

First Responder Mental Health: A Chief's Perspective

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Since the age of 14, I have been involved in the volunteer fire service. I joined the local department as a fire explorer and then transferred to South Wall, where I've served as chief of department since 2012. I have also been a fire instructor since 2013, where I believe in the hard, direct training of our members to prepare for the dangerous, unknown conditions in which they are expected to perform.

Scenario: It's 0300 hours. You're sleeping at the station when the tones drop for a reported residential structure fire. You jump up, get ready, and get on the rig. While responding, you hear the update of a subject trapped in the home. Within six minutes of the initial response, you arrive, don your mask,

and—without second thought—enter the burning structure. You find yourself standing over an unconscious man. This is what all the training has been for. You are expected now to perform. Are you ready? On September 15, 2015, I thought I was ready.

At about 0100 hours, my and two other nearby companies were dispatched for a reported structure fire. While responding directly to the scene in my chief's vehicle, it was reported that the police officers could see an occupant lying on the floor inside the home but were unable to gain access. I then realized that I was going to be the first-arriving fire department member and would have to attempt a rescue.

I arrived shortly after this report, donned my personal protective equipment, and ran around back where the police officers were. I remember distinctly there was a small fire burning on a couch in the front of the residence, with the smoke level about five feet off the ground. I entered the structure and encountered a large, unconscious male subject laying on the ground wearing only shorts that were around his ankles. I ran through many different ideas of how to remove the subject, but I knew I was going to have trouble being he was large and in a tight hallway. I attempted to remove him multiple times by dragging him by his legs, but I was unsuccessful because of his bodily fluids and deteriorating fire conditions. After being inside and alone for about three minutes, I noticed a rapid change in heat and I decided to exit the structure. This change in heat was from the fire blowing out the front picture window.

From the time of dispatch to me exiting the structure was 13 minutes. All of the training that we do—hours upon hours—came down to 13 minutes.

Immediately after exiting the structure, I walked around the front of the residence and was greeted by the rest of my company, all asking, "Bro, you got a save?" I did not realize at the time how much those words would later haunt me.

I doffed my gear since it was covered in the victim's blood, got checked out by emergency medical services (EMS), and called my girlfriend at the time to let her know I was okay. The fire was put out, everyone packed up, and I received a few pats on the back of "nice try" and "what can you do," but I never showed emotion. I was never allowed to; I was the Chief and had young members who looked up to me. At least, that's what I thought.

It was not until I got home, showered, and laid in bed that I got upset with myself. I felt an overwhelming failure that I can't believe I left the victim lying in that structure.

Impact

This incident did not affect me deeply that night or even over the next few weeks. For the first few days to a week or so after the incident, I would get emotional, but I never thought it was anything terrible. It was months after the incident that I began drinking heavily and lying in bed replaying the incident over and over again in my head. What could I have done better or different?

An ex-chief in a nearby town who is a very good friend of mine told me a story of when he rescued a woman from an apartment fire in almost the same conditions that I had been in. I was proud and happy

for him, but I could not stop myself from being angry, feeling resentment about the situation. Needless to say, my drinking got worse after hearing that story while dealing with my feelings. My friends sat me down one day and told me that I needed to talk to someone because I had not been myself lately.

As a firefighter, and especially as the chief, I thought, "Who wants to hear that?" Not me. I was always saying, "I'm fine, I have seen worse things." How many firehouses across the country have that the mentality? The most common thing I hear is, "That stuff doesn't bother me." I was the first one to say these things.

After talking with a therapist, I realized that I had post-traumatic stress disorder (PTSD). The therapist explained to me how, after years of being involved with incidents and not actually dealing with them properly, this was the culmination of stress. This situation escalated that night when I processed my incident poorly. I remember saying to the therapist, "Don't tell me I have PTSD. I am not a war veteran. Those guys have been through way worse than I have."

The therapist explained to me that post-traumatic stress can be from anything for anyone; it can also be the culmination of experiences over the years of being a first responder. Not only does the stress come from seeing traumatic scenes, it is stress coming from all angles.

Culmination of Stress

What we do as firefighters, day in and day out, takes a huge toll on our bodies and minds. Just look at my incident; I was fast asleep in my bed, and then the pager goes off. With a second's notice, I had to get up, get dressed, drive to the scene safely, and run into a fire without any hesitation. This is not normal for the human body and mind.

