



# **Fire and EMS Personnel Behavioral Health Concerns**

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# Introduction

## **Fire and EMS Personnel Behavioral Health Concerns**

Much has been communicated regarding the increasing concerns of fire and EMS responder behavioral health. However, we only need to look at the daily lives of people in general to realize mental health challenges and concerns are prevalent in our daily lives, and only compounded when the rigors of emergency service activities are included. In most cases little to no education on the issues, symptoms, causes, treatments, or counseling are ever provided – whether to routine citizen or emergency responder. This makes the challenge of identification, communication and providing assistance even greater.

Let's start with defining what we will talk about as behavioral health concerns.

Behavioral health is a term that includes a full range of mental and emotional well-being – from the basics of how we cope with day-to-day challenges of life, to the treatment of mental illnesses, such as depression or personality disorder, as well as substance use disorder and other addictive behaviors.

The National Fallen Firefighters Foundation has identified several common situations that fire and EMS personnel encounter which can easily result in the development of a behavioral health concern. These include:

- Being exposed to potentially traumatic events at a more frequent rate and severity than the normal population;
- Being “on alert” even while resting, eating, or sleeping;
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- Being separated from families and friends for unusual periods of time due to shift work, deployments or other work-cycle formats.

For purposes of this series, we will stress five significant behavioral health concerns currently affecting fire and EMS personnel.

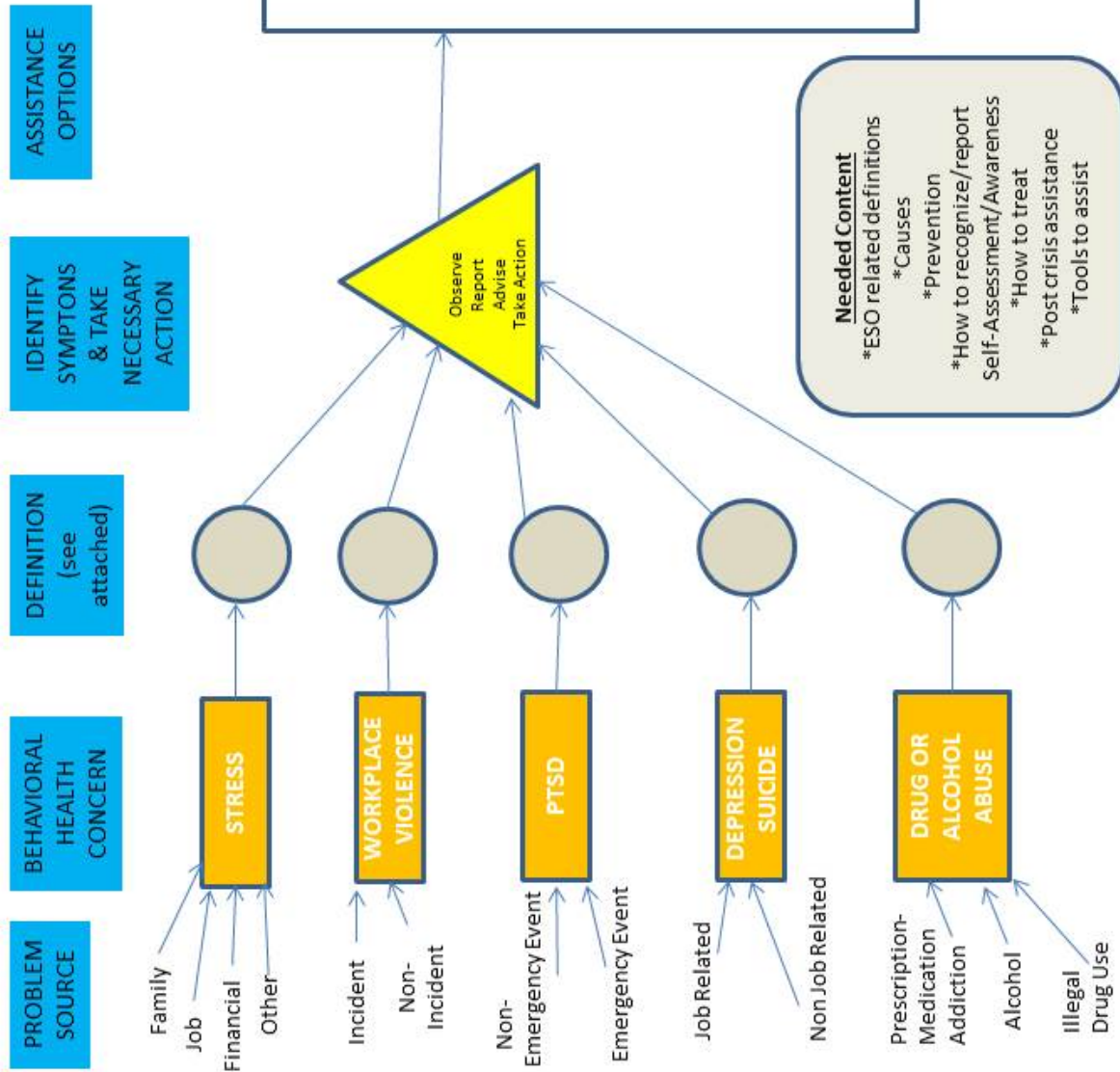
- Stress – A physical, mental, or emotional factor that causes bodily or mental tension. Stresses can be external (from the environment, psychological, or social situations) or internal (caused by illness, or from a medical procedure).
- Workplace Violence – Violence or the threat of violence against workers
- PTSD – Post Traumatic Stress Syndrome is a mental health problem that some people develop after experiencing or witnessing a life-threatening event like combat, disaster, fire, car accident, sexual assault, etc.
- Depression & Suicide – Depression is characterized as longer and deeper feelings of despondency and the presence of certain behavioral conditions preventing people from helping themselves and potentially taking their own life.
- Drug or Alcohol Abuse – Long term, pathological use of alcohol or drugs, characterized by daily intoxication, inability to reduce consumption and impairment in social or occupational functioning.

