

# **Heroes Are Also Human:**

## **An International Examination of Mental Health in the Fire Service and its Impact on the Emotional Well-being of Firefighters**

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# Preface

Fire to Light is a pioneering research and development organization that emerged from the deep-rooted passion and personal experiences of its founder, Brandon Evans. With over a decade of firefighting experience and a parallel entrepreneurial journey, Brandon has gained profound insights into the detrimental effects of trauma and stress on individuals' lives. Having navigated his own mental health crisis, he discovered the transformative power of Mental Fitness and developed a deep understanding of the external and internal stressors that firefighters face.

Drawing upon this wealth of experience and knowledge, Fire to Light's mission is clear: to reduce the rates of firefighter suicide, Post-Traumatic Stress Disorder (PTSD) and psychological injury. By bringing humanity back to the fire service and addressing the unique challenges faced by firefighters, Fire to Light aims to empower individuals to overcome the impact of trauma and stress and live fulfilling lives.

At the heart of Fire to Light's mission is a commitment to research and development. Recognizing the gaps that exist within the fire service related to escalating mental health concerns stemming from trauma, Fire to Light focuses on illuminating these gaps by enhancing education and raising awareness about the experiences and needs of firefighters. By shedding light on these critical issues, Fire to Light strives to inspire positive change in the fire service culture, reduce rates of PTSD and suicide among firefighters, and foster a supportive environment that promotes mental, psychological, emotional, and physical well-being.<sup>1</sup>

This report entitled “**Heroes Are Also Human: An International Examination of Mental Health in the Fire Service and its Impact on the Emotional Well-being of Firefighters**” represents a significant milestone in Fire to Light's journey. The report presents a comprehensive analysis of the current state of mental health among firefighters and fire chiefs worldwide. Through in-depth interviews and rigorous data analysis, the study examines the understanding of mental health, identifies gaps in preventative awareness surrounding trauma, explores barriers to accessing care, and investigates reactive and proactive approaches employed to address these urgent issues.

By bringing together the experiences and insights of fire chiefs and leaders from around the world, this report serves as a vital resource for fire service leaders, policymakers, and stakeholders invested in the well-being of firefighters. It not only highlights the pressing challenges faced by firefighters and fire departments but also provides practical recommendations and evidence-based insights to drive positive change in the fire service culture.

As we embark on this journey of understanding and transformation, Fire to Light remains steadfast in its commitment to improving the lives of firefighters. By combining research, education, and awareness, we strive to ensure that firefighters receive the support they need to navigate the complex landscape of trauma and stress, ultimately fostering a healthier and more resilient global fire service community.

<sup>2</sup> Gist, R., Taylor, V., Watson, P., & Leto, F. (2019). Understanding Suicide & The Fire Service: A closer look at a complex problem. Firehouse Health and Safety Report, p. A1-A18. Retrieved from URL: <https://www.iaff.org/wp-content/uploads/Toolkits/COE/Understanding-Suicide-the-Fire-Service.pdf>

# Acknowledgements

I would like to express my heartfelt gratitude and sincere appreciation to the individuals and organizations that have contributed to this study on mental health in the fire service. Your support, understanding, and willingness to participate have been instrumental in shedding light on these critical issues.

First and foremost, I want to thank Fire to Light, the research and development company that I founded. Your unwavering support and resources have made this study possible, allowing us to address the gaps in mental health support for firefighters.

To my family, your love and support have been invaluable throughout this journey. I am deeply grateful for your understanding and encouragement, which have fueled my dedication to this important cause.

I extend my deepest appreciation to Chief Bill Boyes and Deputy Chief Rob Martin for their belief in me and their instrumental role in making this research possible. Your support and commitment have been crucial to the success of this endeavour.

To my crew, I am truly grateful for your camaraderie, support, and shared experiences. Your unwavering presence and willingness to listen have played a significant role in shaping my perspective and driving me forward.

I also want to thank my parents for their genuine belief in me, even when they may not fully understand my decisions. Your encouragement and understanding mean the world to me.

To those within the fire service who may feel unheard or forgotten, please know that you are loved, supported, and cared for. Countless leaders and professionals are working tirelessly to support and honour your service. You are not alone, and together, we can bring about the change that is needed.

Lastly, I pay tribute to our fallen brothers and sisters. Your experiences and sacrifices will never be forgotten. We stand on your shoulders, striving to improve the lives of firefighters everywhere.

In conclusion, I extend my deepest gratitude to all who have contributed to this study. Your participation, support, and commitment have been invaluable. Together, we can make a difference in the lives of firefighters and improve the state of mental health within the fire service. Thank you.

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# Executive Summary

This report provides insights into the current state of mental health in the fire service internationally, based on interviews conducted with 104 fire chiefs from 5 different continents. With over 1,350,000 firefighters represented, this research offers a comprehensive perspective on the mental health intricacies and challenges faced by firefighters. The study is unique in that it is one of the largest international mental health research initiatives, conducted by individuals with lived experience on individuals with lived experience in the fire service, from the fire chiefs' viewpoint.

The findings reveal several key observations that shed light on the current landscape of mental health in the fire service. Eight major themes emerged from the qualitative analysis of the research. In no particular order, the themes are ***Trust, Gaps, Death, Humanity, Identity, Acceptance, Measuring Mental Health, and Inconsistency***. Some of the most prevalent topics from within these themes are highlighted to help provide awareness and sound the alarm on the current state of mental health within the fire service.

First, there is a lack of consistency in approaches and training in mental health, with email communication being highlighted as the most common tactic to disseminate information, yet the most ineffective. The departments that disclosed consistent, effective mental health training, mandate mental health training monthly. Sadly, this tactic is only employed by two of the 104 fire chiefs interviewed. The next best approach is annual training, and the third best approach, it training one to two times in a firefighters career. It is clear that a new and innovative approach is required to address the mental health needs of firefighters and the new approach must be consistent streams of training in an effort to create a culture of acceptance and practice in this vulnerable area.

*Trust and humanity* emerged as critical factors in supporting firefighters' mental well-being. The study emphasizes the need for a deeper understanding of mental health, as well as the importance of proactive measures and preparedness. While many departments recognize the need for improvement, this research serves as a *Call to Action* to determine what specific steps can be taken to influence positive change. As much as firefighters trust one another, it was obvious that this trust, especially around mental health, does not span beyond the sisterhood/brotherhood. Chiefs have expressed significant concern about the depth of stigma surrounding mental health and the fear of those silently suffering. This has become a critical concern as there has been an increase in overtime that, in most areas, is resulting in an increase in burnout resulting in firefighters taking leaves from work.

Another significant finding is the disparity in financial allocation between mental health programs and overtime expenses. Though most chiefs mentioned a lack of funding in this area of mental health, the report highlights that fire departments spend approximately 438% more on overtime than on mental health programs. ***This indicates a greater willingness to react to the increasing rates of firefighters on-leave rather than investing in proactive mental health measures.*** The lack of long-term investment in the humans who risk their lives has caused great separation in the treatment of humanity within the fire service.

Cultural change is identified as a critical component in fostering acceptance of mental health and cultivating resilience within the fire service. This theme resonates across different regions of the world, indicating the widespread need for transformation. However, significant challenges arise due to the *lack of mental health training for fire chiefs*,

*inconsistencies in training for firefighters, and policies that neglect the human aspect of firefighting.* Despite these obstacles, the research uncovers a glimmer of hope through a few pioneering departments across continents that have challenged entrenched traditions, prioritized compassion, and made unwavering efforts to prioritize the mental health of their firefighters. The report emphasizes the necessity of shifting mindsets and attitudes to create a more supportive environment where firefighters are recognized as the complex individuals they are, beyond the external shell of the uniforms they wear.

This report provides valuable insights into the current state of mental health in the fire service internationally. Through extensive interviews with fire chiefs from five continents, we have gained a comprehensive understanding of the challenges and opportunities surrounding mental health in the fire service. The findings emphasize the need for consistent and proactive approaches, cultural change, and increased investment in the mental well-being of firefighters. By prioritizing mental health, fostering trust, and challenging existing norms, we can create a supportive environment that values the holistic well-being of firefighters. The report aims to ignite meaningful conversations and actions to promote positive change in the mental health landscape of the fire service worldwide.

# Key findings Summary

## Introduction:

In this section, we present a concise summary of the key findings from our research. The study aimed to explore and analyze the state of mental health within the global fire service and its impact on firefighters' well-being. Through surveys, interviews, literary review, and data analysis we gained valuable insights into the current state of mental health practices and identified crucial areas that require attention and improvement. There is an underlying thread running through our findings, this being the culture within a given department. The common themes and discoveries found in our research are all separate extensions of culture. Ultimately, the culture within departments must shift to allow for a greater understanding, awareness, and implementation of mental health practices. This takes great leadership, an emphasis and priority on humanity and the valued input of all members of the fire service, regardless of rank. There have been vast improvements in how mental health is addressed in the fire service, and much needs to happen on all fronts to see change take place in a positive, healthy manner.

***Trust, Gaps, Death, Humanity, Identity, Acceptance, Measuring Mental Health, and Inconsistency*** are the eight major themes discovered through our extensive research. The thread that connects all these elements is culture, a diverse and complex component that is ever-present and ever-changing within the fire service. An embodiment of a positive healthy culture is seemingly in need within the fire service. As Trust surfaced as a major theme contributing to the declining mental health of firefighters, we began to identify that firefighters, although seemingly held enough trust among their fellow firefighters due to the sharing of uncommon commonalities, it was clear that trust was lacking in many other areas of their profession. *Practitioner and administrator relationships are two major areas where we have seen a lack of trust.* Regarding practitioners, it is understood that firefighters do not hold a lot of trust in this relationship, and in many departments, they are still considered outsiders. Add on extensive wait times in many places around the world, (Canada, USA, UK, Australia) of upwards of **9-12 months** to see a practitioner, and further erosion of trust continues. In recent years with COVID, the gap between administration and firefighters has seemed to grow, with incredible amounts of policy and procedure, in some cases daily during COVID, it became hard for firefighters to maintain a level of trust in their administration. A surprising discovery was the lack of trust associated with some of the entrenched traditions of the fire service that seem to cause more separation rather than unification. An example is ranking symbols being expressed as intimidating and a hindrance to human connection. Once removed, a more human approach was taking place and a healthier culture was created.

The “*suck-it-up*” mentality, although getting better from years past, is still very prevalent in the fire service. This, in part, can be attributed to how an older generation of firefighters were raised. As younger generations of firefighters enter the service with what appears to be a greater willingness to seek help for their mental health, confusion and a lack of understanding are very present in some firefighters who sit as witnesses to this new movement of seeking help from professional services. The younger generations look to the older generations for mentorship on all levels creating discrepancies among ideas around seeking help. Many firefighters, new and old, get stuck in the “*this is the way it is*” mentality and become resistant to change. This resistance was seen in firefighters as well as among the fire chiefs interviewed.

The initiation of peer support teams arose consistently as a pivotal approach in how the fire service has initiated a positive conversation around mental health, primarily in reactionary methods of debriefing after critical incidents. We noticed, with peer support, that *every department is doing comparatively the same thing within their teams*. Few departments are taking on experimental practices or trying a different approach, such as an in-depth proactive approach or a full-time doctor/psychologist leading the team. Our research discovered a flaw within the current peer support structure: the creation of vicarious trauma in peer support persons. The lack of trust in administration and practitioners leads firefighters to talk to other firefighters who are not trained professionals in psychological trauma. This wonderful initiative and well-intentioned movement towards peer support teams are in need of reimagined structure and outside professional support.

Gaps in mental health awareness were very prevalent in our findings, as **88.3%** of chiefs acknowledge that they need to do more for the mental health of their firefighters. *Not one chief interviewed mentioned that the fire chiefs themselves were a part of the problem*, and several chiefs separated the firefighter's home life from their work life in relation to their reasons for being off on leave. Average scores of **6.3 out of 10** when asked, "How would you rate the current state of the mental health of your Firefighters" and "*How confident are you in the abilities of your firefighters to ask for help when it comes to their mental health and wellbeing?*", suggests there is still much more that can be done when it comes to how we educate and implement mental health programming in the fire service at all levels.

***We are seeing record numbers of firefighters going off on leave***, and in many areas, psychological injury surpasses that of muscular skeletal injuries in workplace claims. Our research shows a desperate need to expand our understanding of mental health to close the gaps and assist firefighters in navigating the harshest environments they will ever experience, the depths of their own minds.

This plays into a very overlooked area of focus: the theme of *Death*. With such vastness of death embedded within the work of firefighters, from the calls they attend to the LODD (Line of Duty Deaths) of peers, there was no education or teachings that we came across in this most critical area. Yet the expectation that one be able to deal with, manage and understand death seems to be part of the job; however, it is a topic that is heavily avoided on both a personal level and from a training perspective.

As our interviews went on, we noticed how different approaches to leadership resulted in different outcomes in the mental well-being of firefighters. Chiefs who were more focused on the *humanity* of their people and who *wanted to help* their firefighters, regardless of what or where their struggles or injuries came from, seemed to have healthier culture, and these departments were more receptive to learning and implementing mental health measures on a more consistent basis. Departments whose focus was centred first around *budgeting, political and personnel issues* seemed to have *greater struggles* with their culture and larger numbers of firefighters on leave.

***Humanity, identity, and acceptance of mental health*** as an important aspect of departmental focus became important themes for firefighters and fire chiefs. Taking a more human approach was representative of deeper insights and reflection of one's own identity. Our study revealed that chiefs who embraced a "human approach," meaning they looked at firefighters as more than just their uniforms and prioritized their overall well-being, had acknowledged their departments' existing state of mental health. This acknowledgement persisted even in the face of concerns and the desire for improvement.

***“We have failed when it comes to the mental health of first responders because we have treated first responders as first responders, not as people”.***

**- Brian McAsey, Deputy Fire Chief, Calgary Fire**

***Notably, these chiefs openly shared parts of their personal journeys to healing, underscoring an unwavering commitment to the welfare and safety of their firefighters.***

**56.3%** of departments have chosen to implement external mental health and wellness programs, while only **40.77%** have opted to create their own programs. It's important to note that among those developing their own programs, the focus has primarily been on adapting existing external programs. Additionally, a smaller percentage, **2.91%**, are currently in the process of developing their own programs.

With the programs that were presented to us, it has been found that the best practice when implementing mental health programming is that they are being delivered on a mandatory monthly basis; this approach, however, was only happening with **2.6%** of the departments interviewed.

This is followed by delivering mental health programming **one time** per year, and then **one to two times** in a career. Many external mental health programs offer a *one-time*, 4-8 hour course. Depending on the department, these programs are delivered universally or are made available on a voluntary basis. Along with this is the delivery of emails as education and training in mental health for members. *There is little belief on behalf of fire chiefs* that these emails were effective or even being opened by the firefighters, yet the practice continues everywhere as a *checkbox approach* to mental health.

The acceptance of where the fire service and individual departments are in relation to its mental health is crucial in how a department progresses in providing healthy training and mental health awareness to its members. When we compare our mental health to our physical health or nutritional health, *it is understood that consistency is the key* to creating and maintaining these areas of well-being. Why would our mental health be any different?

As we move towards more acceptance and understanding of mental health in the fire service, *consistency* is the key to aiding the shift in culture into one that is practicing mental health in a healthy, proactive, and compassionate state, where firefighters are no longer the victims of their trauma. Acceptance and consistency are pivotal in creating healthier mental health and wellness cultures in the fire service. Though most of the discussion seems to be directed at the firefighter and shifting the culture within fire departments, we learned that not one chief felt they were a part of the mental health issue in the fire service. Perhaps this is due to the questions being asked around mental health being more geared towards the mental health of firefighters, or perhaps the understanding and awareness of mental health needs to be more of a focused priority for the fire service at large. Mental health does not escape any one human, and it is an integral aspect of each of our lives that needs to be looked at, accepted, and acted upon in healthy approaches for the betterment of all.

As we discussed various programming around mental health, the *issue of measuring*



*the effectiveness* of any one program became a major concern for many chiefs. Many barriers, such as confidentiality, invasion of privacy and resistance to sharing information, have stood in the way of chiefs' knowing if any one program has presented success within their department. While few chiefs have mentioned working on ways to measure the effectiveness of various mental health programs, others are waiting for a form of measurement to be developed before they are prepared to make a choice on what program their department should use.

This approach differs from one case study used in our report. One department we interviewed stopped current practices after a *catastrophic injury* and immediately acted, hiring outside professionals to help create a wellness program that would work, placing the highest priority on the safety of firefighters' health. Now, over **12 years later**, with trial and error, and an effort to try new things, they are in a *better place than ever* with the health of their fire department. They are now ready to create systems around measurement, with a team of professionals, an MD, therapists, health practitioners, and neurofeedback specialists, leading the charge. They started with experimentation learned from other thriving industries of health (treating their departments as professional sports teams). They now have a much clearer idea of what does/doesn't work for their department and a solid foundation from which to start collecting data that can be put to good use.

Based on the study's findings, several practical recommendations are proposed to enhance the mental health and emotional well-being of firefighters. Firstly, adopting the concept of *treating fire departments like professional sports teams* is suggested. This approach prioritizes mental health and fosters trust and unity among members. Secondly, a strong call for *preventative mental health training* is emphasized. Drawing parallels between fire prevention strategies and proactive mental health training could revolutionize the culture and reduce psychological injuries.

The need for *broader mental health* training is also highlighted, particularly in areas of death, trust, humanity, and acceptance. This suggests a departure from conventional training methods towards innovative approaches that address these complex themes. **Storytelling** by fire chiefs and leaders is seen as a powerful tool to build trust and eliminate stigma.

Furthermore, the implementation of consistent mental health training is recommended. This approach is likened to the compulsory use of safety gear and could drive transformative change in the fire service's well-being culture. The report hopes that these insights and recommendations will spark positive changes on a global scale, nurturing a more resilient firefighter workforce.

The researchers express gratitude to participants and institutions that contributed to this study. They envision breaking down barriers, challenging stigmas, and fostering compassion within the fire service. By creating an environment where firefighters prioritize their mental health, the ongoing efforts to improve their emotional well-being can yield success. Ultimately, the report aims to contribute to the ongoing enhancement of firefighters' emotional well-being, acknowledging their dedicated service to communities.

# Introduction

*“When you come on this job, first of all, we have got to prevent PTSD. We need to be training in mental resilience right off the bat, right in recruit school, and carry that kind of training forward every day with all of our people”*

**- Dr. Lori Moore-Merrell, United States Fire Administrator**

The fire service profession is renowned for its courageous individuals who selflessly put their lives on the line to protect and serve communities. Firefighters embody bravery, resilience, and dedication as they face numerous challenges, from battling intense blazes to rescuing individuals in life-threatening situations. However, behind the heroic image lies a complex reality that demands attention and understanding—the emotional well-being of firefighters. The emotional well-being of firefighters is a critical aspect of their overall health and quality of life. Firefighters frequently encounter traumatic events, witness human suffering, and endure physical and mental stressors inherent to their profession. Such experiences can take a toll on their emotional and psychological well-being, leading to various mental health concerns.

This comprehensive research study aims to delve into the emotional well-being of firefighters, exploring the factors that impact their mental health, identifying what programs and education are in place, finding roadblocks and identifying strategies to support the overall well-being of firefighters. By examining the experiences and perspectives of fire chiefs from diverse regions and backgrounds, we seek to uncover valuable insights that can inform policies, interventions, and support systems for the fire service community on an international scale.

The study employs a mixed-methods approach, combining qualitative interviews and quantitative surveys to gather comprehensive data. Participants include Fire chiefs (of various ranks) and leaders within the fire service including, Fire Commissioners, department psychologists, mental health leads, and designates of the Chief, ensuring a holistic representation of perspectives (from here on, the participants will be referenced as Fire Chiefs or Chiefs). Through rigorous analysis and interpretation, we aim to generate meaningful findings that shed light on the challenges faced by firefighters and provide actionable recommendations to improve their emotional well-being.

It is important to note that this research study was conducted on an international scale spanning five continents, gaining input on the fire service at large. Fire Chiefs from various countries and regions have contributed their experiences, enriching the study with diverse perspectives and cultural nuances. By embracing this global perspective, we aim to foster collaboration and knowledge sharing to enhance the emotional well-being of firefighters worldwide.

We extend our gratitude to the participants who generously shared their stories, as well as the fire departments and organizations that supported this research endeavour. Their invaluable contributions have made this study possible, and we hope that the findings will contribute to the ongoing dialogue surrounding mental health in the fire service. In the subsequent sections of this report, we will delve into the methodology, present



the findings, and provide recommendations for improving the emotional well-being of firefighters. It is our sincerest hope that this research study serves as a catalyst for positive change, fostering a greater understanding and support system for the emotional well-being of our courageous firefighters.

