First Responder Mental Health

By Joseph Parish

Often the uninformed public offers their concerns over the first responder's physical health leaving complete disregard for their potential mental affairs. Like any other human, the first responder's encounter challenges in their mental health during the aftermath of witnessing the horrors and degradation of their fellow human beings. These issues must be properly addressed in order to effectively focus upon the mental states of these workers.

Responders of man-made or natural disasters play a vital role in our society's emergency preparedness programs. It is the first responder who provides the urgency in the aftermath of emergency situations and often times remain in the communities affected for weeks after the disaster has run its course. These important members of the emergency team work extremely long hours under less than stress-free conditions, they witness the unbearable inhuman tribulations afforded their fellow man, the physical destruction of all that mankind has been working for, and psychological desolation which so often accompanies disasters. It should therefore come as no surprise that first responder frequently experiences psychological harm as a result of their work environment. It is no longer acceptable to concentrate upon the physical risks and environmental exposures only, but must include all aspects of the responder's mental

health as well. In the past, such issues have been overlooked due to the difficulty in identifying their presence.

After responding to disasters, it is not uncommon for these first responders to experience various levels of depression, post-traumatic stress disorder (PTSD) or stress disorders for months after the disaster has ended. It is even possible that the responder in question may have had pre-existing mental health conditions which were not previously identified, or the disaster may have aggravated the hidden conditions to the point of surfacing.

I feel that debriefing after a disastrous event could benefit emergency responders. During this debriefing, a series of counseling sessions could be conducted on the responders to help minimize the effects of the dramatic experiences which they had undertaken. Naturally, this debriefing would not resolve all the pent-up issues for the responders. In fact, some circles such as the World Health Organization even lists this action as undesirable and outwardly states that it could perhaps cause further issues.

We cannot expect that a textbook briefing would be of use for all disasters as each has their own elements to deal with. There is simply not a one size fits all debriefing. Since there is usually a considerable number of dead bodies in any type of disaster these often become disturbing to the responders resulting in anxiety, depression, and eventually withdrawal. The American military mental health screening model would be a good example for other first responder agencies to follow. In such a system there are three stages.

Stages 1 takes place before the military recruits are deployed

Stage 2 is in effect while the troops are in the field

Stage 3 is the final phase when they return from their deployment.

The major difference here is that the military can require mental health screening whereas routine responder’s mental health screening can generally not be made compulsory.

Even those responders with years of experience under their belts tend to encounter mental and emotional trauma at some point in their career. You cannot receive a daily dose of death and destruction without developing some sort of internal conflict. PTSD is an ongoing threat to the mental health of responders regardless of how many times they have seen the results of a disaster. It does not take long before these issues materialize in nightmares, flashbacks, or endless nights where the victim is unable to sleep. The least little remembrance could set one of these responders into a tail spin of uncomfortable events from their past.

Responders need to understand that they have an “ear” that is willing to listen to them. Often many of these people turn to drugs and alcohol in an effort to ease the psychological pain, although neither routes work well. Eventually they either quit their

jobs, or are fired for some reason or other. Their life becomes consumed with the tragic series of events that they have responded to. Frequently when a victim of PTSD requests help, they are treated as a criminal, or someone who simply cannot handle life as it really is. They are made to appear as second-rate citizens with no thought of the heroic act previously completed. The thoughts of suicide loom upon their mind continually. The responder should be aware of these symptoms and seek help when he or she can. PTSD support groups tend to help these conditions to a certain degree however they are not the ultimate cure. Proper evaluation and treatment by professionals are urgently needed. In the same sense, it would behoove mental health care professionals to educate themselves as to the unique mental health challenges which highlight first responder's mental problems.

Trauma has been a forefront issue with first responders for a good many years. For decades now we have come to accept the fact that many of our returning military members suffered psychological issues when coming home. It is important that both the emergency responder and members of the medical profession learn to recognize the symptoms associated with psychological trauma. We are informed that the prime reason that this health issue is usually not recognized in responders is that the personnel are action oriented for whom complaining is generally not an acceptable act. At the same time from the responders view-point seeking professional help for mental health issues are not usually thought of. We must change these attitudes in the minds of the responders in order to get them the proper assistance which they may need.

You do not need to be the intended victim of acts of violence which cause psychological trauma. It takes its toll upon each responder as they witness violent events leading to death, injury, or bodily harm to others and to themselves. In the past the approach to resolving the trauma issues has been to focus upon the immediate needs of the victims. With a combined effort of blending cognitive behavior therapy with medicine and relaxation exercises, a measure of success has been achieved. This may be a valid approach for rape victims and military personnel; however, first responders are not the kind of people to discuss their psychological dilemmas. Some means must be devised to get these victims to open up and relate to others exactly how they feel.

First responders will often discuss the specifics of a particular event with their fellow group members, but will clam up when it comes to a conversation on how they emotionally feel about the event. Although to some extent support from their colleagues tend to be useful it still does not provide the needed benefits to heal the mental state the responder is in. It is vital that responders first realize that a problem exists and only then can they receive the necessary counseling to resolve the issue.