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

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Table of Contents

Table of Contents

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

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

Part III: Pathway to Awareness and Prevention for Fire Fighter Suicide and Behavioral Health and Wellness
Fire Fighter Suicide and Behavioral Health Are Becoming a Concern to the Fire Service.
Part I: Recognizing the Need for Awareness and Prevention of Fire Fighter 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 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.

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. Fire fighters 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. They provide for their families or themselves. There are times when it is easy to dissociate from an incident to which they’re responded. But there are other times when a connection can directly affect the mental well-being and behavioral health of the fire fighter.

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 fire fighter suicide and behavioral health is limited, significant topics are being explored. For an annotated bibliography of those research projects, navigate to: www.nfpa.org/FFSuicideAwareness and follow the other four blogs “Fire Fighter Suicide and Behavioral Health Are Becoming a Concern to the Fire Service.”
Fire Fighter Suicide and Behavioral Health Are Becoming a Concern to the Fire Service. Part II: A Review of Selected Annotated Bibliography Used for Fire Fighter Suicide and Behavioral Health Research

While the topic of fire fighter 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 section lists several research studies and additional resources with annotated bibliographies.

The annotated bibliography is provided to increase awareness in fire fighter suicide, and behavioral health and well-being. The PubMed search included "firefighters"[MeSH Terms] OR "firefighters"[All Fields] OR "firefighter"[All Fields] AND "suicide"[MeSH Terms] OR "suicide"[All Fields]. Most of the publications range from 2015 to 2016 but not further back than 2013.

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.

The goal of this thesis was to determine whether post-traumatic stress disorder (PTSD) and firefighter suicide are on the rise in the U.S. fire service and how fire chiefs can implement programs to curb PTSD-related firefighter suicide. The research was limited, however, by imprecise statistics on PTSD and suicide in the fire service, caused in part by the firefighter culture. To work toward a proactive solution, this research examined current, effective mental health programs that can be utilized in-house by fire departments, including Critical Incident Stress Debriefing, Psychological First Aid, and Stress First Aid. Research on professional mental health focused on therapies used by the Department of Veterans Affairs, including psychotherapy, medication, and eye movement desensitization and reprocessing. Through a critical review of available programs, this thesis identifies best practices for collecting accurate firefighter suicide data, and suggests development of a tiered approach to decrease PTSD and firefighter suicide. A limitation of the research was the inability to verify results of a firefighter being “cured” of PTSD.

Stanley IH; Hom MA; Joiner TE. (May 2016). “Suicide mortality among firefighters: Results from a large, urban fire department.” American Journal of Industrial Medicine.

Background Research regarding suicide mortality among firefighters within the U.S. has been sparse and has yielded inconsistent findings. This study aimed to: (i) describe suicide rates within a large, urban fire department; and (ii) compare firefighter suicide rates with demographically adjusted general population suicide rates Methods Rosters were obtained from the Philadelphia Fire Department (PFD) for all members employed by or separated from the department between 1993 and 2014 (N ¼ 4,395). Vital statistics for each member were obtained from the CDC’s National Death Index. Conclusions: The suicide rate among firefighters appears comparable to, and perhaps lower than, demographically adjusted general population estimates. Infrastructure to triangulate and monitor suicide rates from multiple departments,
both career and volunteer, is needed to derive a more representative and informative estimate of firefighter suicide rates.

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.

This project aimed to develop a standard operating procedure (SOP) for suicide postvention in Fire Service. First, an existing SOP was refined through expert review. Next, focus groups were conducted with fire departments lacking a peer suicide postvention SOP; feedback obtained guided revisions. The current article describes the iterative process used to evaluate and revise a Suicide Postvention SOP into a Postvention guideline that is available for implementation and evaluation. Postventions assist survivors in grief and bereavement and attempt to prevent additional negative outcomes. The implementation of suicide postvention guidelines will increase behavioral wellness within Fire Service.


