

UNDERSTANDING THE

BEHIND MENTAL HEALTH CHALLENGES IN THE FIRE SERVICE

4TH ANNUAL FIRE SERVICE THOUGHT LEADERSHIP ESSAY COMPETITION

**TOP ESSAYS BOOKLET** 

# THE 2025 FIRE SERVICE THOUGHT LEADERSHIP ESSAY COMPETITION

Top Three Essays & Honorable Mentions

Understanding the Why
Behind Mental Health Challenges
in the Fire Service

"As a captain in my department, I've seen first hand how critical leadership is. Not just in emergency situations, but in supporting the mental health of our firefighters. Writing this essay gave me the chance to highlight that resilience isn't only about strength in the fireground, but also about creating a culture where it's safe to talk about the challenges we face."

- Marc Wysoki, 2025 Essay Winner





Sponsored by Darley in collaboration with the National Fallen Firefighters Foundation (NFFF)





"We are inspired by the overwhelming enthusiasm and creativity showcased in our fourth Thought Leadership Essay Competition. With a commendable **85 entries** centered on understanding the why behind mental health struggles in the fire service, it's evident that our fire service heroes are eager to spotlight this important discussion." - Paul Darley, CEO W.S.

Darley & Company

"Every story told through this contest gives our fire service community a stronger voice and a clearer path toward lasting change. We participate because real solutions start when firefighters speak from experience and commitment."

Victor Stagnaro
 CEO, National Fallen Firefighters Foundation

# WHY IS THOUGHT LEADERSHIP & WRITING SO IMPORTANT?

Informational influence has become one of the most important leadership traits. The only way to lead effectively is to be an example of how leaders share information and lead from a place of caring.

While future and current leaders may have different perspectives than more senior members of the fire service, their level of dedication and willingness to address and problem-solve reflects the best the fire service has to offer. It is both impressive and exciting when firefighters, company officers and chief officers thoughtfully and respectfully challenge how we think about the future of the fire service.

"Leadership means listening, learning, and moving others to action. The fire service succeeds when we share our insights and work together to build something better. This is why we support the Fire Service Thought Leadership Essay Contest."

- Paul Darley

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"Being a thought leader can be an ethereal experience, yet it is not always an academic exercise. Training and education certainly provide the developmental basis and methodology for the critical-thinking process, but it's up to current thought leaders to mentor those around us to become the next group of progressive leaders. The philosophic questions we should be asking don't require a doctorate, but they certainly do require the ability to think beyond...."

- Chief Marc Bashoor, Executive Editor of FireRescuel (Sept. '19)

#### **HOW IT WORKS**

Fire service members responded to the below prompt:

Mental health challenges in the fire service are often described as 'well known' and widespread. But do we truly understand what the most pressing mental health issues are, why they persist, or how the mental health of firefighters compares to the general population?

As we know, there are known knowns; there are things we know we know. We also know there are known unknowns; that is to say, we know there are some things we do not know. But there are also unknowns—the ones we don't know, we don't know. It is those in the latter category that tend to be the difficult ones." (Donald Rumsfeld, 2002).

This year's essay challenges you to examine what makes the fire service unique in its struggles with mental health. Is it the nature of the work, the culture, or larger societal factors? Gaining a deeper understanding of the "why" is the first step toward finding meaningful solutions to these ongoing challenges.

#### **GRADING CRITERIA**

After the submission period closed, the 85 entries went through three rounds of peer reviewed judging process by our distinguished judges. Judges evaluated essays based on four key sets of criteria including:

- 1. Specific Solutions Offered
- 2. Potential Impact on the Fire Service
- 3. Quality of Writing
- 4. Intangibles

# HOW ARE THE WINNERS RECOGNIZED

Winning this contest opens doors. It lets participants showcase their ideas, spark real conversations, and stand out for their commitment to a better fire service. Their voices reach peers, leaders, and industry platforms, helping drive meaningful, lasting change.

All winners received a monetary prize: 1st-\$3,000, 2nd-\$2,000, 3rd-\$1,000

An additional recognition for the winning essay is the opportunity to present at the Texas A&M (TEEX) Leadership Conference in Texas, occurring from January 12-14, 2026, in San Marcos, Texas.

Winners are highlighted on platforms such as the Inside Darley video series, the Darley Times Newsletter and other Darley media distribution, In Service Darley podcast, and partner publications such as Fire Rescue 1, CRACKYL, FIREHOUSE, International Fire Safety Journal, iChiefs, Firefighter Nation, and more.

#### **2025 JUDGES**

The competition served as a catalyst to those from all ranks and functions in the fire service to put forth their transformative ideas. This peer-reviewed is a recognizing courage in innovative thinking. Our judging panel represents diverse backgrounds, genders, and ethnicities.

"I am always inspired by those willing to take a risk and voice their opinions for the betterment of the fire service! This essay contest was such a great opportunity for these participants to express their creative solutions for positive impact on firefighter survivability and quality of life. Thanks for sharing, they were truly outstanding!"

> - Danny Kistner Director of Fire Programs National Fallen Firefighter Foundation



Dr. Burton Clark
National Fire Academy (Retired)
Management Science Chair,
American Fire Culture



Vincent B Davis
Feeding America, Senior
Director of Disaster Services



Kerry Henderson James City County Fire, Battalion Chief 2022 Essay Winner



Dr. Lindsay Judah NFFF Fellow 2023 Essay Winner



Terri Reid Baltimore County EMS Shift Commander



**Anthony James** 

Pasadena Fire Department,

Deputy Chief/Fire Marshal

Jamie Hawarth Anne Arundel County Fire Department, Battalion Chief 2024 Essay Winner



LaRae Smiley-Sliger Women in Fire, Emergency Management Director Hardin County Fire/EMA



Bertral Washington San Bernardino County Fire Deputy Fire Chief



Nick Russo
FEMA (Retired)
Assistant Director-Office of
Federal Disaster Coordination



Kory Pearn Editor-in-Chief CRACKYL Media



Dr. Danny Kistner Fire (Retired), Mckinney. NFFF Director of FIre Programs



Demond Simmons Oakland Fire, Deputy Chief

#### **JUDGES' INSIGHTS:**

"It was gratifying and informative to participate in the Essay project. As an emergency manager, I learned a great deal about the challenges facing the fire service in today's changing environment. Much of what I learned from the great essays can be applied to managing change in the EM community. Thanks for allowing me to participate, and I wouldn't hesitate to be part of similar efforts in the future."

