



**FIRST RESPONDER SUICIDE DETERRENCE TASK FORCE
2021 ANNUAL REPORT**

Department of Children and Families
Office of Substance Abuse and Mental Health

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Purpose

This report is a collaboration between the First Responders Suicide Deterrence Task Force (Task Force), the Statewide Office for Suicide Prevention (SOSP), and the Office of Substance Abuse and Mental Health (SAMH) within the Department of Children and Families (Department). The completion of this report fulfills Section 14.2019(5), F.S., expanded by Senate Bill 7012 (SB 7012)¹, which requires the Task Force to “report on its findings and recommendations for training programs and materials to deter suicide among active and retired first responders.”



Introduction

Firefighters, police officers, and emergency medical service personnel are often the first on scene when a critical incident occurs. The first responder profession is one of grueling difficulties, both mentally and physically, and attracts individuals from a variety of backgrounds. These individuals risk their lives to support and protect their community members. The nature of the first responder occupation lends to repeated exposure to stressful and challenging events. This continued exposure and other occupation and individual-specific factors can lead to negative behavioral and mental health outcomes².

Certain occupational factors may contribute to the mental health of first responders. The first responder job often has high physical demands, which can lead to stress on the body and other health-related difficulties. In addition, first responders regularly face difficult and stressful events on the job³. Interpersonal stressors are also often experienced by first responders and their families, as members spend time away from loved ones during long and sometimes varied shifts (24+ hours). Prior research indicates higher rates of depression and sleep disturbances for first responders^{4,5}. Other research has demonstrated increased rates of Posttraumatic Stress Disorder⁶ and substance misuse⁷. Additionally, research on the prevalence of suicidal behaviors shows evidence that firefighters may have high rates of suicidal ideation, suicide plans, and suicide attempts^{8,9}.

Suicide-related thoughts and behaviors are a public health priority. In 2019, 3,427 Floridians were lost to suicide. For every death that occurs, many more experience and struggle with thoughts of suicide. Research indicates the prevalence of suicide-related thoughts and behaviors is high among first responders (see Stanley, Hom, & Joiner, 2016⁹ for a review).

The Florida Department of Children and Families, in collaboration with the Florida Division of Emergency Management, conducted a survey in the fall of 2020 of first responder departments across the state. This survey assessed various job-related factors and experiences and was completed by over 2,300 first responders. Initial

results indicated 49.8% of survey respondents rated work-related stress on a weekly basis as manageable, with the remaining 50.2% indicating their stress levels as acute, episodic, or chronic (see Table 1). The results of the survey indicated that all departments have systems in place to help address negative consequences of job stress (see Appendix B); however, there remains significant stress that can be addressed through expansion of programs and services.

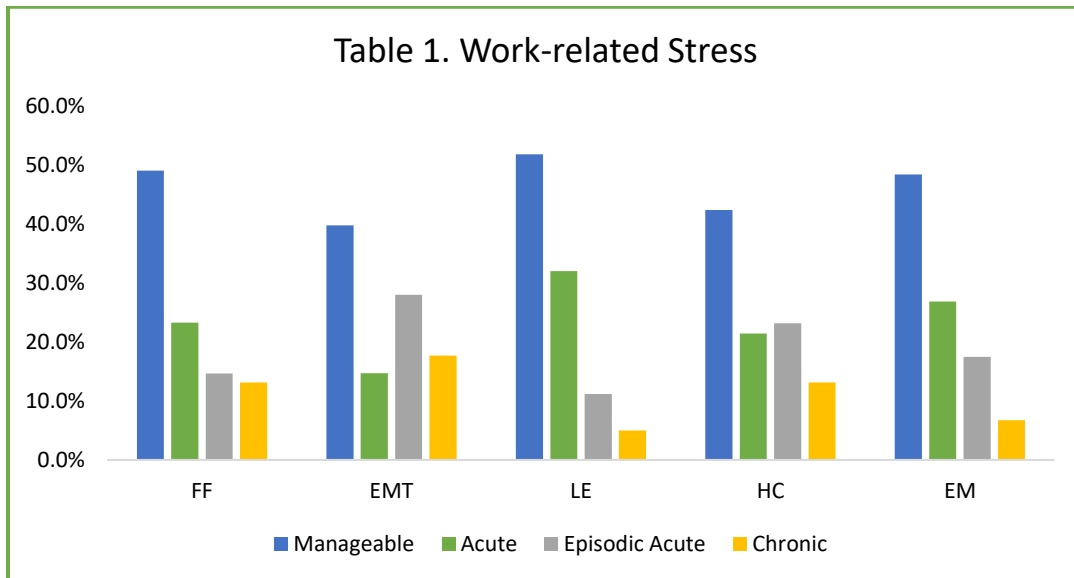


Table 1. Work-related stress experienced on a weekly basis. FF = Firefighter, EMT = Emergency Medical Technician, LE = Law Enforcement, HC = Health Care, EM = Emergency Management

