

## **The National EMS Advisory Council**

**Draft: 10/30/16**

**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 the Public Safety Providers' mental health concerns has increased significantly in recent years. However, the range of issues involved in fully elucidating these concerns and positing solutions has not been well described. A national summit and strategy workshop would provide invaluable input, direction and commitment toward the improvement of EMS and Public Safety provider's mental health and wellness.

In February 2016, The National Emergency Medical Services Management Association (NEMSMA) published a white paper outlining the current state of mental wellness within the EMS workplace. This white paper described a known problem among EMS workforce in the United States, and provided recommendations for addressing the issues based on a national survey with 4,021 responses from EMS providers in 50 states. This work will serve as a foundation for this recommendation to create mental health awareness as a priority for NEMSAC.

#### **B. Scope and Definition**

This recommendation is intended to lay a foundation for describing the components of and inputs to overall EMS and Public Safety providers' mental health and wellness. This effort will provide a unified strategy to improve and de-stigmatize mental health issues, particularly addressing the need to decrease the suicide rate among providers. Addressing this issue is vital not only to preserving the mental health and wellness of individuals, but it is also believed that it will assist in preserving and maintaining an experienced workforce. This 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. Based on the three recommendations made, 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 as well as 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, it is clear that there is much we don't know or understand about this subject. A broad stakeholder group from within the EMS and Public Safety

communities, inclusive of input from mental health and other relevant groups, will better define areas of opportunity for a cohesive path forward.

Some known defined elements regarding EMS and Public Safety providers' mental health include:

- Rising numbers of providers struggling with mental health
- Significant percentage of providers attempting or committing suicide
- Lack of providers seeking treatment, potentially compounded by the desire not to appear weak or inadequate
- Lack of organizational promotion of treatment and/or awareness specific to EMS and Public Safety providers
- Fear of stigmatization if assistance or treatment is sought
- Lack of training to identify Post-Traumatic Stress Disorder (PTSD), mental fatigue, and/or depression
- Link to substance abuse as a method for provider self-medication and covering mental health issues

### **C. Analysis**

Currently, most EMS and Public Safety agencies often rely on outside resources to provide mental health support. These resources are generally not well versed in the distinctiveness of EMS and Public Safety practice and are unlikely to adequately address EMS-specific environment or provider issues. Additionally, there is a universal lack of adequate general mental health resources; a problem that is further magnified in rural communities where there is a significant volunteer presence. The stigma on providers who seek mental health support remains, and continues to negatively impact treatment and prevention opportunities.

According to the NEMSMA Mental Health and Stress in EMS report (2016), a high percentage of providers work in an organization in which they do not feel supported by their peers or by management with respect to their mental wellness. Many individuals who had not been encouraged to use formal support institutions report that they have contemplated suicide. There is a need for assessment tools that can be used locally to gauge the mental health wellbeing of EMS and Public Safety providers as well as a need for readily available resources for those who wish to seek out support

According to Newland (2015) suicide rates among EMS providers are ten times the national average. Early recognition and treatment of depression is essential in any environment known to be at high risk. EMS providers work in an industry which has a general expectation that this is "*the way things are*", and often providers accept this concept as fact and internalize it; preventing many from seeking needed help.

In August 2016, the Federal Interagency Committee on EMS (FICEMS) published a statement on the *Mental Health and the Public Safety Community*. According to this statement, "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) This recommendation supports the need for further work.

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

EMS and Public Safety providers' mental health must be addressed by supporting and providing education in order to de-stigmatize assistance and to help maintain the current workforce. For a positive effect on the EMS and Public Safety system as a whole, we must acknowledge that the mental health burden that is placed on the provider is higher than average. Existing resources, such as *Emotional Trauma Life Support (ETLS)*, must be used during EMS and Public Safety Providers' initial and continuing education, so that resiliency strategies, stress and fatigue management techniques, are addressed. Training to recognize signs of depression, suicidality and other mental health issues is imperative.

EMS and Public Safety agencies and providers must:

- Be trained to recognize the warning signs of depression leading to suicide and suicide crisis intervention
- Move from being reactionary to being preventive
- Seek funding to support training to identify signs and symptoms of 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 PTSD after traumatic events and/or high profile incidents
- Emphasize self-care for employee mental wellness.
- Be equipped with appropriate and effective resources (services and/or treatment) for providers and support systems to care for the workforce

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 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 and mental health, as well as nontraditional partners such as public health and social work.**

The goal of the meeting should outline and address the major issues and needs for EMS and Public Safety provider's mental health and suicide prevention. Based on the initial work and recommendations by NEMSAC, NASEMSO, NEMSMA, and FICEMS, high level awareness and evaluation of the current state will inform establishment of priorities areas or activities. This will ultimately advance the cause and provide a solution for EMS and Public Safety providers' mental stability.

The areas of focus will provide an overview and delineation of the issues that will be the

foundation of the interdisciplinary panels that will address the different aspects of responder mental health. Based on previous work, the panel topics should be organized in 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. Mental Health providers that specialize and understand EMS specific issues or need for specific training for providers

Upon conclusion of the expert panel discussions, investigators will solicit attendee input to inform the development of a national agenda for research on EMS and Public Safety providers' mental health. For each of the key topic areas, the consensus themes related to current EMS provider mental health practices and resources will identify gaps to address further development of the field, and opportunities for future collaboration and promotion of best practices. This overview and delineation of the issues will be the foundation to a structured, interdisciplinary, and unified approach to the spectrum of responder mental health and wellness concerns.

## 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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