

# NETWORKING ON PEER SUPPORT SYSTEMS FOR IRELAND

With a peer support network now set up for firefighters and other frontline emergency services personnel in Chicago, US firefighter and paramedic Michael Flanagan recently visited Ireland to gauge the level of interest from agencies in adopting a similar model here. He tells Grace Heneghan the response to date has been overwhelmingly positive.

**T**he Peer Support Network programme was first introduced two years ago in the State of Illinois, with the aim of helping members of the frontline emergency services to deal with Post-Traumatic Stress Disorder (PTSD), chemical dependencies, broken relationships, and other behavioural health issues.

And now with a view to extending the network in Ireland, US firefighter-paramedic Michael Flanagan met up with a number of emergency services and unions during his visit here in September, to see if they would be keen to roll out the programme.

“They were extremely open to looking further into the possibilities of a model such as a peer support network to operate in concert with the systems already in place, but which are possibly underutilised. I will follow up with all of these individuals to lay out the next stage in moving forward,” he says.

**CONFIDENT OF ‘BUY-IN’**

Flanagan remains confident of getting a ‘buy-in’ from the fire and ambulance services and An Garda Síochána. “While this will take additional discussions to identify the details of such a programme, I hope the stakeholders will recognise the benefits of such a resource and that they will work swiftly to roll this out.”

During his week-long visit in September, he also contacted Maurice Quinlan, managing director of the EAP Institute, whom he says is very interested in the programme. Having previously run seminars and information sessions on peer support systems, the EAP Institute is organising two seminars in the New Year on ‘Managing Workplace Behavioural and Mental Health Risks’ in Dublin on 26 January and in Limerick on 23 February. (For details visit [www.eapinstitute.com](http://www.eapinstitute.com))

“I have not spoken directly with the Gardaí yet, but the EAP Institute has asked them to consider it. So, we remain hopeful that a presentation can be put in place for the Garda Representative Association (GRA) at either of these seminars in January or February,” he notes.

**NO MAJOR BARRIERS**

While the fire services may lack a unified representative group in Ireland, he doesn’t see this as being a major barrier in getting the brigades to sign up to the network. “Once the network is established, it will be a matter of ensuring that members know how to avail of the services. The lack of a unified representative group will make that task more difficult but it’s not impossible.”

The peer support network model is also being considered by the Fire Brigades Union (FBU) branch in Northern Ireland, following his meeting with union representatives Jim Quinn and Sean Starbuck in Belfast. He says that the FBU fully recognises the significant problem of mental, emotional and behavioural health issues as well as the under-utilisation of current programmes.

“The FBU wishes to identify a clear set of goals and objectives to establish, through empirical data, the prevalence of PTSD and other behavioural health issues in the fire and emergency services, while simultaneously establishing the peer support network for the fire and emergency services in Northern



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Ireland and England. The empirical data would allow for a baseline to gauge the success of the programme over time,” Michael points out.

**INDEPENDENT NETWORK**

He claims that the key to the successful roll out of this peer support network scheme is that it will be independently run, and not under the control of the State or the local authorities.

“The network is a completely separate organisation, run by emergency services personnel for emergency services personnel on the ground – it’s not run by the chief officers or management or the unions. That is the critical underlying reason for its success.”

The peer support network is the brainchild of Matt Olsen, a firefighter from the Chicago suburb of Bolingbrook. “He was a union leader locally and within the State of Illinois. He found that people relied on him to help them, when in fact he was the one who needed help and it created an even worse situation for him as he didn’t want to appear to be weak or vulnerable. Having many personal issues to deal with himself – many close relations had died within a short timeframe and he went through a period

## EMS PEER SUPPORT

of deep depression.”

He went for counselling and from the help he received, the concept of the peer support network was borne, Michael explains. “The ball first started rolling on this two years ago in the State of Illinois; and now over 200 volunteers are trained as peer support workers in Chicago city and surrounding areas. Many other states are now coming on board.

