

CONCEPTS

IMPLEMENTATION OF MENTAL HEALTH SUPPORTS FOR CANADIAN PARAMEDIC STUDENTS DURING PRACTICUM PLACEMENTS

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ABSTRACT

High stress levels and exposure to traumatic events increase the likelihood that paramedics may develop mental health issues during their practicum and as they transition into professional practice. Implementing mental health support for paramedic students before and during practicum and during transition into the workforce may act as a preventative measure for common challenges such as PTSD, depression and anxiety. We propose four pillars of support that could be implemented including: proactive education, specialization for mental health providers, facilitation of social support, and transitional support. These pillars are embedded within the educational system. Suggestions for implementation and potential obstacles are explored. We believe these solutions can facilitate a smoother transition into practice and help minimize mental health challenges among students and future paramedics.

INTRODUCTION

Mental health vulnerability is a major challenge for paramedics. Paramedics are regularly exposed to traumatizing experiences that can affect their psychological well-being. Research indicates a high prevalence of PTSD, depression, and anxiety in paramedics, particularly paramedic students, who experience higher job-related levels of stress compared to other healthcare professions (Alzahrani et al., 2025; Alzahrani et al., 2023; Hammer et al., 1986). Additionally, compared to the general population, paramedics are more likely to die by suicide (Vigil et al., 2019).

These vulnerabilities can be exacerbated for paramedic students during practicum and can reach levels that exceed paramedic providers and the general population (Alzahrani et al., 2025). Practicum is an essential part of paramedic education, providing students with clinical practice under the supervision of professionals (Ross et al., 2015). Working in the same environment as practicing paramedics means students are just as vulnerable to psychologically challenging experiences that come with the profession (Michael et al., 2025). Practicing paramedics blend

experience with knowledge to develop a strong self-confidence in practice. Contrastingly, paramedic students lack experience in the field, creating a barrier to understanding how to apply their knowledge, which can cause poor self-confidence and when combined with stressors such as making a clinical mistake, can amplify mental health challenges (Warren-James et al., 2021; Wongtongkam & Brewster, 2017). With constant exposure to life-or-death situations, paramedic students are expected to manage the psychological weight of the profession without the same experience, training, coping skills, and resilience as practicing paramedics (Michael et al., 2025). Additional challenges for paramedic students, such as managing the preceptor-student hierarchy (Poku et al., 2025), fitting into the workplace culture (Kennedy et al., 2015), and the general emotional stresses of clinical education, can make paramedic students particularly vulnerable to mental health challenges.

People who choose to enter the profession of paramedicine tend to have personality traits associated with resiliency (Hebel et al., 2025; Mason et al., 2022), though they also demonstrate other traits such as conscientiousness that are associated with PTSD and burnout (Mirhaghi et al., 2016). While programs to train resiliency can have positive effects, there needs to be continued support to maintain efficacy (Vaughan et al., 2020). The decay effect of training means that targeted mental health support is essential throughout practicum placements and the transition to professional practice. Strengthening support during these periods will help students better manage the psychological and emotional challenges they encounter (Alzahrani et al., 2025). Intervening before, during, and after practicum could prevent paramedic students from experiencing severe adverse effects like PTSD, depression, and anxiety. Literature supports the need to equip students with the tools to approach and navigate the emotional challenges paramedic students face (Kennedy et al., 2015; Michael et al., 2025); however, more is needed in the way of support. We assert that paramedic students' mental health must be supported through structured, evidence-informed approaches during the continuum of transition from practicum to early practice.

This position paper is framed using a four-pillar model embedded within a broader educational ecosystem. The four pillars for strengthening student mental health are proactive education, specialized mental-health providers, social support, and transitional support. These pillars exist in a system of stakeholders that includes paramedic students, educators, preceptors, peers, families, educational institutions, and paramedic services. Interactions among these groups shape both stress response and resilience across the continuum of training and early practice. This framework guides the organization of the paper and clarifies how the proposed pillars may support student well-being, which is an ethical and professional obligation.

