

# **OFCA Safety, Health, and Wellness Committee Report**

## **An Analysis of Ohio Firefighter and EMS Provider Behavioral Health Surveys**

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### **Ohio Fire Alliance**

The Ohio Fire Chiefs' Association (OFCA), Ohio Association of Professional Fire Fighters (OAPFF), and the Ohio State Firefighters Association (OSFA) collaborate on issues of mutual interest as the Ohio Fire Alliance. The Ohio Fire Alliance is a partnership between the Executive Committees of the OFCA, the OAPFF, and the OSFA and is the only platform that gives the three organizations' executive officers the opportunity to meet jointly for the purpose of mutual discussion. Since the three statewide groups wish to better understand the knowledge about, and prevalence of, behavioral and emotional health issues among EMS professionals and firefighters in Ohio, the three organizations chose to collaborate on this subject under the auspice of the Ohio Fire Alliance. The OFCA's Safety, Health, and Wellness Committee is comprised of members from each association making up the Ohio Fire Alliance.

### **Introduction**

Behavioral health and emotional issues among firefighters and EMS professionals have gained national attention in recent years. Regular exposure to traumatic events may contribute to behavioral health injuries including, but not limited to, burnout, depression, post-traumatic stress disorder (PTSD) (Stanley et al., 2018), even suicide (Stanley, Hom, Hagan, & Joiner, 2015). Stanley et al. (2015) reported firefighter suicide ideation nationally was 46.8%, suicide planning was 19.2%, and suicide attempts were 15.5%. In comparison, data suggest general population rates of suicidal ideation, planning, and attempts at 5.6—14.3%, 3.9%, and 1.9—8.7%, respectively (Martin, et al., 2017). Within Ohio, there have been at least 10 active or retired firefighters who have committed suicide since August 2017. For any reduction in firefighter/EMS provider suicide behavior, administrative, management, and supervisory personnel must be capable of recognizing and acting on behavioral health concerns.

Appropriately addressing behavioral health and emotional issues among Ohio's firefighters and EMS providers can only be achieved by understanding the problems and potential impacts of job-related exposures. Understanding contributes to collaboration and implementation of processes and/or procedures that can effectively address behavioral health concerns and may help prevent suicidal behavior among firefighters and EMS providers in Ohio.

The goal of this report was to present data that suggest behavioral health and emotional issues exist among Ohio's firefighters and EMS providers. The report includes information from a small 2016 survey. The 2018 survey was larger and also includes correlations to information offered by respondents.

### **2016 Survey**

In early 2016, the Ohio Fire Chiefs' Association (OFCA) and the Ohio Association of Professional Fire Fighters (OAPFF) partnered to solicit information from members of each association through an internally developed electronic survey. For this survey, the OFCA had 134 respondents and the OAPFF had 529. The survey instrument was developed by the OFCA Safety, Health, and Wellness Committee with three goals in mind:

1. To identify the level of awareness about behavioral health issues within each association;
2. To identify the prevalence of CISM use and effectiveness; and
3. The level of knowledge about available resources that can be used to assist with behavioral health issues.

Over 600 (OFCA:  $n = 134$  and OAPFF:  $n = 529$ ) firefighters and fire officers responded to the surveys.

**2016 Summary**

Results of the surveys illustrated that nearly 62% of OFCA membership did not feel they had the resources, awareness, or knowledge to manage a behavioral health issue in their fire department. Comparatively, over 80% of OAPFF membership felt their fire chief(s) did not have the training or resources to effectively deal with a behavioral health issue. In addition, nearly 43% of firefighters stated they had no or little confidence in their immediate supervisor to know about resources and/or how to access the resources for behavioral health issues. However, the above numbers seem to be in contrast with the use of critical incident stress management (CISM) teams (OFCA—77.1 and OAPFF—61.8%) or that CISM is not effective for behavioral health. The committee felt there were still unanswered questions from the 2016 survey. Therefore, the committee sought to complete another survey with the inclusion of more respondents and to reevaluate and improve on the questions from 2016.

