

PREVENTING PTSD IN FIRST RESPONDERS

Responding To The Challenge



In 2004, the World Health Organisation recognised that taking a preventative approach to mental disorders was more effective and preferable to treatment once the disorder was established. They recognised that the stigma and discrimination experienced by those with mental health problems and their families were inextricably linked to human rights issues. They also recognised that these problems are often a consequence of the fact that many people, including many health professionals, believe that there is no effective preventative or treatment options that can combat the development of disorders. The WHO determined that effective prevention can significantly alter the perception of society in relation to mental health, and change the way individuals are affected.

Implementation of a promotion, prevention and early intervention approach to mental health and wellbeing requires several steps to be taken and a multi-staged approach should be adopted. In organisations, this would require iterative evaluation and monitoring, adaption and tailoring, and a strategy for ensuring sustainability into the future.

Working in an emergency services environment will routinely expose an individual to trauma. This exposure, combined with pre-existing psychological dispositions, can be a trigger for psychological injuries including PTSD. Therefore, a promotion, prevention and early intervention approach to mental health care within front line services would appear to offer some easy wins. Benefits may include not only improved resilience and increased mental health outcomes for the cohort, but also offer significant financial saving for governments over the long term.

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The Problem

It is widely understood that emergency services environments routinely expose members to traumatic experiences. Whether a situation was directly observed, or a story relayed, front line workers face challenges on the knife edge of life and death, everyday.

PTSD is known to develop from direct exposure to traumatic incidents, but we can observe similar levels of PTSD developing from moral injury. Often a byproduct of observer helplessness in peace keeping roles, or remote controlled weapon deployment or observing an incident on screen. Surprisingly, it can also develop from prolonged exposure to dysfunctional workplace culture - as opposed to direct engagement in other forms of traumatic injury and PTSD development. There are some that seek to argue that these sources of trauma make the resulting PTSD different, but this appears to be 'splitting hairs', creating complexity around an area that doesn't actually require differentiation.

In essence, it doesn't matter what type of injury was sustained in the line of duty - direct physical trauma, observed trauma, prolonged exposure - the impact is synonymous. The experience of trauma has a neurobiological impact on the brain, and 'multiple' impacts will place a person into a state in which they are no longer able to cope with anything. Their ability to absorb the implications of any given situation, and the triggered negative self-reference, becomes overwhelming.

The Trouble With Trauma

A traumatic incident has a window of approximately six-hours before the neural networks consolidate around the memory, and a further three weeks until it is solidified and processed within the brain. If we can intervene early, then we are able to resolve an issue before it develops into a more serious mental health problem.

Trauma specialists cannot be everywhere for emergency service personnel. In fact, there are not enough psychologists to address the mental health deterioration across the nation that we have experienced as a result of COVID-19, let alone for those that we know are routinely exposed to trauma. However, there are things that we can do to reduce the risk of long term psychological injury.

At PsychNEXUS, we seek to address these issues with a multi-faceted approach that incorporates promotion, prevention and early intervention activities. Our plan incorporates stigma reduction strategies to aid improved organisational culture, and enhance standardised 'intervention' processes pre- and post-incident.

Implementation of such a process would align with many organisational Mental Health and Wellbeing Strategies, and may require further expansion of the current psychological intervention process. This could include capacity building, education and training of personnel, continued improvement of process utilising iterative research, advocacy support processes, and the allocation of resources and infrastructure to support implementation.



Success is truly measured in how far you can go and not the number of big wins in a short amount of time



The Solution

When explaining how trauma impacts individuals, I utilise the notion of an inner 'locked box' to describe the repressed negative experience that people hold inside them, somewhere in their gut. This locked box is where negative experiences get stored over the course of their lives. When something bad happens, they mentally open the box, throw the incident in and shut the lid. As a result, most people in their early to mid-adult lives (depending on their life experiences) have a very full box. Exposure to particularly negative or impactful working environments will add many items to the 'locked box' over a short period of time. PTSD often develops when someone's locked box is overflowing. For many frontline workers, their locked box is holding nuclear waste and has developed cracks in it, resulting in the waste leeching into their system. Over time they feel worse and worse.

It is possible to better prepare emergency personnel for exposure to negative environments, without building on existing negative beliefs, but regular processing of negative experiences is required. There is an active process that can be completed, that allows members to resolve their existing negative beliefs before they are exposed to further trauma. This results in a major reduction in the development of PTSD from 'routine' exposure to traumatic experiences.

In addition, through training we can teach members to engage in effective self-help techniques, both on scene and immediately following critical incidents. Such training would allow them to process their perspective on their experiences routinely and whilst in the field.

Retain Expertise

The importance of feeling valued by an organisation is hugely beneficial to the overall reduction of mental health stigma and critical to ensure that there is no exacerbation of PTSD symptoms and their comorbidities.

Most organisations would obtain significant benefits from retaining the skills and expertise of their highly-developed workforce. Developing a plan whereby these members may be better utilised within the organisation is paramount if there is to be a reduction in the suicide rates of former members.

Such a strategy would also provide increased savings through the retention of highly skilled members, reduced stigma, increased help-seeking behaviour and significantly improved morale. In the long-term, this would also result in the reduction of workers compensation claims and reduced productivity through presenteeism.

THE COST OF
INACTION

+50%

Psychological Injury
Claims cost in excess
of \$32,000 each
- that is more than
double the cost of all
other claims

Workplace Culture

Research from Beyond Blue highlighted that a dysfunctional workplace is just as likely to cause a person to develop PTSD as being routinely exposed to traumatic experiences in the field.

Why is it that emergency services environments produce engaged and committed members who report high levels of job satisfaction, yet are the most likely to end their career in a worker's compensation claim?

Sadly, it is often because these workplace cultures do not support their people to be human, allowing them to express the impact of their experiences openly. Rather, most emergency services organisations have rigid risk mitigation strategies that are too extreme.

When a member identifies a concern, most organisations will stand them down as they are identified as a 'risk'. So, the only way to maintain active engagement in the workplace that they love is to repress the impact of these experiences. This often results in adding further dysfunction to the work environment and, over time, this becomes the new 'norm' and sets the culture of an organisation.



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