

Firefighter Suicide: Understanding Cultural Challenges for Mental Health Professionals

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### Abstract

Compared to other professions, firefighters face a variety of unique stressors inherent to their occupation that can result in psychological disturbances and maladaptive coping strategies (e.g., substance use) that may contribute to suicide ideation and completion. Suicide is a widespread problem that is underreported within the fire service. There is a growing body of evidence that suggests firefighters are at increased risk of committing suicide compared to their civilian counterparts. The main problem for mental health professionals in addressing suicide for this population is the cultural stigma that exists in addressing mental and behavioral health issues. Additionally, there remains a discrepancy in reported rates of suicide and a lack of information on attempted suicides, due to low reporting rates by family members, fellow firefighters, and departments that further complicates research in this area. This article: (1) discusses current research on suicide within the fire service, (2) explores issues and challenges for psychological assessment and intervention for practitioners working with this population, (3) describes specific approaches towards decreasing suicide in firefighters, and (4) provides policy considerations for fire departments and mental health professionals.

*Keywords: firefighter, suicide, mental health, public safety*

### Firefighter Suicide: Understanding Cultural Challenges for Mental Health Professionals

Suicide is a difficult topic to discuss, particularly within the fire service. It is often a hard conversation, as people may not understand why a person committed suicide, carry self-blame, harbor differing opinions and views, and bring a multitude of strong cultural, moral, and religious beliefs. Despite these obstacles, suicide needs to be more openly discussed and addressed within the fire service through the aid of programs for education, prevention, assessment, and intervention.

It is well documented that first responders face profound physical and psychological demands everyday on the job (Beaton, Murphy, Johnson, Pike, & Corneil, 1998; Mitani, Fujita, Nakata, & Shirakawa, 2006; Norwood & Rascati, 2012). The National Fallen Firefighters Foundation reported that a fire department is four times more likely within a given year to experience a suicide than a line-of-duty death (“This is an Alert”, 2014). The Center for Disease Control and Prevention has identified the most prevalent causes of deaths in firefighters are heart attacks, other forms of cardiac problems (Kales, Soteriades, Christophi, & Christiani, 2007; Kales, Tsismenakis, Zhang, & Soteriades, 2009), and cancer (Torling, Gustavsson, & Hogstedt, 1994). However, recent studies have shown that suicide is also occurring at a disturbingly high rate in this population (Antonellis & Thompson, 2012; Gist, Taylor, & Raak, 2011; Henderson, LeDuc, Couwels, & Van Hasselt, *in press*; Violanti, 2010).

During The National Fallen Firefighters Foundation Summit in 2011, fire service personnel and researchers began to discuss the development of programs to combat the problem of suicide in the fire service (Gist, Taylor, & Raak, 2011). A small number of departments have created programs to address suicide, most notably Phoenix, Chicago, and Houston. These

programs were initiated following a number of suicides in the departments: (1) Within a seven-month period, the Phoenix Arizona Fire Department lost four firefighters; (2) Within a span of 18 months, the Chicago Fire Department lost seven firefighters; and (3) Houston Fire Department experienced three suicides within a two-year period. It is evident firefighters are not immune to the excessively stressful nature of their careers, making firefighter mental health a critical issue of wellness and safety.

At this time, there is a lack of research concerning suicide of fire service personnel. One problem in doing such work involves the classification of firefighter deaths. Out of respect for the deceased and their family, the existing stigma, as well as to shield the department, suicide deaths may be classified as “accidental” or “other” (National Volunteer Fire Council Report, 2012). Another problem is the lack of a database to nationally track suicide by firefighters. In 2011, Captain Jeff Dill created the Firefighter Behavioral Health Alliance website ([ffbha.org](http://ffbha.org)) to facilitate efforts to track firefighter suicides as well as to provide workshops on suicide awareness and an online suicide assessment tool to screen for suicide risk. The website reports that, from the information they gathered between 2000 and 2013, there were 360 confirmed firefighter suicides. Even with this website, the true numbers of yearly deaths by suicide are likely under-or inaccurately reported.

