



Ohio Association of Professional Fire Fighters

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Michael P. Taylor, President

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Good morning distinguished members of the committee. My name is Matt Askea and I am a full-time Lieutenant Firefighter for the City of Akron Fire Department. I have worked for over 13 years as a firefighter and paramedic. In addition, I serve as the Peer Support Program Manager for the Ohio Association of Professional Firefighters (OAPFF). Prior to my career as a firefighter, I worked in the mental health field for seven years as a counselor and social-worker at a large public mental health agency in Summit County. I have a Master's Degree in Community Counseling from the University of Akron and continue to carry my license to practice mental health counseling in the State of Ohio. Until fairly recently, I had no idea how connected these two seemingly diverse careers would be.

Mental health is a serious issue for firefighter/paramedics and first responders. Multiple studies confirm that firefighters are much more likely to suffer from PTSD and other stress related disorders, and more likely to die by suicide than the general population. Firefighters are also (at least) twice as likely to die from suicide as they are to die in the line of duty. Multiple research studies also show us that these problems are likely due to first responder exposure to both acute and chronic traumatic experiences. It is for these reasons that I come before you today in support of Senate Bill 118.

Under current law, psychiatric disorders such as PTSD must have a correlating compensable physical injury to receive benefits from worker's compensation. However, according to the American Psychiatric Association, the organization that derives diagnostic criteria for mental disorders, physical injury is not a criterion for diagnosis of PTSD.

Academic studies in the field of mental health have recently recognized an increased risk for first responders to develop PTSD because of their repeated exposure to traumatic events. In fact, the City of Akron is currently participating in a research study with Kent State University to identify factors that may allow some firefighters/paramedics to cope better than others after frequent exposure to tragic events such as motor vehicle accidents, homicides, suicides, child and elder abuse, animal cruelty, drug overdoses, and fatalities from fires.

Fortunately, most firefighters and first responders are quite resilient and most can withstand a tremendous amount of stress and exposures to traumatic events and disturbing scenes. But despite this overall resiliency, some firefighters will develop PTSD due to acute and/or chronic psychological exposures.

As you may know, the DSM 5 is the taxonomic and diagnostic tool published by the [American Psychiatric Association](#) (APA). In the United States, the DSM serves as a universal authority for psychiatric diagnoses. The DSM has several diagnostic features that must be present to assign the label of PTSD to someone. Among these is "Exposure to actual or threatened death, serious injury, or sexual violence in one or more of the following ways: Directly experiencing the event, witnessing the event, learning that such an event occurred to a close friend or family member, or experiencing repeated exposures to aversive details of the traumatic events". The DSM V specifically lists "first responders" as those who

could develop PTSD due to witnessing events (the aftermath of said events) or through repeated exposure to traumatic events.

Just last week, USA Today published an article revealing that firefighters are approximately twice as likely to die by suicide as they are to die in the line of duty. A survey of more than 4,000 first responders found that 6.6 percent had attempted suicide, which is more than 10 times the rate in the general population, according to a 2015 article published in the Journal of Emergency Medical Services. Friends, family and coworkers reported 132 first responder suicides nationwide in 2016 to the Firefighter Behavioral Health Alliance, an Arizona-based nonprofit that promotes better mental health support for firefighters. According to Jeff Dill, the organization's founder and CEO, the voluntary reports are some of the only data available on firefighter suicide and likely capture only about 40 percent of them.

The recent attention to firefighter mental health has led to the development of the Ohio Association of Professional Firefighters Peer Support Program. This program is made up of approximately 30 firefighters from throughout the state who have been trained in first responder mental health. The Peer Support Team has been called upon multiple times since its formation to assist other firefighters and departments with issues ranging from PTSD, suicide, depression, relationship problems, anxiety, and substance abuse. We believe that Peer Support is crucial with reaching firefighters because these firefighters are more receptive to assistance if offered by peers. Although Peer Support is crucial with assisting our firefighters, it is not enough.

I can speak firsthand about the psychological traumas that can scar the psyche. Although I do not suffer from PTSD, I can certainly empathize with those who do. Like most first responders, I have experienced multiple calls throughout my career that I can vividly remember years later. I remember the location, images, sounds, smells, and specific details about these calls, which I will spare you the details of today. I feel like I will remember these experiences throughout my life. Luckily, I have not suffered the type of psychological damage that is possible after such repeated exposures.

Despite the fact that exposure to traumatic events may lead to a PTSD diagnosis, we do know that there are very effective treatment options for those who suffer from this psychological injury. For example, eye movement desensitization and reprocessing (EMDR) is a fairly new, nontraditional type of psychotherapy, which has shown tremendous effectiveness with the treatment of PTSD. There are also other therapeutic interventions that, when used correctly, can help those suffering from PTSD recover and return to full duty.

As you can see, firefighters/paramedics are at an increased risk for PTSD due to their repeated exposure to traumatic events and by frequently witnessing traumatic events. The DSM 5 **does not require that a person suffer a physical trauma to their own person in order to be diagnosed with PTSD.** We ask that changes be made to the current law that reflect the universally accepted diagnostic criterion for PTSD. We need to adjust our policies accordingly to comply with the diagnostic guidelines and remove the requirement of a physical injury for filing a worker's compensation claim.

Firefighters and first responders have a tremendously stressful occupation. The repeated exposures to both physical and psychological events have been shown to take their toll on even the most resilient of us. In the just the past year alone, our firefighter peers have been called to provide support to four departments following the suicide of one of their members. We must take these factors into consideration when determining policy and law.

It is for these reasons that we ask you today to make the necessary changes outlined in Senate Bill 118. We owe it to our first responders to make mental health a priority. Thank you for your consideration. I am glad to answer any questions that you may have.

Sincerely,

Matt Askea, Lieutenant,
Akron Fire Department
OAPFF Peer Support Manager