It is well known that occupational stress injury occurs in public safety personnel (PSP) at much higher rates due to the high rates of critical event exposures. Post-traumatic stress disorder (PTSD) is one potential outcome of critical event exposures, as are major depressive or panic disorders. National data show that **14–33%** of PSPs report symptoms consistent with the diagnostic criteria for PTSD and major depressive disorders and that this is associated with elevated suicidal ideation and attempts. The nature of firefighting work and male-gender expectations (also known as toxic masculinity) can contribute to both unresolved PTSD and depressive symptoms, which are associated with family problems, alcoholism, and drug addiction. This may explain the elevated suicide rates among firefighters.<sup>2</sup>

***“The issue of behavioral health has affected firefighters for many years without much notice. Acknowledging and accepting the mental and physical impact has only recently been recognized as having a short and long-term consequence on the mental wellness of our brothers and sisters, which in the public safety community are now beginning to admit. It is a duty of ourselves to accept we cannot always deal with the stress that life and public safety brings to bear upon. The impact stress brings to our family, children, friends, and colleagues can no longer be ignored. The use of drugs, alcohol, and other stimulants to disguise the symptoms must be recognized and action taken. Mental wellness is a necessary attribute for all public safety response personnel”***

**- John M. Buckman III, Past President of the International Association of Fire Chiefs and co-founder of the IAFC Volunteer and Combination Officers Section**

Qualitative studies that help us to understand burdens, needs, and priorities are infrequently reported. A recent narrative review summarized studies—mostly quantitative—on fire culture, treatment barriers, practice implications, and research directions. The review highlighted the concerns about the rate of mental health disorders and suicides. It noted that there was little data regarding the utilization of health services by firefighters. However, limited data suggested that those with more severe mental illness tended to seek treatment at some point in their career, but barriers to accessing care were also noted. This included stigma, concerns about reputation, and structural barriers, like cost and time missed from work. These problems limited the impact of potential treatments in real-world effectiveness. Suggestions for future research were based on the analysis of gaps noted in the literature but did not involve direct consultation with firefighters. The authors concluded that research was needed to address stressors, mental health, and other risk factors. They also recommend a review of long-term treatment outcomes in currently used interventions.<sup>3</sup>

<sup>2</sup> MacDermid, J. C., Lomotan, M., & Hu, M. A. (2021). Canadian Career Firefighters' Mental Health Impacts and Priorities. *International Journal of Environmental Research and Public Health*, 18(23), 12666. doi:10.3390/ijerph182312666. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8656638/>

<sup>3</sup> MacDermid, J. C., Lomotan, M., & Hu, M. A. (2021). Canadian Career Firefighters' Mental Health Impacts and Priorities. *International Journal of Environmental Research and Public Health*, 18(23), 12666. doi:10.3390/ijerph182312666. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8656638/>

Research conducted at the Chicago Fire Department found that **28%** of firefighters think that seeking treatment for behavioural health disorders could hurt their reputation, have concerns about the confidentiality of sensitive information or report they are not aware of the availability of services that address behavioural health issues.<sup>4</sup> For context, firefighters display mental health symptoms at three times the rate of the general public (34.1 % versus 11.37%).<sup>5</sup>

According to the Journal of Occupational Health, approximately **20%** of firefighters and paramedics will experience PTSD at some point in their careers. Nearly half — **46.8%** — of firefighters surveyed by Florida State University reported that they had thought about suicide, **19.2%** said that they had a plan to take their life, and **15.5%** had already made attempts to take their life.<sup>6</sup>

Mental illness and high rates of suicide among first responders present a complex and pressing problem, the importance of which cannot be overstated. As this update shows from The Ruderman White Paper: Update on Mental Health and Suicide of First Responders, since 2018, we have not witnessed a change in the rates of suicide of first responders, and the programs and policies targeted to address these issues remain insufficient.<sup>7</sup>

***“Every organization in the fire service, from management to boots on the ground, must make behavioural health a priority so firefighters’ mental health issues like PTSD, anxiety, depression and suicidal thoughts can be properly addressed”***

**- Gary Krichbaun, Program Manager, First Responder Center for Excellence**

## Research Objective and Framework

To define the status of mental health in the fire service to better understand what preventative measures are being employed, including recommendations to implement measures to reduce the significant sequelae of trauma on firefighters worldwide.

<sup>4</sup> DeGryse, D. (2015, November 30). Chicago Fire Department Suicide Study. Retrieved from <https://rosecrance.org/chicago-fire-department-suicide-study/>

<sup>5</sup> Katz, T. (2021, June 9). Firefighter takes aim at the stigma around mental health to help others in Ontario. Canadian Firefighter. URL: <https://www.cdofirefighter.com/firefighter-takes-aim-at-the-stigma-around-mental-health-to-help-others-in-ontario/>

<sup>6</sup> Joiner, T. E., Stanley, I. H., Hom, M. A., & Hagan, C. R. (2015, November 15). Career Prevalence and Correlates of Suicidal Thoughts and Behaviors Among Firefighters. Journal of Affective Disorders.

<sup>7</sup> Bar Nissim, H. S., Dill, J., Douglas, R., Johnson, O., & Folino, C. (May 2022). The Ruderman White Paper: Update on Mental Health and Suicide of First Responders. [https://rudermanfoundation.org/white\\_papers/the-ruderman-white-paper-update-on-mental-health-and-suicide-of-first-responders/](https://rudermanfoundation.org/white_papers/the-ruderman-white-paper-update-on-mental-health-and-suicide-of-first-responders/)

# Research Objectives

The research objectives of this report are centred around understanding and addressing the mental health challenges faced by firefighters and fire departments around the world. These objectives include:

- **Define the Current State of Mental Health:**
  - The primary objective is to illuminate the current state of mental health in the fire service worldwide. This involves exploring fire chief's understanding and perception of mental health, identifying gaps in preventative awareness surrounding trauma, and examining the reactive and proactive approaches utilized to address mental illness.
- **Identify Gaps and Barriers:**
  - Identify gaps and barriers that perpetuate the significant negative impact trauma has on firefighters. This includes examining the factors that hinder access to mental health support and preventative measures, as well as understanding the challenges faced by fire service leaders in effectively addressing mental illness.
- **Explore What is being done for the mental health of firefighters:**
  - Gain insights into the prevention and intervention strategies and spending employed by fire departments to address mental health and well-being. This involves examining both reactive measures taken in response to mental health crises and proactive approaches focused on promoting mental well-being and resilience among firefighters.

## Framework

To achieve the research objectives, the Fire to Light research team followed a comprehensive framework that combines qualitative and quantitative research methods. The framework includes the following components:

- **Literature Review:** A thorough review of existing literature on mental health in the fire service is conducted to understand the current knowledge, gaps, and best practices in the field. This helps to inform the research design and identify areas for further exploration.
- **Survey Design:** Fire to Light developed survey instruments to gather quantitative data from firefighters and fire chiefs. These surveys are designed to capture key data points related to mental health, trauma, awareness, gaps in access to care, and preventative measures. The surveys are administered to a representative sample of participants to ensure the validity and reliability of the findings.
- **Interviews:** Fire to Light conducted interviews that included both quantitative surveys and qualitative questions. The interviews were conducted with fire chiefs on 5 different continents across large and smaller fire departments. These open-ended discussions provide an in-depth understanding of their experiences, perceptions, and challenges related to mental health. Thematic analysis techniques are employed to identify common themes and patterns within the qualitative data.

- **Data Analysis:** Both quantitative and qualitative data collected through surveys and interviews, were analyzed using appropriate statistical methods and qualitative thematic analysis techniques. This analysis helps to derive meaningful insights, identify themes, and draw conclusions from the data.
- **Report and Recommendations:** Based on the findings, Fire to Light has prepared this formal report summarizing the research outcomes, key findings, and recommendations. The report serves as a valuable resource for fire service leaders, policymakers, and stakeholders, providing actionable insights to improve mental health support and promote a culture of well-being within the fire service globally.

## Study Design

This research study explores the experiences and priorities of international fire chiefs in relation to the current state (2023/2024) of mental health in the fire service. Convenience and snowball sampling methods were employed to recruit 104 fire chiefs, consisting of 94 men and 10 women, from different geographic locations worldwide. Semi-structured interviews were conducted using a predetermined guide to collect data. The interviews were recorded, transcribed, and analyzed using thematic analysis within an interpretive description approach, following the framework outlined by Thorne et al. (1997).<sup>8</sup>

## Process

Participants were recruited through a participatory process. This approach ensured that participation was voluntary and respected the individual preferences and comfort levels of the fire chiefs. The data collection process involved administering both quantitative survey questions and qualitative inquiries. This mixed-methods approach allowed for a comprehensive exploration of the participants' perspectives and experiences, enabling a deeper understanding of the multifaceted nature of mental health in the fire service. The combination of quantitative and qualitative data provided a rich and nuanced dataset that informed the subsequent analysis and interpretation of the findings.

## Methods

Semi-structured surveys were conducted with fire chiefs as key informants for this study. The data collection stage of the study was conducted from December 2022 to January 2024, the analysis and sensemaking phase was conducted from June - September 2023. Report writing was conducted from September 2023 – January 2024.

<sup>8</sup> Thorne, S., Kirkham, S. R., & MacDonald-Emes, J. (1997). Interpretive description: A noncategorical qualitative alternative for developing nursing knowledge. *Research in Nursing & Health*, 20(2), 169-177. <https://pubmed.ncbi.nlm.nih.gov/9100747/>

# Findings Overview

The findings of this research study provide valuable insights into the current state of mental health in the fire service, shedding light on key challenges and opportunities for improvement. Through a comprehensive analysis of data collected from fire chiefs, chief fire officers and leaders of the fire service from across the globe, the following presents an overview of the significant findings and themes discovered during this study. One prominent finding is the pervasive presence of stigma surrounding mental health within the fire service. Many participants expressed concerns about the negative attitudes and perceptions associated with seeking help and expressing vulnerability. This stigma acts as a significant barrier, preventing firefighters from accessing the support they need and perpetuating a culture of silence around mental health issues. The findings highlight the urgent need to address and break down these stigmatizing beliefs and create a supportive environment that encourages open dialogue and seeking help without fear of judgment, negative repercussions, and reprisal.

Another notable finding of this research study centers around the challenges confronted by fire chiefs in effectively prioritizing mental health within their departments. Although a majority of fire chiefs recognize the significance of mental health support, the findings revealed the presence of various barriers that impede their efforts to establish comprehensive programs and initiatives. Among these barriers are *stigma* around mental health, *trust*, and *identity*. These factors underscore the critical need for meaningful organizational change – by way of a significant culture shift - that will allow leaders to prioritize mental health supports effectively. The findings strongly emphasize the importance of empowering fire chiefs with the essential tools and resources to prioritize and seamlessly integrate mental health into the core fabric of the fire service. Additionally, the study identified the issue of *inconsistent training* and a *lack of trust* within organizations, further highlighting the complexity of addressing mental health concerns and the need for comprehensive strategies to foster a culture of trust and ensure consistent training throughout the fire service.

Gaps in the understanding and awareness of mental health among firefighters and fire chiefs were another surprising discovery of our research. While some participants demonstrated a solid understanding of mental health, there were instances where misconceptions and limited knowledge were evident. Over **70%** of fire chiefs identified with needing improvement in the effectiveness or were unsure of the effectiveness of their trauma awareness programs.

Overall, the findings of this research study underscore the urgent need for a comprehensive strategy, that includes targeted educational programming and tools to increase awareness, early identification and intervention related to declining mental health and ongoing maintenance to sustain optimal mental fitness. By addressing these knowledge gaps and promoting a comprehensive understanding of mental health, firefighters and the fire service can better recognize and address their own well-being as well as support their peers.

To achieve success, it is imperative to take proactive measures and embrace a cultural shift that prioritizes mental well-being and promotes a stigma-free environment. The subsequent sections of this report delve into the detailed findings and recommendations, aiming to provide practical insights that contribute to the progress of mental health support within the global fire service community. By implementing these recommendations, we can drive meaningful change and enhance the overall mental well-being of firefighters worldwide.

# Themes

## TRUST

Our research brought about a surprising yet significant revelation—the recurring theme of trust. As we know, the fire service has been built on pride and tradition. This pride firefighters have stems from a profound dedication to our communities and the enduring traditions that provide guidance across every aspect of our profession. Though both pride and tradition have played vital roles in the progress of the fire department, our findings have shown that they are also contributing factors in how trust is expressed among firefighters. Trust exists as an integral element of firefighting since, every day, firefighters put their lives on the line. Leaders make decisions that could result in the death of a friend and fellow firefighters, and we are constantly put into situations with unknown and unpredictable outcomes. The situations in which firefighters have to trust one another are, and always have been, extreme. This is why deep bonds are formed, and much pride is taken in the brotherhood/sisterhood of the job. The growth and dependence on peer support teams are proof enough that firefighters trust firefighters. So, it was *surprising to discover* that trust has become a **major inhibitor** for firefighters when it comes to their mental health and well-being. Divide, a changing culture, and the treatment of firefighters have all seemed to play a role in the lack of trust firefighters experience when it comes to mental health.

Trust emerged as a vital element in addressing mental health concerns within the fire service, permeating various areas explored in our study. From programs and policies to practitioner interactions and leadership dynamics, establishing trust proved essential, and yet it is an area we found that is proving to be difficult for firefighters in the arena of mental health. In this discussion, we will delve into the profound significance of trust in the context of mental health initiatives, clinician response and wait times, the importance of trust in fostering openness about issues, and the pivotal role of trust in administrative leadership.

***“We have seen a 30% increase in members reaching out to our Behavioural Mental Health Unit”***

**- Chief Mike Duran, Phoenix Fire Department**

In recent years, the COVID-19 pandemic has unleashed a wave of policies and mandates that have swept through the fire service. At times, multiple directives were issued on a daily basis, resulting in an overwhelming array of changes. These policies, particularly those related to COVID-19 vaccination, have had varied effects on trust within the fire service. While they may be viewed favourably by some, they have also sparked issues that erode trust, causing separation, division, and feelings of isolation among firefighters. The discourse and division stemming from the pandemic’s impact have reverberated not only across society but also within the tightly knit community of the fire service.

This upheaval has been particularly challenging for firefighters, who have long regarded the fire service as a close-knit family, a brotherhood or sisterhood. The abrupt implementation of policies and decisions in response to the pandemic has fractured



the trust that had been built over years of shared experiences. The resulting divide among firefighters has broken longstanding bonds of trust, leading to a drastic increase in mental illness within the fire service. **64%** of fire chiefs have reported an increase of *firefighters on leave*, with mental health and psychological injury claims surpassing those related to musculoskeletal injuries in many areas.<sup>9</sup> This sobering reality serves as a recent example of how a lack of trust has taken root within the fire service.

As a paramilitary organization, certain aspects of the fire service operate under a “**do as I say**” mentality, particularly among more senior firefighters and officers. While this leadership style may prove beneficial in some emergency situations, it becomes problematic when applied indiscriminately, even in non-emergency contexts within the fire station. This abuse of power significantly contributes to the erosion of trust experienced by firefighters. It is not uncommon for firefighters to be directed to perform tasks outside their comfort zones or unrelated to their job simply because a senior firefighter or officer commands it. This mentality, rooted in the notion that “*people like us do things like this*,” leads firefighters to follow the actions of their peers, even when confronting the difficult aspects of their job, such as mental health challenges and trauma. *Unfortunately, there has not been a strong culture of comfort surrounding feelings and emotions within the fire service.* When coupled with a lack of trust, this has normalized silence, as firefighters have been conditioned to believe that expressing emotions is a sign of weakness.<sup>10</sup> This also speaks to a major theme, the generational gap, where younger generations are not as tolerant of this kind of behaviour and are more willing to seek help. This difference has presented another way that trust is being broken within the fire service.

The combination of a lack of trust and the suppression of emotions has created a challenging environment for firefighters to seek support and openly address their mental health struggles. The ramifications of this dynamic are far-reaching, as the well-being of firefighters depends on a sense of trust that encourages open communication and vulnerability. To foster a healthier and more supportive environment, it is crucial to challenge these deeply ingrained beliefs and norms. By nurturing an atmosphere where trust is valued and emotions are acknowledged as an essential part of the human experience, firefighters can find the support they need to navigate the mental health challenges inherent in their profession.

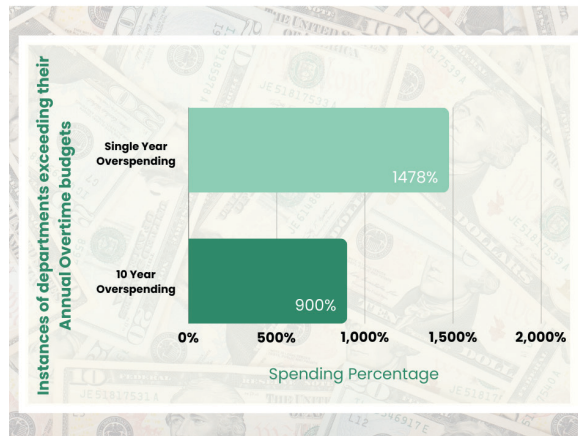
In various departments throughout the United States specifically, we are seeing mandatory overtime policies being implemented, due to the increased number of firefighters on leave and corresponding the staffing requirements.<sup>11</sup> Firefighters are being forced into situations of excessive work without adequate time for rest and recovery and with forced time away from their families. Some of these policies are only helping to maintain staffing requirements, using the firefighters as if they were pawns in a chess game. Leadership expresses legitimate concerns regarding the consequences of heightened exposure to traumatic events resulting from overtime hours and the recurring mention of escalating call volumes. Despite these apprehensions, these practices persist. Knowing that fire services will regularly look to other fire services to examine their practices, there is potential that more and more services could adopt these mandatory overtime practices, only leading to more trauma exposure and a higher risk of firefighters on leave due to psychological injury. As the interviews went on, we noticed that fire chiefs started to share information related to their overtime spending.

9 Smith, P. (2021, May 7). Work-Related Mental Illnesses Cost Physical Injuries. OHS Canada. <https://www.ohscanada.com/opinions/work-related-mental-illnesses-cost-physical-injuries/>

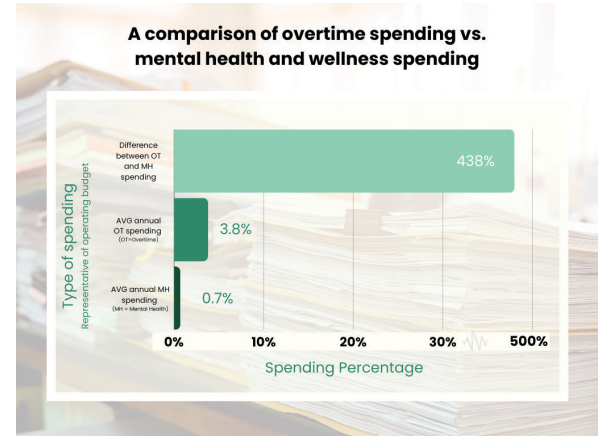
10 Zolnikov, T. R., & Furio, F. (2020). Stigma on first responders during COVID-19. *Stigma and Health*, 5(4), 375–379. <https://doi.org/10.1037/sah0000270>

11 Murphy, J. K. (2011, April 1). Mandatory OT: How far can you push firefighters? *Fire Engineering*. <https://www.fireengineering.com/leadership/legal/mandatory-ot/#gref>

The charts below are a representation of money spent on overtime compared to money spent on mental health programming. The data was collected from 25% of the fire chiefs we interviewed, it is also noted that **42%** of fire chiefs commented on **rising overtime costs** as a result of firefighters being off on leave. A limitation of our research is that this data was only collected from 25% of participants, as it was not originally intended as part of our research.



**GRAPH 1**



**GRAPH 2**

Graph 1 represents examples of departments overspending on Overtime in periods of time. Graph 2 shows a comparison of Overtime spending vs Mental health spending in relation to operating budgets as percentages, also highlighting the difference in spending between the two.

It was no surprise when fire chiefs continued to bring up budget and finance as barriers to mental health. However, we found it intriguing to learn of the vast amounts of money that are spent on overtime each year. This topic of overtime first surfaced through chiefs discussing how they were managing the increase in firefighters on leave. By fully recognizing that overtime management and use varies from department to department and can be used in a variety of ways. The same is true for mental health and wellness spending and budgets. There are many variables and complex factors making it difficult to find a single congruent data point. These factors make this comparison somewhat controversial; some have suggested overtime plays no part in mental health as it is simply a strategy in negotiating staffing requirements.<sup>12</sup> As the *lead researcher and a professional firefighter*, I will provide an example from personal experience as it relates to overtime. In the first six years of my career (beginning in 2012), I was called for overtime less than five times. With the change to a 24-hour shift schedule, and mandatory staffing requirement of our trucks, the number began to quickly rise, to the point where it is not uncommon to receive an “urgent overtime required, email” seeking five, eight, or more positions to be filled in a single shift. It is not uncommon to have 15-20 % of people on any shift, be in on overtime. This is not just due to vacation and lieu time, but rather to an increase in firefighters on leave and an increase in sick time.

Based on what our research has shown, increased firefighters on leave, increasing call volumes, increase in psychological injuries, mandatory overtime lists, burnout, adjusting station borders to accommodate call volume, etc., all play a role in our mental health.<sup>13</sup> Budget and finances came up time and time again as a barrier to mental health;

<sup>12</sup> O'Connell, T. J. (2000). Firefighters and cancer: Observations from the fire service. Sunrise Fire Rescue Sunrise, Florida. Retrieved from <https://apps.usfa.fema.gov/pdf/efop/efo24514.pdf>

<sup>13</sup> Schierling, T. (2022, December 12). Increased Staffing of Fire Fighters 2022. BC Professional Fire Fighters' Association. Retrieved from <https://www.bcpffa.net/news/increased-staffing-of-fire-fighters-2022>



however, the graph above clearly shows that money shows up when it is needed, to fill positions, *far outside of budget allocations*. The increase in firefighters on leave should be a **major concern** for fire chiefs. These positions cause overtime and are typically not rehired for creating more demand on fewer staff to do more work and have exposure to more trauma. The cost of having a firefighter on leave is high; our data indicate a *global annual average cost* of \$166,190.00 USD, not including resource/recovery costs. In many cities in the United States and Canada, these costs are upwards of \$350,000 – \$500,000 dollars per firefighter per year. The costs associated with overtime and firefighters on leave are continuing to rise, and our reactionary culture continues. What we found is that most departments are implementing similar approaches when it comes to managing their mental health. While it is challenging to ascertain the precise outcomes of their actions, certain commonalities emerged. These include a rise in the number of firefighters on leave, an increase in overtime hours, and a tendency to stay within familiar territory (using overtime and being reliant on the health care system) rather than exploring new avenues of awareness and support. The fire service, like any other industry, can benefit from diverse strategies and a willingness to embrace innovative solutions to address mental health challenges.

***“Overtime is corrosive”***

**- Retired Fire Chief Harold Schapelhouman,  
Menlo Park Fire Protection District**

A salient recommendation is to keep the person behind the uniform in mind when writing policy or implementing mandates. Policy and mandates can easily overlook the human aspect in relation to the desired outcome of the policy. In the management of people, especially those who society labels as ‘heroes’, the operational policies supersede the ‘life’ portion of work-life balance. Take, for instance, mandatory overtime lists that prevent firefighters from booking vacations and missing important family events. Mandatory overtime also is seen as a cost-saving measure as opposed to hiring additional staff. These policies and mandates disrupt one’s own mental well-being, increase exposure to traumatic events, and displaces the firefighter from their families and home lives. These practices remove the human element of the firefighters and treat them as a number. This breeds contempt, anger and leads to burnout. Their longstanding trust in their department starts to dwindle at a rapid pace.<sup>14</sup> It’s a very high human price to pay in exchange for additional income that can’t be spent in a meaningful way due to work burden, burnout, and mental illness.

