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First Responder Mental Health

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First Responder Mental Health

by

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Abstract

Over the past several years, there has been a drastic change in the training and response for police officers responding to mental health related calls. Recently, there is also a growing focus on responding to the mental health of police officers. Reported police officer suicides are increasing at a drastic rate, with jumping from 172 in 2018 to 228 in 2019 (Blue H.E.L.P., 2020). While this does not necessarily mean the rates of officer suicides are rising, the number of reported suicides is and attention is growing. Due to the inherent traumatic nature of the job, police officers are more susceptible to Post Traumatic Stress Disorder (PTSD), depression, anxiety, and other mental health related issues. These issues are not isolated to police officers and also spread across the first responder field to include firefighters, paramedics, and emergency medical technicians (EMTs). Through this paper, the author will explore possibilities for prevention of mental health problems in first responders and treatment methods for first responders already effected by mental health issues.

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First Responder Mental Health

When people experience mental health crises, they often times call on first responders for assistance. Mental health concerns have been a growing topic in news media over the past several years and police training has been changing as a result. Training includes recognition of symptoms of different mental health disorders, new ways of talking to people experiencing crises and learning to deescalate situations without using force. With all of these trainings, one would think first responders have a handle on their own mental health. This is apparently not the case however, as suicide rates among police officers have been on the rise over the past several years (Blue H.E.L.P., 2021). Firefighters and emergency medical service workers are also showing an increase in suicide rates. Across public safety, first responder suicide rates are higher than line of duty death rates in the United States (Hayes, 2018). With this growing problem, the author will identify the trends involving first responder Post-Traumatic Stress Disorder and suicide, create a model employee wellness program to combat these trends, and discuss the legal and ethical complications with this dangerous issue.

Background

Post-Traumatic Stress Disorder, or PTSD, is a mental health condition caused by experiencing a traumatic event as interpreted by that person. This is important to understand because each person perceives an event in a different way. For most people, PTSD is caused by living through an event in which they believe their life is endangered or witnessing an event in which another person's life is endangered. Because this is caused by perception of events, there is no way to say what does and does not cause PTSD. According to the Mayo Clinic, symptoms of PTSD can include recurrent and unwanted distressing memories of the event, having

flashbacks to the event, having nightmares about the event and severe emotional or physical reactions that are brought on by situations that remind one of the event (Mayo Clinic, 2020). When left untreated, PTSD can lead to unhealthy coping mechanisms such as alcoholism and drug abuse and in extreme cases, suicide when the individual feels they are beyond getting help for their mental health.

The author has worked in the field of public safety since 2013. He has worked across public safety as a firefighter, Emergency Medical Technician (EMT), and as a police officer. Through working for numerous agencies, he has seen a variety of employee wellness programs. Most are simply a piece of paper hung on a wall with phone numbers to call if an employee is feeling like they need mental health help. From the author's experience, there is very little focus on breaking the negative stigma behind first responders being afraid to get help and little information shared about the wellness programs available to an employee who is suffering from a mental health condition.

Statement of the Problem

Each year, the number of first responder suicides has been on the rise (Hayes, 2018). With mental health being a widely discussed topic when it comes to the general public, first responder mental health must also be a widely discussed topic so first responders can better serve their communities and live healthier lives both at work and at home. There are concerns that surround this problem including what can agencies do legally to provide or mandate help for their first responders, what are the ethical responsibilities of an agency to provide or mandate help for their first responders, and what is an effective method for delivering mental health help to first responders. When looking for an effective employee wellness program, the link between

physical and mental wellness needs to be explored and any employee wellness program needs to address concerns of both physical and mental wellness if there is a strong link between the two.

Conclusion

The author has clearly defined a growing concern of first responder wellness as it relates to their mental health. In the following sections, the author will research the link between first responder's and mental health concerns along with the potential legal and ethical concerns related to the issue. The author will then provide a model employee wellness program and detail why the elements of the program would be effective in treating mental health conditions in first responders.

Chapter 2: Review of the Literature

Ethical Lens View of First Responder Mental Health

When studying any type of policy or procedural change, one must look at the ethics behind that change to ensure any changes that do get made follow the ethical standards of the agency, the laws of the state and nation and what we generally accept as ethical as a community. Even a topic as wholesome as suicide prevention needs to be tested to ensure the means of getting to the end goal are ethical. Questions may arise such as should an employer be able to force an employee to seek help for their mental health? Should the government be able to? A study conducted at the University of Phoenix in 2017 showed that as many as 85% of first responders in their study had symptoms of mental health issues and 33% of them were diagnosed with PTSD or depression (Dutton, 2017). What can we do to help this incredibly high number of first responders?

