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## Surviving the Stigma: Incorporating Mental Health Literacy to Increase Help-Seeking in California First Responders

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**Surviving the Stigma: Incorporating Mental Health Literacy to Increase Help-Seeking in  
California First Responders**

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A Capstone Project submitted in partial fulfillment of the requirement for the degree of Master of  
Public Health

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### **Abstract**

First responders are at risk of developing mental health problems due to repeated exposure to traumatic incidents, increasing their chance of developing Post Traumatic Stress Disorder, substance abuse, suicidal ideation, and suicide. Unfortunately, first responders do not recognize that they may have a mental illness and are reluctant to seek help. This paper will discuss the prevalence of mental health problems among first responders and the barriers to their help-seeking. These barriers include the stigma around mental illness within the culture, the assessability of professional help, and the lack of mental health literacy regarding their well-being. Further discussion will focus on California prehospital medical care personnel, which includes emergency medical technicians, paramedics, and firefighters. Current interventions for these first responders will be explained at policy, organizational, interpersonal, and individual levels. Recommendations to improve the intervention will follow. Increasing mental health literacy through education from the start of first responders' training and throughout their careers will reduce stigma, manage mental issues, and increase help-seeking.

*Keywords:* first responder, emergency medical technician, paramedic, firefighter, mental health, stigma, mental literacy

## Introduction

Emergency 911 calls are made daily, and first responders (FRs) are dispatched to the scene. What the job entails can be as simple as taking someone's loved one to the Emergency Room (ER) because they are not feeling well to arriving on the scene to a 17-year-old shot in the head. Sadly, FRs are exposed to horrific scenes frequently, sometimes multiple times a day. It is estimated that over 80% of FRs have experienced a traumatic incident while on the job (Klimley et al., 2018). As a result, it puts them at risk of developing mental health (MH) problems, like Post Traumatic Stress Disorder (PTSD), substance abuse, suicidal ideations, and Suicide (Jones, 2017; Klimley et al., 2018; SAMHSA, 2018; Evans et al., 2022). Unfortunately, FRs do not recognize that they are at risk of developing MH problems and are reluctant to seek help (Jones et al., 2020).

The culture of FRs is never to show vulnerability and remain strong. There is already a stigma in the general population around MH, intensified within the culture of FRs. This way of thinking has become a barrier for those seeking professional help. Many qualitative interviews revealed that FRs feared being criticized and possibly losing their job if they admitted to having a MH problem (Erich, 2014; Jones et al., 2020; RAND, 2021; UOP, 2018). Part of the stigma is not having proper education and knowledge of MH, the impact it will have on the FRs, and the process of seeking help (Erich, 2014; Jones et al., 2020; Thews et al., 2020; Krakauer et al., 2020; Quigley et al., 2021).

This paper will discuss the prevalence of MH illnesses among FRs and the barriers to their help-seeking. The term FRs is comprehensive to anyone whose job is responding to emergencies. These include emergency medical technicians (EMT), paramedics, firefighters,

police officers, 911 dispatchers, and ER personnel. However, for the literature on interventions and recommendations, the paper will focus more on the occupations that deal with prehospital medical care, like EMTs, paramedics, and firefighters in California. The recommendations aim to make help-seeking more accessible, manage MH illnesses like PTSD, reduce the risk of substance abuse, and save lives by preventing Suicide.

### **Background**

FRs are at significant risk of developing MH illnesses from repetitive exposure to occupational trauma exposure (Jones et al., 2018). In this occupation field, there is no avoiding trauma exposure. The main problem is that FRs are not seeking professional help for their MH and can develop long-term MH illness when they do not seek help. From the literature, the most discussed MH disorders among FRs are PTSD, substance abuse, and Suicide (Jones et al., 2017; SAMHSA, 2018). According to the Substance Abuse and Mental Health Services Administration (SAMHSA), research estimated that 30% of FRs develop MH illness, compared to the general population at 20%. In a study of (n=220) that included firefighters, paramedics, and EMTs, 26% had symptoms of PTSD, 31% reported unsafe alcohol use and dependence, and 34% were at high risk for Suicide (Jones et al., 2018). Another study reviewed the occupation of those who died by Suicide in Arizona. The Vital Statistic Information Management System Electronic Death Registry was analyzed to determine Arizona's statewide mortality odds ratio of Suicide among FRs and non-FRs. The timeframe was six years, and out of 350,998 deaths, 7,838 were categorized as Suicide. The results concluded that 5.2% of the suicides were FRs, compared to 2.2% of suicides that were non-FRS, placing FRs at 1.39 times more likely to die from Suicide than the general population (Neil et al., 2019; CDC, 2021).

