



# BACK STEP TALKS

## Mental Wellness

DECEMBER 2021

On the morning of December 16, 2007, Salisbury Fire Department was alerted for an auto accident with entrapment on the edge of the territory during heavy rains. Soon after this incident was put under control an additional dispatch was received for a structure fire at 514 Jefferson Street. Already on the street by POV, I diverted to this call. Upon arriving, a 2.5 story wood frame was found with heavy fire from the C & D corners and venting through the roof.

I was told by the neighbors there was three occupants still in the residence, I transferred the command to the next arriving Chief. I had to attempt to get these people out. Armed with my portable radio and wearing only street clothes, the doors were checked and found locked. I took the window adjacent to the door and made entry, where I found the first victim. Good fortune brought two Salisbury Police Officers to the scene which were volunteers as well.

### This is My Story

They both assisted with patient removal and forced the front door. A second entry was made but we were pushed out by high heat and smoke. The second victim was eventually found an additional few feet into the doorway.

A neighbor advised me of the bedroom which the third victim should be located. At this time the apparatus responding was arriving and going to work. Command was advised and the third victim was quickly located and removed.

After answering many questions from the Fire Marshals Office, being wet, cold, and tired, the situation was surreal. After all my attempts, three people lost lives that night. The child happen to be the same age as my daughter. I remember not saying a word to my wife about any of this. To my wife and family this was just another event that Husband, Dad responds too. The only thing was the next morning I woke in bed curled up with my daughter.

At this time I had twenty-five years on the job and 22 years in the military. I was that tough guy. Within a few months I had a deployment to Afghanistan commanding a team of advisors.

Upon my return, I had changed. My wife, a Clinical Social Worker, had seen the changes as well. I eventually went for treatment and found out I had PTSD. Nearly 12 years after the incident my wife told me the changes started occurring after that fire. I would tell everyone it is okay to ask for help and talk about things. I was that tough guy and did not reach out until my family was impacted. Everyone deals with events in different ways. It took a quarter century of events for my cup to fill, others may take one event. I continue today, seeking new ways to managing my PTSD. Some days are good and some days are bad. Just remember help is just in the other room or a phone call away.

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# 127

The number of fallen firefighters through November 2021.

US Fire Administration

# 133

The *known* number of fire and EMS responders who committed suicide in 2019.

Firefighter Behavioral Health Alliance.

# It's Okay To Say I'm Not Okay

The pressures of life can be real. We each live with the pressures of family life, work, finances, relationships, and many other stresses that life puts us through. As fire and EMS responders, we compound these stresses by witnessing the loss of life and property. How each of us handle these stresses is different for each individual. Often, we think that we can hold the memories of these events back and keep moving forward. But for many of us, the stresses build up until the day that we can't handle it anymore. Traditionally, we held the belief that we were beyond these stresses and could handle any situation that we were confronted with. After all, we are a fearless breed; one that runs into situations that others run away from. When new members joined the company, they were told to "Suck it up, Buttercup" when confronted with a stressful situation.

Much has changed over the last decade with how we view our mental state of mind. We recognize that our occupation is both physically and mentally challenging and just as we now take better care of our physical health, more emphasis is being taken on our mental health. The time has come to take the next step forward and ensure that mental health awareness is incorporated into every fire and EMS training program.

When Jeff Dill founded the Firefighter Behavioral Health Alliance (FBHA), there was no organization collecting statistics on the number of first responder suicides. Through data collected by the FBHA, we have learned that the number of suicides each year far surpass the number of line of duty deaths. We must act now to reduce the number of suicides among first responders.

In 2016, Scott Geiselhart delivered a presentation at IAFC/VCOS's Symposium in the West on the effects of suicide in the fire service. Scott's story was personal as he shared his own experiences with PTSD and attempted suicide. The IAFC/VCOS Board of Directors took this as a challenge to bring awareness to the issue of emotional and behavioral health, with an emphasis on changing the culture of the fire and EMS services on how we view and handle mental health. Action by the VCOS Board of Directors resulted in the publication of the Yellow Ribbon Report.