In March 2020, the Florida Department of Law Enforcement and the Florida Firefighters Safety and Health Collaborative produced a white paper titled “Florida First Responder Mental Health.” Through this project, information on the status of mental health services offered by first responder agencies, the maintenance of referral lists for cultural competency of mental health providers, and barriers to accessing mental health care were examined. Overall, the findings revealed a need to fill gaps in the mental health support for Florida’s first responders¹⁰. For a copy of the primary findings of this paper, please see Appendix B.

The First Responders Suicide Deterrence Task Force (Task Force) was created through Senate Bill 7012¹ in 2020. The purpose of the Task Force is to “make recommendations on how to reduce the incidence of suicide and attempted suicide among employed or retired first responders in the state.” The Task Force is composed of six voting members, including nominated representatives from the Florida Professional Firefighters Association, the Florida Police Benevolent Association, the Florida State Lodge of the Fraternal Order of Police, the Florida Sheriffs Association, the Florida Police Chiefs Association, and the Florida Fire Chiefs Association. The six voting members and nine non-voting members represent various aspects of fire, emergency medical services, law enforcement, support personnel, academia, training, and behavioral health services. Please see “Appendix A” on page 16 for a full list of Task Force membership. The Task Force is directed to identify or make recommendations on developing training programs and materials that would better enable first responders to cope with personal and professional life stressors and to foster an organizational culture that:

1. Promotes mutual support and solidarity among active and retired first responders.

2. Trains agency supervisors and managers to identify suicidal risk among active and retired first responders.
3. Improves the use and awareness of existing resources among active and retired first responders.
4. Educates active and retired first responders on suicide awareness and help-seeking behavior.

Status



The Task Force first convened in December 2020 and meets on the second and fourth Tuesday of every month. In the first three meetings of the Task Force, the group shared best practices for the purpose of determining the status of programs to deter suicide among public safety personnel. Each member was given an opportunity to showcase a current program or training with supported efficacy. These included:

Posttraumatic Stress Disorder Legislation

Florida Statute 112.1815¹¹, known colloquially as the 2018 PTSD bill, includes revised standards for determining compensability of employment-related Posttraumatic Stress Disorder (PTSD) under workers' compensation insurance for first responders. The law allows first responders that meet certain conditions to access indemnity and medical benefits for PTSD without an accompanying physical injury. Furthermore, subsection (6) of this statute directs that "An employing agency of a first responder, including volunteer first responders, must provide educational training related to mental health awareness, prevention, mitigation, and treatment."

Senate Resolution 618: First Responders Mental Health Awareness Day

During the 2021 Florida Session, Senator Perry sponsored Senate Resolution (SR) 618, "a resolution recognizing May 10, 2021, and each May 10 thereafter, as First Responders Mental Health Awareness Day in Florida." The resolution was produced in recognition of the risk of mental health difficulties experienced by Florida's first responder population. The resolution provides a particular emphasis on de-stigmatizing help-seeking behavior and encourages awareness campaigns for mental wellness. For more information on SR 618, please consult <https://www.flsenate.gov/Session/Bill/2021/618>.

Peer Support

Peer support programs are one of the resources to aid members of first responder occupations. Serving as a voluntary team, their goal is to give first responders an opportunity to help each other during times of personal or professional crisis situations and keep each other mentally healthy to prevent the loss of a valuable team member. Peer support commonly refers to an initiative consisting of trained supporters and can take several forms such as peer mentoring, reflective and active listening, or referral to professional counseling services where appropriate. Importantly, peers are not chosen based upon job title or rank and are provided training. An important responsibility of peer support team members is the encouragement of and emphasis on anonymity, trust, and confidentiality for those that seek their assistance. Communication between a peer supporter and a first responder is considered privileged and confidential with the exception of matters that violate the law. Team members are not treatment-focused, but prevention-focused. An important part of breaking down the stigma of addressing problems is acceptance by the job culture in which peer support members play an intricate role.

