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PEER SUPPORT ADDRESSES FIREFIGHTER MENTAL HEALTH CRISIS

By Jeff Sych, M.Sc., R.Psych

How can one expect a fire chief to become an expert on mental wellness or mental illness? With the focus on psychological injuries in first responders, there is mounting pressure for fire departments to develop in-house mental wellness programs. It is common sense that you wouldn't call a mental health clinician to respond to a house fire or heart attack, so why is it that fire services are expected to develop and deliver best practice in the area of psychological health, illness, and build resistance, resiliency and recovery programs? Add to that the plethora of products, service, training, seminars and "experts" with their various claims of having the "best" approach, and we see a very confusing landscape. This article will outline what we know about firefighter mental health, suicide and provide an overview to guide firefighters towards the programs that are known to effectively and efficiently address the needs of firefighters mental resistance, resiliency and recovery.

In 2017 a pan Canadian study of 9,000 public safety personnel conducted and reported by the Canadian Institute of Public Safety Research and Treatment (CIPSRT, Carleton et al.) reported that 44.5 per cent of public safety personnel had at least one mental health condition. Specifically, 32.3 per cent of firefighters endorsed symptoms consistent with one or more mental health condition. The disorders included PTSD, anxiety, depression, and alcohol use. In their recent study on the prevalence of suicide, CIPSRT found that in the past year 11.5 per cent of firefighters responding to the survey had experienced either suicidal ideation, planned suicide, or had attempted suicide.

More strikingly, in their study CIPSRT found that 37.3 per cent of firefighters reported suicidal ideation, planning or attempts in their lifetime. One of the most relevant factors in this study and that of McCreary, was that operational stress, exposure to trauma, was a major contributor to psychological injury, but so to was occupational stress. McCreary found the most significant contributors to occupation stress were systematic issues such as lack of resources, role conflict, a lack of social and supervisor support, lack of emotional empathy, and lack of sufficient recognition. This suggests that departments not only need to address their firefighters' exposure to traumatic events,



but the mental health outcomes are directly related to how the department and their leaders support their staff.

In 2016 the University of Regina (Carleton, et al.) found that 20 per cent of first responders surveyed reported having some form of a peer support program available to them. The programs were found to be focused on increasing psychological well-being and the processing of work-related events. Carleton found inconsistent models with adaptations and modifications to the programs and that there was no means of evaluating their effectiveness. In a further review of all forms of peer support Carleton found three main models, mostly versions and repackaging of the historic model. As such, Carleton recommended that peer support programs for first responders, including fire departments, should include consistent terms, training that follows an established model, a means of ensuring peers adhere to the model's interventions and protocols, and has a pre-incident education component. This pre-incident component serving to provide education on best practices in reducing stigma related to psychological disorders and injuries,

create readiness to cope with work stressors, and foster a supportive culture, we also refer to this as resistance and resilience.

The recommendations also speak to the importance of ongoing training, transparency, supervision and support of peers doing this important work. A peer support program must also be willing and able to evaluate its impact, effectiveness and acceptance by those they are serving. More broadly, there is a recommendation for the development of a "uniform program of peer support" accessible to all fire and rescue personnel with standards, research and clinical support and guidance incorporated.

What does this all mean to the 19,000 firefighters in Alberta? It means that there is an urgent and unaddressed need to find a way of supporting the 6,137 firefighters who currently have one or more mental disorders. That today there are 2,185 firefighters thinking, planning, or acting on suicidal thoughts with few places to turn for help. That we have the means of making an impact and reduce the prevalence of mental disorders and potential loss due to suicide using best practices and low-cost means. Recognizing that what is needed to address this issue is in place and within grasp to catch these firefighters who are struggling in silence. They are the peers.

An initiative supported by the AFCA has been quietly building such a peer program. Working with a blue-ribbon panel of leaders and local experts, and front-line first responders, Alberta firefighters will be amongst the first to have a truly provincial peer support network. The 300 peers, from all regions of the province have been

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training for the past 12 months in an evidence-supported model. Material and resources have been adopted and provided, along with clinical direction, peer management, coordination, and on-going access to 24/7 consultation. This network of peers has the ability to connect firefighters to medical and mental health services who understand their job and its impact on them.

In November, the Alberta Critical Incident Provincial Network (ACIPN) "became live" with the ability for individuals, groups, and departments to access these dedicated peers. A call centre with trained peers will be able to activate the most appropriate peer response in real time. All services provided will be confidential. The ACIPN is a peer-led, peer-driven program that follows established standards and practice. While the ACIPN is not a crisis intervention or suicide prevention line, those who call needing more assistance will be directed to the most appropriate support. For more information on the Alberta Critical Incident Provincial Network (ACIPN) visit their website at www.abcism.ca

Is your fire department involved in the ACIPN?

The ACIPN is open to all firefighters in the Province of Alberta to access, regardless of whether their department is a member of the network or has peers trained with ACIPN. Similar initiatives are underway in the other western provinces and the ACIPN is collaborating with them to establish a western Canadian community of practice and support.

Jeff Sych is a psychologist working with public safety personnel and supports emergency services departments in their mental wellness and peer support initiatives. He is an approved instructor for ICISM CISM, and is the Clinical Director to many organizations in Western Canada. He contributes to research and the dissemination of information on best practices and evidence based treatments and programs to first responders and public safety organization.

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