Since the publication of the Yellow Ribbon Report, IAFC/VCOS has developed awareness level training programs that have been presented at countless venues across the U.S. Each of the other major fire service organizations, including the IAFF, the NVFC, and the NFFF, have developed

similar programs. Each of these organizations holds an interest in increasing the awareness level of first responders on behavioral health management.

First responders need to understand the effects of stress, recognize the signs of stress, and know where to go for help when they feel overstressed. They need to be able to ask for help without fear of being looked at by their peers as weak and unable to perform the job. It's time for each of us to perform an internal size-up of our own mental health and how we manage stress. Take the time to review the Yellow Ribbon Report and participate in a training program when it is offered near you. The next life you save may be your own. We have to understand that "It's okay to say I'm not okay."

## Want to Learn More?

I have had the opportunity to travel across the state and parts of the U.S. to deliver mental wellness awareness training. If your department would like to have me come out to a company drill to provide this awareness training, please don't hesitate to contact me. I charge nothing for this training as I believe strongly that an awareness of the mental stresses of what we do could possibly save a life. Contact Dave Lewis if you would like to schedule this training email: [DLewis533@comcast.net](mailto:DLewis533@comcast.net)

# Yellow Ribbon Report Action Statements

The key elements of the Yellow Ribbon Report include the following action statements:

- **Action Statement 1: During recruit school, emotional and behavioral health, as well as dealing with cumulative stress, must become integrated into the initial education.**
- **Action Statement 2: Fire departments need to become familiar with emotional and behavioral health issues and methods of reducing their impact on members.**
- **Action Statement 3: Education programs need to be developed for company officers, as well as cadets and chief officers. Access to this behavioral health education must become part of the professional development process.**

# The NVFC Share the Load Program

Most people are aware of the physical demands that emergency responders face. But it's just as important to recognize the impact on your mental wellness too. Behavioral health concerns often surface through signs of anxiety, depression, burnout, post-traumatic stress disorder (PTSD), and addiction. Emergency responders, company officers, and family members need to recognize these changes so that action can be taken to get the help needed.

The National Volunteer Fire Council (NVFC) was one of the major national fire service organizations that recognized the behavioral health issues that fire and EMS personnel face. The NVFC developed the *Share the Load* program to provide resources for first responders and their families on mental wellness. These resources are intended to increase the awareness of behavioral health issues and what actions need to be taken to reduce suicides among first responders. Some of the resources available through the NVFC's *Share the Load* program include:

- Directory of Behavioral Health Professionals
- Psychologically Health Fire Departments: Implementation Toolkit
- Share the Load Helpletters
- What to Expect: A Guide for Family Members of Volunteer Firefighters
- Suicide in the Fire and Emergency Services: Adopting a Proactive Approach to Behavioral Health Awareness and Suicide Prevention

These resources can be downloaded from the NVFC web site at <https://www.nvfc.org/programs/share-the-load-program/>

The NVFC has also teamed with the National Suicide Prevention Lifeline to provide immediate support to responders and their families. Should the need arise, do not hesitate to call the National Suicide Prevention Lifeline at 1-800-273-8255. This is a 24-hour helpline and counselors are trained on how to help individuals from all walks of life, including emergency responders

## Mental Health & Wellness Resources

**Suicide Prevention Lifeline:** 1-800-273-TALK (8255)

*Use the link below or open your smartphone camera and scan the QR code to the right.*

**Firefighter & Family Crisis and Support Line:**  
1-844-525-FIRE (3473)

**Yellow Ribbon Report**

**MIEMSS/SYSCOM:** 1-800-648-3001

<http://www.iafc.org/docs/default-source/1VCOS/vcosyellowribbon.pdf?>

**State of Maryland 24/7 Helpline:** 2-1-1

**The National Law Enforcement & First Responder Wellness Center**

Harbor of Grace Enhanced Recovery Center  
Havre de Grace, MD 21078  
443-502-8606