Currently, the infrastructure for peer support teams is varied across the state depending on the agency or department. However, current peer support legislation (Section 111.09, F.S.)¹² creates regulations around confidentiality of peer-support based interactions. Many larger agencies contain high-functioning, sustainable peer support models, and will often share these peer support teams with smaller departments throughout the state. The Orlando Fire Department houses the oldest peer support model in the state and operates within a best practice model. Oftentimes, training for peer support teams is provided by reputable behavioral health organizations (i.e. the 2nd Alarm Project) or within an agency's behavioral health unit (i.e., Ft. Lauderdale Police Department; Tallahassee Fire Mental Health Wellness Program).

Other Deployable Resources

Critical Incident Stress Management (CISM) is endorsed by the International Critical Incident Stress Foundation (ICIFS). This training for teams utilizes a model of individual psychological crisis intervention which serves as protocol or procedural guide to aid in conducting such individual and or group psychological crisis interventions. When a debilitating critical incident occurs, an ICIFS team may be requested through state level resources. Opportunities for CISM training are offered throughout the state and are provided by local (i.e. Fire Rescue Support in Marion County, FL) and national organizations.

CISM typically consists of the following elements:

- *CISM*: One-on-one services with a qualified Behavioral Health Access Program (BHAP) team member, individual support and follow up.
- *Small group defusing*: Recommended within the first 12 hours after a critical incident, and best delivered as soon as possible after a critical incident occurs. This portion is often conducted with homogenous groups and includes both assessment and education with possible referral and follow up.
- *Small group debriefing*: Often occurs 12 to 72 hours post-critical incident and prior to demobilization from extended deployment or upon return from extended deployment. Small group debriefing is particularly utilized in events of significant personal loss (expanded-phase defusing within 12 hours).
- *Crisis management briefing*: Appropriate for large incidents or incidents with high media involvement and contains respite/rehab centers and demobilization. Best for large groups or mixed groups and has a primary focus on assessment and information.

Chaplains serving fire, EMS, and law enforcement agencies provide pastoral/spiritual crisis intervention and personal counseling to first responders and other staff members. They are also available to personnel for grief counseling. They engage in active listening for individuals experiencing physical or emotional stress. A chaplain's goal is to aid, comfort, and help first responders and their families as well as to refer, when appropriate, to vetted resources providing assistance in the recovery cycle. Chaplaincy-based programs are found across all first responder professions. Some examples of chaplaincy programs are the Santa Rosa County Firefighters Association, Fire Rescue Support, and All First Responders Matter.

Separate from the chaplaincy and peer support teams as described above, first responder departments may also house a Clinician Response Team (CRT). These interagency teams have been trained through cultural awareness programs. The CRT provides assessment, treatment, and educational services when first responders experience crisis symptoms that may put them at risk for mental health issues. The CRT may provide assessment, evaluation,

educational services, treatment, referral and follow up. An example of a best practice CRT is the team located at Coral Springs Fire Department.

Fitness for Duty Evaluation

A Fitness for Duty Evaluation is a mental health evaluation in which a psychologist examines an officer's mental fitness to determine if they are able to perform essential job functions so as not to endanger themselves and/or others. An assessment of this nature is usually predicated upon certain circumstances, either a major event or a series of related events, that lend credence to the perception that the officer is not mentally fit to perform their duty. More often than not, the officer is ordered to participate in a fitness for duty evaluation. The evaluation is often conducted by the same personnel from which the first responder would seek help. The conflicting nature of these roles often leads to stigma and hesitation for voluntarily seeking help.

Education/Training

Basic Law Enforcement Academy Curriculum: Officer Wellness is covered in Lesson 1, Unit 3, of the Basic Law Enforcement Academy curriculum. Topics include three primary responses to stress: fight, flight, and freeze. Three categories of stress (routine, acute, and traumatic) are also discussed. Signs and symptoms of PTSD are identified including hypervigilance. Opportunities for continued exposure, both real and perceived, and the negative effects stress has on the brain over time are topics also covered within the training. The training provides coping mechanisms, such as exercise, a healthy diet, and regular sleep. The curriculum also provides resources to the recruits. Alcoholics Anonymous, Crisis Text Line, Narcotics Anonymous, and the National Suicide Prevention Lifeline are among many resources highlighted but contact info for these resources are not provided. Vicarious trauma, compassion fatigue, stigma, and resilience are tangentially covered at the end of this lesson. Suicide is referenced in this lesson once when it is described as an increased risk as a result of the trauma and stressors officers face. Additionally, suicide is discussed in a later lesson when responding to a person in crisis is facilitated.

