



Firefighter Mental Wellness

Company Officer Section

In recent years fire departments have begun to better focus on firefighter mental wellness. There is much less stigma surrounding discussions on depression, PTSD and suicide but we still have a long way to go before everyone will be comfortable discussing their personal experience or acknowledging any personal struggles.

Studies in both the US and Canada have clearly identified firefighters are well above average in cases of poor mental health. Statics show very high rates of PTSD even with junior members and suicide rates that are high and steadily climbing.

If we are talking about it more, why are statistics still climbing? This illuminates the reasons we need to start actively doing more. Company Officers often have the means to recognize and recommend avenues for firefighters to reach out for assistance on a road to better mental wellness. Knowing where to start can be overwhelming for Officers. This resource is meant as a source of reference and support.

The path to mental fitness starts with the right environment – Article by Captain

Christopher Jett, Stafford County, VA, Fire and Rescue Department (published in FireHouse Magazine Feb 2018)

Success Stories - The work you are doing is paying off. Learning to be uncomfortable and vulnerable is helping our brothers and sisters cope, knowing they are supported and not alone. Here are some success stories shared by firefighters and officers who are winning the challenge of our vocation. If you have a success story to share, please contact us and we will share it here.

- **The Story of My Backpack**

Resources – Many firehouses are struggling with where and how to start a wellness program or who to talk to when someone they work with or they themselves need support. This is a list of [State](#), [Provincial](#), [National](#) and [international](#) links for assistance and support.

- [INTERNATIONAL](#)
- [USA NATIONAL](#)
- [CANADIAN NATIONAL](#)
- [PROVINCIAL](#)

Legislation

States that Have Enacted PTSD Presumption Provisions as of 6/25/19 and statutory language related to variables affecting cost and frequency of claims

Statutory References		
State	Effective Date	Link
Connecticut	7/1/19	https://cga.ct.gov/2019/ACT/pa/pdf/2019PA-00017-R00SB-00164-PA.pdf
Florida	10/1/18	https://www.flsenate.gov/Laws/Statutes/2018/112.1815
Idaho	7/1/19 – auto repeal 7/1/23	https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2019/legislation/S1028.pdf
Maine	11/1/17 – auto repeal 10/1/22	https://legislature.maine.gov/statutes/39-A/title39-Ach5.pdf
Minnesota	1/1/19	https://www.revisor.mn.gov/statutes/cite/176.011
Nevada	7/1/19	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/6945/Text
Oregon	91 st day sine die (likely 9/29/19)	https://olis.leg.state.or.us/liz/2019R1/Downloads/MeasureDocument/SB507/Enrolled
Vermont	7/1/17	https://legislature.vermont.gov/statutes/fullchapter/21/009
Washington	6/7/18 2019 amendment s eff. 7/28/19	https://app.leg.wa.gov/RCW/default.aspx?cite=51.08.142 https://app.leg.wa.gov/RCW/default.aspx?cite=51.08.165 http://lawfilesext.leg.wa.gov/biennium/2019-20/Pdf/Bills/Session%20Laws/House/1913.SL.pdf