## **Barriers to Help-Seeking**

### ***Fear Around Stigma***

Barriers to why FRs do not seek help have to do with the stigma within the culture, where standards of strength and resilience are held high. Conversely, where one shows emotions, it is labeled as a weakness (Jones et al., 2020; Quigley et al., 2021). In an article published in EMS World called *Earlier than too late: Stopping stress and Suicide among emergency personnel* by John Erich, interviewees discussed that if a FR asked for help, they were bullied or harassed by their peers, "Once we put this uniform on, we're expected to act a certain way: Be strong. Don't show weakness. Don't be the weak link of the company—we can handle problems on our own" stated by one of the interviewees. It was showing that stigma in the culture is prominent and is contributing to the lack of seeking professional help (Erich, 2014; Jones et al., 2020; Thews et al., 2020; Krakauer et al., 2020; Quigley et al., 2021). University of Phoenix's Annual First Responders survey reported that 57% of FRs would worry about repercussions if they were to seek professional help (2019). Other examples that show stigma included a study that looked into perceived barriers to seeking help in the fire services. The study surveyed (n=314) firefighters; a little under 60% reported they would be ashamed about having an MH condition, and about 45% feared losing their career. It was also stated that they thought they would be labeled as an unfit firefighter and, in turn, "letting their fellow fighters down" (Thews et al., 2020).

### ***Mental Health Knowledge***

These findings suggest that part of the stigma correlates with the lack of MH knowledge, being unaware of the prevalence of MH illness within the occupation, the process of seeking help, and signs and symptoms of illness (Jones et al., 2020; Thews et al., 2020; Krakauer et al.,

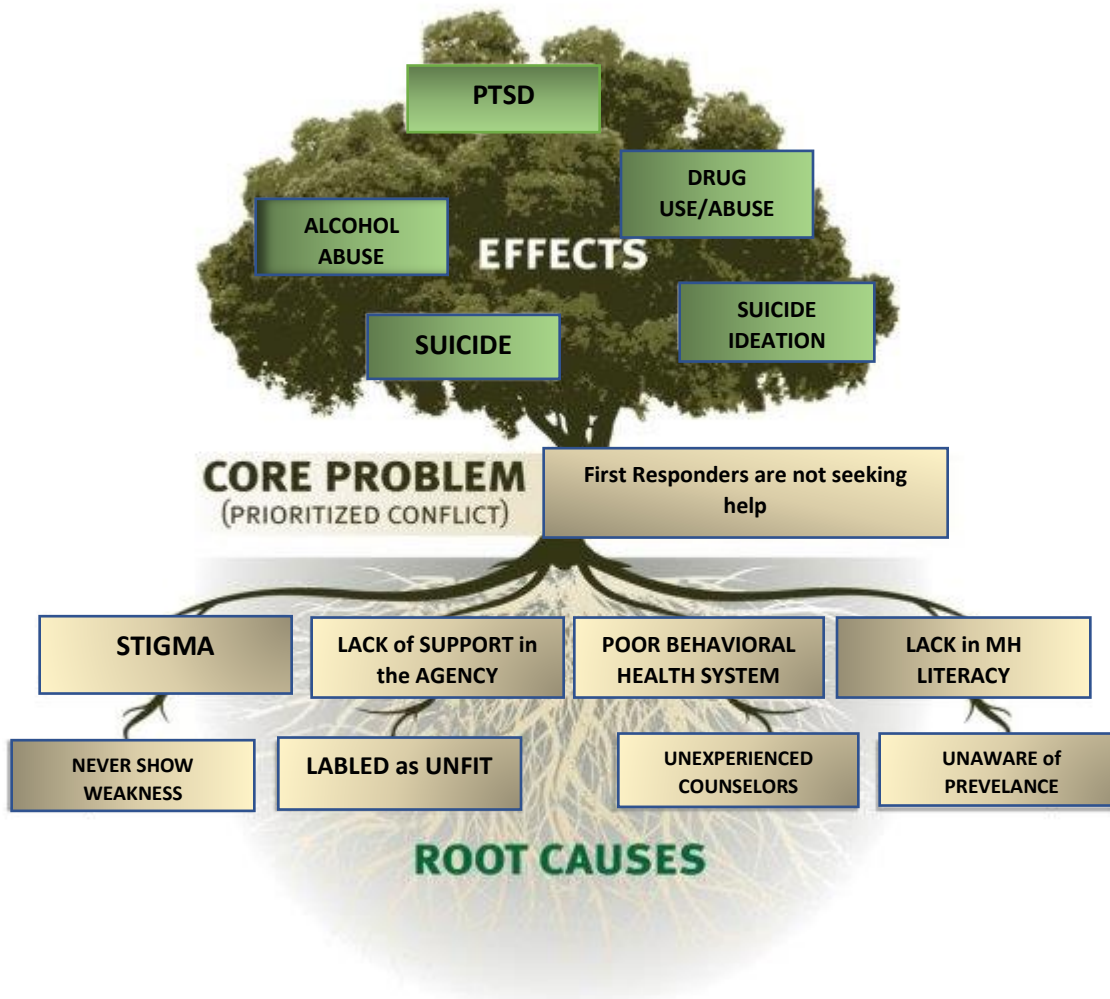
2020; Quigley et al., 2021). Our FRs know what to do when caring for a patient who may be experiencing a mental illness but is unaware of how to manage when it is themselves. A Canadian study found that increasing MH literacy reduces stigma, increases the management of mental illness, and increases the willingness to seek help among FRs (Krakauer et al., 2020).

