



2016 NATIONAL SURVEY ON EMS MENTAL HEALTH SERVICES

By the National Association of Emergency
Medical Technicians (NAEMT)



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“ Mental health continues to be a topic that people would rather ignore, especially management. Emergency services still generally has the attitude, ...‘suck it up.’ ”

–Survey respondent

INTRODUCTION

EMS is an inherently stressful job. On any given shift, EMTs and paramedics may be called on to render care to people in horrific circumstances. Many EMS practitioners can tell stories of answering calls involving violence, death, or abuse that continue to haunt them.

Even on more routine calls, EMS practitioners face the risks of being exposed to infectious disease, bloodborne pathogens, or other hazardous substances. And then there is the stress of being subjected to threats or violence from a would-be patient who is under the influence of drugs or alcohol, suffering from a mental health disorder, or has criminal intent.

Combine all of that with sleep deprivation, shift work, time pressures and work overload, and it's no wonder the world of EMS is rife with anecdotes about the toll that working in these unpredictable, emotionally charged conditions can take on practitioners. Recently, the Code Green Campaign, a grassroots effort to raise awareness about mental health issues, struck a nerve when it launched a website inviting EMS practitioners to share their struggles. Day after day, EMTs and paramedics post raw, painful messages about struggling with panic attacks, flashbacks, anxiety, depression and suicidal thoughts. Their stories are interwoven with memories of calls that left them feeling hopeless or deeply disturbed by what they had seen or experienced.

Some of that anguish is ending in tragedy. Many EMS practitioners know of a colleague who has attempted, or committed, suicide. A 2015 survey by Fitch & Associates' Ambulance Service Manager Program suggested that mental health struggles and depression among fire and EMS professionals are widespread. In the survey, 37 percent reported contemplating suicide, nearly 10 times the rate of American adults, while 6.6 percent reported having attempted suicide. That's compared to just 0.5 percent of all adults.

STUDIES LIMITED

Despite important work like the Fitch survey and at the grassroots level to provide information and support, gauging the depth and extent of the problem remains difficult.

Multiple studies indicate that healthcare workers are exposed to high levels of occupational stress, which contributes to higher levels of substance abuse, depression and anxiety. But there have been few published studies looking at the long-term mental health of U.S.-based EMS practitioners, outside of the impact of specific, high profile events such as Hurricane Katrina or the 9/11 attacks.

Nor are official suicide statistics readily available. In July 2016, the CDC published a report analyzing suicide rate by occupation.¹ Using data on 12,000 suicides that occurred in 17 states in 2012, the analysis found that among females, the highest suicide rate was among women who work in the "protective services," including law enforcement officers and firefighters. That was followed by women in the legal profession, with healthcare practitioners/technical occupations third. (EMTs and paramedics are included in the healthcare practitioner/technical occupations category). Among men, the suicide rate for those working as police officers or firefighters ranked fifth, behind farming, fishing, forestry, construction and multiple other professions, while the rate for those working in healthcare professions was 12th. Yet males accounted for more suicides than females, with men making up 77% of the total.

Thus far, the granular tracking of suicides in EMS has been up to the grassroots. The Firefighter Behavioral Health Alliance, run by retired firefighter and counselor Jeff Dill, has a team of volunteers who collect and confirm reports of EMS suicides. In 2014, Dill's group verified 104 suicides by fire and EMS professionals – more than the 87 firefighters who were killed in the line of duty.

¹Morbidity and Mortality Weekly Report, Centers for Disease Control and Prevention, July 1, 2016, Suicide Rates by Occupational Group – 17 States, 2012. (http://www.cdc.gov/mmwr/volumes/65/wr/mm6525a1.htm#T2_down)

AWARENESS GROWING

A common sentiment heard from EMS practitioners is that mental health issues aren't something people want to talk about, for fear of being seen as weak or soft, or at worse, unfit to do their jobs. There is little question that a reluctance to talk about mental health issues remains in EMS.

Yet awareness about mental health issues in EMS is growing, thanks to the efforts by groups such as the Firefighter Behavioral Health Alliance, the Code Green Campaign, and other individuals who have suffered from PTSD or depression, and had the courage to speak out.

To assist the EMS profession in determining how best to address mental health issues, NAEMT is pleased to present the results of our 2016 national survey on EMS mental health services. The results provide a snapshot of the resources, programs and services EMS agencies provide to EMS practitioners to help them cope with the stress of the job, to maintain their mental health and wellbeing, and to seek help when they need it.

ABOUT THE SURVEY

The survey, developed by the experts on NAEMT's EMS Workforce Committee, was distributed electronically to more than 40,000 EMTs, paramedics, EMS managers and medical directors in March 2016. We received nearly 2,200 responses from all 50 states.

