

Building the Pyramids for the Street Pharaohs of EMS: U.S. and UK Initiatives for 1st Responders' Wellness

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Why Develop These Programs?

Because we believe the number of EMS professionals affected by PTSD, Anxiety Disorders, Depression, reporting “Burnout”, then self-medicating and developing substance use disorders is high and may be RISING.

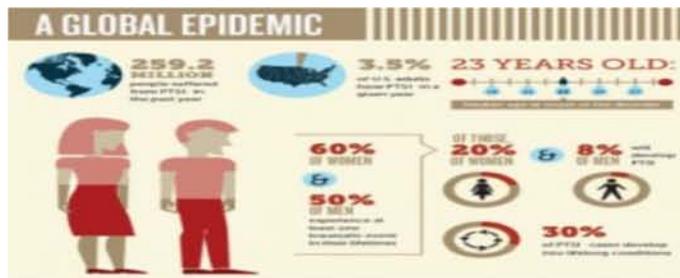


PTSD vs PTSI

With suicide rates in the U.S. armed forces at record highs, debate is raging about whether changing the name post-traumatic stress disorder (PTSD) to post-traumatic stress injury (PTSI) would help reduce stigma.

Post-Traumatic Stress Disorder has been an accepted diagnosis since 1980. We believe it is time to adopt a new name – Post-Traumatic Stress Injury. PTSI is more accurate, hopeful and honorable.

What is PTSI?



Source Carrington College

PTSI is a biological injury that develops after a person has experienced or witnessed a terrifying event. While many people have difficulty adjusting and coping for a while after a traumatic event, they normally get better with time and don't develop PTSI. Yet, some people show symptoms of PTSI like flashbacks, nightmares, anxiety and frightening thoughts that get worse and/or last for months or even years, severely interfering with their daily lives.

PTSI can be recognized as biological trauma, it may respond to an approach that reverses or treats biological alteration of the nervous system. The division of the nervous system, which is likely to play a dominant role in the development and maintenance of PTSI, is the sympathetic system.

If biological causes of PTSI are accepted, the utilization of a blockade of the sympathetic system supplying the brain is a cervical sympathetic ganglion injection called Stellate Ganglion Block (SGB), as well as demonstrate possible clinical applications of its use.

Who suffers from PTSI?

Whereas PTSI first became known to the public in relation to war veterans who were unable to fully recover from the horrors they experienced or witnessed in war, the injury can also be triggered by various other traumatic events. Examples include mugging, assault, rape, torture, child abuse, kidnapping, captivity, car accidents, train wrecks, plane crashes, bombings or natural disasters like floods and earthquakes.

It is estimated that almost 260 million people worldwide suffer from PTSI. In the U.S., about 3.5% of adults are being diagnosed with PTSI in any given year. The median age for the onset of the condition is 23. The injury seems to be more prevalent among women than men. Out of the 60% of women who experience at least one traumatic event in their lifetime, about 20% develop PTSI. In comparison, out of the 50% of men who undergo at least one traumatic incident in their life, approximately 8% develop PTSI.

Global PTSI Foundation

Trauma Takes Its Toll

Addressing the Mental Health Crisis in Emergency Services



by Jay Fitch and Jim Marshall

Amidst growing concern about the mental health of emergency medical service (EMS) professionals, a Fitch & Associates' Ambulance Service Manager Program project team surveyed more than 4,000 EMS and fire professionals in 2015 about critical stress, suicide, and available support and resources.¹

The results were stark.

Among survey respondents, 37 percent reported contemplating suicide—nearly 10 times the overall rate among American adults.² Additionally, 6.6 percent of survey respondents had attempted suicide, compared to just 0.5 percent of adults nationally.

Mental health issues are not limited to the EMS workforce. According to the Firefighter Behavioral Health Alliance, at least 759 firefighters have committed suicide since 2012.³ In law enforcement, estimates suggest between 125 and 300 police officers commit suicide every year.^{4,5}

These numbers should be a wake-up call, not only for every emergency medical technician (EMT), paramedic, firefighter, police officer, and emergency telecommunicator (sometimes called dispatchers or call-takers), but also for agency leaders and county and city officials who work with them.

Let's take a moment to pause here. How many brave and talented people are in your community—from those who answer the 911 calls to the EMTs, firefighters, and police who respond to them? Perhaps 20? 50? 500?