BACKGROUND: Firefighters experience high-risk occupational hazards that may confer increased risk for suicide; however, prevalence rates of suicidal thoughts and behaviors among firefighters are unknown. The purpose of this study is to describe the career prevalence of suicide ideation, plans, attempts, and non-suicidal self-injury among firefighters, in addition to sociodemographic, physical health, and occupational correlates. METHODS: Data were obtained from a cross-sectional convenience sample of 1027 current and retired firefighters who completed a nationwide web-based survey on mental health (mean age=38.49, SD=11.70; 91.2% male; 87.3% White). Sociodemographic, physical health, and occupational correlates were assessed via a structured questionnaire. Suicidal thoughts and behaviors were assessed using a modified version of the Self-Injurious Thoughts and Behaviors Interview-Short Form (SITBI-SF). RESULTS: The career prevalence estimates of suicide ideation, plans, attempts, and non-suicidal self-injury were found to be 46.8%, 19.2%, 15.5%, and 16.4%, respectively. Key factors associated with increased risk for reporting suicidal thoughts and behaviors included lower firefighter rank, fewer years of firefighter service, membership in an all-volunteer department, a history of professionally responding to a suicide attempt or death, and active duty military status. LIMITATIONS: The current study utilized a cross-sectional convenience sample of firefighters. CONCLUSIONS: Firefighters report an alarmingly high career prevalence of suicidal thoughts and behaviors. Our preliminary data are compelling, indicating the need for additional research as well as increased prevention and treatment efforts among firefighters to decrease suicide risk.

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.
OBJECTIVE: This study aimed to characterize rates and correlates of mental health service use, as well as barriers to care, among a sample of firefighters reporting a history of suicide ideation, plans, or attempts during their firefighting careers. METHODS: Participants (N=483) completed a Web-based survey assessing history of suicidal thoughts and behaviors, prior mental health service utilization, and barriers to treatment. RESULTS: Overall, 77% of participants reported receipt of mental health services during their firefighting careers (attempt history, 93%; plan but no attempt, 77%; and ideation only 68%). Firefighters with fewer years of service were less likely than those with more years to have accessed treatment. Service nonusers were more likely than service users to report concerns regarding reputation and embarrassment as barriers to care. CONCLUSIONS: Findings from this preliminary investigation suggest that the majority of firefighters with a history of elevated suicide risk have received mental health services.

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.

OBJECTIVE: To hypothesize that social support may protect against the effect of firefighter stress on suicidal ideation. METHODS: Overall, 334 firefighters completed measures of occupational stress, social support, and suicidal ideation. RESULTS: At high levels of social support, no association was observed between occupational stress and suicidal ideation (φ = -.06, ns); however, when social support was low, occupational stress showed a positive association with suicidal ideation (φ = .16, p < .05). CONCLUSIONS: The association between occupational stress and suicidal ideation may be reduced by social support. Further research on this topic is warranted.

Chu C; Buchman-Schmitt JM; Hom MA; Stanley IH; Joiner TE Jr. (June 2016/240/26-33). “A test of the interpersonal theory of suicide in a large sample of current firefighters.” Psychiatry Research.

Recent research suggests that firefighters experience elevated rates of suicidal ideation and behaviors. The interpersonal theory of suicide may shed light on this finding. This theory postulates that suicidal desire is strongest among individuals experiencing perceived burdensomeness and thwarted belongingness, and that the combination of suicide desire and acquired capability for suicide is necessary for the development of suicidal behaviors. We tested the propositions of the interpersonal theory in a large sample of current United States firefighters (N=863). Participants completed self-report measures of perceived burdensomeness, thwarted belongingness, fearlessness about death (FAD; a component of acquired capability), and career suicidal ideation and suicide attempt history. Regression models were used to examine the association between interpersonal theory constructs, career suicidal ideation severity, and the presence of career suicide attempts. In line with theory predictions, the three-way interaction between perceived burdensomeness, thwarted belongingness, and FAD was significantly associated with career suicide attempts, beyond participant sex. However, findings were no longer significant after accounting for years of firefighter service or age. Contrary to predictions, the two-way interaction between perceived
burdensomeness and thwarted belongingness was not significantly related to career suicidal ideation severity. Applications of the theory to firefighters and future research are discussed.

Stanley IH; Hom MA; Joiner TE. (March 2016/44/25-44). “A systematic review of suicidal thoughts and behaviors among police officers, firefighters, EMTs, and paramedics.” Clinical Psychology Review.

