**National EMS Advisory Council Committee Reporting Template** DRAFT/INTERIM/FINAL

**Committee**: Profession Safety

**Title**: Mental Health and Wellness for the EMS Provider and their Partners in Public Safety

1. **Executive Summary**

The high-stress working environments take an overwhelming mental, emotional, and physical toll as chronic exposure to traumatic events and critical incidents increases the risk for post-traumatic stress and other stress-induced injuries. The need for mental health illness as a result of job-related activities has created the need for organizations, agencies, and/or employers to provide benefits covered under workers compensation. Work related injuries are required by state laws to provide coverage to employees, even volunteer agencies in most states are required to provide coverage for its volunteer members. The lack of coverage for mental illness as a result of PTSD could put the provider and/or customer in harm’s way.

Awareness of mental health concerns in the EMS and Public Safety Provider workforce has increased significantly in recent years. However, the range of issues, the disciplines involved, and possible solutions have not been well defined. In February 2016, The National Emergency Medical Services Management Association (NEMSMA) published a white paper outlining the current state of mental wellness of EMS. The report identified the current problem for the EMS workforce in the United States, as well as recommendations based on a national survey that included 4,021 responses from EMS providers in all 50 states. This report serves as a foundation for this recommendation to create mental health awareness as a priority for NEMSAC. The need for federal stakeholders and lawmakers to recognize and pass legislative language to include Mental Health Illness due to job related performance/function as a disability to be covered under workers compensation for EMS Providers. One approach to better delineate the gaps between concerns and solutions would be a national summit and goal directed workshop to provide direction and a coordinated path with milestones to direct progress by both federal and external stakeholders.

1. **Recommended Actions/Strategies:**
2. The NEMSAC recommends that the NHTSA convene and fund a summit on the subject of EMS provider mental health and wellness, inviting federal and nonfederal stakeholder experts from EMS, public safety, military medicine, and mental health, as well as nontraditional partners such as public health and social work representatives. International guests representing organizations that are, or have, addressed this issue in their home countries, should also be asked to participate. The Global Paramedic Leadership Alliance (GPLA) has held two international conferences on this topic over the last two years. Upon conclusion of the Summit, NHTSA shall take the lead to direct and implement the action items produced during the Summit. The goal of the meeting should be to outline and determine how to subsequently address the major issues and challenges in provision of provider mental health resources including suicide prevention.

Summit topics should include at least these 7 key areas:

1. Identify key EMS stressors (internal and external)
2. Provider Fatigue (sleep/work schedule, shift length, rest intervals)
3. Intentional injury
4. Formal EMS and Public Safety Providers Support Programs (Employee Assistance Programs, Critical Incident Stress Management, Peer Support, and other stress coping mechanisms and up to professional Mental Health Care).
5. Collaborate with other mental health organizations to create a confidential national dataset to identify provider mental health illnesses and best practices to improve career longevity.
6. Resiliency training for providers before they enter the profession and throughout their career
7. Training for mental health providers who specialize and understand EMS specific issues and specific training for providers utilizing evidenced based guidelines and mindfulness skill strategies.
8. The NHTSA develop an educational program to inform federal and non-federal EMS stakeholders on the appropriateness to include Mental Health Illness due to job related performance/function a disability covered under workers compensation for EMS Providers.
9. NEMSAC recommends that a data collection system in conjunction with the Advisory titled: *NHTSA office of Emergency Medical Services as a Central Repository for all EMS Provider Safety and Wellness Data* be utilized for EMS provider mental health reporting.
10. **Scope and Definition**

There is an overarching need to better describe both the mental health and wellness components of the EMS profession. EMS providers are subjected to stressful patient encounters, the impact of shift work, and job-related risks to their physical health. These stressors can result in secondary trauma, contribute to substance abuse/substance use disorder, and can lead to the development of post-traumatic stress disorder (PTSD) or eventual suicide. These negative consequences have a relatively high incidence in EMS providers. Addressing this issue should be considered vital not only to preserving the mental health and wellness of the individual provider, but also to preserving and maintaining a resilient and experienced workforce, which is of national importance, and even more crucial in rural and remote areas.

