

WHO SUPPORTS FRONTLINE EMERGENCY RESPONSE WORKERS?

‘Emergency services at scene of accident’ are regular headlines in the media. However, what about those people at the frontline who respond to such horrific scenes time and time again? What effect does it have on them and who can they themselves turn to when they need help? Report by Peigín Doyle.

Across all sectors of the emergency services there is an intervention programme in place to investigate and deal with the effects of traumatic events through peer support networks, where individuals support their colleagues who may be struggling with stress and trauma.

The programme, offered by the Critical Incident Stress Management (CISM) network, which is sometimes called ‘psychological first aid’, allows people to share their experiences and their emotional reactions, learn about stress and its effects and find referral to further psychological counselling if needed.

In each emergency service the CISM network programme is structured differently but all follow an international programme called Critical Incident Stress Management, developed by the founders of the International Critical Incident Stress Foundation (ICISF).

BRAVADO CULTURE

“In the old days people would just say they were fine, and up to the 1990s there was this ‘bravado culture’. However, we have worked to introduce new measures and change the culture. Now it is normal for a person to say to their peers ‘I am not OK;’ according to Hillery Collins, a paramedic who works with the HSE National Ambulance Service (NAS) in the Midlands.

Collins is joint chair of the NAS Critical Incident Stress Management team, a committee set up jointly in

1997 by SIPTU trade union and the management of the HSE National Ambulance Service to support the mental health and wellbeing of workers, in the wake of a crisis.

In the National Ambulance Service, the CISM team brings together union and ambulance service management, HSE human resources, psychologists, external clinical psychologists, control centre

staff, ambulance staff, peer support workers and their co-ordinators.

The aim is to have a peer support worker in each ambulance station but if that is not possible, then a worker in the control room will refer a stressed colleague to their regional peer support co-ordinator who may, in turn, refer on to another service for further help. The process is confidential and designed to support the person to stay in work whilst receiving help wherever possible.

PSYCHOLOGICAL PERSPECTIVES

Trish Ryan, clinical psychologist and advisor to the CISM network for the ambulance service, gives the clinical psychological perspective to the team’s work and decisions. She may also counsel people experiencing



“Every ambulance service employee has independent and confidential access to the HSE’s Employee Assistance Service,” according to Trish Ryan.

more complex or deep-seated trauma and who may not have benefited from peer support and/or HSE employee assistance service counselling supports.

“Most people are supported through the CISM peer support network within the ambulance service. This is great because it is someone that they know, who knows what they are going through and is aware of the incident, so it is a fantastic service. Every ambulance service employee also has independent and confidential access to the HSE’s Employee Assistance Service,” she said.

Some people with more significant stress or complex trauma may need more in-depth treatment and their peer support co-ordinator or line manager may refer them to either the HSE’s Employee Assistance Service or to Trish Ryan.

“There is a variety of reasons why someone may be referred on. Most individuals will spontaneously process



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a traumatic event within three to four weeks and their initial symptoms will be reduced.

DEVELOPING RESILIENCE

“Frontline workers may also develop a degree of resilience to some events non-emergency personnel would find somewhat traumatising. In some cases, however, an incident may be extremely traumatic, it may hit a very personal chord, happen at a particularly vulnerable time, or there may be a chronic level of built-up stress.

“When you can process something that is traumatic you can keep it as a memory without being constantly re-traumatised, but there can be cases of incidents not being processed fully. And relatively minor incidents can trigger a trauma response.

“For example, an incident may connect with a person’s history, something that has significance in the past that has not been resolved. The nature of the work regularly brings people into potentially traumatic situations, and it is important to monitor for signs of stress,” she said.

GARDA PEER SUPPORTS

There are currently 912 peer supporters within An Garda Síochána who work in conjunction with local employee assistance officers and management. They are activated at local level in the wake of a traumatic event.

If necessary, a peer supporter will refer a colleague to the Employee Assistance Service whose officers are trained in critical incident stress management and can facilitate intervention after an incident. The techniques used may include de-fusing, debriefing, group intervention and one-to-one intervention. The confidential Employee Assistance Service helps Garda members deal with personal and work-related difficulties at an early stage.

There is a 24/7 independent helpline and counselling service in place for a work, health and personal issues. The response from a peer supporter will have a huge effect in helping colleagues after a traumatic occurrence, a Garda spokesperson noted.

INTER-AGENCY CO-OPERATION

In Ireland the Critical Incident Stress Management (CISM) Network co-ordinates the operation of the programme across all of the emergency services, including fire, ambulance, Gardaí, prisons, coastguard and voluntary bodies like the Order of Malta.

A national steering committee manages the CISM Network by bringing together representatives from all the statutory and voluntary emergency service bodies from the north and south of Ireland.

“People will ask themselves, ‘what did I do wrong?’, ‘could I have done something else?’ whereas a peer supporter will ask, ‘how do you feel about what happened?’. It is not about the mechanics of what happened but the emotions,” Hillery Collins said.

“A lot of CISM work is very quiet; it is all the conversations that say ‘I know how you are feeling and, yes, it’s OK not to be OK. I know it is a bad day but there is tomorrow.”

MAIN STRESS SIGNALS TO WATCH OUT FOR

When a person experiences a severe stress response to trauma, the following responses are recommended by clinical psychologist Trish Ryan:

1: Re-experiencing the event

Remembering the incident; recurring thoughts, nightmares, being uncomfortable with something that seems to be linked to the original experience; acting or feeling as if the event were re-occurring (flashbacks); small things, like a certain smell, can make you re-experience the event or memory of it.

Be aware of this in yourself; it can be hard for colleagues to see it.

2: Avoidance and emotional numbing

Avoiding, or wanting to avoid things that act as reminders of the traumatic incident; e.g. avoiding shifts with members of the team who were with you when the traumatic event occurred; avoiding a call-out that goes through a particular place if it is in the area associated with the trauma; avoiding thoughts, feelings or conversations about the incident or of people who have been involved in it with you.

Be aware of this in yourself and your colleagues.

3: Negative changes to thinking and feeling

Feeling irritable, depressed or lethargic; expressing guilt or shame; feeling detached from other people. To colleagues the person

may seem dismissive and look like they don’t care, which can be alienating but it is a sign of distress.

It may be a good time to tell your colleague they are being ‘a bit distant’ and ask if they are OK, help them ventilate some of the energy built up by the trauma and process it outside of themselves.

4: Increased agitation/irritability

Being easily irritated, agitated or hyper-alert, which can be wearing; easily startled and annoyed when startled; difficulty sleeping can increase irritability. When a person who is easy-going becomes easily upset, it can be a giveaway that they are really strained, perhaps due to deep trauma.

Be aware of this in yourself and your colleagues.

