



Emergency Responder Mental Health and the Californian Fires

Article 1: Baxter, K. 2025, “[For First Responders Trauma Could Linger Long after the County Wildfires are Out](#)”, *Seattle Times*, Jan. 19, 2025

Baxter says the true impact of the wildfires on first responders won't be known for years and that the issues they face will be the result of cumulative trauma, an experience he likens to “the smouldering embers in a wildfire”.

This article provides vignettes of people on the frontlines, and who support the frontlines. I will share snippets from a few people who share the struggles of our sector here. Mike McGrew has “over 320 years of collective experience across the generations in his police and firefighting family...This generational dedication to public service has left deep scars”..” McGrew knows from experience that many first responders working the recent wildfires in Southern California will eventually head home with the weight of the death and destruction they've witnessed.”

“(First responders are) good in the fight. They're doing what they have to do..but then comes the fight after the fight. How do you deal with those things?” Mike McGrew, firefighter from Santa Barbara

McGrew co-founded a charity (called 911 At Ease International) in Santa Barbara that provides free trauma-informed counselling for police and firefighters. He says that “macho culture” surrounding these jobs has historically prevented acknowledgment of the mental toll. However, the attitude has shifted in the past decade as mental health support has become more widespread, especially among younger generations. “Still, getting firefighters to open about their struggles remains challenging.”

Scott Ross, a retired L.A. County fire captain now works as a peer counsellor. “It's taken a long time for peer support to be a trusted entity with the fire service” he says, “(peer support is) a place that's confidential and that they know they can go talk to someone who's been through something...but we're not anywhere close to being 100% of where this is an accepted thing.”

Ellen Bradley-Windell is the mother of an L.A. County fire captain on the front lines of the Palisades fire. She is also a co-founder and clinical director of the Valencia Relationship Institute in Santa Clarita and has been helping at Rose Bowl, which is base camp for nearly 4,000 first responders working the Californian fires. “There are clinicians, chaplains and as many as eight therapy dogs are available around the clock. And they've been busy. The dogs are popular,” said Ellen as Ember, a cheerful yellow Labrador, lounged in the sun at his feet. “They get people to open up. We wouldn't be able to make all the contacts that we make without the dogs”



Article 2: Everly, G. 2025 The Psychological Toll of the Los Angeles Fires: What to expect and how to cope, Psychology Today, Jan 16 2025

Everly is a psychologist who has worked for FEMA in over 20 countries and writes “no community recovers from cataclysms and disasters *until its people recover*” (Everly & Parker, 2005; Everly & Athey, 2022). Everly starts by describing the fires in and around Los Angeles a cataclysm (or catastrophe) and makes the distinction *between a disaster and a cataclysm*:

- A cataclysm is a large-scale adverse event that cannot be contained or curtailed and which exceeds all emergency response capabilities.
- A disaster, on the other hand, is a large-scale event that, while often tragic, can be effectively contained and curtailed over time.

Knowledge, Everly surmises, is the first step in recovery and healing. This is true for both personal loss and tragedy, and disasters and cataclysms. Understanding what to expect and when, psychologically speaking, can be the first step in regaining control of one’s life.

The psychological phases of disaster: a theory

This is a model, originally formulated by Diane Myers and others in the early 2000s that has 5 predictable phases and 2 unpredictable phases and help victims of disasters/cataclysms gain knowledge.

Predictable phases

1) Pre-impact phase:

- Psychologically, the time that precedes the impact of any given approaching disaster tends to be characterised by anticipatory arousal, anxiety, uncertainty, fear, and even denial.
- When warnings are not provided or not heeded, frustration, anger, casting of blame will be intensified.

Effective coping in this phase and the next rest upon having a structured plan in place to meet both physical and psychological needs.

2) Impact phase: the time when fire, storm, flood, attack, or infection makes contact

- Behaviours in this phase can be of denial, confusion, fear, and panic and /or directed to self-preservation and ensuring the safety of family and friends.

3) Heroic phase: rescue time

- During or immediately after the impact phase, resources (often extraordinary) are deployed for acts to save property and lives. Behaviourally:
- Actions tend to be fuelled by the adrenalin rush people generally have and there tends to be increased cooperation, and selfless actions.
- There is often an increase in risk-taking combined with a denial of fatigue and even potentially dangerous denial of vulnerability.



Having a pre-event plan helps this as structure is the antidote for chaos. Psychological coping is enhanced by trying as best one can to stay task-focused on survival and protection.

- 4) Honeymoon phase: after the zenith of death and or destruction has passed
 - the “honeymoon” phase begins with the belief that things are under control and that “the worst is over”.
 - A sense of relief and [gratitude](#), perhaps even a congratulatory atmosphere
 - A time when people have a clear sense of their new responsibilities and cooperation continues.
 - Psychologically, relief, gratitude, sympathy, and even euphoria may be in evidence as survivors are allowed to finally “exhale” and a concerted effort to return to life as it was known begins.
 - Honeymoons seldom last and some, due to burnout or vicarious trauma, skip this phase and go from the heroic phase directly to disillusionment.

- 5) Disillusionment phase: A phase when people struggle to recover and prepare to rebuild, and the reality of loss may hit the hardest. Resources may not be as plentiful as they were at the peak of the crisis.
 - This phase is one of ‘psychological letdown’ and may be fuelled by regret, grief, frustration, anger, second-guessing, exhaustion, despair and the desire to blame others.
 - A time of greater risk for maladaptive coping, aggressive acts, and [domestic violence](#)
 - Manifestations of burnout and vicarious trauma may arise in health-care professionals. In civilian populations, anxiety, post-traumatic stress, and depression have historically emerged. Some may consider ending careers, dissolving marriages, and even taking their own lives.
 - Self-[medication](#) may increase and people previously challenged by mental illness or substance use, or who are otherwise marginalized, may react more severely than many others, or may experience relapses.

Unpredictable Phases

- 6) Reconstruction and 7) Recovery Phases: The final phases involve long-term recovery and rebuilding efforts, where individuals work to restore their lives and communities over months to years. Moving on does not mean forgetting. It simply means getting back to living life.

The field of disaster mental health was largely created to accelerate phases 6) recovery and 7) reconstruction, largely by mitigating the negative impact of phase 5 through three strategies:

- 1) an [optimistic](#) vision projected personally and by [leadership](#) at the community level
- 2) interpersonal cohesion and [collaboration](#), and;



3) early recognition of and intervention with signs of distress and despair with access to professional mental health support.