***“We are at times guilty of allowing a policy or SOP to suffice for training in relation to the hazardous environments our firefighters are exposed to. This has become too common in some areas of the fire service, WHY?”***

**- Deputy Commissioner Dominic Ellis, London Fire Brigade**

*This quote resonates deeply with the training we are accustomed to in the fire service, hands-on, live fire, medical and rescue training. Yet, it also carries significant meaning when it comes to the most hazardous environment we face: our own minds and our mental health. Actions speak louder than words, especially in the realm of mental health.*

<sup>14</sup> Mackay, L., Schofield, G., Prendergast, K., Campbell, J., Li, J. (2023). Whanaungatanga Wellbeing Survey: 2023 Detailed Report. Report prepared for Fire and Emergency New Zealand. Auckland, New Zealand.

*“We minimize trauma in the Fire services because we need people to do their jobs”*

**- Head of Behavioural Health Unit, One of the largest Fire departments in North America**

Upon further exploration of the issue of trust, our research has revealed a recurring concern raised by fire chiefs—the lack of adequate support within the system. We discovered that firefighters across various locations faced extensive wait times of **9 to 12 months** or even longer when attempting to access professional clinicians through their department’s Employee Assistance Program (EAP). In most cases, fire chiefs expressed their dissatisfaction with their EAP, highlighting the excessive wait times and overall ineffectiveness in supporting firefighters when they needed it the most. Another disheartening aspect is the lack of uptake from firefighters themselves, which can be attributed to the deficiencies and disrepair of these EAP systems.

As a professional firefighter with over a decade of experience, I can personally confirm that these prolonged wait times not only discourage firefighters from seeking help but also contribute to a breakdown of trust within the fire service itself. In our line of work, word travels quickly, and when it comes to mental health, reaching out for assistance or making a call to the EAP is an incredibly courageous and daunting act for most individuals. The stigma attached to being a hero and the expectations placed upon firefighters make seeking help a last resort. This finding emphasizes the detrimental impact of extended wait times on firefighters’ willingness to seek the necessary support for their mental well-being.<sup>15</sup>

Moreover, our research has revealed that **64%** of the fire chiefs interviewed are witnessing an increase in firefighters taking leave due to *mental health reasons*. With such high statistics, wait times are bound to increase further, hindering firefighters from placing their trust in the systems that are supposed to provide assistance. Firefighters inherently struggle with asking for help due to the nature of their work and the perception society has of them. Being helpers, they often witness extreme instances of mental illness, such as hoarding, sickness, depression, and suicide. These traumatic events create a significant gap in how and whom firefighters trust.

Fire chiefs from different continents commonly mentioned the difficulty firefighters face in reaching a level of comfort to discuss their feelings regarding the traumatic events they have experienced. This does not mean that firefighters refrain from talking about their experiences altogether, but rather they avoid discussing their emotional responses to these events. One major factor contributing to this is the belief among firefighters that practitioners, such as psychologists, psychiatrists, or psychotherapists etc. lack the understanding or lived experience of these extreme events. This creates skepticism regarding their ability to relate to firefighters’ unique circumstances.

To illustrate this situation, think about hiring a chef to prepare a gourmet meal versus one skilled in baking pastries. While both chefs excel in their domains, their expertise

<sup>15</sup> Stanley, I. H., Boffa, J. W., Hom, M. A., Kimbrel, N. A., & Joiner, T. E. (2017). Differences in psychiatric symptoms and barriers to mental health care between volunteer and career firefighters. *Psychiatry Research*, 247, 236-242. <https://doi.org/10.1016/j.psychres.2016.11.037>

lies in distinct culinary areas. Similarly, when seeking a mental health practitioner, there might be therapists specialized in anxiety disorders or couples' therapy. Though capable professionals, they might not possess the insights and understanding of working with firefighters. Many instances have arisen where EAP services or recommended clinicians, though well-intentioned, lack the awareness of the unique challenges faced by firefighters. This disparity leads to skepticism, misinterpretations, and uncertainty, ultimately eroding the trust firefighters place in mental health professionals worldwide.

"Word spreads fast within the fire service." This observation stems from lived experiences, as negative news tends to circulate more rapidly than positive experiences. When a firefighter has a negative encounter with a clinician, the news spreads quickly. Despite their lack of trust in other areas, firefighters do trust each other. This trust is strong enough to let negative experiences shared by fellow firefighters regarding clinicians serve as excuses for not seeking help themselves. The root of this lack of trust can be traced back to firefighters' discomfort in discussing their emotions and feelings related to traumatic events. Peer support has proven to be a valuable initiative, greatly benefiting firefighters as a first step in debriefing traumatic events. However, lots of departments are becoming overly dependent on their peer support teams.<sup>16</sup> Some areas of concern around peer support that were expressed are vicarious trauma and trust among the team. A few fire chiefs are abandoning certain models (the Mitchell model)<sup>17</sup> as they were seeing *high numbers of peer support team members going off on leave due to vicarious trauma* (vicarious trauma is the emotional and psychological impact that occurs when individuals are exposed to the traumatic experiences of others, leading to changes in their well-being and mental health).

It is not uncommon for peer support teams to be built on a volunteer basis. Too often, the weight of trust with such a delicate topic remains on the shoulders of just a few firefighters. It is not uncommon that most firefighters will seek out a specific member, tell their friends, and quickly, this firefighter's exposure rate to vicarious trauma grows at an exponential rate. In our observations, we have encountered instances where peer support teams are led by psychologists and/or team members are selected by the firefighters themselves instead of joining peer support voluntarily. These approaches have effectively initiated mental health conversations and highlighted the critical role of peer support in firefighters' well-being. It is crucial to acknowledge that peer support should not be disregarded as a mere checkbox or solely left in the hands of firefighters. Our findings indicate that when peer support team members are chosen by their peers, it fosters a more receptive culture among firefighters, encouraging active engagement and awareness of their mental health. This process aids in firefighters' trust; however, due to the close-knit brotherhood/sisterhood of the fire service, there is only so much that a firefighter will share with their peers. A more critical aspect is that these **peer support workers are not trained professionals in psychological well-being**, so sharing traumas with another peer could seem threatening or embarrassing for some, and it also has a high risk of causing vicarious trauma for the peer support team member as was discussed prior.

Primarily, we have seen that peer support teams are used as a reactionary method to aid in the defusing of critical incidents, to act as a bridge of reading signs in others

<sup>16</sup> Isaac, G. M., & Buchanan, M. J. (2021). Extinguishing Stigma among Firefighters: An Examination of Stress, Social Support, and Help-Seeking Attitudes. *Psych*, 5281. Retrieved from <https://scite.ai/reports/extinguishing-stigma-among-firefighters-an-J1AK6gOw>

<sup>17</sup> Mitchell, J. T. Critical Incident Stress Debriefing (CISD): An Operations Manual for the Prevention of Traumatic Stress Among Emergency Services and Disaster Workers. Retrieved from <http://www.info-trauma.org/flash/media-f/mitchellCriticalIncidentStressDebriefing.pdf>

and to help provide assistance in the best manner possible.<sup>18</sup> Having a peer support team that focuses only on reactionary methods of trauma response and without a psychologist or professional practitioners on staff to help support, leaves firefighters still without knowing exactly where to turn for help. While certain firefighters may trust peer support workers enough to share their traumatic experiences, it is understandable that others may not feel comfortable doing so, considering that these individuals are their peers rather than trained professionals. Our research showed that when departments have psychologists on staff, helping in all manners of mental health and wellbeing, these departments showed to have much more uptake in their peer support and mental wellbeing programs, as well as having a more positive approach to mental health. This shows that trust between practitioners and firefighters begins to grow when these practitioners become a part of the team.

A handful of fire chiefs interviewed mentioned either experiencing themselves or personally knowing firefighters, where practitioners had left the room in visible tears once the firefighters seeking help began sharing their stories. There were other stories of firefighters having to explain the intricacies of our profession to the practitioner in order to give them a level of understanding of the profession of firefighting. These instances exemplify the erosion of trust within the firefighting community when it comes to seeking assistance, particularly as firefighters are accustomed to being the ones providing help. Embarking on the path of healing can be an overwhelming endeavour for most firefighters, and reaching out for support is often one of the most challenging tasks they will ever undertake.

In conclusion, our research has uncovered significant concerns surrounding the lack of adequate support within the firefighting system, particularly in terms of timely access to professional clinicians and the deficiencies of Employee Assistance Programs (EAPs). Prolonged wait times for accessing mental health services have had a detrimental impact on firefighters' willingness to seek help and have contributed to a breakdown of trust within the fire service. The stigma attached to seeking assistance, combined with the challenges of the job and the perception society has of firefighters, further exacerbate the difficulties in addressing mental health needs.

We have also observed the critical role of peer support in firefighters' mental well-being. While some firefighters may trust their peers enough to share their trauma, others may feel uncomfortable doing so, as peer support workers are not trained psychological professionals. The reliance on peer support alone as a reactionary method leaves firefighters without a clear path for seeking professional help. However, *our findings indicate that when departments have psychologists on staff, the trust between practitioners and firefighters grows*, leading to more positive attitudes towards mental health and greater uptake of peer support and mental well-being programs.

Furthermore, the lack of understanding and familiarity among practitioners regarding the unique challenges faced by firefighters has contributed to widespread distrust among firefighters. Instances of practitioners lacking knowledge of the profession and firefighters having to educate them further erode trust and hinder the effectiveness of mental health support.

In addressing these issues, it is essential to prioritize timely access to professional clinicians, enhance the effectiveness of EAPs, and foster a culture of trust and openness within the firefighting community. This can be achieved through comprehensive training and education for both firefighters and practitioners, as

<sup>18</sup> Association of Clinical Psychologists (UK). (2023). Group psychological debriefs: Practice guidance for post-event reflection following distressing events at work. In S. Thomas-Unsworth, H. Conniff, J. Farrington-Exley, Z. Berger, & J. Highfield (Eds.), *Psychological Staff Support in Healthcare: Thinking and Practice*. Leeds Teaching Hospital.

well as integrating psychologists and other mental health professionals within fire departments. By creating a supportive environment that recognizes the unique experiences of firefighters and provides appropriate resources, we can overcome barriers to seeking help and promote the mental well-being of firefighters.

Embarking on the path of healing and seeking support is a courageous and challenging task for firefighters. It is our collective responsibility to ensure that they have the necessary resources, understanding, and support to address their mental health needs.<sup>19</sup> Only through a collaborative effort and a commitment to change can we create a fire service culture that prioritizes mental well-being and supports the brave men and women who dedicate their lives to protecting our communities.

<sup>19</sup> Sattler, D. N., Boyd, B., & Kirsch, J. (2014). Trauma-exposed Firefighters: Relationships among Posttraumatic Growth, Posttraumatic Stress, Resource Availability, Coping and Critical Incident Stress Debriefing Experience. Department of Psychology, Western Institute for Social Research, Western Washington University, Bellingham, WA, USA, Bellingham Fire Department, Bellingham, WA, USA, Coastal Industrial Services, Ferndale, WA, USA, Department of Psychology, University of Wisconsin, Madison, WI, USA.



## A Perspective of Men and Their Emotions Over Time

I feel it is important to mention a discovery from our study that pertains to the evolution of firefighters and a perspective on the emotional processing of men through the ages. A recent study showed that the number of women in firefighting in the United States is only 9%.<sup>20</sup> The next discovery regarding men is not to exclude women but rather to exemplify how our past has influenced the current state of mental health in a still male-dominated profession. Being that 91% of firefighters in the United States are male, and though we do not have the statistics of all the countries, it is expected that the fire service globally meets similar representation in relation to male to female ratios. This topic arose with many chiefs throughout this study, both male and female chiefs (9.61% Females interviewed, 90.38% males interviewed).

The ancestry of men in relation to emotions and feelings is a topic that arose through our research, and it is one that cannot be overlooked when discussing the impact that mental health is having on the fire service. With an overwhelming percentage of firefighters being male, and a history of a male dominated profession, it is without a doubt that the ancestry of men cannot be overlooked or ignored. Mentioned many times throughout our interviews, is the “suck it up” mentality that is still very present within the fire service, especially when it comes to mental health. There is an expectation that firefighters should be capable of doing their job, without an emotional reaction. This lack of emotional response from firefighters is one of the entrenched traditions of the fire service that needs to be addressed. Further, we don’t have to look very far back in our history to see a profession solely of men. When we look at trust, and why firefighters lack the ability to trust practitioners, it is important not to minimize the fact that most firefighters around the world are men. Throughout our recent history, societal norms have hindered men from openly expressing their emotions, particularly within paramilitary organizations like the fire service that emphasize discipline and control. This cultural expectation has had a profound impact on men’s emotional well-being. A striking revelation emerged from our discussions with fire chiefs, as a significant number of them shared that they had never witnessed their own fathers shedding tears. This powerful observation sheds light on the ways in which men have been conditioned to suppress their emotions, constantly being encouraged to toughen up and lacking male role models who demonstrate the importance of forging a healthy connection with their emotions. The consequences of this societal dynamic are profound and underscore the pressing need for a cultural shift that encourages emotional openness and provides support for men to explore and express their feelings.

It is not uncommon for fire stations to be a place of ridicule, judgment or even harassment, especially for new firefighters. We can currently look to the United Kingdom as an example of *harassment still happening within the fire service today*.<sup>21</sup> This current example is proof of the some of the challenges still being experienced within the fire service. We are now entering into a time where it is beginning to become socially acceptable to talk about one’s emotions, especially as a man. I am not suggesting that females have an easier time expressing their emotions, or that they cannot express their emotions. This is simply an insight into the fire serves and the gender roles that have been, and currently are associated within the role of firefighters around the world still primarily being male. Gender roles and how they relate to the overall mental health of the fire service was not a focus of our research,

20

<https://www.nfpa.org/-/media/Files/News-and-Research/Fire-statistics-and-reports/Emergency-responders/osfdprofile.pdf>

21

<https://www.london-fire.gov.uk/media/7211/independent-culture-review-of-lfb-report953f61809024e20c7505a869af1f416c56530867cb99fb946ac81475cf d8cb38.pdf>

perhaps the introduction of more female firefighters over the past 20 years is starting to play a significant role in the acceptance of more male firefighters saying yes to asking for help in this area of mental health. More research is needed in this area.

As we enter a new era where among men, it is beginning to be acceptable to share our emotions and feelings. There is a hope that this will spread throughout the fire service helping to create more trust with the males of the fire service. It is suggested that as the number of females in the fire service increases, there will be more influence within to have new perspectives and areas of conversation in relation to all things firefighting and health-related. Leading the fire service to a safer place of trusting those who support firefighter's mental health.

In conclusion, our study has shed light on the evolution of firefighters and the role of emotional processing in men throughout history. The low representation of women in firefighting, with only 9% in the United States, highlights the predominantly male composition of the profession. While not excluding women, this statistic exemplifies how the male-dominated nature of firefighting has shaped the current state of mental health within the profession. This topic emerged in discussions with both male and female fire chiefs, underscoring its significance. The ancestry of men and its impact on emotional expression cannot be overlooked when addressing mental health in the fire service. The cultural expectation of "sucking it up" and the lack of emotional response have deep roots within the fire service and need to be addressed.

Additionally, the historical lack of gender diversity in firefighting reinforces the need for trust-building efforts, considering that most firefighters worldwide are male. Our recent history has perpetuated societal norms that hinder men from openly expressing their emotions, particularly in paramilitary organizations like the fire service. The observation that many fire chiefs had never seen their own fathers cry highlights the profound influence of societal conditioning on men's emotional well-being. To effect change, a cultural shift that promotes emotional openness and support for men to explore and express their feelings is imperative.

It is disheartening that fire stations can be environments of ridicule, judgment, and harassment, particularly for new firefighters. Current instances of harassment in the United Kingdom serve as a reminder of the ongoing challenges faced within the fire service. However, we are entering a time where it is becoming more socially acceptable to discuss emotions, even for men. It is important to acknowledge that this insight does not diminish the struggles women face in expressing their emotions or suggest that they have an easier time. Rather, it highlights the gender roles associated with firefighting, which has historically been a male-dominated profession worldwide. While not a focus of our research, the increasing presence of female firefighters over the past two decades may play a significant role in promoting acceptance and encouraging male firefighters to seek help in mental health. Further research is needed in this area.

As we navigate this new era where men are increasingly encouraged to share their emotions and feelings, there is hope that this cultural shift will extend to the fire service, fostering greater trust among male firefighters. The growing number of female firefighters is expected to bring new perspectives and conversations related to firefighting and health, ultimately leading to a safer and more trusting environment for supporting firefighters' mental health.

***“There can be a lack of trust in leadership. Our firefighters on the front line, our medics, often do not believe that leadership, whether that’s a mayor, a governor, or their fire chief... has their back. That’s a problem”***

**- Dr. Lori Moore-Merrell, United States Fire Administrator**

The research findings consistently highlight the significance of trust in the fire service, and a notable aspect that emerges is the influence of entrenched traditions. A deeper investigation reveals that certain traditions within the fire service can impede trust-building efforts and contribute to the negative impacts on how firefighters perceive and establish trust.

Ranking symbols play a significant role within the fire service, serving purposes such as establishing order, facilitating control over smaller groups, and aiding in incident management. However, certain aspects of *entrenched traditions* within the fire service, specifically related to ranking symbols and positions, can contribute to ego-related issues. Examples include the expectation to stand when a higher-ranking individual enters a room, specific protocols for meal orders (chiefs eat first) or designated parking spaces. These traditions can inadvertently foster an environment where trust issues may arise among firefighters.

*Intimidation* continues to persist as a prevalent issue within the fire service, serving as a method to evaluate the capabilities of individuals in the challenging and hazardous field of firefighting. However, the reliance on intimidation often leads to *greater division* and discord instead of fostering unity and support among firefighters. The hierarchical structure, especially the ranks, contributes to this intimidation, particularly for newer firefighters. The established “chain of command” and lines of communication within the fire station can create a sense of separation and hinder the development of trust at different levels within the organization.

For new firefighters, the inherent trust placed in the ranks can easily translate into intimidation, creating an environment that discourages or even forbids seeking help. Despite the notion of an “open door policy” that allows for discussions on any matter, the presence of hierarchical structures poses a challenge for new firefighters to approach supervisors at various levels. This intimidation, though often unintentional, becomes deeply embedded in the firefighter’s career, reinforcing the prevailing “*suck it up*” attitude and toxic masculinity. These long-standing traditions act as significant barriers to the education and implementation of mental health practices within the fire service. The perpetuation of doing things the same way as they have always been done, rather than embracing what is right and just, hampers the progress of mental health support and initiatives. To truly transform the fire service into a safe and supportive space, it is crucial to dismantle these barriers and cultivate a culture that values vulnerability, emotional well-being, and open communication. Only then can firefighters, both new and experienced, feel empowered to seek the help they need and deserve.



The joking around and dark humour of the fire service past have played a major role in the suppression of emotions and the general attitudes towards what is or isn't acceptable within this profession. A chief from the United Kingdom suggested a transformation of how we talk about the fire service, shifting away from using the terminology of "*A family or brotherhood/sisterhood*" and treating the fire service as a *professional service*. This comment came as a surprise as there is great pride within the fire service around its "family" mentality. *The reason behind this chief's efforts, however, should be taken into deep consideration* as they address a critical perspective that is typically overlooked. The chief addresses this entrenched tradition of a "family" by stating, "***In a family, you tolerate your racist uncle sitting around the dinner table because he is family***". It is within these types of traditions that a deeper consideration of perspectives needs to be addressed. On one hand, we hold great pride in this brotherhood/sisterhood, yet on the other hand, many people are continuing to be hurt and outcasts in the adoption of some of these traditions.

***"In a family, you tolerate your racist uncle sitting around the dinner table because he is family."***

**- Chief Fire Officer, United Kingdom**

In conclusion, the research findings underscore the significant role of trust within the fire service and shed light on the influence of entrenched traditions. It is evident that certain traditions and practices hinder trust-building efforts and contribute to negative outcomes in terms of how firefighters perceive and establish trust. The reliance on ranking symbols and the hierarchical structure, while serving certain purposes, can inadvertently create ego-related issues and foster an environment where trust issues may arise. Intimidation, a prevalent issue within the fire service, continues to persist and hampers the development of trust, particularly for new firefighters who may feel discouraged or forbidden from seeking help. These long-standing traditions and attitudes, including the use of dark humor, have played a significant role in suppressing emotions and perpetuating a "suck it up" mentality, which further impedes mental health support and initiatives.

It is important to critically examine and challenge these entrenched traditions in order to create a fire service culture that prioritizes vulnerability, emotional well-being, and open communication. *Transforming the fire service into a safe and supportive space requires dismantling barriers and embracing a professional approach that values diversity, inclusion, and respect*. While there is pride in the notion of a fire service "family," it is crucial to recognize the need for deeper consideration and address the impact of traditions that may perpetuate harm or exclusion. By fostering an environment where all firefighters feel valued, heard, and supported, we can create a fire service that truly prioritizes the mental health and well-being of its members.

## GAPS IN THE MENTAL HEALTH OF FIREFIGHTERS

In the context of mental health, a “gap” refers to a deficiency or inadequacy in the provision of mental health support, services, or resources. It represents an area where there is a lack or insufficiency in addressing mental health needs or challenges. Gaps in mental health can manifest in various ways; a few are, limited access to mental health services, insufficient funding for mental health programs, lack of awareness or education about mental health, and inadequate availability of resources for individuals experiencing mental health issues.

