**Recruitment and Retention Program for the Volunteer Fire Service in NY:**

This year, New York State has adopted General Municipal Law 200-aa. This law allows governing board of city, town, village, or fire district, by local law or ordinance, or resolution, to authorize a fire company to provide training stipends to volunteer firefighters. The Office of Fire Prevention and Control may make available state funds through a training stipend to volunteer firefighters for completion of certain firefighter training, as identified and published by the Office of Fire Prevention and Control. There is such funding in this current year’s budget for state stipends. The regulation for those stipends is in process due to be completed by August 31, 2023.

**Emergency Responder Wellness:**

Emergency responders respond to many types of incidents, but the following critical incidents can leave behind memories and effects for years to come if not handled correctly.

* Line of duty death
* Suicide of a co-worker
* Events involving children
* Events where the victim is known to the rescuer
* Events with personal meaning
* Threatening events

Critical Incidents are incidents that overwhelm your ability to cope. First responders experience significantly more critical incidents than the average person. Adding to this, other stressors of the job such as the schedule/long hours, perception of the public, culture, staffing issues, nature of what we do and at times lack of sleep.

When your body is under negative stress (distress) other areas of the body are also affected such as physical, cognitive, emotional, behavioral, and spiritual health. This can lead to depression, isolation, substance abuse/self-medication, sleep apnea, emotional numbness, lack of communication, increased absenteeism, burnout, self-destructive acts, cardiovascular risk, gastrointestinal and metabolic diseases, lack of concentration, and suicide.

Did you know that from 2014 to 2020 more firefighters died by suicide than in the line of duty?[[1]](#footnote-1) There were 604 LODD in that time period and 951 reported suicides. In a 2015 study, 47% of all firefighters experienced suicide ideation at least one time in their career. 19% had made plans to commit suicide, 15% attempted suicide and 16% committed non-suicidal self-injury.[[2]](#footnote-2)

In another study, it found that on average, police officers witness 188 critical incidents during their career. This exposure to trauma can lead to several forms of mental illness and lead to PTSD. PTSD and depression rates among firefighters and police officers have been found to be as much as five times higher than the rate of the civilian population, which causes the suicide rate to be at a higher rate. Suicide rates for firefighters: 18/100,000; police officers: 17/100,000; general population: 13/100,000.[[3]](#footnote-3) EMS providers are 1.39 times more likely to die by suicide than the public.[[4]](#footnote-4) According to statistics received by the Firefighter Behavioral Health Alliance, New York State ranks number five in the US for the number of firefighter suicides. One through four is Illinois, Florida, Texas, and California.

Even given the high number of suicides in the first response community, these deaths are underreported. There is insufficient data on suicides and mental health issues among these workers. Many first responders may consider stress to be “part of the job” and feel that they cannot or should not talk about traumatic events and other occupational stressors. Perceived stigma around mental health problems or concerns over impact on employment (i.e., being labeled “unfit” for duty) may lead first responders to not report suicidal thoughts.

What can be done to help?

While we recognize the many challenges that are presented to our first responders, we must give them the tools they need to better handle the stressors of the job. There are interventions available for emergency responders and we need to ensure they are available around the state. NYS Division of Homeland Security and Emergency Services has partnered with the Institute for Disaster Mental Health (IDMH) at SUNY New Paltz to offer Managing Staff Stress and Promoting Workforce Resilience Workshops. Several have been offered around the state and two more will be offered in the fall of 2023. We are also working with IDMH to have another version of that class created which can be instructed by staff from OFPC. Additionally, we are hopeful to begin training programs related to reducing stress by providing caring, comforting presence and education on common stress reactions. This would include psychological first aid and suicide ideation, how to recognize signs and symptoms and how to talk to someone and address basic needs when they are showing signs of distress.

Peer support programs offer some of the best interventions in this realm. Emergency responders are unique group of people and might not open-up to an everyday civilian. Talking to those who have walked the walk can be most beneficial. Utilizing critical incident stress management through debriefings and defusings have been proven to work after a critical incident if done in its correct intended format. Similarly identifying mental health professionals that have been vetted through cultural competency and understand how to work with first responders is essential.

Developing positive coping skills is extremely important. Building stress resilience and coping skills can make a difference as it relates to mental well-being of first responders. Creating diversions, such as watching TV, taking vacations, or going for a walk. Talking to someone you trust or making a gratitude list can help. Exercise and playing sports are great outlets, but even laughing and crying can relieve tension. The best thing you can do after a critical incident is take care of yourself. Eat well, get enough sleep, drink plenty of water, stay in a routine, and limit caffeine and alcohol for the first few days. Learn the deep breathing or “box-breathing” technique. This will really help relax and calm your symptoms.

NYS DHSES is looking to do more for first responders in the upcoming months and years in this subject matter. We are committed to keeping our first responders safe and effective.

1. Dill, Jeff, Schimmelpfenning, Mark, Anderson-Fletcher, Elizabeth, Wounds of the Spirit: Moral Injury in Firefighters. Firefighter Behavioral Health Alliance White Paper Series No. 1, February 2023 [↑](#footnote-ref-1)
2. Stanley, Ian, Hom, Melanie, Hagan, Christopher, Joiner, Thomas. Career prevalence and correlated of suicidal thought and behaviors among firefighters. Journal of Affective Disorders 187 (2015) 163-171 [↑](#footnote-ref-2)
3. Heyman, Miriam, Dill, Jeff, Douglas, Robert, The Ruderman White Paper on Mental Health and Suicide of First Responders. Ruderman Family Foundation. April 2018 [↑](#footnote-ref-3)
4. Neil H. Vigil, Andrew R. Grant, Octavio Perez, Robyn N. Blust, Vatsal Chikani, Tyler F. Vadeboncoeur, Daniel W. Spaite & Bentley J. Bobrow (2019) Death by Suicide—The EMS Profession Compared to the General Public, Prehospital Emergency Care, 23:3, 340-345 [↑](#footnote-ref-4)