The Relationship between the Utilization of Mental Health Services, Coping Mechanisms, and Reputation in Male Firefighters

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by Dr. Jessica Bulala and Dr. Rodger Broomé

As part of her doctoral studies journey, Dr. Jessica Bulala set out to study the resistance that male firefighters seemed to have regarding their uses of psychotherapists. Mental health resources through Employee Assistance Programs (EAPs) are commonly available to firefighters. Further, the Utah Critical Incident Stress Management (CISM) program is available to emergency responders throughout the state, free of charge. Dr. Bulala conducted an online survey of firefighters to find out why male firefighters tend to avoid the mental health resources available to him or her. Her motivation as an emerging clinical psychologist was to figure out how she could serve emergency responders better.

INTRODUCTION:

Male firefighters underutilize mental health services and the predictors of such low utilization have not been fully examined. This study used a hierarchical regression design to explore the predictors of utilization of mental health services among 89 male firefighters residing in Utah, California, and Maryland. These predictors included attitudes towards mental health services, barriers to help-seeking, coping, personal reputation, and professional reputation.

Society upholds firefighters as brave, strong, and most of all, heroes. In order to perform their duty to the community, these individuals must display exceptional skill and courage while keeping their emotions under control in any situation. In addition to fires, firefighters must face many traumatic experiences such as medical emergencies, suicides, automobile accidents, toxic waste explosions, crimes, and bombs on a daily basis.

Previous literature (e.g. Hyman, 2004; Miller, 1995) has established that the firefighter population is resistant to help-seeking behaviors. The underutilization of mental health services among firefighters may be due to fire department reputation, society’s traditional male gender roles, or the lack of knowledge about mental health services and their availability.

Due to the strong valuing masculinity by first responders, the occupational context may have an impact on degree of utilization of mental health services. One’s professional reputation plays an important role when considering using mental health services, in terms of the interaction between mental health stigmas; traditional masculine roles adopted by firefighter populations, and the conformity to traditional gender roles.

RESULTS:

The results showed that there was no statistically significant relationship between professional or personal reputation and utilization of mental health services. However, there was a statistically significant relationship between barriers to help-seeking and utilization of mental health services. No correlations were found between age, rank, and education level with utilization of mental health services. This means that older age, higher rank, and higher education level were not correlated with lower barriers to mental health services. Additionally, five factors resulted and were titled mental health stigma (factor 1), need for independence (factor 2), passive response (factor 3), need to obtain/share information (factor 4), and difficulty of access (factor 5). The first factor explained the most variance (30.564%) and therefore only the first factor was regarded as an important finding. Those scoring high on this factor believe in the negative stigma of mental health services and are less likely to utilize mental health services. Results of the study suggest that mental health services stigma is the best predictor for underutilization of mental health services.
DISCUSSION:

In the firefighter world, individual firefighters work as a part of a team that expects them to be self-reliant in their specified responsibilities. This study is consistent with Berger et al.’s (2005) conclusion that traditional masculinity definitions and negative stigma towards mental health services result in underutilization of mental health services in the professional and personal realms. Additionally, the results of this study concluded that conformity to male gender role norms and values contribute to mental health stigma, which consequently lowers utilization of mental health services rates. Mental health services are stereotyped and generally defined as a process directed more at looking into in-depth feelings and relationships rather than solving the problem at hand. Traditional forms of therapy are seen as lying on a couch, talking about feelings to a complete stranger. Rochlen et al. (2006) identified three main barriers to seeking help: distrust, vague treatment information, and lack of provider credibility. This study partially reflects their conclusion, yet broadens it to be more reflective of how being in treatment adjusts the firefighter’s view of himself and how others view him and therefore barriers to treatment entails masculinity, self-assurance, and presentation.

Similar to how firefighters need to adapt to differing situations, perhaps the psychology field should do the same. Psychology has adopted the medical model in the mainstream so that insurance companies and other third party payers will cover the expenses of mental health services. The firefighting field has also moved in the direction of a medical model, particularly in the competitive firefighter field where an EMT or Paramedic certification is a department requirement. Often, firefighters interact with doctors, nurses, technicians, and even psychiatrists who assess and diagnosis rapidly. Seeing these diagnoses in citizens creates sympathy, but also a desire to distance oneself from ever becoming that disorder or that diagnosis. Being labeled as “crazy” or worse, “unfit for duty” creates a vulnerable, uncomfortable state. As a firefighter, men and women are defined as trained, mentally stable individuals assigned to protecting the community. Thus, being labeled by a mental health professional with any kind of disorder rips the individual of his or her identity of being able to help others while emotionally or mentally unstable after experiencing trauma. So while many of the respondents may have explicitly not come out against the concept of getting help, they are personally avoidant when it applies to him or her. This might indicate that firefighters are sympathetic to people having mental suffering, but avoid any kind of notion that they might fit into such a category. Much of the public is not well educated on mental disorders much less the treatment of them. It is not normalized and most of the time symptoms are ignored or underreported. The mystery surrounding the nature of psychotherapy exacerbates the hesitancy or resistance to seek mental health services. Combined with the fact that many do not want to “find out” that her or she is “sick” creates stigma, which makes managing one’s sense of identity or self-awareness very problematic.

Often, firefighters interact with doctors, nurses, technicians, and even psychiatrists who assess and diagnosis rapidly. Seeing these diagnoses in citizens creates sympathy, but also a desire to distance oneself from ever becoming that disorder or that diagnosis.

Conceivably, psychologists need to switch gears when marketing to the firefighter population and even more broadly to public safety professionals. If firefighters can be approached with learning mental, communication, and coping skills that improve effectiveness, rather than labeled crazy or unfit for duty than the utilization rates will increase. This can create a snowball effect where firefighters that are emotionally and mentally aware of their thoughts, feelings, and behaviors can better serve the community as well as their loved ones. Holistic and wellness models of treatment to teach mental and coping skills for empowerment, emotional hardness, better self-reliance, better communication styles adapting to differing contexts are better strategies for mental health professionals wanting to work with firefighters and other first responders.

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The study showed that firefighters believe in masculine ideals, including independence, strength, and straightforwardness. Therefore, it would seem probable that firefighters in treatment would respond well to psychoeducation on communication styles, coping skills, and mental health in general. The firefighters in this study’s sample showed that barriers to treatment include mental health stigma, avoidance of emotional expression, and skepticism of mental health professionals. Providing treatment that is direct, clear, and beneficial to the individual’s professional and personal relationships may reduce uncertainty, avoidance, and cynicism. Highlighting the solution-focused, emotional expression, and resiliency firefighters identify with and desire could potentially increase utilization of mental health services and provide a better psychological outcome for the individual firefighter as well as the fire department itself. The adaptation of mental health services to specific individuals is commonly practiced; however, the adaptation to a masculine induced population may help decrease the mental health stigma adopted by the firefighter population. Through creating a positive light on mental health and its treatment, there is potential to bridge the gap between experienced trauma, consequences, and treatment benefits with the firefighter population.

REFERENCES:


