Developing a Department-wide Mental Health Program

F. R. Montes de Oca, EFO
Fire Chief (ret)

A few months ago, I wrote "Putting Out the Fire: Attacking Mental Health Head-On", which addressed firefighter and responder mental health. The article covered signs and symptoms of mental health challenges as well as how to communicate with partners, department members and the public. The article cited a **recent survey of responders and revealed that 46% had experienced suicide ideation and 1 in 5 had participated in suicide planning.**

As COVID-19, civil unrest and economic instability continue to overburden emergency services with increased calls for service and the need to enhance one's personal safety, we as a profession must increase our mental health support efforts in a more systematic way. In other words, rather than addressing the needs piecemeal one event at a time, departments must begin to develop and/or expand mental health and suicide prevention efforts programmatically.

Recently, Laura Leone, a mental health specialist, offered a step-by-step approach to developing mental health and suicide prevention programs in the business world. I have refocused the model to fit the needs of the fire, EMS and emergency services. As much as we think of our agencies as businesses, few would disagree that our "business" has unique needs rarely found in the private sector. So, rather than pulling a "one size fits all" mental health/suicide prevention course off the shelf and serve it up to your members because everyone else is doing it, consider adopting a holistic approach to your department's needs. There are several programs available through various groups and institutions – some better than others, but all with the best of intentions and similar approaches. But, if you or your department's leadership is still struggling with how to get started, even after experimenting with or adopting one of the programs, refer to the steps below. The steps will lay out a generic, but robust framework to address the mental health and suicide prevention needs of your department.

Start at the Top

Few initiatives as important or complex as a comprehensive behavioral support program can begin nor survive without strong advocacy from the top. The chief and his/her senior staff must buy in and actively communicate their support. Knowing your agency's risk profile is important. What are the current, local stressors: funding, response overload, inconsistent support, weak leadership, poor training? What happens when someone within the ranks reports a mental crisis, exhibits a troubling change in mood, attitude or behavior? Are all treated with the same level of concern – and confidentiality? Are members at ALL levels of the department included in the "see something, say something" culture?

Train, Practice, Train

The fire and emergency services are notorious for not re-inventing the wheel. It has a long history and culture for adopting the best practices wherever found. Look at existing programs for ideas, evidence-based criteria and vetted program models:

- National Volunteer Firefighters Council,
- The First Responder Center for Excellence,
- The National Council on Behavioral Health,
- International Association of Firefighters and guidelines established by
- The National Fire Protection Association.

While some are better than others, they all contain invaluable information to help you develop your program. **Remember…your program is not the adoption of a one-off or stand-alone training course, but a fabric of supportive activities, policies, SOPs and practices that starts at the lowest levels of the department and runs up through the senior ranks and leadership.**

Communicate, Communicate, Communicate

In this era of social media and TMI saturation, find new and update old ways to get the message out. One of the goals is to ensure that a well-developed and consistently managed mental health program becomes part of your department's culture. Much like safety messages have become ubiquitous throughout the fire and EMS services, mental health messages (at all levels) must be part of that effort. **Confidentiality is critical when dealing with patient statistics.** Not to mention the legal implications, as soon as an individual is identified – the bottom drops out of your program's credibility.

Invite Everyone to the Planning Table

Collaboration is the key to a successful program. It opens communication lines, entertains various schools of thought, provides for a safe space allowing differing treatment approaches with all stakeholders. Collaborating can support quicker re-tooling of an existing program, thus helping it's adoption to occur sooner than later. Members invited to the planning table often include:

- representatives from each rank and/or shift,*
- community mental health specialist(s),
- emergency services mental health advocate/trainer,
- department/municipal and/or county medical director representative,
- training specialist or instructional designer.

Quality is Qing

Don't you hate when you purchase the latest and greatest "emergency" tool and discover after using once that it didn't perform as advertised and was simply an off-the-shelf product painted fire department red or EMS blue? To add injury to insult, the price was jacked up three times what you could have purchased it for at the local hardware store! Keep in mind that any new program or effort will always be accepted with a healthy bit of skepticism - until the stakeholder(s) try and find that it works as advertised. To ensure that your program works when the switch is flipped, run it through phases until the "grand opening". Some of those steps include:

- Make sure department leadership are on-board with the project concept.
- Share the goals, objectives and big-picture outcomes with planning group.
- Confirm planning group members buy into big picture and primary outcomes.
- Document meetings, discussion(s), agreements and disagreements.
- Layout development schedule and action anniversaries.
- Stay on target and on task.
- Report progress to stakeholders.
- Allow sufficient time for feedback and comments from stakeholders.
- Draft rollout steps/phases, including documents and training materials.
- Using a "test group", plan and execute a soft rollout.
- Gather and analyze feedback at each phase.
- Adjust where and when necessary.
- Rollout version 2 and incorporate feedback session.
- Adjust where necessary.
- Obtain final approval from leadership.
- Schedule full rollout with social media and local news media announcement.

As the men and women of our emergency services continue to protect their communities, it is vitally important that they are provided the tools supporting their efforts. Mental health and suicide prevention programs developed for your members, implemented and managed by those fully engaged in the process will benefit all for generations.

* If a member of the senior leadership is not on the planning group, make sure that regular updates are provided.