The fire service has growing rates of suicide due to two main problems: cultural stigma and untreated mental health disorders. Indeed, there is a history of stigma attached to mental health that prevents fire service administration from providing needed resources and firefighters from seeking them.

### **Challenges within Firefighter Culture**

Over the course of their careers, firefighters spend an estimated one-third of their life at the fire station; this inevitably creates a strong and cohesive bond with other firefighters. Shift members become family members and the station a second home. The firehouse is a place where personal disclosure is encouraged to some extent, and support can readily be found. However, firefighters have historically been reluctant to discuss stress and subsequent mental health problems (Norwood & Rascati, 2012). Nevertheless, a special camaraderie is formed that makes the death of a member, particularly by suicide, extremely personal and devastating, as well as detrimental to the workings of a station.

Silence and refusal to discuss mental health issues that are often common, such as depression and anxiety, compound the problem of addressing suicide among firefighters (Antonellis & Thompson, 2012). Firefighter culture dictates that mental health problems are a sign of weakness, vulnerability, and failure. Mistrust of a member who admits to these problems is a possibility, as fellow firefighters may feel the person is not stable and a risk to their own personal safety on calls. Further, pervasive within the culture are traditional male values and macho identity (Violanti, 2010). These aspects of firefighter culture may act as buffers towards the acceptance of mental health assessment and treatment for behavioral and psychological issues that are prevalent, such as alcohol abuse (Boxer & Wild, 1993) and post-traumatic stress disorder (Del Ben, Scotti, Yi-Chuen, & Fortson, 2006; Meyer, Zimering, Daly, Knight, Kamholz, & Gulliver, 2012).

Similar to law enforcement, an “us vs. them” mentality exists towards outsiders, creating camaraderie with their peers, but isolation from others, especially mental health professionals. This brotherhood can function as a protective factor against post-traumatic stress and depression,

by providing support and understanding of the stresses and challenges encountered (Carey, Al-Zaiti, Dean, Sessanna, & Finnell, 2011; Chamberlin & Green, 2010; Pignataro, 2013). 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 non-uniform personnel (Wilmoth, 2014).

Cultural codes in the fire service that inhibit help-seeking behaviors and create a negative attitude toward seeking mental health services need to change in order for clinicians to better assess and intervene when suicide risk occurs. The message needs to be that proactively addressing mental health problems in general, and suicide potential in particular, are not signs of weakness, but instead, necessary for prevention and intervention.

### **Recommendations for Intervention**

It is essential that clinicians working with firefighters understand that firefighters respond to a variety of challenging situations that are potentially traumatic. The frequency and ambiguity of these calls create a stressful environment that has been shown to take a mental and physical toll (Kales et al., 2007; Meyer et al., 2012), with 16-24% of firefighters experiencing post-traumatic stress during their career (Norwood & Rascati, 2012). These rates suggest that chronic exposure to these potentially traumatic events and critical incidents increases their risk for post-traumatic stress disorder and subsequently suicide (Komarovskaya, 2014; Mazzarro, 2013). Maladaptive coping mechanisms (e.g., alcohol use, overeating) are often a way to combat such stress (Carey et al., 2011; Murphy, Beaton, Pike, & Johnson, 1999; Soteriades et al., 2011). Of specific concern, is alcohol use, as it is a risk factor for suicide completion (Sher, 2006); and

within the fire service, approximately 25-30% of the firefighters struggle with alcohol abuse (Boxer & Wild, 1993).