Variable: Covered Employees

State	Provision
Connecticut	Police officer (excluding tribal police), firefighter or parole officer acting in the line of duty
Florida	<i>The term "first responder" as used in this section means a law enforcement officer as defined in s. 943.10, a firefighter as defined in s. 633.102, or an emergency medical technician or paramedic as defined in s. 401.23 employed by state or local government. A volunteer law enforcement officer, firefighter, or emergency medical technician or paramedic engaged by the state or a local government is also considered a first responder of the state or local government for purposes of this section.</i>
Idaho	First responder, defined as a peace officer employed by city, county or Idaho state police; a firefighter; a volunteer emergency responder; certified emergency medical service provider and ambulance-based clinicians; emergency communications officer.
Maine	<p>Law enforcement officer, firefighter or emergency medical services person</p> <p><i>Emergency medical services person" means a person licensed as an emergency medical services person under Title 32, chapter 2-B who is employed by, or provides voluntary service to, an ambulance service as defined in Title 32, section 83 or a non-transporting emergency medical service</i></p> <p><i>"Firefighter" means an active member of a municipal fire department or a volunteer fire association.</i></p> <p><i>Law enforcement officer" means a person who by virtue of public employment is vested by law with the power to make arrests for crimes or serve criminal process.</i></p>
Minnesota	<i>A licensed police officer; a firefighter; a paramedic; an emergency medical technician; a licensed nurse employed to provide emergency medical services outside of a medical facility; a public safety dispatcher; an officer employed by the state or a political subdivision at a corrections, detention, or secure treatment facility; a sheriff or full-time deputy sheriff of any county; or a member of the Minnesota State Patrol.</i>
Nevada	Salaried or volunteer firefighter, a police officer, an emergency dispatcher, call taker, paramedic or EMT employed by a public agency.
Oregon	Full-time paid firefighter, police officer, correction or youth corrections officer, parole and probation officer, emergency dispatcher or 911 operator.
Vermont	Paid or volunteer police officers, rescue or ambulance workers – including private ambulance, and firefighters.
Washington	<p><i>Firefighters as defined in *RCW 41.26.030(16) (a), (b), (c), and (h) and firefighters, including supervisors, employed on a full-time, fully compensated basis as a firefighter of a private sector employer's fire department that includes over fifty such firefighters, and law enforcement officers as defined in *RCW 41.26.030(18) (b), (c), and (e).</i></p> <p>Includes EMTs, dispatchers, full-time executive secretary of association of fire protection districts, deputy sheriffs. Some must have completed civil service exams; others have criteria as to participation in retirement plans</p>

The Path to Mental Fitness Starts with the Right Environment

Article by Captain Christopher Jett, Stafford County, VA, Fire and Rescue Department

Mental fitness is a key component to operational readiness. That readiness includes numerous tasks that must be accomplished at the beginning of each shift. Riding assignments, apparatus checks, and station chores to name a few, keep even the most organized leader busy. Add in emergency incidents, training and PT and you sometimes wonder where the shift went. So when during the shift activities do you find time to check on your personnel?



Checking on your personnel doesn't have to be formal, documented in triplicate or uploaded to the cloud. In fact, this process should be inconspicuous yet known to be occurring by those under your watch. It can be accomplished by simply paying attention to your crew's routines, habits, demeanor, etc. during your time with them. Their actions will generally tell you when something is wrong. Changes in attendance, uniform appearance, crew interaction, and eating habits are just a few clues to recognize that something may be wrong. And remember, this check goes both ways. Your crew should be performing the same check on you, their leader, as well.

These checks don't just happen by chance. Rather, the right environment needs to be set to allow them to occur. When one of your crew arrives and is carrying extra baggage, what happens? Do you leave them be and hope that it gets better or do you take charge and ask the tough question? To reverse the scenario, what happens when you, their leader, come in carrying extra baggage? Does your crew grab some rags and inspect the undercarriage all day or do they take charge and ask the tough question? Sure, sometimes people just need a few minutes to blow off some steam and they come back around. However, other times it is a sign of a bigger problem.

Setting the right environment involves establishing clear goals and expectations. Ask your crews to treat the firehouse like an airport since they are taking an overnight trip away from their friends and family. The goal is for



them check their baggage, including carry-ons with the free skycap by the bay door prior to boarding the apparatus. Remind them how good it feels to breeze through security and board the plane with nothing weighing them down and nothing to distract them on their flight. Of course, we are all human and this goal may not always be possible. Nevertheless, this should be the high bar set for your crew. We want and need our crew to bring their "A" game every shift to be successful at our mission.