Much like physical health, mental health issues have symptoms. We readily work to resolve problems such as diabetes, heart disease, cancer and hypertension. Why are we not so proactive with anxiety, post-traumatic stress and depression? If identified and treated early, physical health issues and mental health issues can both result in positive outcomes. It takes action on everyone's part to deal effectively with behavioral health in today's fire and emergency medical services.

Remember: Mental health issues, like physical issues need to have symptom identification early, with effective treatment provided quickly to best manage today's Fire and EMS behavioral health challenges.



# Emergency Service Behavioral Health Assistance Model



# Behavioral Health Definitions

- Stress – A physical, mental, or emotional factor that causes bodily or mental tension. Stresses can be external (from the environment, psychological, or social situations) or internal (illness, or from a medical procedure).
- Workplace Violence – Violence or the threat of violence against workers
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- Drug or Alcohol Abuse – Long term, pathological use of alcohol or drugs, characterized by daily intoxication, inability to reduce consumption and impairment in social or occupational functioning.

# Behavioral Health Concern for Fire & EMS Personnel

## Stress

The first fire and EMS personnel behavioral health concern we will discuss is “stress”. As a reminder of what stress refers to:

- Stress is a physical, mental, or emotional factor that causes bodily or mental tension. Stresses can be external (from the environment, psychological, or social situations) or internal (caused by illness, or from a medical procedure).

### Awareness

Stress can be evidenced in a number of ways as physical reactions occur as the stress level increases. Among the types of physical reactions you may see are the acceleration of heart rate or lung actions (breathing). The body may become flushed or pale, or alternate between the two. Digestion can be affected as the stomach and intestinal tract may be affected resulting in constriction of blood vessels, liberating nutrients such as glucose and fat. In addition you may find a person under stress reducing in salivation, experiencing dilation of the pupils, bladder release, hearing and or visual loss as well as spinal reflex and shaking. In other words, extreme stress can affect just about every part of your body.

### Actions

Recognizing that you may be experiencing stress is critical to implementing successful interventions. Experts will offer numerable techniques and “tricks” to manage stress, but most have a few key components:

- Get enough sleep for your needs
- Exercise regularly
- Learn to take time to relax
- Take care of your body – it will tell you through changes if you are stressed
- Ask for help if you think you need it or suggest it to a friend/co-worker if you think they need it.

Specialists in your area may offer additional or alternative techniques. The point is – do something, don’t let stress overtake you!

### Assistance

Knowing where to go for assistance (either for yourself or directing someone with symptoms) is the important next step.

Finally, being willing to get assistance is the KEY to managing the challenges stress.

Stress is one of the key behavioral health concerns. It is a term that includes a full range of mental and emotional well-being – from the basics of how we cope with day-to-day challenges of life, to the treatment of mental illnesses, such as depression or personality disorder, as well as substance use disorder and other addictive behaviors.

