

**The National EMS Advisory Council**  
**Ready for Final Approval: 08/15/2017**

**Committee:** Patient Care, Quality Improvement, and General Safety

**Title:** Mental Health and Wellness for the EMS Provider and their Partners in Public Safety

**Issue Synopsis:**

**A. Executive Summary**

Awareness of mental health concerns in the EMS and Public Safety Provider workforce has increased significantly in recent years. However, the range of issues, the disciplines involved, and possible solutions have not been well defined. One approach to better delineate the gaps between concerns and solutions would be a national summit and goal directed workshop to provide direction and a coordinated path with milestones to direct progress by both federal and external stakeholders.

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 the current problem for the EMS workforce in the United States, as well as recommendations based on a national survey that included 4,021 responses from EMS providers in all 50 states. This report serves as a foundation for this recommendation to create mental health awareness as a priority for NEMSAC.

**B. Scope and Definition**

There is an overarching need to better describe both the mental health and wellness components of the EMS profession. EMS providers are subjected to constant stress with frequent patient encounters that do not result in optimal outcomes despite best efforts. This can result in secondary trauma, the consequences of which can include progression to post traumatic stress disorder (PTSD) or eventual suicide. Both have a relatively high incidence in EMS providers. Addressing this issue should be considered vital not only to preserving the mental health and wellness of the individual provider, but also to preserving and maintaining an experienced workforce, which is of national importance, and even more crucial in rural and remote areas.

On January 30, 2013, NEMSAC adopted a recommendation on Fatigue in Emergency Medical Services. Out of the three recommendations, the National Highway Traffic Safety Administration (NHTSA) Office of EMS funded a research project through the National Association of State EMS Officials (NASEMSO) to clarify the evidence linking EMS provider fatigue and safety and health outcomes of patients, providers, and the public. This was the first step in identifying the need for mental health support among EMS providers.

However, topical ignorance about this subject and solutions to mitigate the problem remain, and a broad stakeholder group from within the EMS, Public Safety, mental health, and relevant communities would be beneficial to better define areas of opportunity to channel future efforts and plot a cohesive path forward.

Contemporary facts regarding the mental health of EMS and Public Safety providers include:

- Rising numbers of providers are struggling with mental health disorders
- A significant percentage of providers have attempted or successfully committed suicide
- There is a lack of providers seeking treatment, potentially compounded by the desire not to appear weak or inadequate
- There is a lack of organizations promoting treatment and/or awareness specific to EMS and Public Safety providers
- There is fear of provider stigmatism if assistance or treatment is sought
- There is lack of professional training to identify secondary trauma, PTSD, mental fatigue, and/or depression
- There is a link to substance abuse as a method for provider relief from secondary trauma and to mitigate stress

### **C. Analysis**

Currently, most EMS and Public Safety agencies rely on outside resources to provide mental health support. There is a pervasive lack of adequate general mental health resources, and the problem is further magnified in rural communities. In rural areas, there remains a significant volunteer EMS presence, where identification of need for support and institutional ability to provide it may be absent or rare. There remains a stigma on providers who seek mental health support, which can negatively impact advancement opportunity.

According to the NEMSMA Mental Health and Stress in EMS report, a high percentage of EMS providers work in an organization where they do not feel supported by their peers or management with respect to their concerns surrounding mental wellness. Providers who had not been encouraged to use formal support were more likely to have contemplated suicide. With an increased rate of suicide amongst EMS and Public Safety providers, and a general lack of support from administrators (according to frontline staff), providing an assessment tool or tools that can be used locally to gauge the mental health and wellbeing of EMS and Public Safety providers is of paramount importance. Additionally, availability of acute resources for those that wish to seek support should be a mandatory requirement.

The suicide rates among EMS providers are ten times the national average (Newland, 2015), so early recognition and treatment of depression is essential. EMS providers work in an environment with an expectation to accept hardship and internalize it; and this contributes to preventing providers from seeking needed help.

The continued increase in complexity of medical care in EMS and Public Safety practice results in a loss of workforce due to mental health impairment. It is

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

#### **D. Strategic Vision**

Supporting and providing education to de-stigmatize EMS and Public Safety provider mental health concerns will help to maintain the current workforce. There must be acceptance that the mental health burden that is placed on the provider is to be expected in the profession. Utilizing resources already developed, such as *Emotional Trauma Life Support (ETLS)*, the initial and continuing education of EMS and Public Safety Providers should include integration of resiliency strategies, stress and fatigue management techniques, and training in early recognition of signs of secondary trauma, depression, suicide ideation, and other mental health issues in themselves and their colleagues.

EMS and Public Safety agencies and providers must:

- Be trained to recognize the warning signs of depression leading to suicide and to learn suicide crisis intervention
- Move from being reactionary to being preventive
- Be funded to support training to identify signs and symptoms of secondary trauma, depression, mental fatigue, and/or post-traumatic stress disorder (PTSD)
- Standardize reporting on suicides and/or attempts (similar to the never miss registry)
- Develop a support system for spouses, family members, and peers
- Develop an algorithm to help identify secondary trauma after traumatic events and/or high profile incidents as a means to mitigate progression to PTSD
- Emphasize physical exercise, proper nutrition, good sleep habits and down time, psychological support, emotional support, workplace support, and spiritual support
- Be equipped with resources (services and/or treatment) for providers and support systems to care for the workforce
- Look for and reference current programs such as the following:
  - <http://www.revivingresponders.com>
  - <http://codegreencampaign.org>

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

### **Recommended Action:**

**The NEMSAC recommends that the NHTSA and/or the FICEMS 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. Upon conclusion of the Summit, the group shall identify an organizational leader to direct the action items produced during the Summit.**

The goal of the meeting should be to outline and determine how to subsequently address the major issues and challenges in provision of provider mental health resources including suicide prevention. Based on the initial work and recommendations by NEMSAC, NASEMSO, NEMSMA, and FICEMS, a high level evaluation of the current state will allow focus on priorities and solutions.

Panel topics should include 7 key areas:

1. EMS stressors (internal and external)
2. Provider Fatigue (sleep/work schedule, shift length, rest intervals)
3. Intentional injury
4. Formal EMS and Public Safety Providers Support Programs (Employee Assistance Program, Critical Incident Stress Management, other stress coping mechanisms)
5. National Dataset (mental health wellbeing and provider safety issues, event reporting)
6. Resiliency training for providers before they enter the profession and throughout their career
7. Training for mental health providers who specialize and understand EMS specific issues and specific training for providers

Summary Statement: A goal of the summit will be to develop a national agenda for education and research on the mental health and wellness needs of the EMS and Public Safety workforce. Delineation of the issues will lay the foundation for a structured, interdisciplinary, and unified approach to the contemporary challenges outlined above

## Reference/Resource Material:

National EMS Management Association (NEMSMA) Mental Health and Stress in EMS White Paper, Presented by the Practitioner Mental Health and Wellbeing Committee. (2016, February). Retrieved from [https://www.nemsma.org/images/pdfs/Mental\\_Health\\_and\\_Stress\\_final.pdf](https://www.nemsma.org/images/pdfs/Mental_Health_and_Stress_final.pdf)

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