In another study that used qualitative data, and interviewed (n=32) FRs from different departments across Arkansas state, including firefighters, paramedics, and EMTs, all participants stated that lack of knowledge in MH was a barrier to seeking help. In the interviews, FRs wanted to know more about prevalence, signs, symptoms, when to seek help, what resources are available, and the benefits of seeking help. This same study asked the FRs, "Why do you not seek help." Again, the top reasons were that they "Can't show weakness" and that there needs to be a culture change (Jones et al., 2020). Figure 1 is a problem tree showing the effects of FRs not seeking help and the root causes.



**Figure 1**

*Problem Tree to First Responders, not Help-Seeking*



### **At-Risk Population**

California prehospital medical Care personnel, including EMTs, paramedics, and firefighters, are an at-risk population. The California Department of Public Health found that in 2017 there were over 4300 suicides in the state, costing the state just about 5 million dollars. No published data could be found on the percentage of those deaths being FRs, but from the literature, FRs are an at-risk population for Suicide. Additionally, according to the California

labor market, EMTs and paramedics expect to increase by almost 11%, estimated at 1,800 jobs, and an increase of 3.9% for firefighters (EDD/LMID, 2020). With the rise in these FRs' occupation and barriers to MH support, it is a public health concern to reduce stigma, increase help-seeking, and reduce Suicide among this population.

## **Current Interventions**

### ***Policy Level: Firefighter Peer Support and Crisis Referral Services Act***

Governor Gavin Newsom signed the California Firefighter Peer Support and Crisis Referral Services Act (AB 1116) in October 2019. This act allows any local, regional, or state fire agency to establish a peer support and crisis referral program. Peer support programs have selected individuals—those with experience and knowledge of emergency medical services (EMS)—trained to assist their peers when help is needed (Jones et al., 2020).

### ***Peer Support***

The peer support approach is familiar within the FRs' agencies and is implemented following a severe incident or an emergency disaster, known as *Critical Incident Stress Debriefing* (CISD). CISD is a group setting with peers that include some MH education, with a brief discussion on the stress reactions that may occur following the incident, and the debriefings are informal or formal (Harris et al., 2002; Jeannette et al., 2008).