Some of the most revealing responses were to an open-ended (qualitative) question asking for comments about the services provided by their EMS agency and about the issue of EMS mental health generally. More than 500 respondents provided their thoughts. Many indicated EMS mental health is an urgent issue, and that far more needs to be done to address it. Others shared personal stories of struggling with PTSD, depression and other mental health issues. Their comments are summarized beginning on page 12.

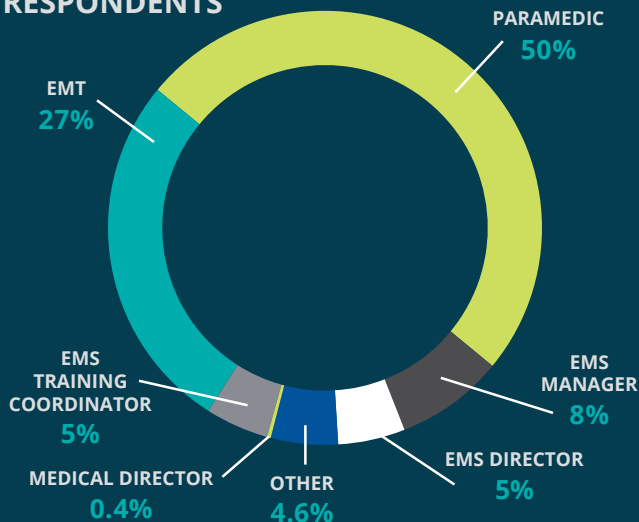
We also asked EMS practitioners about their perceptions of the importance their agency places on mental health issues, whether they know where to get help, and if they are satisfied with the services available to them.

The survey revealed that the EMS profession has significant work to do in demonstrating to the EMS workforce that their struggles and concerns matter, and in ensuring that EMS professionals know where to turn when they are struggling.

“ The culture of EMS must change... The stigma of mental health issues is very prominent. ”

—Survey respondent

RESPONDENTS



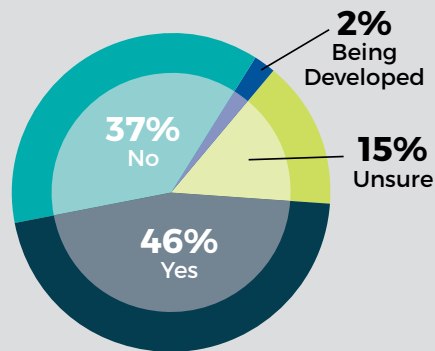
58% of respondents disagreed or strongly disagreed when asked if they are satisfied with the EMS mental health services provided by their agency.

EMS MENTAL HEALTH SERVICES

Mental health services is a broad term encompassing any number of services intended to foster the mental health and wellbeing of the workforce, and provide assistance when an employee is struggling. Examples of services include employee assistance programs (EAP), critical incident stress counseling, chaplaincy programs, conflict resolution programs and peer support programs.

Despite the well-known stress and demands of working in EMS, **less than half of respondents said their agencies provide any sort of mental health support.**

DOES YOUR EMS AGENCY PROVIDE MENTAL HEALTH SERVICES?



Although 92% of respondents reported their EMS agency has a written policy regarding alcohol and drug use, **only 26% provide a substance abuse program to help those struggling with dependence or addiction.**

Multiple respondents referenced substance abuse policies from their agency, which often involve punishment rather than treatment.

“Even if we fess up to it, substance abuse is grounds for dismissal rather than assistance or treatment.”

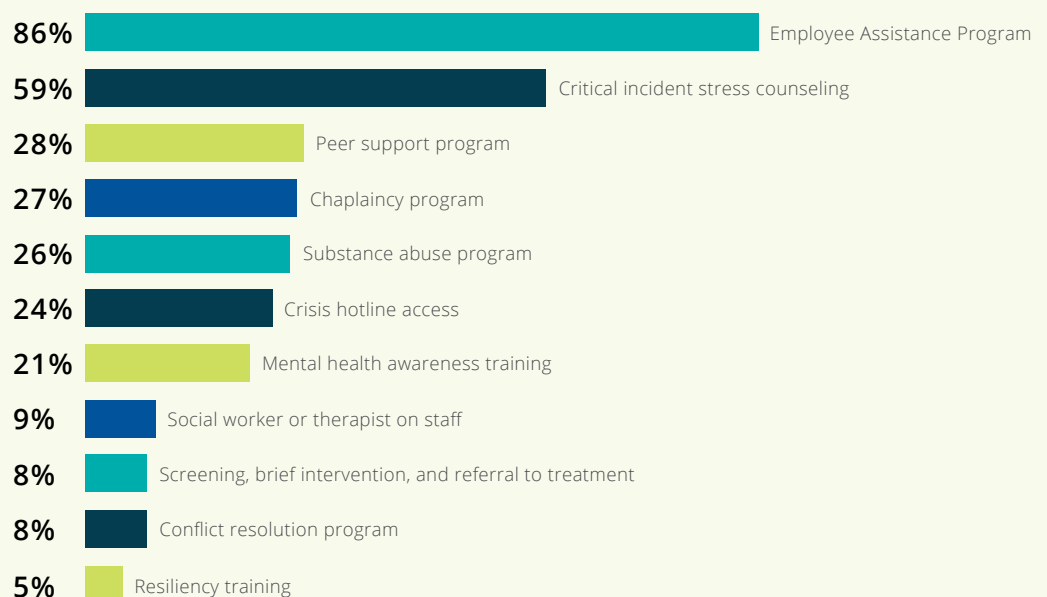
“A coworker who was off due to a substance abuse issue that he self-reported and sought help for was disciplined and given unfair benchmarks to return to work as a condition of employment.”