- Vincent B. Davis

"The quality and quantity of a discipline's literature measures its professionalism. Fire culture has life-and-death consequences. A firefighter's writing can contribute to the quality of life way beyond the firehouse. That is part of a fire service calling."

- Burton Clark

"The Darley Essay Contest is a great opportunity for fire industry professionals to share their thoughts and ideas on a variety of pertinent topics. As a rater, I get the chance to learn something new from very passionate and engaged members of our fire service."

- Anthony James

"Great set of thoughtful articles. The fire service continues to move forward with thoughtful and visionary individuals who are true scholar-firefighters!"

- Demond Simmons

"I was honored to take part in the judging of this years' NFFF and Darley Essay contest. There was a level of intelligence, innovation and passion in proposals I had the chance to read, that certainly bodes well for the future of the Fire Service. Thank you to all who entered and congratulations to the winners."

We want to congratulate everyone who dared to submit an essay and especially spotlight the top 3 winners from this process! Enjoy reading these essays and please share your thoughts on the insights.

TOP 3 WINNERS: COP



1st place

Marc Wysocki
Captain
Sheffield Volunteer Fire Department (MA)

Behind the Mask: Uncovering the Root Causes of Mental Health Challenges in the Fire Service



2nd place

Marc Revere Fire Chief, Retired Novato, Mountain View & Monterey Park (CA)

What Doesn't Kill You Will Haunt You



3rd place

John Murphy
Eastside Fire and Rescue, Deputy Fire Chief, Retired
Fire Commissioner, Fire District 38 (WA)

"Why" Behind Mental Health Challenges in the Fire Service: Are Firefighters So Unique?

# BEHIND THE MASK: UNCOVERING THE ROOT CAUSES OF MENTAL HEALTH CHALLENGES IN THE FIRE SERVICE

#### Captain Marc Wysocki

As a volunteer officer witnessing the evolution of our profession, I've observed a troubling paradox: despite increased awareness and resources devoted to firefighter mental health, the rates of PTSD, depression, and suicide continue to rise (1). The question we must confront isn't simply what mental health challenges exist in the fire service, but why they persist with such devastating impact. Are firefighters truly unique in our vulnerability to mental health challenges, or have we created this narrative as part of our distinct cultural identity? This essay examines the complex interplay of factors that create unique mental health vulnerabilities for firefighters, explores why traditional approaches to addressing them have fallen short, and proposes innovative solutions that challenge our fundamental assumptions about what it means to be a firefighter.

The Invisible Weight: Beyond Trauma Exposure

While exposure to traumatic events is the most visible contributor to mental health challenges, research suggests trauma alone doesn't explain the disproportionate rates of psychological distress among firefighters compared to other high-stress professions (2). The fire service creates a perfect storm of contributing factors that amplify vulnerability.

I witnessed this firsthand when my friend a firefighter/paramedic—a 20-year veteran respected for his unwavering composure—broke down after a seemingly routine medical call involving an elderly patient. It wasn't the severity of the incident that affected him, but rather the accumulation of thousands of calls, sleepless nights, and the constant weight of responsibility that finally became unbearable. His experience illustrates how firefighters' mental health challenges stem not just from individual traumatic events but from unique systemic factors that distinguish our profession from other high-stress occupations.

Trapped in Tradition: The Culture of Emotional Suppression

The fire service cultivates a distinct environment where emotional control is equated with professional competence (3). Unlike the general workforce, where emotional expression has become increasingly acceptable, firefighting maintains

a culture where vulnerability remains taboo. This isn't merely cultural preference—it's an adaptive response to operational demands that creates maladaptive psychological consequences.

Research has found that firefighters who conform most strictly to traditional masculine norms of emotional stoicism report significantly higher levels of psychological distress and are less likely to seek help (4). This culture creates a dangerous cycle: those most deeply embedded in fire service culture become most vulnerable to its psychological risks while simultaneously being least likely to seek assistance.

We must ask ourselves: Does operational effectiveness truly require emotional suppression, or have we conflated these concepts to our detriment? Military special operations perhaps the closest parallel to firefighting in terms of stress exposure—have increasingly embraced psychological processing as essential to operational readiness, challenging our assumption that stoicism equals strength (18).

#### Identity Fusion and the Uniform Effect

Firefighters experience what psychologists' term "identity fusion"—a merging of personal and professional identities more complete than in most other professions (5). This fusion creates unique vulnerabilities:

- When your self-concept is inseparable from your role as a rescuer, experiencing helplessness at an emergency scene doesn't just represent a professional limitation—it threatens your fundamental sense of self
- The uniform and badge become external symbols of an internal identity, creating pressure to maintain the image associated with these symbols even when off-duty
- The heroic narrative externally imposed creates what researchers' term as a "comparative suffering" mindset where firefighters minimize their own struggles because "others have it worse" (6)

Recent studies indicate that this identity fusion explains why career-ending injuries and retirement trigger profoundly deeper psychological distress in firefighters than comparable transitions in other professions (7).

