2023 Urban Fire Forum (UFF) Position Statement

Support for Increasing Efforts on Mental Health & Wellbeing

In the United States (US), fire departments are more likely to suffer a firefighter suicide than any other on-duty death associated with causes such as burns, collapse, or cardiovascular events. Firefighters and Emergency Medical Services (F/EMS) personnel are on the frontlines of response for every type of community trauma, ranging from major catastrophic events such as storms, train derailments, school shootings, mass casualties, and terrorist attacks, to more routine emergencies like heart attacks, drownings, house fires, and rescues. Emerging evidence underscores the negative mental health impact on F/EMS personnel from this chronic, repeated exposure to trauma. This repeated exposure has been associated with high rates of depression, anxiety, and post-traumatic stress disorder (PTSD). Recognizing these challenges, the F/EMS service has increasingly identified ways to help those suffering. The efforts primarily include peer support programs, efforts to decrease the stigma surrounding mental health, department resources, and the provision of psycho-education programs.

As fire and emergency response agencies shift their focus towards adopting an all-hazards response approach, the responsibilities of personnel have evolved significantly. They have moved beyond their traditional role of primarily engaging in fire suppression activities to encompass a wide range of increasingly intricate and volatile emergency response operations. Present-day personnel are responsible for rescue operations, hazardous materials management, responding to natural disasters and domestic attacks, and providing emergency medical services (EMS). In many regions, these personnel serve as the primary providers of EMS for their communities, thereby serving as the crucial medical safety net. These events may involve attending to a parent experiencing a heart attack, rescuing a drowning child, responding to a car accident with severely injured adolescents, battling fires with the possibility of trapped victims, or, more recently, dealing with the challenges of responding to COVID-19 patients and their families. The role of F/EMS personnel demands their readiness to respond at any time, day, or night, which introduces an additional layer of stress due to interrupted sleep patterns and the physical and mental demands of shift work. In the fire service, there is a common saying often quoted in the 2005 documentary, Into the Fire, that aptly captures today’s reality, “Your worst day is our every day.” It comes as no surprise that regular exposure to these demanding and often distressing events can take a toll on the mental health of firefighters.

Mental Health Issues Among F/EMS Personnel. The incidence of depression or depressive symptoms has been assessed in various groups of U.S. firefighters, and the majority of these studies have reported a higher prevalence of depression compared to the general population. The lifetime prevalence of healthcare provider-diagnosed depression among US males and females is 5.7% and 11.7%, respectively. In stark contrast, male career and volunteer firefighters in the Midwest exhibit concerning levels of depression as high as 20%. Additionally, in a nationwide cohort of male career firefighters, approximately 6% had received a diagnosis of depressive disorder from a healthcare provider. The situation is even more pronounced among...
female firefighters where, 25-42% screened positive for depression, and up to 35% had a lifetime prevalence of healthcare provider diagnosis of depressive disorder\textsuperscript{6}. Further highlighting the impact of their challenging work environment Tak et al.\textsuperscript{44} found that 27% of the firefighters screened positive for depressive symptoms three months after responding to Hurricane Katrina.

Just as with depression, the existing data on PTSD among firefighters reveals a much higher prevalence\textsuperscript{9,16,45,46} than the general population, where the prevalence is 3.5%\textsuperscript{47}. In a comparative analysis by Corneil et al. PTSD screenings among US and Canadian firefighters revealed an alarming prevalence of 22% among two large US fire departments and 17% among a large Canadian department\textsuperscript{16}. Examinations of PTSD prevalence also following major disasters and crises yielded disturbing findings. For instance, 13% of firefighters responding to the Oklahoma City Bombing reported having PTSD symptoms\textsuperscript{45,46}. One common maladaptive coping mechanism for managing depression and PTSD is substance misuse. Individuals who experience emotional distress and PTSD often report the development or worsening of risky drinking behaviors. For instance, among firefighters who responded to the Oklahoma City bombing, studies described alcohol disorders as "endemic" particularly among those who turned to alcohol as a coping mechanism, which was associated with poorer overall functioning\textsuperscript{45,46}. Our previous studies indicated that 56% of male career firefighters, 45% of male volunteer firefighters, and 40% of female career firefighters reported binge drinking in the past 30 days\textsuperscript{6,40}. Similarly, Carey et al. found that 58% of firefighters in the Northeast US binge drank over the past 30 days\textsuperscript{4}. Using alcohol as a coping mechanism for distress may explain the substantially higher prevalence of binge drinking among firefighters compared to the general population, where the prevalence is under 20%\textsuperscript{46}.

The high prevalence of depression, PTSD associated symptoms, and substance abuse among firefighters is particularly troubling because it may contribute to a distressing number of suicides. A recently published report found more firefighters died by suicide than by line-of-duty deaths in 2017\textsuperscript{49}. The Firefighter Behavioral Health Alliance estimates only 40% of firefighter suicides are reported to their website, and they estimate the rate of suicide for firefighters to be 18 per 100,000 individuals, which is higher than the general US population (13/100,000)\textsuperscript{49}. Stanley and colleagues\textsuperscript{50} conducted a survey of 1,000 firefighters and found that 46.8% of the 1,000 firefighters responding to their survey reported suicidal ideation, 19.2% reported suicidal plans, and 15.5% reported a past suicidal attempt throughout their careers. Similarly, a survey of more than 7,000 respondents conducted by the IAFF and NBC news found that 19% of firefighters reported having suicidal thoughts, 27% reported struggling with substance abuse, and 65% reported they are haunted by memories of bad calls\textsuperscript{51}. While determining the exact prevalence of suicide ideation and attempts is challenging, the number of firefighters who report dealing with thoughts of suicide on existing surveys is troubling. Depression, PTSD, and alcohol abuse are often precursors to suicide ideation and attempts. Boffa et al.\textsuperscript{14} found that among almost 900 firefighters from across the US, firefighters with more significant PTSD symptoms were more likely to report suicidal ideation and suicide attempts in their lifetime. In addition, depression and PTSD symptom severity were positively associated with lifetime suicidal ideation and lifetime suicide attempts among over 3,000 firefighters from a large urban fire department\textsuperscript{20}.