### ***AB 1116***

This huge push to have AB 1116 passed was because California FRs expressed that there was no significant support for MH within their departments. When they got help, they feared confidentiality and encountered MH professionals who did not have the knowledge or skill set to deal with FRs (Quigley et al., 2021). With the new policy, FRs do not have to wait for an incident to occur to have help. Instead, AB 1116 allows for an agency-wide network of trained

and skilled peers supporting fellow FRs and their families. Figure 2 shows the help-seeking process for FRs through the AB 1116 policy. It also shows the process of FRs if they go to their primary care physician (PCP) for help.

**Figure 2**

*The Process of Help-Seeking Through Policy AB 1116 and the Process of going to PCP*



***Organization Level: National Emergency Medical Services Education Standards***

Before becoming a paramedic or firefighter, one must become a certified EMT. At an organizational level, The National Registry of Emergency Medical Technicians (NREMT) and

the National Highway Traffic Safety Administration (NHTSA) set the required guidelines through the National Medical Services Education Standards. Accredited EMT training program develops their curriculum following these guidelines. Before the published 2021 updated standards, a brief section was discussed on the well-being of the FRs, *Workforce, and Safety Wellness* (NREMT). The main topic included types of stressors, stages of grief, and substance use—the revised EMS education standards emphasize the MH of FRs. These sections are called *EMS Safety, Wellness, and Resilience*, which cover crew resource management, stress management, prevention of work-related injuries and illnesses, responder's mental health, resilience and suicide prevention, and wellness principles (NREMT, 2021).

### ***Interpersonal and Individual: California FIREScope***

At an interpersonal level, there are many resources for FRs to reach out to, such as Firefighting Resources of California's Organized for Potential Emergencies (FIREScope). FIREScope is a part of the California Governor's Office of Emergency Services and is the statewide communication hub for all levels of rescue and fire (FIREScope, 2022). FIREScope is an excellent resource for FRs because it has a behavioral health section that intends to make it easier for FRs and their families to seek help. In addition, there is a wide range of resources and direct links to information on accredited websites that can be used to help manage a FRs' mental well-being. For example, the section *Suicide Prevention* gives the suicide crisis number and information on the prevalence of Suicide among FRs. Also, a resource for the families is a direct link to a *First Responder Support Network*, information on where to find help, and awareness of the stigma in the culture. Finally, for individual interventions, the FIREScope website has screening tools for self-evaluations and questionnaires to analyze if one is suffering

from an MH disorder. This tool is handy for those who are hesitant to admit that they may have an illness.

### **Methods**

A literature search was conducted using CINAHL, APA PsychInfo, Health Source: Nursing/Academic Edition, and PubMed. Search strategies included a combination of keywords and multiple terms describing FRs (first responders OR emergency responders OR firefighters OR emergency medical technician OR paramedic OR emergency services personnel OR police), MH (mental health OR behavioral health OR mental illness OR mental health problems OR posttraumatic stress disorder OR substance abuse OR suicide), MH stigma, and MH literacy. The search was limited to the English language, research studies, and other literature reviews with publication dates (2014-2022). The criteria for inclusion were data-based articles and addressed MH of FR. Also, research literature and data through government-funded websites, including the Centers for Disease Control and Prevention (CDC), U.S. Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), National Registry of Emergency Medical Technician (NREMT), RAND Corporation, California Employment Development Department, California Governor's Office of Emergency Services, and California Legislative Information. The exclusion was academic articles focusing only on police officers.

### **Recommendations**

#### **Adding EMTs and Paramedics to AB 1116**

Passing AB 1116 is an excellent start to getting the support firefighters need, but it does not include EMTs and paramedics. The policy research study by RAND Corporation evaluated

MH illnesses among different occupations of FRs. The study included firefighters, EMTs, paramedics, police officers, and security officers. They found that paramedics and EMTs encountered more trauma incidents than firefighters and had a higher rate of MH illnesses (2021). Of course, not all EMTs and paramedics are firefighters, but the same amount of support is needed.

Adding EMTs and paramedics to the policy would first require forming partnerships with stakeholders, especially organizations that advocate for them. These organizations include but are not limited to the California (CA) Ambulance Association, Emergency Medical Services Authority (EMSA), Emergency Medical Services Administration Association of CA, and CA Rescue and Paramedic Association. Implementation would include collaborations between organizations, with scheduled quarterly meetings, discussing and designing a plan of action. Establishing a professional relationship with someone in the senate would be beneficial, particularly someone who had supported FRs in the past, like assembly member Timothy Grayson of District 14—one of the prominent supporters of AB 1116 (2019). Relaying the results from the RAND Corporation study to Grayson, showing that EMTs and paramedics are more likely to develop a mental illness than other FRs (2021).