I've observed this phenomenon during a few peer support sessions, where firefighters consistently measure their suffering against the victims they encounter. A firefighter once told me, "How can I complain about nightmares when that family loses everything?" This comparative suffering mindset creates a uniquely firefighter barrier to help-seeking that isn't present in many other professions.

#### The Interrupted Recovery Cycle

The neurobiological impact of the firefighter work cycle creates a distinct pattern of stress response unlike most other professions:

- **Anticipatory Stress:** The hypervigilance required during shift work keeps cortisol levels elevated, preventing full physiological recovery (8)
- Alert-Response-Return Pattern: The repeated cycle of emergency response creates what researchers' term "recovery debt" a cumulative deficit in the body's ability to return to baseline (9)
- **Sleep Disruption:** The combination of shift work and midnight calls creates chronically disrupted sleep architecture, which research now recognizes as a causal factor in mood disorders, not merely a symptom (10)

A landmark study found that firefighters' cortisol patterns show chronically elevated levels even during off-duty periods, indicating a failure to achieve physiological recovery that compounds over a career (11).

While other emergency responders experience similar disruptions, firefighters uniquely combine extended shift durations (typically 24+ hours) with unpredictable emergency response and communal living arrangements—creating a physiological stress pattern distinct from even closely related professions like law enforcement or healthcare.

The Firehouse Paradox: Support System or Stress Amplifier?

The firehouse environment represents both a potential solution and a contributing factor to mental health challenges:

Emotional Contagion in Close Quarters

The extended time firefighters spend together creates what psychologists' term "emotional contagion" the unconscious transfer of emotional states between individuals (12). This creates a unique vulnerability:

- Negative coping mechanisms spread through crews more readily than in professions with less interpersonal contact
- A single member's unaddressed trauma can affect the entire crew's psychological well-being
- The shared living space blurs the boundaries between work and personal life, eliminating the psychological buffer that exists in most professions.

Leadership's Ripple Effect

Research suggests that fire service officers have a disproportionate impact on

the psychological climate of their crews compared to supervisors in other fields (13). This creates a multiplier effect where:

- Officers lacking emotional intelligence skills can unknowingly amplify stress throughout their teams
- Leadership approaches that discourage help-seeking behavior create barriers to early intervention
- The paramilitary structure means subordinates have limited ability to distance themselves from toxic leadership

While military and law enforcement share similar hierarchical structures, the extended time firefighters spend together in shared living quarters magnifies leadership's impact on mental health—creating both unique vulnerability and unique opportunity for positive intervention.

Society's Role in Firefighter Mental Health

Unique societal factors contribute to the mental health challenges firefighters face:

The Paradox of Public Perception

Firefighters operate under contradictory public expectations that create psychological strain:

- Communities expect superhuman performance while providing increasingly limited resources
- The public narrative of heroism creates barriers to acknowledging human limitations
- Firefighters witness the consequences of societal problems while having minimal authority to address root causes

Research demonstrates that this paradox creates what experts' term "moral injury"— psychological harm resulting from actions (or lack of action) that violate one's core moral beliefs (14). This occurs when firefighters:

- Must triage limited resources in mass casualty incidents
- Respond repeatedly to preventable emergencies without the authority to implement prevention
- Witness suffering, they cannot alleviate despite their training and commitment

Unlike healthcare professionals who can refer patients to specialized resources or law enforcement officers who can enforce legal consequences, firefighters often operate in a response vacuum—witnessing society's failures repeatedly without recourse to address root causes. This creates a form of moral injury specific to

our profession.

#### The Changing Nature of Emergency Response

The evolution of the fire service from primarily fire suppression to all-hazards emergency response has created new psychological challenges:

- Expanded mission scope without proportional increases in training or resources
- Increased exposure to non-fire emergencies where outcomes are less controllable
- Growing proportion of medical and social service calls that create different psychological impacts than traditional firefighting

This mission expansion correlates directly with increasing rates of burnout and compassion fatigue, according to longitudinal research (15).

A 15-year veteran recently confided, "I signed up to fight fires, but now we're social workers, substance abuse counselors, and mental health first responders—all without adequate training." This mission distinguishes firefighting from other emergency services that maintain more consistent role definitions over time.

Reimagining Solutions: Addressing Root Causes

To meaningfully address mental health in the fire service, we must move beyond resilience training and post-incident interventions to tackle these underlying issues:

Cultural Evolution, Not Revolution

Creating sustainable change requires a nuanced approach that:

- Preserves the positive aspects of fire service culture while eliminating harmful elements
- Reframes help-seeking as a professional responsibility rather than personal weakness
- Develops what experts' term "psychological flexibility" the ability to shift between operational stoicism and emotional processing as appropriate (16)

Implementation Strategy: Establish department-wide "culture audits" using validated assessment tools like the Organizational Culture Assessment Instrument (OCAI) to identify specific cultural elements that support or undermine mental health. Conduct these assessments annually to measure progress and adjust strategies.

#### Success Metrics:

- 50% increase in help-seeking behaviors within 18 months
- 30% reduction in reported stigma around mental health discussions
- Retention of core positive cultural elements as measured by annual surveys

#### Leadership Development for Psychological Safety

Research demonstrates that psychological safety—the belief that one won't be punished for speaking up—is the single strongest predictor of team performance and well-being (17). Fire service leaders need:

- Training in creating psychological safety within their crews
- Skills to recognize early warning signs of mental health challenges
- Authority to implement structural changes that support recovery and processing

Implementation Strategy: Create a "Psychological Safety Leadership Certification" required for all officer promotions, including both classroom training and practical demonstration of skills. Pair this with regular 360-degree feedback assessments for all officers that include specific psychological safety metrics.

#### Success Metrics:

- 100% of officers certified within two years
- 40% improvement in psychological safety scores in crew assessments
- 25% reduction in reported mental health incidents

Conclusion: Are Firefighters Truly Unique?

