



Paramedic Association of Canada
Association des Paramedics du Canada

White Paper

Stress-related Mental Health Issues in Paramedics and Their Families

2014 August

At Issue:

Improved operational approaches to the prevention and detection of stress and mitigation of new or exacerbated stress-induced mental health disorders in Paramedics are needed.¹ There is no governmental lead agency or standards organization that provides guidelines on current or proposed *Service*² methods for psychological intervention programs. In the past decade, there has been an increase in war veterans joining the paramedic service sector and thus, services may see higher incidences of stress related issues.³

Background:

For decades it has been recognized that the unique responsibilities and challenges faced by paramedics place them at significantly increased risk of exposure to psychological stress. This stress can result in a wide array of short and longer term behavioural effects that can affect the operational readiness of both the individual and the organization. Additionally, these stresses can have a significant impact on the paramedics' private lives and relationships, potentially resulting in subsequent trauma to their spouses, children, and other close contacts.

Discussion:

Individuals and services have psychologically assisted each other as best they could, but without much valid research to support their approaches or techniques. Since the 1990s, many organizations have incorporated variations of what is commonly referred to as Critical Incident Stress Management (CISM). Although CISM is still used in some

¹ This white paper has been written with the support and input from the InterAgency Board: www.iab.gov

² 'Service' denotes a Paramedic Service, be it within a department or another organizational structure.

³ Operational Stress Injury is often cited for work-related or stress-induced mental health issues.

emergency and disaster response communities, fundamental questions regarding its safety and efficacy have been raised.

Many responders have reported that they benefited through participation in CISM. However, research has shown the model has significant limitations. Concerns are that those least exposed to significant incident-related trauma may actually experience further trauma during group debriefings. Further, research has not demonstrated an appreciable preventive effect, and in fact suggests that those most severely affected by an incident might have more difficulty resolving their reactions as a result of their participation in these interventions. Authoritative guidelines for early interventions following exposure to traumatic events now recommend against routine debriefing or other procedures incorporating debriefing-like approaches.

National Institute of Mental Health (2002) *Mental Health and Mass Violence: Evidence-Based Early Psychological Intervention for Victims/Survivors of Mass Violence. A Workshop to Reach Consensus on Best Practices*. NIH Publication No. 02-5138, Washington, D.C: U.S. Government Printing Office. <http://www.nimh.nih.gov/health/publications/massviolence.pdf>
National Institute of Clinical Excellence. (2005). *Posttraumatic Stress Disorder (PTSD): The management of PTSD in adults and children in primary and secondary care*. London: Gaskell and the British Psychological Society. <http://www.ncbi.nlm.nih.gov/pubmed/21834189>
World Health Organization (2003) *Mental health in emergencies: Mental and social aspects of health of populations exposed to extreme stressors*. Geneva. http://apps.who.int/iris/bitstream/10665/67866/1/WHO_MSD_MER_03.01.pdf?ua=1

In an effort to address the perceived limitations of the CISM model and achieve better acute and long term outcomes for those traumatized by psychological stresses, various stress management models have been and are being tested in civilian and military environments.⁴ Recognizing the many differences between civilian and military work-related stressors, there is research that is identifying the neuropathways through which psychological stress is processed. This research is also identifying common themes that should be considered when organizations pursue enhanced individual resiliency, early identification of those at greatest risk for long term complications, and effective, individualized, tiered interventions.

Outreach and screening following the 2005 London bombings: usage and outcomes. Brewin CR, Fuchkan N, Huntley Z, Robertson M, Thompson M, Scragg P, d'Ardenne P, Ehlers A. *Psychol Med*. 2010 Dec; 40(12):2049-57. <http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=7917257&fileId=S003329171000206>
Prevention of posttraumatic stress disorder by early treatment: results from the Jerusalem Trauma Outreach And Prevention study. Shalev AY, Ankri Y, Israeli-Shalev Y, Peleg T, Adessky R, Freedman S. *Arch Gen Psychiatry*. 2012 Feb; <http://archpsyc.jamanetwork.com/article.aspx?articleID=1107447>

Emerging research and practice emphasizes the neuroplasticity of the human brain and demonstrates effectiveness of individuals and organizations in facilitating work-related stressors leading to psychological growth and resiliency rather than focusing solely on persistent trauma and suffering.⁵

⁴ See the United States *National Registry of Evidence-based Programs and Practices*: one citation is included: See <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=32>.

