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HANDOUT 1

The firefighter stress exposure model

Everyone carries a bucket. Operational, personal and organisational pressures fill it up. What we let out keeps the level down.

Operational incidents

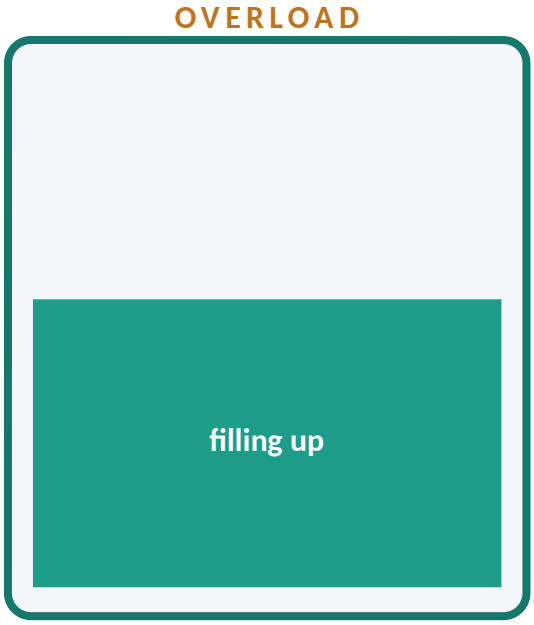
Fatalities, RTCs, fire deaths, CPR, the hard shouts.

Personal pressures

Home life, finances, relationships, health, sleep.

Organisational stress

Workload, staffing, change, scrutiny, management.



The release tap

Rest and good sleep · talking to someone you trust · peer support · exercise and time off the run · asking for help early. What you let out keeps the level down.

Check your own level

- What's been filling my bucket lately?
- What does it look like when mine is getting full?
- Which taps do I actually use, and which have I let close off?
- Whose bucket on my watch might be near the top right now?

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HANDOUT 2

Recognising distress in colleagues

Distress usually shows as a change in behaviour, not someone saying they're struggling. Knowing your crew's normal is what lets you spot the shift. Tick what you notice.

IN HOW THEY TALK & THINK

- [ ] More cynical or negative
- [ ] Self-critical, hopeless
- [ ] "What's the point?"
- [ ] Talk of being a burden or trapped

IN THEIR MOOD

- [ ] Short-tempered, irritable, angry
- [ ] Flat, low, withdrawn
- [ ] Numb or detached
- [ ] Overwhelmed or on edge

IN WHAT THEY DO

- [ ] Withdrawing from the watch & mess
- [ ] Drinking or risk-taking more
- [ ] Increased sickness or lateness
- [ ] Dropping hobbies, slowing down

IN THEIR BODY

- [ ] Looking exhausted, poor sleep
- [ ] Appetite changes
- [ ] Frequent aches or illness
- [ ] Jumpy, tense, restless

When to act on it

Change. a shift from how they usually are

Duration. it's lasted weeks, not a bad shift or two

Cluster. several signs together, not one in isolation

Impact. it's affecting work, home or safety

Trust your instinct. If something feels off about a mate, that's worth acting on.

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HANDOUT 3

PTSD and moral injury

A reaction after a hard job is normal and usually eases. These are what it can look like when it takes hold, and when to point someone towards more help.

PTSD: FOUR THINGS TO LOOK FOR

Intrusions

Flashbacks, nightmares, the job replaying uninvited.

Avoidance

Steering clear of reminders, places, conversations.

Hyperarousal

Jumpy, on alert, irritable, poor sleep.

Negative mood

Blame, guilt, feeling cut off or numb.

MORAL INJURY: THE GAP BETWEEN WHAT HAPPENED AND WHAT'S RIGHT

Not all distress comes from fear. Some comes from a deep sense that something was wrong. It is common in this work and often missed.

- **Being unable to save someone** doing everything right and still losing them
- **Child death incidents** the jobs that sit differently, and stay
- **Feeling let down by the organisation** when the system, not the incident, causes the harm
- **Ethical conflict** decisions that clash with your own values

When to refer

If it lasts beyond a few weeks, is getting worse, or is affecting work, home or safety. When in doubt, signpost. You are not expected to diagnose. The Fire Fighters Charity and your Occupational Health team can help.

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HANDOUT 4

ALGEE quick reference card

Cut this out and keep it. ALGEE is not a script, and it rarely runs in a neat order. The point is to start.

ALGEE

Mental Health First Aid action plan

A

Approach, assess & assist

Pick a private moment. Stay calm. Quietly check: is anyone in danger now?

L

Listen non-judgementally

Open questions, hold the silence. Not “You'll be fine” or “part of the job.”

G

Give support & information

Validate, offer hope, normalise getting help, keep it simple.

E

Encourage professional help

GP, Occupational Health, EAP, psychological services.

E

Encourage other support

Family, friends, peers. Sleep, movement, less alcohol.

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HANDOUT 5

The difficult conversations guide

You don't need the perfect words. You need to show up, stay calm, and listen. Here's a steer for the bits that feel hardest.

STARTING THE CONVERSATION

- *"Can we have a chat? I've noticed you don't seem yourself lately."*
- *"How have things really been, on and off the run?"*
- *"I'm not here to fix anything. I just wanted to check in."*

LISTENING WELL

DO

- ✓ Give it time and your full attention
- ✓ Use open questions, then let them talk
- ✓ Reflect back: "That sounds really hard."
- ✓ Sit with the silence; don't rush to fix

AVOID

- ✗ "You'll be fine, we've all been there."
- ✗ "It's just part of the job."
- ✗ Jumping straight to advice or solutions
- ✗ Comparing it to your own worse day

IF THEY OPEN UP, OR MENTION NOT COPING

1. **Stay calm and stay with it.** Your steadiness tells them it's safe to talk.
2. **Ask directly if you're worried.** "Are you having thoughts of suicide?" does not plant the idea.
3. **Don't promise secrecy.** Be honest that you may need to involve others to keep them safe.
4. **Bridge to support.** Offer to help them take the first step, today if you can.

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HANDOUT 6

My personal wellbeing action plan

Fill this in for yourself. These four answers are your early-warning system and your plan for when the bucket gets full.

What signs tell me I'm struggling?

Who tends to notice first?

Who can I talk to?

What helps me recover?

Keep the basics topped up

- Sleep
- Peer connection
- Nutrition
- Reflection
- Activity
- Family
- Time off the role
- Professional support