On January 30, 2013, NEMSAC adopted a recommendation on Fatigue in Emergency Medical Services. Out of the three recommendations, the National Highway Traffic Safety Administration (NHTSA) Office of EMS funded a research project through the National Association of State EMS Officials (NASEMSO) to clarify the evidence linking EMS provider fatigue and safety and health outcomes of patients, providers, and the public. This was the first step in identifying the need for mental health support among EMS providers.

However, topical ignorance about this subject and solutions to mitigate the problem remain, and a broad stakeholder group from within the EMS, Public Safety, mental health, and relevant communities would be beneficial to better define areas of opportunity to channel future efforts and plot a cohesive path forward.

Information gleaned from EMS provider story submissions from the Code Green website regarding the mental health of EMS and Public Safety providers include:

* + Many providers are struggling with mental health disorders
  + Many providers have attempted or successfully committed suicide
  + There is inadequate support to assist providers in seeking treatment, potentially compounded by the desire not to appear weak or inadequate
  + There is a paucity of organizations promoting awareness specific to EMS and Public Safety providers
  + Further guidance is needed for organizations to promote treatment specific to EMS and Public Safety providers
  + There is fear of provider stigmatism if assistance or treatment is sought
  + There is lack of professional training to identify secondary trauma, PTSD, mental fatigue, and/or depression
  + There is a link to substance abuse as a method for provider relief from secondary trauma and to mitigate stress

1. **Analysis**

Currently, most EMS and Public Safety agencies rely on outside resources to provide mental health support. There is a pervasive lack of adequate general mental health resources, and the problem is further magnified in rural communities. In rural areas, there remains a significant volunteer EMS presence, where identification of need for support and institutional ability to provide it may be absent or rare. There remains a stigma on providers who seek mental health support, which can negatively impact advancement opportunity.

According to the NEMSMA Mental Health and Stress in EMS report, a high percentage of EMS providers work in an organization where they do not feel supported by their peers or management with respect to their concerns surrounding mental wellness. Providers who had not been encouraged to use formal support were more likely to have contemplated suicide. With an increased rate of suicide amongst EMS and Public Safety providers, and a general lack of support from administrators (according to frontline staff), providing an assessment tool or tools that can be used locally to gauge the mental health and wellbeing of EMS and Public Safety providers is of paramount importance. Additionally, availability of acute resources for those that wish to seek support should be a mandatory requirement. A portion of the nation’s EMS providers are provided disability benefits (other than SSI) by a private pension, state pension, or disability insurance policy (short term-6 months or less and/or long term >6 months).

The suicide rates among EMS providers are ten times the national average (Newland, 2015), so early recognition and treatment of depression is essential. EMS providers work in an environment with an expectation to accept hardship and internalize it; and this contributes to preventing providers from seeking needed help.

The continued increase in complexity of medical care in EMS and Public Safety results in a loss of workforce due to mental health impairment. It is increasingly difficult to replace both the basic knowledge, but more importantly the experience of practice, when a provider is lost. In August 2016, the Federal Interagency Committee on EMS (FICEMS) published a statement on *Mental Health and the Public Safety Community*. According to FICEMS, “Federal partners involved in emergency services, through FICEMS and other organizations, should collaborate to provide recommendation and guidance to State and local agencies, and the emergency services community, to support individual’s mental and behavioral health.” (FICEMS, 2016) The current advisory recommends that FICEMS take this recommendation to the next level.

1. **Strategic Vision**

Supporting and providing education to de-stigmatize EMS and Public Safety provider mental health concerns will help to maintain the current workforce. There must be acceptance that the mental health burden that is placed on the provider is to be expected in the profession. Utilizing resources already developed, such as *Emotional Trauma Life Support (ETLS)*, the initial and continuing education of EMS and Public Safety Providers should include integration of resiliency strategies, stress and fatigue management techniques, and training in early recognition of signs of secondary trauma, depression, suicide ideation, and other mental health issues in themselves and their colleagues. Knowing that all providers will have a sense that their mental illness will be recognized as an occupational injury and treated as such.

