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Protect your mental health: Stop doing these 5 things

Silence and judgment can wreak havoc on a firefighter's mental health

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By Nick Halmasy

The smoke and debris have settled. Hot spots are extinguished. The trucks are clean and back in service. The constant hum of the engines and the roar of the flames is just wearing off and your shoulders still ache from your pack.

The call is done.



We need to give credit to those that are struggling. We can do that by standing with them, supporting them and taking care of ourselves to prevent future harms. (AP Photo/Gene J. Puskar)

But now your mind races with what you should have done quicker, how the tanker was delayed, how the pump lost its prime. Thoughts about whom to blame, and certainly thoughts about blaming yourself, start a chaotic tornado in your mind. But you don't have a briefcase in which to leave behind the work of the day. Inevitably, you take some of this with you when you're done.

Here are five things that you're doing that you should stop immediately if you want to lesson on-the-job stress and **protect your mental health**.

1. STOP JUDGING YOURSELF

The fire service is a competitive industry. In Ontario, Canada, where I worked as a firefighter, thousands vie for single-digit jobs constantly.

One of the ways that we try to sharpen our edge is through self-criticism. We call ourselves out on our mistakes in an effort to prevent them from happening again. Unfortunately, this cognitive habit may create an unrealistic and impossible standard for us to keep. Following this practice, when we make mistakes, we will build these up to be bigger, worse and more important than we'd rate the same mistake if someone else had done it. We "catastrophize" the smallest errors in our pursuit of god-like skill.

Judgments chip away at our resilience, and the weight of these judgments can be enough to implode and do worse at the very things for which we are so critical of ourselves. Judgments can also accelerate problem emotions for us, such as **anger** – and with it a growing sense of irritability and inability to "shake" the problem.

This happens to all of us, but it helps to know that by trying to overcome our judgments of ourselves, we can also help mitigate issues that may come from a difficult call.

2. YOU MINIMIZE THE IMPACT OF DIFFICULT CALLS

Despite the media coverage, not every "headliner" call is going to rattle you. We see a lot, and with that comes a certain level of normality. Therefore, what a person who has no experience in our field views as traumatic might be something we see every day.

But we need to be doing a realistic, honest check. Why? Because, the calls that shake us can also be those that seem innocuous. These are the medical calls that have folks who remind us of family members or friends, and that can hit us harder than the accident with fatalities.

The problem is that we often minimize the impact of calls, whether headliner or seemingly innocuous. When we sit around the table at the end of a call, we all take turns denying that anything happened to rub us the wrong way. "I'm fine" is the most common sentiment. And this is also a great litmus test for stigmatic beliefs within your halls. It does grant us a certain easy escape from having to tell those around you that the call shook you.

What strikes me as particularly odd is the fact that you will run into a burning building, trusting your life with those behind or in front of you, and yet you can't trust them to take seriously an admission of mental struggle. Let's use the brother and sisterhood to benefit us, not to harm us.

3. YOU WON'T TALK TO ANYONE

This echoes the idea above; however, in a broader sense, you won't discuss these struggles with anyone. Just as we break the old habits of collecting debris on our helmets as a show of grit, we also collect these struggles. Like a spring, the more we cram and repress, the harder they jump at us when we finally are unable to ignore the issues. We all hit a point where this becomes true.

Peers, friends and, especially, family are there to support us. After all, our partners are with us on every call and worry about you when we run out the door. It becomes confusing if we return home distant, irritable and still won't talk to them.

What should you talk about? Not the gory details. That won't help. Talk about how that call made you feel. I know, it's a scary word. Reflecting to your partner or peers that you felt "hopeless" or "helpless" helps them understand your struggle. Your partners will thank you because it helps them understand what it is that you're experiencing. This goes a long way to **relieve some of those compressed emotions** that you have and to build stronger relationships where open discussion is important. As I often tell folks, you might not be able to change what happens at your departments, but you can change what happens at your home.

4. YOU THINK SPEAKING UP IS SHOWING WEAKNESS

The impact of this job didn't magically appear. It's been here for a long time. And, many people continued in this career despite these struggles. Now, they might not have been able to cope in the appropriate manner, but they used what resources they had.

We know a lot more now, and we know the impact of unhealthy coping skills. But we also have an "untapped" resilience within our services. We should use the brotherhood and sisterhood to ensure that it's no longer considered a weakness to speak up about these issues.

Isn't it a confusing world that we live when we congratulate an Olympian who wins gold despite injury, but if we're struggling with an occupational injury, then that is something to be hidden and ashamed of? The true strength comes from our ability to identify that we are struggling and recover in spite of it.

Weakness doesn't seem to equal the constant battle of just trying to get out of bed, let alone get dressed and work an 8-, 12-, or 24-hour shift and with all the pressures that we're expected to work through. And this is the way we can finally work on that lingering, nagging stigma that continues to shade our services.

5. STOP BELIEVING THAT EVERYONE HAS PTSD

A common misconception is that this role will *cause* you to have **post-traumatic stress disorder (PTSD)**. It certainly increases the risk due to the trauma exposure, but it is in no way a guarantee that you are destined for this diagnosis.

PTSD is complicated to diagnose and has specific criteria. Additionally, there are other diagnoses that have similar symptoms that you could be experiencing, like acute stress disorder. (Note: Find a list of the health terms [afterthecall.org](https://www.afterthecall.org)).

When we blanket everyone with a particular diagnosis, it also dilutes the devastation that it has on those who do develop the disorder. Remember the last time you heard someone reflect on their OCD because their desk is so clean? Yeah, we hear it all the time. Unfortunately, being neat and tidy does not quite capture the world-shattering obsessive nature of needing to complete entire routines that interferes with every aspect of your life. When a term becomes so widespread and commonplace, it can become diminished in its severity because its nuances get absorbed into our language.

LET'S TAKE CARE OF OURSELVES AND EACH OTHER

Take care of yourself. It might not be as bad as learning the new fire techniques, but it's likely because these are all things that are much harder to complete than that! Being able to identify and address mental health concerns in a culture that is shy to new ideas takes grit. We need to give credit to those that are struggling. We can do that by standing with them, supporting them and taking care of ourselves to prevent future harms.

ABOUT THE AUTHOR

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