First responder mental health: Fire and Rescue New South Wales experience

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ABSTRACT

Over the past decade, along with research into military populations, there has been strong interest in the mental health of first responders such as police, firefighters and paramedics, who are at risk of exposure to potentially traumatic events. For example, Harvey et al (2016) studied current and retired firefighters in NSW and found higher rates of Post-Traumatic Stress Disorder, depression, and alcohol misuse compared with the Australian adult population. Results also revealed that organisational strategies for support, treatment, and injury prevention could be enhanced. This research informed the development of FRNSW’s strategic mental health framework including principles, policy and interventions. Furthermore, this framework reflects recommendations included in recent audits of emergency services’ mental health programs, for example Metropolitan Fire Brigade (Cotton, 2016), Victoria Police Service (Cotton, 2016), and the ‘Good practice framework for mental health’ developed by Beyond Blue in their study of first responder agencies in several Australian states and territories (Beyond Blue, 2016).

This paper reports on FRNSW’s ‘lifecycle’ approach to mental health care, which covers a firefighter and their family from recruit to post-retirement. This program builds on the existing and long-standing peer support program (in place since 1994), mental health literacy training, leader training, and initiatives to address stigma and barriers to care. Also covered will be an outline of programs developed with our partners at the Black Dog Institute, UNSW, and University of Sydney including a resilience program for recruits and incumbent firefighters.
INTRODUCTION

Research over the past few decades has revealed that firefighters are at an increased risk of mental health issues (McFarlane and Bryant, 2006; McFarlane 1989).

The operational nature of their duties poses a significant risk to a firefighters' mental health. Research with NSW firefighters by Harvey et al (2016) revealed elevated rates of psychiatric morbidity including depression, substance misuse, sleep disturbance, anxiety and post-traumatic stress symptoms. Despite being considered a generally healthy population (cf 'healthy worker effect'), rates of mental illness amongst this population exceed those found in the general adult population. This is not surprising given the nature of exposure and organisational demands of the role.

Across some agencies, including FRNSW, the traditional firefighting role has expanded beyond those of fire prevention and suppression to now include providing 'ambulance assist', rescue services (including motor vehicle accidents), 'concern for welfare', suicide, and bystander engagement such as dealing with families/others on-scene.

Additionally, firefighters may be, at times, exposed to a range of physical risks such as toxins, chemicals, and psychological risks such as high and sustained work tempo, lack of support, geographical isolation, communication difficulties, and interpersonal concerns. Unlike other workers, firefighters spend extended periods, such as 24 hour shifts with the same crew. Some crews also work together for some years within the same station or work area.

Finally, the human and economic costs to FRNSW of injuries and health concerns can be substantial. The results of an internal audit of worker’s compensation claims for mental illness in 2010 found that the cost to the organisation was $3.9M. It is therefore incumbent upon the organisation to ensure where possible that firefighters are provided with the appropriate supports and strategies to manage the stressors of their role through well researched and developed programs designed to enhance a firefighters' mental health.
BACKGROUND

This paper will address the history of mental health policy and program development at FRNSW. Our organisation is over a century old and currently employs 6,867 uniformed firefighters, of whom 3,530 are permanents, and 3,327 are retained, 446 non-uniformed, and 6,000 Community First Responders (600 units). Our people are spread across 339 locations across NSW. It is seventh largest urban fire service in the world.

The development of the mental health initiatives and their implementation will be discussed, with emphasis on the evidence base, collaboration with stakeholders (including research organisations), and incremental implementation, (including reviews), and current state. The paper will conclude with a summary of current initiatives and some discussion of points of departure for future activities in this critical area.

DEVELOPMENT OF THE MENTAL HEALTH INITIATIVES AND THEIR IMPLEMENTATION

In 2009, in collaboration with the Uni of Sydney and UNSW, FRNSW conducted a survey of permanent (Paterson al, 2012) and retired firefighters (Paterson al, 2010). The research aimed to examine interventions to enhance the coping skills and psychological wellbeing of firefighters. The findings informed and assisted FRNSW in developing practical and effective policies and initiatives to support firefighters’ psychological wellbeing.

Taken together, the reports provided FRNSW with the baseline as to the nature and prevalence of mental illness within the organisation. They also provided an overview of individual coping strategies firefighters employ and suggestions as to what the organisation can do to assist them in building resilience and how better to manage the stressors inherent in their role.