“The link between PTSD and substance abuse has been disregarded for a long time.”

TYPES OF MENTAL HEALTH SERVICES PROVIDED

By a wide margin, the most common type of mental health service provided by EMS agencies are employee assistance programs (EAP).

- 86% of those whose EMS agency provides mental health services report having an EAP.
- EAP was followed by critical incident stress counseling (59%) as the most common form of mental health service provided.





WHAT IS AN EMPLOYEE ASSISTANCE PROGRAM? (AND WHY ARE SO MANY EMS PRACTITIONERS HESITANT TO USE THEM?)

Employee assistance programs are employer-funded programs, often created and administered through the health benefits provider, designed to provide a variety of services to employees in need. EAP elements can include:

- Financial, mental health or family counseling
- Education assistance
- Legal help
- Wellness, smoking cessation or stress management programs

EAPs are usually staffed by licensed professionals, including clinical social workers, mental health counselors and substance abuse professionals. EAPs typically offer benefits at free or little cost to the employee.

COUNSELING THROUGH EAPs

Confidential counseling, either by phone or in person, is often a key benefit of EAPs. But counseling is usually short-term (six free sessions is a common benefit.) Employees who need more help may be referred elsewhere for treatment, but this is not covered by the EAP.

EAPs may also provide involuntary, or mandated, counseling and assessment for employees with behavioral problems or poor job performance. Often, the EAP counselor will conduct the assessment, then refer the employee out for treatment. In this case, the EAP may serve as an intermediary between the outside provider and the employer, monitoring the employee's compliance and progress in treatment and informing the employer of the outcomes.

RELUCTANCE TO USE EAP

EAP services are supposed to be confidential, but the survey reveals that not everyone trusts those assurances, and many are reluctant to reveal their struggles with any counselor associated with their workplace.

“ Initiating mental health services through the EAP is an invitation for mandatory competency evaluation, grounds for dismissal. ”

–Survey respondent

“ Most of the people in my organization do not feel comfortable using any service provided by the organization for fear that the information will come back and be used against them in the future. ”

–Survey respondent

Others are unsure about the types and availability of EAP services offered by their employer or human resources professionals. Additionally, due to a lack of knowledge about how the program works, some employees might avoid seeking help from the EAP because they fear that they might somehow be demoted or even fired by showing the need for assistance.

“ We can pursue mental healthcare through the EAP, but not really sure how to access it confidentially. ”

–Survey respondent

Even among those willing to use the EAP, the short-term nature of the counseling may be viewed as inadequate.

“ EAP provided for 3 sessions per incident. I do not believe that to be adequate for someone seeking help. ”

–Survey respondent

In addition, counselors are unlikely to have ever worked in EMS, and may not know much about what it's like to work in EMS, leading some to feel that EAP-provided psychologists or therapists aren't really able to understand their stress.

“ I have used the EAP and was not impressed with the counselor's understanding of the job I do and the difficulty I was facing. ”

–Survey respondent

GENERAL HEALTH AND WELLNESS SERVICES

When an employee is struggling or in crisis, counseling and other mental health services can help provide care, support and treatment to overcome the issues.

But are there steps EMS practitioners could take to prevent depression or other mental health issues from arising, despite work-related stress and other challenges?

Though no one suggests that mental health issues can be fully prevented, advice often given by medical professionals (and backed up by research) is that there are some things people can do to protect their mental health. Those include getting regular medical care to maintain overall health, seeking help for feelings of depression or anxiety early on if symptoms emerge, getting sufficient sleep, eating a nutritious diet and getting regular physical activity.