⁵ One example from the University of California, Irvine: PsySTART Rapid Mental Health Triage and Incident Management System is representative of new emerging practice. See <http://www.cdms.uci.edu/pdf/psystart-cdms02142012.pdf>

Canadian Paramedic Services have recognized the importance of addressing the issue of paramedic mental health issues. Paramedic mental health has been identified as a top priority for future standards development work.⁶ While research is currently underway, there are some standards, guidance and tools available which can be tailored to meet the needs of the paramedic community.

Canadian Paramedic Services Standards Report: A Strategic Planning Report. Bank, J, Paramedic Standards Steering Panel, Canadian Safety and Security Program, March 2014
<http://paramedic.ca/download/reports/Paramedic%20Services%20Standards%20Strategy%20Report%20.pdf>

A recent Paramedic Chiefs of Canada review of *Operational Stress Injury* advocates for a workplace strategy targeting both the individual and organizational environment.⁷ Further, their review suggests core strategies including comprehension of the injury, developing prevention strategies, creating intervention services and ensuring accessibility to treatment.⁸

Operational Stress Injury in Paramedic Services: A Briefing to the Paramedic Chiefs of Canada. Condrotte C, DeBay J, Gray L, Ferron R, Simkins-Burrows B, Taylor A, Vacon C, Paramedic Chiefs of Canada Ad-Hoc committee report, 2014 June 27
<http://paramedic.ca/download/reports/PCC%20Ad%20hoc%20Committee%20on%20Stress%20Injury%20Report.pdf>

Today and in the future, the best practice of what has historically been implemented should be combined with research related to psychological resiliency and cognitive behavioral therapy. Paramedics should not serve as the test-bed for unproven stress related interventions, unless they prospectively agree to participate in well-designed and research ethics board approved clinical studies.

⁶ Canadian Paramedic Services Standards Report: A Strategic Planning Report, 2014 March, p 17. 77% of paramedic respondents to a survey ranked mental health issues as very important and noted that the issue is critical to sustaining long term careers in the field.

⁷ Operational Stress Injury in Paramedic Services: A Briefing to the Paramedic Chiefs of Canada, 2014 Jun 27, p.4

⁸ *ibid.* p.8

For stress-related mental health issues in Paramedics and their families the Paramedic Association of Canada recommends that:

- 1) Paramedic services must provide access to behavioral health programs for their members and their immediate families. These programs must provide basic counseling, crisis intervention assistance, and triage and assessment regarding, at a minimum, alcohol and substance abuse, stress and anxiety, depression, and personal problems that may adversely affect emergency responders' work performance whenever needed. The program must, when clinically indicated, refer paramedics or their immediate families to appropriate clinical and specialty care from providers equipped to deliver evidence-based treatment consistent with current best practices and standards of behavioral health care.
- 2) Paramedic services must adopt and follow clear, written policies regarding substance abuse, and other behavioral conditions.
- 3) The behavioral health program of a paramedic service must address occupational exposures that could be associated with acute behavioral changes or exacerbate a pre-existing behavioral disorder. The paramedic service must enact policy that minimally specifies:
 - a. Criteria for initiating referral to the program
 - b. Assistance and interventions available to affected personnel
 - c. That participation in the program and any clinical interventions is voluntary
 - d. Where specialty treatment is indicated based on behavioral health assessment, there will be referral to licensed and certified specialists (e.g., psychiatrist, psychologist, clinical social worker) competent to provide appropriate treatment consistent with current best practices and standards of care.
- 4) Paramedic services and their behavioral health programs must adopt and follow clear, written policies consistent with applicable statutes, regulations, and standards respecting records, confidentiality, data gathering and reporting, and protection and release of privileged information.
- 5) Behavioral health programs of paramedic services should be cognizant of Canadian Mental Health Association, Department of Defence (Defence Research Development Canada), Public Safety Canada, Canadian Red Cross, and other federal and provincial initiatives relevant to stress detection, triage, and treatment of stress-induced mental health issues and post traumatic stress disorders.
- 6) Adequate federal and provincial resources must be dedicated to catalogue and disseminate what is currently known regarding the prevention and mitigation of psychological stress among paramedics. There must be federal support for a national research program to evaluate and compare psychological interventions and best practices related to behavioral resiliency for paramedics.