On this basis, FRNSW sought to expand on the programs which existed at the time. These included a Peer Support Program, a Critical Incident Support Program (CISP), an Employee Assistance Program (EAP) and Chaplaincy support (full and part time). Moreover, FRNSW sought to develop innovative programs to address the findings of the reports. The key considerations specified that any program needed to be evidence-based or at the very least, evidence-informed, be accessible to all personnel (permanent, retained and volunteer), easy to understand, easily assimilated within a diverse workforce, and cost-effective.

There is emerging evidence supporting e-Mental Health in the treatment of depression, anxiety and post-traumatic stress disorder (Simblett et al. 2017; Rosso et al. 2016) and both supported and unsupported e-Mental Health sites in Australia such as e-couch and mindspot have proven efficacy in web-based therapy. Additionally, mobile health (mHealth) is an emerging field that uses wireless technologies such as mobile phones and other devices in health practice. The advent of apps has created new opportunities, and smartphones can keep the user connected to the Internet at all times. Furthermore, an implication of this wide acceptance of e-technologies is that they may offer a medium to improve the well-being of young people by supporting the development of mental health.
initiatives such as cognitive behavioural therapy, mindfulness and health monitoring (Rosso et al. 2016).

In addition to the traditional methods of communication, FRNSW has adopted this evolving technology to ensure reach and access to all employees in metropolitan and regional areas for their mental health programs.

The innovative programs, which have been rolled out since 2012 include the following:

- **Resilience At Work (RAW)** is an interactive online mental health program based on ‘Mindfulness’. It is aimed at developing resilience in firefighters, teaching them strategies to better deal with the challenges of life at work, and also day to day living. It is a self-paced mobile Smartphone ‘app’ (tailored platform) covering six 20-minute modules. Mindfulness is a skill that can be developed through practice and has been found to have beneficial psychological, somatic, behavioural and interpersonal effects (Rosso et al. 2016). Mindfulness has been found to reduce psychological distress and optimize psychological functioning in young people, and there is growing evidence for the efficacy of mindfulness-based programs in promoting well-being, reducing depression and preventing relapse in depression (Rosso et al. 2016).

- **FIT MIND** is a training program to mentally and emotionally prepare recruits for their roles as firefighters. It is comprised of three fifteen-minute multi-media sessions which use the lived experiences of current and retired firefighters. It includes statements such as ‘check yourself’, ‘check your mates’, ‘be responsible’, ‘be accountable’, and ‘ask for help if you don’t bounce back as quickly as you once did’.

- **RESPECT** is an awareness program for FRNSW managers and involves a half-day face to face education session addressing mental health literacy and provides guidance on how to communicate with employees suffering a mental illness. At present, an online version of this program called HEADCOACH is being trialled by Ambulance NSW.

The newer programs are being evaluated in an ongoing fashion to determine their utility and effectiveness. In addition to these programs, FRNSW is also considering HEADGEAR, which is self-assessment Smartphone app. Trials are likely to commence in the latter half of 2017.

The suite of offerings has expanded in recent years and also includes some newer initiatives which are also in place across a number of emergency services and related organisations. These include Mental Health First Aid Training (www.https://mhfa.com.au/), Well-checks for Peer Support Officers and soon-to-be retired firefighters, family induction, and bystander engagement for rescue stations. The evaluation of each initiative and their compliance with our key considerations is ongoing.
SUMMARY OF CURRENT INITIATIVES AND SOME DISCUSSION OF POINTS OF DEPARTURE FOR FUTURE ACTIVITIES

In broad terms, the evaluation of the range of services and programs available within FRNSW has been limited to RESPECT. This evaluation was conducted in collaboration with the UNSW and the Blackdog Institute, and the published results will be available in the coming months. Early indications are that the program may have increased managers’ confidence and likelihood in communicating with an employee suffering from a mental illness, and a reduction in sickness absence. Additionally, there was a likely cost benefit to the organisation when managers reached out to an absent firefighter.

The results for FITMIND and RAW will be forthcoming in 2017/2018. In the meantime, FRNSW is committed to continuing the programs, evaluating, and considering further approaches to build the resilience of firefighters and maintain their mental health and wellbeing.
REFERENCES