The persistent mental health challenges in the fire service stem from a unique confluence of cultural, operational, and societal factors that create vulnerabilities that few other professions experience. While individual elements may exist in other high-stress occupations, the specific combination of factors—identity fusion, interrupted recovery cycles, close-quarters emotional contagion, and expanding mission parameters—creates a mental health vulnerability profile truly unique to firefighting.

By understanding these root causes, we can move beyond treating symptoms toward addressing the underlying conditions that create them. The solutions proposed here don't merely adapt approaches from other fields but recognize and address the distinct nature of the firefighter experience.

I challenge every member of the fire service to ask themselves: What aspects of our culture truly make us more effective, and which merely perpetuate harm under the guise of tradition? Only by confronting this question honestly can we create a fire service that sustains both the communities we serve and the firefighters who dedicate their lives to that service.

The measure of our profession's greatness has never been our willingness to sacrifice our lives in the line of duty. Rather, it is our capacity to adapt, evolve, and protect our most valuable resource—the men and women who answer the call every day. The true test of our courage isn't running into burning buildings, it's having the strength to challenge our most deeply held assumptions when evidence shows they no longer serve us.

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### WHAT DOESN'T KILL YOU WILL HAUNT YOU

#### Marc Revere

I have long since stopped analyzing the origins of the mysterious prompts, those that shift one's entire focus from concord to discord, such as the theme of this essay contest. They often trigger a kaleidoscope of memories, those on seldom-charted topics, only stopping when my subconscious surfaces a concise, poignant vignette to ponder, like this vivid remembrance.

It's evening in 2015. I'm sitting on my usual bench between the 9/11 statue and the National Fallen Firefighters Memorial at the National Fire Academy. The air's heavy and humid. Lightning flashes over Catoctin Mountain, highlighting the black skies, but too far to hear thunder. Fireflies, much closer, create their own light show as the eternal flame flickers, softly illuminating engraved plaques of the fallen on the stone monument.

Sitting in silence, I reconnected with some of those old friends, a long list of heroes. Getting up, I touched each name, letting them know someone remembers. Someone cares. Earlier that day, I gave the first keynote address at the Inaugural National Professional Development Symposium. It was an incredible honor juxtaposed with an evening of lament.

Having worked for decades in a brutally intoxicating profession, I'd thrived in life-and-death arenas, chaotic maelstroms, struggling to make sense of things, restoring order while witnessing pain, unspeakable agony, and emotional suffering. An indelible visual repository of traumas, accidents, killings, suicides, natural and unnatural deaths, child abuse, elder abuse, SIDs, burns, CPRs, hangings, shootings, and LODDs, each conditioning me to lose friends.

And now, a decade later, as I always do, I am left wondering: Do construction workers, mechanics, teachers, lawyers, artists, musicians, janitors, business women, and men have these thoughts? Do they have remarkable, unexpected reflections that come out of nowhere? I share these personal observations to answer one of the essay's questions, 'Why?' At least, 'the why' for me, from a firefighter's perspective. Notwithstanding other factors, some must face issues like sleep deprivation, hostile work environments, not fitting in, poor supervision, dysfunctional organizations, lack of support, marital problems, divorce, alcohol abuse, etc.

"Are Firefighters Really So Unique?" Yes, is the answer to the second question. But I

am not referring to their passion, courage, devotion to duty, and commitment to service. When questioning their 'mental health struggles,' it's the numbers that make them 'unique'. Numbers based on data indicate a unique problem for the fire service. Here's an example. The suicide rate for firefighters is 18 per 100,000, compared to 13 per 100,000 for the general public. According to the Firefighter Behavioral Health Alliance, there have been 1,750 firefighter suicides since 1880, with 95% of the deaths occurring between 2000 and 2022. It is those numbers and the skyrocketing increase (95%) that make us 'unique'. Just like there is a rationale for the presumption law in my state covering heart, cancer, back, and lung illnesses, firefighters have a greater propensity to face these illnesses than the general population. Based on the data.

Solutions: Various existing models are available to address the mental health needs of firefighters, starting with "America Burning," published in 1972. If we simply change the goals from 50 years ago to: 1) Congress will establish an agency to provide a national focus for firefighters' comprehensive mental health program with adequate funding to reduce PTSD and suicide. 2) Congress will establish a national fire data system to review and analyze mental health issues unique to firefighters. It worked a half-century ago.

Or we can adopt a model currently available through the Law Enforcement Mental Health and Wellness Act of 2017. Their objectives are to 1) create a national crisis line. 2) Create a suicide event reporting surveillance system, 3) embed mental health professionals in law enforcement agencies, and 4) expand peer support programs for access for all officers.

There are two emerging solutions that address unique mental health challenges in other occupations that we could easily adapt for firefighters.

- 1) LandLogic, designed for farmers and ranchers, is one of the most common and well- studied forms of psychotherapy. It's based on the research by Dr. Michael Rosmann, who helped create a national network to prevent suicide among farmers. Couldn't we just change the name and incorporate the unique issues of the fire services to better assist our members? We have done it before. Crew Resource Management, introduced to the Fire Service in 2001, is a variation of Cockpit Resource Management, which was introduced to Aviation in 1979.
- 2) Brain balancing is a treatment with impressive results. A 2021 study shows that brain mapping techniques increase resilience by 11%, including a 13% increase in relationship satisfaction, a 33% decrease in depression, and a 68% decrease in anxiety. Most importantly, there was an 18% decrease in suicidality and a 64% decrease in PTSD.

In one of the ten most influential books in the U.S., "Man's Search for Meaning", Viktor Frankl wrote, "You can live with any 'how' if you have a "why." The "why" refers to a sense of purpose in life. The "how" represents the specific challenges individuals face. Frankl, an Austrian neurologist/psychologist, spent three years in concentration camps, including Auschwitz. His observations of fellow prisoners show that our solution is deceptively simple. People with a powerful reason or purpose to live can endure almost any hardship.