The unique risk factors for suicide that are found within the fire service need to be further researched in order to create a foundation to tailor assessment, education, and prevention programs. Three of the most significant warning signs for increased risk of suicide are: (1) expressing feelings of hopelessness and helplessness (Beck, Steer, Kovacs, & Garrison, 1985), (2) feeling as if they are a burden (Joiner et al., 2002), and (3) previous suicide attempts (Beautrais, 2003). Additional warning signs include changes in sleeping pattern (Sjostrom, Hetta, & Waren, 2009), social withdrawal or isolation, and displaying anxious or agitated behavior (Antonellis & Thompson, 2012). Specific to the fire service, Caucasian males ages 18-24 and 40-55, those who have a history of trauma, as well as acute and chronic stress, have been shown to be at increased risk. Interestingly, the abovementioned age ranges are typically towards the beginning and end of a fire service career. This may be due to difficulty adapting to the stresses of the job, transitions of adjusting to retirement, and subsequent a loss of identity (Antonellis & Thompson, 2012; National Fire Protection Association: U.S. Fire Department Profile, 2011). Additionally, personal life challenges, such as chronic health problems or illness, interpersonal relationship difficulties, death of a close friend or family member, aggression, and impulsivity all are contributing risk factors for suicide. Assessments for these particular risk factors need to be implemented; additionally, peers within a firehouse can be educated by clinicians to observe many of these signs. If peers learn and recognize them, a tragedy may be averted.

Protective factors are important for clinicians to acknowledge, assess, and emphasize when working with firefighters. Social support systems, such as family, friends, and a religious

community, have been shown to function as protective factors (Dervic et al., 2004). Since firefighters think of each other as family, this bond may act as a deterrent. Furthermore, firefighters derive a sense of purpose from their career, another protective factor (Malone et al., 2000). Consequently, firefighters who have disciplinary leave, job loss, or retirement may lose this vital protective factor. It is important that warning signs are recognized and addressed, as 45% of suicide cases contact a primary care provider or have contacted someone for help in the month prior to their suicide (Luoma, Martin, & Pearson, 2002). A thorough suicide assessment by a trained clinician must be conducted that examines a person's risk and resources so that the appropriate response can be made. This should include a safety plan that incorporates the suicidal persons support system (e.g., family, friends, co-workers), preventing access to means of suicide (e.g., firearms), restricting substance use, and creating a safe place for the person to go if they feel they might harm themselves (Gralnik, & Flemons, 2012).

This information is important for mental health professionals who work with this population, those who wish to develop training programs, and is equally imperative for peers and personnel to be aware of in order to actively recognize a firefighter who is exhibiting these signs and symptoms. Mental health clinicians, who wish to work with firefighters, should be aware of the current stigma engrained in the fire service to distrust mental health professionals. It is imperative that clinicians who wish to work in this area have an in-depth knowledge of firefighter culture. This can be accomplished through an understanding of prominent behavioral and mental health issues specific to firefighter, as well as asking local departments if they are able to give tours of their station or offer ride-alongs. It is also suggested that mental health clinicians who wish to work with firefighters make themselves available as a resource for departments.



The emotional and physical cohesiveness related to the strong bond among firefighters is important to recognize and integrate into programs targeting firefighter wellness (Gunderson, Marks, Grill, & Callahanm, 2014). Practitioners and Fire Departments need to work together to create and adopt peer counseling or support programs that aim to recognize signs and symptoms as well as assess for suicide risk while increasing the willingness of firefighters to seek professional help. Goals of such programs should include: raising awareness of suicide risk and protective factors; letting others know they are not alone; and developing a more educated, understanding, and supportive work environment.

Fire service administrations, along side mental health professionals, need to take a proactive stance at the national, state, and local levels to address suicide and related mental health problems. Large departments often have greater funding to provide a multitude of resources, which leaves a substantial gap in resources for a majority of the fire service which operates on volunteers (The National Fire Protection Association, 2011). These resources consist of: Employee Assistance Programs (EAP), staff psychologists, contracts with outside mental health agencies, a Chaplaincy Program, and Critical Incident Stress Management Teams (CISM). Further, such resources should be made available for firefighters' families including trainings by mental health professionals on suicide risk and protective factors, and supportive resources such as local counseling services and support groups.