Now do the math. With these numbers, the survey findings would suggest that perhaps 7, or 18, or even 185 people on your team have thought about suicide.

One or more of them may have already attempted suicide or could in the future. Do you know who they are? Do you know how to help?

To address this mental health crisis in emergency services, industry leaders must join together to further define the problem, explore its causes, and pursue strategic planning to protect and equip the workforce.

THE TRAUMATIC STRESS FACTOR





**First
Responder
Suicide:**

The
Dirty
Little
Secrets

Majority of First Responders Face Mental Health Challenges in the Workplace

| April 18, 2017

University of Phoenix Releases First Responder Mental Health Survey Results

To better understand how first responders are affected by their professions, University of Phoenix commissioned a 2017 survey on first responder mental health, surveying 2,000 U.S. adults who are employed as firefighters, police officers, EMT/paramedics and nurses. The survey not only revealed that a high percentage of first responders are dealing with traumatic events in their line of work, but many are also experiencing negative mental health symptoms.

The findings show that while approximately half of first responders have participated in pre-exposure mental health training, the majority report that mental health services are rarely used at their organization. Data show there are resources available to first responders, but stigmas associated with mental health may be keeping them from getting the help they need.

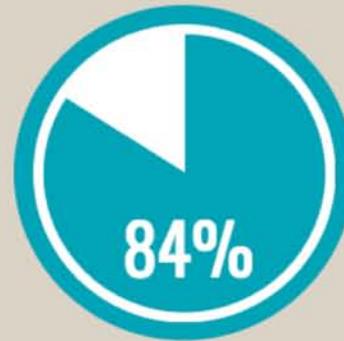
[View full infographic](#)

The majority of first responders have experienced symptoms related to mental health issues.



85% of first responders
have experienced
symptoms related to
mental health issues

It's not surprising that the vast majority of first responders reported these symptoms, considering 84 percent of respondents have experienced a traumatic event on the job. Additionally, a third (34 percent) of first responders have received a formal mental health disorder diagnosis, like depression or PTSD.



say they have experienced a traumatic event on the job



have received a formal diagnosis with a mental health disorder

For those that say they have been diagnosed with depression, nearly half cited incidents at work as a contributing cause.



The survey revealed that there are stigmas associated with seeking mental health help on the job. Of those that say there are negative repercussions for seeking mental help at work, the majority feel their supervisor will treat them differently. Other concerns are co-workers perceiving them as "weak" or resulting in them being passed over for promotions.

First Responders Face Mental Health Stigma at Work



Say There are Negative Repercussions for Seeking Mental Health Help at Work

Of those...

- **55%** say their supervisor will treat them differently if they bring up mental health concerns at work
- **45%** say their co-workers will perceive them as "weak" if they bring up mental health concerns at work
- **34%** say bringing up mental health concerns at work will cause them to be looked over for promotions

#PrayForDallas



Blogs > Kevin, M.D.

Healthcare Organizations Have to Take Better Care of Employees

— The medical community should support wellness as other companies do, says Suneel Dhand, MD

by Suneel Dhand, MD

February 26, 2019

ADVERTISEMENT



Alcohol Abuse Among Firefighters and Paramedics



In 1993, Cincinnati's National Institute for Occupational Safety and Health conducted a survey to help identify potential stressors, psychological distresses and alcohol problems among firefighters.

It has been estimated that up to 30% of first responders have problems with alcohol use and/or abuse.

Firefighters and paramedics deal with more extreme stressors on a daily basis than the average working citizen; thus, the threat of alcohol abuse among firefighters and paramedics is more than double than that of the general population.



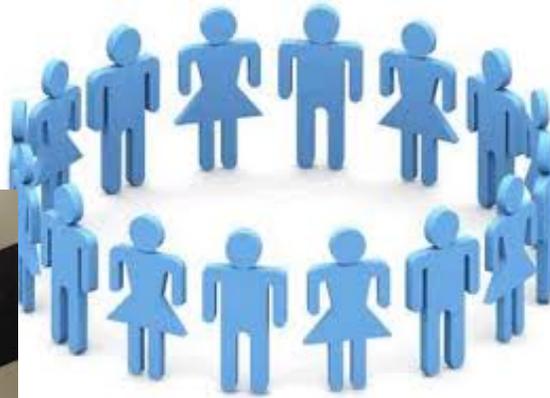
RENEW
Recovery
Employee
Network
Emotional
Wellness
PROGRAM

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Aspiring to be *better today* and even *better tomorrow*

RENEW is designed to educate, inform, assist, treat and monitor.