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Much like physical health, mental health/behavioral health issues have symptoms. We readily work to resolve problems such as diabetes, heart disease, cancer, and hypertension. Why are we not so proactive with anxiety, post-traumatic stress and depression? If identified and treated early, physical health issues and mental health issues can both result in positive outcomes. It takes action on everyone’s part to deal effectively with behavioral health in today’s fire and emergency medical services.

*Remember: The key to managing stress is to recognize it is affecting someone and to take action to manage the causes and impacts.*



## **Fire and EMS Personnel Behavioral Health Concern Workplace Violence**

The second fire and EMS personnel behavioral health concern we will discuss is “workplace violence”. As a reminder:

- Workplace violence is actual violence or the threat of violence against workers. The violence can be described as verbal or physical threats, intimidation and/or aggressive physical contact.

### **Awareness**

Workplace violence can be evidenced in a number of ways as incidents occur, which can include odd or aggressive behavior, physical aggressiveness, mental and verbal intimidation, threatening behavior, and changing interpersonal behavior, obsession over something, possessing weapons in the workplace and disregard for safety to name just a few. A key consideration here it to assure proper personnel policies are in place, monitored and enforced.

### **Actions**

Recognizing you may be experiencing workplace violence is critical to implementing successful interventions.

Even when you have precautions and monitoring in place adverse situations can occur and incidents which are unplanned and may be hard to detect could occur, so situational awareness becomes a vital success tool.

Remember: if you witness a potentially violent situation or are dealing with a threatening or violent person, do not place yourself in danger or try to intercede. If possible, escape the scene and immediately contact local law enforcement authorities.

If you have experienced workplace violence with an individual or at a location, assure appropriate assistance is on scene or has cleared the scene for your work efforts.

Specialists in your area may offer additional or alternative techniques. The point is – know what to do when you encounter workplace violence.

### **Assistance**

Knowing where to go for assistance is the important next step.

Assistance comes in two ways: internal and external. Internal assistance will include Assessment of personnel, policy implementation, training, supervision and enforcement of rules. Externally you should focus on expanded training and awareness programs and working with law enforcement to better understand protocols for adverse events.

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*Remember: The key to managing workplace violence is to recognize warning signs, take action as appropriate and report things accordingly.*

Credit:

VFIS Risk Communique - “Workplace Violence/Threats of Violence - Management Liability/Employment Practices Risk Management”

## **Fire and EMS Personnel Behavioral Health Concern Drug and Alcohol Use/Addiction**

The third fire and EMS personnel behavioral health concern we will discuss is “addiction”. What first comes to mind is drug and alcohol addiction, but we will extend this to include gambling, sex and other addictions that fire and EMS personnel may develop. As a reminder:

- Drug, alcohol, gambling, sex and other addictions involve long term, pathological use of the substance or activity, characterized by intoxication, the inability to reduce consumption or involvement and impairment in social or occupational functioning.

### **Awareness**

American Addiction Centers indicates common signs of substance abuse can be:

- Ongoing need to increase the use of the product to achieve the same effect;
- Repeated unsuccessful attempts to stop;
- Relationships negatively impacted by substance use or activity;
- Use of substances or activity in risky situations;
- Withdrawal symptoms of substance use is observed.

Keep in mind that assessment is a prevention technique and periodic personnel assessments or regular behavior observations are effective assessment tools.

### **Actions**

Actions for the person affected by some form of addition can come in four key areas:

- **Physical Exams:** Long determined to be of value to fire and EMS personnel at both pre-hire/ membership and periodically once on the job; physical exams identify physical concerns and offer the opportunity for treatment or action.
- **Training & Personal Development:** Training and personal development are considered proactive measures to provide personnel with key information to help understand the issues and remedies for (drug, alcohol, sex, gambling), abuse and addiction.
- **Counseling Services:** Regardless of the personal challenges faced by the fire & EMS staff, behavioral health and wellness services become a key component to discuss not only for drug, alcohol, gambling, sex and other addictions, but marriage, family, financial, interpersonal relationships, anger management, grief or bereavement and more.
- **Peer Support:** Similar to, and as a result of counseling services, peer support programs offer a method to continue a dialog about addiction issues and how to deal with them.

## Assistance

Assistance comes in two ways: internal and external. Internal assistance will include assessment of personnel, policy implementation, training, supervision and enforcement of rules. Externally, you should focus on expanded training and awareness programs and working with law enforcement to better understand protocols for adverse events.

