

**National Emergency Medical Services Advisory Council  
Advisory and Recommendations**

**Title: EMS and Readdressing Mental Health**

As prepared by the Subcommittee on **[Preparedness & Education]**

**A. Executive Summary**

In 2020, the NEMSAC Subcommittee on Professional Safety finalized an advisory on mental health and wellness issues for EMS practitioners. This advisory highlighted timely topics including the stress prevalent to the EMS profession, educational resources, workplace practices, and the need for ongoing local, state, and national efforts to address these topics. In the years since this advisory was passed, programs have been initiated to increase resources available in this area, and increase the number of EMS practitioners who access them. These include:

- International Association of Fire Fighters (IAFF) has a robust program serving fire fighters and EMS practitioners, including a facility that opened in 2017 on the East Coast and a plan to build a facility on the West Coast ([Center for Excellence](#))
- Peer support teams, such as the [Dallas Fire Fighters Association](#), the [Responder Assistance Initiative](#), a statewide program sponsored by the North Carolina Department of Public Safety, and the [University of Texas Heroes Helpline](#), a Houston-based initiative for first responders in Texas
- NHTSA hosting a monthly “Mental Health and Wellness for EMS and 911 Workforce Listening Session” virtually with approximately 120 attendees and subject matter experts
- **ePCR companies** are increasing resources to identify EMS calls that may increase stress for providers, **based on family/relationships**

Effort needs to continue to be made. The [2020 National EMS Assessment](#), published by the National Association of State EMS Officials (NASEMSO), identifies approximately 1,050,000 licensed EMS clinicians in the United States. Of this number, (50%?) are not currently active in the profession as EMS practitioners. Workplace issues include topics common to other industries, including work/life balance, reimbursement, and career opportunities. Topics that can be more prevalent in EMS include the physical demands of being an EMS provider, responding in all weather, and long shifts without regular sleep, exercise and healthy diet options.

**B. Recommendations**

**National Highway Traffic Safety Administration**

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@daniel.gerard@post.harvard.edu ,  
@coreycondren@gmail.com  
@wade.miles@emory.edu - anyone have an idea on this?

44 **Recommendation 1:** NEMSAC recommends that FICEMS/NAEMSE (National Association  
45 of EMS Educators) work with leaders in EMS initial education programs and textbook  
46 publishers to greatly enhance the amount of material provided on proactively managing mental  
47 health for EMS clinicians, in the context of EMS wellbeing.

48 **Recommendation 2:** NEMSAC recommends that FICEMS work to develop accessible  
49 resources for first responder families, who may often be the first point of help that the EMS  
50 clinician contacts to manage their own mental health.

51 **Recommendation 3:** NEMSAC recommends that FICEMS work with NASNA (National  
52 Association of State 911 Administrators), NENA (National Emergency Number Association)  
53 and APCO (Association Public-Safety Communications Officials) to identify and increase  
54 resources for proactive mental health care, as well as trauma-informed care, for 911 EMS  
55 telecommunicators.

56 **Recommendation 4:** NEMSAC recommends that FICEMS convene a panel of experts who  
57 will develop best practices for effective, evidence-based trauma-informed care for first  
58 responders that includes recommendations for resources and tools for supporting and  
59 identifying clinicians who don't self identify in need of mental health care, and includes the  
60 option for confidential access by EMS clinicians.

61 **Recommendation 5:** NEMSAC recommends that FICEMS work with ePCR vendors,  
62 NEMSIS experts, and Artificial Intelligence innovators to develop best practices for predictive  
63 trending about potential call stress for EMS clinicians to be built into upcoming ePCR updates.

64 **Recommendation 6:** NEMSAC recommends that FICEMS work with NASEMSO (National  
65 Association of EMS Officials) to develop and implement best practices for a mental wellness  
66 check into annual and/or recurring medical exams, as well as including mental wellness  
67 screening in initial application/onboarding processes.

68 **Recommendation 7:** NEMSAC recommends that FICEMS work with NASEMSO to develop  
69 best practices for establishing mental health and wellbeing resource **leadership positions** as  
70 part of EMS agency licensing requirements.

71 **Recommendation 8:** NEMSAC recommends that FICEMS engage with CDC (Centers for  
72 Disease Control) and NIMH (National Institute of Mental Health) to encourage improved  
73 research into innovative and evidence-based interventions regarding EMS clinicians and 911  
74 telecommunicator workforce.

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**Commented [5]:** this needs rewording

**Commented [6]:** who takes responsibility for people who screen with concerning findings?

Does screening imply discrimination to potential employees?

**Commented [7]:** \*\* NFPA 1582 standard for physical and mental health checks - potential crosswalk for new advisory

**Commented [8]:** check NAEMT website for info on this

76 **C. Scope and Definition**

77  
78 The [2020 National EMS Assessment](#) conducted by the National Association of EMS State  
79 Officials (NASEMSO) included survey questions about EMS Workforce Health and Safety.  
80 Ten states and territories recommended health/wellness programs for EMS professionals  
81 (19%). In contrast, 80% of states and territories reported EMS professionals having access to  
82 CISM programs. CISM programs are designed to provide resources after incidents that can be  
83 stand-out incidents for responders, such as pediatric deaths, incidents of violence, etc. There  
84 is certainly value in providing resources at a challenging time such as these, and EMS  
85 clinicians will benefit from strategies to address the mental health challenges that can arise  
86 from responding to these calls. “In Canada it is estimated that up to 2.3% of the population is  
87 dealing with Posttraumatic Stress Disorder (PTSD) at any moment. Among public service  
88 personnel (PSP), that figure is much higher. [Research done through the CIPSRT](#) [Canadian  
89 Institute for Public Safety Research and Treatment] consortium shows that number may be  
90 over 23% for public safety personnel.” There are efforts such as the [Code Green Campaign](#),  
91 providing advocacy and programming for first responder mental health and advocacy. Action  
92 and funding are needed to increase the resources available for EMS clinicians to develop  
93 proactive mental health care strategies and resiliency, to be more equipped to manage the  
94 stressors and factors that can be an influence on mental health throughout the shift, the myriad  
95 of calls, and the careers of EMS clinicians.

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97 **D. Analysis**

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99 EMS clinicians may commonly have access to mental health resources through Employee  
100 Assistance Programs (EAPs). These programs are typically “voluntary, work-based programs  
101 that offer free and confidential assessments, short-term counseling, referrals, and follow-up  
102 services to employees who have personal and/or work-related problems. EAPs address a  
103 broad and complex body of issues affecting mental and emotional well-being, such as alcohol  
104 and other substance abuse, stress, grief, family problems, and psychological disorders” (US  
105 Office of Personnel Management, 2024). EAPs are beneficial because they are normally  
106 easily accessible by employees, and can be scaled to meet needs of the employer. There are  
107 also any number of third party EAP providers that can be engaged to handle the usual needs of  
108 employees. EMS clinicians, as front line responders in the public safety sector, face many of  
109 the stressors of daily life and can benefit from the resources offered by EAPs. The stressors  
110 faced by EMS clinicians in the 911 setting, by EMS telecommunicators, and EMS clinicians in  
111 the non-emergency role can be uniquely challenging, as well, and resources that are focused  
112 on this sector of first responders should also be accessible. For many years, programs such as

113 Critical Incident Stress Management have been part of the EMS clinician landscape, made  
114 available after standout, tragic EMS calls, and this has been of value, but many EMS providers  
115 experience long term, life-changing mental health challenges and/or substance abuse struggles  
116 after working in this profession. “More than 1,000 EMS providers participated in the 2021  
117 national Social Needs in the Pre-hospital Setting (SNIPS) Study. The study findings included  
118 struggles with substance use (14.1% currently, 20.9% during EMS, 14.1% prior to EMS), and  
119 mental health concerns, including PTSD and burnout (28.2% currently, 41.5% during EMS,  
120 17.7% prior to EMS)” (2023 Basting et al). There is a clear need for EMS clinicians to have  
121 better access to trauma-informed mental health resources, opportunities to develop the tools to  
122 recognize the need for mental health care, and likely cultural change to make these resources  
123 viewed as proactive and positive options within EMS agencies.