The network has been endorsed to date by the International Association of Fire Chiefs, while the International Association of Fire Fighters (IAFF) – which represents over 300,000 firefighters in the US and Canada – has started to do its own clinical studies on a peer support model.

“The unions and the fire chiefs are on board primarily because they see it as a necessity. Because this is a grassroots movement, it would exist regardless of the support of the fire chiefs or the unions anyway!”

### TRAINING COUNSELLORS

During his recent visit to Ireland, Michael Flanagan met with representatives from Dublin Fire Brigade and a number of other fire and rescue services around the country, in addition to the HSE National Ambulance Service and the private ambulance operators.

“Dublin Fire Brigade and the fire and rescue services in Waterford, Cork and Limerick all have their own form of employee assistance programmes in place. However, we recommend that our proposed peer support network model will



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### FACTFILE – MICHAEL FLANAGAN

*Michael Flanagan has served as a firefighter-paramedic for over 25 years on the south side of Chicago and the surrounding areas. During that time, he has worked as a Peer Support Counsellor and Critical Incident Stress Management Instructor within various aspects of the behavioural health components, including fire and arson investigation, juvenile fire setter intervention, and critical incident stress management.*

*Throughout his career, Michael has participated in, led, and instructed courses on critical incident stress defusing, debriefing and overall management for all members of the emergency response field, including firefighters, EMTs, police officers and emergency management personnel.*

*Additionally, he has counselled members of the fire and emergency medical service on suicide, depression, chemical dependency, and broken relationships resulting from the acute and chronic workplace stresses. All of Michael's training comes directly from professional clinicians and counsellors, and he has had the opportunity to work side by side with these professionals as well.*

*Most recently, Michael served on the committee tasked with developing a Peer Support programme that trains frontline fire and EMS personnel in the aspect of professional counselling. This programme mainly focuses on the prevention of suicides and self-harming behaviours as a result of the various workplace stresses.*

*The Peer Support programme was introduced two years ago in the State of Illinois, and during that time it has been endorsed by the International Association of Firefighters, the International Association of Fire Chiefs, and various state firefighter associations in the US, who have recognised the need for this type of programme.*

*Michael, who originally hails from Waterford, has also worked as an external expert for the Dublin Institute of Technology to develop and review curriculum for third level degree and course offerings for the fire service in Ireland.*



not replace any such structures already in place, but would rather complement them.”

The next step, he says, will be to address the special training needed for counsellors and clinicians. “The specialty training for the clinicians includes spending time with emergency services personnel, for example, in the squad cars or on the fire tenders, when responding to incidents.

“It will be necessary for them to understand why a police officer or a firefighter becomes cynical about the job over time, and in what way that cynical behaviour may transfer over to their home lives. This cynicism could create its own domestic issues in breaking down family relationships. So, the counsellors and clinicians will need to look at the types of help that can be offered.”

Working at the frontline of the emergency services in Chicago himself for the past 25 years as a firefighter/paramedic, Michael Flanagan is only too well aware of the stresses and strains of the job.



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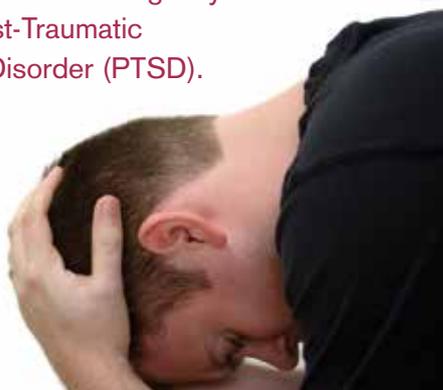
“You can only see so many people take the last breath in front of you, and you can only see so many babies die in front of you or you can only pull so many babies out of a fire before it starts to really affect you.”