Identifying and addressing these gaps is crucial to ensure that individuals receive the necessary support and care for their mental well-being. By closing these gaps, it becomes possible to enhance mental health services, reduce barriers to access, improve public and internal awareness, and promote overall mental health and well-being in communities and organizations. Closing the gaps in mental health is an ongoing process that requires collaboration among fire chiefs, firefighters and unions, healthcare providers, policymakers, communities, and individuals themselves, to create a more comprehensive and effective mental health support system.<sup>22</sup> Our research has identified three major areas of concern in the gaps of mental health within the fire service, which we will explore below, generational gap and stigma, the understanding of mental health and barriers/time.

### *Generational Gap and Stigma*

***“We are still fighting to overcome the stigma attached to firefighters reaching out for help”***

**- Matthew Pegg, Fire Chief, Toronto Fire Services**

The generational gap within the fire services was one of the most widely discussed topics when interviewees were asked, “*Where do you feel the biggest gaps are when it comes to the mental health of your chiefs and firefighters?*” When we look at the growing population of elderly people aged 65 and over, and that currently, the youngest of the baby boomers are aged at approximately 59 years of age. This suggests that there is a gap between the older generations and younger generations of firefighters. The discussions from chiefs provide more than enough evidence that this issue is very present in the fire service.<sup>23</sup> There have been many retirements and new hires happening in recent years, creating a huge shift in the culture of the fire service. A massive influx of younger/newer firefighters entering the service has challenged some older traditions and cultural aspects that have been commonplace in the fire service for years. A major cultural aspect, and tradition, if you will, has been to “suck it up”. This would entail doing your job, day in and out, along with the perception that if you are a firefighter, then you should be able to deal with and manage all the components that come along with extensive exposure to traumatic events. This has contributed to a culture of stigma surrounding mental health. It was presented in all cases that older generations and younger generations deal with their mental health

<sup>22</sup>

<sup>23</sup> United Nations. (2019). World Population Ageing 2019: Highlights. Retrieved from <https://www.un.org/en/development/desa/population/publications/pdf/ageing/WorldPopulationAgeing2019-Highlights.pdf>

differently.<sup>24</sup> It is much harder for older generations to accept that they might need help, and typically wait until their mental well-being has been significantly compromised. Today firefighters experience far higher call volumes than in the past, increasing their exposure to critical incident stress and traumatic events that all lead to a *higher risk of psychological injury, PTSD and suicide*. We know that our older generations of firefighters seek less help than our newer generations. Older firefighters are said to have a difficult time accepting some of the newer cultural aspects of asking for help when needed. There is a discussion that younger generations of firefighters are not resilient enough and are more responsive to seeking help and taking time off. This is in relation to the increase in psychological leave of firefighters in recent years. A number of chiefs reported that their number of insurance and workplace injury cases related to mental health has surpassed that of musculoskeletal injuries. While other chiefs did not know if this was true or not for their departments, all chiefs were well aware that mental health is a major concern within the fire service.

As mentioned, stigma is still very prevalent throughout the fire service globally, so are things getting better or worse from a mental health perspective? There are many views and angles of how you approach this question. As our awareness increases and a part of the culture shifts from those less susceptible to asking for help to those perceived to be more susceptible to asking for help, we should naturally see an increase in services being used. While the younger generation is seemingly more open to asking for help sooner, it has left many fire chiefs questioning if they are hiring firefighters who are resilient enough to handle the demands of this profession. Though the older generations were less likely to seek help and are perceived by chiefs as more likely to suffer in silence when it came to job-related trauma, their resiliency to get the job done is suggested by fire chiefs to be far greater than the resiliency of newer, younger firefighters when it comes to their resiliency of work-related tasks. We did not study the resiliency of firefighters or how resiliency relates to or is compared between older and younger generations of firefighters. These observations came out of the collective group of interviewees in our research.

The difference in cultural aspects of older and younger generations could potentially be perceived to go away once the older generation retires in the next five to ten years. However, we do not believe this to be a true or reliable statement. Though the gap between the old and new generations is becoming smaller, it will always exist at some capacity. *Therefore, the challenges of culture as it relates to age and generational culture will always exist.* The generations that have come before, passed on aspects of how they did/didn't manage their mental health. And these have become a part of the unspoken language of the fire service. Although this might not relate to every fire department, the stigma and belief that firefighters are still suffering in silence still exists throughout the service. The stigma simply does not just go away because a generation of firefighters have retired. This tradition of stigma is still alive and well, felt by almost every chief that was interviewed. It has become a part of the fire service, and though the change is occurring, it will take years to see it on a large scale. Firefighters, due to the nature of their jobs, do not like to feel that they are the ones who need help, we are the helpers, trained to assist our communities day and night. Our pride is so great in what we do, that it has been **deemed a weakness in our profession to ask for help**. So now, as we enter an era of more acceptance in the arena of mental health, it is becoming more acceptable for firefighters to ask for help. This does not mean that all know how to ask for help, know where to ask for help, or know how to identify that they may need to talk to someone about their experiences, feelings, or emotions. This is new territory for firefighters, new or experienced, and has not yet become an accustomed component of the role of a firefighter.

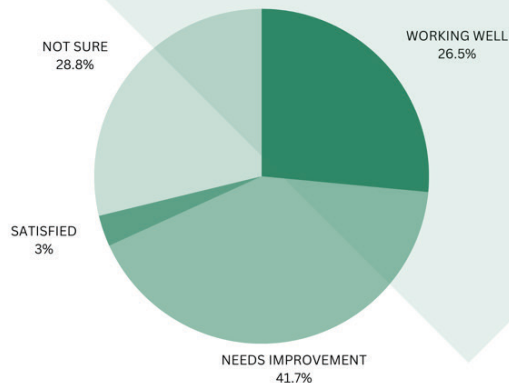
<sup>24</sup> Dill, J., Schimmelpfennig, M., & Anderson-Fletcher, E. (2023, February). Moral Injury White Paper. Retrieved from <https://www.ffbha.org/wp-content/uploads/2023/02/Moral-Injury-White-Paper-2-9-23.pdf>

***“It is incumbent upon us to redouble our efforts to end the silence and eradicate the stigma surrounding the mental health of first responders”***

**- Jay Ruderman, President of the Ruderman Family Foundation**

On average, there seems to be an adequate amount of health and well-being information being delivered to firefighters; in some areas, this happens more than in others, but in general, all chiefs report that though they could be doing a better job, their departments are delivering various types of education to the firefighters. The vast majority of this information is delivered to the firefighters via email. ***Most chiefs also report that they do not believe that most of the information is getting to the firefighters***, they do not know who is or is not viewing these emails, nor do they have a way of gathering information to know if this information is being received, articulated, or practiced by the firefighters. There could be a multitude of reasons for this, too many emails, too much demand for training in various modalities, and an approach that is not conducive to the characteristics of firefighters.<sup>25</sup> There are many factors; however, all chiefs agreed that they could be doing more to deliver mental health-related information and training to their firefighters.

#### **EFFECTIVENESS OF TRAUMA EDUCATION PROGRAMS: A COMPARATIVE ANALYSIS**



*This graph shows the chief's answers to qualitative question 2, when chiefs were asked how their trauma/mental health programs were working within their departments.*

If we look at how mental health used to be discussed and perceived in the past, there was a very negative connotation attached to it. This is a major reason why older generations have such resistance to talking about their mental health. It's not long ago that it was frowned upon to talk about your mental health. There is still fear present within the fire service today

<sup>25</sup> Correia, T. (2021, January 28). Character, Attitudes, and Values: Defining the 'Good' Firefighter. Fire Engineering. Retrieved from <https://www.fireengineering.com/commentary/character-attitudes-and-values-defining-the-good-firefighter/>

of firefighters losing their jobs due to mental health-related injuries/issues. This is a very prominent belief, as stated by multiple chiefs, about their typically more senior firefighters. This fear is tied to the stigma, as is the idea that moving towards seeking help for one's mental health is a sign of weakness. This is a deep-rooted cultural component that is still felt in departments all around the world. Regardless of how fire chiefs perceived their department's mental health, all interviewees stated that the stigma, toxic masculinity, and fears of asking for help were still very present. *Chiefs also admit to not fully knowing what to do about this ongoing stigma nor are they claiming to have the right idea on how to abolish it.*

The research findings provide valuable insight into the generational gap within the fire service and its impact on mental health. The discussions with fire chiefs revealed that this gap is a significant challenge in addressing the mental health needs of firefighters. With the majority of firefighters being male and the population of older generations dominating the service, there are distinct cultural aspects and traditions that influence how mental health is perceived and managed. The prevailing "suck it up" mentality, along with the stigma surrounding mental health, creates barriers for both older and younger generations in seeking help. It is important to note that the increasing presence of younger firefighters and their more open approach to discussing emotions does not automatically eradicate the challenges associated with generational gaps.

These gaps in understanding and cultural norms will continue to exist to some extent, even as the older generation retires. Addressing the deep-rooted stigma and transforming the fire service into an environment that encourages open dialogue and support for mental health will require ongoing efforts and a commitment to change. Fire chiefs acknowledge the presence of stigma and toxic masculinity and recognize the need for solutions, but there is no simple answer. However, by redoubling efforts to end the silence and eradicate the stigma surrounding mental health, progress can be made in creating a healthier and more supportive fire service for all firefighters.



## Understanding Mental Health

The fire service's understanding of mental health has emerged as a crucial topic in the context of firefighter well-being. Through the exchange of ideas and perspectives found in our research, it becomes evident that mental health concerns within the fire service are multifaceted and require a nuanced understanding. Themes such as trust, stigma, generational gaps, and cultural change have been discussed, underscoring the complexity of mental health dynamics in this profession. By delving into these topics, it becomes evident that the fire service must develop a comprehensive understanding of mental health to effectively support firefighters' mental well-being. This opening discussion sets the foundation for a comprehensive examination of the current landscape surrounding mental health understanding within the fire service, highlighting the importance of addressing this issue for the benefit of firefighters and the overall resilience of the fire service community. Within our research, it has become quite evident that the fire service is still trying to grasp an understanding of the mental well-being of firefighters. Below we will compare some of the quantitative and qualitative data as it relates to how mental health is understood in the fire service:

*1. How would you rate the current state of the mental health of your Firefighters?*

*0 = poor we have a mental health crisis on our hands*

*10 = excellent, our firefighters have and utilize all the tools they need to seek help before and after a crisis, which has contributed to an overall excellent state of wellbeing*

*2. How confident are you in the abilities of your firefighters to ask for help when it comes to their mental health and well-being?*

*0 = zero confidence*

*10 = they have been fully prepared to recognize their signs of trauma and emotionally supported to ask for help*

In both of the questions above, chiefs scored 6.3 out of 10 on average, suggesting that mental health within the department is seemingly ok. Later on, in qualitative questioning, almost all of the chiefs admitted that stigma is still a huge issue and that the number of those suffering in silence is still unknown. **88.3%** of chiefs acknowledge that they need to improve what they are doing for the mental health and wellbeing of their firefighters even though some also referenced that their mental health programming was working well, and **64.42%** of chiefs are seeing an increase in firefighters on leave. There are many approaches to how we observe mental health, which is clearly shown in our research. The manner in which most chiefs spoke about needing to do more and the increase of firefighters on leave suggests that things could be worse than initially scored. Another point of reference is that within fire recruitment testing, it is not uncommon for a minimum score of approximately 70% to be considered as the pass/fail point of aptitude testing. So, in relation to fire service testing requirements, the average department rated their current state of mental health, and their firefighter's abilities to ask for help **below the minimum requirement for what would be considered an industry pass**. It is obvious that cultural change is needed. What is difficult to know, is how deep this issue of mental health runs. This could potentially speak to a limitation of the research in that we have gathered one perspective from each department on their overall mental health. However, nearly all the fire chiefs and leaders interviewed have spent between 19-40+ years in the fire service. This extensive insight and understanding of the service suggests that *most*

*fire chiefs believe that there is still much to learn and understand about the mental health of firefighters as the roots of tradition run deep.*

In one recent case (2020), a department in the United States did not have any funding for mental health programs, education, or initiatives. This department has also averaged one suicide every **18-24 months** over the last 30 years. A statistic that is seemingly larger than most departments interviewed. I will note that this was no small department; its overall operating budget was over \$700,000,000. **This discovery is strikingly alarming and leaves wonder about how many other services are just waking up to the fact that something needs to be done surrounding the issues of mental health.**

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***“We don’t know how big the issue of mental health actually is”***  
**- Deputy Commissioner, Craig Waters, Western Australia**

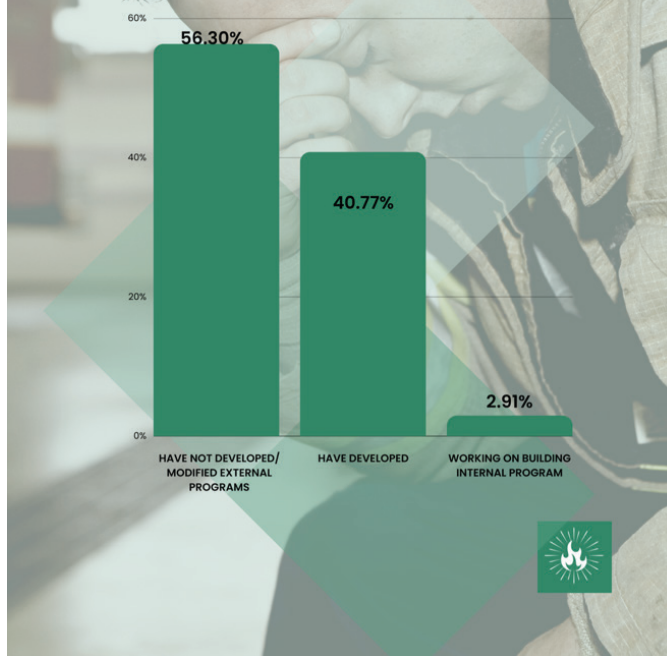
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Understanding the context in which fire chiefs compare their current states of mental health is of utmost importance. It is essential to consider the timeline and progression of mental well-being initiatives within different departments. For instance, while some departments may have recently initiated efforts to develop a system around mental well-being, there are others that have been actively working on building and implementing such initiatives for a significant period of time, spanning approximately **10 to 15 + years**. Recognizing this disparity in timelines allows for a more comprehensive understanding of the varying stages of progress and the diverse challenges faced by different departments in addressing mental well-being within the fire service.

It is also important to understand that for those who have been leading the charge, preventative and awareness approaches to mental health and well-being have only recently started to be implemented in some departments. All departments began this journey of mental well-being from a reactionary standpoint, providing assistance and support for their firefighters after they have experienced a traumatic event. The fire industry has mirrored the Western medical systems’ approach of being reactionary in our healing and safety. Looking for cures to symptoms and causes, whether it be from a physical or psychological standpoint rather than taking a preventative approach. We sit back and wait for worst-case scenarios, hoping and believing that an injury ‘won’t happen to me’. No firefighter goes into this profession thinking they are going to get PTSD, become a Line of Duty Death (LODD) statistic or be the victim of suicide. *Yet sadly, firefighters around the world continue to succumb to these statistics, all at growing rates.*

When we asked chiefs, *“Have you developed anything in-house to help educate your firefighters and chiefs about trauma, If so, what?”* This initiated a lot of conversation around peer support teams. We will preface that peer support teams are an integral part of firefighting and have been a massive catalyst in the process of defusing and guiding firefighters toward places of healing. We also acknowledge that each peer support team is run differently; the discussion here is based on the findings of our research and not directed at any one department.

## DEVELOPMENT OF TRAUMA EDUCATION PROGRAMS



*This graph represents what chiefs/ departments have taken strides to develop their own mental health programs (Have you developed anything in house to help educate your firefighters and chiefs about trauma? If so, what?). Though the question focuses on programs related to trauma, chiefs opened up to discussing all the mental health types of programming they have available, whether they created in or not.*

Our research suggests that there is still some work to be done in how we view and understand our peer support teams in relation to mental health. Many chiefs mentioned that their peer support teams were a preventative measure for their department's mental health, originally set up to establish a connection from peer to peer and to help each other in understanding and managing critical incident stress. Although peer support as a whole was initiated as a proactive approach, its efforts of managing mental health are still reactionary, coming in to help defuse after a traumatic incident. It has been suggested to me in conversation with a professional psychologist, that we cannot prevent trauma from happening. Though this statement is true, *the chiefs who were open in sharing their personal stories have shown great resilience and effort in taking proactive steps* in facing their own humility and learning to express their vulnerabilities, aiding in their own healing journeys. This tells us that taking preventative measures toward better understanding one's mental health and implementing healthy practices around mental health, can help individuals in creating healthy coping mechanisms for trauma before these types of incidents occur.

Most department's peer support teams seemingly took similar approaches in how these teams were assembled and utilized within their departments. Taking in volunteers, defusing critical incidents, and reaching out to members who attended these calls. We did, however come across some departments that were taking some different approaches. Some examples include adding professional practitioners to lead their peer support teams, peer leads getting training in areas of emotional intelligence and healthy mental health coping tools and training the entire department in these areas, and peer support teams bringing in outside leaders to host workshops for entire departments in various area of mental health awareness. Gaps still need to be bridged from the firefighter to support, and the earlier, the better. Awareness and understanding of mental health are the foundation of healing, as they provide the necessary knowledge



and insight to identify and address issues, promote early intervention, and foster a supportive environment for individuals seeking help and support.

There have been great efforts made on the physical side of our health, and still, most departments leave it up to the firefighters to take it upon themselves to exercise, eat well and take their physical health seriously. One of the departments interviewed has mandatory physical training programs for their firefighters. They started to treat their department like a professional sports team, working to prevent injury and once injured, taking incredible strides to get their firefighters back to work as quickly and safely as possible. The best part is that once their rehab has started, a plan is created to work on their physical weaknesses so as to prevent them in the future.

Why is this important to note, as this report is based on mental health and not focused on physical health? As we continue to discuss our understanding of mental health in the fire service, there is an obvious misunderstanding in the treatment of physical, mental, emotional, and psychological well-being. *These areas of our health have been separated, and we, in the fire service, have treated our health as separate identities, rather than these simply being facets of personal health, all equal in existence and in contribution to one's overall health.*

It is clear that the fire service at large is lacking the understanding of the concept, that our health; mental, physical, psychological, and emotional, are all interconnected, all the time and they are not separate. We, as a service, have made great efforts to help our firefighters globally, to receive support for a growing number of cancers related to the dangers of our profession<sup>26</sup>. Although this is greatly needed and appreciated by firefighters and the families of those affected, it is still a reactionary approach. Not that we can fully prevent any physical or mental injury, we can't; however, we can work towards putting our bodies in a state of health that increases our rate of recovery in the event that we do become injured or sick.<sup>27</sup> This same approach is necessary for mental wellbeing. All physical injuries and illnesses have a mental, emotional and/or psychological response to them. Some injuries and illnesses weigh heavier on us than others, and this is also true that we cannot fully control or anticipate when mental discomfort will arise. Thus, the importance of taking a deeper preventative approach to our mental health and wellbeing is not a concept that has yet been fully adopted by the fire service. Even those departments who scored high, when asked, "how informed are your firefighters on the impacts that trauma has on their life", all admitted to not knowing if the firefighters are actually reading and absorbing the information that is being provided to them. *Furthermore, of those departments who suggested their training around trauma awareness was in the 70-90th percentile, only a small handful offered mandatory training, with 2 departments only offering mandatory monthly training, while the rest, scoring in this same percentile, offered training on an annual basis or less.*

If we pause to think about this discovery for a moment, this means that departments who feel they are excelling at implementing mental health and wellbeing initiatives are doing so at best, one time per month and on average, one time per year or less. **This is the standard that the fire service has established for "good" and progressive mental health programming.** To compare this to our physical health, this would mean that good physical health, based on the fire services' approach to mental health, would mean exercising one time a month would place a firefighter in good physical health,

<sup>26</sup> Pinkerton, L., Bertke, S. J., Yiin, J., et al. (2020). Mortality in a cohort of US firefighters from San Francisco, Chicago and Philadelphia: an update. *Occupational and Environmental Medicine*, 77(2), 84–93. <https://doi.org/10.1136/oemed-2019-106119>

<sup>27</sup> Contributing Factors to Firefighter Line-of-Duty Injury in Metropolitan Fire Departments in the United States  
Authored by, Lori Moore-Merrell, Ainong Zhou, Sue McDonald-Valentine, Randy Goldstein, and Chloe Slocum  
August 2008

and average physical health would mean exercising one time per year or less. The approach taken to assess mental health within the fire service is strikingly inadequate, especially when compared to the attention given to our physical well-being.

Nonetheless, this is the data we have gathered regarding the present condition of mental health within the fire service. Twenty to thirty years ago, there was zero training on mental health and wellbeing. The reality is that this concept of “mental health training” is fairly young in the fire service. The assumption that everyone in the department gets a day of mental health training, maybe once per year, is great. This may be true when the chiefs interviewed are comparing it to zero training or education from when they began their careers. The reality is much different. Anyone who has been diagnosed with PTSD or suffered a psychological injury knows that the process of recovery is a long one. It takes time to heal the mind and learn how to accept the experiences of our life. Yet the state of where most departments are at in their understanding of mental health is such that only a few sessions at best should fully prepare someone for the traumas they will witness as a firefighter and in life.

With the growing social demands and expectations on the fire service, especially after COVID-19, departments all around the world are experiencing a higher demand for training in a multitude of modalities in order to create as much safety as possible in any emergency response. Due to the demand for training in so many modalities, fire suppression, fire prevention, technical rescue, medical response, community involvement, water rescue, auto extrication, etc. *Mental health education and awareness has not yet reached its way to the top of the priority list in most departments, from what we have seen.* Our mental health is woven into every call, every scene, each death, and every traumatic event firefighters attend. And it plays a major role in our daily interactions within the fire hall, navigating living with colleagues. Our mental health, as well as our traumatic experiences from work, go home with us as firefighters, impacting our personal lives, families, and communities outside of the fire station. Yet we continue to delay and dismiss learning more about our mental health and the tools that could support us in the event of a personal catastrophic crisis.

As our world continues to change due to global warming, urban sprawl, and the increasing population, so do the demands of firefighters. With ongoing external factors playing a role in the rise in call volumes, why would our firefighter's strain on their mental health not also be impacted? More importantly, why wouldn't the firefighter's mental health start to be addressed from a place of caring for humans rather than checking a corporate box dictated by government mandates?