While everyone who becomes a first responder has different motives for doing so, from this author's experience, they all tend to fit the general narrative of wanting to help people. Even

with the best intentions, first responders still have legal guidelines they have to fall within in order to compel people to get help. Even in those situations, some still make the argument that people have free choice to do whatever they want as long as they do not harm others. This brings to light a problem of the ethics behind forcing people to get help for their mental health conditions. The following paper will begin by identifying the problem of a mental health crisis in first responders. After the problem is clearly identified, the ethics of the issue will be discussed along with the author's solution to the ethical dilemma.

Identification of the Problem

In order to understand the ethical problems associated with first responder mental health, the author will first identify and prove the growing problem of first responders and mental health conditions. The public generally accepts that being a first responder is a stressful job. From what is portrayed on television and in movies, police officers spend their shifts chasing murders and bank robbers, driving in high-speed pursuits and hurdling fences in foot chases. Firefighters and EMS workers rush into burning buildings, race to car accidents with victims trapped, and save patients having heart attacks, strokes, and all kinds of other life-threatening emergencies. What the public generally forgets is after the "0-100" adrenaline dump first responders experience, their body must then go through a "100-0" adrenaline crash when they spend the next several hours completing the required paperwork for the events they were just involved in.

An "adrenaline rush" is a natural body system response where epinephrine is released in the brain. This increases heart rate, blood pressure, respiratory rate and makes the mind more alert and ready to defend against a potential threat. This is commonly referred to as a fight or flight response. According to a recent article, persistent surges of epinephrine can cause damage

to blood vessels and arteries and high blood pressure, which can lead to heart attacks and strokes. It can also cause an increased cortisol release, which is a hormone increasing appetite, triggering a want to eat to replace energy depleted during the epinephrine release (Harvard Health, 2020). With an increased calorie consumption, this can lead to weight gain. Persistent releases of adrenaline can also cause chronic anxiety. First responders average multiple epinephrine releases every day they are at work over a full career, making it not surprising that there is a high number of first responders that develop mental health conditions such as anxiety.

Another common mental health diagnosis is PTSD. A study conducted in 2016 wanted to find links between PTSD in first responders and the military. The authors hypothesized PTSD in military members and first responders may be caused not just by acute traumatic events, but also by the occupational and environmental conditions these career fields have to work in (Walker et al., 2016). In their testing, they studied people who were exposed to environmental factors (heat), stressors (smoke) and also sleep deprivation. In their study, they found that these environmental and occupational factors may have an impact based on the inflammation studies they were seeing. According to Stephanie Conn, when people are faced with traumatic situations, the amygdala, goes into overdrive (Alfonseca & Jackson, 2019). The amygdala is the part of the brain associated with emotional processes. This, coupled with adrenaline makes the images much more clear in your memory. When this happens, your brain can keep replaying these memories to you. Because of the trauma of the incident, one may also not remember all of the event details correctly.

Suicide

The Houston, Texas, Fire Department noticed a rise in suicides among their firefighters. From 2005-2007, there were three active duty firefighter suicides (Finney et al., 2015). As a result of this, they decided they would implement a program to assist in the prevention of suicide in first responders. They did this by implementing a three-phase program. Phase one was to raise awareness and also get input from the firefighters about what they wanted to see in this program. Phase two was focused on the actual prevention which was mainly focused around education of the firefighters. The final phase was focused on education the supervisors of the “difference between ‘problems’ and ‘crises’” and to help firefighters find the mental health resources they needed (Finney et al., 2015).

An organization known as Blue H.E.L.P. (BH) was formed in 2015 with the goal of raising awareness about police suicide and to hopefully prevent it from occurring. According to BH, police suicides have been on the rise each year for a consecutive 4 years. In 2016, BH reported 150 police officer suicides, 174 in 2017, 180 in 2018, and 239 in 2019. 2020 showed an improvement with only 176 suicides, however as of January 28, 2021, there have already been 12 officer suicides in 2021, including two from the US Capitol Police Department in the District of Columbia in two weeks (2021). According to a USA Today article, in 2017, 103 firefighters died by suicide (Hayes, 2018). Suicide rates for both professions were higher than their line of duty deaths, with 129 law enforcement line of duty deaths and 93 firefighter line of duty deaths that year.

Ethical Considerations

With the research shown in the previous section, it is clear that mental health conditions are a hazard of being a first responder. With the steadily increasing number of suicides among

first responders, it is also clear this crisis is deadly and needs to be addressed. For those who want help, it is crucial to implement programs where first responders can get the help they want and need. But what about the first responders who don't want help or who are not willing to admit they are having mental health issues?

When it comes to the moral dilemmas associated with first responder health, there is really only one main one that sticks out in the author's mind. That is the question of what can or should be done to address first responder mental health. There are more articles and studies than one could cite that shows being a first responder can result in mental health issues. Not only is the job dangerous where first responders could physically be harmed, they also see the worst of humanity and human suffering on a daily basis. This takes a toll on the mind and without proper outlets for these emotions, serious complications can arise. Simply put, one dilemma is should time and effort be put into preventing mental health concerns or should the job take its course as it has been since the profession began, with no formal intervention? In the author's opinion, it is clear the agency should be supporting their employee's both physical and mental needs.

