Occupational Cancer and Behavioral Health

In the fire service, great strides have been made regarding behavioral health awareness. Elected officials are expressing a greater sense of urgency for services dedicated to the fire, EMS and first responder community.

Fire fighters should be encouraged to seek behavioral health support at the first sign of a problem or when facing significant occupational or personal life stressors, such as being diagnosed with a major medical problem like cancer. Untreated mental health problems often worsen over time.

Early intervention can identify problems before they escalate into debilitating psychiatric disorders that interfere with a fire fighter’s career, family or future. Quick action is especially important for serious but treatable conditions, such as post-traumatic stress disorder and occupational cancer.

The hard science is done. NIOSH, Grace LeMasters, the Nordic study and the Jallian study, the four key studies in fire service occupational cancer, all show the causal correlation of occupational cancer in the fire service.

Cancer is the most dangerous threat to fire fighter health and safety today. Fire fighters have a 9 percent higher risk of being diagnosed with cancer and have a 14 percent higher risk of dying from cancer than the general U.S. population.

Fire fighters who have been diagnosed with cancer will often feel overwhelmed as their entire world has been turned upside down by their diagnosis. Cancer does not just affect your body, it can also affect your mind, and many people will experience significant changes to their emotional health. Finding out you have cancer can have a big impact on a person and their loved ones. Feelings of depression, anxiety and fear are common.

According to the National Behavioral Health Network for Tobacco & Cancer Control:
- One in three people with cancer experience mental or emotional distress. It is most common in breast cancer (42%) and head and neck cancer (41%) patients.
- Up to 25% of cancer survivors experience symptoms of depression and up to 45% experience anxiety.
- Many cancer survivors also experience symptoms meeting criteria for post-traumatic stress disorder (PTSD).
- Cancer survivors are twice as likely to die by suicide than the general population.
Behavioral health needs to be a part of the treatment plan when one is diagnosed with occupational cancer. Those who receive behavioral health support and/or treatment often see improvement in their overall medical condition, are more likely to follow through with medical care and have a better quality of life.

Mental health professionals are an integral part of the multidisciplinary care team for their patients managing a cancer diagnosis. They are able to work with their patients to identify positive coping mechanisms to manage stress, mitigate risky behaviors around smoking or other substance use and encourage an active lifestyle, which ultimately can lead to a better quality of life and survivorship post-cancer treatment.

The oncologist and behavioral health team need to communicate together as part of the overall treatment plan.

Many fire departments have an Employee Assistance Program (EAP) program/Peer Support program to assist employees in behavioral health.

An Employee Assistance Program (EAP) is a voluntary, work-based program that offers free and confidential assessments, short-term counseling, referrals and follow-up services to employees who have personal and/or work-related problems.

A Peer Support program engages a trained member of the fire service to provide confidential support to another member who is experiencing personal, emotional or work-related problems while acting as a bridge to outside professional services.

If a colleague is diagnosed with cancer, it is crucial to provide resources to them that support their mental health, in addition to the medical treatment they will be receiving. This should become part of the overall support plan for any diagnosed employee. Behavioral health should be considered an essential component of physical health.