It is important for departments to have strong EAPS as well as good working relationships with local mental health centers, universities, and licensed clinicians for avenues to prevention and intervention resources. Those in the mental health field are encouraged to work with fire departments to establish polices and procedures to address attempted and completed suicide, leaves of absences, and postvention that support their personnel. Of particular

importance are policies and procedures that: (1) encourage positive help-seeking behaviors, (2) provide a safe environment for disclosure without recourse, and (3) allow personnel to receive the needed resources and services to continue to be productive and effective members of their department.

### **Model Programs**

The Broward Sheriff's Office (BSO) Fire Rescue in Broward County, Florida, has partnered with a local university to begin the process of tackling mental health stigma and provide preventative Behavioral Health Trainings (Henderson et al., *in press*). This training program contains psychoeducation concerning mental and physical health problems that are common among first responders including: depression, stress, substance abuse, sleep disorders, and suicide in order for firefighters to assess and recognize problems in themselves and each other. The training was also designed to: (1) discuss stigma within firefighter culture on mental health, (2) provide firefighters with proactive coping strategies, and (3) facilitate access to internal services and community resources. These trainings utilize experts within the community to serve as a resource and collaborate with fire service personnel to meet the needs of firefighter.

One such example of local mental health clinicians collaborating with the fire service to increase awareness of suicide and educate personnel on suicide risk factors is the Houston Fire Department Suicide Prevention Program (Finney, Buser, Schwartz, Archibald, & Swanson, 2015). This program was implemented following three active duty suicides and four retiree suicides between 2001 and 2007. Fire service administration worked with Baylor College of Medicine and Houston Fire Department Psychological Services to create a unique program that utilized a peer-based suicide prevention team. Nine active duty firefighters were trained on basic knowledge of suicide and mental health in order to be able to give presentations to fellow

firefighters at each station. The presentations consisted of: the Department's own experiences with suicide, education on suicide and mental health, testimonials from firefighters who had lost a fellow firefighter by suicide, and information concerning resources available to all personnel. Due to the overwhelming positive feedback from these presentations, this group of firefighters acted as an internal unit along with a Staff Psychologist, Family Assistance Coordinator, Chaplain, Critical Incident Stress Management Coordinator, Member's Advocate, and two Union representatives to comprise the Firefighter Support Network (FSN) within the Department. These firefighters were further trained by their department's Psychologist to identify, assess, and deal with crisis situations so that their fellow peers could utilize them as a resource to seek further professional help. Since the start of this program in 2007, there were no deaths by suicide within the Houston Fire Department for five years. This effort is a demonstration of mental health professionals and fire personal collaborating to create an effective model of a peer-based suicide prevention program (Finney et al., 2015).

Peer-based and other in-house programs are essential to tackling the stigma towards mental health. In one particular study, over three-quarters of firefighters surveyed endorsed a willingness to use a tailored service for first responders rather than a general suicide hotline (National Volunteer Fire Council, 2012). One example of such a strategy is the website, Firestrong ([www.firestrong.org](http://www.firestrong.org)), which provides links to peer support programs, self-help assessments, online chat tools, and other resources with the goal of empowering firefighters to seek help in various areas of their life. Tailored resources and assessments specific to firefighters are important as they may act at the first line of defense against suicide. Further, investigating and utilizing feedback from fire service personal on what services they are more

likely to utilize when in crisis allows researchers and fire administration to develop, promote, and implement these resources.

### **Conclusion**

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. Firefighter culture embraces an attitude of suspicion and resistance towards anything that may result in the suspension or loss of their careers, including seeking mental health services. This poses a significant challenge for mental health clinicians wishing to provide assessment and interventions with this population. Policies, resources, and programs take time to implement; however, what can and needs to change is the fire service's attitude towards mental health and mental health clinicians. Although the fire service has begun to take a more accepting view towards mental health, further strides must be made. Firefighters need to know it is not an admission of weakness to ask for assistance. The fact that greater recognition of suicide within the fire service is indeed a problem, initiates the discussion of what mental health clinicians can do to prevent the continuing alarming number of firefighter suicides.

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