

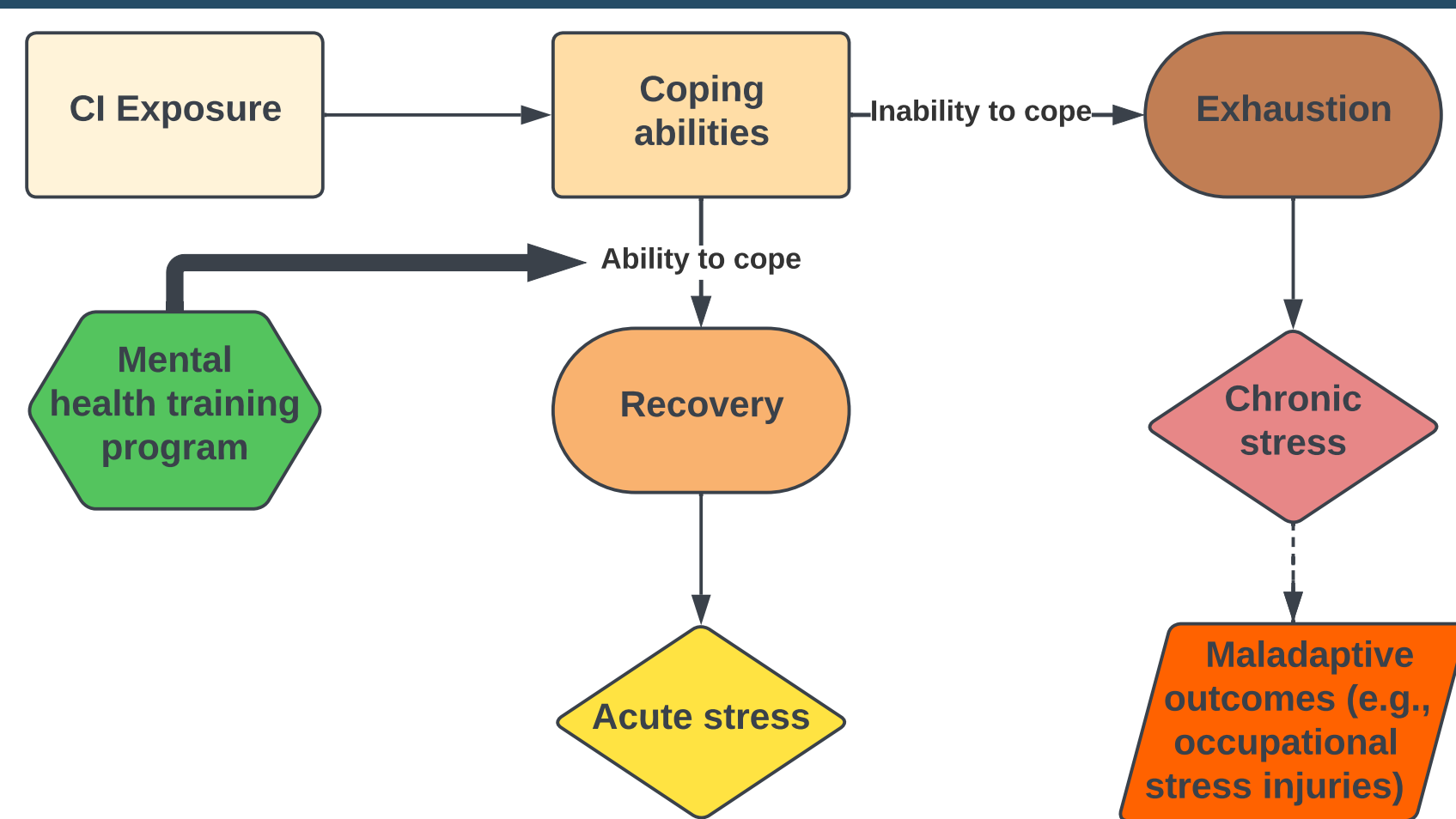


A Structured Comparison of Firefighter Mental Health Training Programs: A descriptive thematic analysis

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Background

- 96.4% of Canadian firefighters (FF) experience at least one critical incident (CI) in their career.¹
- Mixed results among the relationship between potentially traumatic incidents (PTI) and post-traumatic stress disorder (PTSD) and depression.²
 - Potential moderators: years of service and **coping ability**²
- Mental health training was developed to increase resiliency/mental wellness.
 - Goal is to protect against chronic stress and occupational injuries.



Objectives

- Understand differences/similarities between different mental health training programs.
- Inform firefighters and their families about mental health training options available to them.
 - Identify how to determine what program is best for their individual needs.
- Inform future adaptations of programs.



Methods

- Design/approach**
- Semi-structured interviews.
 - Thematic analysis with an inductive approach.^{3,4}
- Sample**
- Purposeful sampling via CMHA, CAFC, and a larger Resilient Minds (RM) study.
 - 18+; read, understand, and speak English; active-duty FF or staff in Canada; delivered/participated in 2+ mental health training programs (Table 1).
- Data collection and analysis**
- Two independent reviewers coded transcripts (SMS, SCK).
 - Additional info obtained from programs and their websites.

