

This drill is compliant with and supports the Safety Initiatives developed by the National Fallen Firefighters Foundation.

INSTRUCTOR GUIDE

TOPIC: MENTAL HEALTH SERVICES

LEVEL OF INSTRUCTION:

TIME REQUIRED: TWO HOURS

MATERIALS: APPROPRIATE AUDIO-VISUAL MATERIALS

REFERENCES: Fire Department Safety Officer, 1st ed., International Fire Service Training Association.

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PREPARATION:

MOTIVATION: Mental as well as physical health are important elements to a firefighter being able to perform his or her duties. Actions that take place at an incident, in the station, or even outside the department can affect the mental well-being of firefighters. Early recognition and corrective action are vital to the safety of all personnel.

OBJECTIVE (SPO):

The firefighter will demonstrate a general knowledge of the mental health issues affecting the fire service, indicators of potential concerns, and corrective action options.

OVERVIEW:

MENTAL HEALTH SERVICES

- * Employee Issues
- * Recognition of Symptoms
- * Corrective Action Options

MENTAL HEALTH SERVICES

SPO: The firefighter will demonstrate a general knowledge of the mental health issues affecting the fire service, indicators of potential concerns, and corrective action options.

EO 1-1 Identify the employee mental health issues that may affect members of the fire service.

EO 1-2 Identify the signs and symptoms related to mental health concerns.

EO 1-3 Identify corrective action options for addressing mental health issues.

This drill should be conducted as an interactive since anyone can have mental health issues and fellow firefighters may be called upon to assist.

I. EMPLOYEE ISSUES (EO 1-1)

A. Physiological Stress

1. More individual in nature and is created not only by work environment but also by total life experience
2. Caused by work environment and created by following situations
 - a. Sound of alert tone in quarters
 - b. Shift work involving irregular schedules
 - c. Lack of sleep or interrupted sleep cycles
 - d. Loud noises (sirens, air horns, explosions, etc.)
 - e. Station overcrowding
 - f. Hazardous or toxic environments
 - g. Exposure to extremes of heat and cold
 - h. Long hours of physical exertion
 - i. Carrying heavy personal protective equipment
 - j. Fatigue
3. Short list of psychological stressors
 - a. Personality conflicts with co-workers
 - b. Perceived lack of respect from managers, administration, or the public
 - c. Boredom
 - d. Lack of job satisfaction
 - e. Concerns over promotions, layoffs, or retirement
 - f. Feelings of inadequacy

- g. Fear of failure
- h. Personal injury to self or co-workers
- i. Death of co-worker or family member
- j. Personal family problems

NOTE: Problems outside the department such as financial problems, drug or alcohol dependency, problems with children, or marital problems can impact on the firefighter's ability to perform. While it is important to stay out of personal affairs, it is necessary to maintain a safe and healthy work environment for all.

B. Impact on performance

1. May not be able to concentrate on work
2. Friction with co-workers and supervisors
3. Absenteeism or tardiness
4. Denial of a problem
5. Resorting to the use of alcohol or medications
6. Tired from inadequate rest

II. RECOGNITION OF SYMPTOMS (EO 1-2)

A. Signs and Symptoms

When body undergoes normal levels of stress, it protects itself through

1. Increases in heart rate and blood pressure
2. Oxygen consumption
3. Muscle tension and strength
4. Dilation of the pupils

B. Excessive stress results in further emotional and cognitive responses

1. Difficulty staying focused or concentrating

2. Temporary loss of short-term memory
3. Obsessive thoughts
4. Loss of mental flexibility
5. Tendency to withdraw or become isolated
6. Feeling invulnerable
7. Experiencing fantasies or wishful thinking
8. Putting mind on autopilot
9. Abuse of alcohol and drugs
10. Changes in behavior

C. Officer responsibility

1. Recognize potential mental health issues and confront firefighters about them while being respectful
2. Be available to provide counseling and support
3. Protect the privacy of the individual
4. At major incidents, provide guidance and support for individuals at the scene
5. Following a prolonged incident, help in transition back to normal working conditions through demobilization services
6. Conduct debriefing with participants and discuss their reactions and feelings
7. Establish policies that control the length of time a firefighter works during an incident and how often rehabilitation must occur
8. Mandate use of SCBA during all phases of operations where toxic atmospheres are encountered
9. Educate personnel in recognizing their own limitations and not exceeding them

10. Be aware when members or crews have reached their limit of physical effectiveness
11. Use rest time as a measurement as to when a person is able to return to work
12. Consider assessment of person's baseline vital signs
13. Make sure that personnel are considered fit for duty when their body core temperatures and vital signs have returned to an acceptable level
14. Make a determination if is necessary to return to quarters for a change of uniform and dry protective clothing before returning to service