Night shifts, irregular schedules, and long hours on the

road can all conspire against EMS practitioners in heeding that advice.

The question for EMS agencies is: Are there resources

agencies can provide to help EMS practitioners maintain their overall health and wellbeing, so that they have the resiliency to recover from trauma they experience on the job?

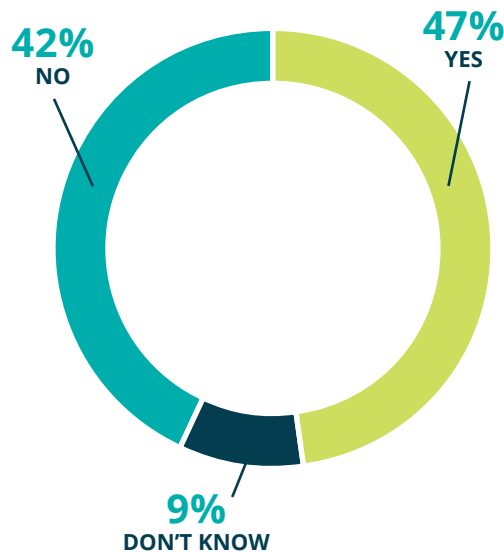
The extent to which any employer can help employees live a healthy, balanced lifestyle is difficult to measure. But many employers try, by offering health and wellness services such as access to fitness centers, tobacco cessation programs, stress management classes, dietary and nutrition counseling, or access to a health clinic on premises.

These services are not a common feature at many EMS agencies. According to the survey, **less than half (47%) of respondents said their EMS agency offered any health or wellness services.**

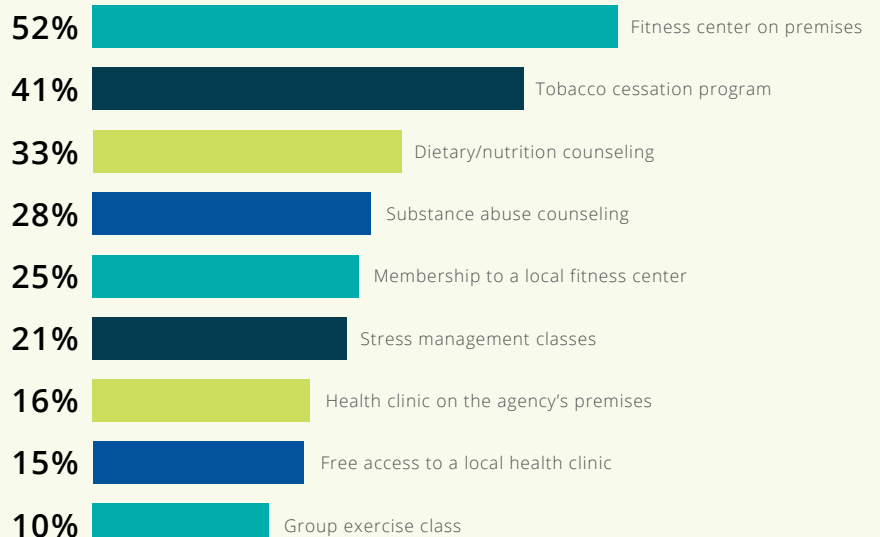
Of those that did, **the most common resource was a fitness**

center on the agency's premises (52%).

DOES YOUR EMS AGENCY OFFER HEALTH AND WELLNESS SERVICES?



TYPES OF GENERAL HEALTH/ WELLNESS SERVICES OFFERED



59% of survey respondents agreed or strongly agreed that they know where to go for help within their agency if they need it, **while 41% disagreed or strongly disagreed.**

AVAILABILITY OF MENTAL HEALTH AND WELLBEING SERVICES WHILE ON DUTY

Being able to access mental health or general health and wellbeing services while on duty may make it more feasible for EMS practitioners to actually make use of them. This is not a common practice in EMS, however.

Mental health services

- About one-third (34%) of respondents reported their EMS agency permits them to access mental health services on duty.
- About one-third (35%) are not allowed to access mental health services while on-duty.
- Another one-third (32%) didn't know.

General health and wellbeing services

- 37% reported their EMS agency permits them to access general health and well-being services on duty.
- 45% are not allowed.
- 18% didn't know.



WORKER'S COMP FOR MENTAL HEALTH CRISES

Workers' compensation insurance is a type of insurance purchased by employers for the coverage of employment-related injuries and illnesses. Nearly all states require employers with five or more employees to provide coverage. But the specifics vary state to state. States determine what injuries are covered, how impairments are to be evaluated and how medical care is to be delivered, and the level of coverage, according to the Insurance Information Institute.