To truly comprehend our mental health, it is imperative that we shift away from a generic approach of implementing a 'one-size-fits-all' method. Instead, we must adopt a more personalized and introspective approach that acknowledges the individual behind the uniform and recognizes the daily risks they undertake for the betterment of their communities. In parallel, organizations must engage in introspection, confronting their own shortcomings and systemic challenges related to mental health and well-being. By addressing these internal issues, organizations can create a supportive environment that prioritizes the mental well-being of their members and fosters a culture of understanding, empathy, and growth.

## Barriers & Time Constraints

Barriers and time constraints emerge as prominent challenges within the context of mental health in the fire service. Firefighters face various barriers that impede their access to mental health support and hinder the progress of mental well-being initiatives. Stigma, limited access to, or awareness of resources and an overall lack of awareness regarding mental health in general contribute to these barriers, discouraging firefighters from seeking help and perpetuating a culture of silence. Additionally, time constraints pose a significant challenge, with firefighters and fire chiefs, juggling demanding work schedules, extended shifts, and unpredictable emergencies. The time-sensitive nature of their responsibilities often leaves little room for prioritizing their own mental well-being. As a result, efforts to address mental health gaps must confront these barriers head-on, fostering a supportive environment that dismantles stigma, provides adequate resources, and recognizes the importance of allocating time and resources for mental health support within the fire service.<sup>28</sup>

Support has played a huge role in the lack of trust firefighters experience when seeking help for their mental well-being. Our research shows that overall, even though most departments acknowledge they could be doing more, there does not seem to be a lack of mental health information being emailed to firefighters. The issue we have seen is, that though the departments have made an effort to deliver information, they all mention that they do not know if the firefighters are absorbing or even reviewing the information being sent out. The majority of training and education being provided is not measured or tracked, nor is it mandatory. Most information is being emailed to members in hopes that they will read it, and it is left to the member to know how to implement this information into their own life, without guidance or support. Thus, being said, it is clear that the fire service does not know how to successfully market information about well-being to their firefighters. Typically, a well-being manager or training officer will send out emails as they see fit or as directed by a team lead to the entire department's email. Maybe a few posters will go up in the stations with little to no conversation about what they are or what they mean. These are all great stepping stones; however, these approaches seem to be a band-aid approach to claim that there is a response to the growing issues of mental health and well-being that are being experienced across the fire service. **88.3%** of chiefs admitted to knowing that more needs to be done to educate firefighters regarding their mental health and well-being. Speaking from experience, corporate email inboxes are inundated with so much useless information that does not pertain to the firefighter, they have become a junk mail service, making it hard to trust what is needed to be read versus what is useless information. This again hits the issue of trust. Though it is assumed, generally speaking, no one is actually looking over and holding the firefighters accountable to review their emails or take action upon what they read or observe in the emails received. This makes it easy for the firefighter to overlook, miss, or not even open the informational email.

*A notable outcome of our research was the absence of any fire chiefs acknowledging their own potential role in contributing to mental health challenges within the fire service.* While discussions predominantly centred on firefighters as being primarily affected by mental health issues, some chiefs did share personal experiences and recognized the need for greater support among their peers and administrators. Nonetheless, not a single chief explicitly mentioned fire chiefs themselves as contributors to mental health concerns in the fire service. It's worth noting that the limitation could stem from the lack

28 MacDermid, J. C., Lomotan, M., & Hu, M. A. (2021). Canadian Career Firefighters' Mental Health Impacts and Priorities. *International Journal of Environmental Research and Public Health*, 18(23), 12666. <https://doi.org/10.3390/ijerph182312666>

of direct questions posed to chiefs about their potential involvement in the mental health issue.

This indicates a significant aspect of mental health: acceptance. It is crucial to recognize that the responsibility for mental health improvements should not rest solely on the firefighters themselves. It requires collective efforts from the entire organization to foster trust and reliability in this field.

There is a pressing need for more effective methods of disseminating information about mental well-being to firefighters, beyond simply sending generic emails. When an email is sent, one employee—the sender—may feel they have fulfilled their duty, while the corporation checks off the box of delivering mental well-being education. However, the firefighter receiving the email may easily disregard it, leading to a further erosion of trust in the system. To truly change the culture of fire departments and prioritize well-being, we must shift our focus to valuing individual health and well-being, rather than relying primarily on emails as a means of mental health training. Just as physical fitness requires active practice and training, we need to adopt more effective and tangible approaches to mental well-being education.

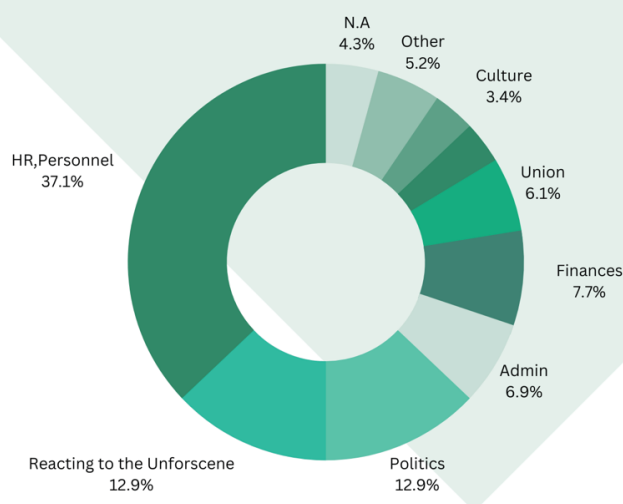
One of the significant barriers we have encountered in providing adequate mental health and well-being support to firefighters lies within the position of the fire chief or leaders themselves. There are several aspects directly impacting the fire chief, starting with the allocation of their time across various levels of government, including politicians, administration, human resources, and unions, which demand their attention on a day-to-day basis. Additionally, the growing demands placed on the fire service often lead cities to task the fire chief with assuming multiple roles within the municipality. This can involve taking on responsibilities such as a general manager or chief administrative officer, adding further weight to an already vital and valuable position. However, it is concerning that many cities around the world are *burdening fire chiefs with additional responsibilities*, stretching them even thinner. The fire chief's role encompasses not only the well-being of firefighters and administration staff but also extends to the safety and welfare of all citizens within the community. By overloading fire chiefs with multiple roles, we inadvertently hinder their ability to adequately fulfill their duties within the fire service itself.

It is important to highlight the contrasting dynamics between politics and being a fire chief in relation to the findings of this research. Fire chiefs find themselves in a unique situation as fire departments are typically funded municipally, resulting in a high possibility of politicians exerting influence over decisions within the fire department, despite their limited knowledge of the intricacies of the job. If the council places trust in the fire chief and supports their decisions, the department is fortunate, and there are many cases where we see thriving wellness programs when the support is provided. Unfortunately, too often, the council and government officials prioritize vote-gathering and financial concerns over the well-being and the humanity of firefighters.

In addition, an ethical dilemma arises for fire chiefs as they strive to do what is right for their firefighters yet find themselves bound by bureaucratic constraints. The fire chiefs interviewed demonstrated a genuine desire to prioritize their firefighters' health and well-being. However, external pressures stemming from politics and governmental policies pose significant obstacles, preventing them from implementing necessary changes. This dilemma creates immense grief and discomfort for firefighters worldwide. Despite their best intentions, fire chiefs face the challenge of navigating the intricate balance between bureaucracy and advocating for what they know is best for the mental health of their department.



## WHAT TAKES UP THE MOST AMOUNT OF TIME AND LEAVES YOU WITH THE LEAST AMOUNT OF PROGRESS?

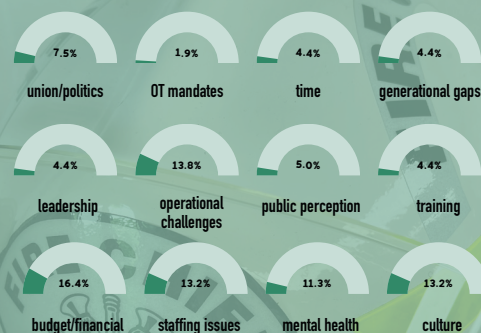


"Biggest inhibitor to the mental health of firefighters is the assumption you are supposed to be able to manage the trauma of your job"  
Fire Chief, Australia



This graph shows the culmination of chiefs answers to qualitative question 1, (What would you say takes up the most amount of your time and leaves you with the least amount of progress, in regard to your daily operations and current projects?)

## THE MOST CHALLENGING PROBLEMS FIRE CHIEFS ARE FACING



"If you want to make change, you have to make things mandatory"  
- Chief Fire Officer, United Kingdom



This graph is a representation of the answers for qualitative question 5, (What is the most challenging problem you are facing right now as fire chief? This graph provides a visual representation of the key challenges faced by fire chiefs in their role. It serves as a testament to the vast range of responsibilities that chiefs are entrusted with, although it should be noted that this is not an exhaustive list of their areas of responsibility.

The journey towards progress in the role of fire chiefs has proven to be an ongoing battle, with our research highlighting two significant obstacles: politics and personnel issues. These formidable challenges have consistently hindered the advancement of fire chiefs and the fire service as a whole. Politics, with its inherent complexities and external influences, often dictates decision-making processes within fire departments, limiting the autonomy and effectiveness of fire chiefs in implementing necessary changes. Additionally, personnel issues, such as staffing shortages, training gaps, and interpersonal conflicts, pose significant barriers to the smooth operation and progress of fire chiefs' initiatives. By recognizing and addressing these challenges head-on, we can strive to empower fire chiefs to overcome the hurdles that impede their crucial role in leading and enhancing the fire service.

In discussions around personnel issues relating to the question "What takes up the most amount of your time and leaves you with the least amount of progress?", **personnel issues** were the number one answer to arise. There was an interesting comment from one of the fire chiefs, and it is a perspective that aligns with this research. According to this chief, *personnel management is the primary responsibility of a fire chief, with the well-being and support of personnel being the utmost priority*. This chief recognizes that dealing with disciplinary actions can divert valuable time and attention away from

the rest of the department. Interestingly, this perspective stems from a shift in the department's approach, treating the fire service akin to a professional sports team. From this chief's standpoint, when addressing individuals facing disciplinary action or conflicts, the focus lies on providing assistance and guidance. The chief aims to help these individuals overcome the challenges they are facing, whether it involves navigating through their current troubles or exploring alternative career paths if firefighting is not the right fit for them.

Our findings indicate that similar challenges persist throughout the fire service internationally, particularly concerning personnel issues. However, what sets departments apart is not the nature of these issues but rather the approach taken to address them. An intriguing revelation from our research is that this approach does not need to rely solely on rigid policies or programs. Instead, adopting a *new perspective* that prioritizes the well-being of the individuals involved, placing the human (firefighter) at the forefront, can significantly shift attitudes and actions towards providing assistance rather than viewing them as burdens. It is important to note that this assistance may take various forms, and it should be offered without judgment or anger. While the outcome may sometimes necessitate disciplinary measures or even termination from the department, the underlying goal remains to stay focused on helping individuals in a compassionate and supportive manner.

With this, along with other examples of how fire chiefs have shifted their perspective to support their personnel, the concept of viewing spending and decision-making energy as investments rather than costs has emerged as an interesting finding." Another Fire chief commented when asked "What their most challenging problem is":

*"I bet most chiefs will say that it is funding and budgets, but it's not, it's all in how we view the problem and what we are willing to do about it now"*

This is a discovery of the many ways we can invest in our people, not just with the money that is in the budget, but with creativity, time, and energy towards helping firefighters. The assumption from almost all fire chiefs is that they need more money, and though this might be true, what else can be done? How creative can departments be in the idea of investing in their department's health and well-being? Barriers such as ranking symbols and private parking spots being removed are some incredible ways, we have seen to initiate a shift in culture and invest in the removal of stigma and barriers without spending money. During the interviews with the chiefs, a prevailing sentiment emerged: the notion that without adequate funding, making substantial progress in addressing key issues becomes exceedingly challenging. *However, it is noteworthy that numerous fire departments have showcased resourcefulness and creativity in navigating this constraint.* They have effectively pitched ideas to politicians, devised innovative strategies to invest without significant financial resources, and leveraged specific incidents within and outside their organization to secure funding that was otherwise absent from current budgets. Grant money, charities, and changing how budgeted money is spent, have been shown through our research to be successful measures to implement mental health initiatives. These examples highlight the determination and ingenuity exhibited by fire departments in finding alternative avenues to procure the necessary resources, even in the face of financial limitations.

Barriers and time constraints present significant challenges in the fire service's approach to mental health. Overcoming stigma, limited resources, and a lack of awareness are crucial for fostering a supportive environment that encourages help-seeking and dismantles silence. Fire chiefs play a pivotal role in addressing personnel



issues and cultivating a culture of well-being, emphasizing assistance and guidance over disciplinary actions. Resourcefulness and creative approaches have proven effective in securing necessary resources, even in the absence of adequate funding. Investing in mental well-being extends far beyond finances, encompassing cultural shifts and removing barriers. By prioritizing mental health, embracing innovation, and promoting collaboration, the fire service can foster resilience and better support the overall well-being of its personnel.

*“Every time one of our people is injured, it destroys a part of your soul as a leader”*

**- Matthew Pegg, Fire Chief, Toronto Fire Services**

Death is an inevitable and profound aspect of the human experience, and it holds particular significance within the fire service. This theme has emerged as a central topic of discussion during our exploration of mental health in the fire service, highlighting its multifaceted impact on firefighters' well-being. The fire service, by its very nature, exposes individuals to traumatic events, loss, and mortality on a regular basis.<sup>29</sup> The understanding and acceptance of death, both in relation to others and their own mortality, play vital roles in the mental and emotional resilience of firefighters. In this section, we delve into the various dimensions of death within the fire service discovered in our research, including disconnection from death, lack of education and training, the profound influence of personal experiences and the collective grief shared within the firefighting community. By examining these aspects, we aim to gain a deeper understanding related to the challenges faced by firefighters in navigating their relationship with death and to explore avenues for enhancing their well-being in the context of this profound aspect of their profession.

This was not a topic we even considered would arise when we started our research. It may seem obvious that death would be a major topic in firefighting due to the nature of the job and the consistent and direct exposure to death. Nevertheless, our research reveals a significant gap in training within the departments we interviewed, specifically concerning death. While mental health awareness programs acknowledge the

prevalence of death within the fire service, there is a distinct lack of specialized training that educates firefighters on the various aspects of death. This includes understanding the nature of death, and its potential impacts on individuals, exploring personal relationships with death, familiarizing with the five stages of grief, and comprehending the outcomes associated with death. Addressing this training deficiency is crucial for promoting better mental well-being among firefighters.<sup>30</sup>

Throughout the research, the topic of death continued to prevail. The last question asked pertained to personal experience of suicide and PTSD (*Have you had any first-hand experience in your career with PTSD/suicides? How would you say this has impacted you as a leader?*). All participants could opt out of answering this last question, however, most took an extended, heartfelt approach while answering. All chiefs interviewed who had exposure to a fellow firefighters suicide mentioned that this suicide had an impact on their lives. In most cases, these chiefs personally knew the firefighter(s) who took their life. Of these chiefs, **71%**, said that this experience with suicide, as horrible as it was, *had a positive impact on their life and on their approach to making cultural changes within the fire service*. As these chiefs spoke about death, it became evident that their relationship with death not only became heavily impacted by these traumatic experiences but also deepened their understanding and relationship with death. These chiefs commented on how this experience gave them more of an awareness of what mental illness looks like, it gave them more empathy and compassion towards helping their peers, and it forced them to look at their own lives in a new light. Our research shows that of the **67** chiefs who experienced a

<sup>29</sup> Lee, J. H., Lee, D., Kim, J., Jeon, K., & Sim, M. (2017). Duty-Related Trauma Exposure and Posttraumatic Stress Symptoms in Professional Firefighters. *Journal of Traumatic Stress*, 30, 133–141.

<sup>30</sup> Kübler-Ross, E., & Kessler, D. (2005). *On grief and grieving: Finding the meaning of grief through the five stages of loss*. Scribner.

firefighter suicide, roughly **34%** of them took **massive leaps** in creating initiatives around mental health and suicide prevention within their respective fire departments. Of these initiatives are proactive awareness courses for firefighters and fire chiefs, education, support, and storytelling, creating policy, cultural reviews, and complete revamping of wellness programs. An obvious limitation of this question is that we cannot know what the outcome would have been if these suicides had not happened. Would these initiatives and courses of action have taken place? We would all love the opportunity to have our loved ones and colleagues alive and well; however, knowing that death is irreversible, this is simply not possible, and we move forward learning from our experiences in life.

The observations from our research highlight a significant gap in education and training when it comes to addressing the uncomfortable topic of death. Surprisingly, even in the wake of unfortunate suicides within the fire service, the focus on education and awareness around death appears to have been neglected. This raises the question: Why has this oversight occurred?

Drawing a comparison, when fires posed a grave threat to human lives, our evolution led us to gain a comprehensive understanding of fire—its nature, behaviour, and ways to mitigate its impact on human life and property. However, in a profession where exposure to death is a constant reality, our training and education on this topic appear to be lacking, as evidenced by our research findings. It is concerning that such a crucial area of education and training has been overlooked and under-appreciated, despite the inherent risk and overexposure to death experienced by a large number of individuals within the fire service.

In research around death, expert Elizabeth Kübler-Ross's development of the five stages of grief in her famous book "On Death and Dying" showcases how humans evolve through our own suffering in relation to death.<sup>31</sup> *This is an example of what is not happening*, based on our research, within the fire service at large. As a people who face death on a daily basis, perhaps education in this uncomfortable area would be pivotal in how we address the mental health of firefighters. In the absence of talking about our traumatic experiences, most of which involve death, it has been stated numerous times in our interviews that firefighters do not talk about their experiences, do not know how to cope with them and the stigma surrounding openness to mental health is still very present throughout the world of firefighting. This avoidance of death could play a major role in the management of the mental health and well-being of firefighters everywhere.

***"Chiefs and Firefighters are Not brave enough to talk and speak up about topics that make them uncomfortable – this leads to a culture of not talking"***

**- Rob Barber, Chief Fire Officer, Staffordshire Fire and Rescue**

It was stated by chiefs in both Arizona, USA and Malaysia, that their faith has played a crucial role in assisting them in **maintaining a healthy state of mental, emotional, and**

**psychological well-being.** It is important to state that both these chiefs are speaking from a place of religious faith, one, Christianity, the other Islam; however, when we look at the definition of faith, the Oxford Dictionary defines faith as *"trust in somebody's ability or knowledge; trust that somebody/something will do what has been promised."*<sup>32</sup> In other

<sup>31</sup> Kübler-Ross, E. (1969). On death and dying. Scribner.

<sup>32</sup> Faith. (n.d.). Oxford Learner's Dictionaries. URL: [https://www.oxfordlearnersdictionaries.com/us/definition/american\\_english/faith](https://www.oxfordlearnersdictionaries.com/us/definition/american_english/faith)

words, faith is trusting in the unknown, the thing that has not happened yet, such as one's own death.

Faith does not need to pertain to religion, rather, faith is a belief system that is created. It has the ability to be adapted, transformed, deconstructed, and rebuilt. Both chiefs spoke to their faith that no matter what happens, it will all be okay. *The understanding that even when things are not ok, it is ok that they are not ok.*<sup>33</sup> There are early signs from a few departments beginning to express this idea that it is okay to not be okay. We are seeing signs that we are moving in a new direction toward our approach to mental health. What faith has shown to do for these individuals, is place them in a state of acceptance as it relates to death and trauma, making them open to the stages of grief, in a positive effort to process these unpredictable aspects of death. This is a wonderful example of how preventative measures of mental health play out in a positive way and help to heal the suffering of life.

Another profound discovery within our research is *story telling's impact on the state of the mental health of a fire department*. There are numerous cases on either side, those who tell stories and those who don't, of how a departments culture and success in mental health shifted as a result to storytelling.

A significant revelation emerged from our conversations with fire chiefs, as **14%** of them acknowledged their willingness to openly discuss their personal experiences with mental health. This brave and candid sharing of their stories reflects a collective desire for cultural transformation within these fire departments. By opening up about how death and trauma have affected their lives and careers, as well as their personal journeys toward healing and resilience, these chiefs have created an environment of trust and understanding. Moreover, their transparency in seeking therapy and professional help has profoundly impacted their departments. Not only has it encouraged other firefighters to feel more comfortable discussing their own mental health challenges, but it has also contributed to a positive shift in the overall culture of these departments.

The chiefs firmly believe that this increased openness and support, stemming from their own vulnerability, has played a pivotal role in *fostering a more compassionate and supportive approach to mental health*. It is their shared hope that by continuing to prioritize mental well-being and encouraging a culture of openness, the fire service as a whole can experience a transformative change in attitudes towards mental health and well-being. The unfortunate part is that in most cases, it took a major event, such as a LODD, a firefighter suicide, or one's own PTSD to really spark these conversations and storytelling. Why is it that in so many instances, only 14% of chiefs started talking about their own stories of mental health after they had gone through their own healing process? *This is proof of the stigma and lack of education and awareness towards our mental health at large*. These stories are now being told in an effort to help save the lives of firefighters in the future. To expose the dangers of not talking about our feelings and emotions, especially as it relates to death and trauma. The recommendation that the chiefs are making is that early awareness of mental health and healing through the act of sharing vulnerable stories could save someone's life. It could trigger a firefighter to seek help earlier, as a natural response to a traumatic event or as a means of maintenance versus waiting for the inevitable to happen.

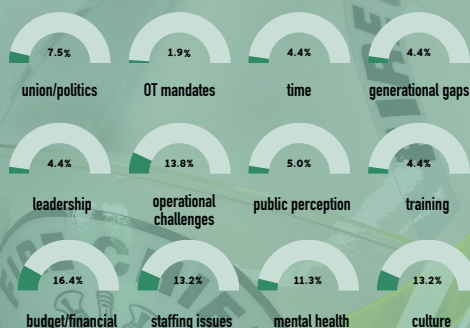
This discovery of storytelling is believed among this 14% of chiefs to be an integral part of how to change the culture of mental health in the fire service and is a powerful contributor to the elimination of the stigma of mental health in the fire service.