Division of Worker's Compensation: In compliance with Florida Statute 112.1815¹⁰, the State of Florida's Division of Workers' Compensation provides educational resources on work-related PTSD. Please visit their resource page for more information:
<https://www.myfloridacfo.com/division/wc/employer/ptsd/default.htm>.

Florida Sheriff's Training Institute: The Florida Sheriff's Training Institute (FSTI) is an online training platform that includes a variety of training topics, including behavioral health topics. The Florida Sheriff's Training Institute currently has 6,376 active sheriff's office employees using the system. All sheriff offices across the state of Florida are eligible to use the system. Currently the FSTI offers the following mental health online training opportunities:

- PTSD-A Personal Debrief
- PTSD & Staff Wellness
- Mental Health in the Time of COVID-19
- Resiliency Behind the Badge (an eight-part series developed by Florida State University)
- Officer Wellness: Protecting our Own During a Trying Time (Webinar hosted presented by Sheriff Mina and Dr. Jaime Brower)

As of June 2021, there have been 868 of these courses completed in the FSTI by 200 users for a total of 353 hours of mental health training completed.

Training opportunities for family members: The 2nd Alarm Project (detailed further below) partnered with the Texas First Responder Resiliency Program to provide online training for families titled *Family Factor*. The training focuses on the physiology of trauma and the importance of communication in the first responder family helping to strengthen first responder families. The Florida Firefighters Health and Safety Collaborative First Responder Caregiver Connection hosts monthly support meetings and education opportunities for both adults and children in a firefighter family.

Training opportunities for capacity building: The 2nd Alarm Project offers training for clinicians and for people in leadership roles who impact the public safety professions that helps build cultural competence and empathy for decision-making.

St. Petersburg College Center for Public Safety Innovation: The St. Petersburg College Center for Public Safety Innovation provides low- or no-cost educational opportunities for fire/Emergency Medical Services (EMS) and law enforcement via federal grants. An eight-hour train-the-trainer course for suicide prevention presents in-depth information about theories of suicide, risk and protective factors, suicidal communication, and data on death by suicide that is specific and integrated into the respective profession (law enforcement or fire/EMS). The course provides recommendations on how to implement a suicide prevention program within an agency and provides technical support after the training. A speaker's bureau is also available for presentations or other educational opportunities.

Available Treatment Options

As educational opportunities and peer support activities result in increased outreach and awareness, organizations and departments must be prepared to facilitate linkages with members to readily access proficient providers at both the outpatient and inpatient/residential levels of care. Oftentimes, members encounter extended wait times, insurance plan denials, and limited number of providers, particularly those with experience and proficiency in working with first responders when reaching out for services under an Employee Assistance Program (EAP) or commercial insurance carrier.

Research on PTSD and Suicide within Public Safety

Research is ongoing across the state at major universities and colleges to help enhance understanding of experiences within the first responder community and guide implementation and dissemination of evidence-based services. Some of the main academic programs focused on first responder populations include, but are not limited to, the following:

- University of West Florida – Collaboration with Florida Agricultural and Mechanical University and public institutions and nonprofits; use of suicide prevention screener to gather primary data on firefighter mental health.
- Florida State University – Dr. Thomas Joiner and colleagues were awarded a grant by the National Fallen Firefighters Foundation and continue to study suicide-related thoughts and behaviors among first responders.^{8, 9, 13, 14, 15, 16}
- University of Central Florida – UCF RESTORES, which includes the National Center of Excellence for First Responder Behavioral Health, is a nonprofit clinical research center

and treatment clinic focused on treatment and understanding of PTSD and other trauma-related concerns.

- NOVA Southeastern – Several research projects focused on resiliency and trauma within first responders^{17, 18}
- Barry University School of Social Work – In November 2020, Barry University School of Social Work held a full-day virtual conference dedicated to first responders. The conference featured veteran law-enforcement officers, trauma-informed mental health providers, and other integral members of the Miami-Dade and Broward communities.
- University of South Florida – Dr. Bryanna Fox, an associate Criminology professor at USF, serves on the Mayor’s Community Task Force on Policing in Tampa. Dr. Fox works with the Task Force to examine police relationships with the surrounding community, including the psychological toll of community experiences on the local police force.

Awareness Campaigns

There is currently no statewide campaign for first responder organizations; however, mental health resources are often promoted through the department’s EAP. Several known awareness campaigns from professional organizations at all levels within fire/EMS and law enforcement are described below. Awareness campaigns focused on mental health among first responders may be adapted for local use from these state or national campaigns.