What if the skycap is busy or the baggage is too heavy? That's where the expectations come in. You should expect them to be upfront with you and let you know that they have something weighing on them. In return, they should expect the same from you. This information may change the line-up for the day and it is better to know up front than after an incident occurs. No one is expected to divulge the details unless they choose to do so. We all expect a supportive environment in the place we call our second home. No one is expecting to be ridiculed, laughed at, or hazed to make matters worse.

We should anticipate, and even appreciate, being pulled to the side and asked the tough question if we are not forthcoming and others perceive that something is wrong. We are expected to be honest enough to say, "You know, maybe I shouldn't be here today." As with all expectations, these need to be established early and reinforced often.

While we hope our crews will not have to invoke these expectations, the reality is that at some point they will. When they come to you carrying extra baggage, are you ready to just listen? Our natural tendency will be to offer solutions to help fix the situation or to make it more manageable. However, many times people just need to talk about what is bothering them. When they are finished talking simply ask, is there anything I can do to help? If yes, set the wheels in motion and get them headed in the right direction. If no, respect their wishes and let them know you are there if something changes. Either way, take the opportunity to thank them for their willingness to talk about it which will quietly reinforce the expectations.

So what happens when they don't come to you voluntarily but you sense there is something amiss? We are taught in officer school to nip issues in the bud early and swiftly and these situations are not any different. When you first perceive there may be a problem, take action. Pull the crew member to a private setting, explain the reason for you doing so, tell them your observations, let them know you are concerned and ask "is everything ok" or "is there anything you need to talk about"? The common answer will be "I'm fine" or "Nah, everything's good" usually accompanied by a story about not sleeping well or being busier than usual. While this may be true, take this time to reinforce your expectations. However, there will also be times when they say that there is something wrong, that they are thankful you asked and that they are ready to openly discuss their situation.

In either case, if they choose to open up and discuss the details, be prepared for just about anything. Do not be surprised if one day you are caught flat-footed and are not sure what to do or say. Regardless of the issue, hopefully you are well aware of the resources available to your personnel and how to access them. Official resources, which we are often most familiar with, can include peer support teams, chaplains, CISM teams, and employee assistance programs. These and others are all great options designed to work in their own way toward a positive outcome. However, sometimes our unofficial resources are what is needed and work just as well. The fire service is comprised of subject matter experts when it comes to emergency incident and training operations. Unfortunately, it is also comprised of those who have experience with difficult off-duty matters as well. Most departments have someone who has been divorced, dealt with child custody issues, battled addiction, or fell on financial hard times and came out on the positive side of things. While these are often the most common, there will be the occasional new issue which may require mutual aid. Times like these reinforce the need for networking and exchanging contact information at conferences.

Seems easy, right? It is if you embrace the need for this responsibility and hold yourself and those in your house accountable. However, all it takes is a scan of the headlines to see that we still have room for improvement. We must do better at all levels to make sure our personnel are properly trained and ready to handle these situations. We must be willing to respond to an in-station (personal in nature) MAYDAY with the same vigor, preparedness, and resources as we do for one on the fireground. Both require hard work, continuous training and can sometimes be avoided with preventative measures. The reward for your hard work is simple, yet priceless. It comes in the form of a mentally fit crew of fire and EMS professionals ready to handle the next alarm and be nice to Mrs. Smith.

Success Stories

The Story of my Backpack By: Lt. Jay Compson Westerville Division of Fire



I can remember it like it was yesterday. It was the summer of 1995 and I was preparing for the start of a journey that would lead me to where I am today. I can still remember my exhaustive preparations. I packed and repacked my backpack multiple times to ensure I had everything I was going to need for the start of fire school. I made sure I had my IFSTA manual and IFSTA study guide, several expertly sharpens #2 pencils, several spiral bound college ruled notebooks, water and a few snacks just in case. I was prepared

as anyone could be having no point of reference as to what to expect. The next several weeks would be filled with an educational experience like none other. It would challenge me both educationally and physically as I tried to absorb as much as I could about what it meant to not just be a firefighter but a really good firefighter. Little did I know that this was nothing in comparison to what I would be packing in my backpack over the next 22 years on the job.