Mental health conditions may be eligible for workers' compensation, including psychiatric injuries from singular events, such as post-traumatic stress disorder (PTSD), and conditions arising over time, such as depression and severe anxiety.

Many respondents (58%) were not sure if their EMS agency provided worker's compensation for mental health claims. Only 15% said their agency did provide compensation, while 27% said no.

In the comments, several respondents expressed their frustration with what they perceive as worker's comp limitations related to mental health claims.

“ Currently, acute emotional injuries and mental health are not considered to be work-related by worker's comp. ”

–Survey respondent

“ I was seeing a mental health professional for PTSD after an ambulance accident that resulted in the death of the driver in the other car... Worker's comp denied my claim...leaving me stuck with the bills. ”

–Survey respondent

Asked to rate the statement, “My agency considers mental health important,” **55% agreed or strongly agreed, while 45% disagreed or strongly disagreed.**

IS MENTAL HEALTH A PRIORITY FOR EMS AGENCIES? PERCEPTIONS OF EMS PRACTITIONERS

In the comments section of the survey, dozens of EMS practitioners expressed a high degree of dismay, and even disgust, with management and co-workers’ attitudes toward mental health services.

“The agency I work for sees mental health as a weakness. If you ask for help you become verbally abused by co-workers, supervisors and station managers. I needed help and was told, ‘that’s why women don’t belong in EMS. They’re overly emotional...’”

“There is absolutely no concern for the mental or physical health of employees at my agency.”

“Field personnel are suffering mentally and physically and morale is low. We keep coming back because we got in it to help people and we love the job. However, we have no support when it comes to taking care of our sick employees.”

“I find it sad that my service doesn’t seem to care or just makes jokes about the employees if they are having a hard time with something.”

To be sure, not every comment was negative. Some praised the efforts of management to be there for employees on a personal level, as well as the resources

provided by the agency. Peer support, critical incident stress management were mentioned fairly often, as were sessions with trained counselors.

“My company takes mental health seriously...I am proud of my agency.”

“I had to use mental health resources after a pediatric trauma code. It took a few months for me to fully deal with it, but the services provided helped greatly.”

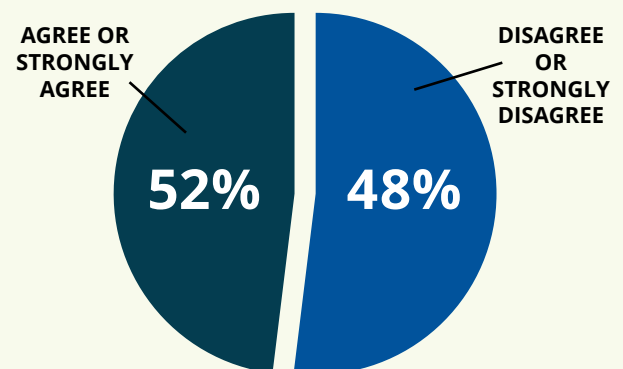
“We have an established EAP program that can be used by all employees and their immediate families for six free sessions. They can access it for any issue, not just work related. We found that it is used more frequently now that it isn’t just for job-related issues. We believe if an employee has issues in their personal life it can affect them in their work life.”

But even those who had a more positive view about the availability of services and the compassion and concern showed by managers and co-workers, a common theme was that the available resources weren’t enough.

“I work in a poor area. Management is extremely supportive and willing to provide any support they can. We just don’t have the funds to provide any extra.”



SURVEY RESPONDENTS WERE ASKED TO RATE THE STATEMENT: “I FEEL COMFORTABLE TALKING ABOUT MENTAL HEALTH ISSUES WITH MY COLLEAGUES.”



SETTING BENCHMARKS AND MEASURING THE EFFECTIVENESS OF MENTAL HEALTH SERVICES

One of the most difficult questions for employers when offering mental health services is determining which services will provide the best return on investment – that is, if an employer pays for gym memberships, counseling sessions, or time off to access mental health services, will it result in a healthier workforce? Measurements indicating a healthier workforce may include increased productivity, fewer sick days or lowered costs related to disability claims or healthcare.

Very few EMS agencies have set benchmarks or measure outcomes related to the effectiveness of mental health services.

DOES YOUR EMS AGENCY MEASURE THE EFFECTIVENESS OF MENTAL HEALTH SERVICES?



HOW CAN AN AGENCY MEASURE THE VALUE OF AN EAP OR OTHER MENTAL HEALTH SERVICES?

While providing resources to help EMS practitioners maintain their mental health and wellbeing certainly sounds like a good idea, in deciding what to offer, employers would like to know that their investment in providing these services is having an impact. But with many variables, trying to figure out what actually works, for whom, and in what circumstances, isn't easy.

