral health problems from escalating into emergencies.

The most successful behavioral health programs are comprehensive and involve a cooperative effort between labor and management. Fire Chiefs have an important opportunity to demonstrate leadership and implement a new, more effective framework for responding to their employees' behavioral health needs. The ideal behavioral health model is premised on the belief that education, prevention,

treatment and rehabilitation of individuals is the most effective and compassionate means of retaining valuable members of the department.

Fire Service Leaders should work to implement a comprehensive behavioral health program. The required elements to building a comprehensive program include the following:

- **Establish a Behavioral Health Committee**

A standing committee provides leadership and sustained focus on behavioral health concerns. A Behavioral Health Committee systematically identifies needs, recommends ways to respond to those needs, and secures the necessary resources. The Committee can help champion behavioral health within health and safety discussions and lead a review of policies that interfere with services.

- **Reinvigorate Employee Assistance Programs (EAPs)**

While many departments offer EAPs, the majority of fire fighters consider those services to be ineffective and untrustworthy. Leaders can use their influence to improve these systems. Effective EAPs permit employees to have direct access to services and ensure that EAP professionals are trained in the field of traumatic stress and behavioral health concerns specific to the fire service. Finally, fire service leaders can assure their personnel that job security or future promotional opportunities are not jeopardized when/if the EAP is utilized.

- **Provide Education about Behavioral Health**

Behavioral health education should be integrated into regular training schedules within the department. Education about stress prevention and other issues related to behavioral health can be incorporated into recruit training, ongoing personnel training, promotional and paramedic training and informal education around the kitchen table. Regularly scheduled trainings and distribution of outreach materials help to reduce the stigma surrounding these issues and can ultimately help change attitudes and culture.

- **Review Policies and Practices**

Chiefs can ensure that departmental policies facilitate help-seeking, protect privacy and do not create unintended barriers to behavioral health treatment.

- **Proactively Identify Behavioral Health Resources**

The department must assume the responsibility to research behavioral health resources and professionals in the community and create a referral list. This task may be assigned to a behavioral health specialist, peer team member, or other designated lead. Where possible, the

designated should be familiar with how to use and navigate the department's insurance to pay for behavioral health services.

- **Hire a Behavioral Health Specialist**

Successful programs often have a “champion” such as a Behavioral Health Specialist who implements the program, provides short-term counseling, and refers individuals to appropriate services. This individual must be familiar with the unique stressors facing fire service personnel and be trained in crisis intervention, direct intervention strategies, and human communication skills, as well as PTSD, depression, suicide awareness and postvention and substance abuse.

- **Train Officers**

Supervisors must be instructed in how to recognize and respond to signs of emotional distress among their employees. Officers need training on how to make confidential referrals that link employees to appropriate behavioral health services in accordance with department's policies.

- **Create Peer Support Programs**

Fire fighters feel most comfortable talking to other fire fighters about their concerns. Peer Support Programs have been shown to be an effective method of providing services and assistance in a number of occupational groups, including fire fighters. A peer support program provides short term crisis intervention and necessary referral services. Peer Support Programs are not meant to replace professional assistance. Instead, these programs serve as a bridge to professionals by providing short-term support, making necessary referrals and offering behavioral health education.

- **Revisit Post-Incident Response**

Many departments have systems in place to respond to potentially traumatic events; Critical Incident Stress Management (CISM) is one such model. Fire fighters report that post-incident responses are most effective when participation is voluntary. Fire fighters also indicate that these programs are more appealing and useful when there's discussion about normal responses to a crisis, when information about available resources is provided, and when the response is facilitated by peers or those familiar with the fire culture. Fire service leaders should review their current systems to assure these criteria are met.

- **Tackle Stigma Directly**

The establishment of a comprehensive behavioral health program is a significant step in helping to reduce the stigma around mental illness and help-seeking. However, Chiefs and other leaders can use their position to directly address stigma and foster an environment where behavioral health and physical health are treated in a similar manner.

In order to maintain a high level of job performance, fire service personnel must be able to cope effectively and balance the emotional, physical, and mental stresses of work and personal life. An effective and comprehensive Behavioral Health Program can restore fire service personnel to a healthy and fully productive life, improve employee morale, and increase the productivity of the entire department.

Sources

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