While it is commonly accepted intervention should be implemented, another ethical dilemma is can intervention be forced on someone. One of the pieces of the wellness program the author has created is mandatory annual counseling for all first responders. According to Minnesota Statute, a police officer may take an individual into custody if the officer believes the individual would be a danger to themselves or others if they would be released (Emergency Admission, 2016). Absent of a person being an immediate danger to themselves or others, a police officer cannot force help onto someone who is unwilling to receive treatment. With this in mind, if an employee is not a danger to themselves or others, should they be forced to seek

treatment? Based on state law and case law, the author believes that mental health treatment cannot be forced on employees.

This seemingly creates a contradiction in making a mandatory wellness program. In order to be compliant with laws and case law, some important distinctions need to be made. One is that even through the program detailed later, treatment for mental health conditions would not be mandatory, just strongly encouraged. The mandatory counseling session would also not fall under the state statute for several reasons. The first reason is an emergency hold is not being placed on the employee. They are not confined to a hospital for up to 72 hours, they just have to sit through a counseling session for one hour a year, unless they choose to do more. A second reason the wellness program could be made mandatory is under the author's model, the counseling session would occur on duty, meaning it would be considered part of their job duties, much like a mandatory training required by a Peace Officer Standard and Training (POST) Board. The final distinction falls under the specific counselor. While the employee would be required to attend the meetings, the employee would not be required to discuss anything they are uncomfortable with, meaning they would not have to talk about mental health or work during the meeting at all. It would also be well known that anything discussed during the meeting would not be relayed back to the police department, so the employee did not need to fear consequences from their employer for anything discussed. By all employees attending counseling, it also helps break down the stigma of first responders not needing to seek help.

Conclusion

Through the research located and provided by the author, it is clear there is a need for change in the response to mental health care in first responders. Through the use of ethical

studies and applying ethical principles to the issue, questions were raised about what can be done legally and ethically. By examining these questions, the author has determined the policies that will be presented during the full capstone paper will fall within legal and ethical expectations. This research has shown that something as well-intentioned as mental health help and suicide prevention can have ethical dilemmas that need to be addressed. That is why it is important any agency looking to implement a wellness program fully consider all legal and ethical aspects of the program prior to its implementation.

Administrative Lens View of First Responder Mental Health

With the clear need for change in the treatment of first responder mental health, the author will propose a program to intervene by preventing first responder mental health conditions before they can occur. In the case of preventative measures failing to prevent mental health conditions from developing or for first responders who already have mental health conditions, there will also be a plan implemented to help in treating mental health conditions before they reach the point of first responder suicide. The program will consist of three pieces; a physical fitness program, a peer check-in program, and an annual counseling check-in.

Peer Check-In Program

First responders tend to be a tight-knit group of people, who often must trust their co-workers with their lives. This creates a unique dynamic among first responders where they often times feel more comfortable sharing things with one another than with a supervisor, mental health professional or even a family member or significant other.

The purpose of a peer check-in program is to help reduce the negative stigma behind mental health and encourage employees to talk with one another if they are experiencing concerns about mental health. Often times, police officers are concerned if it is discovered they

are receiving counseling for mental health concerns, their co-workers will lose trust in them to do their job, or their agency may see them as unfit for duty and fire them (Long, 2019).

This piece of the program can be implemented in both a formal and informal way. In an informal way, officers can just be encouraged to talk with whoever they feel comfortable talking to, and encourage speaking with a professional, without fear of repercussion from the agency. In a formal way, the department could select officers who are willing to attend training for peer support. There are a wide variety of trainings available in multiple formats across the country.

In addition to one on one peer counseling, this program would also include optional group peer counseling. One way in which this would happen would be a Critical Incident Stress Debriefing, or CISD. A CISD is a meeting of first responders and mental health professionals who meet after a stressful incident to discuss the incident and provide resources to any responder who wants them. For the purposes of this program, a mental health professional could be available, however the meeting would be led by an agency member who has been through a peer counseling training. In the author's experience, first responders who are reluctant to seek mental health help often give a reason of the mental health professional does not understand the experiences the first responder has gone through. This is a common reaction among many people who experience PTSD. Much like Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings, the idea of peer support and peer counseling applies. Studies suggest that AA meetings are so effective because of the social climate they create (McGreevey, 2011). The first responders who participate in this program would also be supported by other first responders who are taking proactive steps to get mental health treatments. This helps break the mental health stigma and allows participants to share what has worked and hasn't worked for

them as potential ideas for others in the group. It is important to note, this is different than an after-action review of what tactics or other methods that could have been better used in the situation. This CISD would focus solely on the mental health aspect. A sample policy for how peer counseling can be included can be found in appendix II.