<https://harborofgracerecovery.com/first-responders/>

**NVFC Share the Load**

<https://www.nvfc.org/programs/share-the-load-program/>

**New Millennium Employee Assistance Services, LLC**

703-528-8033  
Arlington, VA

<https://nmeas.com/>

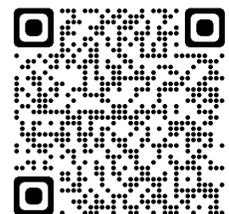
**NFFF Stress First Aid**

<https://www.everyonegoeshome.com/training/behavioral-health-training/stress-first-aid-sfa-firefighters-emergency-services-personnel/>

**IAFF Center for Excellence**

Upper Marlboro, MD  
301-358-0192 or 1-855-687-8877

<https://www.iaffrecoverycenter.com>



# Addressing Suicide and Mental Health Among the Ranks

Firefighter deaths by suicide have outpaced line-of-duty deaths (LODD) by 30% since 2013. There were 62 LODD deaths in 2020 unrelated to COVID; The American fire service has lost 80 brothers and sisters to suicide during this same time. People who commit suicide do so for a number of reasons, but depression and post-traumatic stress disorder are a very common cause. A 2018 study from the Ruderman Family Foundation found that firefighters suffer from these conditions at a rate five times higher than the general population. Recent reports have revealed that the suicide rate among firefighters is 18 deaths per 100,000 firefighters.

Mental health awareness has become a major topic of discussion and training for the fire service at the local, state, and national level over the course of the past decade. From formal Critical Incident Stress Management (CISM) debriefings to Peer Support teams, many organizations have taken the steps to help provide resources for their people when they are at their darkest moments. Job stressors such as traumatic calls, COVID burnout, holdovers, and long hospital wait times, combined with off-the-job stressors like rising living expenses, flat wages, and family obligations continue to take their toll on firefighters. Additionally, there is a high level of stigma associated with seeking out mental health treatment that creates hesitation for people to get the help they need.

What can we do, as chief officers, as company officers, as fellow firefighters, to prevent suicides among our brothers and sisters?

One of the most beneficial things we can do to prevent suicides is foster interpersonal relationships with our

personnel. Building a level of trust with our folks is paramount. We must practice active listening. We must build and maintain an awareness of the risk factors for suicide and be able to recognize the signs and symptoms someone may be contemplating suicide. There are many risk factors to help identify those at an increased risk for suicide: a diagnosed mental health disorder such as depression, bipolar disorder, schizophrenia, or anxiety; struggles with a substance abuse disorder; a history of traumatic injury or major illness; a previous suicide attempt; a family history of suicide; a recent loss of employment, finances, or relationship; a lack of access to health care, including mental health care; easy access to a lethal means; lack of social support; and persistent feelings of hopelessness or isolation.

When an individual exhibits certain patterns of behavior, they may have made the decision to attempt to take their own life. The International Association of Firefighters' Center of Excellence identifies ten warning signs that someone may be actively suicidal.

Possessing the knowledge of risk factors, as well as the signs and symptoms of an actively suicidal person, allows us to be able to help our folks out. Now is the time for a conversation with them, whether we initiate it, or they do. How can we engage with this person in a helpful and meaningful way with the best chance for a positive outcome? The Suicide Prevention Lifeline advises being direct with a suicidal person is best. Ask them, "Are you thinking of killing yourself?" If they reply "yes", ask them if they have a plan. Remain non-judgmental throughout the discussion, be supportive of them, show that you're

willing to be involved in getting them assistance, and actively listen to them. Acknowledge what they are telling you and provide verbal responses to what they are saying. Summarize their statements back to them to show that they have your full attention and that you're attempting to synthesize what they're saying. Be aware of your body language! Non-verbal communication accounts for 70 to 80% of how humans communicate, so our attempt to help this person can be undone by untoward posture. Finally, take action – remove access to suicidal modalities such as knives, guns, or medications. Offer alternatives such as Employee Assistance Programs and mental health services and get help from people or agencies that specialize in crisis intervention and suicide prevention.