***“We have failed when it comes to the mental health of first responders because we have treated first responders as first responders, not as people”***

**- Brian McAsey, Deputy Fire Chief, Calgary Fire**

In the ever-evolving landscape of the fire service, we noticed a significant shift is taking place—a shift towards embracing the essence of humanity and fostering cultural change within the ranks. Through our exploration of various themes in this report, including trust, mental health, identity, and resiliency, a common thread emerges—the recognition that prioritizing the well-being of firefighters as individuals, not just as first responders, is essential for building a healthier and more supportive fire service community. Fire chiefs and leaders from around the world are increasingly acknowledging the need to create a new culture, one that values the whole person, promotes open dialogue, and encourages vulnerability. Though this idea is emerging, it has not yet been fully embraced by the fire service. We have only noticed, based on our research, pockets of this change happening around the world, Colorado, USA; Staffordshire, UK; Netherlands; New Zealand; parts of Canada and South Africa. Although most fire chiefs acknowledge the necessity of a cultural shift, they encounter challenges in the form of inadequate support and knowledge regarding the implementation of change. Additionally, they often face resistance due to entrenched policies, traditions, and a lack of buy-in from governing bodies. It is not surprising that governments take inadequate amounts of time to implement change and policy. So, when it comes to shifting an entire culture of government employees, it is expected that this change will happen slowly.

## THE MOST CHALLENGING PROBLEMS FIRE CHIEFS ARE FACING



**“If you want to make change, you have to make things mandatory”**  
- Chief Fire Officer, United Kingdom





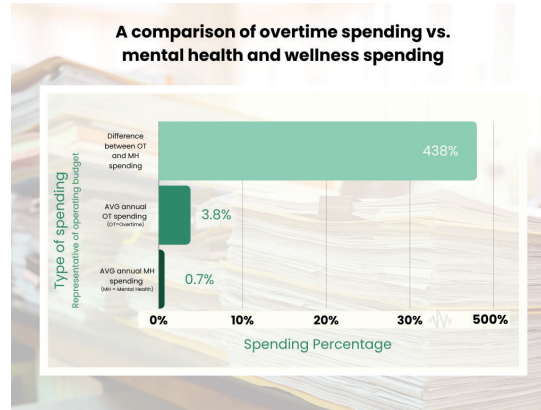
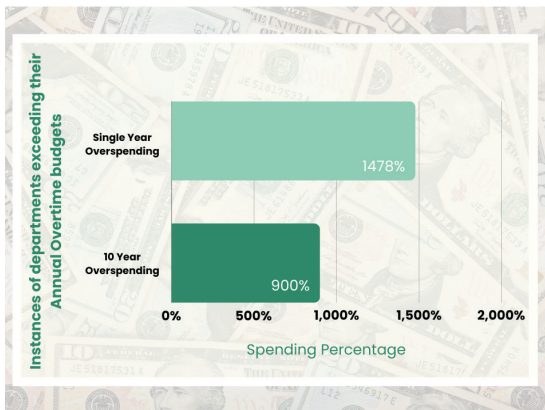
It is evident from our research that fire departments face significant budgetary challenges when it comes to prioritizing mental health initiatives. While this is not to suggest that fire chiefs do not care about firefighter safety, our findings indicate that the focus is often on financial constraints rather than the mental health of the humans involved. A considerable percentage of fire chiefs, **16%**, mentioned budget and finance as their primary challenges, with implications for the allocation of resources to mental health and wellness, only **11%** stated that mental health was their biggest challenge despite the growing rates. Notably, the average expenditure on mental health and wellness initiatives is a mere **0.7%** of overall budgets. As psychological injuries and firefighters on leave continue to increase, it becomes crucial to question the extent of our commitment to the well-being of those who risk their lives for our communities.

For example, we encountered a large fire department in the United States that, just two years ago, had no funds allocated for mental health training. However, in the following year, they received a mere \$12,000, despite having an operating budget *well over three-quarters of a billion dollars*, this is **0.0017%** of their operating budget. This stark contrast raises important questions about the priorities and allocation of resources within the department. If we truly value the humans who selflessly serve our communities, it is imperative to prioritize the mental health and well-being of our firefighters. By shifting our mindset and emphasizing the significance of mental health, we can move away from entrenched traditions and scarcity mindsets and instead invest in comprehensive modules that foster compassion and humanity within the fire service.

As we took a deeper look at the numbers, of the 26 departments that shared their budget details with us, an average of **3.83%** of their total operational budgets were spent on **overtime and backfilling**. This statistic exemplifies that departments prioritize a reactive approach to firefighters on leave, which also perpetuates burnout and further exposes firefighters to trauma through increased critical incidents. While this may not directly pertain to mental health-related leaves of absence entirely, it highlights the significant influence of budget management, staffing, and reactive practices within the fire service. It also plays a role in mental health due to the increased exposure and time away from families. It exposes how departments prioritize financial constraints and frequently overlook preventive mental health initiatives while overspending on reactionary measures. It begs the question of whether considering the consequences of excessive overtime could be instrumental in shaping a healthier culture, improving morale, and mitigating burnout issues worldwide.

**9.7%** of chiefs gave mentioned that they were taking a more humanistic approach in shifting the culture of their departments. Currently based on our research, departments are spending **438%** more on reactive responses to firefighters who are off work (please note, this number is only based on overtime costs and does not include, any insurance, claims, or resource costs that may be associated, so in actuality, this number should be far greater). We have barely scratched the surface of proactively supporting firefighters' mental health. Firefighters are being shown that support is only available after an injury or diagnosis with very little support or guidance given before from a preparatory standpoint. It was a shock to see that so few chiefs were placing emphasis on the humans behind the uniforms, placing the excuses that a lack of mental health programming was due to budgets and funding. Meanwhile, the overtime graph clearly shows a willingness to spend more money than is budgeted.





As evidence appeared that there is clearly a human approach lacking in the fire service, there was one department that we came across that caught our attention. There were many aspects of this department that stood out as different from the rest. The underlying theme, though, was that the chief and his team became uncompromisable around the safety of their firefighters.

A near death experience and two other hospitalizations gave cause for a deeper look into why this was happening. This department serves as an exemplary model by prioritizing the well-being of its firefighters above all else. Their compassionate approach demonstrates a commitment to proactive strategies that support the overall health of their personnel. While the initial focus may have been on physical health, this department's example showcases a holistic and caring approach that extends to all areas of well-being. It serves as a testament to the potential for embracing different perspectives and approaches to health, fostering a culture of discovery and acceptance. Through their actions, the department demonstrates care for the firefighters' health at all levels, fostering a positive culture where they feel valued and supported in their work environment. While this approach may be very different from how other departments operate, it is essential to recognize and explore the ideas and concepts presented, as they can have a significant impact on the investment in personnel and finances. We must note that **97%** of the departments we spoke with are all taking a very similar approach to their mental health and well-being initiatives. *This means that most departments are doing the same thing, over and over, all searching for a different result.* Let's now look at the example below of how a department took a different approach to its health and wellness.

## CASE STUDY

In the case of South Metro Fire Rescue, Fire Chief Bob Baker and firefighter Chris Macklin, who now leads their wellness program in a permanent role as the Wellness Director, have embraced an unconventional way of thinking to address wellness. Unlike the common practice of relying on internal volunteers, they made the decision to build a team and bring in external professionals to oversee their fitness and wellness program. This shift was prompted by a catastrophic event in their previous IPAT (Incumbent physical ability test)<sup>34</sup> physical testing system that resulted in multiple firefighters being hospitalized, clearly indicating the need for change. They quickly realized that just having annual testing, with no support or accountability was only hurting firefighters, not making them better. They immediately suspended the IPAT and set out to establish a wellness program that would prevent future injuries and support firefighters in their overall health. As the program

34 South Metro Wellness. (n.d.). Home. Retrieved from <https://wellness.southmetro.org/>

gained momentum, they witnessed a growth in trust between the firefighters and the outside professionals leading the initiative. The firefighters began to recognize the positive outcomes that arise when a team comes together and places trust in one another through the avenue of health.

While many health systems experience long wait times for various services, South Metro has adopted a different approach with a focus on getting firefighters back to work promptly. Drawing from their first hire, an assistant NFL athletic trainer, they ensure that services such as MRIs and initial assessments are quickly conducted through private providers, fully covered, and with minimal delays. This approach acknowledges the significant financial impact of having firefighters on leave, costing approximately \$1000 per day. Given the average wait times in the health care system of 9 to 12+ months identified in our study, the department recognizes the need to expedite the process and avoid prolonged absences. This decision also allowed them to adopt a mindset of treating their department as a professional sports team, implementing annual testing with Key Performance Indicators (KPIs) and tailored training programs. This holistic approach not only generates savings in benefits and workers' compensation but also reduces time lost on the front end. By putting the human first in their approach to well-being and recognizing the value of the embedded staff who embrace the culture and believe in the department's mission, South Metro has achieved tremendous success with its wellness program.

A unique approach was creating their own clinic as part of their wellness program (just like a sports team). Firefighter rehabilitation now takes place within the fire department's own clinic, providing a controlled environment for healing, supported by the department's wellness team. This team currently consists of 12 staff members who were hired from outside, including a physician, athletic trainers, strength and conditioning coaches, managers, a neurofeedback specialist, a physical therapist, and a cognitive performance specialist. During rehabilitation, firefighters are placed in modified duty positions with a primary focus on their recovery. Furthermore, when at the facility located at headquarters, firefighters have access to additional services like Neurofeedback. Ultimately, firefighters feel the department's unwavering commitment to their well-being through the implementation of this comprehensive wellness program.

By having this clinic in-house, with the wellness team all wearing the same uniform, the members receive more care than they would through their insurance or benefits packages. With over a decade of work, this wellness program only continues to grow, with the addition of a substance abuse program, they are starting to help firefighters with some of the biggest challenges they will ever face, emphasizing the level of compassion and care that Chief Baker and the South Metro Fire department has for the firefighters. As the wellness program began to grow on the physical side of things, it was evident that trust among firefighters was growing. It was also clear that this unique approach was working, this spilled over into the department's peer support team. An in-depth look into their peer support team led to a rebuild, removing those who lacked interest in the position and hand-selecting individuals who were passionate and driven to help and create positive change. Initially, peer support was mocked, but it has now gained trust and momentum, and a shift to where the peer support team is becoming trained to triage and pass along anything outside of their scope, all led by their cognitive performance director in collaboration with a psychologist clinical advisor. The department's focus now is on training and teaching emotional intelligence. Something that has been basically unheard of within the fire service until now. Their entire approach to mental health is to place the emphasis on performance and fitness, or rather, mental fitness. This has taken the narrative of mental health, which holds much negative connotation and has placed the department-wide focus on

performance, creating more receivership, trust and buy-in from firefighters.

The South Metro Fire wellness program stands out as a significant discovery, particularly in terms of how it contributes to mental health. Chief Baker's emphasis on prioritizing the safety and well-being of firefighters was evident during our conversation, and further conversation with health and wellness director Chris Macklin showcased that there are no limits to what South Metro Fire will go to for the health and well-being of their fire department. The department's approach to wellness began with a complete overhaul of its approach to physical health. By taking steps to facilitate fast healing for firefighters, not only did they support faster recovery, but they also fostered trust within the department and among management ranks. Firefighters gradually learned to trust external professionals through rehabilitation and training programs, which helped transform the overall culture and expanded their understanding of what health means for a fire department.

Having their own clinical space at headquarters allows South Metro to introduce firefighters to various initiatives, including access to a neurofeedback specialist, trust in their substance abuse program and generate buy-in of new peer support mental fitness initiatives. By providing care and support proactively, even before issues arise, the department instills a sense of confidence and assurance among firefighters. This approach marks a significant step forward in how we address the health of firefighters, both physically and mentally. Knowing and trusting that effective, efficient, and reliable measures will be taken removes many barriers. We believe this approach paves the way for improving the mental health of firefighters. By adopting holistic approaches to health, viewing it as a human benefit, and avoiding a narrow focus on a single aspect of health, we can collectively work toward building healthy fire departments that prioritize the well-being of the individuals behind the firefighter persona.

One aspect that cannot be overlooked in the development of South Metro's wellness program is the **data and measurement of health**. They immediately stopped a system after 3 members were seriously hurt because of it. Then, they took immediate action in doing something, hiring an outsider to help in an area that clearly was not working. Their wellness program had been developed over the last 11 years through compassion, a need to help, and taking risks to trust in others. It is only now that Director Macklin is starting to look for ways to measure and collect data around the mental and emotional components of what they have done and are doing. *The point here is that policy and procedure may not always be necessary as the first steps, especially when there isn't a clear idea or objective of what needs to be done.* Our extensive research into the mental health of the fire service shows us that most departments around the world are in a similar place to where South Metro was 12 years ago before taking drastic measures in developing their wellness program to what it is today. Many chiefs interviewed mentioned needing to know the data before starting any one mental health program as they are reluctant to waste money.

Both Chief Baker and Director Macklin are confident that the approximately 3 million dollars they invest annually, accounting for 1.6% of their operating budget, in their wellness program is a worthwhile expense. They believe this expenditure is unavoidable, as it aligns with the amount they had been spending reactively 12 years ago on insurance claims, lost time, overtime, and other reactionary measures. This speaks to the 438% more spent on overtime than on mental health and wellness programs our research found globally. South Metro's approach spends about **128%** more on wellness than the average department, and they see **massive savings** on the reactionary side of mental and physical health injuries by getting firefighters back to work faster. A shift in spending money proactively could not only aid in building trust, improving health, and creating a positive culture, but it could

also save departments money, a concern of every fire chief. As a shift in culture is in clear demand from the fire service at large, new preventative approaches around mental fitness and humanity are clearly working for this department in Centennial Colorado, United States.

## IDENTITY

***“Firefighters associate their mental health with the extreme circumstances they experience”***

**- Dr. Sabrina Cohen-Hatton, Chief Fire Officer,  
West Sussex Fire and Rescue**

The theme of firefighter identity intersects deeply with the issues of mental health, trauma, and suicide within the fire service. This topic came up over and over again by fire chiefs throughout the interview process. As the topic of stigma within the fire service continued to emerge, this concept and discovery of firefighter identity became prevalent. The perception is that firefighters face this profound challenge of reconciling their professional identity as resilient, strong, and heroic individuals with the complex realities of emotional vulnerability and the critical need for mental health support. *This finding shed light on the inner struggles faced by firefighters as they navigate the delicate balance between strength and self-care.*

The demanding and high-stakes nature of firefighting exposes firefighters to traumatic events and challenging experiences that can profoundly impact their mental well-being. A significant discovery has emerged regarding the intricate dynamics of firefighter identity. We have found that firefighters grapple with the profound challenge of reconciling their professional identity as resilient and strong individuals with the complex realities of emotional vulnerability and the critical need for mental health support. This finding sheds light on the inner struggles faced by firefighters.

Though many chiefs mentioned awareness training in the arena of mental health, none of the chiefs mentioned specific training on firefighter identity. This finding is surprising, due to the overwhelming comments around stigma and how the identity of firefighters plays a crucial role in what prevents them from seeking help.<sup>35</sup> This is in part a limitation due to the fact that we do not fully know the specifics of individual department training around mental health and identity. While fire chiefs acknowledge that identity plays a role in the stigma surrounding firefighters' mental health, the extent to which firefighter identity is addressed remains uncertain. Although there may be some training on firefighter identity, our findings indicate that it is not widely recognized or given priority within the fire service. However, there is a recognition of the profound impact that identity awareness can have on the mental well-being of firefighters.

Within the fire service, the normalization of being labelled with a “mental health injury” still escapes us. The identity of firefighters is deeply intertwined with the profession,



encompassing cultural values, trust, perceptions of mental health, support networks, and how others perceive them. Unlike the typical experience of individuals in their everyday lives and professions, firefighters shoulder the exceptional responsibility of being labelled as heroes. However, public expectations surrounding heroism can inadvertently impose additional pressures, shaping a narrative that dictates how firefighters should behave, constraining their expression of strength to a predefined mould. This narrative often reinforces the belief that their sole purpose is to possess the power to assist everyone in need.

During moments of reflection, fire chiefs were asked a poignant question: *“Have you personally encountered cases of firefighter PTSD or firefighter suicide during your career, and how has this impacted your leadership?”* An overwhelming **77.6%** of chiefs disclosed having known friends or colleagues who tragically took their own lives. The shock and surprise they experienced reverberated not only within themselves but also among the grieving families and their respective departments. When an individual chooses to end their own life, it signifies a profound shift in their identity, as they can no longer perceive themselves as being of value in the world.

It is evident that identity plays a much larger role in the mental health of firefighters than was considered prior to our research. It is also clear that the identity of a firefighter holds deep-rooted meaning, and potentially as stemming from our research, could play a role in the mental health of firefighters everywhere. No one person holds a single identity; rather, we all hold multiple identities, such as child, parent, partner, friend, one’s profession, hobbies, etc. What is seemingly unique about firefighters, is how the identity of being a firefighter places a concept of heroism and machoism upon the firefighter, only to impede the firefighter’s ability to cope with and seek help for their mental health when needed.

Masculine toxicity (or machoism) is a pervasive trait that consistently emerged in our research and remains deeply ingrained within the culture of the fire service. *Fire chiefs acknowledge that this masculine toxicity plays a significant role in firefighters’ reluctance to seek help proactively, leading many to suffer silently.* Consequently, progress in addressing firefighters’ mental health has been hindered. The longstanding history of firefighting has portrayed firefighters as tough, heroic, and macho. While we are witnessing a gradual decrease in the stigma surrounding mental health, fire chiefs remain aware that stigma still persists, and its extent is unknown. This comes from the 104 chiefs who have seen this slow progress over their 19-40+ years in the fire service. **It is apparent that change is both needed and underway.** It is also apparent that we are currently experiencing the highest levels of psychological injuries and mental health-related claims ever. This speaks to the **64%** of chiefs seeing an increase in firefighters on leave, the **88%** who know improvement is needed, and the over **77%** who have experienced a firefighter suicide.

***“Psychological trauma and mental illness are the leading causes of firefighters being off work***

***Workplace Statistics claims in BC up to the end of July 2022  
\$70 million in claims***

***\$28 million - 40% of claims were related to mental health in the first 7 months,  
65% of the \$28 million is for Firefighters”***

***- Provided by Karen Fry, Fire Chief, Vancouver Fire Department***

As fire chiefs work to increase their budgets, hire more firefighters and change policies around working conditions due to an excess of firefighters on leave. The fire service continues to be underfunded and unable to provide the required resources to get to the root cause of leaves of absence. A reactionary approach continues to persist in response to this ongoing issue, **without addressing the root causes** of why firefighters are taking leaves in record numbers.

The issue of identity crises among firefighters nearing the end of their careers or in retirement was repeatedly mentioned. It is important to acknowledge that entering the firefighting profession itself brings about a significant shift in identity. As both the author and a firefighter, I can personally attest to the challenges surrounding identity that rookies face upon joining the fire department. The initial idealized image of being a hero is often shattered by the harsh reality of ridicule and belittlement from colleagues, which remains prevalent in today's fire service, though not in every fire station. Understanding that the early years of a new firefighter's career are marked by discomfort, fear, and exposure to the dark side of firefighting, such as trauma and death, identity becomes a constant source of challenge and change throughout their career. This theme is not limited to psychological injury or retirement; it permeates the entire duration of a firefighter's career and is thus intricately linked to their mental health. Critical and traumatic incidents leave firefighters feeling lost, empty, and devoid of purpose, which contradicts the commonly held notion of a "hero." While the exact number of firefighters experiencing such emotions remains unknown, there is a shared belief among all participants interviewed that ***too many firefighters continue to grapple with a sense of emptiness without knowing how to address it.***

### *Firefighter's statements:*

***"The moment you know you are doing all the things that heroes do, yet you don't have the same feeling as you do when you watch a hero do their job. It is not exciting, it is not a rush, and it is not something you ever want to do again, even though you will"***

**- Firefighter, Ontario, Canada**

***"We have extraordinary stressors in our job, we need to be less mechanistic and more human with our approach. Not just physical, but psychological and mental as well"***

**- Brian McAsey, Deputy Chief, Calgary**

***"Over my 20+ years as a Firefighter, I've come to realize that it's not a matter of if, but when, this career will challenge your mental health. Responding to countless traumatic incidents takes its toll, even if we don't realize it at the time. I started as a confident, capable firefighter, and I still am, but now with life experience, I prioritize my mental health. To be successful in this career, you must stay healthy – physically, emotionally and mentally"***

**- Captain Darryl Peterson, Brampton, Canada**



The research findings have shed light on the profound impact of identity within the fire service. It has revealed the complex interplay between self-perception, external expectations, and the challenges faced by public servants in living up to those expectations. Despite the limited focus on identity education and training in this study, recognizing the significance of this aspect holds potential value in dismantling mental health barriers and promoting a proactive approach to firefighter well-being. For current firefighters, embracing education and awareness around identity can offer a fresh perspective on their lives and careers, fostering self-reflection and a deeper understanding of their experiences.

## ACCEPTANCE OF MENTAL HEALTH

*“We need leaders who will step up and lead as if their people’s lives depend on it”*

**- Dr. Lori Moore-Merrell, United States Fire Administrator**

With so much conversation around mental health, especially within the fire service, it was surprising to learn that **88%** of fire chiefs spoke about needing to know more about mental health in order to help their firefighters. On average, chiefs scored a **6.4 out of 10** acknowledging how much information on mental health their firefighters received on trauma awareness. They also scored **6.3 out of 10** on average on their perception of the current state of the mental health of their fire departments. It is difficult to know the exact state of any one fire department, as this viewpoint varies from one chief to the next. These scores speak to the fact that there is still much to learn about mental health and its impact on the fire service. The discovery that departments that had psychologists on staff were more positive in their discussion around mental health suggests that there is a lot to learn from professionals who could help assist firefighters. As we saw how firefighters lack trust in practitioners, this strategy of adding a professional clinician to a department to help bridge this gap seems to work from what we have seen. Whether it's due to costs, politicians, knowledge or egos, this strategy of adding a psychologist as a team member is a giant step forward in departments accepting that the mental health of its firefighters needs to be addressed.