First responders—police officers, firefighters, emergency medical technicians (EMTs), and paramedics—experience significant job-related stressors and exposures that may confer increased risk for mental health morbidities (e.g., posttraumatic stress disorder [PTSD], suicidal thoughts and behaviors) and hastened mortality (e.g., death by suicide). Inherent in these occupations, however, are also factors (e.g., camaraderie, pre-enlistment screening) that may inoculate against the development or maintenance of psychiatric conditions. Several reviews of the literature have documented the prevalence and potency of PTSD among first responders; the value of these extant reviews is considerable. Nonetheless, the literature has not been systematically described with regard to suicidality. In this systematic review, we present 63 quantitative studies examining suicidal thoughts, behaviors, and/or fatalities among first responders; identify population-specific risk and protective factors; and pinpoint strengths and weaknesses of the existing literature. Findings reveal elevated risk for suicide among first responders; however, studies utilizing more rigorous methodologies (e.g., longitudinal designs, probability sampling strategies) are sorely needed. First responders have an armamentarium of resources to take care of others; it is the duty of researchers, clinicians, and the public to aid in taking care of their health as well, in part by reducing suicide risk.


Suicide is a widespread problem that is severely underreported within the fire service. There is a growing body of evidence that suggests firefighters are at increased risk of committing suicide compared with their civilian counterparts due to disturbingly higher rates of posttraumatic stress disorder and substance use disorders, which serve as markers for suicide completion. The main problem for mental health professionals in addressing suicide in this population is the substantial lack of empirical research on mental health of firefighters as well as the compounding cultural stigma that exists in addressing mental and behavioral health issues. Additionally, there remains a discrepancy in reported rates of suicide and a lack of information on attempted suicides—related to low reporting rates by family members, fellow firefighters, and departments, as well as no official national tracking database for suicide in firefighters—that further complicates research in this area. This article (a) discusses current research on suicide within the fire service, (b) explores issues and challenges for psychological assessment and intervention for practitioners working with this population, (c) describes specific approaches toward decreasing suicide in firefighters, and (d) suggests policy considerations for fire departments and mental health professionals. (PsycINFO Database Record (c) 2016 APA, all rights reserved).
The goal of this thesis was to determine whether post-traumatic stress disorder (PTSD) and firefighter suicide are on the rise in the U.S. fire service and how fire chiefs can implement programs to curb PTSD-related firefighter suicide. The research was limited, however, by imprecise statistics on PTSD and suicide in the fire service, caused in part by the firefighter culture. To work toward a proactive solution, this research examined current, effective mental health programs that can be utilized in-house by fire departments, including Critical Incident Stress Debriefing, Psychological First Aid, and Stress First Aid. Research on professional mental health focused on therapies used by the Department of Veterans Affairs, including psychotherapy, medication, and eye movement desensitization and reprocessing. Through a critical review of available programs, this thesis identifies best practices for collecting accurate firefighter suicide data, and suggests development of a tiered approach to decrease PTSD and firefighter suicide. A limitation of the research was the inability to verify results of a firefighter being “cured” of PTSD.

Suicides among public safety personnel (law enforcement, firefighters, and emergency medical services) are a growing concern across departments with occupational, mental health, and fitness for duty implications. Research on this topic has mostly focused on the law enforcement community. With an alarming rate of suicides among firefighters, the Houston Fire Department (HFD) endeavored to develop a suicide prevention program to address this issue. This article captures the history of suicide within the Houston Fire Department and summarizes each phase of the HFD Suicide Prevention Program in its development, purpose, methodology, and implementation. Results of this program and implications for this community are discussed.

Research into the causes and prevention of suicide has been deemed a national priority, with a recent focus on sectors of the workforce, such as firefighters, who experience occupational hazards that may confer risk for suicide. Elevated levels of posttraumatic stress symptoms (PTSS), which show robust relationships with both suicidal ideation (SI) and suicide attempts, are common among firefighters. However, no study to date has investigated the relationship between PTSS and suicidality among firefighters. The current study therefore aimed to identify the degree to which PTSS were related were related to a history of SI and prior attempts in a national sample of firefighters (N = 893). Results revealed that greater PTSS were associated with greater risk of reporting lifetime SI and prior attempts, after controlling for other known risk factors for suicidality. Exploratory models investigating the unique contributions of
individual PTSS clusters to suicidality found that numbing and re-experiencing PTSS were significantly related to SI, but only re-experiencing was related to prior attempts. The theoretical and clinical implications of these relationships, particularly among firefighters, are discussed.


