

# Critical Incident Stress Management

A matter of life and death

Steve Foye

Why is this important?

- 2005 BVA Report found suicide rate among vets is nearly four times the national average

- 2010 paper, “Veterinary Surgeons and Suicide: A Structured Review of Possible Influences on Increased Risk,”  
Veterinarians are four times as likely as the general public, and twice as likely as other health care professionals, to die by suicide,

- AVA survey on the causes of deaths of veterinarians for Western Australia and Victoria estimated suicide rates were respectively 4.0 times and 3.8 times the age standardised rate for suicide in the respective state adult

# Closer to home

- March 2015 - Journal of American Veterinary Medical Association

Results from the first mental health survey of U.S. veterinarians show that they are more likely to suffer from psychiatric disorders, experience bouts of depression, and have suicidal thoughts compared with the U.S. adult population. Specifically, these data suggest that nearly one in 10 U.S. veterinarians might experience serious psychological distress, and more than one in six might have contemplated suicide since graduation.

# The survey results

- Based on answers from more than 10,000 practicing veterinarians—most (69 percent) of whom are in small animal practice
- 6.8 percent of males and 10.9 percent of females in the profession have serious psychological distress compared with 3.5 percent and 4.4 percent of U.S. male and female adults.
- 24.5 percent of males and 36.7 percent of females in veterinary medicine have experienced depressive episodes since veterinary school, which is about 1 1/2 times the prevalence in U.S. adults overall throughout their lifetime.
- 14.4 percent of males and 19.1 percent of females who are veterinarians have considered suicide since graduation. This is three times the U.S. national mean.
- 1.1 percent of males and 1.4 percent of females in the veterinary profession have attempted suicide since veterinary school.

# Underlying Themes

- Training that doesn't really prepare people for the communication and helping skills needed.
- Lack of post graduation support.
- No preparation for work-life balance and coping skills
- Feelings of isolation and lack of support
- Stressful nature of the work that they are doing.
- They don't know where they can go for support.
- Stigma of mental health issues
- Reliance on and accessibility to drug-taking or alcohol misuse



# RCVS - Mind Matters

- 3 Year Programme
- Established Vet Helpline confidential email service, accessible via [vetlife.org.uk](http://vetlife.org.uk).
- Learning and understanding best practice
- Changing the culture
- Intervention: personal level
- Intervention: supporting the supporters
- Making changes: From student to retiree

# Veterinary Considerations

- Use the resources being made available
- Promote positive coping mechanisms
- Clear leadership drive
  - Challenging norms
  - Changing behaviours
- Normalise mental health
- Build local supportive networks
  - Peer to peer
  - Cross Sector
- Adopt and adapt the tools of others
  - Critical Incident defusing and debriefing
  - Trauma Risk Management

# The differences

## Firefighter

- Team working
- Others can take over
- White Male Culture
- Single contact moments with the public
- Less likely to make life ending decision.

## Vet

- Lone working
- No relief
- Greater diversity
- More regular client base.
- May have to euthanise an animal

# Focusing on the Critical

*A matter of death and life*

2<sup>nd</sup> December 2016



36 people died in Oakland's Ghost Ship warehouse fire making it the deadliest fire in the city's history with the consequence of potential mental health issues for emergency responders.

# Local Developments in Oakland

- Highlighted the services capability to respond to the consequences for crews.
- Dan Robertson, president of the Oakland Firefighters Union publicly stated:  
*“labor and management in Oakland were committed to addressing the issue, but resource issues, as well as the “macho” culture of the fire service, can be barriers to change. Culturally, as firefighters, we tend to keep it inside and not acknowledge or recognize we need to get help.”*
- Interim Oakland Fire Chief Darin White publically committed to adding mental health training to academy classes and said:  
*“I think it’s very important that our entry level members understand what they may be confronted with and experience as soon as the very first day on the job,”*

# Local Developments in Oakland

- Increased therapy sessions allotted to firefighters through the city's Employee Assistance Program.
- California Professional Firefighters and California Fire Chiefs Association is seeking to provide guidance and a curriculum to departments across the state to help address mental health issues.
- Union is training members on peer support.
- Union and Management working together to advance mental health services for firefighters

*“Life does not cease to be funny when people die any more than it ceases to be serious when people laugh.”*

George Bernard Shaw





# Mind - Blue Light Survey

- Survey of over 1,600 staff
- against the general population revealed
  - High incidence of suicidal thoughts among 'Blue Light' staff and volunteers.
  - More than one in four (27 per cent) had contemplated taking their own lives due to stress and poor mental health
  - Two thirds (63 per cent) had contemplated leaving because of stress or poor mental health.
  - Over 9 in 10 (92 per cent) respondents had experienced stress, low mood and poor mental health at some point while working for the emergency services,
  - 62 per cent said they had experienced a mental health problem
    - such as depression, anxiety disorder, OCD, PTSD, bipolar disorder or schizophrenia

# Mind - Blue Light Programme

- Delivering a major programme of support for emergency services staff and volunteers.
- Tailored workplace training materials to support both employers and staff and volunteers to manage mental health at work.

# Critical incident stress management (CISM)

- An adaptive, short-term psychological helping-process.
- Focuses on an immediate and identifiable problem.
- Can include pre-incident preparedness to acute crisis management to post-crisis follow-up.
- Enables return to daily routine more quickly with less likelihood of experiencing PTSD.
- Should only be used for secondary victims, such as responding emergency services personnel.
- Health promotion concept rather than a medical intervention

# Defusing

- On the day of the incident before the person(s) has slept.
- Assist individuals in coping in the short term and address immediate needs.
- Designed to assure those involved that their feelings are normal.
- Tell them what symptoms to watch for over the short term,
- Offer a lifeline in the form of a telephone number where they can reach someone whom they can talk to.
- Limited to individuals directly involved in the incident.
- Often done informally, sometimes at the scene.

# Debriefing

- Usually the second level of intervention for those directly affected by the incident
- Often the first for those not directly involved.
- Normally within 72 hours of the incident.
- Opportunity for individual or group to talk about their experience, affects and coping mechanisms.
- May identify individuals at risk
- Inform on follow-on services available

# Follow-Up

- The important final step is follow-up.
- Generally done within the week following the debriefing by team members as a check.
- Consider referral to occupational health or Employee Assistance Programmes.
- Self recognition and referral.
- Mindfulness

# TRiM

- widely and successfully used across the UK emergency services and the military.

<https://www.hantsfire.gov.uk/about-us/what-we-do/trim/>

# TRiM – there to support

- Trained practitioners
- Personal, voluntarily attended, peer to peer, non-clinical discussion.
- Aims to identify if you are normalising events or if you are displaying signs needing additional support.
- Completed with you by a TRiM practitioner.
- Supports recovery and allows you to understand that your reactions are natural and normal.
- Signposting you to any further support.



# Resources and Advice

<https://www.avma.org/ProfessionalDevelopment/Personal/PeerAndWellness/Pages/default.aspx>

<http://www.ava.com.au/veterinarians-0/vethealth-4>

<https://www.bva.co.uk/Professional-development/Vets-TV/Veterinary-View/Mental-health-and-wellbeing-in-the-veterinary-profession/>

<https://www.rcvs.org.uk/news-and-views/news/mind-matters-initiative-new-veterinary-mental-health-and/>

<https://www.mind.org.uk/media/4614222/blue-light-programme-research-summary.pdf>

[http://www.facebook.com/AmericanAddictionCenters.](http://www.facebook.com/AmericanAddictionCenters)

# Any Questions

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