RENEW's Mission?

- To ensure that no patient/person is injured as a consequence of provider impairment due to PTSD, anxiety or substance use disorders.
- To ensure that an affected provider receives rapid/effective/confidential treatment when indicated.



Designing RENEW



- It will be a formally constituted City of Dallas (DFR) Program and Committee for firefighters, paramedics and law enforcement officers.
- RENEW will address employee wellness and rehabilitation issues through education, treatment and monitoring.
- RENEW's proceedings and decisions will be protected from disclosure.
- RENEW's referrals and interactions will be privileged and confidential and will be non-discoverable.
- RENEW will provide advocacy for cooperative providers (rehabilitate, rather than punish).



RENEW's Functions

- Education! Beginning in rookie school
- Yearly education and awareness training
- Family awareness programs
- Wellness Program development
- Confidential self-referral mechanism
- Potential for mandatory treatment
- Potential for mandatory monitoring

FIRST RESPONDER WELLNESS PYRAMID

| Resources |
|--|
| Chaplains |
| Counselors (psychological) |
| Behavioral Health Personnel (non-psychological) |
| Peers / Mentor |
| Wellness Coordinator |
| Resiliency trainer |
| Intervention |
| Treatment |
| Monitoring |

| Challenges / Opportunity |
|---------------------------------|
| Academic Involvement |
| Research Opportunities |
| Funding |
| Member Agency Involvement |
| Member Scalability |
| Urban |
| Suburban |
| Rural |
| Resiliency Olympics |
| Physical Resiliency Resources |
| Physical Therapy |
| Athletic Trainer/Strength Coach |
| Performance Nutritionist |



DRAFT
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DFR Member Assistance Pathway

D-MAP



Intake/First Contact

South East Ambulance S
If incident is regarding a job-related emergency response, please call CISM

Chaplain
Peer Support
FF/OFC/Peer
Family

Personal Emergency or Mental Health Emergency?

NO

YES

**Chaplains
Chief of Department
Medical Director**

**Intervention (Emergency)
(Dr. Isaacs/In house Facility)**

ADDITIONAL RESOURCES
Available is needed (see left side)

Visit with FireFighter in person/phone

Journey
Journal of contacts (1 per week) (visits, calls, etc.)

Chaplains
Ray Schufford 469-323-5890
Elaine Maddox 469-323-5891

Peer Support Counseling
833-DFD-PEER or 833 737-7337

Suicide Hotline
1-800-273-8255

Financial
CFFA Grant/Loan
DFFA
Krodle Foundation
Friends of DFR
Military VA

Emotional
Chaplains/Peer Support
Counseling
In-House/Outsource
IAFF

Spiritual
Encourage Church/Mosque/
Synagogue etc involvement
Provide resources

After Action Report (How did we do?)
QUARTERLY

Medical
Dr. Isaacs
Workers' Comp
HR(FMLA)

Dr. Isaacs 469-323-5487
If no answer, page through BioTel
Workers Comp/Jane Lewis
214-670-4563



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FIRST RESPONDERS SUBSTANCE ABUSE TREATMENT

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The level of potential stress and trauma associated with a career in public safety is, to many, too much to comprehend. In an effort to cope with the pressure, tragedy and suffering they often face, many of these dedicated professionals regrettably turn to drugs and alcohol. Over the last ten years, law enforcement has been among the highest groups for substance abuse, family dysfunction, depression and suicide.

DO YOU NEED HELP?

First * Last Name *

Phone Number *

Email *

Message

[GET HELP NOW](#)

Next Steps-Steering Committee



We need better education & training to avoid developing problem drinking and drug use among EMS providers, firefighters and law enforcement officers.

We need to foster a better understanding in EMS of PTSD/anxiety and substance use disorders.

We need better recognition of warning signs and problems in providers.

We need the best possible policies and programs geared toward recognition, treatment, rehabilitation and return to/maintenance for duty.



Strong firefighters ask for help.



