

July 16, 2019

LOS ANGELES FIRE DEPARTMENT



RALPH M. TERRAZAS
FIRE CHIEF

July 2, 2019

BOARD OF FIRE COMMISSIONERS
FILE NO. 19-082

TO: Board of Fire Commissioners

FROM:  Ralph M. Terrazas, Fire Chief

SUBJECT: BEHAVIORAL HEALTH PROGRAM REPORT ON THE EMS MENTAL
HEALTH FIRST RESPONDER TRAINING PROGRAM

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| FINAL ACTION: | <input type="checkbox"/> Approved | <input type="checkbox"/> Approved w/Corrections | <input type="checkbox"/> Withdrawn |
| | <input type="checkbox"/> Denied | <input type="checkbox"/> Received & Filed | <input type="checkbox"/> Other |

SUMMARY

As requested by the Board of Fire Commissioners on January 15, 2019, the Behavioral Health Program (BHP) is submitting this report on the status of providing the EMS Mental Health First Responder Training Program to Department members. The program, herein referred to as the Mental Health Awareness (MHA) program, was initially piloted with two probationary Firefighter classes on March 18, 2019 and May 8, 2019 to determine the efficacy and feasibility of delivering the training.

The program provided an opportunity for all participants to develop basic knowledge on mental health conditions including: how to recognize signs and symptoms of mental illness, practical skills to utilize if symptoms were present, orientation to mental health resources both within the Department and the community in general, what to do if they become aware of suicidal ideation within a member they know, and encourages members to seek out professional assistance should they begin to notice signs and symptoms of concern within themselves. Overwhelmingly, participants recognized the importance of the training, they identified the emergent need they feel to gain tactical knowledge on the interventions, and they requested more learning time to adequately understand and implement the techniques provided.

RECOMMENDATION

That the Board:
Receive and file this report.

FISCAL IMPACT

The Department does not anticipate any fiscal impact at this time.

DISCUSSION

In January, the Department's Behavioral Health Program was asked to evaluate the feasibility and value in providing the MHA program to our members. To make this determination, a pilot of the program was developed and provided to two probationary firefighter classes. This initial program was in a two-hour format. The result of the pilot was that members displayed a strong desire for this information, and that the 2-hour version was not sufficient to present all of the material effectively. Based on this feedback, it is proposed that the MHA program be formalized to an 8-hour session, which focuses on helping the membership identify signs and symptoms of mental health conditions among themselves and the population they serve, gain basic awareness of mental health trends in the field, learn how to address concerns with practical hands on skills, learn about resources available within the Department and the broader community, and learn about evidenced-based treatments for each disorder. The MHA program is modeled after the Mental Health First Aid USA version with specific marked differences in that it:

- Tailors the program to the fire service by identifying how mental health conditions manifest in firefighters
- Identifies how the stigma of seeking help is prevalent in the fire service and debunks common myths related to mental health conditions and treatment
- Identifies the limitations the fire culture has in regards to perpetuating mental health stigma
- Identifies how to utilize the strengths of the fire culture to help the membership in asking for help
- Teaches firefighters how to adequately engage with the severely mentally ill population
- Teaches firefighters how to use verbal de-escalation skills when engaging with potentially violent patients whose aggression is secondary to their mental illness
- Provide specific, fire service focused resources

MENTAL HEALTH AWARENESS FOR FIRST RESPONDERS

Course Description:

The MHA course will provide comprehensive instruction on mental health trends/concerns, helping tools, assessment tools, self-care, mental health resources, mental health conditions, and de-escalation tools. The first portion of the training will focus on basic awareness and skills building. Firefighters will begin training by engaging in a discussion on current mental health trends in the fire service. They will also hear about stigma in fire culture and learn how it prevents members from seeking help. Learning will then shift to focus on building basic communications skills, which will allow firefighters to both assess peers and community members whom they suspect of experiencing symptoms of mental illness. Members will gain a basic understanding of listening skills, reflection tools, and non-verbal communication in order to engage in basic assessment of mental health conditions. They will then learn a specific assessment process. Use of this assessment process will occur over the course of the entire training to give firefighters specific detailed experience triaging each mental health condition. Additionally, firefighters will learn about different types of mental health providers available (e.g., psychologist versus psychiatrist versus LCSW) in order to locate providers available for specific treatments (i.e., locate a

psychiatrist when seeking medications for mental health conditions). They will also be provided a handout of resources including the National Suicide Prevention Lifeline. Self-care and resiliency will be discussed in depth as a measure of prevention against both stress and mental health conditions.

Following this basic introduction to mental health, the members enter the second phase of training: mental health conditions. They will receive formal didactic training on recognizing mental health conditions including: anxiety, depression, substance abuse, PTSD, and suicidal ideation. Members will learn about basic symptoms, neurobiology of disorders, see videos of individuals experiencing relevant symptoms, learn about myths related to each subject, and engage in active practice regarding assessment of each condition. Members will learn about disorder specific evidence-based treatments, so that they are knowledgeable about finding an appropriately qualified mental health clinician who will be able to competently treat their/a loved one's condition. Members will also learn about practical tips for dealing with each mental health condition. The third phase of training will focus on severe mental illness and use of de-escalation skills to equip the firefighters with a skill set when engaging with potentially violent people.

Course Delivery: This is an active training experience that requires approximately eight hours of instruction time and group exercises in a classroom setting. The curriculum is suitable for seasoned firefighters working among colleagues and/or the community.

Target Audience: This training is geared toward all sworn personnel.