The National Fallen Firefighters Foundation has identified several common situations that fire and EMS personnel encounter which can easily result in the development of a behavioral health concern. These include:

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*Remember: “The most effective way to deal with drug, alcohol, gambling or sex use, abuse and addiction is through a proactive approach of awareness, evaluation, and education.”*

Credit:

The Counseling Team International, promotional literature

American addiction Centers, First Responder Lifeline, promotional literature

# Fire and EMS Personnel Behavioral Health Concern

## Depression and Suicide

The fourth fire and EMS personnel behavioral health concern we will discuss is “depression and suicide”. As a reminder:

- Depression and suicide are categorized as longer and deeper feelings of despondency and the presence of certain behavioral conditions preventing people from helping themselves and potentially taking their own life.

### **Awareness**

Each person will show signs of depression and possible suicide in different ways, and it can affect every aspect of life – work, leisure, sleep, activities you enjoy, eating, and so on. What is critical is understanding the symptoms which can include:

- Over-eating or loss of appetite
- Being irritable or restless
- Constant complaint of headaches, general aches and pains, physical distress
- Inability to sleep
- Loss of energy and fatigue
- Feeling guilty, helpless or worthless
- Losing interest in fun activities or sex
- Having difficulty remembering details, concentrating or making decisions.
- Having sad, “empty”, or anxious feelings, and
- Thoughts of suicide

### **Actions**

When encountered, specialists recommend you offer hope by listening to their problems and focusing on what they are saying. Keep in mind that suicide is not the problem, but the way a person perceives an unsolvable problem can be resolved. Don’t rush the person to action, be calm and offer hope while contacting help.

Many say that suicide is related to depression. Depression is a very treatable disorder requiring a combination of counseling and medication provided by professionals.

When you observe the symptoms it is important to - as noted in VFIS News:

**Listen** – talk to crew members after hard days. Ask them how they are doing and listen closely to their responses. Being a supportive presence in someone’s life can make a huge impact. When people feel heard and understood, it helps to alleviate mental anguish and stress.

**Look** – Watch those around you for warning signs of depression and stress. Do they seem like a different person? Have they become quiet and standoffish? Are they drinking more or abusing other substances? By consistently looking for red flags, you’ll be more likely to pick up on even tiny nuances of trouble.

**Learn** – know all you can about what to do to help someone who is having a problem. From helplines to connecting someone with a psychologist or counselor, outline a plan of action. Work to stay up-to date on the latest training practices at [afsp.org](http://afsp.org) and [aprc.org](http://aprc.org), and keep the following phone numbers handy, or post them around your facility.

### **Assistance**

Knowing where to go for assistance is the important next step, be it the police, a hospital, counselor or similar service.

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In the event you are in need of assistance and don’t know who to call, consider:

NVFC Share the Load Helpline – 888-731-FIRE (3473)

National Suicide Prevention Lifeline – 1-800-273-8255

*Remember: Suicide can be prevented and depression can be treated, your goal is to recognize symptoms and know how to take appropriate action.*

Credit:

VFIS News, “World Suicide Prevention Day: Staying Proactive & Prepared” Summer 2018

Suicide Prevention in Montana, Montana Suicide Prevention Lifeline

<https://americanaddictioncenters.org/blog/depression-among-first-responders>

## **Fire and EMS Personnel Behavioral Health Concern - Post-Traumatic Stress Disorder**

The fifth fire and EMS personnel behavioral health concern we will discuss is “post-traumatic stress disorder” (PTSD). As a reminder:

- Post-traumatic stress disorder (PTSD) is a mental health problem that some people develop after experiencing or witnessing a life-threatening event like combat, disaster, fire, car accident, sexual assault, etc.

### **Awareness**

Post-traumatic stress disorder requires a proactive approach to recognize, understand and manage. Critically important is the ability to recognize PTSD symptoms. The following PTSD symptom list was provided in the document “Share the Load” which is adopted from Suicide in the Fire Services: Adopting a Proactive Approach to Behavioral Health Awareness and Suicide Prevention.

- Restlessness
- Sleeplessness
- Hyper activity
- Inability to relax
- Jumpiness
- Difficulty concentrating
- Mental replays or dreams in which a person hears, feels, sees, smells, and/or tastes aspects of a traumatic event
- Shutting off one’s emotions
- Avoiding triggers (places, people and conversations)

Also, someone suffering from PTSD may be alert and on the lookout for danger. This is known as increased emotional arousal and can cause a firefighter to:

- Suddenly become angry or irritable
- Have a hard time sleeping
- Have trouble concentrating
- Fear for their safety and always feel on guard
- Be very startled when surprised

Finally, it can cause some negative feelings, moods, or behavior which can include:

- Feelings of shame, despair or hopelessness
- Difficulty controlling one’s emotions
- Problems with family or friends
- Impulsive or self-destructive behavior
- Changed beliefs or personality traits

## **Actions**

Consider the following two actions.