**Depression, Anxiety, Finances,
Family/Marriage, Difficult Calls,
Alcohol and Substance Abuse, PTSD, Grief, etc.**

The Hotline is answered by DFR firefighters who have been trained to help. It is also supported 24/7 and employees can remain anonymous. The QR Code links to Firestrong.org, where members can search for local support resources and assistance on their own smart devices.

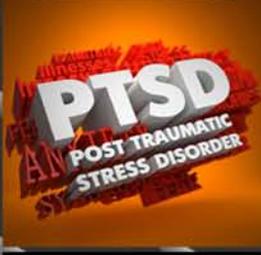
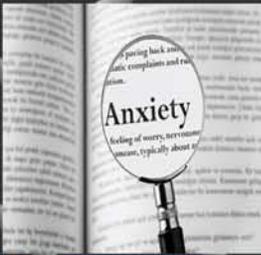
Call 833-DFR-PEER or 833-337-7337



Help is available now.



DALLAS FIRE-RESCUE DEPARTMENT



We Don't Throw Away Our Brothers and Sisters!



We are a family
and we have
invested time,
money, training
and love on one
another...



Turns out Nancy
Reagan had it
right!



THE RESILIENT 9·1·1 PROFESSIONAL

A
COMPREHENSIVE
GUIDE
to Surviving & Thriving
Together in the 9-1-1 Center

Edited by
Jim Marshall and Tracey Laorenza

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**Clients
do not come first.**