After working as a part-time firefighter for about three years, I was able to land my dream job. I became a Full-time career firefighter in my hometown of Westerville Ohio. My life was falling into place both professionally and personally. I married my beautiful wife (Kelley) and eventually over the next several years, we had three amazing daughters (Cameron, Avery and Delaney). At times it was a lot all at once but I was seeming to have success at managing it all. I was gaining experience and perfecting my skills as a firefighter. I landed a position on the medic which I did enjoy at least in the beginning. After almost 13 years I had my fill of less than critical runs in the middle of the night and most of all traumatic incidents that would later haunt me. That's where the backpack comes back in my life. Not necessarily in the physical sense but in the proverbial way. Imagine each run we take while on the job as a rock. These rocks come in various sizes depending on the severity of the traumatic incident. The fatal auto accidents, suicides, drownings, shoots and stabbings, etc. Each call I took and still take to this day adds another rock to my backpack.

Over the course of my many years on the job these stones began to weigh on me and my backpack. Eventually, the straps could no longer hold the weight. They broke simultaneously after responding to a call in which two Westerville police officers who while were responding to a domestic violence call were killed in the line of duty. My engine was the first on the scene. We gave it our best to attempt to control the scene, medically treat the two officers and call for more help. It was beyond intense and would be the pinnacle call of my career thus far. In the days, weeks, and months following the incident, I found myself having trouble with other runs that I thought I had dealt with that were hidden down deep in my backpack. All of the rocks that I gathered over the last twenty plus years spilled out everywhere in my life.

I occupied myself with helping others who were attempting to deal with aftermath of the call rather than taking time for myself and properly dealing with my issues. It wasn't until several conversations with trusted friends that I realized I needed help. I was tired of being tired. I hadn't slept a full night in months. I was underperforming at work and felt as though I was just going through the motions. My life at home starting to show signs of strain not only in my marriage in my relationships with my daughters as well. I found myself drinking more on my off days in attempt to liquid medicate my thoughts. This in turn caused more underperformance at work. It was time to do something.



With the help of a few colleagues at work I was introduced to the IAFF Center of Excellence. This treatment center would be coined "Brain Camp" by all of those who were going through the experience with me. Not as a means of disrespect but more as a descriptor. It seemed more fitting than the longer more official name. This treatment would take me on a thirty day journey like nothing I had experience before in my life. It was certainly not easy. However, it was what I needed to reset my situation with more clarity, understanding as well as provided me with a new set of tools to handle future traumatic event that would eventually come my way as I returned to the job. Sometime we get the pleasure of doing and seeing some amazing things. If you have been in this job long enough, you will have a laundry list of traumatic events that inevitably change you as a person as well as your relationship with those that you love. "It is OK to not be OK sometimes".

Recognition is the key to success when it comes to mental health and wellness. It starts with **YOU**. What can be done? When I returned to the job I found myself putting to use the tools I was given while at "Brain Camp". I was surprised that I was able to identify the struggles of those around me as if I was given some sort of super power. I quickly realized that many of us struggle with the things we do on the job. Traumatic incidents shows no bias as it effects and entangles the minds of all of us. We need to move toward a solution to breaking the barriers of mental health in the fire house. Firefighters need to actually care about one another and get comfortable with the uncomfortable conversations about observed changes in behaviors and actions of others.