Physical Fitness Program

The second piece of the plan to implement is an on-duty wellness and fitness program. “Aerobic exercises, including jogging, swimming, cycling, walking, gardening, and dancing, have been proved to reduce anxiety and depression” (Sharma, Madaan, & Petty, 2006). With so many studies that show the correlation of exercise and positive mental health, the implementation of an exercise program is a relatively inexpensive cost for a public safety agency to implement. According to The Heart Foundation, three of the top ten reasons people do not exercise are not having time, not having money for a gym membership, and not being motivated to workout (2018). While these concerns may seem like a legitimate reason to not workout, an on-duty workout program can solve these problems. The exercise equipment will be paid for by the organization, eliminating the cost concerns, the time concern is taken away by the fact that the exercise would be a part of a normal workday, and the motivation piece may be eliminated by the first responder being paid to workout. This will not motivate everyone to work out or there may be physical reasons a first responder cannot workout, which is why this portion of the program would be highly encouraged but ultimately optional.

In addition to the physical benefits, regular exercise has many physiological benefits as well. Like it was discussed earlier in this paper, some of the physiological side effects of the stressful work of first responders can include increased adrenaline and cortisol production. Physical exercise can have a positive mental effect by reducing the levels of adrenaline and

cortisol in the brain (Harvard Health, 2020). With decreased levels of adrenaline and cortisol, the negative effects such as the increased appetite and high likelihood of anxiety return to a more normal level. In addition to reducing those levels, exercise also triggers a release of endorphins. These chemicals work as natural painkillers in the body and also known as feel good hormones. These chemicals are released through aerobic exercise, meaning exercises which require constant oxygenation of the body. These exercises include walking, running, rowing, or using an elliptical machine.

When developing an on-duty fitness program, it is important to set up standards and guidelines for how to allow all employees the opportunity to work out if they want. One way of doing this is to limit the amount of time an employee can spend working out. With the benefits of aerobic exercise, these can be accomplished in a relatively short timeframe. In order to balance the needs of public safety coverage with the need for healthy employees, it would be recommended each employee be allotted an hour for their workout. This allows the employee time to change into workout clothing, complete an aerobic exercise session, then shower if needed and get back into uniform. An individual agency would need to make the determination how many employees would be allowed to workout at once. It is also important to recognize the continuing shift of call volume for public safety agencies. It is common to have periods of low calls then rapidly be bombarded with a large number of calls. For this reason, it is important to have a recall to duty plan for employees who are working out on duty. For this policy, the recommendation would be each employee would need to monitor radio traffic and recognize if staffing levels became critical and they would be needed to return to duty. The employee should also carry a cell phone or other method of communication so a supervisor can recall them to duty if needed.

With such a wide variety of options for implementing a physical fitness program, questions arise like how do we implement this program while maintaining staffing? Who will teach our employees how to safely workout? Each of these is a valid concern for a public safety agency and will be addressed by the sample policy in appendix I.

Ideally, an agency should have a variety of aerobic equipment, such as treadmills, stair climbers, stationary bicycles, or rowing machines. These pieces of equipment are simple for even a person with a beginner level of exercise to understand and have a low risk for injury. These aerobic machines improve cardiovascular fitness and according to Sharma et al., aerobic exercises are the type linked to increased mental health as well as improved cognitive function (2006). In addition to aerobic exercises, it is also important to include anaerobic equipment such as weights or resistance bands to improve muscular strength. Dependent on the space available and financial constraints of an agency, employees could also conduct body weight aerobic and anaerobic exercises, such as burpees, push-ups, or sit-ups, using minimal space.

The last piece that needs to be discussed about a physical fitness program is how a policy like this can be implemented safely and how to conduct that training. One option is a free course put on by the Federal Law Enforcement Training Center (FLETC). This course is free and covers topics such as how to avoid injury, progressive strength training, and nutrition (Federal Law Enforcement Training Centers, n.d.). An agency can send employees to this training for minimal cost to the agency and those employees can be responsible for training remaining employees. This provides a safe and responsible method of being able to implement this program with proper training. Another option would be for an agency to find a local physical trainer and hire them to either teach employees how to safely use exercise equipment.

Because the job duties of first responders are very physical in nature, it also provides an additional benefit by first responders being better prepared for the physical aspects of their work, reducing the risk of physical injury.

