

Breaking through the Shadows

Six steps to address caregiver suicide & improve mental wellness

By Jay Fitch, PhD

EMS leaders have long known that what we do is a high-stress occupation. However, the drastically increasing number of suicides within our workforce compels leaders to shine a bright light into the dark corners of our caregivers' souls and directly upon our profession's apathy.

According to the Firefighter Behavioral Health Alliance, nearly 600 EMS and firefighter suicides have been documented since 2012. This is a shocking number of lives lost. EMS leaders must ask themselves the difficult question: "Are we doing enough to address this preventable outcome for our caregivers?"

Early in my career as an EMS director, I dealt with the suicide of a colleague by muttering a few meaningless phrases like "wow, none of us saw that coming," and "how sad for the family," and "what a waste of a great talent." Following the recent high-profile suicide of comedian Robin Williams, the media echoed those same empty phrases. It reminded me that as EMS leaders entrusted to guide our caregivers' careers, we simply must do more.

Here are six immediate action steps every EMS leader should take to address this critical issue:

1. Increase your personal knowledge.

According to the 9-1-1 Wellness Foundation, there are two factors that have worked against caregivers in gaining the support they need to combat the dangerous stress of their jobs. The first is ignorance about just how great the stress risks and impacts are. The second is "paramilitary peer pressure." The foundation defines this as the historically dominant idea among emergency personnel that admitting job-related emotional distress or the need for professional mental health assistance signals personal weakness and threatens mission success. There are readily available research, articles and websites that describe avenues to assess and address mental wellness among public safety personnel. A good first step for leaders is to read more about it!

(A few examples include 911wellness.com, www.nvfc.org/files/documents/ff_suicide_report.pdf, www.icisf.org, ffbha.org, and codegreencampaign.org.)

2. Review current resources.

Review the available resources available to caregivers within your agency. Do you have a credible Comprehensive Stress Management Program that addresses acute, traumatic and chronic stress? Is there a peer support group or chaplaincy program available for caregivers? On a more formal basis, are there written protocols regarding use of Critical Incident Stress Debriefing and Employee Assistance Programs? Does your insurance program or collective bargaining agreement provide reimbursement for outside stress-related counseling and other mental wellness needs?

3. Increase broad awareness.

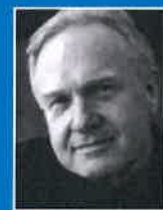
Your actions as a leader can enhance awareness throughout the organization. Until recently, the machismo and hero culture of EMS did not tolerate open discussion of caregiver suicide, and leaders didn't want to address it. The manner used by leaders to discuss and describe this crisis can encourage individuals to seek support. To put a sharper point on it, EMS leaders need to regularly insert positive language about mental wellness into caregiver briefings, written communications and continuing education sessions. Agency-provided education on stress prevention and management should be required. By doing so, we make it easier for caregivers to step out of the shadows and request help.

4. Train middle managers and supervisors.

It's not enough to increase your own knowledge and organizational awareness. Leaders must ensure that supervisory personnel receive specific training and can take action when immediate interventions are appropriate.

Key elements of supervisory training might include topics such as: How to spot increasingly isolating behaviors and other risk factors among caregivers; how to listen for overwhelming non-work issues that are spilling into the workplace; spotting early signs of verbal or physical abuse of patients or other caregivers; and how to make appropriate referrals to the agency's resource network to support mental wellness.

EXPERT ADVICE



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5. Ramp up intermediate strategies.

These may include regularly reviewing critical incident stress management, Employee Assistance and other programs to identify gaps. Evaluate how local EMT and paramedic programs address stress, suicide and prevention. Additional dialogue is also needed about how agencies can implement better pre-employment candidate

screening. It's well known that some individuals are more susceptible to the stress associated with emergency services than others.

6. Develop longer-term strategies.

Long term strategies include ensuring that mental wellness programs become an accepted part of the very fabric of our profession. To make that happen requires the allocation of adequate funds to ensure the availability of support when caregivers require it.

A paradigm shift is required for our profession to become proactive by developing both comprehensive prevention programs and better systemic support for this unrecognized caregiver crisis. EMS administrators must be ready to lead and maintain those efforts. To that end, a special session on EMS Suicide and Mental Wellness is being added to this year's Pinnacle EMS Leadership Forum, August 3-7 at Amelia Island, Florida. For more information, visit www.pinnacle-ems.com. □

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