September 2017 EMS CE
EMS/First Responder Mental Health
Prepared by: Teresa Boron RN for CMC EMS System
IDPH Site Code: 107200E-1217
Objectives

• At the end of this module, the participant will be able to:
  • Describe the pathophysiology of certain neurotransmitters, metabolism, and inflammation and how these processes affect mental wellness.
  • Identify ways to stop non-productive behaviors
    • Identify self-destructive behaviors and elements of risk.
  • List the top 9 causes of EMS emotional exhaustion
  • List major causes of workplace burn-out
  • Identify top emotional hold-backs
Objectives Cont…

• Describe the epidemiology and risk factors for suicide
• Discuss the characteristics of PTSD
• Discuss spontaneous intrusive cognition and the role it plays in mental wellness.
• Describe methods of providing peer support.
  • Describe/identify avenues for help within and outside of the workplace
  • Engage in open discussion of workplace assistance available to you
## National Education Standards

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<th>Workforce Safety and Wellness</th>
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<th>EMT</th>
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Let’s Get Started...

- Opening Video

IT WILL STICK WITH US
THE REST OF OUR LIVES
Pathophysiology of Mental Wellness
Neurotransmitters

• Endorphins: “I feel good!”
  – The word consists of two parts: endo- and -orphin; these are short forms of the words endogenous and morphine, intended to mean: a morphine-like substance originating from within the body

• Dopamine: “I got it!”
  – Dopamine is a neurotransmitter that helps control the brain's reward and pleasure centers. Dopamine also helps regulate movement and emotional responses, and it enables us not only to see rewards, but take action to move toward them.

• Serotonin: “I feel important!”
  – Well known for its role in the brain where it plays a major part in mood, anxiety, and happiness.

• Oxytocin: “I trust you!”
  – Oxytocin's impact on "pro-social behaviors" and emotional responses contributes to relaxation, trust, relationships/bonding, intimacy, and psychological stability
The Web Of Mental Wellness

- Neurotransmitters
- Inflammation
- Metabolism
Stress, Metabolism & Mood

CORTISOL RESPONSE
(Cortisol is released into the bloodstream)

Stressors
Perception of Threat
Coping Strategies

Decreased Immune Function
- Increased Ulcer Response to Bacteria H. Pylori
- Increased Viral Infections and Bronchitis
- Increased Absenteeism

Changes in Neurochemistry
- Decreased Serotonin
- Sleep
- Mood
- Anxiety
- Depression

Changes in Glucose Metabolism
- Insulin Resistance
- Prediabetes
- Diabetes and Nerve damage
- Truncal Obesity
- Fatigue

Changes in Cardiovascular Status
- Increased Blood Pressure
- Increased Arterial Plaque
- Increased Belly Fat
- Heart Attack and Stroke

Decreased Dopamine
- Pleasure
- Motivation
- Concentration
- Increased risk of addiction
Brain Compartmentalizing

- Cognitive
- Emotional
- Behavioral
- Physical
- Social
- Spiritual
Occupational Stressors

- Those Bad Calls
- Shift work
- Sleep deprivation
- Inadequate training
- Technical problems
- Bad administration
- Malicious coworkers
  - Cumulative effect of life: hurt people, hurt people
- Inconsistent policies
- Poor leadership
Hold-Backs/ Non Productive Behaviors

• Cell phones
• Self- medication
• Not allowing for perspective
• Drive for perfection/OCD
• Burn Out
• “I can get away with this”
Marriage and Relationships
PTSD
PTSD VIDEO

• VIDEO
Potentially Traumatic Events

- Any Call
- Any Situation
- Spontaneous Intrusive Cognitions
- Distress Reactions
Causes

• According to Mayo Clinic:
  – You can develop post-traumatic stress disorder when you go through, see or learn about an event involving actual or threatened death (near death), serious injury or sexual violation.
  – Doctors aren't sure why some people get PTSD. PTSD is probably caused by a complex mix of:
    • Stressful experiences, including the amount and severity of trauma you've gone through in your life
    • Inherited mental health risks, such as a family history of anxiety and depression
    • Inherited features of your personality — often called your temperament
    • The way your brain regulates the chemicals and hormones your body releases in response to stress.
Warning Signs

• Changes in How You Think
  – “I don’t care about going to therapy anymore.”
  – “Nothing is working out for me. I am never going to get better.”
  – “No one cares about me or what I do. What’s the point of going on?”
  – “I’m feeling a little down. This must mean that I am going to fall into a deep depression again.”

• Changes in Your Mood
  – “Everyone is getting on my nerves lately.”
  – “I just don’t feel happy, even when I am around people that I know I love.”
  – “I am beginning to feel really jumpy and on edge.”
  – “My mood keeps changing rapidly. In minutes, I can go from feeling really happy to really down or terrified.”

• Changes in Your Behavior
  – “I just don’t have the energy to take care of myself in the morning. I haven’t showered for days.”
  – “I don’t want to be around people anymore. I’ve been isolating myself.”
  – “I’ve been drinking more, but just to take the edge off of my feelings a little.”
  – “I’ve noticed that I am less talkative than I used to be.”
Suicide
Suicide and First Responders...