124 **E. Strategic Vision**

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126 In an article published by NIOSH, the National Institute of Safety & Health, authors offered  
127 an overview of programs in the public safety sector. Additionally, the importance of  
128 evaluating the effectiveness of programs. “Throughout the meeting, presenters addressed the  
129 lack of evaluation studies on mental health programs among public safety workers. This gap  
130 may be due to difficulty in measuring changes in mental health; reliance on self-report of  
131 symptoms; logistical and ethical issues related to conducting experimental studies in the  
132 workplace; or difficulty getting agency, organizational, or worker participation for mental  
133 health studies. Currently, there are very few controlled studies among public safety workers”  
134 (2024, Kierderer et al). As EMS agencies consider program options for mental health  
135 support for clinicians, a key point in any discussion should be the ability to evaluate  
136 effectiveness of the program, which could include the availability of peer support, incidence  
137 of use that is tracked in a means that protects EMS clinician confidentiality, and options for  
138 meaningful support. Programs that offer substantive support and intervention but aren’t  
139 available or don’t include long term support can be less used. Workplaces that stigmatize  
140 clinicians by requiring use of paid time off for clinicians that are seeking mental health  
141 support aren’t promoting a culture where confidential peer support that connects EMS  
142 clinicians to mental health professionals for health care as needed may be contributing to the  
143 ongoing workforce issues, and employee recruitment and retention. The EMS sector faces a  
144 myriad of workforce issues, including low pay, unhealthy shiftwork habits, physically  
145 demanding jobs, etc., that promote burnout and recruitment and retention issues for EMS  
146 agencies. Many agencies would likely cite an interest in promoting mental health for its paid  
147 and volunteer providers, but if work hours/shifts are already long, mandatory overtime is  
148 common, and ‘vacation time’ really means more hours to work a part time EMS job that is  
149 also understaffed and seeking more assistance from the workforce, it’s not surprising that

150 taking a shift off to seek mental health care, or reach out to a confidential peer for support,  
151 would be viewed askance.

152  
153 A key role in EMS response is the 911 telecommunicator. Many of the issues faced by EMS  
154 agencies and providers are common for the 911 telecommunicator workforce, including a  
155 decreasing workforce where taking time off to seek mental health care can be challenging,  
156 and a culture of peer support would be advantageous for telecommunicators but is not easily  
157 accessible. Hours available for training must be balanced with a need to cover the growing  
158 need for proficient telecommunicators. In 2021, 45 States reported 213,652,929 total 911  
159 calls delivered to their primary PSAPs (National 911 Annual Report). A national standard  
160 for training and certifying or licensing 911 telecommunicators could include a focus on  
161 individual mental health resources, promoting a culture of peer support, and increasing  
162 resources so telecommunicators could take time as part of their regular shifts to normalize  
163 mental health support as part of routine work priorities.

164  
165 EMS clinicians who are experiencing mental health challenges are likely to reach out to  
166 those around them, and the impact of this certainly is felt by first responder families.  
167 “Immediate, focused social support for first responders by family members currently remains  
168 underutilised, despite early evidence of its effectiveness in the military veteran population,”  
169 (O’Toole et al, 2022). Resources in this area are not widely available but should be a part of  
170 initial training and orientation for new clinicians entering the profession, as well as a subset  
171 of requirements for biannual continuing education. “Following traumatic incidents, spouses  
172 or family members often notice changes in their loved one’s behaviour first, and thus must be  
173 trained to recognise and respond accordingly. Armed with such training, friends and family  
174 may also feel empowered to provide concrete support rather than standing by, unable to  
175 help” (O’Toole et al, 2022). A Canadian-based program, *Before Operational Stress*, is  
176 breaking ground with both virtual and live programs for first responders and military  
177 personnel, as well as their families, on developing proactive psychological tools to cope with  
178 the stress of these professions.

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180 **F. Strategic Goals**

181  
182 In the next three years, NHTSA Office of EMS and FICEMS should work with national EMS  
183 stakeholders to reach consensus on proactively managing mental health for EMS clinicians, so  
184 that EMS education standards include education materials reflect a wider understanding and  
185 importance of mental health and wellbeing.

186

187 In the next three years, FICEMS should promote the inclusion of proactively managing  
188 mental health and wellbeing for EMS clinicians in the continuing education and  
189 recertification process with state, tribal, and territorial leaders who oversee the  
190 certification and licensure of EMS clinicians.

191  
192 In the next four years, FICEMS should convene a panel of experts to create best practices  
193 for local, state, tribal and territorial leaders to be able to consult when developing or  
194 engaging trauma-informed mental health resources that are proven effective and are  
195 evidence-based. Additionally, resources should be developed that increase the reach of  
196 mental health resources for first responder families.

197  
198 In the next three years, FICEMS should work to increase resources available to 911  
199 telecommunicators for proactively managing mental health and wellbeing that are proven  
200 effective and are evidence based.

201

## 202 **G. Conclusion**

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204 EMS is an essential service in the United States, and having a well-trained, proficient and  
205 prepared group of EMS clinicians is a requirement to continue to be able to meet the  
206 expectation of the approximately 20 million 911 calls annually. Taking steps to train  
207 clinicians in proactive mental health care and resiliency, and increasing resources  
208 available to other partners in EMS response, including 911 telecommunicators, will  
209 increase the capabilities in this system overall, and will promote positive directions in the  
210 growth of the EMS workforce.

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## 212 **H. Crosswalk**

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## 225 **I. References**

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