We all can look back and think of times when "Johnny Firefighter" was acting differently or strange. He was either saying or doing something that was out of character. Everyone on the shift knew that Johnny was struggling. Everyone was talking about it to one another with the exception of Johnny. Break the cycle and have the **courage** to say something to Johnny. He needs **YOU**. The facts are that you may need him sometime later in your career. I hope he has the courage you showed him in his time of need to help you in yours. Company officers, your firefighters need you to lead the charge. I know you have a lot on your plate. I walk the same walk and know of the day to day struggles. You need to know your firefighters now more than ever. You need to know not only the topics, skills and abilities in which they have elite level performance but also care about them on a personal level. You have to build **trust** between you and the team. The more you can connect personally the more you will be able to recognize when they are struggling. If your "trust bank" is full you should have no problem pulling them aside and in genuine concern ask if they are "OK".

Trust has been discussed and described in just about every leadership conference, executive meeting and fire house kitchen table in the country. It is illusive to some but very natural to others. Company officers must use trust to open the door for firefighters to feel comfortable enough to talk about their problems and/or issues that may be weighing their backpack down. Your job is to get to them before their straps break putting them in a position of crisis. What can Department leaders do to help? The first thing that comes to mind is employee assistance programs (EAP). EAP is often provided as a member health insurance benefit. It allows for up to a certain number of visits to a vetted counselor for free with all additional visits at the expense of the member seeking help. This works as an early step that can sometimes curb some problems in their infancy. Some problems need more intense treatment that may be outside the scope of EAP. Department leaders need to know the limitation of their EAP program and find ways to add more options or intense treatment if necessary.

Departments across the country are implementing various PEER support outlets for members who are struggling. These PEER support groups are trained to perform tasks such as: firefighter to firefighter support, traumatic incident diffusion, suicide recognition and prevention as well as department training on mental health and wellness initiatives. There is a lot of information on the internet about firefighter PEER support. I would suggest that you find a department in your area that is “doing it right” and talk with them about implementation in your department. The International Association of Fire Fighters (IAFF) and National Fallen Firefighters Foundation (NFFF) are two great organizations with awesome resources that can be useful as well. Your local’s Health and Wellness committee



can easily open discussion with department heads to make positive changes as it relates to not only PEER support implementation but other mental health and wellness initiatives. Recently in my departments PEER team assemble a list of PEER support personnel, counseling options, EAP resources and vetted clinicians in the field of trauma treatment as it relates to firefighters. These resources were put into a QR code that could be easily posted at each station and scanned by any smart phone to access options for a firefighter in crisis.

Finally, I want to stress the importance and need for everyone to get involved. The fire department is not an individual sport. The sooner we starting playing for the name on the front of the jersey rather than the name on the back we all win especially when it comes to mental health and wellness. We all have to be on the lookout for one another. Break the stigma and start talking about mental health in the firehouses. We have to push for mental health and wellness to be treated along the same lines as work related physical injuries. Get behind legislative movements for making PTSD and mental illness presumptive as it relates to our jobs as firefighters and EMT’s. This is not something that can wait. Firefighters are struggling everywhere. Some are thinking that suicide is the only option. This cannot continue without intervention. Some of us reading this article may know of the collateral damage that is left behind when a member struggles silently and takes their life. Start now building trust with your coworkers so that you can have the courage to speak up when someone is struggling and needing help. Remember, we are all collecting heavy stones in our backpacks. Find ways to deal with the stones so that your straps don’t

break spilling your unresolved stones out everywhere. Most importantly, teach those new in the fire service career the new ways of handling stressors of the job and that it is “OK not to be OK” sometimes. Knowing that there is someone like **YOU** that they can talk to if they need help.



Mental Wellness Resources

INTERNATIONAL



International Critical Incident Stress Foundation Inc.

<https://icisf.org/sections/cism-teams/> -

International coverage

Using the Emergency HOTLINE

Any emergency service organization or individual connected with an emergency service may use the 24-hour Emergency Hotline to call for assistance or information:

Location and contact numbers for a CISM team during and emergency

If a situation distresses emergency workers and they need guidance in working through the stress the number is **410-313-2473**

Mission Statement

The mission of the International Critical Incident Stress Foundation, Inc. is to provide leadership, education, training, consultation, and support services in comprehensive crisis intervention

Contact Us

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and disaster behavioral health services to the emergency response professions, other organizations, and communities worldwide.