- Florida Police Benevolent Association utilizes resources from Cop2Cop, a national campaign through Rutgers University endorsed by the National Association of Police Organizations.
- The International Association of Chiefs of Police (IACP) has a series of resources focused on suicide prevention within police departments. These resources are available for download and adaptable for local use¹⁹. Specifically, the National Consortium on Preventing Law Enforcement Suicide²⁰ formed in October 2018, provides recommendations on various mental health and suicide-related experiences.
- The Florida Professional Firefighters has worked with various organizations to ensure deployable resources are available for all firefighters. Departments that need additional resources or departments that lack sufficient resources may request deployable mental wellness resources by accessing the Statewide Emergency Response Plan through the National Mutual Aid System (NMAS). Resources available:
 - Critical Incident Stress Management Teams
 - PEER Support
 - Chaplaincy
 - Clinician Response Team (CRT)
- In lieu of local deployable resources, the Florida Professional Firefighters recommend first responders utilize the following hotlines:
 - National Suicide Prevention Lifeline 1-800-273-8255
 - Fire/EMS Helpline 1-888-731-FIRE (3473)
- Behavioral health organizations supporting first responders include:

- The 2nd Alarm Project is a multi-faceted, evidence-based outreach and intervention approach to addressing the behavioral health and substance use needs of first responders in the Florida Panhandle. The program vision is to reduce first responder mental health stigma so those in need do not go without access to evidence-based, first responder-specific, behavioral health resources. Access to these resources will support mission readiness, preserve the force, and improve the long-term health of first responders' families, and retirees. The 2nd Alarm Project seeks to reduce barriers and increase access to evidence-based behavioral health services for first responders by:
 - 1) offering no-cost, professional tele-counseling services by licensed, first responder-proficient mental health providers,
 - 2) supporting departments in establishing or enhancing capacity of trained peer support teams,
 - 3) providing state-of-the-art digital mental health literacy materials, and
 - 4) providing leadership development to reduce mental health stigma and promote culture change.

To ensure sustainability, the program strives to build internal capacity within each agency and community in the service area. The program takes a comprehensive approach to mental wellness by supporting departments in building comprehensive Behavioral Health Access Programs (BHAP), facilitating best practice implementation and policy development, and providing behavioral health navigation services.