Furthermore, throughout our discussions, only one chief highlighted the gap in mental health prevention within the fire service. This suggests that there is still much to learn about the intricacies of our mental well-being and that we have only begun to scratch the surface when it comes to implementing effective preventative measures for the safety of firefighters' mental health.

As mental health becomes an increasingly pressing issue, it is important to note that it is not necessarily a core competency of fire chiefs. However, the responsibility for addressing psychological issues within the fire service often falls upon them and the firefighters themselves. This can be attributed in part to toxic masculinity and the resistance to seeking help, as well as the lack of trust towards practitioners. Additionally, the fire service as a whole needs to expand its awareness and acceptance of mental health in order to address the underlying issues at hand effectively.

We found multiple contrasts in the answers to some of the questions that provide proof that there is a lack of understanding of the mental health of firefighters from the perspective of the fire chiefs interviewed. As the chiefs opened up, admitting that more understanding was needed in the arena of mental health, another surprising discovery came about. With all the services, education and programming that exist for first responders, **less than 2%** stated that there is training for *fire chiefs and administration* on mental health within their departments. Outside of the few cases we came across, it was very difficult to find widespread training for leadership on mental health that did not pertain to the firefighters themselves. The initial response towards mental health has been a reactionary one in an effort to help those suffering from the trauma of the job. The

majority of the effort has been in this reactionary effort, and though this is largely needed, we have bypassed the root causes of these injuries and have failed to adequately provide preventative measures of any kind in how one can begin to deal with their mental plane before an injury occurs.

The lack of education witnessed by fire chiefs around mental health education and awareness is not just happening around firefighters, but the fire chiefs as well. **Only 2 chiefs** interviewed have developed their own mental health training for their leadership staff. No one else mentioned any sort of specific training for fire chiefs and administration that was specific to the fire service. This was interesting as most chiefs mentioned the lack of understanding that politicians and non-fire administrations have in understanding how the fire service operates. It was also surprising that not one of the 104 fire chiefs interviewed alluded to the fact that the chiefs themselves might be a part of the problem the fire service is experiencing in mental health. *It is clear there needs to be more widespread education and training for chiefs*, we have a situation where leaders are telling their teams what to do, typically providing voluntary or optional mental health training, while not doing the training themselves.

This could be argued that the chief's role is different than a firefighter, therefore, not a necessary part of their job. However, the responsibility placed on the fire chief is one that is exceptional. After interviewing over 104 fire chiefs, all of our research shows that fire chiefs are human just as much as firefighters. The chiefs are under extreme amounts of pressure to perform, take on multiple roles, and cut costs, all while increasing value and productivity to meet public demand. All with ever-growing mental health claims and an increase in firefighters on leave. This ties back into the issues of trust that were covered earlier in this report. In Bruna Martinuzzi's book, "The Leader as a Mensch", it is stated that *"good leadership takes strength of character and a firm commitment to do the right thing, at the right time, for the right reason"*. This means doing what you say when you say it. If your team can't trust you, you'll probably never lead them to greatness. People who lead by example are role models. However, you must model the behaviour you want and demonstrate what has to be done." <sup>36</sup> This suggests that leaders may not be modelling the behaviour that is being asked of their staff as the evidence of mental health training for chiefs is next to non-existent in comparison to that of firefighters. Could this be contributing to a lack of trust, further impeding the progress and acceptance of mental health in firefighters that is required to move forward? This discovery of the lack of training for fire chiefs was an unpredicted finding in our research.

As we looked into the answers to qualitative question 3, *"Are your number of firefighters on leave due to long term disability, psychological injury and PTSD increasing or decreasing, and what are you doing to manage this?"*, this concept of understanding mental health really started to shine through. As some chiefs opened up to talk about the various reasons firefighters were off on leave, many reasons were named, such as divorce, family issues, and physical injury. Some chiefs were under the impression that most firefighters that were off, were abusing the system. Others stated that the reason firefighters were off had nothing to do with job-related trauma - it was from reasons in their personal lives, and others stated they have firefighters off from trauma experienced in a previous profession. Though these may all have elements of truth to them, it seemed to be that the understanding of these firefighters' mental health issues was unrelated to the job. It could not be overlooked that this identification of mental health is tied to one specific area of their life and does not have any cross-over or impact on another area. *How do these chiefs know that the trauma and events experienced on the job did not play a role in other areas of their life?*

36 Martinuzzi, B. (2013). The Leader as a Mensch: Become the Kind of Person Others Want to Follow. Brush Education Inc.

***“No one signs up to get PTSD”***

**- Dr. Julia Sen, Psychologist, Toronto Canada**

The questioning of these comments in reference to the understanding of mental health came from another group of fire chiefs whose comments were more along the lines of, *“It doesn’t matter why my firefighters are off with a psychological injury; it’s our duty to help them”* or *“we cannot turn an eye to the issues a firefighter might be having at home”*. **This group suggests** that one’s mental health isn’t tied to one specific moment or event; rather, that moments or events become a part of who we are and, therefore, become a part of our mental health. It was once believed that home life and work life were separate, but this is no longer the case. Just like our physical health doesn’t just happen at work or at home, it is always with us. A workplace injury comes home with us, and an injury at home comes into our work. An important step in the discovery of our mental health is understanding that our mental health is our health; it is not a part of our health; rather, mental, physical, emotional, psychological, and spiritual health are all equal parts of our overall health and wellbeing, woven into one another. Our research has shown that in many areas around the globe, this clearly is not how health is being addressed in the fire service today. There is still much to explore and uncover regarding the comprehensive well-being of firefighters worldwide. It is essential to continue our pursuit of knowledge and understanding to enhance their overall health, encompassing their mental, physical, emotional, and spiritual well-being.

***“Biggest inhibitor to the mental health of firefighters is the assumption you are supposed to be able to manage the trauma of your job”***

**- Fire Chief, Australia**

## MEASURING MENTAL HEALTH

*“There are too many programs to choose from, and I don’t know how to pick any one of them”*

**- Fire Chief, Canada**

The measurement of mental health among firefighters is a recurring topic that continues to surface. Fire chiefs and leaders in the field have long relied on Key Performance Indicators (KPIs) to evaluate various aspects of training and job performance. As mental health and well-being become increasingly important, it is natural for fire chiefs to inquire about the application of KPIs to mental health and related programs. The topic of measuring mental health is both intriguing and complex, sparking numerous discussions and prompting heightened attention to the accuracy and reliability of these measurements. There are many factors of safety that prevent fire chiefs from fully knowing how a firefighter is doing once they are on a mental health related leave of absence. There are programs that provide a wealth of information and then are never followed up on. Emails are delivered again and again without any kind of accountability or in-person follow-up to know how this information is being received. With the complexity of mental health and the importance of individual confidentiality when it comes to their mental health, it has become seemingly difficult for fire chiefs to measure the mental health of their firefighters or the progress or outcomes of some of the programs that have been put in place. In this theme of measuring mental health, we will discuss capacity, data, trust, needing to know the end result, knowing vs not knowing and what is happening in how departments measure mental health.

Standardized testing has definitely played a role in the fire service, from physical testing to fire ground skills and operations, from recruitment to promotional examinations. We are always finding ways to track better and measure what we do to learn from and improve our past. And most of what we have measured in the fire service has been fairly easy to measure. It was not surprising that one of the biggest issues fire chiefs are experiencing, based on our research, is the lack of knowledge or capacity to measure how well any mental health program or educational tool works. With the complexity that comes along with each person’s mental health, and the confidentiality around mental health, this task of measuring can easily become confusing.

Chiefs suggested not having enough key performance indicators to make a wise enough decision in choosing mental health programs. There were chiefs who admitted to not knowing enough about how various programs work, so the choice was to not invest in any program. Without data, some chiefs felt that they could not make an appropriate decision as to which mental health program would work for their department. This seems fair enough; if we don’t know what the outcome is going to be, why should we invest taxpayers’ money into it? There is a feeling among some chiefs that they know they need to do something, but there is no measurement or enough proof that a specific program works. Trust again is broken, and the choice is to continue doing the same thing that is currently being done, working or not.

In other discussions, where there seemed to be a deeper understanding of mental health,

chiefs were very open to trying various mental health programs. These chiefs felt that there could not be any one mental health program that would suit the needs of all of their firefighters. *Similar to fire ground tactics, the more programming, and tools they could provide their firefighters, the better they felt the mental health of their department would be.* This approach had less focus on how to measure if the program was working or not, and more emphasis on providing a program and being open to discovering how it works without as much focus on KPIs. It was not that these fire chiefs didn't care about how to measure if these programs were working or not. They were more concerned about providing their firefighters with as much training and education as possible, building trust and sharing a compassionate attitude towards this important area.

On both sides, the chiefs admitted to not knowing how these programs would actually work in the long term. Yet, in one group, chiefs took the opportunity to try something new that they currently were not doing in an effort to try and determine what would be good for their firefighters through trial and error. Meanwhile, in another group, chiefs were willing to wait for more data from these programs or better-measuring systems before they chose to spend public funds on the mental health of firefighters. The specifics for chiefs needing to know which program was best suited for their service *presented a barrier* for the chiefs in this specific group interviewed. There have been numerous amounts of other fire departments that have committed to using more than one program, typically over a period of time. These chiefs admitted that they may never know how impactful these programs are; however, their belief that they are better to do something rather than nothing has seemed to help improve the morale, trust and the overall state of mental health in these departments as we learned through our discussions.

The evaluation and measurement piece of firefighters' mental health has been an interesting topic of discussion. There are departments that are creating and utilizing mandatory psychological evaluations on an annual basis, and there are other departments that view this approach to be an invasion of privacy. In some cases, the unions stepped in and viewed this approach as too invasive, while other unions were supportive of various styles of measuring mental health. It's important to note that this is not selective of one country to another; rather, there were examples of departments taking either approach within the same country or even region. The topic of measuring mental health is one that is *very controversial*. This alone speaks to the themes of trust, acceptance and understanding of mental health that were discussed prior. What became interesting through our research, was the question of, ***“Do we need to know how to measure these programs?”***. For most, that obvious question is yes. What we have observed through this mentality, though, is that less gets done as the focus gets placed on the need to be able to measure the exact outcome of a single mental health program. Our observations showed us that the same program does not work for each department or person. So, while one program is highly effective in one place, another department has moved on from using it in search of another, not feeling it was overly successful. Other departments were willing to try a multitude of mental health programs, these departments shared a mindset that multiple programs were needed to suit the various personalities of firefighters in their department, adding more tools to the toolbox.

Some departments need to know the measurement, while others trust that they don't need to know. *We found that those departments that focused on not needing to know exactly how the programs were measured, seemed to have a more positive undertone and compassion for helping their firefighters first.* Whereas the departments whose focus was on needing to know how to measure the success of a program, utilized less programming, were more uncertain of how to manage mental health and perceived to have less trust in their firefighters towards mental health.



Outside of these two approaches, needing to measure vs. not focusing as much on measuring, there were departments that were very focused on developing measurement tools to gauge their firefighter's mental health. We observed that departments prioritizing this development aspect had **well-established** mental health programs in place. They approached these programs with confidence and were actively enhancing their efforts to develop effective measurement tools for a more precise evaluation of their initiatives, having gained confidence through trial and experimentation.

Another fascinating discovery was that fire departments with full-time psychologists on staff demonstrated a more positive outlook than those without such resources. These departments exhibited greater confidence in their mental health programming and education, which appeared to contribute to a more positive organizational culture and higher morale overall. While this observation did not hold true in every situation, it underscores the potential benefits of having dedicated mental health professionals within fire departments and the positive impact they can have on the well-being and trust of firefighters.

Though there are various perspectives and actions taken around this topic, we felt it was extremely important to discuss as it is both leading the charge of progress and holding others back from progress. It was shocking that some chiefs chose to do nothing without having data to back up a program. When the hydrant breaks and there is no water, do we just pack up and leave the scene? Policy and procedure have become so woven into each and every aspect of this profession that sometimes, the human gets lost in the process. We all need to feel heard, cared for and loved on some level. *The idea of needing to know the long term results prevents immediate action more times than not.* Without preventative measures, we would still be burning down entire cities; without action on preventative measures around mental health, firefighter suicides will continue, rates and duration of PTSD and psychological injury will rise, and trust within the system will continue to be lost. While we work on how to measure the success of our mental health and programming, we should continue and increase efforts to learn through practice what does and what does not work for each department and firefighter.

In the pursuit of hitting KPIs and measuring our mental health, it is important to understand that mental health doesn't end. There's no final goal or place that one will end up. With the continuous stressors and unpredictability firefighters face daily, a process of evolution and an adoption of a new way of thinking about our health can open a doorway to change, saving the lives of firefighters worldwide. We will never know how many were saved through the actions of caring for the humans who serve, we can only count the number who have lost their lives in their own suffering.

## INCONSISTENCY

*“If you want to make change, you have to make things mandatory”*

**- Chief Fire Officer, United Kingdom**

This quote above continued to come up again and again throughout our research. The expectation that people should just comply with what is being asked, with little to no accountability or leadership, maybe a far stretch. It has also been said that the word “mandatory” is a very tricky word to be used in relation to mental health. The expectation is that humans can and should be responsible for their own mental well-being. However, we have mandatory safety measures in other areas of this firefighting profession. We are also experiencing record-breaking numbers of firefighters on leave, overtime payouts and workers’ compensation claims. Our research shows that fire departments provide a **small amount** of mental health training. We acknowledge that there is far more training in comparison to 15 years ago, and the reality is that it is still limited and inconsistent in most parts of the fire service. The average score for question 3, *“How informed are your firefighters on the impacts that trauma has on their life”* is **6.4 out of 10**. This indicates that firefighters are informed to some extent about trauma and mental health. Chiefs were open to expressing that this doesn’t always mean that the information is absorbed or even looked at. When we look at training, only two chiefs interviewed are doing monthly training on mental health. Almost all the chiefs admitted that they did not know how their informal and educational emails were received by the firefighters, let alone practiced or opened. There does not seem to be much accountability to know if or how firefighters use this information that is being delivered, even though measuring mental health was a concern for a good number of chiefs.

In most cases, the information and training that is delivered lacks consistency. At best, departments offer mental health training on a **monthly basis**. Second best, departments offer mental health training annually, and third best, the majority of departments offer mental health training 1-2 times in a firefighters career. There is much satisfaction within these approaches; however, when you look at this training method as it’s written above, it’s hard to wrap one’s head around how effective most of it could actually be. *There really seems to be a lack of consistency in the mental health training in the fire service at large.* The delivery of emails seems to be very consistent, again, chiefs are not confident that these emails are being read, or that the firefighters know what to do with the information within as we found little to no accountability or follow up with email delivery.

*“Inconsistency does not engender trust”*

**- Bob Baker, Fire Chief, South Metro Fire Department**

Below we will further breakdown the delivery of mental health training by fire departments:

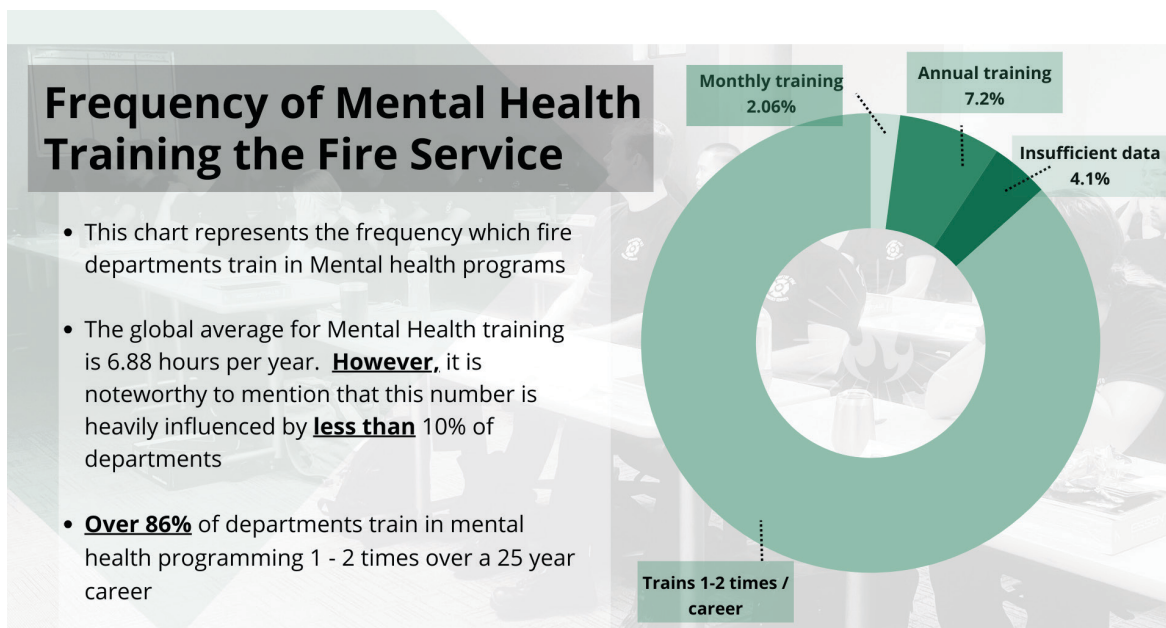
- Most effective: Monthly training (1 hour/month) = 12 hours/year
- Second Best: Annual training (8 hours/year)
- Third Best: 1-2 times per career (16 hours over a 25-year career) = 0.64 hours/year

*[These numbers come from the assessment of mental health programs mentioned by interviewees, such as but not limited to: Mental Health First Aiders / TRIMM / R2MR / TLC / BOS/ Resilient Minds]*

The global average that Firefighters train in mental health programming is 6.88 hours per year. **HOWEVER**, it is noteworthy that this figure is **heavily influenced** by **less than 10%** of departments.

- Only **2.06%** of departments conduct mandatory monthly mental health training,
- **7.2%** provide annual mental health training
- **86.6%** train 1-2 times in a firefighters career on mental health (25 year career)
- **4.1%** did not train or did not share sufficient data on mental health training

This indicates that the vast majority of fire departments around the world lack consistency in delivering mental health training and initiatives to their fire departments as 86.6% of departments are only training 1-2 times in a firefighters career.



Some departments stated that their mental health training happens with new recruits and during promotional processes, from firefighter to captain, and captain to chief, etc. That would indicate that only three times throughout a firefighter's career, provided they even go through a promotional process, they would be exposed to mental health training.

As we again look at the history of mental health training and awareness in the fire service, we have definitely seen a lot of implementation from 30, 20, or even 10 years ago. All the chiefs have between 19-40+ years of experience, and they all indicated that there was no training and zero to little conversation around mental health when they started their careers in the fire service. It has taken time, over 25 – 30 years or more, to get to a place where the conversation is *beginning* to occur. Yet still, we find vast areas of improvement are needed. These trainings that take place once or twice a year, or once or twice in a firefighters career, seem to be a lot in comparison to none at all. Add on the countless

emails delivered, and the fire service is significantly ahead of where it started. **But as we take a closer look, one to two times in a career, or even one to two times in a year, does not seem suitable enough to suggest that we will see any significant change in the near future.**

As we look at health, we can make a comparison to what we know of physical health and nutrition. We know that those who exercise 3 to 4 times a week and eat a steady, healthy diet are generally healthier than those who exercise one to two times a year. It would be fair to say that exercising one to two times per year would not keep you fit, and only eating a healthy meal one to two times per year would not be considered a healthy diet. So as the awareness of how we have structured mental health training in the fire service has been expressed in our research, it is strikingly shocking that efforts towards implementing consistent training and practice of mental health have not been implemented further than what we are seeing.

We are witnessing record-breaking numbers in terms of firefighters on leave and overtime being experienced in most places around the world. The fire service at large is on the verge of a massive burnout, these numbers are only going to rise. Most of the effort seems to be a push to get more money to hire more firefighters. Again, our efforts have been pushed aside as a result of reactionary efforts, all the while firefighters are suffering. We are neglecting to deliver necessary training, upfront that has the potential to raise the firefighter's awareness of all areas of their jobs and the impacts it has on their life. With such inconsistency and irregularity in training efforts toward trauma awareness and mental health, the issue of trust comes up again. Firefighters face significant challenges in trusting their organizations when there is insufficient support, both internally and externally.<sup>37</sup> Inconsistencies in training, a lack of leadership, and limited awareness regarding mental health create barriers to proper care. Additionally, the accountability surrounding mental health training may be inadequate, further eroding trust. Addressing these issues is crucial to fostering a culture of trust, support, and effective mental health care within the fire service.<sup>38</sup> There has not been sufficient headway internally around the adoption of mental health awareness and proactivity toward mental health.

We know that mandatory safety measures have made a huge difference in saving the lives of firefighters; for example, the use of personal protective equipment (PPE), breathing apparatus and consistent training in fire suppression and fire prevention have all aided heavily in saving the lives of countless firefighters. Could the reduction of firefighters on leave, overtime and firefighter suicide also start to occur with the same level

of care and consideration of firefighters' mental health safety? We believe so. The one thing that all of these physical elements of safety share is that they are now all mandatory. The use of PPE is mandatory, fire suppression training, CPR training, driver training etc., have all been implemented as mandatory in an effort to save the lives of firefighters and citizens. Other elements of firefighters' health have not yet been prioritized. Physical fitness, nutrition and mental health awareness have all fallen on the firefighters themselves to implement and practice. Very few departments have implemented mandatory physical training, even though most fire stations have gyms. Very few fire departments have implemented mandatory nutrition measures while at the fire station, even though most stations have kitchens, and very few departments have implemented mandatory mental health training, even though all firefighters are human. And even fewer departments have introduced consistent mandatory training in any or all of these planes.

<sup>37</sup> Mackay, L., Schofield, G., Prendergast, K., Campbell, J., Li, J. (2023). Whanaungatanga Wellbeing Survey: 2023 Detailed Report. Report prepared for Fire and Emergency New Zealand. Auckland, New Zealand.

<sup>38</sup> McCreary, D. (2022). Important Considerations for the Development of Workplace Mental Ill-Health Prevention and Intervention Programs: A White Paper. Donald McCreary Scientific Consulting, British Columbia, Canada.