Mental health struggles are complex and intricately intertwined with the human experience. The American Fire Service's (AFS) challenge is not to alleviate the pain of suffering members, but rather to find ways for them to become more comfortable tolerating their pain, while identifying ways to enhance their resilience.

The solutions I've addressed do not take into account the cost and resistance of our members. We can overcome those obstacles. We accomplished this with the 16 Firefighter Life Safety Initiatives, NFPA 1710, and other safety programs. Why can't we start by identifying mental health situations that "Shout, Watch Out!"

Many of us have made rapid "ready, fire, aim" size-ups, without having a complete picture, and then adjusted our aim when the unknowns are revealed. We are good at it. What should our size-up be for this crisis? "The AFS is on the scene of a National Mental Health crisis: offense mode: assuming Mental Health Command: Main Street USA." Or we can approach it methodically using the Center of Public Safety's strategic plan model. Or in combination with the four methods mentioned earlier. The tools are there! How much more do we need to learn from those in the trenches, experiencing mental health issues, or in their graves, before we act?

My title, "What Doesn't Kill You Will Haunt You," is a quote by Gordon King, the fire boss for the Loop Fire in California, where 12 El Cariso Hotshots lost their lives. And what haunts me are dead friends and colleagues, including firefighters who are still among the living, but who are physically and sometimes mentally not the same. Once upon a time, they were bulletproof heroes without weaknesses, the personification of courage and selflessness, and now they are living in a mental health purgatory. And often in the shadow of mental health assistance.

We must take a proactive approach to protect a vast 'Sea of Blue' by identifying processes that address their mental health struggles while implementing effective solutions. But if we lack the moral courage to act on behalf of those who daily demonstrate physical courage to serve others, who have seen things no one is supposed to see, and who need our support with resilience, healing, and hope, we must ask ourselves: What will haunt us years from now?

#### "WHY" BEHIND MENTAL HEALTH CHALLENGES IN THE FIRE SERVICE: ARE FIREFIGHTERS SO UNIQUE?

#### John Murphy

Mental health concerns are pervasive in all professions, but specific careers bring unique exposures that amplify psychological risks. Firefighting is among the most challenging occupations, blending physical danger, emotional strain, and high responsibility. This raises the question: Are firefighters truly more vulnerable to mental health challenges, or are they experiencing what others do, only in more intense forms? Understanding the "why" behind these challenges is essential for crafting effective, empathetic, and sustainable solutions.

Studies repeatedly show that firefighters face significantly higher rates of post-traumatic stress disorder (PTSD), depression, anxiety, substance misuse, and suicide ideation than the general population. According to the National Fallen Firefighters Foundation, as many as 37% of firefighters meet criteria for PTSD at some point in their careers, compared to 6.8% in the general U.S. population (NFFF, 2021). The Journal of Emergency Medical Services (JEMS) reports that suicide attempts among firefighters are over ten times more prevalent than in the civilian population (JEMS, 2018). Such figures call for a deeper look into the occupational "why."

#### Stressors of Firefighting

Chronic Exposure to Trauma: Unlike most civilians, firefighters routinely witness traumatic events—burn victims, fatal accidents, suicides, and child casualties. This repeated exposure to high-impact trauma has a cumulative effect on mental health. The concept of "complex PTSD"—where an individual is exposed to prolonged or repeated trauma—applies here. A study by the International Association of Fire Fighters (IAFF) found that 65% of career firefighters have experienced traumatic stressors that meet criteria for PTSD or acute stress disorder (IAFF, 2019).

**Sleep Disruption and Circadian Stress:** Firefighters often work 24-hour or 48/96-hour shifts and may be called out multiple times at night. These schedules are similar to frequent deployments of the military – away from the family for a period of time, stressful, not knowing if today's calls are the ones that "get you. The military has a major mental health crisis for some of the very reasons we see in the fire service – away from home, stressful environments, sleep deprivation, and danger of being killed by a foreign actor.

Sleep deprivation is not just a quality-of-life issue; it has direct links to mental health disorders. Chronic sleep disruption affects the brain's limbic system, exacerbating symptoms of depression and anxiety (Walker, 2017). A 2019 Journal of Clinical Sleep Medicine study found that nearly 70% of firefighters experience poor sleep quality, contributing to long-term psychological distress (Barger et al., 2019).

**Culture of Suppression:** The fire service has long promoted stoicism, bravery, and self-reliance values. "Suck it up" is the most common statement after experiencing a stressful event. While noble, this culture often stigmatizes vulnerability. Many firefighters internalize emotional pain, believing that seeking help is a sign of weakness. According to the National Volunteer Fire Council (NVFC), 82% of firefighters believe there is stigma around mental health in the fire service, and only 28% say they would feel comfortable seeking help (NVFC, 2020).

Occupational Identity and the "Hero" Complex: One defining feature that may make firefighters unique is their professional identity. Society views them as heroes—strong, capable, fearless. This image can be empowering but also isolating. The cognitive dissonance between how a firefighter is perceived and how they may feel internally (e.g., anxious, traumatized, scared) can worsen their mental health struggles. The concept of "role engulfment", wherein an individual's identity becomes entirely defined by their role, is common in the fire service. Role engulfment can prevent healthy emotional expression and self-care (Thoits, 2013).

So the question here is, are Firefighters Unique?

In many ways, yes. While other professions—including military, law enforcement, healthcare, and EMS—also face traumatic exposures, firefighters endure a unique combination:

- Exposure to fire and physical danger
- · Loss and death as frequent parts of the job
- A shift structure that disrupts sleep and family life
- A culture that suppresses emotional openness
- Public perception that leaves little room for vulnerability
- Martial, financial, and home life stressors are equally contributory
- Secondary, off-duty jobs may contribute

Still, the mechanisms of mental health decline (chronic stress, trauma, lack of support) are not unique, but the intensity, frequency, and normalization of these conditions in firefighting are particularly acute.

Systemic and Organizational Barriers create issues.

- 1. Lack of Mental Health Infrastructure: Many fire departments, especially volunteer or rural ones, lack the resources to provide on-site counseling, peer support, or mental health training. A 2020 IAFF survey found fewer than 40% of fire departments had access to mental health professionals trained in first responder issues (IAFF, 2020). This creates a problem when your firefighters have no place to turn internally or externally, creating additional stressors for the firefighter, the department, and the firefighter's family.
- 2. Inadequate Training in Emotional Resilience: All brawn and no brain was the standard. In today's modern fire service, that trend continues. Fire academies' heavy focus on physical endurance, fire behavior, and technical rescue must balance out the training for the real world of the fire department and incorporate emotional intelligence, self-awareness, and emotional trauma literacy. Academics must create creative, critical-thinking, and emotionally nimble firefighters to manage in today's environment.
- **3. EMS has displaced fire as the primary response:** Emergency medical services responses account for more than 70% of fire departments' calls for services, bringing a whole host of emotional trauma for the firefighters. Personal struggles and identifying with their patients become a reality for the firefighters as they treat and transport the sick and injured within their communities.
- **4. Disincentives to Disclose Struggles:** Fear of discovering a weakness, either physical or mental, scares many firefighters. The fear of being put on leave, losing advancement opportunities, or being labeled unfit deters many firefighters from acknowledging psychological struggles. The fire service "family" may not be so much a family, and may not be as supportive as we need.

#### Solutions and Recommendations

Mental wellness in the fire service requires structural change, cultural shift, individual empowerment, and a more accepting attitude that we are unique in some ways but not so much in others, especially when it comes to mental wellness.

**Normalize Mental Health Conversations:** Departments should include mental health as a standard training topic, debriefing, and even casual check-ins. For example, the **"You OK?"** campaign by the Firefighter Behavioral Health Alliance promotes routine peer-to-peer check-ins, reducing stigma and encouraging early intervention.

**Peer Support Teams:** Develop and train peer support teams comprised of firefighters themselves. These individuals are uniquely equipped to recognize signs of distress and provide immediate, empathetic support. Peer support programs in fire departments such as FDNY have shown measurable reductions in psychological distress among participants (Sull et al., 2015). Many departments have engaged in Peer support teams, but not every department has one. Chaplaincy is also an alternative to peer support groups and is very successful in that department embracing those resources.

Access to Culturally Competent Therapists: Not all therapists understand the emotional landscape of first responders. Fire departments should contract or partner with professionals trained in occupational trauma. Partner with organizations like the First Responder Support Network (FRSN) or Center for Firefighter Behavioral Health, specializing in such training.

**Integrated Wellness Programs:** Comprehensive wellness should include mental health screenings, physical health checkups, nutritional support, and resilience-building exercises. A program example is the **Phoenix Fire Department's Behavioral Health Program**, which integrates psychologists into stations and dispatches them alongside crews after major incidents.

**Sleep Hygiene Protocols:** There is never enough sleep time, especially in a busy firehouse. Many firefighters' second jobs interfere with quality sleep. The department, if possible, adjusts shifts to allow for circadian rhythm recovery, and the firefighters need to self-regulate those second jobs. The department should provide rest environments in stations and educate members on sleep recovery techniques. Some departments have integrated a nap schedule into a busy work schedule.

**Leadership Training in Emotional Intelligence:** Officers and chiefs must model vulnerability, empathy, and emotional literacy. Leadership sets the tone. A leader who checks in on mental health normalizes it for the entire crew. Although this may be a generational issue, it is never too late to train the "old salts" into the modern fire service and the support needed for its firefighters—maybe not for them, but for others.

Conclusion and a Call for Continued Research and Policy Development

The fire service needs continuous longitudinal, peer-reviewed research on mental health outcomes, especially for career vs. volunteer firefighters, urban vs. rural departments, and minority members. Mental health protocols should also be built into National Fire Protection Association (NFPA) standards. For example, NFPA 1500 mentions behavioral health but lacks specific, enforceable mental health

#### requirements.

Firefighters are unique—not because they are more susceptible to psychological disorders by nature, but because their environment, culture, and role expose them to compounding risk factors. However, this uniqueness is not a life sentence. Through honest conversations, structural changes, and culturally attuned interventions, the fire service can move toward a future where mental health is not a burden but a badge of resilience.

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We also want to spotlight the top 2 runner-ups! Enjoy reading these essays and please share your thoughts on the insights.

## HONORABLE MENTIONS:





#### 1st runner-up

Steve Lindsey
Deputy Fire Chief | Lead, Health & Wellness & Peer
Support Program
Palo Alto Fire Department

When The Smoke Clears: What Firefighters Need To Talk About But Don't



#### 2nd runner-up

Shawn McKerry Dean, Emergency Training Centre Lakeland College, Alberta

Built To Withstand Fire—But Not The Silence



# WHEN THE SMOKE CLEARS: WHAT FIREFIGHTERS NEED TO TALK ABOUT BUT DON'T

#### Chief Steve Lindsey

Yes, firefighters are unique. From the moment we begin hiring, we search for candidates shaped by personal adversity—evident in the classic interview question: "Tell us about the worst day of your life and how you overcame it." We are wired to be the helpers and the healers, often driven by unresolved trauma, a deep sense of purpose, and a desire to protect others the way we once needed protecting ourselves. This essay offers personal observations drawn from over two decades in the fire service and a lifetime in a family of firefighters. It builds upon foundational work like the Yellow Ribbon Report by exploring how identity, pride, Adverse Childhood Experiences (ACEs), and the chronic overuse of our amygdala to stay in "go mode" contribute to our mental health struggles.