ETHICAL AND PROFESSIONAL CONSIDERATIONS

Educators, preceptors, and program administrators share a professional responsibility to prepare students not only for clinical competence but for the emotional realities of the profession. The ethical duty to protect trainees from foreseeable harm underpins the need for structured mental health support in paramedic education. Introducing structured support mechanisms reflects both ethical stewardship and professional accountability to ensure learners' long-term well-being. A shift in the profession can start with

advocating for psychological safety, providing support, and providing information on how to access support.

EVIDENCE AND SUPPORTING ARGUMENTS

PROACTIVE EDUCATION

The first pillar of preparation is proactive education addressing the mental health challenges students may face. A study of paramedics and firefighters found that 100% of participants discussed the need for more mental health education (Jones et al., 2020). Curricula for paramedics should include education on common mental health challenges and available support. This education should also teach healthy coping strategies and warn students about maladaptive mechanisms common in practicing professionals, such as emotional distancing and dissociation (Clompus, 2014).

With paramedicine's deep curriculum, there may not be adequate time to address supporting mental health during practicum (Essington, et., 2019). Tests, assignments, and projects produce the most stress in post-secondary students during their studies (Santiago et al., 2024). Adding a separate class may serve as an additional stressor. However, incorporating small mental health discussions within regular lectures and labs may be beneficial. Educators should also discuss the differences between practicum and practice, and the additional stressors present for paramedic students, like poor self-confidence (Wongtongkam & Brewster, 2017), fitting into the workplace culture as a student (Kennedy et al., 2015), and navigating the preceptor-student hierarchy (Poku et al., 2025). Consistently discussing these stressors could give students a clearer understanding of what practicum entails, and mental health education and support provided throughout practicum placement can be beneficial, as students will likely be exposed to traumatic situations.

MENTAL HEALTHCARE PROVIDERS

The second pillar is the necessity for those who evaluate the mental health of paramedics to be more thorough and improve their evaluations by considering the multitude of factors that play a role in the mental health of paramedics, e.g., length of service, age, relationship status, etc. (Jones et al., 2020). Providing therapists with specialized training can equip them to handle the mental health concerns of paramedics, leading to more efficient support. A concern among practicing paramedics was that those with previous negative therapist experiences were less likely to seek help (Jones et al., 2020). These individuals felt that mental healthcare providers could not relate to or did not understand the nature of their job and lacked training in trauma-informed methods of care. Paramedics preferred a counsellor with a similar background (e.g., a military veteran or former first responder) as they could better relate to paramedic practice (Jones et al., 2020). Educating therapists on supporting paramedics' mental health could lead to better care and more paramedics seeking help.

It can be argued that placing additional work on individuals entering the mental health workforce is unfair, especially to serve only one specific population. Another issue with educating prospective mental-health providers is finding educational methods to help them understand the paramedic profession (Jones et al., 2020). Additional training in the form of micro-credentials could be offered for aspiring mental health workers who spe-

cifically want to work with first responders. Micro-credentials could allow those in the mental health field to observe common calls and traumatic scenes to understand their future patients better. To ensure that mental health providers are adequately prepared to provide the unique care required for those in paramedicine, before entry to a credentialing program, pre-program assessment or qualification should be included to ensure overall competence. This option may decrease negative therapist experiences and equip mental-health providers to relate to paramedics (Jones et al., 2020).

FACILITATING SOCIAL SUPPORT

FAMILY AND CAREGIVERS

The effects of trauma on paramedic mental health can indirectly expose those around them to trauma through secondary injury (Anderson, 2019). As paramedics can be reluctant to share the mental health problems they experience with family due to a desire to “protect” family members (Jones et al., 2020) it would be beneficial to provide family members, especially caregivers, with information regarding how paramedicine may impact the paramedic student and themselves. Schools could provide informational resources such as brochures or pamphlets to students' families at the beginning of students' training. These resources would have basic information about the potential impact of paramedic practice on students and where to seek support. Providing family members with early education on relatives entering the profession can proactively prepare them for possible adverse outcomes.