One way to reduce the risk for physical injury is to ensure the exercise focused on during these workouts incorporate functional fitness. For this paper, functional fitness is defined as exercise types which are designed to specifically enhance physical fitness for the needs of an individual job. In this case, all first responders can be fall under the needs of functional fitness for public safety workers. No matter if the job is policing, firefighting or providing emergency medical care, they all have the same physical needs. All of these jobs involve periods of rest or inactivity followed by a need for sudden explosive physical exertion. After this sudden physical exertion, it is also common for a need for a slower paced but long sustained physical exertion. With the various types of incidents first responders are called to, it is also important to have muscular flexibility to move into unusual physical positions and still be functional. All of these physical needs are addressed in the Cooper Institute Standards for Law Enforcement. While the title says law enforcement, it can be applied to any first responder. The Cooper Institute begins by breaking down the physical needs of the job into several exercise categories. These categories include aerobic, anaerobic, flexibility, muscular strength and muscular endurance (Cooper Institute, n.d.). In order to improve in each of those categories, Cooper Institute associated exercises with each of those categories to determine how fit someone was in each category as well as created a percentile standard based on gender and age group. A mile and a half run is used to measure aerobic endurance, a 300 meter sprint is used to measure anaerobic endurance, push-ups are used to measure upper body muscular endurance, sit-ups are used to measure core muscular endurance and a sit and reach test is used to measure low back and

hamstring flexibility (Cooper Institute, n.d.). Recently they also added a one rep maximum bench press and leg press to measure upper and lower body strength respectively.

Because the Cooper Institute, created a physical fitness standard based on percentiles, an annual fitness test could be added for an employee to measure their physical progress each year. It would be very important to define the goals of this physical fitness test to ensure it is not used as a readiness for duty evaluation, or if it is that it is used as a readiness for duty evaluation, that it is not a part of the employee wellness program. If the fitness test is just being used for an employee to see their own progress, it would be important to include in a policy no discipline can come from the results of the test and to not set a hard standard of what percentile an employee has to test at.

Annual Counseling

With continued difficulties of tackling the stigma of first responder mental health, one possible way of addressing this is to set up an annual meeting with a counselor for every employee. These meetings will be paid for by the agency and attendance will be mandatory. While many employee's will be skeptical or hesitant to partake in this program, by requiring everyone to at least attend a meeting. What is discussed at this meeting will remain confidential and if an officer chooses, they do not need to say anything at the meeting if they do not feel like it. This gives officers who do not want or feel the need to discuss things bothering them to not be forced to speak with a counselor, but it also provides an anonymous way for the officers that do want to talk but are too uncomfortable seeking help do so.

When implementing this program, there are a number of key parts. The first is finding a mental health practitioner that will work well with the department. This practitioner shall be a licensed psychologist or psychiatrist, preferably with experience in working with first

responders. This may help build trust and rapport between the first responder and the practitioner. In order to work best with an operation that operates 24 hours a day, it may also be beneficial for the practitioner to be willing to meet with the employee outside of normal business hours to accommodate their schedule.

For scheduling of appointments, it should be done at the convivence of the employee. Within reason, the employee should be able to choose the time of their appointment, including having the option to schedule this appointment on duty if that would be the employee's preferred time. If an employee does choose to make this meeting on-duty, the agency would need to approve the time to ensure adequate staffing would be left for calls for service. If an employee chooses to attend an appointment on-duty, the option should also be provided for the employee to change out of their uniform and take an unmarked vehicle to the appointment, if one is available. This will be done to help an employee remain anonymous to the public when the attend their meeting as well as make them feel more comfortable when meeting with the practitioner.

Although these mandatory meetings will only be once per year, it would be encouraged for any employee who feels they would like additional counseling to arrange it on their own, either with the department practitioner or with a different practitioner of their choosing. By implementing this program for all employees, some may realize they had emotions or feeling that were building up and affecting them they did not realize prior to counseling. These counseling sessions would work on both a preventative level as well as a treatment level for employees who are experiencing mental health complications already. For a model policy about how to implement annual counseling, see appendix II.

During these counseling sessions, it would be important an employee receives modern treatments for PTSD. One of the most common treatments for PTSD is Cognitive Behavioral Therapy, or CBT. Among other things, CBT has been proven to treat mental illnesses such as anxiety, depression and PTSD. (American Psychological Association, 2017). According to the American Psychological Association, CBT works by addressing the ideas that many mental illnesses come from an unhealthy and negative way of thinking and people can cope with these illnesses by learning how to change their thinking. During a CBT session, coping mechanisms such as learning how to recognize negative thinking patterns, self-calming or relaxation techniques, and developing skills to face one's fears. Through continued counseling, those suffering with PTSD can learn to mitigate their symptoms and live happier lives.

One area of controversy surrounding the treatment of first responder mental health is the use of medications. The most common types of medications used to treat conditions such as anxiety are benzodiazepines, which are Central Nervous System (CNS) Depressants. CNS depressants work by slowing the CNS, reducing the hyperactive activity causing anxiety. Because of this, there are many side effects that can be detrimental to a first responder. Alcohol is also a CNS depressant so these will ultimately affect the body the same way alcohol does when taken. Another drug category used to treat depression and PTSD are drugs called Selective Serotonin Reuptake Inhibitors (SSRIs). SSRI work by blocking serotonin from being absorbed and allowing more serotonin to be available in the brain. These drugs are less controversial than CNS depressants, however they can have some mood altering effect. It is important for any first responder to consult with their local laws and department policies regarding the use of CNS Depressants and SSRIs.