For example, critical incident stress debriefings gained popularity in the '80s and '90s as a way to help responders process and overcome trauma from harrowing calls. But eventually, questions were raised about the helpfulness of those interactions – as it turned out, not everyone benefitted from talking about what had happened. In addition, the way in which the debriefing was conducted and the qualifications of the facilitator could significantly impact how participants felt about it.

So how can an employer measure the effectiveness of EAPs or other mental health services?



HOW DOES YOUR AGENCY MEASURE THE EFFECTIVENESS OF MENTAL HEALTH SERVICES?

A total of 50 respondents said their agency measures the effectiveness of mental health services. The most common strategy was measuring number of sick days used (57%), followed by attrition rates (49%), number of post-employment positive drug tests (26%) and number of DUI arrests (10%).

Measuring utilization is one strategy, which can help employers determine if they're doing enough to get the word out about the services offered. Another strategy is surveys. Employers may anonymously survey employees about their satisfaction with the services provided by an EAP or other service. But this method has limitations – liking or appreciating a service doesn't necessarily mean it's effective. Employees may also not want to answer truthfully because they fear their responses will be shared. And if too few answer the survey, the results may not reflect what's really going on.

A second surveying strategy is periodically gauging employees' feelings related to broad measures of mental health. For example, employees could be asked to indicate how strongly they agree or disagree with a set of statements (like the ones listed below) covering a specified period of time, then measuring aggregate changes over time, suggests the Employee Assistance Society of America.

1. I had a hard time doing my work because of my personal problems.
2. My personal problems kept me from concentrating on my work.
3. Because of my personal problems I was not able to enjoy my work.
4. My personal problems made me worry about completing my tasks.
5. I could not do my job well because of my personal problems.

Learn more about these strategies in "Selecting and Strengthening Employee Assistance Programs: A Purchaser's Guide," published by the Employee Assistance Society of America. Free copies are available at easna.org.

WORD ON THE STREET: WHAT EMS PRACTITIONERS SAY ABOUT MENTAL HEALTH

Some of the most revealing responses were to a question asking respondents for comments about the services provided by their EMS agency, or about the issue of EMS mental health generally. More than 500 respondents provided their thoughts.

Some told personal stories about struggling with depression and PTSD, or of having difficulty accessing help when they needed it. Many expressed frustration that mental health continues to be stigmatized. In reviewing all of the comments, several themes emerged.



AMONG EMS AGENCIES THAT PROVIDE MENTAL HEALTH OR GENERAL HEALTH AND WELLBEING SERVICES, THE DEGREE OF AVAILABLE RESOURCES VARIES SIGNIFICANTLY.

Some, particularly those working for government or hospital-based systems, wrote about having access to a comprehensive EAP that includes an array of services. Others had far more limited resources, such as peer counseling only, free sessions with a counselor from a local church, or grief counselors when necessary.

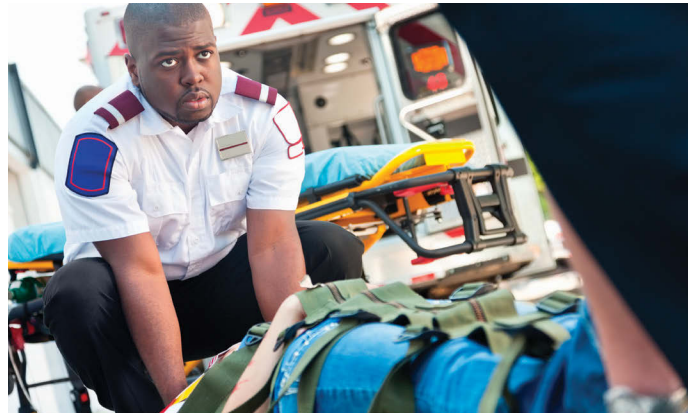
STIGMA AND FEAR OF REPRISAL FOR ADMITTING MENTAL HEALTH PROBLEMS REMAINS A MAJOR BARRIER TO PEOPLE SEEKING CARE.

“Mental health is a joke to management. They still operate on the philosophy that if you can't handle it, you're in the wrong line of work.”

“Attitude at our department is, if you can't handle it, get out, sissy.”

“I strongly believe that in the workplace mental health is viewed as taboo, not to be talked about and if found out, viewed as weakness.”

“In seeking help you are shamed, made fun of by superiors, and told to suck it up, it's part of the job.”



ACCESSIBILITY AND AFFORDABILITY OF MENTAL HEALTH SERVICES CONTINUES TO BE AN ISSUE, FOR INDIVIDUALS AND FOR AGENCIES.

“Just talking with a counselor doesn't fix anyone's problem but that is all our EAP provides. When we are referred to someone else... it comes out of the employee's pocket.”