It was not just this one incident that put me over the edge; it was years of missing dinners, lack of sleep, seeing horrific things, and dealing with other member's emotions. The list can continue.

As I mature as a man and as a fire chief, I have learned that one of the huge stressors for me is the call that comes in for a reported structure fire or a serious accident which later turns out to be a false alarm. Think of what your body experiences when going from 0-150 miles per hour in seconds only to find out the call was false and you have to go back to normal living. You now must act like nothing happened, but your brain and your blood pressure are still pumping furiously.

Your body is not designed to operate at this type of high-intensity, fight-or-flight mode. As firefighters, we are supposed to do it day-in and day-out and at a moment's notice. You must control your emotions and reactions to these incidents and then go back to your regular life, acting as if nothing happened. This causes you to develop an unemotional mode that bleeds into your everyday life. You become emotionless in almost every situation.

I am not the only one who ever has been in a stressful situation; we all have. Each of these things is added to your everyday life problems outside of the firehouse. Volunteers encounter a different problem when they attempt to sleep. The pager is on and the anticipation of it activating throughout the night is always there.

Think about it this way: at a “normal” job, you get vacation days, weekends, and sick days. As a firefighter—especially as a volunteer—you are always on call. The potential is there to get called 24/7.

This condition did not arise from just one incident; it is from the culmination of several incidents and stressors. They are the “straws on the camel’s back” that we need to deal with before it’s too late. Taking fire and EMS calls out of the equation, the chief (or any leader of the organization) has to deal with member personalities, meetings, discipline problems, and keeping everyone happy.

Firehouse Culture

So, what type of culture is in your firehouse? We train for hours and hours on rapid intervention and engine company and truck operations, but who is looking out for us outside of the firehouse? I don’t speak for just myself when I get told, “Come on...have a beer, have fun! Get your mind off it!” However, that’s how we live our lives. We must act like a hero and then come home and forget about “it.” That is not acceptable anymore. First responder mental health stories are all over the news and in magazines, but what are you doing in your firehouse to change it?

The culture of firefighters and their firehouses need to change; it needs to be acceptable to talk about things regularly. I have been to many firehouses over the years and have observed one very important thing: the culture of the firehouse is dictated by its senior men. Yes, the chief puts out directives, standard operating guidelines, rules, and regulations, but the firehouse culture is directly influenced by the senior men—on calls, at the kitchen table, and taking care of the house and equipment.

Recognition and Prevention

There are many reasons that firefighters and first responders are committing suicide, such as relationship, financial, and alcohol issues. Let me be very clear: I am not saying I fell into my negative downward spiral because of incident mentioned. It happened over time because I did not deal with minor things such as firehouse issues and then process those situations poorly. I did not have the fundamentals to know how to properly deal with them. Wouldn’t it be great if you could recognize that you are having a problem or see when another member is having a tough time? So, why can’t you?

A member may not even realize that he is having difficulty until it is too late. Agencies need an avenue to deal with employee/member issues if the member cannot recognize it. Let’s face it: firefighters are a different breed of person. We may not be able to recognize the signs and symptoms of post-traumatic stress or depression, but why does it stop there? All around the fire service and in everyday life we see “preventative maintenance,” even down to our certifications. We need daily equipment checks, continuing education credits, and mandatory training in blood-borne pathogens and right-to-know; the list can go on and on. When do we do preventative maintenance on ourselves? How do we take care of our “second family”?

Ask yourself the following questions:

- Do you have an employee assistance program?

- Do your members know who to go to if they need assistance?
- Can you add “preventative maintenance” to annual training?
- Do your members know that assistance programs are confidential?
- Do you have mandatory critical incident stress debriefings after serious incidents?

Since becoming a chief, I have been through many different situations. I was one of the youngest volunteer chiefs in our department; I dealt with fatal fires and accidents; I was weary of the new culture of liability; and, like it or not, I had to navigate a new generation of young firefighters who also had no trade. I made it known to my members they can come and talk to me about anything, I always try to keep the senior members of the department involved in their special, influential way. Our fire district recently partnered with Preferred Behavioral Health Group for an employee assistance program for every member and their immediate family members. This fantastic program offers huge benefits to the members and families at zero cost and is completely confidential.

(Above photo by Tim Olk.)



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