Who Will the Program Benefit?

While the primary focus of the implementation of this program is to benefit the first responders, benefits will also occur for the organizations and the communities they serve. According to Sappala and Cameron with the Harvard Business Review, the American Psychological Association estimates that 550 million workdays across the United States are lost to stress on the job (2015). With first responders facing such high levels of stress, it is undoubtedly effecting their work. Increasing and promoting a healthy culture at work has been proven to increase peer support, and respect among peers (Sappala & Cameron, 2015). This is a benefit to both the organization as well as the peers of the employee. In addition to increased caring about their peers, first responders are also more likely to support the members of the public they serve when they are working in a healthy and productive workplace.

Implementation of the Program

When implementing such a large program like this, it would be a benefit to the agency to implement the program in steps. When implementing a program in steps, it can both be used as an adjustment period for the employee to change but also allow the implementation to be tracked and see if certain pieces of the program are more effective than others.

The first piece of this program to be implemented will be the peer support portion. This piece requires minimal training and cost to the agency. When implementing this piece of the program, the first step will be to take volunteers to serve as official peer support employees. These employees should be employees with a positive attitude and ones that have the respect of their peers. If an employee who is on the peer support team promotes a negative attitude, or employees do not feel comfortable talking with that employee, then they will not be effective in

promoting a positive culture and reducing a mental health stigma. Once the employees have been identified and it has been announced to the organization, they can begin in their roles of checking in with employees when they feel it is needed. As the leader implementing or coordinating this piece of the program, it would also be the time to start looking for trainings or seminars that would help the peer counselors know what to look for and how to intervene at a peer level.

The next step could be either the fitness program or the annual check-in, depending on what is available to the agency. If an agency has a workout facility available, it could be as simple as making sure everyone is trained in safely using equipment and writing a policy to allow the fitness program to begin. Even if there is not access to formal workout equipment, the program could begin with indoor or outdoor running and body weight exercises until formal equipment is able to be purchased.

The final piece of implementation would be to enact whatever was not enacted in the second step. If the annual check-in is what is left, the first step would be to develop a goal then a plan to accomplish that goal. Once the plan is created, the search for a fitting practitioner can begin. This may include getting opinions from employees at multiple levels within the agency, from entry-level positions all the way to upper management. When the program is ready to be implemented, it is important to explain the program and its purpose to the employees. The employees need to know that they are only required to show up and can share as much or as little as they want in the meetings. It is also important for the employee to know what they say will not be reported back to the agency and they can speak freely without fear of repercussions.

Conclusion

When implementing a new program, there are seemingly endless challenges that can be faced. If something as good intentioned as a mental health program can face ethical challenges that need to be addressed on the front end, before they become an ethical violation. When it comes to first responder mental health, I think the ethical responsibilities are clear, that we should be doing what we can to help our employees.

Legal and Legislative Lens View of First Responder Mental Health

Even the plans with the best intentions must be checked against a moral and legal compass. Suicide prevention and mental health programs are no exception to this rule. One would expect most people would agree assisting others with their mental health follows a good moral compass and there would be few legal complications when it comes to an employee wellness program. While this is generally true, through the author's research, a few potential areas of concern have arisen from first responders when it comes to being enrolled in a mandatory program. These questions could include: "What will my employer be told about what I tell a therapist", "Will my job be at risk?", "Will I face discipline as a result of participating in this mandatory program?".

All of these concerns are valid and common among first responders. This is part of the reason the negative stigma around mental health is so strong among first responders. In order to gain acceptance of a program as in-depth as this program, the participants need to be able to trust in the program and feel confident their thoughts, feelings, and concerns are not relayed to anyone who the participant does not want them to. The following section of the paper will explore the

legalities of sharing mental health information with employers, how employees are and are not protected from discipline when it comes to a program like this.

HIPPA

HIPPA, or the Health Insurance Portability and Accountability Act of 1996 is a great starting point for protecting a patient's health history and maintaining privacy. HIPPA contains a variety of pieces, including privacy, security and compliance monitoring (U.S. Department of Health and Human Services, 2013).

While the "privacy" expectations of HIPPA are fairly long and confusing, there are no circumstances in which health information can be released without there being emergent special circumstances or without the consent of the patient. A particular concern for police officers may be an exemption about the HIPPA exemption for release of information to law enforcement. While certain exemptions do exist, they are not related to an employee wellness program or employee counselling. The law enforcement exemptions include release for legal processes (meaning court orders, search warrants or subpoenas); locating a suspect, fugitive, witness, or missing person; or to notify law enforcement of the death of an individual; or to notify law enforcement of a suspected victim of abuse, neglect or domestic abuse; or if the patient is an imminent serious danger to themselves or others (U.S. Department of Health and Human Services, 2013). Another part of HIPPA's privacy law states:

"A covered entity may use or disclose, without an individual's authorization, the psychotherapy notes, for its own training, and to defend itself in legal proceedings brought by the individual, for HHS to investigate or determine the covered entity's compliance with the Privacy Rules, to avert a serious and imminent threat to public health or safety, to a health oversight agency for lawful oversight of the originator of the

psychotherapy notes, for the lawful activities of a coroner or medical examiner or as required by law.”