If we were as consistent in our health as we were at wearing our bunker gear into fires, how would it change the mental health culture of the fire service? If there is one thing we have learned from training as firefighters, it's that consistency wins every time. Consistent training has led to improved fire ground tactics and to saving the lives of firefighters all over the world. By implementing this same approach into our mental health training, we believe we will see incredible change in the mental health of firefighters, saving lives and fostering a culture of well-being and resilience within the fire service.

## Limitations

The main limitation of this study is participation bias. Additionally, the self-reported mental health conditions, disclosed in response to the survey questions, were not verified against an official clinical diagnosis (e.g., DSM-IV).

As the primary focus of the survey was on the mental health, and psychological issues in the fire service, several contributing factors of mental health were also not accounted for, such as medical or family history (Cherry, N., et al. 2021)<sup>39</sup>

A limitation of this report is that it is solely from the perspectives of the fire chiefs and leaders and does not have a perspective from the general population of firefighters. This approach was intended to seek out where the leaders of the fire service perceived the current state of mental health to be in an effort to better understand how decisions in the fire service around mental health are made. The recruitment for this report used a snowballing method, which could pose a potential limitation; however, we were able to obtain interviews from 104 fire chiefs from 5 different continents, proving the importance and significance of this topic.

## Conclusion

In conclusion, this formal report has explored the complexities of the mental health and emotional well-being of firefighters and the challenges firefighters and fire chiefs face within the fire service profession. Through this comprehensive research study utilizing mixed methods, including qualitative and quantitative interviews and surveys, we have gained valuable insights into the experiences, perspectives, and needs of Fire Chiefs, firefighters and the fire service at large.

The findings of this study highlight the profound impact that the demanding nature of firefighting work can have on the mental health and emotional well-being of firefighters. We have identified themes such as the stigma surrounding mental health, the prevalence of traumatic experiences, the influence of organizational culture, and the importance of support systems.

One key takeaway from this research is the urgent need for consistent, proactive approaches to mental health within the fire service. It is evident that addressing the emotional well-being of firefighters requires a multifaceted strategy that encompasses various aspects, including mental health education, de-stigmatization, access to resources, and organizational support.

We have observed that the presence of dedicated mental health professionals within fire departments has been instrumental in fostering positive change and creating a supportive environment for firefighters. Moreover, our research has underscored the significance of leadership commitment and organizational culture in promoting mental health and emotional well-being.



## Next Steps

Based on the findings, we propose several actionable recommendations to improve the mental health and emotional well-being of firefighters.

- **Treating Fire Departments like Professional Sports Teams:** Embracing the concept of treating fire departments like professional sports teams has demonstrated significant benefits for the mental health and overall well-being of organizations. The fire departments we encountered that employed this approach showed a remarkable understanding of the importance of mental health and prioritized the well-being of their members. By adopting this mindset, these departments fostered deeper levels of trust among their members and successfully instilled their organizational values throughout the ranks. This approach effectively humanizes the fire service, acknowledging the unique challenges and vulnerabilities faced by firefighters worldwide.
- **Prevention:** A desperate need for more preventative/proactive mental health training could stand to change the culture in a very positive way. If we begin to look at mental health the same way we look at fire prevention, we could find creative, lifesaving tools and methods, that could save the lives of firefighters and reduce psychological injury
- **Broader thinking around mental health:** With identified topics of death, trust, humanity and acceptance, It has become clear that training in these areas is severely lacking. As we endeavour to understand our mental health as it relates to firefighting, we must continue to adapt to new learnings. Our research has shown that most fire departments are doing the same thing in response to their mental health training; perhaps some outside of the box thinking and initiatives are needed.
- **Storytelling of fire chiefs and leaders:** Has created trust and fostered positive environments in many departments all over the world. This example of leadership, at all levels, could stand to be a guiding force in the elimination of stigma in the fire service.
- **Consistent Mental Health Training:** Serving as a catalyst for positive change in the fire service's mental well-being, treating mental health safety with equal importance to physical safety helps overcome resistance to vital measures. Just as we prioritize wearing bunker gear and PPE for safety, training and consistently practicing mental fitness should become an integral part of our routines. When these practices are consistently embraced, implementation and buy-in become more manageable. By consistently introducing and maintaining mental health training, we can drive rapid change and promote a culture of well-being in the fire service.

It is our hope that the insights and recommendations presented in this report will serve as a catalyst for change within the fire service internationally. By prioritizing the emotional well-being of firefighters, we can create a healthier, more resilient workforce capable of effectively fulfilling their critical roles.

We extend our gratitude to all the participants who generously shared their experiences and insights, as well as the organizations and institutions that supported this research. Their contribution has been invaluable in advancing our understanding of the emotional well-being of firefighters.

As we move forward, let us continue to work together to break down barriers, challenge stigmas, and promote a culture of compassion and support within the fire service. By doing so, we can foster an environment where firefighters feel safe, valued, and empowered to prioritize their mental health and well-being.

May this report contribute to the ongoing efforts to improve the emotional well-being of firefighters and honour the selfless dedication they demonstrate in protecting and serving our communities.

# Appendix A

## QUANTITATIVE QUESTIONS

1. How would you rate the current state of the mental Health of your Firefighters?  
  
0 = poor we have a mental health crisis on our hands  
10 = excellent, our firefighters have and utilize all the tools they need to seek help before and after a crisis, which has contributed to an overall excellent state of wellbeing
2. How confident are you in the abilities of your firefighters to ask for help when it comes to their mental health and wellbeing?  
  
0 = zero confidence  
10 = they have been fully prepared to recognize their signs of trauma and emotionally supported to ask for help
3. How informed are your firefighters on the impacts that trauma has on their life?  
  
0 = we offer no training / education on trauma awareness  
10 = we have ongoing mandatory training for trauma awareness on a monthly basis
4. As a percentage, how much of your budget is spent on preventative mental health programs?
5. Are the current services you have to assist your firefighter in coping with trauma more proactive (education, R2MR) or reactive (benefits, psychologist / psychiatrists, EAP services, hotlines, after the fire debrief?)  
  
0 = reactive only  
5= 50/50 balance of proactive / reactive  
10= proactive

# Appendix B

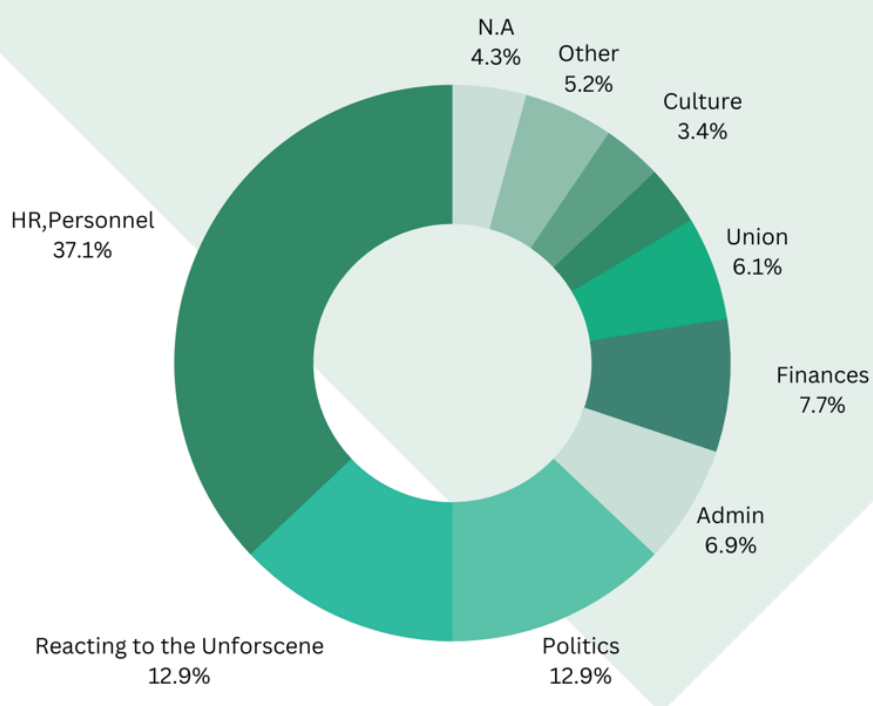
## QUALITATIVE QUESTIONS

1. What would you say takes up the most amount of your time and leaves you with the least amount of progress, in regard to your daily operations and current projects?
2. Have you developed anything in house to help educate your firefighters and chiefs about trauma?  
  
If so, what?  
  
How do you feel it is working?
3. Are your number of firefighters on leave due to PTSD / LDT increasing or decreasing?  
  
[INCREASE} What are you currently doing to manage this?  
  
How does this impact your budgets and spending?  
  
[DECREASE] What do you feel are the key factors for this?
4. Where do you feel the biggest gaps are when it comes to the mental health of your chiefs and firefighters?
5. What is the most challenging problem you are facing right now?
6. Have you had any first hand experience in your career with firefighters PTSD/ suicides?  
  
How would you say this has impacted you as a leader?

# Appendix C

## GRAPHS AND CHARTS

WHAT TAKES UP THE MOST AMOUNT OF TIME AND LEAVES YOU WITH THE LEAST AMOUNT OF PROGRESS?

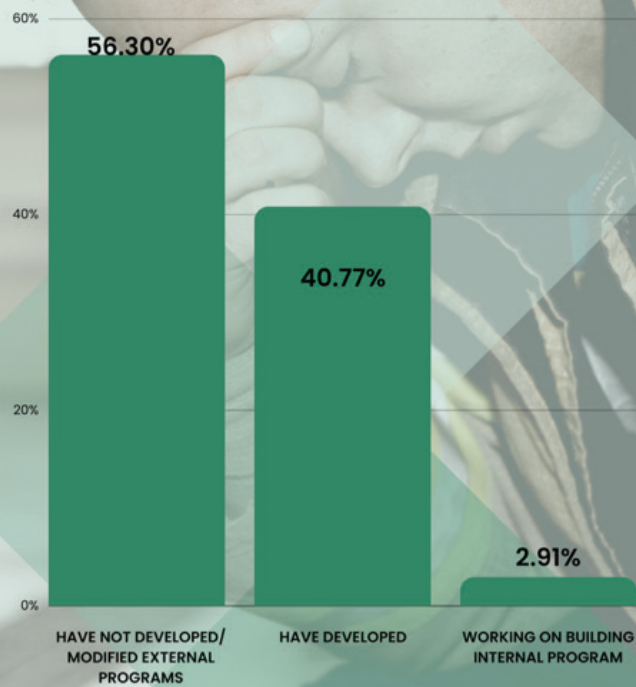


"Biggest inhibitor to the mental health of firefighters is the assumption you are supposed to be able to manage the trauma of your job"

Fire Chief, Australia

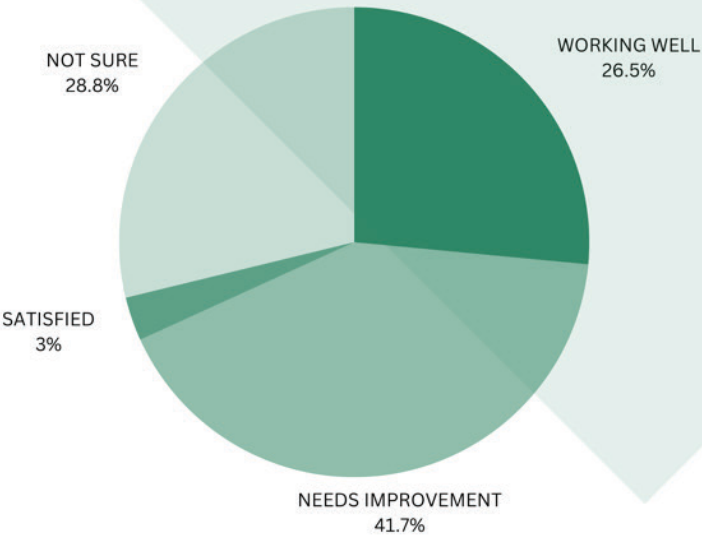


## DEVELOPMENT OF TRAUMA EDUCATION PROGRAMS

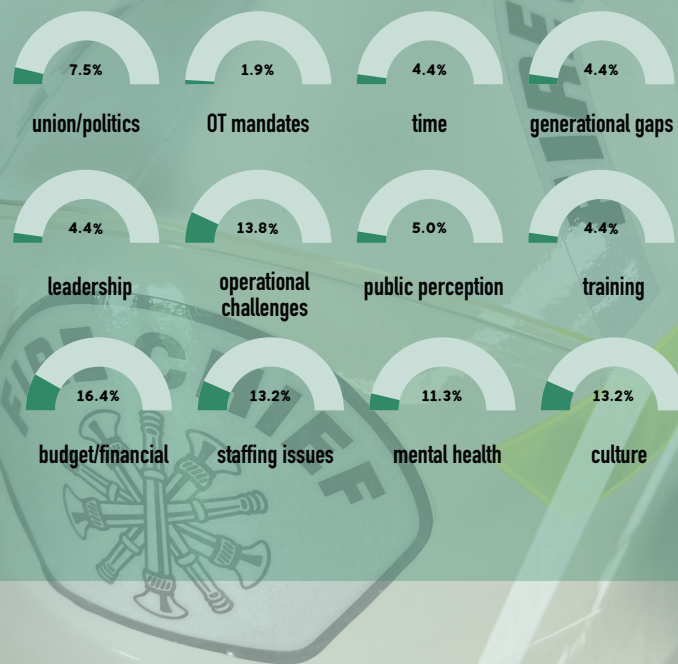




# EFFECTIVENESS OF TRAUMA EDUCATION PROGRAMS: A COMPARATIVE ANALYSIS

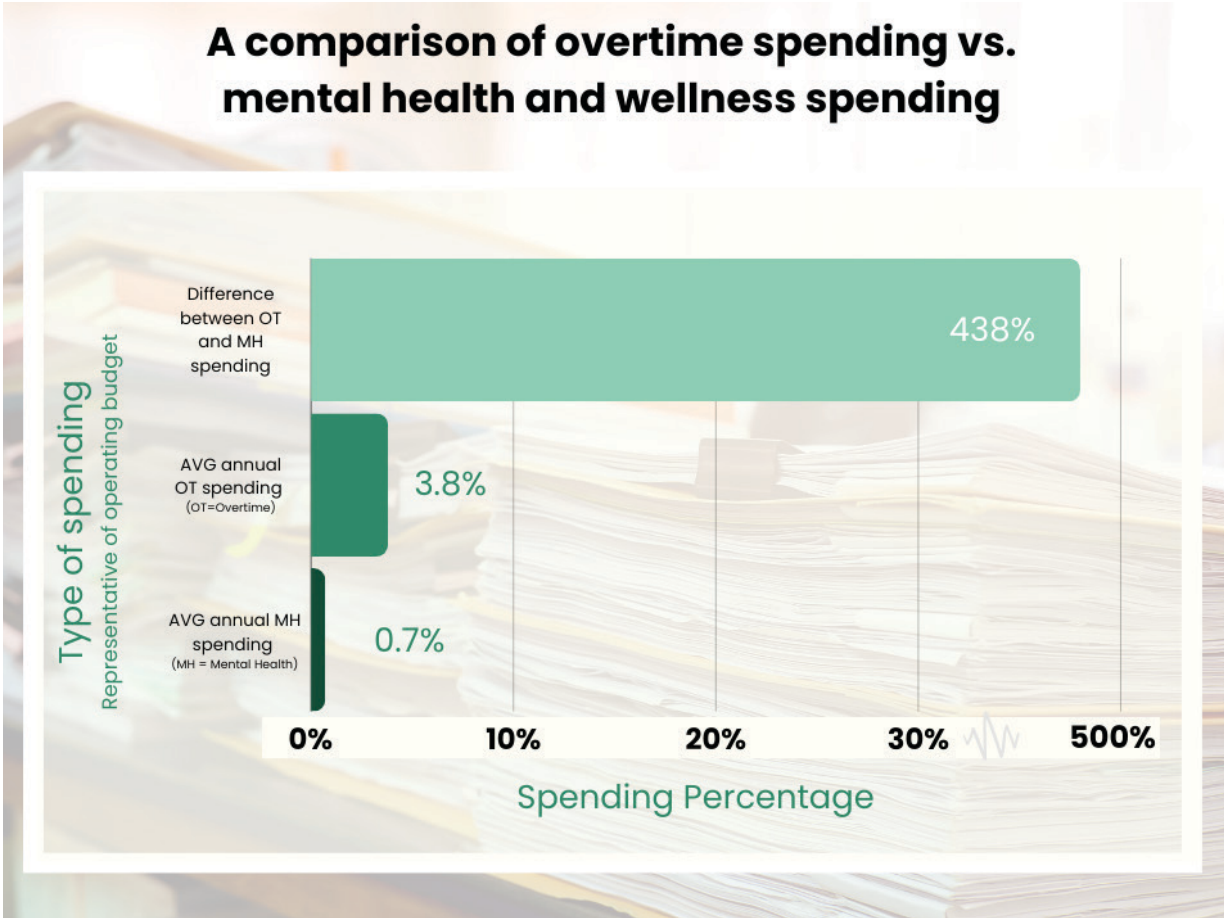
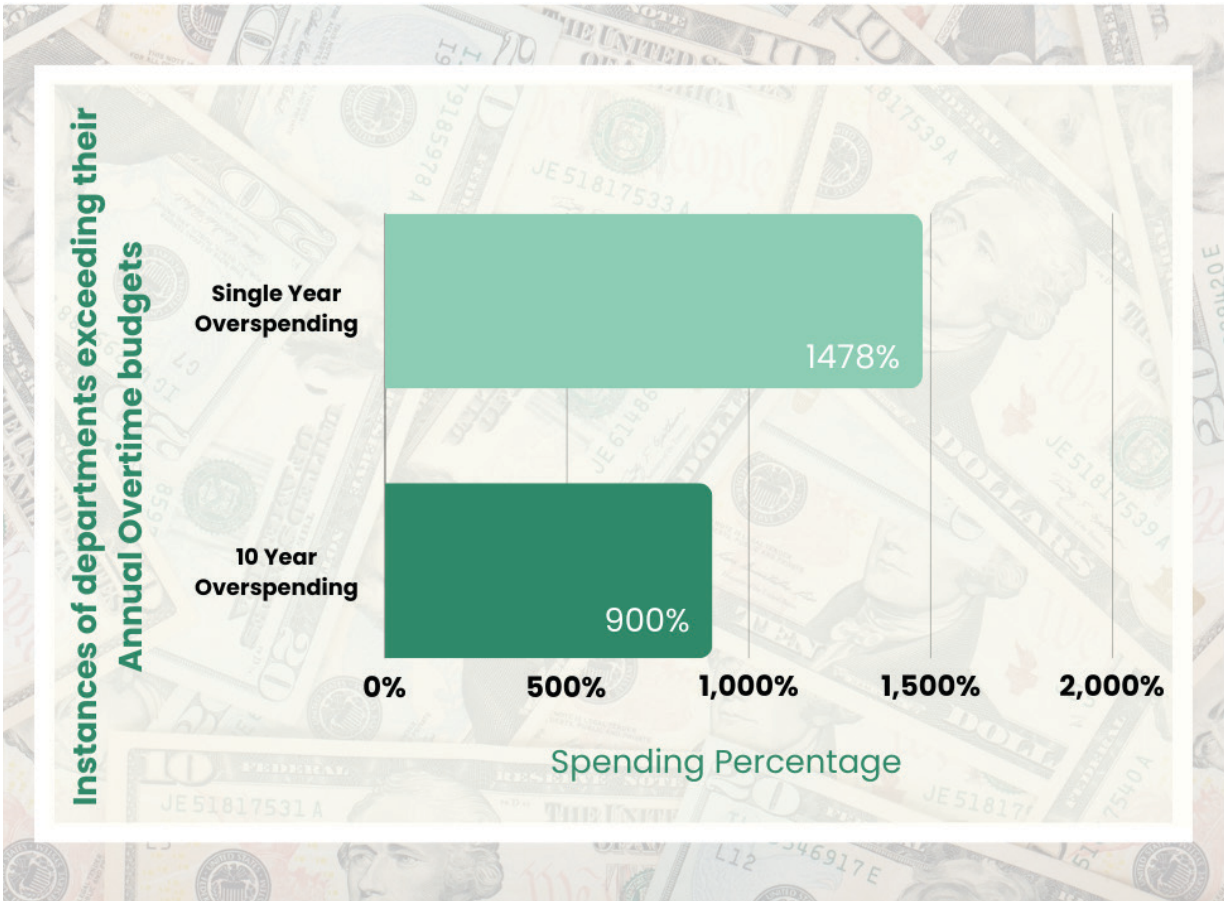


## THE MOST CHALLENGING PROBLEMS FIRE CHIEFS ARE FACING



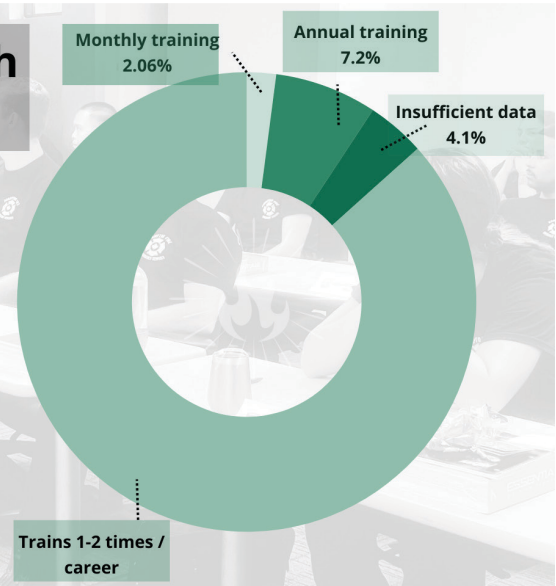
**"If you want to make change, you have to make things mandatory"**  
– Chief Fire Officer, United Kingdom





## Frequency of Mental Health Training the Fire Service

- This chart represents the frequency which fire departments train in Mental health programs
- The global average for Mental Health training is 6.88 hours per year. **However**, it is noteworthy to mention that this number is heavily influenced by **less than** 10% of departments
- **Over 86%** of departments train in mental health programming 1 - 2 times over a 25 year career





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