Background: Firefighter and Emergency Medical Services (EMS) personnel experience higher rates of lifetime suicidal ideation and attempts than the general population and other protective service professions. Several correlates of suicidality (alcohol use, depression, posttraumatic stress) have been identified in the literature as applicable to firefighter/EMS populations; however, few studies to date have examined the specific correlates of suicidality (lifetime suicidal ideation and/or attempts) in a firefighter/EMS sample. Methods: Participants (N=3036) from a large, urban fire department completed demographic and self-report measures of alcohol dependence, depression, posttraumatic stress disorder (PTSD) symptom severity, and lifetime suicidal ideation and attempts. Participants in this sample performed both firefighter and EMS duties, were predominately male (97%), White (61.6%), and 25–34 years old (32.1%). Results: Through hierarchical linear regressions, depression (β=.22, p<.05) and PTSD symptom severity (β=.21, p<.05) were significantly associated with lifetime suicidal ideation (R2 =17.5). Depression (β=.15, p<.001), and PTSD symptom severity (β=.07, p<.01) were significantly associated with lifetime suicide attempts (R2=5.1). Limitations: Several limitations are addressed in the current study. The survey was a self-report pre-existing dataset and lifetime suicidal ideation and attempts were measured using sum scores. Additionally, the disproportionately large sample of males and large, urban setting, may not generalize to female firefighters and members of rural community fire departments. Conclusions: The current study highlights the importance of targeting depression and PTSD symptom severity in efforts to reduce suicidality in firefighter/EMS personnel.


As the 10th leading cause of death in the United States, the prevalence of suicide is a concern. The focus of the present study is suicide among firefighters, a population that is shown to be at-risk for suicide ideation. According to the interpersonal theory of suicide (ITS), in order for an individual to engage in lethal suicidal behaviors, the individual must possess three distinct constructs: thwarted belongingness, perceived burdensomeness, and acquired capability for suicidal actions. However, not every individual who possesses these three constructs will attempt suicide. Social cognitive theory (SCT) may assist ITS in explaining suicidal behavior. The proposed study was a cross-sectional mediation/moderation analysis of SCT and ITS. Firefighter coping self-efficacy was expected to mediate the relationship between number of critical incidents and the variables of the interpersonal theory of suicide. Social support was expected to moderate these relationships. Moderated mediation analysis indicated that moderated indirect effects of social support were not significant. Additionally, follow-up mediation analysis
indicated that firefighter coping self-efficacy did not mediate the relationship between critical incidences and each of the factors of ITS. Suicide ideation was also assessed, as well as preferred methods of suicide prevention and intervention programs.

Gunderson, Jonathan; Grill, Mike; Callhan, Philip; Marks, Michael. (2014/39(3)). *An Evidence-based Program for Improving and Sustaining First Responder Behavioral Health*, Journal of Emergency Medical Services.

The association between cumulative exposure to suicide attempts and deaths and suicidal behavior was examined in a sample of 61 professional firefighters. On average, firefighters reported 13.1 (SD = 16.6) exposures over the course of their lifetime. Cumulative exposure to suicide attempts and deaths was positively correlated with suicidal behavior (r = .38, p = .004). Moreover, firefighters with 12+ exposures were more likely to screen positive for risk of suicidal behavior (OR = 7.885, p = .02). Additional research on the potential impact of cumulative exposure to suicide attempts and deaths on firefighters' health and safety is needed.


Firefighters face a number of occupational risks including the impact of being exposed to traumatic experiences. Critical incident stress debriefing (CISD) was previously introduced as a viable option for intervention postincident; however, concern has been raised about the efficacy of such debriefings. This study uses focus groups and key informant interviews with a national sample of firefighters to examine firefighters’ perceptions about behavioral health interventions. Although some firefighters reported positive experiences with CISD, other personnel reported finding the intervention intrusive and reported feeling more distressed after the intervention than before. Personnel reported experiencing benefits from peer support and using the crew for bonding after negative incidents as particularly useful. Findings suggest that while components (e.g., peer debriefing) of CISD may be useful, caution is warranted in employing the CISD model as designed.