This also specifically protects patients against their psychological information being released without their consent.

HIPPA infractions are taken very seriously in the healthcare world. Anytime a breach of HIPPA occurs, several notifications must be made. The first is to the individual whose information was leaked. In cases where more than 500 people’s information is leaked, the media must also be notified. The final notice must be given to the Department of Health and Human Services. When a healthcare professional is found to have committed a HIPPA privacy violation, it can oftentimes result in their termination, and if that occurs, it is very difficult to get another job in healthcare. This should serve as an extra comfort to patients, as their medical providers have a very good reason to keep their health information private.

Workers’ Compensation

While HIPPA provides a large amount of protections for employee medical privacy, one area that information can get back to the employer is when a worker’s compensation claim is filed. Workers’ Compensation, commonly referred to as Workers’ Comp, is a program managed by the U.S. Department of Labor. This program serves the purpose of providing compensation to employees who are injured in an official work related capacity or develop an “occupational disease” through wage replacement benefits, medical treatment and vocational rehabilitation (U.S. Department of Labor, n.d.).

This is important to first responders as many states have passed laws making Post Traumatic Stress Disorder (PTSD) a presumptive injury in first responders. This means in

California, Colorado, Connecticut, Florida, Minnesota, Maine, New Mexico, New Hampshire, New York, Nevada and Texas, a first responder who is diagnosed with PTSD is assumed to have the PTSD caused by work related events (Childers, 2019). Several other states are also introducing laws to make PTSD a presumptive injury; however, they have not passed as of October 19, 2019.

According to HIPPA, any service covered by HIPPA may release information to employers, amongst several other entities, without the consent of the patient (U.S. Department of Health and Human Services, 2013). The information release must be the “minimum necessary” amount of information necessary to accomplish the workers’ compensation claim. This is an important legal benefit for first responders to help ensure they are not financially responsible for getting treatment for their mental health conditions.

Employee Discipline

Understandably, another overwhelming concern of first responders is if they can be disciplined or not for either seeking or not seeking mental health help dependent on their situation. The previous section detailing HIPPA is a very strong example of why an employer would have a very difficult time even finding out about them receiving mental health help if they did not want the employer to find out. This makes discipline very difficult or impossible if they do not know about any counseling that is occurring.

In the event an employer does find out about an employee receiving mental health help, there are also laws in place protecting the employee for receiving mental health or even physical medical treatment. These laws are covered by the Americans with Disabilities Act (ADA) and the Family and Medical Leave Act (FMLA) dependent on the size of the company and the number of hours worked per year by an employee. The ADA states employers cannot

discriminate based on a mental or physical disability and FMLA states medical leave must be granted under certain circumstances (Justia, 2018).

Conclusion

With the importance of mental health in first responders becoming ever more prevalent, first responder administrations must do all they can do to make sure their employees feel comfortable getting the help they need. Transparency and honesty when it comes to programs like this will go a long way to build employee trust. Employee trust, especially when it comes to their mental health is very important and can be broken very easily. If an employer uses an employee wellness program maliciously, it will further add to the negative stigma of mental health in first responders and make them much more hesitant to get the help they need to better serve their communities.

Chapter 3: Implications, Recommendations, and Conclusions

Practical Application

Through both the research and the attached appendices, the author has developed a program which can be applied to nearly any first responder agency, whether it be law enforcement, the fire services or emergency medical services. While the individual responsibilities of the different first responder fields may vary greatly, there will always be common stressors of the job. All first responders experience the same physiological effects from an “adrenaline rush” and all of the mental struggles as side effects of those. Whether the first responder is a deputy in a rural sheriff’s office or a firefighter/paramedic in a large urban department, this employee wellness program can be implemented and adjusted to the specific needs of an individual agency.

Recommendations for Further Research

In order to continue to build the most effective type of wellness program, continuous research is key to the success and continued relevancy of the program. Specifically, further research about the link between physical exercise and mental health should be conducted. Research into if the length and types of workouts, meaning aerobic versus anaerobic or weightlifting, and their effect on the brain would be relevant. If research can show one type of workout at a certain length is more beneficial, then that is the type of exercise that should be focused on during the workout on duty period.

In addition to continued research, self-reflection is also important. The author would recommend an initial survey to determine a baseline of how employees feel about their mental and physical health before the program is implemented. Because wellness is so subjective to each individual, it would be important to get this type of baseline information to judge the success or failures of the program. After the program is implemented, the same survey should be sent out on an annual or biannual basis to see if the employees feel their mental health is improving. An additional piece to the survey should be added about the opinions or recommendations from the employees to see if there is something that could improve the program as it develops to the individual needs of each agency that implements it.