### **Peer Supporter as a Guest Speaker**

The change in the EMT educational standards of adding more education on MH was initiated by the increase of FR reporting suicidal ideation and that suicide rates being higher than that of the general population (Neil et al., 2019; CDC, 2021). In addition, increasing MH literacy helps reduce stigma and manage MH (Krakauer et al., 2020). But the newly revised education standards do not cover how to seek help, and part of the barriers that FR reported was that they

did not know the process or where to look for help (Jones et al., 2020; Quigley et al., 2021). EMT program instructors have the minimum educational standards they must cover and can arrange the curriculum how they see fit for the comprehension and understanding of each section. It is recommended that EMT program instructors spend more time in the curriculum to go over where to seek help, the process, and what resources and programs are offered in that area. Implementation could have multiple ways of informing the instructor to take this approach. A feasible way would be to have a local peer supporter come in as a guest speaker and discuss the importance of MH, the well-being of FRs, and where they can find help.

### **Increasing Mental Health Literacy for Families and Friends**

The FIRESCOPE is an excellent website with easily accessible resources for FRs and families for education on the stigma within the culture and ways to seek help. Unfortunately, it falls short of providing ways a family member can directly help FRs. SAMHSA has suggested training in MH First Aid to help improve MH literacy and increase resilience and confidence (2018). MH First Aid is a course that teaches an individual how to identify, understand, and respond quickly to the signs and symptoms of an MH illness and substance use disorder—giving the trainee the confidence and skills to reach out and support those suffering (National Council for Mental Wellbeing, 2022). To improve FIRESCOPE'S support to FRs' families would be to set up a link that connects families on where they can have training in MH First Aid and the benefits of being prepared. In an Australian study that placed (n=37) family members of veterans in an MH First Aid program, results showed a significant improvement in making contact with the veteran, talking with them, and providing them with help (Evans et al., 2021).

Not everyone knows about FIRESCOPE and the MH First Aid program, so getting the information out is critical. Therefore, an infographic will be created that will contain information that will include the prevalence of MH illness in the FRs' population, brief facts on signs and symptoms, and promote MH First Aid course for them to take, as well as the benefits of completing it. There are many ways to deliver the infographics, which include mailing them out to the person named as the FR's "emergency contact," making them assessable by placing them in the departments or agencies, and formatting them in creative ways, like adding a magnet to the back, which will allow placing it on a refrigerator, where it can be seen multiple times a day. The task of putting the infographic together and coordinating the distribution will be for the peer supporters. They have already shown their dedication to the mental well-being of FRs and would be the perfect candidate for communicating the information.

## **Discussions**

### **Implications**

PTSD has been linked to an increase in the likelihood of developing a substance abuse disorder in the general population and higher among FR. If untreated, it can lead to suicide (SAMHSA, 2018; Bonumwezi et al., 2022). A study of (n=788) participants who were firefighters, EMTs, and paramedics, showed that there was a positive correlation between PTSD, alcohol and substance use PTSD symptoms ( $t(974) = 3.58, p < .001$ ), alcohol use ( $t(977) = 3.41, p < .001$ ), and substance use ( $t(977) = 2.18, p = .029$ ) (Bonumwezi et al., 2022). In another study that discussed the prevalence of psychiatric symptoms among FR (n=220), 1 in 4 FR had symptoms of the PTSD criteria, and 1 in 3 was at risk for suicide (Jones et al., 2018). The recommendation of adding EMTs and paramedics to the AB 1116 policy, increasing MH literacy



among FR and family members, and making seeking help more accessible will help manage PTSD, reduce the possibility of alcohol and substance use, and saves lives by preventing suicide.

