

BE WELL

In 2020, 97 Firefighters Committed Suicide

A call for better behavioral-health risk assessment & stress management.

BY TIM DIETZ, MA, LPC



I am sitting in my office, feeling a bit sad and frustrated as I reflect on the past few months. I have been working with several clients and organizations suffering the loss of a friend, coworker or employee to suicide. And recently, things hit close to home when one of my clients attempted suicide. Initially, I felt angry. They had not been fully honest with me regarding their struggles. Then, my feelings morphed into sadness. These are people who once thought they had scored the world's best gig. But if we do not pay attention, fire-service careers can take a profound toll on some of the most loyal, compassionate people within our ranks.

Suicide is not an anomaly; it is a systemic problem. In 2020, 97 firefighters committed suicide. The year before, 123 firefighters killed themselves¹. Realistically, these numbers are often underreported. We must do things differently.

IAFF research suggests 20 percent of firefighters will meet the criteria for post-traumatic stress disorder (PTSD) at some point in their careers. Risk-management guru Gordan Graham tells us, "If it's predictable, it's preventable." Ours is a high-stress job. PTSD, the underlying cause of most firefighter suicides, is predictable. Therefore, it is preventable.

Based on my experience as a firefighter and a therapist, I believe the solution to our fundamental suicide problem is straightforward and attainable: First, we must admit there is a problem and try to understand it. It is time to pull our heads out of the sand and admit the fire service and other first-response agencies are experiencing a behavioral health crisis. Then, we must educate our employees by creating resources and developing behavioral health guidelines and policies. In this article, I outline a quick-hit version of a workable program.

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The Problem (at its most basic)

Since 2010, more U.S. firefighters have died by suicide than in the line of duty. (I'm not going to begin to discuss the number of firefighters terminated due to behavioral-health issues, nor the climbing numbers of those facing mental-health disabilities.)

→ People drawn to the fire service are wired to maintain control and perform in the field perfectly or near perfectly. If they don't, someone could get seriously injured or die. When we show up, things are supposed to get better. But this is an unrealistic expectation; we can't save everyone. All we can do is train well, learn our craft to the greatest of our abilities and perform the best we can. However, that might not be good enough for some of us. Many of us believe the bad things we witness don't or shouldn't bother us. When they do, we think something is wrong.

↓ Being impacted by a horrible event comes with an unspoken stigma that we are weak, broken or that we have chosen the wrong career. Experiencing the effects of difficult calls simply means we are human.

↓ To avoid this stigma, we push people away and isolate ourselves so others won't witness our vulnerability and believe we are ill-equipped for the job.

↓ Because our brains are wired for connection, pushing people away leaves us looking for other, less healthy attachments to distract us or help us cope. Eventually, our problems get bigger than ourselves. There might come a time when the only way out of our difficulties is to seek help.

- However, seeking help goes against everything we believe about ourselves. By design, we want to help others, not receive support.

The Solution

Education

Firefighting is a stressful occupation. People don't call 911 to tell us they are having a great day. Therefore, mental-health education must begin in the recruit academy and should be refreshed annually. At a basic level, this training should address the following:

- 1) Sources of Work Stress
 - Operational (fires, kids, death, etc.)
 - Environmental (politics, personal stuff, difficult coworkers, etc.)
- 2) Identifying symptoms of stress
 - Physical

- Emotional
- Behavioral

3) Factors that Influence the Stress Response

- Genetics
- Previous exposure to trauma
- Learned coping patterns
- Whether the event hits close to home
- The nature of the event

4) Things You Can Do to Enhance Resiliency to Stress

- Engage in frequent exercise
- Eat healthily
- Get sound sleep
- Talk

5) Organizational resources

- Internal (for example, peer-support teams)
- External (culturally competent clinicians)

6) Organizational expectations when an event has a profound effect on a department member

- Tell someone
- Exercise
- Eat healthily
- Avoid connecting with unhealthy distractions to cope (drugs, alcohol, overeating, etc.)

Mental health education should normalize the stress response, offer tools to enhance resiliency, and provide resources to help responders get back on their feet—all while eradicating the shame of appearing weak, fragile or inadequate.

Create Resources

On-deck crews are ready to deploy whenever necessary to support or relieve another crew or sector. Because up to 20 percent of us experience behavioral health challenges at some point in our careers, departments should develop resources (a sort of behavioral-health on-deck crew) that offer firefighters emotional support and relief when they need it.

1) Peer Response Teams

- The PRT's job is to acknowledge the coworker that has experienced a challenging event, normalize the coworker's response, remind them of tools they have to enhance resiliency, and offer additional tools or resources as necessary.

2) Culturally Competent Clinicians.

- These are people who are "culturally competent" in the treatment of stress-related illnesses among first responders. Their job (ideally) is to get the responder healthy and stable as quickly as possible.

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Guideline/Policy Development & Implementation

Departments should develop and implement guidelines and policies that address how the organization will handle behavioral health emergencies. For example, what types of calls might warrant a peer team response? What will it look like if the peer team needs to take a crew or individual out of service for evaluation and support? What does going home look like if the firefighter/crew can't complete the shift? When/how are they brought back to work?

We Must Do Better

Creating a culture that normalizes the job's challenges and establishes resources to help struggling employees might be the best way to prevent, or at least slow, our industry's heart-wrenching suicide problem. Stay safe and take care of yourself and each other. **BS**

References

1) Firefighter Behavioral Health Alliance.
<https://www.ffbha.org/>

Resources

- 1) IAFF Recovery Center Suicide Prevention Information:
<https://www.iaffrecoverycenter.com/behavioral-health/suicide-prevention/>
- 2) National Volunteer Fire Council's "Share the Load" program: <https://www.nvfc.org/programs/share-the-load-program/>
- 3) National Suicide Prevention Lifeline:
800.273.TALK (8255)



Tim W. Dietz, MA, LPC, (captain, paramedic, ret.) served for 30 years in the fire service and is the founder/CEO of Behavioral Wellness Resources, a consulting/counseling firm catering to the behavioral wellness needs of emergency-response organizations and individuals. He is an internationally known speaker on human emotional crisis, grief, and staying happy and healthy in the emergency service professions. Tim wrote the book, "Scenes of Compassion: A Responder's Guide for Dealing with Emergency Scene Emotional Crisis." He was the clinical advisor to the U.S. Coast Guard's mental health response following Hurricanes Katrina and Rita, and was the clinical advisor to the stress-management team at the Oso, Wash., mudslide. He is the director for the Oregon satellite of the West Coast Post-Trauma Retreat and has a small private practice in Oregon's beautiful Willamette Valley.