Conclusion

Through the author's research, it is clear there is a rapid increase in suicide in first responders over the past several years. There is also clear research that shows why first responders are at a higher risk of developing mental health conditions such as PTSD. There is an ethical responsibility for the administrators of agencies employing first responders to provide the tools necessary for first responders to take care of themselves. Administrators can develop

wellness programs and policies to help their employees form healthy coping mechanisms and hopefully if applied correctly, prevent mental health conditions from having long term effects on the first responders. There are several laws and programs in place to ensure there are not legal consequences for the agency or the employee participating in these programs.

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Appendices

Appendix I

Workout On-Duty Policy

I. POLICY

The purpose of the policy is to establish a standard for employees to engage in physical fitness training while on-duty. Studies have shown a link between exercise and increased mental health. This policy will dictate when and how officers may workout while on duty, to promote good physical and mental health.

II. SCOPE

This policy is applicable to all members of the police department, including sworn personnel, non-sworn personnel, part-time and full-time employees of the department.

III. POLICY ELEMENTS AND APPLICATION

Time Allotment

Employee's may be removed from the call rotation for a period of one hour per shift. This time may be revoked or cut short at the discretion of the on-duty supervisor, given the needs of the department to respond to calls for service. Only X (number specified by agency needs) employees may workout at a time.

Staffing Requirements

In order to maintain efficient staffing to respond to calls for service, X (number specified by agency needs) number of employees must be on duty. If there are less than X employee's working, or if the call volume for service is too high, the workout on duty may not occur until staffing is sufficient or call volume has decreased to an acceptable level, as defined by the discretion of the on-duty supervisor. The employee must carry a

cell phone or portable radio while working out, so they can be recalled to duty by the supervisor if needed.

Training Location

Physical training may only occur on-duty at X (locations specified by agency). *The recommendation for this policy would be to keep the area to an area owned by the agency, ideally a specific workout room or area. This keeps employee's and their equipment safe from the public, as well as makes it easier to recall an employee to duty if the need arises.*

Cooper Standard

When designing workouts, the employee should focus on the Cooper Standard exercises in addition to their own workout preferences. The Cooper Standards were developed with public safety functional fitness in mind. Each group of exercises has a specific goal for functional fitness as it relates to public safety.

IV. TRAINING REQUIREMENTS

Prior to participating in a workout on duty program, any employee wishing to participate must undergo safety training on all equipment that will be utilized so to reduce the risk of injury to the employee as well as reduce the risk of damage occurring to equipment.

Appendix II

Annual Counseling Policy

I. POLICY

The purpose of this policy is to establish the rules for a mandatory annual counseling session for all employees within the agency. There are ongoing concerns of

first responders being diagnosed and struggling with job related mental health conditions. This policy will detail how and when employees will seek counseling as a preventative measure for mental health.

II. SCOPE

This policy will be applicable to all members of the agency who fall under “X”. (*“X” can be filled in based on the job descriptions and the needs of the individual agency. If that agency does not want employees who would not be considered first responders to partake, they could define that here*).

III. POLICY ELEMENTS AND APPLICATION

Approved Psychologist

All meetings will be conducted with the organization that is contact with the City. No mandatory counseling session will be implemented if it is not with the department approved agency.

Scheduling

Each employee will be scheduled one per calendar year for their session with the counselor. This appointment will take place while the employee is on duty.

Employee Privacy

Employee privacy and trust with the counselor is extremely important. During the employee’s counseling session, they may choose to change out of their uniform into appropriate street clothes.

It will be the policy of this agency to not inquire about what was discussed between the employee and the counselor during counseling sessions. In addition, the

agency expects the counselor will maintain confidentiality and not share any information with the employer other than what is required by state and federal law.

Peer Counseling

Peer counseling will be an optional additional counseling service. A formal peer counseling session will be offered after any high stress incident or at the discretion of a supervisor or administrator. These incidents may include but are not limited to death scenes, serious assaults, serious injury motor vehicle accidents, officer injury, incidents involving child assault or injury or critical use of force incidents.

These counseling sessions will be led by a department member who has received training in peer counseling. *If there is an organization that helps with CISDs, it should be included here if and when they can be called to assist with peer counseling sessions.*

Quarterly peer counseling sessions will also be made available for ongoing peer counseling for department members who are willing to attend.

IV. DISCIPLINE

No discipline will result from anything that occurs during a counseling session. The only expectation of the employee is that they show up for the counseling session at their appointment time. Failure to show up for an appointment may result in discipline as it is an expected job duty that the employee be physically present during their scheduled time.

Peer counseling sessions are optional and no disciplinary action will result from choosing to not attend a peer counseling session.