“We are a small volunteer agency... We have mental health counselors we can recommend, but we cannot pay for this service. They will have to access it using their own insurance.”

“Rural agencies that operate off monies strictly derived by billing simply cannot afford to offer these types of services to their employees.”

THE DEMANDS OF WORKING IN EMS, COMBINED WITH FAMILY AND SOMETIMES RESPONSIBILITIES FROM SECOND JOBS, CAN MAKE IT DIFFICULT TO HAVE A BALANCED LIFE. MANY RECOGNIZE THIS AS SETTING THE STAGE FOR MENTAL HEALTH ISSUES.

“The biggest factor affecting mental health is EMS practitioners are paid so little in my state that they have to work multiple jobs to make ends meet, which means no family or personal time, no opportunity to exercise, eat right or get any sleep.”

“I've been in EMS almost 13 years and struggle daily with what may be PTSD... With long hours and little rest, the situation can be exacerbated and exhausting.”

“Throwing money at something isn't always the answer but I feel that if we made a more respectable wage we wouldn't have to kill ourselves working major OT and second jobs to get by, which in my opinion is a large contributor to the issue of mental health and burnout.”

CRITICAL INCIDENT STRESS MANAGEMENT OR DEBRIEFINGS MAY HAVE A ROLE IN HELPING EMS PRACTITIONERS COPE, BUT IT IS NOT ENOUGH, AND THEY MUST BE CAREFULLY CONDUCTED. WHILE SOME VALUE CRITICAL INCIDENT STRESS MANAGEMENT OR DEBRIEFINGS, OTHERS DESCRIBED VERY NEGATIVE EXPERIENCES.

“ In my other job I had a debriefing. It was horrible and I would never do it again. ”

“ We have a critical incident management person. But when she debriefs people... she jokes about the issue and has once offered the solution... to drink. ”

“ The few debriefings I have attended over 22 years, they all bring back up what we are desperately trying to let go of or bury. ”

EMS PRACTITIONERS WANT COUNSELORS WHO UNDERSTAND THE JOB OF EMS. GENERAL COUNSELORS, THERAPISTS OR PSYCHOLOGISTS WHO ARE UNINFORMED ABOUT EMS ARE SEEN AS OFFERING LITTLE USEFUL HELP.

“ We have an EAP program accessible to all city employees. I believe there should be a separate and more specialized program geared toward first responders... This would include counselors that have a background dealing with first responders. ”

“ The only mental health resource we have is our EAP. They are not used to talking to EMS. Word on the street is that if you talk to them regarding work issues, you'll be counseled to leave EMS. We'd like to talk to someone that understands EMS issues. ”

THERE IS WIDE AGREEMENT THAT TOO LITTLE IS BEING DONE TO HELP EMS PRACTITIONERS WITH MENTAL HEALTH ISSUES, AND THAT MORE SHOULD BE DONE, INCLUDING EDUCATING NEW PRACTITIONERS ABOUT MENTAL HEALTH ISSUES.

“ Mental health should be a fundamental part of the EMS training curriculum so that EMTs, paramedics, first responders all know what it is, how to identify it, how to deal with stress and where to get help. ”

“ This is a silent epidemic. I have seen people depart the profession and have seen profound damage done to others... You can't hand somebody an EAP card and expect a result. ”

IN THE ABSENCE OF ADEQUATE RESOURCES, MANY EMS PRACTITIONERS HELP ONE ANOTHER, WHETHER IT'S CHECKING IN ON COLLEAGUES AFTER A BAD CALL OR TRYING TO BE THERE TO PROVIDE SUPPORT TO COLLEAGUES WHO ARE STRUGGLING.

“ We cope by talking to coworkers. There are a few unofficial people that always check in with people who have had bad calls. It's not nearly adequate. ”

“ We self-debrief and help each other when the need arises. ”

“ We are a volunteer company... and a very close-knit family. Any issues that may arise we are comfortable talking to each other about. ”

“ As a senior member of my organization, I speak openly (formally and informally) with co-workers about my experiences to lessen the stigma and encourage self-identification to seek help. ”

EMS PRACTITIONERS WANT HELP.

“ We see death and trauma daily and our sleep is interrupted on average 2 or 3 times after midnight every shift. Please help. ”

“ If someone has a problem they may be seen as soft by their peers. We need the tools and resources easily available to get the help we need. ”

“ If I can't take care of myself, I am unable to take care of others. I have found ways of coping with the stress that I acquire on the job but many of my coworkers have not. Let's face it, we don't get called because someone is having a great day. It would be extremely beneficial to have a functioning, non-biased mental health service within our EMS system to help lighten the load and help us take care of ourselves first. ”



“ Managers should encourage EMS practitioners to speak up and seek help without fear of reprisal, and support them in their efforts to care for themselves, so that they can continue to take care of our patients and our nation’s communities. ”

–Survey respondent

CONCLUSION

From difficult calls involving injured children, to horrifying calls involving violence or abuse, to working in conditions where practitioners themselves face the risk of violence, the job of an EMS practitioner can be extraordinarily stressful.