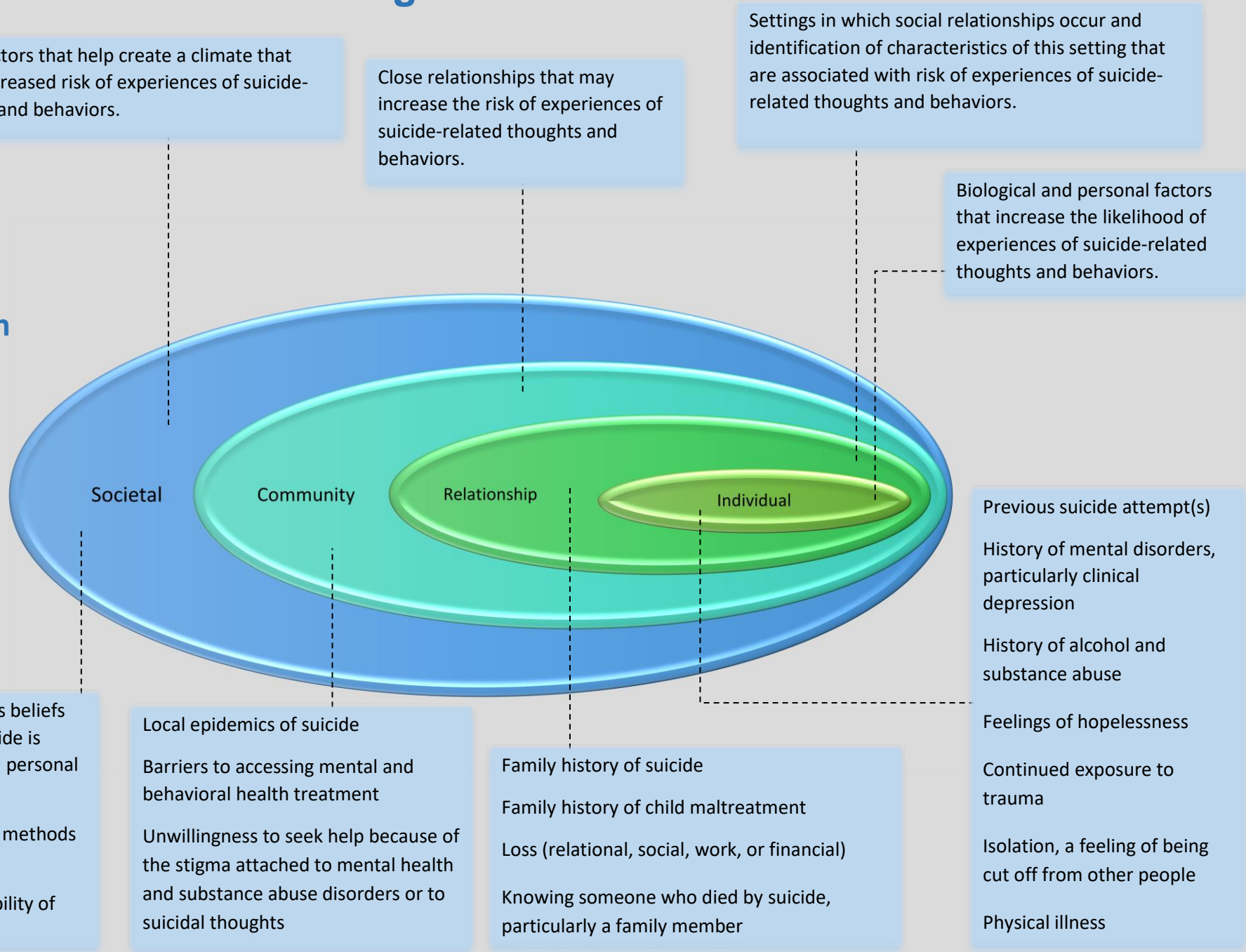
- The Crisis Center of Tampa Bay collaborated with the Chappell Roberts agency in Tampa, Florida, to develop the *First to Respond. Last to Ask for Help* campaign. The campaign used peer-based messaging to highlight the Crisis Center's first responder hotline. The hotline provides confidential and immediate support for first responders and their loved ones statewide. More information on the campaign can be found at their website <http://www.lasttoask.com/>.
- UCF RESTORES²¹ and its partners at the [Florida Firefighters Safety & Health Collaborative](#)²² (FFSHC) have launched a first-of-its kind, no-cost, web-hosted, anonymous peer support and clinician locating portal for first responders titled RedlineRescue.org²³, a fully automated version of the FFSHC's cornerstone peer support program²⁴.

Needs Assessment



From the information gathered in the first three sessions, the Task Force identified areas where there were gaps in services, barriers to accessing services, and/or underserved populations. These areas are categorized within the Social-Ecological Model for Prevention. The model considers the interplay between factors at the individual, relationship, community, and societal levels. The overlap of levels demonstrates how factors at one level influence and impact those at another.

Social Ecological Model for Prevention



Individual Gaps

- Lack of continuing education components for peer support members and teams; clinician support and advisory options for peer support leads (appropriately credentialed consultation).
- Knowledge of crisis support services specific for first responders.
- Lack of culturally competent behavioral health professionals within outpatient and in-patient facilities.
- Lack of advocacy and support by those who make decisions for first responders to stay at work or return to work following a critical incident.

Relationship Gaps

- Minimal trainings on suicide prevention specifically designed for families (gatekeepers) of first responders.

Community Gaps

- A conflict of interest when the agency's mental health provider conducts fitness-for-duty assessments and therapeutic services.
- Limited training on preventing suicide following a death or suicide attempt within an agency.
- Decentralized trainings and programs that promote autonomy can work against capacity building and statewide direction for consistency.
- Feedback loop regarding effectiveness and return on investment of EAPs is minimal or missing altogether.
- Cultural competency for behavioral health providers (capacity building).

Societal Gaps

- Confidentiality concerns and negative image of help-seeking behavior embedded in the culture of the profession.
- Limitations on accessing services due to language and the time frame defined in the existing PTSD legislation.
- Unequal access to inpatient care, outpatient services, and provisions for respite days in employment contracts.
- No standard of care such as the Behavioral Health Access Program for agencies serving first responders nor any standard operating procedures within agencies for mental health treatment of employees.
- Inconsistencies in accessible, available services throughout the state.

Recommendations



The recommendations of the First Responder Suicide Deterrence Task Force are presented within the framework of the 2020-2023 Florida Suicide Prevention Interagency Action Plan (State Plan).