Suicide is a permanent solution to a temporary problem or state of mental crisis. We can help effect change in the fire service's perception of mental health struggles by talking about them openly, acknowledging them, and then providing the best support possible for personnel suffering from them. We inherently have the belief we can fix anything – it's part of our job. We extinguish house fires, we extricate citizens trapped in cars after a crash, and we restart hearts with CPR. We do these things by possessing the necessary knowledge to perform them and we train on how to perform those actions. When it comes to mental health issues, we feel vulnerable because we don't have all the answers, and that's ok. In order for us to help our brothers and sisters struggling with mental health concerns, we must obtain the necessary knowledge and skills to have these difficult conversations and be aware of the resources available to help those in crisis.

# Chaplain's Role in Responders Well Being

Firefighters, EMTs, and Paramedics experience a wide range of difficulties, — emotional, physical, mental, social and spiritual — care must be given to them as a whole person. This article is about the significance of the presence of the chaplain within the mental health care team as it seeks to offer this holistic care.

The relationship of the spiritual to the total well-being of the responder is expressed well by Nelson (Reference Nelson and Legood [1999](#)) in her definition of spiritual needs:

‘The search for meaning may find expression in the ‘why?’ questions which are commonly asked in the context of illness, and which give voice to anxiety, anger, guilt, loneliness and other such difficult emotions. Such questions may express a need for acceptance, hope, forgiveness and love.’ (p. 77)

Although not suggesting that the chaplain is the only person concerned for responders' spiritual needs, I do argue here that acceptance of the chaplain within the emergency service health care team contributes significantly to holistic care. This is, I believe, for two main reasons. First, because the chaplain is involved in the world of spirituality and religious belief as well as in the world of mental health care, he or she is in the unique position both of being employed by the trust as a spiritual expert or advisor and of being seen by responders and department as a legitimate person with whom to raise issues of a spiritual, or more specifically religious, nature. Second, in a department or unit where many responders have difficulties in forming healthy relationships, a care

team that is seen, by its very make up, to have care of the whole person at its heart and is observed to have discussions, debates and even arguments among its members about matters physical, mental and spiritual can act as a model of a healthy relationship for the responders it seeks to help.

The care offered by the chaplain, reflecting on the example shown by Jesus, is known as ‘pastoral care’. The clearest definition of this is given by Lartey (Reference Lartey [1997](#)):

‘Pastoral care consists of helping activities, participated in by people who recognize a transcendent dimension to human life, which by the use of verbal or non-verbal, direct or indirect, literal or symbolic modes of communication, aim at... relieving or facilitating persons coping with anxieties. Pastoral care seeks to foster people's growth as full human beings together with the development of ecologically holistic communities in which persons may live humane lives.’ (p. 9)

As a fire department chaplain, with pastoral care as my purpose, my work is to help responders to discover meaning in their lives — meaning even within their distress/doubt — and to be alongside them as they ask the questions ‘why me?’ or ‘what have I done to deserve this?’, vent anger at the God they doubt exists and reflect on their lifestyle or share past hurts.

For those experiencing acute or enduring mental health problems, pastoral care on its own may not be sufficient. The fire department chaplain, however, when accepted as a

member of the care team, is able — because of his or her presence in the worlds both of spirituality and pastoral care and of mental health care — not only to contribute the pastoral care dimension to mental health care, but also to take an understanding of mental illness and mental health care into the local churches and other faith groups in which he or she is also accepted.

Not only is it important that the fire department chaplain is trained and experienced in both pastoral care and mental health care, but it is necessary also that he or she is self-aware enough to understand his or her motivation — with its personal, emotional and spiritual dimensions — and at ease with his or her own beliefs and theological understanding. The latter is essential if the chaplain is to be able to work constructively with responders of any faith, or of none, and to discuss mental health issues appropriately with members of the whole range of faith communities found in the emergency services today.