Code Green Campaign <https://codegreencampaign.org>

Educational based website

International links

The Code Green Campaign® is a first responder oriented mental health advocacy and education organization. Also known as Code Green, we serve all types of first responders. This includes firefighters, EMTs, paramedics, dispatchers, police, corrections, air medical, and search & rescue. Our name is a combination of the color for mental health awareness (green) and the “code alerts” used in emergency services. If someone is having a stroke or heart attack first responders will call a “code stroke” or “code STEMI”. The idea is that Code Green is calling a code alert on the mental health of first responders.

List of Mental Health resources USA and Canada



Firefighter Behaviour Health Alliance <https://www.ffbha.org>

International

Training and Education

The mission of Firefighter Behavioral Health Alliance is to collaborate, develop and implement behavioral health awareness, prevention, intervention, and post crisis strategies to provide firefighters with an easily accessible and confidential source of information.

Firefighter Behavioral Health Alliance is an IRS approved 501(c)(3) charitable organization.

Available on website:

- Resource list of professionals assistance
- Self-Assessment
- Suicide intervention/reporting

Contact Information

Firefighter Behavioral Health Alliance
1440 State HWY 248
Suite Q #462
Branson, MO 65616

Office: 847-209-8208
FAX: 888-788-5047
info@ffbha.org

USA NATIONAL



National Suicide Prevention Lifeline - <https://suicidepreventionlifeline.org>

1-800-273-8255

USA National

*This is not a first responder specific support system.

The National Suicide Prevention Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. We're committed to improving crisis services and advancing suicide prevention by empowering individuals, advancing professional best practices, and building awareness. Specializing in suicide prevention and mental health recovery.



SAFE CALL NOW - <https://www.safecallnowusa.org/>

1-206-459-3020 OR 1-877-230-6060-

USA National

Safe Call Now is a resource for public safety employees to speak confidentially with officers, former law enforcement officers, public safety professionals and/or mental healthcare providers who are familiar with your line of work. CONFIDENTIAL, comprehensive, 24-hour crisis referral service for all public safety employees, all emergency services personnel and their family members nationwide.

Mission Statement:

Safe Call Now is a confidential, comprehensive, 24-hour crisis referral service for all public safety employees, all emergency services personnel and their family members nationwide.

Vision Statement:

Safe Call Now provides education, healthy alternatives and resources to save lives and put families back together.

501(c)(3) Determination Letter:

Safe Call Now was approved for 501(c)(3) status on February 19, 2009.

MAILING ADDRESS:

PO Box 141122, Spokane Valley, WA 99214



SHARE THE LOAD <https://www.nvfc.org/programs/share-the-load-program/> – 1-888-731-3473 NVFC

USA National

A program run by the National Volunteer Fire Council. Help line and resources for people looking for help and support.

The Fire/EMS Helpline can serve as an individual resource, or departments can offer it as an Employee Assistance Program for their members. The key difference of the Fire/EMS Helpline is that it was created for first responders by members of the fire service. This program is specifically designed to meet the unique needs of firefighters, EMTs, rescue personnel, and their families.

Partnered with <http://www.americanadditioncenters.org>



Serve & Protect <https://serveprotect.org/get-help-24-7/>

615-373-8000

USA National

Serve & Protect is a 501(c)(3) whose mission is to locate and facilitate trauma services for public safety professionals with PTSD symptoms, addictions, or both. Whether residential care or trauma therapists and related services, Serve & Protect works on behalf of the public safety professional to find the right solutions for their real problems. We are the only nationwide organization providing these services. We partner with Safe Call Now who provides our crisis line and facilitates residential care. Serve & Protect facilitates all trauma therapist placements.