1. When a significant event occurs that may result in a PTSD scenario, talk about it with the crew individually and collectively, enlisting a stress debriefing team if needed.
2. Provide opportunities for fire and EMS personnel to talk to someone if they indicate a need to or exhibit any of the symptoms previously listed.

It is perfectly normal for someone to react emotionally when encountering a traumatic event. There is no shame. There is a need to provide assistance to those who may need help.

## **Assistance**

Knowing where to go for assistance is the important next step.

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*Remember: Recognizing PTSD is being aware and awareness is assessment which can help you take necessary actions to help someone who is suffering from PTSD.*

Credit:

“Dealing with PTSD in the Fire Service”, Firefighter Nation, 8/3/13

“Share the Load” , NVFC

Suicide in the Fire Services: Adopting a Proactive Approach to Behavioral Health Awareness and Suicide Prevention.



# **Fire and EMS Personnel Behavioral Health Assessing Your Program**

Let's start the assessment process by asking two questions.

First - do you have a behavioral health program?

Next – if not, why not?

In either case, it is incumbent upon you to make sure you have a program, it has the right components, and it is being implemented as necessary in your organization.

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## **Basic Components of a Program**

A literature review identified consistent reference to several key program components.

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1. Behavior health screening prior to assuming job duties and periodically after starting the job can help establish baselines which can be monitored to over time.
2. Training of personnel to understand risk factors, symptoms, and actions to take.
3. Policy and procedure on what to do when a fire or EMS responder exhibits signs of stress, PTSD, addiction, suicide, or is subject to workplace violence.
4. Consistent with the policy and procedure manual is to have an employee assistance program if possible. An EAP is available many times through your worker's compensation carrier. The explicit purpose of an EAP is to provide help to those struggling with behavioral health issues.
5. Having counselors, a chaplain, and/or a peer group available to help, and have access to outside resources as members may not want to talk to their EAP representative, but will work with others.

## Awareness

As we have seen, the physical and mental stresses that fire and EMS personnel encounter has been found to lead to PTSD, depression, anxiety, stress, suicide and other illnesses. In many cases fire and EMS personnel resort to “self-medicating” through substance abuse, addiction and worse. The physiological demands of providing fire and emergency medical services impact muscular and nervous systems; metabolic, respiratory, immune, endocrine, hematological, cardiovascular, thermoregulatory functions and psychological status. These stressors affect the fire and EMS provider to the point of increasing illness and injury and appropriate training, monitoring and interventions become necessary for safe performance on the job.

*Remember: Behavioral health issues cannot be managed if there is no Behavioral Health Program in place to manage assessment and response needs.*

## **Fire and EMS Personnel Behavioral Health Wellness Services**

Wellness is a key component of behavioral health for fire and EMS personnel. It is no secret that a healthy firefighter or EMS responder is more attentive and productive.

Over the years as wellness programs have “taken hold”, NFPA Standards have been created which have become both benchmarks and drivers. Their goal is to support and direct health, fitness, and wellness of firefighters and emergency medical providers. However, to be effective, the program must reach, motivate, education, train and develop fire and EMS staff. A complete fitness and wellness program needs to be customized for local departments and personnel. To achieve this, leading fire service organizations – USFA, IAFC, NVFC, IAFF and others have created related research and programming.

One fire department (Avon Volunteer Fire Department, Avon, Connecticut), in their VCOS-VFIS Injury and Illness Prevention award winning program created “a wellness and fitness program modeled after the IAFF/IAFC collaboration project acclimating member cardiovascular endurance, musculoskeletal flexibility, strength, and endurance for firefighting tasks and extended operational demands. Peer fitness trainers help facilitate fitness activities, and a quarterly fitness assessment program complies with NFPA 1583 and creates an accountability and feedback mechanism for individual fitness regimens. Rounding out the comprehensive illness and injury prevention programs are respiratory protection plans, seasonal vaccination program, and incident and training rehabilitation program” – all of which combines to sustain personal wellness and enhance personal performance, while reducing behavioral health adverse impacts.