**Employees
come first.**

**If you take care of
your employees,
they will take care
of the clients.**

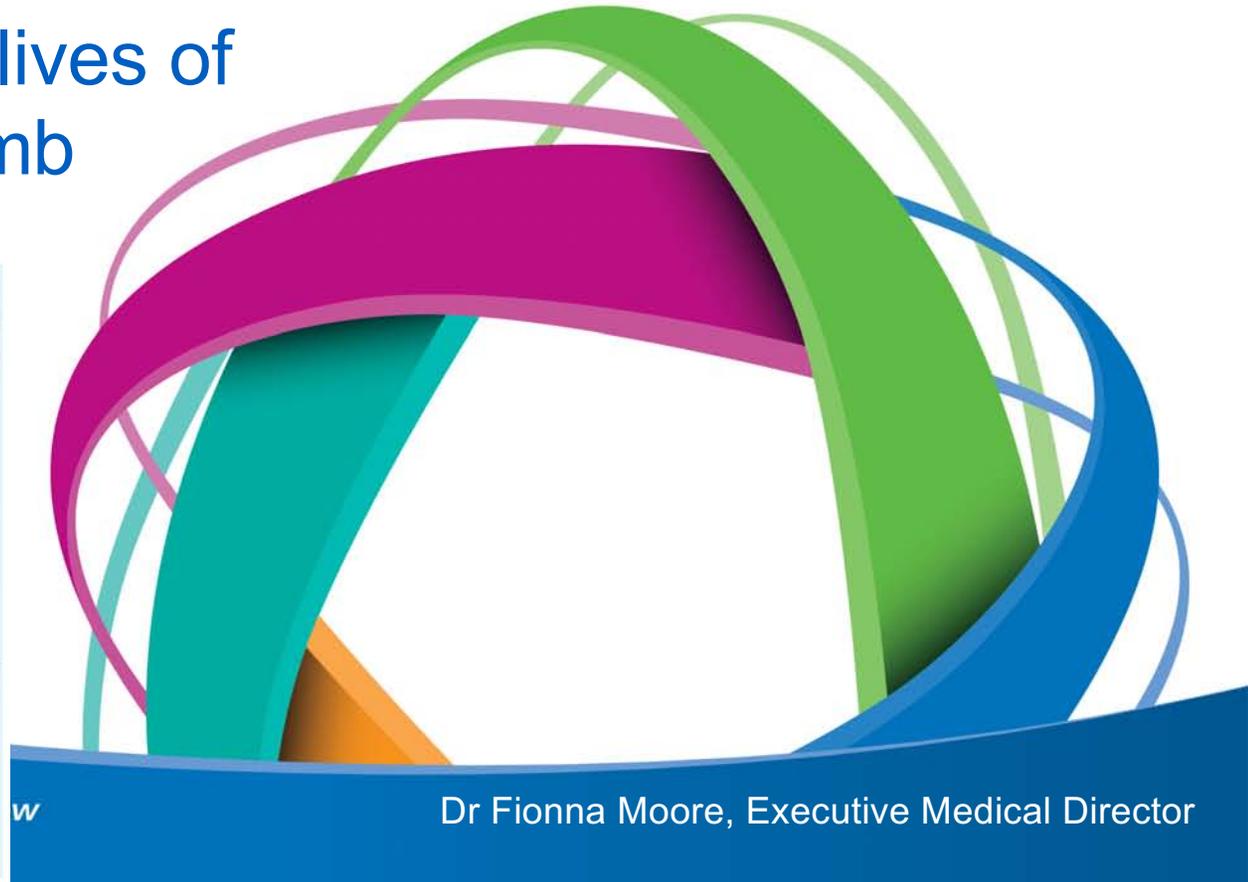
Richard Branson



Wellbeing



Improving the working lives of our staff in SECAMB



Dr Fiona Moore, Executive Medical Director



NHS Staff Survey (2018): work-related stress worst figure since 2014

Healthcare Leader reports that the latest figures from the NHS Staff Survey 2018 show people working in the NHS feel unwell as a result of work-related stress, with the percentage representing the worst figure in the last five years. The report showed that 39.8% reported feeling unwell as a result of stress in the last 12 months.

Ambulance paramedic died in suspected suicide days before colleagues warned stresses of job were getting too much





ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES

Rectangular Snip

An investigation into suicide amongst ambulance service staff

Fiona Bell¹, Kelly Hird¹, Becky Mars², David Gunnell²

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ONS data

- 20 deaths from suicide 2011-2015 (17 males)
- 75% higher in males than national average
- No excess risk for other medical staff

Data from 8/11 English ambulance services

- 15 suicide deaths identified (11 males)
- 9 deaths in patient facing roles, 3 Control Rooms
- Average age 42 yrs
- Mean length of service 16 yrs
- 66% died by hanging
- 25% Controlled Drugs involved.



Association of Ambulance Chief Executives (AACE) Employee Mental Health Strategy Guidance

Published March 2018

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Important findings



- ▶ **91%** of ambulance personnel have experienced stress, low mood or poor mental health.
- ▶ **14.5%** rated their current mental health as very poor or poor, compared to 4% of the general population.
- ▶ **40.7%** cited work as the main cause of their mental health problems. This is the highest within emergency services.
- ▶ Excessive workload (**68%**), pressure from management (**63%**), long hours (**60%**), and changing shift patterns (**56%**) were identified as triggers more often than exposure to traumatic incidents (**52%**).
- ▶ **80.4%** said that their organisation doesn't encourage staff to talk about mental health.
- ▶ **80.5%** wouldn't talk to their managers. They were much more positive about talking to colleagues.
- ▶ **79.1%** gave a negative rating of their organisation's support.

Where we were in September 2016



- External investigation revealed – **high levels of bullying & harassment**
- Health care regulators rated the Trust as ‘inadequate’
- Poor staff engagement and experience - **staff didn’t feel cared for**
- **Retention poor**
- Different support options in different places; **no single point of contact**
- No one with overall responsibility for Health & Wellbeing