Such self-awareness within the chaplain is necessary to enable a continuing ‘inner dialogue’, as well as discussion with colleagues, about the relationship between the chaplain's training, experience, theological understanding and spirituality and his or her practical outworking in pastoral care. Theory and practice each influence the other, and the chaplain must be open to the influence that each has upon the other. In particular, it is likely that listening to the experiences of responders will challenge not only the theological

*Continued on Page 6*

## Chaplain's Role.....

*Continued from Page 5*

assumptions of the chaplain but also those of religious traditions. The chaplain must take care of themselves and have a support network of their own to rely on and share with to remain grounded in their faith and work.

Acceptance of the aim of working together to offer holistic care means accepting the skills and insights that each professional brings. Where the chaplain is part of the mental health care team, it becomes possible to discuss the spiritual dimension of caring in a more informed way. With the meeting of spiritual needs recognized as part of the necessarily holistic care offered to responders, such working and sharing together within the multi-disciplinary team should be welcomed and encouraged.

## Maryland 2-1-1

211 Maryland is a simple, memorable phone number for Marylanders to connect with essential resources throughout the state. It is a free and confidential service that enables individuals with unmet needs a one-stop access point instead of having to navigate through the sometimes-confusing maze of health and human service agency phone numbers, websites, and community resources. "211, Press 1" is an extension of 211 Maryland that provides immediate access to a trained specialist in suicide prevention, opioid crisis intervention, and mental health assistance. Trained specialist are available to help with depression, anxiety, mental health concerns, thoughts of suicide or self-harm, and substance and opioid abuse.

## Warning Signs

These are warning signs of someone considering suicide:

- **Stating they feel like they are a burden or feel a lack of belonging**
- **Calling people to say 'goodbye'**
- **Giving away personal or sentimental possessions**
- **Abandoning social, occupational, and daily activities**
- **Drastic changes in sleep patterns, substance use, and overall mood**
- **Expressing feelings of hopelessness**
- **Feeling like they have no reason to live**
- **Expressing desires of wanting to die**
- **Relaying their feelings of unbearable pain**
- **Developing or researching a suicidal plan**

At the kitchen table or in the bunk room, if you notice a change in an individual's behavior or mood, be on the lookout for these five warning signs of PTSD:

- **Isolation from Others**
- **Disturbed Sleep**
- **Increased Irritability**
- **Decreased interest in significant Activities**
- **Self Destructive Behaviors**

Sometimes, it's easier to recognize PTSD in others rather than ourselves. If you are experiencing any of these five hidden warning signs of PTSD, take action.

- **Intrusive Memories of thoughts of a traumatic event**
- **Avoidance of thoughts, feelings or external reminders of the event**
- **Feelings of numbness**
- **Hypervigilance or exaggerated states of fear**
- **Persistent, negative beliefs about yourself and the world.**

## MIEMSS Offers 24/7/365 Counseling Services

The MIEMSS State Critical Incident Stress Management (CISM) team assists EMS, Fire, Law Enforcement, Dispatch Centers, and other responders in mitigating and responding to the normal emotional and psychological effects experienced following stressful responses and critical incidents. The team is made up of volunteer peer support and licensed mental health personnel who have been trained to

assist responders in dealing with normal reactions to abnormal events. Communications with the team are voluntary and confidential.

The team is organized by MIEMSS EMS Region with a regional coordinator and local team members in each region. The MIEMSS CISM team covers much of Maryland, however many larger Fire, EMS, and Law

Enforcement departments have their own local CISM teams. If you are covered by a local team, you should consult your team for information on how to request assistance.

If you need assistance as an individual or a department, call EMRC/SYSCOM at 1-800-648-3001. They will direct the resources needed to assist you in your time of need.