FIRST RESPONDER
Center for Excellence

First Responder Center for Excellence – Behavioural Health
<https://www.firstrespondercenter.org/behavioral-health/>

USA National

First responders are faced with a myriad of stressors that go beyond what the general population may experience. The phrase “fit for duty” for first responders has historically only accounted for good physical health for the duties related to one’s job. However, recent evidence-based research indicates that maintaining one’s behavioral health is equally important. The challenge has been to breakdown the stigma related to behavioral health due to lack of education, fear and misunderstanding.

The effects of first responder stress events can factor into behavioral health issues such as post-traumatic stress disorder, substance abuse and depression. Resources available today, like Stress First Aid, address the unique stressors related to first responders and build on the strengths of first responders, including a sense of belonging, support from one another and a strong sense of purpose.

(FRCE) is a 501(c)(3) nonprofit organization.

The website offers:

- Behavioural Health
- Health and Wellness
- Cancer information
- Cardiac information
- Firefighter Physical Initiative



NVFC Psychologically Healthy Fire Departments <https://www.nvfc.org/phfd/>

USA National

The Psychologically Healthy Fire Departments Initiative is brought to you by the NVFC in partnership with the American Psychological Association and the Firefighter Behavioral Health Alliance. This page of the NVFC website offers a list of mental health professionals who specialize in first responders. They are currently working on a Tool Kit Training program for resiliency.

Directory for professional assistance

Contact program manager - Caroline Stachowiak at caroline@nvfc.org

CANADA NATIONAL



Crisis Services Canada <https://www.crisisservicescanada.ca/en/>

1-833-456-4566

Canada National

*This is not a first responder specific support system.

Crisis Services Canada (CSC) is a national network of existing distress, crisis and suicide prevention line services. We are committed to supporting any person living in Canada who is affected by suicide, in the most caring and least intrusive manner possible.



Wounded Warriors – <https://woundedwarriors.ca>

Canada National

Wounded Warriors Canada is a national mental health service provider utilizing clinical best practices and evidence-based care to create an environment of compassion, resiliency and hope for Canada's Veterans, First Responders and their families.

Training programs available on trauma informed workplace and resiliency training, trauma informed leadership, stress management program, equine and canine support. Programs are available for workplaces, individuals, couples, families and children.

ONTARIO PROVINCIAL



First Responders First <http://www.firstrespondersfirst.ca>

Ontario Canada

On April 5, 2016 Ontario passed legislation called the Supporting Ontario's First Responders Act which amends the Workplace Safety and Insurance Act. The amendment states that PTSD diagnosis in first responders is presumed to be work related. The diagnosis must be made by a psychiatrist or psychologist and be

consistent with the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). An amendment was also made to allow for the Minister of Labour to request and publish PTSD Prevention Plans from organizations covered under the presumption. This site is designed to help employers establish a PTSD Prevention Plan and Program. The PTSD Toolkit of resources is launched by the Public Services Health and Safety Association and serves as the leading Ontario resource for providing information on PTSD through existing channels tailored to the needs of each first responder sector. This site will include tools to help identify when a first responder might have a problem, where to seek help, best practices for employers and a source for ongoing news and events related to PTSD and mental wellness. Tools will be selected and made available for both employers and workers.

Training programs

PTSD awareness signs and symptoms

Resiliency training

Peer Support team members



Boots on the Ground <https://www.bootsontheground.ca>
support line 1-833-677-2668 - Confidential Peer support

Ontario Canada

Mission - Our Mission is to provide confidential, caring and compassionate Peer Support to First Responders across the Province of Ontario.

Resources list on website

NOVA SCOTIA PROVINCIAL



Tema Foundation <https://www.tema.foundation>

Nova Scotia Canada

The TEMA Foundation develops evidence-based and informed educational curriculum in mental health and wellness for first responders including public safety personnel, frontline workers, health care professionals, caregivers and providers - and the important people in their lives.

Free educational resources available – PPE for the Mind