Background: Resilience is considered to be a powerful protective factor in buffering the detrimental impact of traumatic stress on the development of posttraumatic stress disorder (PTSD). However, there is a striking lack of research concerning the development of a model of resilience, especially one including both risk and protective factors. The aim of this study was to investigate the possible mediators and moderators influencing the relationship between traumatic stress and PTSD using a moderated mediation analysis. Methods: Study participants included 552 Korean firefighters from four large cities. The subjects completed a series of self-report measures including the Life Event Checklist, the Perceived Stress Scale, the Occupational
Stress Scale, the Impact of Event Scale-Revised, and the Connor–Davidson Resilience Scale. Results: Traumatic stress had both a direct and an indirect, via perceived stress, impact on the development of PTSD symptoms. Additionally, the mediation of the association between traumatic stress and PTSD symptoms via perceived stress was moderated by individual resilience. In particular, under the same level of traumatic stress, firefighters with high levels of resilience (scores ≥75, upper 25th percentile or ≥90, upper 10th percentile) were protected from both the direct and indirect impacts of traumatic stress relative to those with lower levels of individual resilience. Conclusions: The current findings provide a comprehensive picture of individuals who should be considered at high risk for the development of PTSD symptoms following traumatic stress and identify the factors that should be targeted by efforts to prevent PTSD.

Additional Resources:

Purpose: Workplace stress is a particular issue in the fire service. Research suggests this is related to excessive demands, relationships with senior managers, changing roles and exposure to traumatic events. The purpose of this paper is to evaluate the impact on managers of three mental health promotion interventions. First, a locally developed course entitled “Looking after Wellbeing at Work” (LWW), second, an internationally developed training course: Mental Health First Aid (MHFA). Third, an hour-long leaflet session (LS).

Design/methodology/approach – This study used a random allocation design. In total, 176 fire service line managers were randomly allocated to one of the three training conditions: LWW, MHFA, or a control condition (LS). Participants completed The Attitudes to Mental Illness Scale (Luty et al., 2006) and a locally developed “Mental Health Stigma Questionnaire” pre- and post-intervention. Results were analysed using a MANOVA. Participants were also asked to complete a general evaluation, rating all aspects of the courses from poor to excellent. In total, 30 participants were also chosen at random to conduct telephone interviews about their experience of the course. Results were analysed using thematic analysis. Findings: The LWW and MHFA courses were associated with statistically significant improvements in attitudes to mental illness and knowledge/self-efficacy around mental health, comparing pre- and post-scores, and comparing post-scores of the two training courses with a LS. The general evaluations of the LWW and MHFA courses indicated the mean rating for all aspects of both training conditions was good to excellent. Two themes were identified across the qualitative interviews: participants described they were more able to recognise and respond to mental health problems; and participants described changing attitudes towards mental health.

Research limitations/implications: The strengths of this study are the number of participants, random allocation, and multiple facets of evaluation. The quantitative evaluation is limited, as one of the questionnaires has untested psychometric properties. The control condition was limited as it was only offered for one hour, making comparison with two-day training problematic. The qualitative evaluation was useful in gaining descriptive data, however, it may have been possible to conduct a more in-depth analysis with a smaller number of participants. Originality/value: The results from this study indicate that providing training in mental health
awareness and promotion was considered helpful, by managers in the Fire Service and had positive outcomes for attitudes and understanding about mental health. While there are limitations, initial results of training in mental health promotion are promising. Such training has the potential to promote the public’s mental health and wellbeing, and improve the quality of life for people with mental health problems.


In the course of doing their jobs, firefighters unavoidably experience stressful and even traumatic situations that can lead to emotional and behavioral health problems including anxiety, burnout, depression, alcoholism, substance abuse, post-traumatic stress disorder, and suicide. Current approaches to addressing these problems tend to focus on assistance and treatment that takes place following traumatic events, or after symptoms emerge. While these important efforts must continue, the science of positive psychology can suggest a more proactive approach through the development of resilience skills, which prepare individuals to resist the negative effects of stressful events and situations, and support overall well-being. Resilience training teaches thinking and coping skills that can be employed on the job as well as at home and in other circumstances. Existing evidence-based resilience training programs used in military and educational settings are reviewed, as well as literature addressing factors specific to firefighter and emergency responder populations. A firefighter resilience training program is recommended that takes into account the fire service culture and focuses on developing increased self-efficacy through increased social support and flexible, accurate thinking habits that promote optimism. Suggested interventions and measures are presented, along with ideas for fostering an environment of resilience within the fire department.


