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National EMS Advisory Council FINAL

Committee: Profession Safety

Title: Addressing Mental Health and Wellness Issues for EMS Practitioners and their Partners in Public Safety

A. Executive Summary

The high-stress working environments in which EMS, public safety professionals and military personnel work can take an overwhelming mental, emotional, and physical toll on mental health. Chronic exposure to traumatic events and critical incidents increase the risk for post-traumatic stress disorder (PTSD) and other stress-induced injuries. The need to recognize mental health illness as a result of job-related activities has created the incentive for organizations, agencies, and/or employers to provide mental health benefits under workers compensation. The workplace is required by state law to provide coverage to employees with work related injuries; even volunteer EMS agencies in most states are required to provide coverage for its volunteer members. Until occupational induced mental health illnesses are adequately recognized and treated for all employees in high risk occupations, mental health issues resulting from PTSD could adversely affect the provider and the workforce as well as patients.

Awareness of mental health concerns in the EMS and public safety workforce has increased significantly in recent years. However, the range of issues, the disciplines involved, and possible solutions have not been well defined or addressed. In 2013, acting on a recommendation from NEMSAC, the National Highway Traffic Safety Administration (NHTSA) funded a research project through the National Association of State EMS Officials (NASEMSO) to clarify the evidence linking EMS practitioner fatigue and safety with the outcomes of patients, practitioner performance and safety of the public. This project represented the first step in identifying the need for mental health support among EMS practitioners. In February 2016, The National Emergency Medical Services Management Association (NEMSMA) published a white paper outlining the current state of mental wellness of EMS. The report identified current problems for the EMS workforce in the United States, as well as recommendations based on a national survey that included 4,021 responses from EMS practitioners in all 50 states. This report serves as a foundation for this recommendation to ensure that mental health awareness is a priority for NEMSAC. Mental health illness that is job related should be recognized as a disability covered under workers compensation for practitioners in high stress occupations. One approach to better delineate the gaps between concerns and solutions would be to convene a national summit and goal directed workshop. A summit could provide direction and a coordinated path to include milestones toward ensuring that progress is made by both federal and external stakeholders.

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B. Recommended Actions/Strategies:

Recommendation #1. The NEMSAC recommends that the NHTSA convene and fund a summit on the subject of EMS provider mental health and wellness, inviting federal and nonfederal stakeholder experts from EMS, public safety, military medicine, and mental health, as well as nontraditional partners such as public health and social work representatives. International guests representing organizations that are, or have, addressed this issue in their home countries, should also be asked to participate. The Global Paramedic Leadership Alliance (GPLA) <https://aace.org.uk/global-paramedic-leadership-alliance/> has held two international conferences on this topic over the last two years, with the intent to strategically improve employee mental health and wellness. Upon conclusion of the Summit, NHTSA should oversee, direct and consider implementation of the action items developed during the Summit. The meeting should address the major issues and challenges in provision of provider mental health resources including suicide prevention.

Summit topics should include but not be limited to these key areas:

1. Identification of key EMS stressors (internal and external)
2. Strategies to mitigate provider fatigue (sleep/work schedule, shift length, rest intervals)
3. Development and dissemination of formal support programs for EMS and others who work in high stress environments. Topics could include such resources as effective employee assistance programs, critical incident stress management, peer support, and other stress coping mechanisms including professional mental health care.
4. Investigate methods by which collaboration with other mental health organizations can be achieved, to create a confidential national dataset which can both quantify the burden of practitioner mental health illnesses and inform best practices to improve career longevity.
5. Determine how to make resiliency training for practitioners available before individuals enter these stressful professions and how to continue this support throughout their careers.
6. Ensure that mental health practitioners who specialize in and understand EMS specific issues are available to employees

Recommendation #2. The NHTSA should ensure that educational programs are available to inform state EMS stakeholders on the appropriateness of including Mental Health Illness due to job related performance/function as a disability covered under worker’s compensation.

Recommendation #3. NEMSAC recommends that a data collection system be developed to help quantify the prevalence of this problem as well as any improvements made in the future. This is congruent with recommendations in the NEMSAC Advisory titled: *NHTSA office of Emergency Medical Services as a*

91 *Central Repository for all EMS Practitioner Safety and Wellness Data.*

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93 **C. Scope and Definition**

94 There is a critical need to better describe both the mental health and wellness
95 components of the EMS profession. EMS practitioners are subjected to stressful
96 patient encounters, the impact of shift work, and job-related risks to their
97 physical health. These stressors can result in secondary trauma, contribute to
98 substance abuse/substance use disorder, and can lead to the development of
99 post-traumatic stress disorder (PTSD) or eventual suicide. These negative
100 consequences have a relatively high incidence in EMS practitioners. Addressing
101 this issue should be considered vital not only to preserving the mental health
102 and wellness of the individual practitioner, but also to preserving and
103 maintaining a resilient and experienced workforce, which is of national
104 importance, and even more crucial in rural and remote areas.

105
106 To date, topical ignorance about this subject remains and few solutions to
107 mitigate the problem exist. A broad stakeholder group from within the EMS,
108 public safety, mental health, and other relevant communities would be
109 beneficial to better define areas of opportunity for channeling future efforts.