What we did



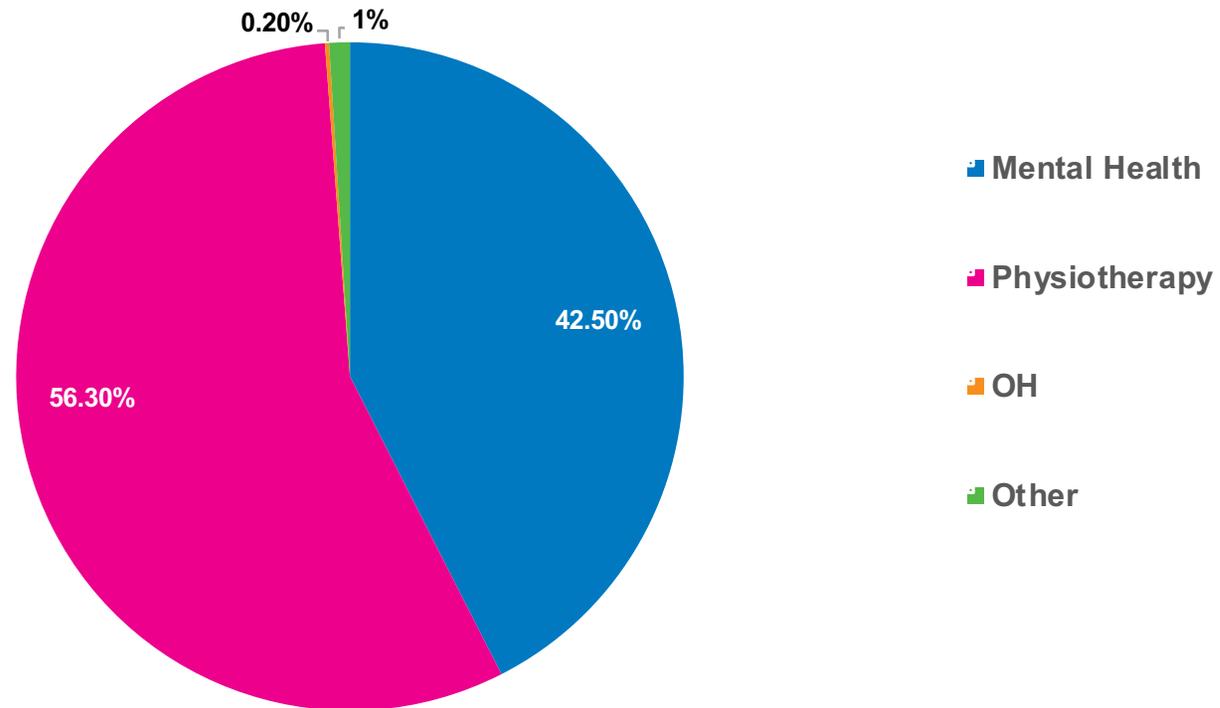
- Trustwide consultation Oct and Nov 2016
- Engaged staff from across the Trust in developing new Occupational Health spec and commenced tender process
- Business case developed for a new Wellbeing Hub – approved August 2017 (1yr pilot)
- Project plan developed
- Commenced implementation September 2017
- **Substantive in May 2018 (ahead of plan)**