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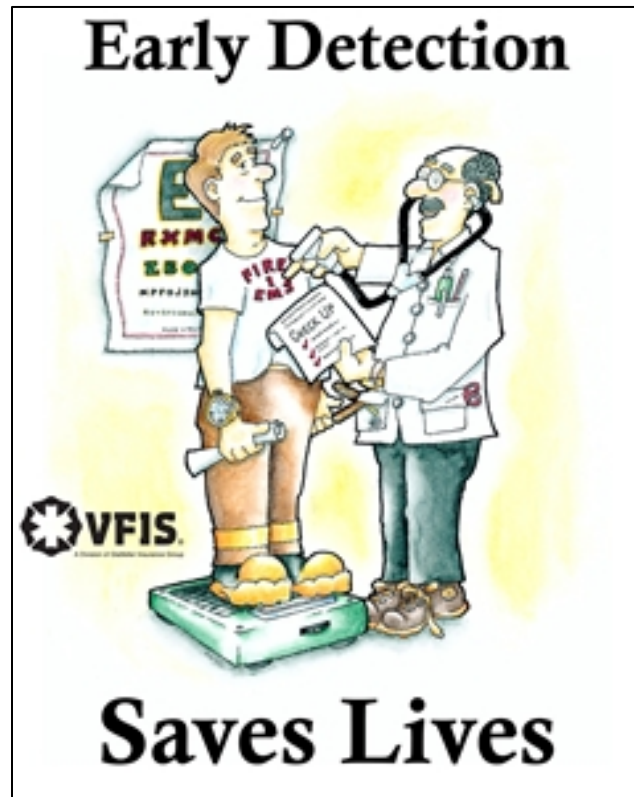
However, as this also illustrates, despite being physically fit, scenarios develop that create stressors requiring individual monitoring, Employee Assistance Program (EAP) referral, counseling, chaplaincy, peer support or some other type of intervention.

Personal well-being begins with a wellness program and personal health is critical to being able to provide help to others.

*Remember: Being physically fit and mentally aware via a wellness program is the first step in managing behavioral health.*

Credit:

“Illness and Injury Prevention Program Summary”, Avon Volunteer Fire Department, 25 Darling Drive, Avon, CT 06001



## **Fire and EMS Personnel Behavioral Health - Peer Support Program**

When it comes to behavioral health issues, a tool long proven to assist in helping members is the peer support program. Here, members can work with and assist fellow members or those with like concerns, as trained staff identify symptoms, listen, understand what is occurring and provide referrals as needed. The programs are proactive in nature and preventative in that actions are being taken or guided.

Understanding the purpose of and the importance of the program are pre-requisites to any action being taken by the organization. The first consideration is to obtain the right type of skill and knowledge sets in leaders of the Peer Support Program. It may be found that someone currently in your organization can be that person (trained counselor, your chaplain, etc.), or you may have to seek outside assistance. Either approach works, but a trained leader is a must.

### Components of a Peer Support Training Program

There are a number of requirements that anyone becoming a peer support leader must have been trained in. As a minimum, these would include:

- Understanding why they are performing the role of the leader
- Understanding the outcomes expected
- Knowing the goals of the program
  - Helping the members
  - Reducing illness/absenteeism/etc.
  - Building morale
- Desire to help people
- Listening
  - Verbal
  - Non-verbal
  - Perspective
  - Feelings
- Provide feedback after listening to assure context and content
- Summarize main points identified
- If appropriate, use case studies to support situations or key points
- Acknowledge when a crisis occurs
  - React calmly
  - Provide appropriate support
  - Access resources necessary to assist
- Acknowledge a scenario warranting some effort/intervention
  - Type of activity

- Job stress
  - Substance use/abuse
  - Family/marriage issues
  - Suicide
  - Traumatic event
  - Other
- Provide appropriate support
- Access resources necessary to assist
- Have a continuity plan for the individual

This is not meant to be all inclusive and there is clearly more to know, however, this should give you the context of the type of activity, personal skills and knowledge, program candidate, and resources needed to provide this necessary service to your members.

There is no doubt that peer support programs help manage the emotional strain of members of the organization. This in turn can help to prevent the typical results of stress, anxiety, PTSD, etc. which are depression, substance abuse, domestic violence, suicide, etc.

### **National Fallen Firefighter Foundation**

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Peer support programs are a fundamental tool in the program to help with behavioral health concerns.

*Remember - Peer support programs offer a lifeline for those struggling with emotional issues.*

Credit

The Counseling Team International (TCTI) promotional literature - Basic Peer Support training POST Plan III