Learning Design, Goals, and Objectives: Course will be presented as live instruction in a classroom setting, with the following learning goals and objectives.

Goals:

Goal 1: To provide a baseline of information for common disorders experienced by first responders.

Goal 2: To provide skills to help first responders both assess themselves and to assess peers for the presence of mental health disorders.

Goal 3: To provide first responders with basic skills to be able to approach colleagues about mental health conditions.

Goal 4: To develop basic skills to work more competently with individuals diagnosed with mental illness.

Objectives:

Objective 1: Identify signs and symptoms of Anxiety, Depression, Substance Abuse, PTSD, and Suicide.

Objective 2: Learn basic skills needed to interact with peers experiencing a mental health condition or crisis.

Objective 3: Be able to identify useful skills needed to engage in appropriate discussion with peers experiencing mental health concerns.

Objective 4: Identify appropriate mental health professionals who can help peers through mental health concerns or crises.

Objective 5: Discuss types of treatment options and gain awareness of resources available to first responders.

Objective 6: Learn basic skills needed to engage with members of the public who display symptoms of mental illness.

Group Exercises and Handouts: The group exercises are meant to reinforce learning and enhance discussion about mental health conditions and should allow for demonstration, competency, and understanding of the main Learning Objectives.

Exercise 1: Self-Care Assessment
Exercise 2: Draw Anxiety
Exercise 3: Practice Assessment: Anxiety
Exercise 4: Practice Assessment: Depression
Exercise 4: Practice Assessment: Substance Abuse
Exercise 5: Practice Assessment: PTSD
Exercise 6: Practice Assessment: Suicide
Handout 1: Behavioral Health Resources
Handout 2: Self-Care Practical Tools

| Section | Topic | Lessons |
|---------|--|---|
| Unit 1 | First Responder Mental Health Statistics | Provide rates of mental health conditions among first responders. De-stigmatize mental health concerns within the fire service. |
| Unit 2 | Stigma | De-bunk the myths firefighters have about mental illness and identify how perpetuating myths actively impedes members from seeking help. |
| Unit 3 | Fire Culture | Address how stigma, ignorance and avoidance enables a culture of silence and un-wellness resulting in discouragement for seeking out treatment. |
| Unit 4 | Helping Tools: Skills and Resources | Firefighters will learn to identify basic helping skills to engage in non-judgmental conversation as well as learn about the resources available internally, locally, and nationally. Practical tools on how to address concerns with other firefighters who are showing signs of distress. |
| Unit 5 | Prevention: Resiliency | Firefighters will learn the components of resiliency and how to utilize current skill set to build this up within themselves. |

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| Unit 6 | Prevention: Self-Care | Firefighters will learn the importance of taking action to preserve or improve one's own health and well-being. |
| Unit 7 | Mental Health Conditions | De-mystify, De-Stigmatize, and normalize rate of mental health concerns within the fire service and the public at large. |
| Unit 8 | Stress | Discuss the "stress response system," strengths and limitations, and how it manifests and how to manage it. Discuss relationship among chronic stress and suicide. |
| Unit 9 | Anxiety | Provide definition, address myths, causes of the disorder, how it manifests physically, emotionally, and behaviorally, and how to manage symptoms. |
| Unit 10 | Depression | Provide definition, address myths, how it manifests and how to manage it, and provide information on relationship with suicide. |
| Unit 11 | Substance Abuse | Provide an accurate understanding of what constitutes a substance use disorder, how excessive use of substances will lead to development of mental health disorders, correct negative beliefs and discuss role of substance use with suicide. |
| Unit 12 | PTSD | Provide detailed information on what symptoms meet criteria for PTSD, discuss emerging trends of PTSD in the fire service, address myths, and gain understanding on how it manifests and how to treat it. |
| Unit 13 | Suicide | Provide statistical information of suicide in the fire service, address myths, reduce stigma, and identify suicidality with untreated mental illness and untreated substance abuse. |
| Unit 14 | Bipolar | Provide understanding of the disorder, address myths, what causes it, discuss relationship with violence, and provide skills on de-escalation and ways to manage it. |
| Unit 15 | Schizophrenia | Provide understanding of the disorder, address myths, what causes it, discuss relationship with violence, and provide skills on de-escalation and ways to treat it. |
| Unit 16 | Aggression or Agitation Assault Cycle | Provide detailed information on the progression of emotions and cognitions that leads aggressor to act violently. |
| Unit 17 | Verbal Defusing | Provide concrete skills to enable firefighters to work effectively and safely with potentially violent community members. |

If approved, the MHA program will be conducted and monitored by the BHP. The MHA program will be regularly evaluated by the BHP using formal and informal evaluations from the members. As part of the evaluation process, BHP will also identify and include any future recommendations provided by the membership as well as adapt the training to highlight any evolving trends within the fire service.

CONCLUSION

Prior to the development of a formal BHP, mental health training in the Department was provided to a limited extent in smaller venues (e.g., EMS training on mental illness). The proposed MHA program is intended to both broaden knowledge base of and increase depth of knowledge regarding mental health conditions, while simultaneously providing concrete skills to assess and handle mental health conditions. With the national growing rates of firefighter suicides, it is imperative that the Department acts proactively by providing this essential training to all the membership.

Furthermore, this specialized training will give the Department the ability to provide appropriate care for severely mentally ill members of the public, in addition to maintaining the safety of the LAFD membership.

Board report prepared by Dr. Krystle Madrid and Dr. Audrey Martinez, Fire Psychologists, Behavioral Health Program.

Attachment