Results: Sample

- 14 participants
 - 10 career/full-time FF, 3 volunteer FF, 2 fire organization staff
 - 8 women, 5 men
 - Age: mean= 47 (min=30, max=66)
 - Years of service: mean=18 (min=5, max=32)

Table 1. Program combinations	n
RM and R2MR*	8
RM and Working Mind	1
RM and BOS	1
R2MR* and BOS	2
RM, R2MR*, BOS, and undisclosed program	1
RM, R2MR*, BOS, and Working Minds	1

* There are multiple versions of R2MR available; as such, it is unknown if participants received the same version of R2MR. Notably, **none of the versions taken by participants in this study are the current version of R2MR being disseminated by CIPSRT.**



Results: Theme 1 - Program Similarities and Distinctive Features

Program Similarities

Use of various teaching methods: lecture style, group discussion, role-playing, group exercises

Goals: promoting mental resiliency, mental health awareness, and destigmatization

Skills: recognition of mental health issues, how to get assistance, building resiliency, effective communication

Distinct Program Features

RM is largely group participation

R2MR is largely lecture style

BOS is largely lecture style

In-person, group interaction/role-playing, and fire-specific courses were the most effective and engaging delivery and teaching methods

RM had additional goals for assisting peers and citizens

RM also taught skills for assisting peers and citizens

BOS focused on brain mechanics rather than practical skills

[RM] was really built for firefighters...all the examples, discussion, everything was about firefighting. You could speak our language. We didn't have to try to explain anything when we were talking about situations because we just all understood, because it was our similar language, experiences, [and] situations.

[R2MR] seemed very vague... I couldn't connect to how it was going to apply to what I was doing... it didn't have that same feeling of RM, because the language and examples that [R2MR] were using were military specific.

Results: Theme 2 - Program Preferences

- 70% of participants who took RM preferred RM—more cultural competency and relevant skills.
- 43% had no program preference—all were relevant and depended on individual needs.
- All programs were viewed as relevant.
- No concerns about course content across all programs.
- 57% of participants believed taking multiple mental health courses is the best approach to mental health training.

I think Resilient Minds is a fantastic program. I think that it's what's been needed. I've been in emergency services for 16 years and I've never had a program like this that's truly had an impact on my own life [and] people that I've delivered to... I think for firefighters, RM is a superior program that has more practical skills and information in it.

I never felt like taking all four that that it was like, 'Oh, I already know this. I don't need to pay attention'... Mental health education isn't a one stop shop, a once and done type of thing...There's so many benefits to all of them ...

Results: Theme 3 - Biggest Barrier to Mental Health Training

- 57% of participants expressed that the biggest barrier to taking courses is the cost (Table 1).

[Programs and learning resources] have limitations because they're only as current as the guide, and nobody has money to actually update these things and send them out to everybody who has them.

Results: Choosing a Program

- 36% of participants: Choosing a program from various mental health programs can be difficult and frustrating.
- Tables 2 and 3 summarize the course characteristics and content **based on participant perceptions** (*Obtained from program staff/websites, ** is based on the currently available version of R2MR from CIPSRT, this was **NOT** the version taken by our participants, see *Results: Sample* note).

Table 2	RM	R2MR	BOS
Cost*	Train-the-Trainer: \$875 + \$200 instructor manual/person General: \$225 + \$20 workbook/person	Free for public safety personnel currently employed (funded by Public Health Agency of Canada)**	Online: \$200/person Education: \$250/person Intensive: \$15,000 for 8-10 people
General course time commitment*	8-10 hours	24-26 hours over 4 days **	Online/education: 8 hours Intensive: 2-hours/week for 8 weeks
Delivery format*	Virtual and in Person	Virtual and in person**	Online: virtual only Education: virtual and In person Intensive: in-person only
Main teaching method	Group participation/application	Lecture style	Lecture style
Target of learnt skills	Yourself, peers, civilians	Unable to reach consensus (3 participants said yourself, 3 participants said peers)	Yourself
Application into work/personal life	Effective communication with peers, civilians, and loved ones	Recognizing mental health issues and creating a common language to talk about it among peers	Mostly theoretical and lacks practical application. Understanding the brain has helped with destigmatization
Unique characteristics	Cultural competency: "created by firefighters for firefighters." Focuses on self, peers, and civilians	Use of the mental health continuum: created a common language among peers	Taught by mental health professionals

Table 3. Course topics	RM	R2MR	BOS
Attitude toward mental illness	Large focus	Covered	Briefly or indirectly covered
Stigma	Covered	Covered	Not covered/don't recall
Communication skills	Main focus	Main focus	Participants unable to reach consensus
Recognition of stress/mental health symptoms	Large focus	Main focus	Covered
Help seeking behaviors	Covered	Covered	Covered
Gender considerations	Not covered	Not covered	Not covered
Treatment Options	Covered	Covered	Participants unable to reach consensus

Conclusion

- Programs have overall similar teaching methods, goals, skills, and topics. However, each course has unique focuses and characteristics.
 - Choosing a course depends on individual needs, preferences, and available funds and time.
- Based on thematic analysis and comparison among relevant literature⁵ suggestions for future programs/iterations are: **(1)** program descriptions should include information on main teaching style, focal point of the program, overall cost, topics and time spent on each; **(2)** programs instructors should include a peer and mental health professional; **(3)** programs should be fire-specific; **(4)** programs should be interactive and include scenario-based learning; **(5)** mental health training should be spread out over ones career and delivered in a tiered approach; **(6)** virtual programs should be interactive and delivered over multiple sessions; **(7)** programs should be in person where possible; and **(8)** mental health education should be incorporated into salaries and working hours.
- Next research steps are to assess the effectiveness of mental health programs currently available to firefighters and inform additional program adaptations.

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