EMS and Public Safety agencies and providers shall:

* + Be trained to recognize the warning signs of depression and/or behavioral illness leading to suicide and to learn suicide crisis intervention.
* The individual seeking professional treatment should be granted the same privacy as any other illnesses.
* Prevent the removal of an individual from the workforce and/or the suspension of EMT licenses could have a negative impact on the provider’s wellbeing.
  + Move from being reactionary to being preventive
  + Be funded to support training to identify signs and symptoms of secondary trauma, depression, mental fatigue, and/or post-traumatic stress disorder (PTSD)
  + Standardize reporting on suicides and/or attempts (like the never miss registry).
  + Develop a support system for spouses, family members, and peers
  + Develop an algorithm to help identify secondary trauma after traumatic events and/or high-profile incidents to mitigate progression to PTSD.
* All states to pass and/or add legislative language to identify mental health illness as a result of PTSD or other job-related functions.
* The need for a process to verify and prevent the abuse of mental illness as a claim for disability benefits.
  + Emphasize physical exercise, proper nutrition, good sleep habits and down time, psychological support, emotional support, workplace support, and spiritual support
  + Be equipped with resources (services and/or treatment) for providers and support systems to care for the workforce.
  + Recommended that licensed EMS providers should not be required to surrender licenses during this time, many states required the surrender of license and isolated from the workforce.

EMS administration at the local, state and federal levels must support and encourage provider resiliency both in the narrow and broad sense to preserve workforce morale and integrity and ensure quality patient care.

1. **Strategic Goals**

A goal of the summit will be to develop a national agenda for education and research on the mental health and wellness needs of the EMS and Public Safety workforce. Delineation of the issues will lay the foundation for a structured, interdisciplinary, and unified approach to the contemporary challenges and for our nation to look at provider mental health as an injury. Objectives will be measured based on mental health summit attendance and outcomes, legislative improvements of state workers compensation of mental health injury and creation of confidential database.

**Reference Material:**

**A. Crosswalk with other standards documents or past recommendations** Has Crosswalk with other standards documents or past recommendations.

Integrated and Technology. NHTSA as the clearing house EMS Provider Safety and Wellness to collect data.

Dr. Daniel Patterson, University of Pittsburg

<https://www.jems.com/2018/02/01/evidence-based-guidelines-for-combatting-fatigue-in-ems/>

Vince Robbins JEMS Articles on mental well-being

<https://www.jems.com/2018/07/24/practitioner-mental-wellbeing-can-we-be-more-proactive/>

Strategy for a National EMS Culture of Safety

**B. Sources/references related to the issue**

Sources relevant to the problem statement used to support the committee’s analysis of the issue or topic.

<http://www.codegreencampaign.org>

<http://www.revivingresponders.com/>

<https://www.firestrong.org/>

Bounds R. (2000) Factors affecting stress in pre-hospital emergency medical services. <http://search.proquest.com/docview/304665626/>

Crampton D. (2014) Comparison of PTSD and compassion fatigue between urban and rural paramedics. Dissertation/Thesis. <http://search.proquest.com/docview/1350627026/>

Donnelly E. (2010) Occupationally related stress exposures and stress reactions in the emergency medical services.

National EMS Advisory Council. (2013, January). Advisory on Fatigue in EMS: Retrieved from: <http://www.ems.gov/recommendations.html>.

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Patterson PD, Moore CG, Sanddal ND, Wingrove G, LaCroix B. (2009) Characterizing Job Satisfaction and Intent to Leave among Nationally Registered Emergency Medical Technicians: An Analysis of the 2005 LEADS Survey. J Allied Health 38(3): 84E-91E(8).

Probst, C. (2014) Occurrence and effects of repeated trauma exposure in emergency medical personnel. Dissertation/Thesis. <http://search.proquest.com/docview/1530474940/>