Contrary to popular belief, the leading cause of death for firefighters is heart attack, not physical injury. Even more startling is the fact that most deaths do not happen during an active call. Over 47% of firefighter deaths are due to cardiac arrest (USFA-FEMA, 2013). Although various prevention methods have been defined and put into place, deaths have not decreased over the years, fire ground injury rates have held steady, and stress levels are increasing (Carlisle, 1999). This lack of improvement confirms the need for new strategies that promote wellness, awareness, and effective personal reactions to incident-related stress (Brennan, 2002; Duncan, et al., 2013). While the number of fatal heart attacks has held steady, the attempts to reduce these statistics have centred on increasing physical exercise, better diet, reducing smoking and alcohol, more training in standard operating procedures, weight loss, and getting
enough sleep (FEMA, 2002). The efforts that address fatality issues suggest improving physical health, but few define psychological or emotional programs to deal with the hidden effects of stress, and reduce the related results of injury and death. Exercise does help with overall health, but such programs have not reduced the deaths caused by cardiac arrest. Thus, other prevention factors must be considered. This retrospective study and exploratory paper investigates statistical facts regarding firefighter death and injury, describes current methods that try to deal with these, and defines an entirely new approach to help rescue our rescuers through increasing their emotional intelligence skills.


Notes: Seven suicides within an eighteen month period by active or retired members of the Chicago Fire Department (CFD), a very distressing and alarming statistic! In the Chicago Firefighters Union (CFFU) Local 2 Employee Assistance Program (EAP), we were quite taken back by the increase in suicides among our members and wanted to take action. Suicide, a national crisis, was hitting close to home in a dramatic way. The cause of the sudden increase in suicides within our department we do not know; however, working in the EAP we have the opportunity to get a more in depth picture of what our members are dealing with on the job, at home, and how it affects them. We asked ourselves, how might what our members on the fire department deal with impact their potential risk for suicide?


First responders are exposed to various types of disasters throughout their career. Because of their roles, they are often regarded as stronger people than individuals from other occupations. A systematic review of literature was conducted to determine if distinct characteristics exist that make first responders more susceptible to psychological trauma. Five categories of traits were found to put first responders at risk for psychological problems: personal, predisposing, predisposing, postdisposing, and protective. To counteract the impact of psychological trauma, first responders need additional preincident psychological and resiliency training. Preparedness and awareness will help combat psychological impact from disasters and compassion fatigue.


The current study examined the efficacy of a newly developed training program to help firefighters identify fellow firefighters in distress and connect them with behavioral health care. This training program—known as Reach Out—incorporates elements of Motivational Interviewing and Community Reinforcement along with basic education about common behavioral health problems. Two active versions of the Reach Out training program (group format vs. video format) were compared with a behavioral health video control condition. One hundred seventy-two firefighters were randomized to 1 of the 3 training conditions. Dependent measures included successful attempts to connect identified firefighters with treatment, intervention effectiveness, and treatment credibility. Firefighters in the video-based Reach Out training condition reported a significant increase in successful interventions and intervention effectiveness from pretest to the 3-month follow-up compared with the control group. The video-based Reach Out training condition was also rated as significantly more credible than the control condition. Although preliminary, these findings suggest that the video-based Reach Out training program may help to increase behavioral health utilization among firefighters. Additional research on this promising new training program is warranted. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


See "protective service". The highest rates of suicide among females occurred among those working in protective service occupations.

Fire Fighter Suicide and Behavioral Health Are Becoming a Concern to the Fire Service. Part III: Pathway to Awareness and Prevention for Fire Fighter 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 fire fighters 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 fire fighters 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 fire fighters’ behavioral health and mental wellness. Awareness and prevention of fire fighter suicide and behavioral health and wellness should begin at the entry level during recruit training.
A substantive fire fighter 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 fire fighter suicide indicate that contributing factors ultimately led the fire fighters to take their lives. In many situations, if help had been available, it might have helped prevent a suicide. Fire fighters 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 fire fighter suicide, behavioral health and mental well-being awareness and prevention programs at the fire fighter level.