Additionally, it highlights the overlooked superpower—and vulnerability—of neurodivergency in the fire service. When all these ingredients are combined, they create a uniquely challenging and often volatile psychological landscape that demands deeper understanding, greater compassion, and new solutions.

Today, thanks to critical research such as the IAFC's Yellow Ribbon Reports, we understand more than ever that firefighters are at significantly higher risk of mental health challenges compared to the general population. These challenges, while often less visible, can have serious—and at times fatal—consequences (1).

Throughout my over 20 years in the fire service—from transport paramedic to Deputy Fire Chief—I've witnessed and experienced firsthand the complexity of firefighter mental health. Historically, coping mechanisms were cloaked in humor, often dark and dismissive, disguising the real anguish beneath. Yet today, our profession stands at a critical juncture where the minimum—awareness and basic peer support—is no longer sufficient. We must evolve, exploring deeper into the roots of our collective mental health struggles.

When I first became a battalion chief, a respected mentor courageously shared his past suicide attempt with me. He wasn't simply confessing a dark moment; he was warning me. The intensity of our responsibilities, combined with a culture that rarely tolerates vulnerability, is a recipe for mental health crises. This conversation sparked the creation of an informal but deeply impactful peer support group among chief officers from various departments.

What began as coffee talks transformed into profound discussions and group somatic therapy sessions, teaching us techniques like breathwork and body scanning. Initially skeptical, we quickly recognized how invaluable these practices were, dismantling years of ingrained cynicism toward self-care. Most revealing was discovering our support group shared startlingly similar ACE (Adverse Childhood Experiences) scores, suggesting a deeper connection between early trauma and our motivation to become firefighters.

Scientifically, firefighters are different. MRI studies demonstrate that firefighters develop an oversized and hyperactive amygdala—the brain's emotional and stress response center (2). Our ability to instantly shift into emergency mode ("go mode") is an essential survival tool, enabling swift action during crises. Yet this same capability becomes a vulnerability off-duty, often causing us to catastrophize personal and professional events unnecessarily.

This biological difference underscores a critical point: firefighter mental health struggles are not merely societal but rooted deeply in the profession itself.

Another critical yet often overlooked factor contributing to mental health challenges in the fire service is neurodivergency. Conditions such as Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD), and Dyslexia are surprisingly common among first responders. Their "superpower" lies in hyper-focus, a state driven by dopamine surges triggered during critical incidents.

Research indicates that when not faced with intense, dopamine-inducing situations, neurodivergent individuals often engage in dopamine-seeking behaviors to maintain equilibrium.3 In fact, studies suggest individuals with ADHD are significantly more prone to emotional dysregulation due to neurochemical imbalances (4).

When combined with the oversized amygdala and cumulative trauma exposure, these dopamine fluctuations increase mental health crisis risks. Fire departments can support neurodivergent firefighters with structured routines, dopamine detox protocols, mindfulness, and emotional regulation strategies (5).

By understanding and embracing neurodivergency, we can better support firefighter wellness, turning potential vulnerabilities into remarkable strengths. Meaningful solutions begin with culture. While traditions—such as leather helmets, bold mustaches, or American flag tattoos—are symbols of pride, they must no longer overshadow genuine wellness practices. The true firefighter hero should be redefined as the humble warrior practicing intentional daily wellness routines.

One proactive solution is restructuring our hiring practices. Firefighters are often screened indirectly for resilience through trauma-related questions during hiring but rarely assessed directly for wellness strategies. Another impactful measure is comprehensive wellness programming, tailored specifically to firefighters' unique physiological and psychological needs. Encouraging continuous wellness education through trusted sources empowers firefighters to adopt and sustain effective self-care strategies.

Firefighters instinctively heal others but frequently neglect their own well-being. It is essential that senior officers and influential personnel openly model vulnerability. Peer support saved the lives of close friends. Watching them rediscover stability and happiness after prolonged battles with PTSD reinforced my belief that targeted intervention—especially early—is not only effective but lifesaving.

Mental wellness, much like physical fitness, requires ongoing commitment. Firefighters need to develop personalized wellness plans, including intentional practices such as mindfulness, creative arts, breathwork, nutrition, exercise, and self-reflection. A cultural shift also involves changing narratives within the firehouse. Promoting proactive wellness habits and embedding them into daily routines ensures these changes last.

Firefighter mental health struggles are unique, shaped by a distinctive mix of physiological responses, occupational hazards, cultural pressures, and individual experiences. Our profession must courageously address these issues head-on, moving beyond awareness to actionable, systemic change. By openly embracing vulnerability and fostering an inclusive, supportive environment, we can and will transform firefighter wellness, ensuring a healthier, stronger fire service for generations to come.

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#### BUILT TO WITHSTAND FIRE— BUT NOT THE SILENCE

Shawn McKerry, B.Sc. MEmergMgt.

Introduction: The Image vs. The Reality

The ash was still warm beneath my boots. A line of scorched pine trees stood like silent sentinels, blackened skeletons reaching into a grey sky. We had done everything we could—worked for days without sleep, thrown everything at the fire that logistics and physics allowed. And still, the fire won. Homes were lost. Livelihoods erased. Families displaced.

No one blamed us. Not officially. But that didn't matter. Firefighters don't need to be blamed to feel like they've failed. It's baked into the job—into the culture. When we don't stop the fire, we don't just report the loss. We carry it. Quietly. Permanently.