### **Limitations**

Limitations to the recommendations regarding AB 1116, even with the availability of funding to incorporate a peer support and crisis referral program within the agency, departments would have to find personnel willing to go through training and be the person FRs can reach out to for help. Ways to help promote one to be a peer supporter is to allow FRs to have the chance to certify in the peer support training program but not feel obligated to be the designated person when a fellow FR is in need. Another setback is convincing the EMT faculty to emphasize the importance of MH education in the program. Some may feel that other parts of the curriculum are more critical and require more attention. To help persuade the instructor, have local peer supporters talk to the instructor and discuss the best approaches to educating the students. Also, for the recommendation of training friends and family in the MH First Aid, limitation includes the willingness to do the class, and there is a possibility that the FRs may not have support outside of the department. Finally, sending the infographic home or sending it by mail risks the chance of it being something being ignored and possibly thrown away. Departments or agencies can include a framed infographic that is enlarged and posted on a bulletin board or placed in the bathroom or breakroom.

### **Future Indications**

For more general purposes, increasing MH literacy prevents long-term MH problems. Ways to incorporate this into the FRs' culture would be making MH First Aid a required course before starting the EMT program. Before an EMT becomes a paramedic or firefighter, they will

experience a traumatic incident, and having the skill sets from MH First Aid will help them manage their mental state. Also, make it a required continuing education credit for recertification for those already working as FRs. According to SAMHSA, participating in a program like this increases self-efficacy, reduces stress and improves job performance (2018).

### **Conclusion**

For FRs, there are no avoiding traumatic incidents, but there are ways to help them manage their response to these experiences. Unfortunately, the occupational trauma they endure puts them at risk of developing MH problems, like PTSD, substance abuse, suicidal ideations, and suicide (Jones, 2017; Klimley et al., 2018; SAMHSA, 2018; Evans et al., 2022). The core of the problem is that FRs do not recognize that they are at risk of developing MH problems and are reluctant to seek help (Jones et al., 2020). This paper aimed to show the prevalence among the FRs population and the barriers that keep them from seeking help. They have expressed the stigma within the culture and how one cannot show weakness, the lack of MH professionals who do not have the knowledge or skills to treat an FRs, and the lack of MH literacy regarding their well-being. Further into the paper narrowed information to California's prehospital care personnel, which include EMTs, paramedics, and firefighters, and discussed the current interventions. Recommendations of adding EMTs and paramedics to the AB 1116 policy for the same support as firefighters, emphasizing MH in the EMT curriculum, and incorporating MH First Aid to friends and family will help with the willingness to seek help, manage PTSD, reduce the possibility of substance use, and prevent suicide. FRs' culture requires a change and starts by educating them from the start of their training and throughout their career.

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## Appendix



**Inventory of Competencies in Capstone paper  
and Health Professions Day presentation**

**MPH Foundational Competencies**

Foundational Competency	Description of how used for Capstone
<b>Evidence-based Approaches to Public Health</b>	
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	Navigated through search engines like PubMed, CINAHL, APA PsychInfo, and Health Source: Nursing/Academic, using a mesh of keywords like FRS, EMT, paramedics, firefighters, MH, stigma, MH disorders/illnesses
4. Interpret results of data analysis for public health research, policy, and practice	Researched quantitative and qualitative data on the prevalence of MH illnesses within the FRS population. Interpret the findings that stigma was a contributing barrier to seeking help.
<b>Planning &amp; Management to Promote Health</b>	
7. Assess population needs, assets and capacities that affect communities' health	Researching on what FRS needs in regard to MH, what interventions are being done now, and what abilities they can improve.
9. Design a population-based policy, program, project or intervention	Analyze the EMT education standards guidelines. Made recommendations for the curriculum for MH of FRS.
<b>Communication</b>	
19. Communicate audience-appropriate public health content, both in writing and through oral presentation	Outlined, drafted, and finalized Capstone paper, including a literature review, recommendations, and implications on a current public health problem. Created a slide deck based on the Capstone paper and delivered an oral presentation at Health Professions Day in front of an interprofessional audience.

**Health Policy Leadership Concentration Competencies**

<b>Competency</b>	<b>Anticipated FW Activity</b>
3. Formulate efficient health policy change recommendations through the analysis of proposed health policy initiatives that could affect health outcomes of vulnerable populations	Policy analysis on AB 1116. Research on data concluded that EMTs and paramedics have more occupational trauma and MH illnesses. Based on that, recommendations for the policy included adding EMTs and paramedics so that they can receive the same peer support as the other FRS occupations.

