

# Firefighter Suicide: the Need to Examine Cultural Change

BY SARAH HENDERSON, TODD J. LEDUC, JUDY COUWELS, AND VINCENT B. VAN HASSELT

**I**T IS WELL DOCUMENTED THAT FIRST responders face profound physical and psychological demands on the job from multiple car pile-ups to child drownings. The National Fallen Firefighters Foundation (NFFF) reported that fire departments are four times more likely within a given year to experience a suicide than a "traditional" line-of-duty death. Research suggests that firefighters are not immune to the excessive stressful nature of their careers, making mental health a critical issue of firefighter wellness and safety.

Firefighter culture demands members be mentally tough as well as physically strong. Silence regarding personal problems and the use of poor coping mechanisms (e.g., alcohol) are found all too often within the firefighter culture. Recently, during the NFFF Tampa 2 Summit in 2014, fire service personnel and researchers further discussed and developed programs and concepts to combat the tragedy of suicide in the fire service. A small number of departments have created programs to address suicide, most notably Phoenix, Arizona; Chicago, Illinois; and Houston, Texas. Sadly, these programs were initiated following a number of suicides in their departments. It is becoming increasingly clear that fire departments need to have proactive programs for education, prevention, and intervention and also need to establish policies and procedures in the aftermath of a suicide if they want to make a difference in the suicide rate.

At this time, there is an overall lack of understanding concerning suicide of fire service personnel. One problem involved with doing such work is the classification of firefighter deaths. Suicide deaths may be classified as "accidental" or "other" out of respect for the deceased and their families, because of the existing stigma, and to shield the department. Also, a national database to track suicide by firefighters is lacking and needed. In 2011,

Captain Jeff Dill attempted to combat this problem by creating the Firefighter Behavioral Health Alliance Web site ([www.ffbha.org](http://www.ffbha.org)) to facilitate efforts to track firefighter suicides. The Web site reports that from the information gathered between 2000 and 2013, there were 360 confirmed firefighter suicides. Even with this Web site, the true number of yearly deaths by suicide is under- or inaccurately reported.

## Culture Challenges

Similar to law enforcement, an "us vs them" mentality exists toward those not in the fire service, creating camaraderie for firefighters with their peers but also isolation from outsiders. This brotherhood can function as a protective factor against post-traumatic stress disorder (PTSD) and depression by providing support and understanding of the stresses and challenges encountered on the job. However, this mentality can also function as a risk factor, creating isolation for firefighters who feel they cannot talk to anyone other than fellow first responders about job stress, ultimately inhibiting them from seeking help from mental health professionals or other nonuniform personnel. The fear of seeking services from mental health professionals "who don't understand" leaves the door open for tragedy.

Silence about and refusal to discuss common mental health issues such as depression and anxiety compound the problem. Firefighter culture maintains that mental health problems are a sign of weakness and failure. It is possible that fellow firefighters will mistrust a member who admits to these problems; they may feel the person is not stable and a risk to their personal safety on calls. Traditional male values and machismo identity are also pervasive within firefighter culture. Aspects of the culture are part of being an effective firefighter, but when they inhibit help-seeking behaviors, they become contributors to suicide rates.

Cultural codes in the fire service

that inhibit help-seeking behaviors and create a negative attitude toward seeking mental health services need to be changed. The message from fellow firefighters (who have been there) that endorses a cultural shift change that proactively addresses mental health problems in general and suicide in particular is a life-saving intervention, not a sign of weakness.

## Risk Factors

Similar to military personnel, first responders are a unique group of individuals who rely on each other for survival while placing their lives on the line every day to protect communities. Part of the job is responding to a variety of challenging situations that are potentially traumatic. The frequency and ambiguity of these calls create a stressful environment that can take a huge mental and physical toll. Chronic exposure to these potentially traumatic events and critical incidents increases the risk for PTSD and subsequent coping mechanisms like alcohol abuse.

The following are known risk factors for suicide for firefighters:

- Expressing feelings of hopelessness and helplessness.
- Feeling as if they are a burden.
- Previous suicide attempts.
- Increase in alcohol or drug use.
- Changes in sleeping pattern.
- Social withdrawal or isolation.
- Anxious or agitated behavior.

Peers within a firehouse can observe many of the risk factors for suicide, so if firefighters are able to learn and recognize the signs of possible suicidal behavior, there is an increased likelihood that a tragedy may be prevented.