• Video

“Some in the firefighting service say that despite their image of stoicism in the face of danger, it only masks a dark secret -- that firefighters themselves endure intense emotional turmoil, and that some take their own lives, unable to cope with that pain.”

- NBC 5's Phil Rogers reports. (Published Wednesday, May 7, 2014)
Risk Factors

• Family history of suicide
• Previous suicide attempt(s)
• History of mental disorders, particularly clinical depression
• History of alcohol and substance abuse
• **Feelings of hopelessness**
• Impulsive or aggressive tendencies
• Cultural and religious beliefs (e.g., belief that suicide is noble resolution of a personal dilemma)
• Local epidemics of suicide
• **Isolation, a feeling of being cut off from other people**
• Barriers to accessing mental health treatment
• **Loss (relational, social, work, or financial)**
• Physical illness
• **Easy access to lethal methods**
• Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or to suicidal thoughts
Stages of Suicidal Thoughts...

- Suicidal Fantasy
- Passive Ideation
- Suicide Ideation
- Suicidal

- [Video](#)
Next Steps

“A journey of a thousand miles begins with a single step”
— Confucius
What Can Departments/Systems Do???

- Create a Make it Safe Initiative
- Annual Review Check-ins
- Implement a Behavioral Health Policy
- Employee Counseling Programs
- Provide Access to Specialty Trained Mental Health Providers
- Create and Encourage Participation in Peer Support Programs
- **Access to Awareness & Recognition** Literature
- Annual Training Plans to Include Behavior Health Topics
Where Can We Find Help???
Resources

- **Arm Yourself With Knowledge**
  - Illinois Fire Instructor Society –Health & Safety Officer
    - Presentations on FF mental/occupational health topics
- **Firefighters and Trauma Workshop**
  - 1 credit course (12 hours) at Lewis University for psych-field students
- **Chief Fire Officers’ Course at NIPSTA**
  - Presentations on FF mental/occupational health topics
- **Firefighter Behavioral Health of Illinois, LLC**
  - Firefighter Psychological Support Practice & Referral Resource
- **Seek Peer Support**
  - Illinois Firefighter Peer Support Team
    - Created the training material and trained the first 100+ FFs
- **Seek Mental Health Support**
  - Firefighter Behavioral Health of Illinois, LLC
    - Firefighter Psychological Support Practice & Referral Resource
- **The Self-Care Path, LLC (EST. 2016)**
  - A Counseling Services Group where I provide firefighter behavioral health services, and other counseling professionals provide their services
- **Gura Clinical Services, LLC (EST. 2007)**
  - General population and firefighters & their families
  - Individual, couples, family, and group counseling
  - Psychoeducation for FFs on behavioral health
Resources

- **Safe Call Now – 1-206-459-3020**
  - A 24/7 help line staffed by first responders for first responders and their family members. They can assist with treatment options for responders who are suffering from mental health, substance abuse and other personal issues.

- **Fire/EMS Helpline – 1-888-731-3473**
  - Also known as Share The Load. A program run by the National Volunteer Fire Council. They have a help line, text based help service, and have also collected a list of many good resources for people looking for help and support.

- **National Suicide Prevention Lifeline – 1-800-273-8255**
  - The national (USA) suicide hotline. Not first responder specific, but they can and will talk to anyone who needs help. We’ve been told by one of their founders they have a large number of first responders and veterans who volunteer.

- **Crisis Text Line**
  - A service that allows people in crisis to speak with a trained crisis counselor by texting “Start” or “Help” to 741-741.

- **Copline (Law Enforcement Only) – 1-800-267-5463**
  - A confidential helpline for members of US law enforcement. Their website also has additional information on help and resources.

- **Frontline Helpline – 1-866-676-7500**
  - Run by Frontline Responder Services. Offer 24/7 coverage with first responder call-takers.

- **Kristin Brooks Hopeline – 1-800-442-4673**
  - Another national (USA) hotline for people suffering from mental health issues.

- **Veterans Crisis Line (Veterans only)- 1-800-273-8255 & press 1, or text 838255**
  - A crisis line specifically for veterans of the US armed forces.
Mental Illness
Discussion
References

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  *Special thanks to Sarah Gura for permission to use presentation for this educational purpose*
- Artist: Daniel Sundahl- all of the compelling hand drawn images
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- Source: Firefighters Address Alarming Suicide Rates - NBC Chicago http://www.nbcchicago.com/investigations/Firefighters-Address-Alarming-Suicide-Rates-258225891.html#ixzz4rMKGw4nr
- http://codegreencampaign.org/resources/
- http://www.ffbha.org/
- *Survey Reveals Alarming Rates of EMS Provider Stress and Thoughts of Suicide, Data suggests ways to reduce the impact of critical stress on EMTs and paramedics*. Mon, Sep 28, 2015. By Chad Newland, EMT P , Erich Barber, BA, NREMT B , Monique Rose, CCEMT-P , Amy Young, BBA, CCEMT-P