He says that both as a firefighter and paramedic he has been on enough call-outs involving gun-shot victims and he has seen old people die and the grieving that this brings. “There are only so many dead people’s eyes you can look into before you realise ‘don’t look at the eyes’, and so many kids who have died senselessly and needlessly. And then you go home to your own kids of the same age and realise just how fragile life can be,” he reflects.

**COLLABORATION IS CRITICAL**

“I definitely think that a peer support network programme is needed by ambulance service, the fire services and An Garda Síochána, in addition to emergency and trauma nurses. I would like to see if they’re receptive and wouldn’t want to exclude anyone

The Peer Support Network programme was first introduced two years ago in the State of Illinois, with the aim of helping members of the frontline emergency services to deal with Post-Traumatic Stress Disorder (PTSD).



**GROWING RISK OF PTSD & CANCER FOR FIREFIGHTERS AND PARAMEDICS**

*New research by the International Association of Fire Fighters has revealed that firefighters and paramedics are experiencing Post-Traumatic Stress Disorder (PTSD) at rates comparable to combat veterans and developing cancer in far greater numbers than the general public.*

However, neither of these hidden hazards is adequately addressed in current protocols for treatment and remediation. Understanding the behavioural and physical effects of the job is critical to keeping firefighters and EMS personnel safe so they can continue to keep their communities safe, according to a new report issued recently by the International Association of Fire Fighters (IAFF).

The report – ‘PTSD and Cancer: Growing Numbers of Fire Fighters at Risk’ found that an alarming number of firefighters now struggle with post-traumatic stress as a result of repeated exposure to horrific events over the course of a career.



In 2002, pulmonary disease specialist Dr David Prezant from NYFD coined the term ‘World Trade Center cough’ after 9/11 firefighters developed chronic respiratory illnesses.

The IAFF report notes that doctors at the Warrior Research Institute (WRI) in Austin, Texas, have identified a clear link between traumatic situations experienced by firefighters and paramedics--from car accidents to mass casualty incidents--and PTSD.

A separate study of a large population of US and Canadian professional firefighters and paramedics reported rates of PTSD of more than 22 per cent in the U.S. and over 17 percent in Canada.

A study of 402 professional firefighters from Germany also found that the prevalence of PTSD was at 18.2 per cent, with years on duty as the strongest predictor of PTSD symptoms. PTSD is not the only hidden danger threatening firefighters’ safety. Numerous studies have shown that cancer rates run significantly higher for firefighters than the general population, according to the IAFF report.

Thirty four US states and 11 Canadian provinces have enacted presumptive cancer laws that allow for greater access to disability coverage for firefighters stricken with the disease. State and provinces are beginning to address PTSD among firefighters and paramedics in the same manner. However, only one state in the US and five Canadian provinces have added PTSD to the list of occupationally-related diseases in first responders for the purpose of workers compensation benefits.

For further information visit <http://www.iaff.org/>

from any talks.

“I also believe that the clinicians, such as psychiatrists, psychologists and counsellors, could share their own curricula and notes in networking with the fire stations and the police etc. Collaboration would be the critical aspect of this programme.

“For example, In the USA at present, in working with the peer support network groups, the clinicians have ridden with the fire engines to learn how firefighters talk and interact, and they soon realised that riding out with the fire engines or police cars was critical to understanding the culture of the emergency services.

“It also formed part of their training. So, then the clinicians would be responsible for training of the frontline staff. Another major part of the process will be to get the university researchers on board.

Michael Flanagan's initial visit in September has been to establish and identify the main stakeholders, and to get their feedback on the peer support network model. “So, the next step will be to organise some

roundtable talks between the frontline emergency services here during my next visit, in order to identify the problems and how they can be addressed.”

However, he does recognise that a number of hurdles firstly need to be overcome. “It's not going to be a 'one-

size-fits-all' solution. Obviously, there needs to be an Irish solution to an Irish problem. There could hopefully be some government funding for this type of a programme that is geared towards providing support for frontline emergency services.”