Specific to the fire service, Caucasian males ages 18-24 and 40-55 and those who have experienced a history of trauma as well as acute and chronic stress have been shown to be at an increased risk for suicide. Personal life challenges,

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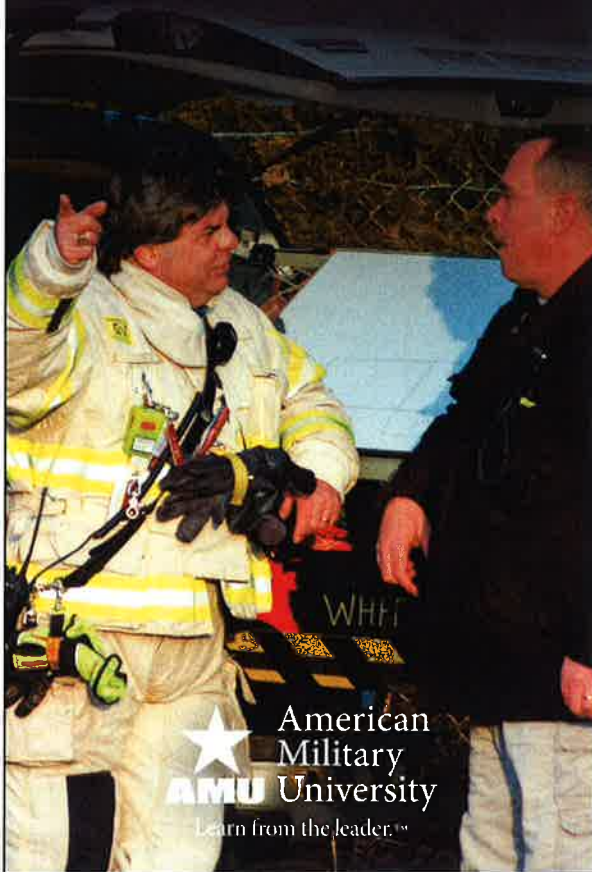
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## Firefighter Suicide

such as chronic health problems or illness, interpersonal relationship difficulties, the death of a close friend or a family member, substance abuse, aggression, and impulsivity all are contributing risk factors for suicide as well. Interestingly, the above-mentioned age ranges are typically toward the beginning and end of a fire service career. This may be attributed to the difficulty of adapting to the stresses of the job including increased trauma exposure, transitions of adjusting to retirement, and the feeling of a loss of identity. Firefighters experience stress not only from calls for service but also from real or perceived internal organizational pressure, lack of administration support, negative media coverage, and lack of balance between work and family life. It is clearly apparent that this population manifests a vast number of risk factors that may increase suicide potential, therefore, there should be a greater focus on protective factors to combat suicide.

### Protective Factors

Numerous studies have identified risk factors for suicide, but few have been conducted on protective factors against suicide among firefighters. One important protective factor that has been identified is having a social support system such as family and friends as well as a religious community. As mentioned previously, firefighters think of each other as family; thus, this bond may act as a deterrent from suicide. Firefighters derive a sense of purpose from their career, which has also been shown to function as a protective factor that decreases the likelihood of suicide. Consequently, firefighters who have disciplinary leave, job loss, or retirement may lose a vital protective factor against suicide. Future efforts need to be focused on protective factors and causal linkages.

### Recommendations for Future Initiatives

The unique risk factors for suicide found within the fire service need to be further researched to tailor education and prevention programs. Peers and personnel need to be aware of this information to actively recognize a fellow firefighter who is exhibiting signs and symptoms of suicide risk. A major proponent of instituting such fire department programs is the Broward County Sheriff's Office, led by Sheriff Scott J. Israel. "2015 is a year for fire service leaders to confront the cultural stigmas head-on and develop programs designed to ensure the behavioral health and safety of our firefighters on the front line and those who support them," says Todd J. Leduc, of the Sheriff's Office Department of Fire Rescue and Emergency Services.

The emotional and physical cohesiveness related to the strong bond among firefighters is important for researchers to recognize and integrate into programs targeting firefighter wellness. Departments need to adopt peer counseling or support programs that aim to recognize signs and symptoms of suicide risk and increase the willingness of firefighters to seek professional help. The goals of such programs should include raising the awareness of suicide risk and protective factors; letting firefighters know they are not alone; and developing a more educated, understanding, and supportive environment. We need fire department suicide awareness programs that reach every firefighter with the goal of addressing suicide.

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Firefighter Suicide

in a direct and nonjudgmental manner. Resources should consist of employee assistance programs, easily available psychologist resources, available mental health agencies, a chaplaincy program, and peer support efforts and should be made available for firefighters and their families.

Fire academies should also devote time to psychoeducation on stress and stress management to point out and support the use of proactive coping mechanisms so that new firefighters are better prepared and equipped to handle their new career. Finally, retirees should not be forgotten, as this group is also at a higher risk for suicide.

Firefighters are used to solving other people's problems; it can often be a challenge for them to address their own, particularly with regard to their self-care and wellness. The experiences that firefighters endure every time they bunker out can overwhelm even the most resilient firefighter and strongest coping strategies. Compounding the situation is a firefighter culture that embraces an at-

titude of suspicion and resistance toward anything that may result in the suspension or loss of their careers, including seeking mental health services.

Resources and policies take time to implement, however, what can and needs to change is the fire service attitude toward mental health. Although the fire service has begun to take a more accepting view toward mental health services, further gains are needed. Firefighters need to know it is not an admission of weakness to ask for help. The greater recognition of suicide as a problem within the fire service helps start the discussion of what we can do to prevent the continuing, alarming number of firefighters who die by suicide. ■

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