Focus Area 1: Awareness

Awareness helps Floridians recognize when they need support to reduce suicide risk. Self-help tools and outreach campaigns are examples of ways to lower barriers to obtaining help, such as not knowing what services exist or believing that help will not be effective. Under “Focus Area 1: Awareness” of the State Plan, the Task Force recommends:

- Work with 2-1-1, Aunt Bertha, or other similar information and referral services to produce a centralized information hub of vetted behavioral health resources available to first responders and their family members.
- Encourage stakeholders at all levels (e.g., department, community, and statewide) to promote awareness of information and referral services, including the National Suicide Prevention Lifeline, to first responders and their families. This includes promotion of mental wellbeing on social media platforms.
- Explore the feasibility of implementing in-person, onsite visits of referral services to establish relationships and promote availability of resources (i.e., visiting all shifts at fire stations, attending roll call at law enforcement agencies).
- Promote ride-alongs with law enforcement by behavioral health providers and chaplains.
- Encourage the addition of resources for suicide helplines to first responder-related organization websites.
- Emphasize first responder families as a unique local community with the innate ability to serve as gatekeepers.
- Explore opportunities for the utilization and expansion of current data sources for understanding and monitoring suicide deaths within the first responder occupation.
- Expand the definition of “First Responder” by including those identified within the Florida Retirement System as “Special Risk Class” as defined in Section 121.0515, F.S. and dispatchers of public safety answering points (PSAP).

Focus Area 2: Prevention

Prevention programs help Floridians build life skills strategies, which include critical thinking, stress management, and coping. These strategies will prepare Floridians to safely address challenges such as economic stress, divorce, physical illness, and issues related to aging. Under “Focus Area 2: Prevention” of the State Plan, the Task Force recommends:

- Collaborate with federal resources for grant funding opportunities related to first responder behavioral health and suicide prevention activities.
- Utilize and leverage existing training programs within first responder organizations to host training opportunities for additional first responder-related organizations and departments (for example, if a local department has training available, invite other first responder organizations to attend their training or take turns hosting training).

- Explore the feasibility of a standardized training module that can be used by all first responder organizations within a single training location.
- Revise the language in s.112.1815(6), F.S. to include guidelines on reputable educational/training opportunities with proven efficacy.
- Collaborate with existing family/caregiver organizations and mental health service providers (internal or external) to deliver affordable, appropriate, and accessible suicide prevention gatekeeper training to families
- Create standards of measurement for effective EAPs to increase provider accountability.
- Provide materials for departments desiring to develop a Behavioral Health Access Program (BHAP), a comprehensive and operationalized plan which clearly specifies the services members' and families' need, where those services are available, and levels and standards of care that are expected in provision of these services. The National Fire Protection Agency standards²⁵ provide guidance to departments for developing a BHAP, including requiring the minimum services of evidence-based assessment, basic counseling, and stress crisis intervention, which should be readily available to address, at minimum, alcohol and other substance use, stress and anxiety, depression, and personal problems that may impact work performance. The standards also require the BHAP to provide for sources of appropriate interventions for members who need more advanced or extensive levels of specialty care.
- Increase access to training with CEUs for mental health providers that builds culturally competent personnel.
- Develop guidelines for agencies to model when implementing a tracking system for critical incidents to assist in identifying the date of a traumatic event.
- Separate the process and professionals involved for a Fitness-for-Duty Evaluation (FFDE) and those seeking other behavioral health support. It should be made clear that this is not a proposal to end FFDEs. They are necessary and have a place in the first responder professions. Rather, first responder agencies with government support, should endeavor to have a bright line of separation between the two processes. A first responder must be able to seek assistance without fear that their career hangs in the balance because the mental health provider also conducts FFDEs.

Focus Area 3: Intervention

Suicide prevention interventions such as safety planning, evidence-based treatments, and therapies delivered by trained providers can lead to significant improvement and recovery. Under "Focus Area 3: Intervention" of the State Plan, the Task Force recommends:

- Review s.112.1815 (6), F.S. for practicality and assurance that the language is congruent with current research on and treatment for PTSD.
- Revise the language in s.112.1815 (5)(a), F.S. from *licensed psychiatrist* to *licensed mental health clinician* and remove the remaining reference to a treating physician.
- Revise the language in s.112.1815 (5)(d), F.S. to eliminate the time restriction of 52 weeks due to the limitations of tracking the date of a qualifying event and the prevalence of compounding, cumulative traumatic stressors in the eligible professions.
- Investigate the feasibility of expanding the current first responder hotline or warm line of existing local collaboratives (Crisis Center of Tampa Bay and Hillsborough County

Sheriff's Office) and national efforts (Cop2Cop and Rutgers University) to statewide coverage.