Untreated behavioral health issues can also have a profound impact on job performance and safety, posing serious concerns for both first responders and the communities they serve. For example, a study conducted by Regehr and LeBlanc\textsuperscript{52} revealed that first responders with PTSD, when exposed to simulated emergencies in a controlled research environment, exhibited significant declines in their performance on complex cognitive tasks. Complex cognitive firefighting tasks could include size up and situational awareness on the fireground. Similarly, in a study of over 3,000 Greek firefighters, those who had symptoms of PTSD were found to have
higher rates of work-related injuries, possibly due to the effects of lack of concentration and decreased cognitive functioning\textsuperscript{53}. PTSD is a significant risk for impaired decision-making ability and increased injury among firefighters.

**Beyond Trauma Exposure.** In addition to trauma exposure, research indicates several factors put firefighters at higher risk of mental health disorders. Similar to studies in the general population\textsuperscript{54,55}, research in the fire service has found significant relationships between experiences of discrimination and harassment and negative psychiatric outcomes\textsuperscript{56,57}. In a study of nearly 2,000 female firefighters\textsuperscript{56}, our team found that those who had experienced the most significant levels of discrimination and harassment had more than double the risk of having clinically significant symptoms of PTSD (6.9\% vs. 16.5\%) compared to those who had experienced little or no discrimination or harassment. A similar pattern existed for depression, with high levels of discrimination/harassment being linked to higher levels of depression (15.1\% vs. 43.3\%) and anxiety (average score 16.4 vs. 21.1) as well as injury in the past year (36.8\% vs. 56.3\%) and lost workdays (2.8 days vs 4.0 days).

**Progress on Mental Health.** Over the past two decades significant efforts have led to improvements in addressing mental health and well-being, resilience, and response to mental health challenges. With increased awareness of the mental health impact of both chronic and acute exposures, the national fire service has made a concerted effort to support the mental health of its members with significant progress. Starting two decades ago, the National Fallen Firefighters Foundation (NFFF) launched the Everyone Goes Home Initiative\textsuperscript{58} to reduce preventable firefighter fatalities. Within this initiative, 16 comprehensive strategies were established, and one of these, "Initiative 13\textsuperscript{59}," was dedicated to enhancing mental health support for F/EMS personnel. The work launched efforts to prevent mental health disorders through education and awareness, bolstering peer support in departments, and encouraging organizational support\textsuperscript{29}. Similarly, the International Association of Firefighters (IAFF) launched its behavioral health initiatives that include training of peer support personnel for departments, online awareness level resources, resiliency training, and the development of a cadre of disaster response personnel to support the mental health of those responding to large scale disasters\textsuperscript{33}. Similarly, the National Volunteer Fire Council (NVFC) developed a toolkit that includes a helpline, department resources, a directory of behavioral health providers, and department education. National efforts from these groups and others also have focused on decreasing the stigma related to mental health struggles\textsuperscript{60}.

**Emerging Issues.** The fire service has been recognized for its progress in addressing mental health challenges and promoting psychological health and wellness\textsuperscript{61}; the increased focus has led to several emerging opportunities. While resources have been developed, broader adoption and more coordinated efforts are needed to continue the successes developed within the fire service to ensure all personnel at all times are supported.

The Metropolitan Fire Chiefs Association expresses its general support for the following steps for improving the mental health and well-being of the nation’s fire service:

- **Department Resources.** Every department should support the mental health and well-being of their members by building a behavioral health program including but not limited to: peer support, ongoing awareness and education for the entire department, tools on building resilience, education starting in the recruit academy, and integration of behavioral health referral resources to culturally competent mental health support.
• **Reducing Stigma.** Continued efforts must focus on decreasing the stigma around mental health and wellbeing through education and awareness, encouraging open and honest communication about mental health, leadership buy-in on the issue’s importance, reducing stigmatizing language, supporting regular mental health screenings, encouraging peer-led activities, and celebrating resilience.

• **Regional Resources.** The fire service must support building unified local, regional, and state mental health and well-being approaches that leverage resources, tools, technology, and training.

• **Leadership Support.** Resources are needed to support fire service leaders' mental health and well-being, often overlooked in the traditional peer support model.

• **Post Disaster Response.** National efforts must focus on leveraging the lessons learned from past disasters to ensure that all personnel and communities exposed to natural and manmade disasters, terrorist events, mass shootings, and the like are provided the mental health and well-being resources necessary to limit the harmful impact of such exposures.

• **High Risk.** All departments should make personnel aware of workplace incivility’s negative physical and mental health impacts and encourage and reinforce inclusive environments for all personnel.
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