110
111 Information gleaned from EMS practitioner story submissions from the Code
112 Green website <https://codegreencampaign.org/> regarding the mental health
113 of EMS and public safety professionals include some of the following facts:

- 114
- 115 • Many professionals in high stress occupations are struggling with mental
 - 116 health disorders
 - 117 • Many EMS practitioners have attempted or successfully committed suicide
 - 118 • There is inadequate support to assist practitioners in seeking treatment
 - 119 for mental health issues which is potentially compounded by the desire
 - 120 not to appear weak or inadequate
 - 121 • Only a small number of organizations promote mental health awareness
 - 122 specific to EMS and public safety professionals
 - 123 • Further guidance is needed for organizations to increase their willingness
 - 124 to provide treatment specific to EMS and public safety professionals
 - 125 • There is inadequate ability within the profession to identify secondary
 - 126 trauma, PTSD, mental fatigue, and/or depression
 - 127 • Substance abuse is one method by which practitioners may seek
 - 128 relief from secondary trauma and stress
- 129
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131 **D. Analysis**

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133 Currently, most EMS and public safety agencies rely on outside resources to
134 provide mental health support. There is a pervasive lack of adequate general
135 mental health resources, and the problem is further magnified in rural

136 communities, where resources may be absent or rare.

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138 According to the NEMSMA Mental Health and Stress in EMS report, a high
139 percentage of EMS practitioners work in organizations in which they do not feel
140 supported by their peers or management with respect to their concerns surrounding
141 mental wellness. EMS practitioners who are not encouraged to use formal support
142 resources are more likely to have contemplated suicide. Suicide rates among EMS
143 practitioners are ten times the national average (Newland, 2015), making early
144 recognition and treatment of depression essential for practitioners who work in an
145 environment where there is an expectation that they accept and internalize
146 hardship and internalize. Providing an assessment tool that could be used locally
147 to gauge the mental health and wellbeing of EMS and public safety practitioners
148 could be very useful. Additionally, availability of acute resources for those that wish
149 to seek support should be mandatory.

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151 It is increasingly difficult to replace both the basic knowledge and the experience
152 of practice when a provider is lost. In August 2016, the Federal Interagency
153 Committee on EMS (FICEMS) published a statement on *Mental Health and the*
154 *Public Safety Community*. According to FICEMS, “Federal partners involved in
155 emergency services, through FICEMS and other organizations, should
156 collaborate to provide recommendation and guidance to State and local agencies,
157 and the emergency services community, to support individual’s mental and
158 behavioral health.” (FICEMS, 2016) This advisory recommends that FICEMS take
159 this recommendation to the next level.

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161 **E. Strategic Vision**

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163 It must be recognized that in high stress occupations there is a likelihood that a
164 mental health burden may be placed on the practitioner. Existing resources
165 should be used, such as *Emotional Trauma Life Support (ETLS)*, and initial and
166 continuing education of individuals in high stress occupations should include
167 resiliency strategies, stress and fatigue management techniques, and training in
168 early recognition of signs of secondary trauma, depression, suicidal ideation, and
169 other mental health issues in both individuals and their colleagues. Ideally all
170 individuals working in high stress environments should be confident that that their
171 mental wellness is important and that any mental illness will be recognized and
172 possibilities of occupational injury are included in their assessment.

173 **Individuals in high stress occupations such as EMS and public safety** 174 **agencies will:**

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- 176 • Be trained to recognize the warning signs of depression and/or behavioral
177 illness leading to suicide and to learn suicide crisis intervention.
- 178 • Be granted the same privacy for mental illness as they would for any other
179 illness.
- 180 • Be protected from unwarranted removal from the workforce and/or the

- 181 suspension of licenses/credentials that could have a negative impact on
182 the provider's wellbeing.
- 183 • Learn to change attitudes about mental illness from being reactionary to
184 being preventive or restorative.
 - 185 • Have access to support and training for identification of signs and
186 symptoms of secondary trauma, depression, mental fatigue, and/or
187 post-traumatic stress disorder (PTSD)
 - 188 • Benefit from standardized reporting on suicides and/or attempts.
 - 189 • Have access to a support system for spouses, family members, and peers
 - 190 • State governments support legislative language which includes mental
191 health illness as a result of PTSD or other job-related functions.
 - 192 • Have access to a process to verify and prevent the abuse of mental
193 illness as a claim for disability benefits.
 - 194 • Understand the importance of physical exercise, proper nutrition, good
195 sleep habits and down time, psychological support, emotional support,
196 workplace support, and spiritual support

197 EMS administration at the local, state and federal levels must support and
198 encourage provider resiliency both in the narrow and broad sense to preserve
199 workforce morale and integrity and ensure quality patient care.

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201 **F. Strategic Goals**

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203 A goal of the summit will be to develop a national agenda for education and
204 research on the mental health and wellness needs of the EMS and public safety
205 workforce. Delineation of the issues will lay the foundation for a structured,
206 interdisciplinary, and unified approach to the contemporary challenges and for
207 our nation to understand that mental health issues can manifest in high stress
208 occupations. Objectives will be measured based on mental health summit
209 attendance and outcomes, legislative improvements by states for modernization
210 of their state worker's compensation laws, and by the creation of a means by
211 which mental health issues can be quantified.

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213 **Reference Material:**

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215 **A. Crosswalk with other standards documents or past recommendations**

216 Has Crosswalk with other standards documents or past recommendations.
217 Integrated and Technology. NHTSA as the clearing house EMS Provider Safety and
218 Wellness to collect data.

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220 Dr. Daniel Patterson, University of Pittsburg

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232 **B. Sources/references related to the issue**

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234 analysis of the issue or topic.

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