- Develop legislation to protect the liability of both the employers of peer support teams and the members within confines of providing services.

Focus Area 4: Caring Follow-up and Support.

Individuals may be affected after a death by suicide and after an attempted suicide. Florida communities and groups respond to and care for individuals affected by a death by suicide with caring follow-up and support efforts by reducing risks and promoting healing. Under "Focus Area 4: Caring Follow-up and Support" of the State Plan, the Task Force recommends:

- Develop a model Standard Operating Guidelines template for public safety agencies to use as a guide in establishing protocols related to suicide death of an active or retired member.
- Establish a statewide network of resources for use after a death by suicide that includes personnel with lived experience who are willing to mentor.
- Enhance existing support services for suicide loss survivors and suicide attempt survivors to meet the unique needs of public safety families and co-workers.
- Prepare materials for social media, professional journals, or conferences with recommendations on dealing with the aftermath of suicide in the workplace (similar to the Manager's Guide produced by the National Action Alliance for Suicide Prevention or the National Consortium on Preventing Law Enforcement Suicide's recommendations from the publication *After a Suicide in Blue*²⁶).
- Establish guidelines that are supported by occupational therapists, mental health clinicians, and current research regarding returning to work after a suicide attempt.

Appendix A

First Responder Suicide Deterrence Task Force Member List

Representing	Appointed Official
Florida Professional Firefighters' Association	Mike Salzano, <i>Chair</i>
Florida Police Benevolent Association	Michael "Mick" McHale
Florida State Lodge of the Fraternal Order of Police	Rob Strout
Florida Sheriffs Association	Matt Dunagan Allie McNair
Florida Police Chiefs Association	Chief Charles Vazquez
Florida Fire Chiefs Association	VACANT
<i>Non-voting members</i>	
Statewide Office for Suicide Prevention	Anna Gai
Florida Department of Law Enforcement	Matt Walsh
Florida Department of Highway Safety and Motor Vehicles	Major Joseph "Cory" Harrison
Retired Firefighter	Ryan Gallik
Miami Gardens Police Department	Tim Adams, Michael Dillon, and Sam Espinosa
St. Petersburg College	Mary VanHaute, <i>Co-Chair</i>
Florida Division of Emergency Management	Darcy Abbott
LSF Health Systems	Scott Swanstrom
2 nd Alarm Project	Kellie O'Dare Lance Butler
Crisis Center of Tampa Bay	Clara Reynolds Debra Harris

Appendix B

Results of Statewide First Responder Mental Health Services Survey conducted in the fall of 2020.

“In all, 189 agencies responded (107 law enforcement and 82 EMS/fire), for a response rate of approximately 25% of all agencies. The following tables present key findings of the survey.”

Mental Health Services Offered by First Responder Agencies

Service Offered (Voluntary and/or Mandatory)	Percent (#) of Agencies (n=189)
Employee Assistance Program (EAP) / Counseling	94% (178)
Chaplain	71% (134)
Mental Health Training	70% (133)
Critical Incident Stress Management Team	67% (126)
Peer Support Team	54% (102)
Mental Health Assessments	32% (60)
Stress Management Wellness Visits	29% (54)
Family Educational Programs	25% (47)
Clinician Response Team	24% (45)
On-Staff Mental Health Clinicians	19% (35)

Agencies that Maintain Lists of Culturally Competent Mental Health Providers

Mental Health Provider	Percent (#) of Agencies (n=189)
Culturally Competent Clinician	40% (76)
Culturally Competent Psychiatrist	36% (68)
Culturally Competent Intensive Outpatient Program	26% (50)

Barriers that Prevent First Responders from Accessing Effective Mental Health Care

Barriers	Percent (#) of Agencies (n=145)
Stigma associated with seeking/receiving mental health care	59% (85)
Availability of culturally competent resources	23% (31)
Fear of lack of confidentiality	17% (24)
Lack of knowledge of available resources	14% (21)
Funding for mental health resources	13% (19)
Fear of retaliation of employer	12% (18)
Availability of mental health resources	12% (18)
Denial of needing mental health care	12% (17)
Time required to identify and access resources	9% (13)
Ease of access to resources	7% (10)
Lack of first responder use of available resources	6% (9)
Leadership issues	6% (9)
Mental health services are reactive rather than proactive	4% (6)

References

- ¹ Section 14.2019(2), F.S.
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