**2018 Survey**

Using existing data from the 2016 survey, the OFCA's Safety, Health, and Wellness Committee wanted to expand the survey in 2018 to reach a wider audience of fire and EMS personnel in Ohio. For the 2016 survey, there were 663 participants from two state associations (OFCA and OAPFF). The goal of the 2018 survey was two-fold. First, we wanted to reach a wider audience and receive a greater number of survey responses to determine if answers reflected what was seen in the 2016 survey. Second, we wanted to better understand the problem and to continuously improve the resources we provide to our members, their families, and all first responders.

**2018 Summary**

The 2018 survey proved successful in gathering over 7600 responses, with 76.7% of the respondents representing the OFCA, the OAPFF and the OSFA. While the 2016 survey showed low confidence in the recognition of awareness, resources and the knowledge to manage behavioral health issues by supervisors. The 2018 survey revealed higher-confidence level in supervisors and managers to access mental health resource when needed. In the 2018 survey, questions were improved upon from the 2016 to identify issues that responders were experiencing. The 2018 survey top five signs / symptoms experienced by the 7,233 respondents answering this question were, 81.7% listed sleep disturbance, 57.9% depression, 48.4% listed unexplained anger, 47% social withdrawal and 37.6% loneliness. The 2018 survey shows that there is still work to be done, but also indicates that efforts to identify and improve on public safety behavioral health appear to be moving in the right direction.

### **2018 Overall Correlations**

With the assistance of Dr. Ken Yeager at the Ohio State University Wexner Medical Center, survey data were examined to determine correlations among various demographics of survey respondents. Correlations identified included:

- EMS/firefighters with 15 years' experience or more are more likely to know someone who attempted ( $\chi^2 = 38.3, p < .001$ ) or completed suicide ( $\chi^2 = 192.5, p < .001$ ).
- No significant difference found between the number of years on the job (<15 vs 15+) and the number of signs/symptoms experienced that are associated with behavioral health/emotional issues common among first responders ( $\chi^2 = 6.59, p = .08$ ).
- Those who know someone who has attempted suicide or died by suicide are more likely to list they have experienced more signs/symptoms associated with behavioral

health or emotional issues common among first responders ( $\chi^2 = 499.3$ ,  $p < .001$ ;  $\chi^2 = 249.8$ ,  $p < .001$ ).

- Having a higher number of signs/symptoms is associated with greater concern with first responder behavioral health/emotional issues ( $\chi^2 = 819.0$ ,  $p < .001$ ).
- Having a higher number of signs/symptoms is associated with lower confidence in supervisor/manager knowing about behavioral health resources ( $\chi^2 = 278.7$ ,  $p < .001$ ).
- Greater satisfaction with the CISM debriefing was associated with fewer signs/symptoms experienced ( $\chi^2 = 216.6$ ,  $p < .001$ ).

### **Next Steps**

After identifying results, correlations, and limitations, the authors contend that more work still needs to be completed. The following five action items were developed to help lead future research:

1. The creation of a document that offers mental health best practices for first responders.
2. Assess whether behavioral health and/or emotional issues are reduced through education (coping and/or resiliency training, etc.). The assessments can be achieved every three years when an individual recertifies with the State of Ohio as a Firefighter, EMR, EMT, AEMT, or EMTP, through a questionnaire.
3. Establish residency (e.g. inpatient treatment) and non-residency mental health services (e.g. partial hospitalization defined as eight (8) hours per day five (5) days per week and/or intensive outpatient treatment defined as three (3) hours per day, three (3) days per week) along with individual therapy sessions as appropriately determined by an agreed upon plan between the participant and care provider throughout Ohio for first responders suffering from behavioral health and/or emotional issues. Increasing peer support

networks and training applying evidence-based approaches (e.g. psychological first aid, cognitive re-framing, and motivational approaches) should also be strongly considered within each district of the state.

4. Conduct research to evaluate the differences and variables in behavioral health among firefighters and EMS providers in Ohio. At a minimum, factors should include gender, age, and socioeconomic variables.
5. Clearly differentiate between PTSD and Complex PTSD (C-PTSD) and how each affects first responders and the development of their mental health.

### References

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