At the same time, EMS practitioners also have to cope with challenges outside of work. Stressors faced by many Americans include marital and family problems, financial strain, legal issues, conflicts among co-workers and managers, depression, preexisting psychological or health conditions, substance abuse, child and elder care pressures – all of which can compromise a person’s mental health and overall wellbeing.

Traditionally, EMS practitioners have felt that they are expected to simply deal with their stress, showing no signs of “weakness” or struggle – an attitude that the survey results indicate are a continuing barrier to seeking help.

Yet the large number of anecdotal reports about the stress and mental health struggles of many practitioners, combined with these survey responses, illustrate that the culture of EMS related to mental health is in urgent need of change.

EMS practitioners expressed a strong desire for additional mental health and general health and wellbeing resources to help them recover from critical incidents. They also expressed a desire for resources to “proactively” help them maintain their mental and physical health, so that they are better able to cope with stress and less likely to develop conditions such as PTSD,

depression and anxiety.

EMS agency management and stakeholders must listen to EMS practitioners, and take action to address mental health issues. That includes conducting research to determine the true

extent of mental health issues, risk factors that contribute and interventions that are effective. The EMS profession must also identify resources that will help the EMS workforce maintain their mental health and wellbeing, build emotional resiliency, and provide for the early detection and treatment of mental health problems. Educating the EMS workforce about healthy ways to handle stress, staying safe on the job and other topics related to mental health and safety should begin in initial training and be incorporated into continuing education.

EMS management must also make it a priority to offer mental health resources to the extent budgets allow, and to measure whether those services are having a positive impact on their staff.

There is no doubt that budget restrictions will limit the ability of many EMS agencies to provide a full array of services. But there is one thing that all EMS agencies can do, regardless of finances, and that’s letting go of the idea that mental health issues are shameful or a sign of weakness. Managers should encourage EMS practitioners to speak up and seek help without fear of reprisal, and support them

in their efforts to care for themselves, so that they can continue to take care of our patients and our nation’s communities.





RESOURCES

NAEMT Mental Health Resource Library – To assist EMS practitioners in recognizing, managing and seeking assistance for mental health issues, NAEMT has compiled a resource library of articles, tips and other information about suicide prevention, mental health first aid, and building emotional resiliency.

Find the resources at naemt.org, under the **EMS Health & Safety** tab. We urge you to use these resources to learn more about mental health issues, and to share them widely with your colleagues.

Code Green Campaign – Visit codegreencampaign.org to read about others' experiences with mental health issues, and for a list of mental health resources.

If you are struggling, seek help.

Safe Call Now – (206) 459-3020 A 24/7 hotline and referral service for first responders and their family members to speak confidentially with other first responders who are trained in mental health crisis counseling. They can assist with treatment options for responders who are suffering from mental health, substance abuse and other personal issues. Visit safecallnow.org.

National Suicide Prevention Lifeline – (800) 273-8255 Available 24/7, the national suicide hotline will connect you with a trained, experienced crisis counselor who is ready to listen and connect you with mental health services in your area. Visit suicidepreventionlifeline.org.

PROTECT YOUR PRACTITIONERS

with EMS Safety training that also saves your agency money!



- WORKPLACE INJURY
- PRACTITIONER HARM
- FLEET REPAIR COSTS

DECREASED

INCREASED

- PRACTITIONER SAFETY
- PATIENT SAFETY
- AGENCY COST SAVINGS

NAEMT's EMS Safety program teaches:

- Situational awareness
- Injury-free workplace practices
- Personal protection
- Safe emergency vehicle operation
- Individual resilience

COST-SAVING TIP: Become an NAEMT training center and train your entire agency as well as other agencies in your community!



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ABOUT NAEMT

Formed in 1975 and more than 55,000 members strong, the National Association of Emergency Medical Technicians (NAEMT) is the only national association representing the professional interests of all emergency and mobile healthcare practitioners, including emergency medical technicians, advanced emergency medical technicians, emergency medical responders, paramedics, advanced practice paramedics, critical care paramedics, flight paramedics, community paramedics, and mobile integrated healthcare practitioners. NAEMT members work in all sectors of EMS, including government agencies, fire departments, hospital-based ambulance services, private companies, industrial and special operations settings, and in the military.