PEER SUPPORT AMONG STUDENTS

The work culture surrounding paramedicine can be one of stifling emotions, but paramedics are more likely to seek help for their mental health if they have peer support (Jones et al., 2020). Mental health support can be provided through mental health-specific education before the beginning of student practicums. Recognizing the signs of different mental health challenges can allow students to be attentive to their mental health and that of others, increasing the likelihood of noticing any worrying signs. Supporting recognition of peer mental health issues should be done through formal programs such as Simulated Training for Resilience in Various Environments (STRIVE), which focus on psychological first aid and depression/suicidal recognition (Smith & Horton, 2020). These programs can be integrated into the curriculum, reinforced during practicum, and practiced by paramedic services to develop their skills.

Promotion of horizontal peer-to-peer support and openness concerning mental health, if done intentionally and early, can discourage the “every man for himself” mentality often seen in paramedicine. Knowing peers are also experiencing mental health challenges encourages paramedics to seek help themselves. Being able to “offload” emotions by sharing experiences, feelings, and thoughts in less formal environments with friends, colleagues, and family can be beneficial for students (Williams, 2013).

SUPPORT VIA PRECEPTORS

Leaders in paramedicine must foster open, supportive communication about mental health challenges and psychological safety in the workplace. To support vertical preceptor-to-student support, preceptors should be prepared to discuss mental health chal-

lenges with students. During practicum, preceptors take on a mentorship role with their students as they are more qualified and understand the student experience. Beyond preceptors focusing on the technical aspect of the profession, it would benefit students if preceptors could aid in managing students' mental health. Preceptors should also receive mental health training through specific programs, like STRIVE, to be able to have more open discussions during practicum with students (Smith & Horton, 2020). Preceptors learning to notice the signs of mental health struggles in their students can improve student practice, as students are given guidance on handling their mental health, resulting in better performance (Williams, 2013). Debriefing calls with students to review performance and promote communication, open dialogue, and teamwork may help students experiencing mental health issues to seek help and encourage a new culture of openness.

Students must understand that they are not alone in their mental health journey and that challenges can become less of a burden if shared with others. Support from educators who empower students and provide early training, including during practicum, can lead students to take action for mental health rather than suffer silently.

TRANSITIONAL SUPPORT FROM PRACTICUM TO EARLY PRACTICE

The final pillar is transitional support. To ensure a successful transition from practicum to practice and demonstrate ethical stewardship, it is important to continue providing support as students enter practice. If a paramedic student has had a negative psycho-emotional experience during practicum, cessation of support after completing their education may lead to exacerbation of the negative effects as the student enters practice.

Most post-secondary institutions offer mental health support at a free or 'student rate'. Allowing paramedic students to access this discounted support for the first year after entering the workforce may encourage them to seek support. Regular "check-ins" with first-year paramedics may be done through post-secondary institutions. These check-ins could be completed once every 2-3 months by previous program supervisors, structured as a short, casual conversation where student paramedics are free to express feelings, questions, and concerns. Individuals running check-ins are not expected to give psychological support; however, they should be able to evaluate the students and direct them to appropriate resources. Lastly, healthcare worker hotlines and counselling services should be promoted to paramedics during their transition from school. Psychological support openly encouraged in the workplace could lead an individual to explore support options. Paramedic services should affiliate with and promote specialized mental health workers to best support employees' psychological well-being. Developing a "hand-off" period of support between education and practice may facilitate better mental health, psychological well-being, and ultimately paramedic retention, reducing the high rate of attrition in early career paramedics (Middleton et al., 2025; Newton et al., 2024).

RECOMMENDATIONS

The preceding sections have outlined key areas for intervention. The following recommendations are derived from the gaps identified and reviewed above and are evidence-informed. Although direct empirical testing of the specific recommendations proposed is lacking, the recommendations provide actionable pathways for implementation that align with established findings on the challenges faced by paramedic trainees.

