



A National Action Plan for Post-Traumatic Stress Disorder (PTSD)

Background

It is well known that firefighting is a dangerous occupation and that fire fighters suffer high rates of workplace injury and illness while protecting the lives and property of Canadians. Less known are the mental demands of the occupation, including the effects of being regularly exposed to scenes and images that anyone would find disturbing and difficult to see. This makes Post-Traumatic Stress Disorder (PTSD) a very real danger to fire fighters.

Fire fighters are not alone in their exposure to distressing circumstances.

An alarming number of other first responders and military personnel including veterans with PTSD has been reported in Canada. Sadly, among those affected, many have taken their own lives. According to [Tema Conter Memorial Trust](#), 39 first responders died by suicide in 2015. This year, to date, 12 first responders and 3 military members have died by suicide.

In Prime Minister Justin Trudeau's November, 2015 mandate letter to Public Safety Minister Ralph Goodale, clear intent to address this issue is outlined, including a commitment to work with provinces and territories and the Minister of Health to develop a coordinated national action plan.

We are pleased that Minister Goodale has already begun to work on this by organizing a national roundtable on PTSD for first responders in January, 2016 in Regina, Saskatchewan. In addition, the 2016 federal budget specified support and treatment for public safety officers facing PTSD.

These are positive and timely first steps in a coordinated strategy. The government needs to continue to consult with key experts and stakeholders, including the IAFF, to identify current gaps, flush out existing resources, and build on creating a sustainable, national framework.

The IAFF is currently collaborating with other key stakeholders, including the Canadian Association of Fire Chiefs to ensure that the mental wellness needs of fire fighters are identified.

IAFF Position

The IAFF calls on the federal government to continue to work toward the timely development of a coordinated National Action Plan for PTSD for first responders, military personnel, RCMP and veterans. The IAFF should continue to be a key stakeholder in developing the Plan. The Plan should include the development and coordination of five components:

- Best practices
- Research
- Education
- Awareness
- Treatment

Best Practices:

The federal government should use its unique role to initiate multi-departmental collaboration and consultations with key stakeholders, including the IAFF and other first responders, RCMP, veterans, Canadian Armed Forces, organizations dedicated to PTSD such as Tema Conter Memorial Trust and mental health professionals to share best practices and adopt a comprehensive plan that would deal with the five key components.

Research:

PTSD can be preventable with early diagnosis and proper treatment. Resources should be allocated towards evaluating best practices to ensure up-to-date and effective intervention models are used across the country. Evidence-based research will provide valuable insight into the nuances of first responder, military, veteran and RCMP operational trauma and would improve diagnosis and treatment. The federal government should utilize existing healthcare research and explore new technologies to ensure long term treatment of those affected.

Education:

We need to change how our first responders, military and RCMP members learn about PTSD, as education is a key to prevention. Curriculums should be regulated at both the college level and at the training level. National recommendations can assist in modifying educational frameworks to include PTSD. Educational programs should incorporate how to identify potential triggers to reduce the risk of susceptibility.

Peer-to-peer programs would go beyond the classroom to reinforce the importance of early detection as well as stigma reduction.

Awareness:

PTSD awareness should not only provide information on self-detection, but should extend to family members, employers, from recruitment to management, and to health care professionals. Additional educational resources that include effective coping skills should be directed towards family members, who are heavily impacted by their loved one's trauma.

There should be a public awareness component to incorporate targeted awareness campaigns geared towards the public safety profession. Stakeholders, including the IAFF, can supplement this initiative by conducting local awareness campaigns in communities across Canada.

Treatment:

Many fire fighters are discouraged from seeking help due to the stigma attached to PTSD, as well as the complex nature of navigating through the many community health networks that may not specialize in diagnosing and treating first responders with PTSD. The lack of a centralized support system can alienate those in need of an anonymous and direct point of contact. Simply put, access to better mental health treatment is needed.

A national treatment plan should include working with key organizations who understand the nuances of the first responder lifestyle to provide input on research and play an advisory role on diagnosis and treatment.

Funding:

As the plan is centralized, it can be scalable and can build on existing resources. Implementing a broad-based comprehensive plan to include direct, national access to PTSD support would reduce the burden on our health care system.

For more information about this issue or any other issue affecting Canada's professional fire fighters, visit www.iaff.org/canada or contact the IAFF Canadian Office at (613) 567-8988. The International Association of Fire Fighters represents 294,000 professional fire fighters in North America, including over 23,000 in Canada. The IAFF is affiliated with the AFL-CIO and the Canadian Labour Congress.