Peer support

Bushfire webinar series

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Phoenix Australia – Centre for Posttraumatic Mental Health
Research evidence shows that Australian first responders experience higher rates of mental health issues than the general population with 1 in 3 experiencing very high psychological distress.

<table>
<thead>
<tr>
<th>Service</th>
<th>PTSD</th>
<th>Anxiety</th>
<th>Depression</th>
<th>Suicidal thoughts</th>
<th>Problem alcohol use</th>
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<tbody>
<tr>
<td>12%</td>
<td>12%</td>
<td>18%</td>
<td>24%</td>
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<td>14%</td>
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<td>10%</td>
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<td>30%</td>
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<td>15%</td>
<td>9%</td>
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First responder stressors

Operational stressors

Cumulative trauma

Organisational stressors

Burnout
Anxiety
Depression
PTSD
Peer support programs are coordinated programs where members of an organisation offer their time to provide mental health and wellbeing support to their colleagues.
How widely are peer support programs used?

First responders accessing peer support:
- Ambulance: 29%
- Fire & Rescue: 17%
- Police: 7%
- SES: 6%

Employees: 14,686

How useful do employees find them?

- Not helpful: 5%
- A bit helpful: 40%
- Quite or extremely helpful: 55%
In a 2019 US study, associations were found between less severe PTSD symptoms and:

- Lower perceived belongingness associated with increased suicide risk in wildland firefighters
- Social support reduced depression, anxiety and stress in a study of 337 Australian firefighters

First responders preferred peer support models over treatment delivered by a health professional in 3 studies

813 paramedics - moderate - high risk of psychological distress
Small indirect relationship between availability of formal peer support and lower distress via increased perceived colleague support
Social support and mental health in military

**Stable-low group (84%)**
- Being male
- High levels of social support from all sources
- Use of acceptance coping style

**High-decreasing group (6%)**
- High trauma exposure
- Negative social interactions
- Self-blame, avoidance & risk-taking coping styles
- High anger
- Sleep impairment
- Navy membership
Evaluation of peer support programs

• Despite the widespread use of peer support programs, there is surprisingly little published empirical evidence of their effectiveness or validity
• Very few programs have been evaluated in regards to the impact programs have had on mental health and wellbeing outcomes
• Priority One – QLD ambulance Service is an exception
Priority One – Queensland Ambulance Service

- Multi-layered staff support service
- Promotion of good mental health and wellbeing of staff and their families
- Peer support program is one element
- 250 peer supporters
  - Paramedics
  - Emergency medical despatchers
  - Corporate staff

QAS employees volunteer
5 stage selection process
6 day training course
Supervised by mental health professional
Refresher training every 12-24 months
# Features of QAS peer support program

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<tr>
<th>Feature</th>
<th>Details</th>
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<tr>
<td>Start education and rapport building early- initial recruit training</td>
<td>includes assessed units on occupational stress and resilience</td>
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<tr>
<td>Required journaling of significant cases first 6m discussed with PSOs</td>
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<tr>
<td>Mandatory Manager and Supervisor Mental Health (Support) education program</td>
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<tr>
<td>Mandatory PSO supervision- monthly</td>
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<td>Accessibility- in or near most ambulance stations in QLD</td>
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<td>Continued training- compulsory 3 day annual skills maintenance/development workshop</td>
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<td>Rigorous selection and training for PSOs</td>
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Priority One Evaluation 2003 & 2014

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<th>Literature review</th>
<th>High levels of satisfaction</th>
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<td>Staff survey N=1042</td>
<td>Psychological well-being associated with connectedness to QAS</td>
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<td>Usage data</td>
<td>Strong correlations between satisfaction with peer support and distress, connectedness, burnout and compassion</td>
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<td>27% responded that a PSO or trusted colleague would be the first person they would seek help from if they needed support</td>
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Evidence for specific interventions or programs with potential use of peers

Eight studies
- 3 RCTs – improved help seeking, lower absenteeism, reduced stigma
- 1 prospective study - small improvement in stigma but no MH improvements
- 2 retrospective studies - reduced absenteeism
- 1 intervention study – Suicide prevention program - ↓ suicide rates
- 1 cross sectional study – TRiM improved MH scores & reduced PTSI symptoms + reduced barriers to care

Empirical evidence assessing effectiveness of peer support programs is sparse and hampered by methodological limitations
## Potential challenges for peer support programs

### Perceived barriers to the success of an Australian Ambulance Service Peer Support Program

- Poor support from higher levels of management
- Competitive culture
- Lack of training - poor understanding of symptoms
- Poorly promoted
How to overcome challenges

Training
• Rigorous training of PSOs & managers ensures support offered is best-practice
• Instills confidence
• Ongoing training ensures skills maintenance & incorporation of new evidence

Ongoing support
• Regular supervision ensures staff are supported in their role
• Enables issues to be addressed promptly
• Promotes team cohesion
• Provides PSOs opportunity to get their own support

External evaluation
• Ensure your program is effective and meeting its goals
• Help close the evidence-practice gaps

Proportion of Australian employees who were provided with ongoing support as a peer support worker

- Ambulance: 69%
- Fire & Rescue: 73%
- Police: 57%
- SES: 57%
Overcoming challenges

**Awareness**
Ensure staff know what is available and how to access.
Many surveyed staff across literature were unaware of programs or who was eligible to use them.

**Timely**
Ensure PSOs are available to support staff with minimal delays.
Delays between seeking and receiving help reduce engagements.

**Collect feedback**
Monitor if goals being met.
Build in flexibility in response to user feedback.

**Ensure confidentiality**
Critical that staff understand their information will not be shared. A major barrier to service use across studies.

Many surveyed staff across literature were unaware of programs or who was eligible to use them...
Providing peer support during a disaster

- Peer based interventions such as PFA were designed to be used in a post-disaster context
- In large scale disasters multiple agencies may be called to respond
- Coordination of support is critical
- Coordination requires shared knowledge & understanding of each agencies policies
- Communication between agencies should be established in advance where possible
- Interagency training ensures efficient allocation of resources and a coordinated response to the mental health and wellbeing needs of first responders