Jan 2nd 2018 Wellbeing Hub launched

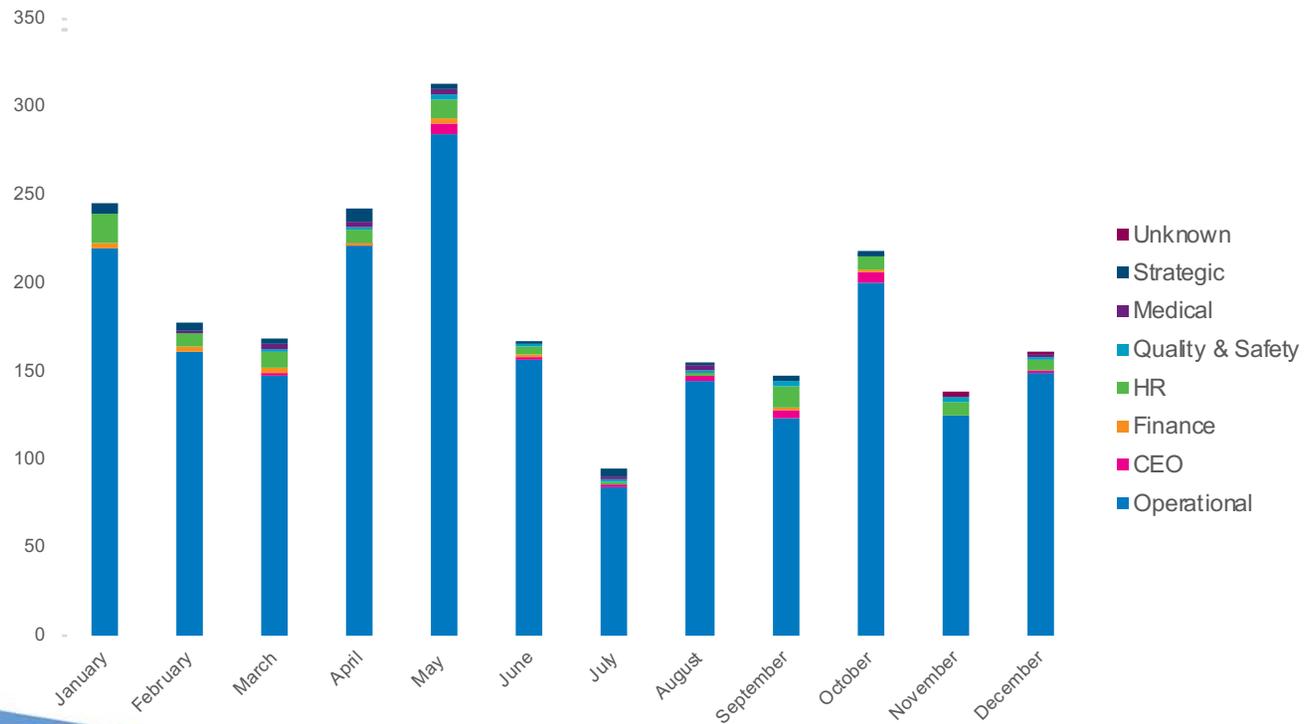


- Directory of services
- Wellbeing initiatives
- **Direct Referrals**
 - Mental Health
 - Physiotherapy
- TRiM
- Out of hours support
- Communications
- Fitness classes
- Alternative Duties offered

Total interactions – 2018

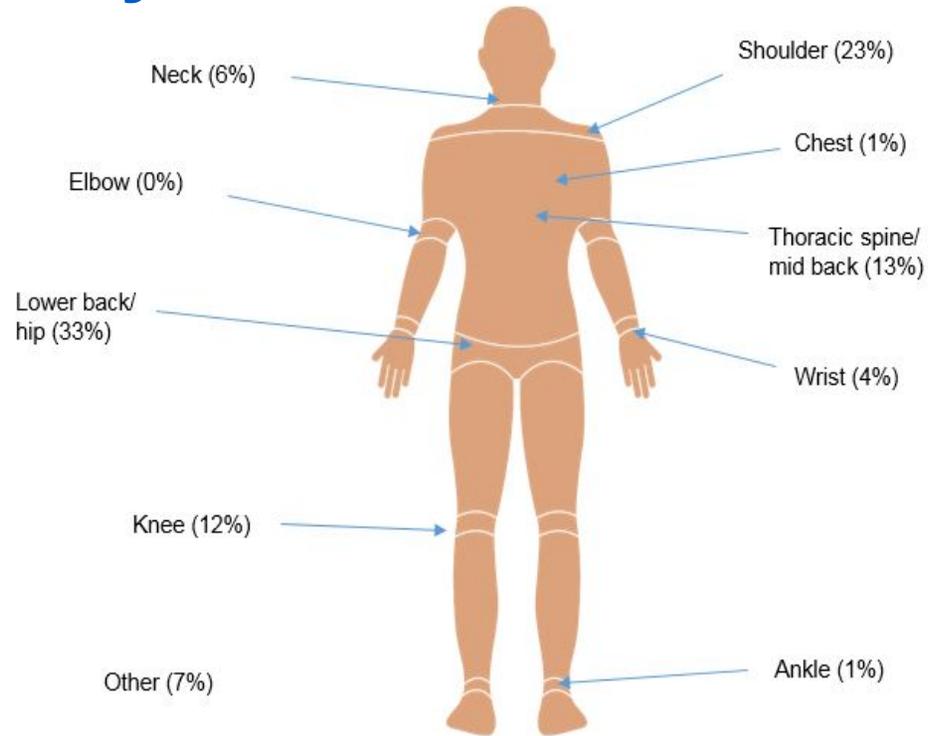


Interactions by directorate (2018)



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Physio referrals by site





What else

- Workshops, lunch & learn
- Occupational Health and EAP contracts
- Network of vetted and accredited suppliers
- Expanding dedicated wellbeing space
- Single point of contact for specific issues:
 - PTSD / PTSI
 - Cancer
 - Autism
 - Slimming World

Impact

- Improved redeployment of staff on alternative duties (pregnancy, MSK injuries)
- Improved Retention (Headcount stability up from 81.28% in January 2018 to 87.38% in January 2019)
- Improved National Staff Survey Results (14% increase in staff feeling cared for)
- Staff Engagement improved (uptake of Flu Vaccination, Awards nominations)
- Reduction in long term sickness

Long term sickness



Long term sickness by month



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