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Mental Health Programs Provide Help for First Responders

By Eileen Weber

Stress. Anxiety. Depression. Substance abuse. Increased risk of suicide. First responders are threatened by those issues on a regular basis. Now that we're a few months and counting into the COVID-19 pandemic, they are increasingly feeling the emotional, mental, and physical burden of caring for the sick and dying.

In some cases, they are dying themselves. Doctors, nurses, fire, police, EMS—there's a full spectrum of personnel for whom their own safety is at risk.

From coast to coast, a number of organizations have come to the rescue with programs specifically tailored for first responders and their mental health.

New York City's Helping Healers Heal has been focusing on first responders as "second victims" in trauma. In California, the L.A. County Fire Department's behavioral health peer support program has seen an uptick in calls from first responders since the pandemic began.

And in Washington state, the Institute for Responder Wellness and the Code Green Campaign, which has expanded to communities nation-wide, target the mental and physical well-being of first responders, their families, and even retirees through education and treatment.

Concern for Others Is at Forefront

In Manchester, Conn., the Honor Wellness Center works with first responders on an individual, group, or family basis. First launched in 2017, its mission is even more important now that COVID-19 has led to the deaths of more than 100,000 Americans. As Executive Director Phyllis DiGioia, LCSW, put it, the anxiety they feel is not for their own safety.

"Mainly, I'm seeing first responders saying, 'What am I bringing home to my family?' more than concern for themselves," she explained. "That's a commonality between all of them and I work with fire, police, EMS, even military."

Heather Labbe, whose husband is a sergeant with the City of Hartford Police Department, said the whole family feels very exposed.

"You've heard the statement, 'we're not all in the same boat, but we're in the same storm?'" she asked. "There's been a lot of focus on staying home but there's not a lot of focus on the families they are coming back to. We don't know who he's coming in contact with and we're not one hundred percent in control of it."

The Labbe family has been working with DiGioia for about a year and a half. Under these circumstances, they couldn't

imagine not having that opportunity. While first responders train heavily for their jobs, no one could have anticipated the toll the coronavirus has taken.

Feeling of Helplessness Is Common

DiGioia said responders often feel helpless and powerless—like they’re flying by the seat of their pants on every call. There’s not enough medical research to determine the different factors of this virus. We’ve already seen it become more of an inflammatory disease rather than respiratory in children, certainly an unexpected outcome. But there’s an even bigger issue for the responders who see COVID patients before they ever reach the hospital.

“There are a tremendous number of people who are home and not at the hospital for COVID because they were told to stay home because their symptoms didn’t rise to the level of hospitalization,” she said. “Seeing active cases to the point of being terminal, they have to determine who should go to the hospital and who shouldn’t. They aren’t prepared to make that kind of decision in the field.”

How a responder reacts to a crisis depends not only on their training but the general feeling of safety on the job, says Joshua Morganstein, MD, Chair, American Psychiatric Association’s Committee on the Psychiatric Dimensions of Disaster. It comes down to what they’re exposed to on a regular basis.

“A police officer may not be surprised to answer a call and find a dead body,” he remarked. “But seeing 20 dead bodies in one day may be a different experience. [First responders] are not prepared for it, as opposed to an ER doctor who may see 20 dead patients in one shift.”

Morganstein further explained health risk factors like insomnia, fear, and distractibility will appear before the manifestations of anxiety, depression, or substance abuse.

“Those things emerge over time, PTSD for example. Health risk behaviors start first and then the psychiatric disorders emerge,” he said. “While there may be substance abuse with alcohol, tobacco, prescription medications, they will throw themselves into other things to numb the distress like gambling.”

For **Wendy Currie, LICSW**, clinical coordinator for **McLean Hospital’s LEADER program**, it’s the social isolation that has made a huge impact.

“Isolation is kind of key,” said Currie. “For example, in a fire house, it’s always about the group. They make dinner together in the kitchen. They don’t have that anymore. They’re relegated to their rooms because of social distancing. It gets really depressing. I’m seeing some starting to drink more.”

So what can first responders and their families do to help things feel more stable at home? DiGioia, Currie, and Morganstein all gave the same advice. Consistency and routine. Finding a way to feel safe in the day-to-day family activities gives the feeling of being more in control.

“Keep the family fun. Keep the routines. Have meals together. Games together. Limit social media and television media exposure,” said DiGioia. “Don’t create hysteria in the household. That way, first responders can come home to a place of consistency and safety.”