- National and provincial/state associations, in collaboration with schools providing paramedic training, should develop curriculum and competency profiles that include guidance and recommendations for integrating mental health support and developing resiliency into curriculum.
 - Acknowledging the potential emergence of mental health challenges during paramedic education underscores the need for a unified effort to prioritize and integrate mental health education throughout the curriculum. To accommodate this, expanding to a degree-level certification could provide additional curricular time to support such integration..
 - High prevalence of PTSD, anxiety, depression, and stress in paramedic students (Alzahrani et al., 2025; Warren-James et al., 2021) and clear evidence of insufficient preparation for psychological demands (Michael et al., 2025; Kennedy et al., 2015) support integrating mental health competencies into formal curriculum structures.
- National and provincial/state associations should work with accrediting bodies for mental health clinicians and providers to develop training focused on paramedics and the unique challenges faced by paramedics.
 - Students and new paramedics may want help but are limited by access due to the abnormal hours that come with shift work. Specialized psychological support should include expanded hours. Digital interventions, which have been shown to moderately reduce symptoms of anxiety, depression and burnout in the workplace can also be implemented (Cameron et al., 2025).
 - Paramedics report negative experiences with mental health providers lacking trauma-informed or role-specific knowledge (Jones et al., 2020), and prefer clinicians with an understanding of first responder work, suggesting the need for specialized training pathways.
- National and provincial/state associations in collaboration with schools providing paramedic education should evaluate existing mental health support programs for first responders, and, as needed, develop new programs, to promote and facilitate social support from family, peers, and educators.
 - Work culture can be a significant barrier, expectations and unspoken rules within the ‘brotherhood’ of paramedicine can cause new paramedics to believe they will not receive the best practicum experience unless they are accepted by senior paramedics (Kennedy, 2015). Acceptance can depend on the new paramedic’s ability to suppress emotion and stay unfazed by traumatic calls. Changing norms around social support may help change culture and mitigate concerns about potential demotion, and confidentiality worries that prevent help-seeking behavior among paramedics (Jones et al., 2020).
 - Evidence shows family systems are affected (Anderson, 2019), peers influence help-seeking (Jones et al., 2020), and supportive educator and preceptor relationships buffer emotional strain (Williams, 2013). These findings support structured social support initiatives.
- Paramedic services and schools should work together to develop a transition pathway for students that maintains and promotes mental health support as students move into the workplace and begin practice.
 - Lack of resources and financial burdens may hinder the implementation of mental health support during students’ transition from school to the para-

medic workforce. To mitigate these costs, larger institutions should establish a provincial support system. Support from a centralized body could help reduce expenses for smaller post-secondary institutions. Students experience stress spikes during practicum and early practice (Michael et al., 2025), and early-career paramedics have high attrition linked to psychological burden (Middleton et al., 2025). Coordinated transition support is logically aligned with these risks.

- While the arguments in this paper are evidence-informed there is a paucity of empirical evidence on the topic. Future research should evaluate the effectiveness of these supports within paramedicine education programs to inform evidence-based policy and accreditation standards, fulfilling the profession's ethical duty to safeguard student well-being.
- This paper, the issues identified, and recommendations made, are based on the author's localization, knowledge, and experience within the Canadian context. However, we believe that if local conditions are taken into consideration, the key areas for intervention identified and the recommendations made can be extended to other countries.

CONCLUSION

There is an ethical imperative to recognize and address the mental health concerns and risks faced by paramedic students, and to provide proper support as they enter a workplace that entails exposure to traumatic events. This can be achieved through proactive education, improved preparation of mental health providers, fostering social support, and implementing transitional support measures. Equipping students with the right tools, resources, and support not only enhances their practicum experience but also facilitates a smoother transition into professional practice. Additionally, increasing awareness of mental health challenges and available support can benefit those involved in students' educational and professional pathways.

Ultimately, improving patient care begins during paramedic students' education and training. Students need to learn how to manage their mental health now to maintain well-being throughout their careers. Building a stronger, more resilient, and effective workforce through mental health supports could positively impact paramedicine and, consequently, the health of the populations paramedics serve.

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