

**Mental Wellness in EMS**  
**First Responder Mental Wellness Assessment©**  
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**#1 Sleep Disturbance**

1. Do I feel refreshed upon awakening?
2. Do I have nightmares?
3. Do I need a “nightcap” to get to sleep?
4. Do I wake up in the middle of the night and aren’t able to return to sleep for a couple of hours?
5. Do I need an OTC medication to get to sleep?
6. Do I have an evening ritual that relaxes my physiology so I can go to sleep more easily?

**#2 Decision Fatigue**

1. After shift, am I faced with many decisions at home?
2. Do I have a side business, am in the middle of building my family home, and am remodeling my friend’s bathroom?
3. Does the “What’s for dinner?” question overwhelm me?
4. Do my most difficult tasks never get done?
5. Do I avoid making decisions until “later?”

**#3 EMS<sup>3</sup> (Eat, Move, Sleep, Supplement, and Manage your Stress)**

1. Do I eat sugary foods (energy drinks, candy, etc.) to sustain my energy throughout the day and night?
2. Do I engage in some type of physical activity that raises my heart rate for at least 30 minutes 5 days a week?
3. Do I have streetlights, TV, computer screen exposure, or florescent light exposure after sunset?
4. Do I spend less than 15 minutes outside every day?
5. Do I supplement with Vitamin D<sub>3</sub> and magnesium?
6. Do I chronically feel overwhelmed?
7. Do I have a very regular practice for reducing physiological arousal? (Meditation, yoga, Wim Hoff, cold plunges, sauna)
8. Any physical pain patterns that are constant or intermittent?

**#4 Hypervigilance**

1. Am I on chronic alert for something to go wrong?
2. Do I have a hard time receiving affection?
3. Do I have a hard time enjoying everyday pleasures?
4. Do I avoid going certain places because I am concerned about the crowds, level of stimulation...?

**#5 Substance Use**

- C: Have I ever felt you should Cut down your drinking?
- A: Have people Annoyed me because they are criticizing my drinking?
- G: Have I ever felt bad or Guilty about my drinking?
- E: Have I ever had a drink first thing in the morning to steady my nerves or to get rid of a hangover? (Eye-opener)

### **#6 Depression and Anxiety**

1. Am I irritable, moody, negative?
2. Do I still enjoy the things I used to enjoy doing?
3. Do I ruminate on bad things, infractions, how things “should” be done?
4. Do I feel nervous and anxious on a regular basis?
5. Do I have a hard time stopping or controlling the worry?

### **#7 Social Isolation**

1. Do I isolate in my room at the station? (bidirectional effect)
2. Do I spend time with my spouse/partner?
3. Do I make an effort to reach out to folks?
4. Do I frequently say to myself, “I usta” \_\_\_\_\_ (Gilmartin, 2002)?
5. Is my common response, “Hangin’ out. Nothing. Vegging out?”

### **#8 Sole Identity is Work Identity**

1. How many overtime shifts have I worked in the past 6 months? (separate from the last 5 years of your career)
2. Do I wear first responder clothes & insignia off duty?
3. Do I seek to be in on the action, for every call, all the time?
4. Do I listen to the radio off duty?
5. Do I work overtime to avoid the chaos at home?

### **#9 Professional Casualty**

1. Am I hypersensitive to change?
2. Am I rigid and inflexible, with no gray area?
3. Do I feel an ever-present feeling of threat from the department?
4. Do I isolate from others in the agency except a few “true believers?”
5. Do I have a grandiose sense of importance?
6. Do I display a sense of entitlement?

### **#10 Suicide**

1. Have I lost hope for a better future or situation?
2. Am I having thoughts of harming myself?
3. If so, what is my plan?
4. Am I struggling with depression and/or substance abuse?
5. Am I experiencing marital and/or relationship difficulties?
6. Am I afraid to ask or receive help because of what others might think?