Everyone knows the fire service is dangerous. What they don't talk about is what happens after the smoke clears—when the body walks away but the mind stays behind. They don't see the guilt, the questions, the weight we carry for things no one could have controlled. They don't talk about cancer either—not just the kind that eats your body from the inside out, but the one that gnaws at your certainty, your future, your family.

We're told it's just part of the job. We accept that. But pretending the mental toll we face is no different than other first responders misses the truth—and worse, risks leaving our people behind.

Yes, we are first responders. But firefighting brings with it a culture, an identity, and a set of long-term threats that make our mental health burden uniquely severe. This isn't about comparing trauma like scorecards—it's about finally understanding why the fire service needs its own mental health strategy, and what makes our experience different.

1. Fire Doesn't Forgive: Living With the Uncontainable

There's a truth about fire that every firefighter learns early: you don't beat it—you manage it. You contain it. You buy time. You give people a chance to get out, to start over. But you never really win.

We say that out loud, in training, in planning meetings, over morning coffee. But

when the fire escapes the lines—when it levels homes, or races down a hillside faster than we can move a pump—it doesn't feel like a tactical inevitability. It feels like personal failure.

These aren't isolated events. They're becoming the new normal. And each time, the burden on firefighters grows—not just physically, but emotionally. You might stand in front of a news camera and say the right things, but inside, you're replaying every decision, every delay, every moment you think might've changed the outcome. No other service asks its members to stand in the ruins and wonder if they failed their community. Not like this.

#### 2. The Cancer Clock: A Silent Threat That Never Leaves

We've all heard it: "Fire doesn't just kill in the moment—it kills in the years that follow." Every time we pull hose into a burning structure or overhaul through chemical-laced debris, we know we're inhaling more than smoke—we're inhaling our future.

Cancer isn't a possibility anymore. It's an expectation.

But lately, it's not just the fireground that haunts us—it's the very gear we wear to protect us. For decades, firefighters have been unknowingly surrounded by PFAS and PFOA chemicals—the so- called forever chemicals embedded in turnout gear. These are compounds that don't break down, that build up in the body over time, and have been strongly linked to cancer.

So now we face a cruel irony: the same gear we rely on to survive every shift may be slowly killing us.

This realization has shattered trust. It's made veterans angry and rookies anxious. It's made us question whether the systems meant to protect us are willing to speak the truth—or if they'd rather bury it under bureaucracy and liability.

We prepare for the fireground, we train for the mayday, but nothing in our manuals tells us how to handle watching your brothers and sisters fade away from something you all breathed in together.

No other emergency service faces this scale of environmental threat baked into the job. And that makes the fire service different—not just in how we die, but in how we live with the fear of dying before our time.

#### 3. The Cost of the Cape: How the 'Hero' Ideal Hurts

Most people love firefighters. We're trusted, respected, and celebrated. That praise might sound harmless. But for the people wearing the gear, it becomes a heavy mask to wear.

Being seen as a hero doesn't just feel good—it creates expectation. We're supposed to be strong. We're supposed to handle anything. We're supposed to see horrible things and walk it off. And over time, we learn to perform that version of ourselves—even when it's breaking us.

Travis Howze, a former firefighter and police officer, put it best: "If I came in with a broken leg, you'd carry me. If I said I wasn't okay in my head, you'd look away."

That quote stopped me cold. Because it's true.

Until we stop glorifying invincibility and start embracing humanity, we will keep losing good people—not in the fire, but in the silence that follows.

4. The House Built on Silence: Brotherhood, Loyalty, and Suppression

The firehouse is sacred. But it's also where some of the most dangerous silences live.

That silence doesn't come from apathy—it comes from loyalty. We don't want to burden the crew. We don't want to throw off the mood. So even when the trauma starts catching up to us, we laugh it off. We bottle it up.

You could be sitting across from someone who saved a child last week and had a nightmare about it last night—and you'd never know.

We're not just fighting fires—we're fighting the fear of being seen as a liability to the crew we love.

If the firehouse is our sanctuary, it also needs to be our safe space for honesty. Until we break the silence inside the house, we'll keep losing people outside of it.

5. Rewriting the Narrative: What Needs to Shift

It starts by redefining strength. We need to teach our recruits from day one that asking for help isn't weakness—it's survival.

But it can't stop there.

- Mental health supports must be embedded, not optional.
- National-level investment in research is critical. The U.S. has made some progress on PFAS and toxic exposure. Canada is still far behind.
- More cancers must be added to presumptive legislation.
- Support must extend to families.
- And leaders must live the culture they promote..

This is a turning point for the fire service. The fire will always be dangerous. But the aftermath doesn't have to be.

Conclusion: Owning the Uniqueness

We lose firefighters to fire. We lose them to cancer. And more and more, we lose them to silence.

That's what makes firefighting more than just another emergency service. It's what makes our mental health burden uniquely heavy.

This isn't about comparing wounds. It's about understanding what survival in this profession actually looks like.

Because if we're going to keep calling each other heroes, then we'd better start taking care of each other like we mean it.

#### Author's Note

My name is Shawn McKerry. I've served in the fire service for more than 20 years, and today I lead one of the largest first responder training institutions in Canada. Over the course of my career, I've worn bunker gear as a volunteer/paid on call firefighter, commanded large-scale emergency responses as a Captain and a Fire Chief, supported firefighters through devastating loss a peer and as a leader, and now, I help prepare the next generation for a job that demands everything they have—and more.

This essay isn't academic. It's personal. It comes from the fireground, from the training yard, from the long debriefs and the conversations after a funeral. It comes from listening to the silence in firefighters who are hurting and don't know how—or if—they're allowed to speak.

I wrote this not to ask for sympathy, but to call for change. If we want to keep our people healthy—physically, mentally, and emotionally—we need to stop treating mental health like a side issue. It's central to everything we do. It's time we treated it that way.

#### **WHAT NEXT?**

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