III. CORRECTIVE ACTION OPTIONS (EO 1-3)

A. Incident Stress

1. Stress has always been a part of the firefighter's life due to high level of uncertainty, limited control over work environment, and psychological impact of repeated emergency calls
2. Departments should help individuals to manage stress experienced following incidents involving
 - a. Mass casualties
 - b. Fatalities involving children
 - c. Serious injury or fatalities involving members of the department
 - d. Suicides
 - e. Incidents involving close friends, relatives, or colleagues
 - f. Violence directed toward firefighters
 - g. Death of a civilian as a result of emergency operations
 - h. Incidents general excessive media attention

B. Post-Incident Illness and Injury

1. Emergency Scene

- a. Treatment can be provided through rehab section where food, water, and cool down materials are provided
- b. In extreme cases, transportation of members to a medical facility for extended professional medical treatment may be necessary
- c. Proper training in lifting, reaching, climbing, and carry techniques reduces potential for injuries

2. Station

- a. Personnel should be trained to apply same work techniques that they use at an incident scene
- b. Education in proper hygiene, both personal and facility, should stress importance of cleanliness to prevent spread of diseases
- c. Policies should be established for food storage, dishwashing, clothes washing, and use and cleaning of bedding
- d. If possible, provide bedding for each individual and have it changed following each shift
- e. Ensure that decontamination sinks are provided for cleaning and disinfecting of SCBA facepieces, medical equipment, and protective clothing
- f. Protective clothing, in particular turnout boots, must not be worn or taken into the living quarters
- g. Provide decontamination sinks, disinfectants, and protective clothing storage areas in all fire department facilities

C. Employee Assistance Program (EAP)

1. Need for Employee Assistance

- a. Levels of stress normally encountered by firefighters can result in dependence on tobacco products, abuse of alcohol or drugs, domestic violence, excessive gambling, and financial difficulties

- b. Because it is impossible for a fire department to provide professional counseling services to meet these needs and ensure complete confidentiality, an EAP often includes outside contract counselors to provide services
- c. Officers must be aware of symptoms of alcoholism, drug abuse, and other types of abuse in order to provide direction and care as soon as possible
- d. Effectiveness of EAP cannot be denied
 - 1) Studies indicate that as many as 80% of those individuals who receive counseling return to full productive status with workforce
 - 2) EAPs can reduce cost of prolonged medical care and lost-time benefits
- e. Standard provides for assistance to immediate family members through EAP

2. Substance Abuse

- a. It is estimated that over a quarter of population over 25 years of age were smoking in 1990
- b. Smoking results in loss of an estimated 400,000 lives in US every year
 - 1) Lung cancer
 - 2) Cardiovascular disease
 - 3) Chronic obstructive lung cancer
- c. According to American Lung Association, smoking costs nation approximately \$65 billion per year in health care and lost productivity
- d. Add result of using smokeless tobacco products (mouth cancer, gum infections, tooth decay, and lowered sense of taste and smell) and problem takes on greater magnitude
- e. Fire service loses approximately 1,800 members per year from smoking

- f. Because firefighters are exposed to unburned products of combustion resulting in chronic lung disease and loss of lung function, they are already at risk
- g. Studies indicate that firefighters who smoke have higher level of risk from heart and lung diseases than do firefighters who do not smoke
- h. Smoking results in lowered lung capacity and shortness of breath
- i. Drug and alcohol abuse can have even a more widespread effect on health of firefighters than smoking
- j. Because drug and alcohol impair judgment and slow reaction times, their impacts are not only on individual but also on those around them
- k. USFA estimates that as many as 10% of firefighters may be abusing drugs
- l. IAFF estimates that 75% of total firefighter population in U.S. has used either drugs or alcohol
- m. To offset potential danger of this type of abuse, fire department must establish a written policy within EAP

3. Counseling

- a. EAP outlined department policy should have ability to provide a wide range of counseling services for both employee and family
 - 1) Smoking cessation and substance abuse assistance
 - 2) Domestic violence
 - 3) Child abuse
 - 4) Family and financial counseling
- b. Success of program depends on
 - 1) Quality of services offered
 - 2) Support of administration

3) Involvement of members

4) Confidentiality of all services

- c. Counseling may include the use of Critical Incident Stress Debriefing (CISD) following a particular incident or one-on-one counseling using department, governmental, or private resources
- d. Counseling should be provided not only to the firefighter but to others affected including family members because issues in the department may carry over into the home or issues in the home may affect the department

REVIEW:

MENTAL HEALTH SERVICES

- * Mental Health Issues
- * Recognition of Symptoms
- * Corrective Action Options

REMOTIVATION: Everyone needs to understand the importance of a healthy mind and body and be willing to recognize when something is not healthy.

ASSIGNMENT:

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EVALUATION: