



Comparison of Mental Health Programs and Update of Resilient Minds™

Dr. Joy C. MacDermid, Sara M. Stretton, Steve Fraser

Talk 1: Comparison of Mental Health Programs (15 minutes)

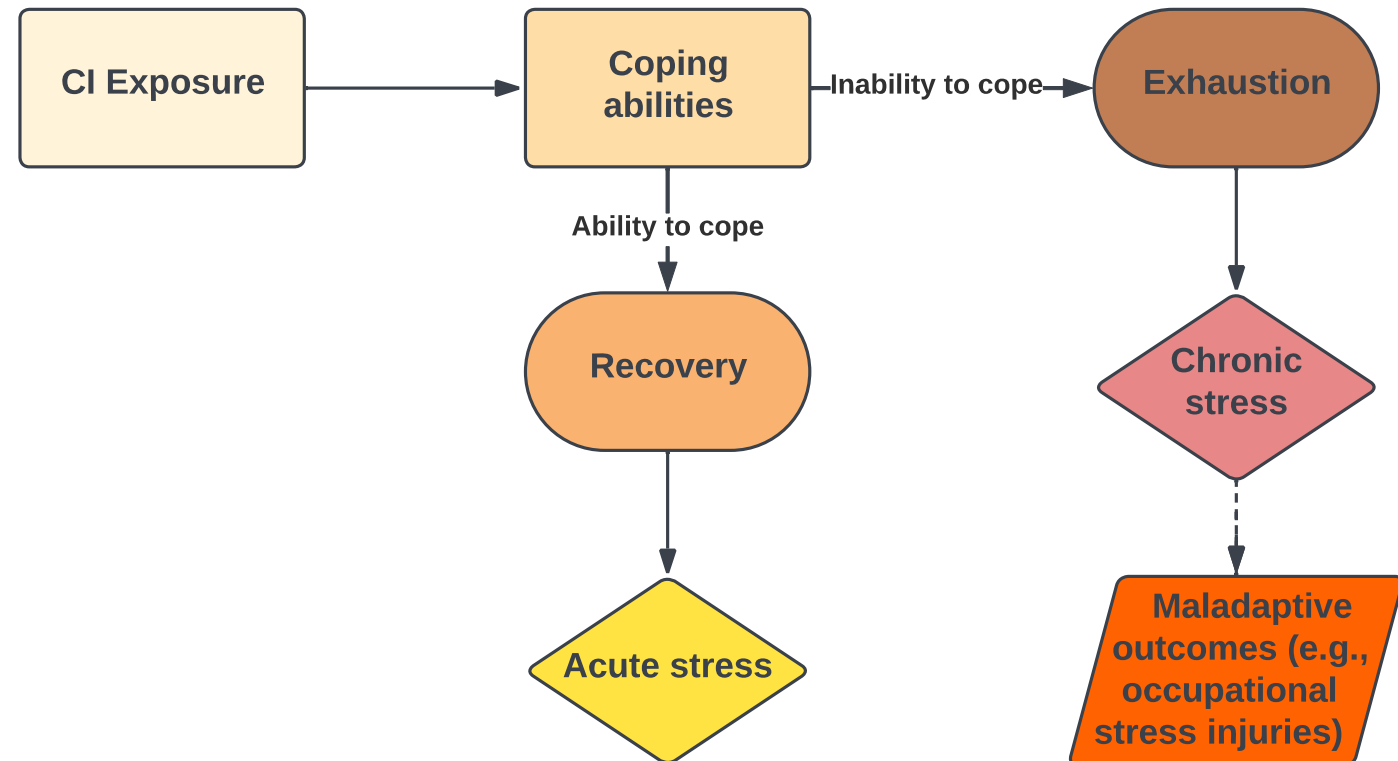
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Background: Critical Incident Exposure and Occupational Stress Injuries

- Mixed results among the relationship between potential traumatic incidents and post-traumatic stress disorder and depression ¹
- Studies had large variability in risk and protective factors ¹
 - Potential moderators
 - Years of service ¹
 - Coping ability ¹



Methods

Purpose

- Understand differences/similarities between different programs
- Inform firefighters about options available to them
 - How to choose a program that best suits their needs
- Inform future adaptations of programs

Design/approach

- Semi-structured interviews
- Thematic analysis with an inductive approach^{2,3}



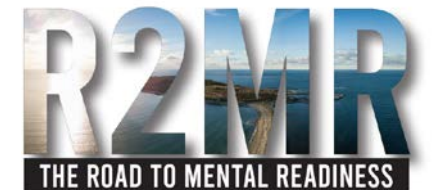
Methods

Sample

- Purposeful sampling via CMHA, CAFC, and a larger RM study
 - 18+ years of age
 - Read, understand, and speak English
 - Active-duty firefighter in Canada or staff in fire organizations
 - Delivered/participated in 2+ firefighter mental health training programs

Data collection and analysis

- Braun and Clarke's 6 phase approach to thematic analysis ^{2,3}
 - Two independent reviewers (SMS, SCK)
- Additional information also requested from programs or obtained from their websites



Results: Study Sample

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

* 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 CIPSERT.**

Program combinations	Number of participants
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

RM= Resilient Minds, R2MR= Road to Mental Readiness, BOS= Before Operational Stress

Theme 1: Program Similarities and Distinctive Features

Program Similarities

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

Program 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

Theme 2: Program Preference

- 70% of participants who took RM preferred RM
- No concerns about course content across all programs
- All programs were viewed as relevant
- 57% of participants believed taking multiple mental health courses is the best approach to mental health training
 - 14% believed it would be helpful only if training is spaced apart well
 - 29% did not comment

Program combination	Program preference
RM and R2MR	6/8 preferred RM (cultural competency and practical skills)
	1/8 preferred R2MR (shorter course)
	1/8 no preference (all programs are relevant)
RM and BOS	1/1 preferred RM (cultural competency and practical skills)
RM and Working Mind	1/1 no preference (all programs are relevant)
R2MR and BOS	2/2 no preference (all programs are relevant)
RM, R2MR, BOS, and undisclosed program	1/1 no preference (all programs are relevant)
RM, R2MR, BOS, and Working Minds	1/1 no preference (all programs are relevant)

Theme 3: Barriers to mental health training

- 57% of participants expressed that the largest barrier to taking courses is the cost
 - RM is \$875 for one peer to complete the train-the-trainer program
 - This peer can then train staff for no additional cost
 - RM general is \$225/person
 - R2MR is free for public safety personnel that are currently employed*
 - BOS online (\$200/person), education (\$250/person), intensive (\$15,000 for 8-10 people)
 - Bulk pricing is available



Choosing a Program: Course topics

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

Note: Results are based on participant perceptions

Choosing a Program: General Course Overview

	RM	R2MR	BOS
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: both available 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."	Use of the mental health continuum: created a common language among peers	Taught by mental health professionals
	Focuses on self, peers, and civilians		

Note: Results are 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 slide 5 note.

Discussion: future programs/iterations

- Program descriptions should be comprehensive
 - Including: main teaching style, focus of the program, overall cost, topics and time spent on each
- Instructors should include a peer and mental health professional ⁴
- Interactive and scenario-based ⁴ learning
- Content specific to firefighters ⁴
- Mental health training should be spread out through one's career in a tiered approach ⁴
- Virtual programs should be interactive and delivered over multiple sessions ⁴
- Programs should be in person where possible ⁴
- Mental health education should be incorporated into salaries and working hours ⁴

References

1. Wagner, S. L., White, N., Buys, N., Carey, M. G., Corneil, W., Fyfe, T., Matthews, L. R., Randall, C., Regehr, C., White, M., Alden, L. E., Krutop, E., Fraess-Phillips, A., & Fleischmann, M. H. (2021). Systematic review of mental health symptoms in firefighters exposed to routine duty-related critical incidents. *Traumatology*, 27(3), 285–302. <https://doi.org/10.1037/trm0000275>
2. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
3. Braun, V., & Clarke, V. (2012). Thematic analysis. In *APA handbook of research methods in psychology, Vol 2: Research designs: Quantitative, qualitative, neuropsychological, and biological*. (pp. 57–71). American Psychological Association. <https://doi.org/10.1037/13620-004>
4. Lentz, L., Smith-Macdonald, L., Malloy, D. C., Anderson, G. S., Beshai, S., Ricciardelli, R., Brémault-Phillips, S., & Carleton, R. N. (2022). A Qualitative Analysis of the Mental Health Training and Educational Needs of Firefighters, Paramedics, and Public Safety Communicators in Canada. *International Journal of Environmental Research and Public Health*, 19(12). <https://doi.org/10.3390/ijerph19126972>

Thank you

Partner



Funder



Talk 2: Update on Resilient Minds™: Sustainability and Adaptations

(5 minutes)

Steve Fraser

Master Trainer, CMHA Resilient Minds

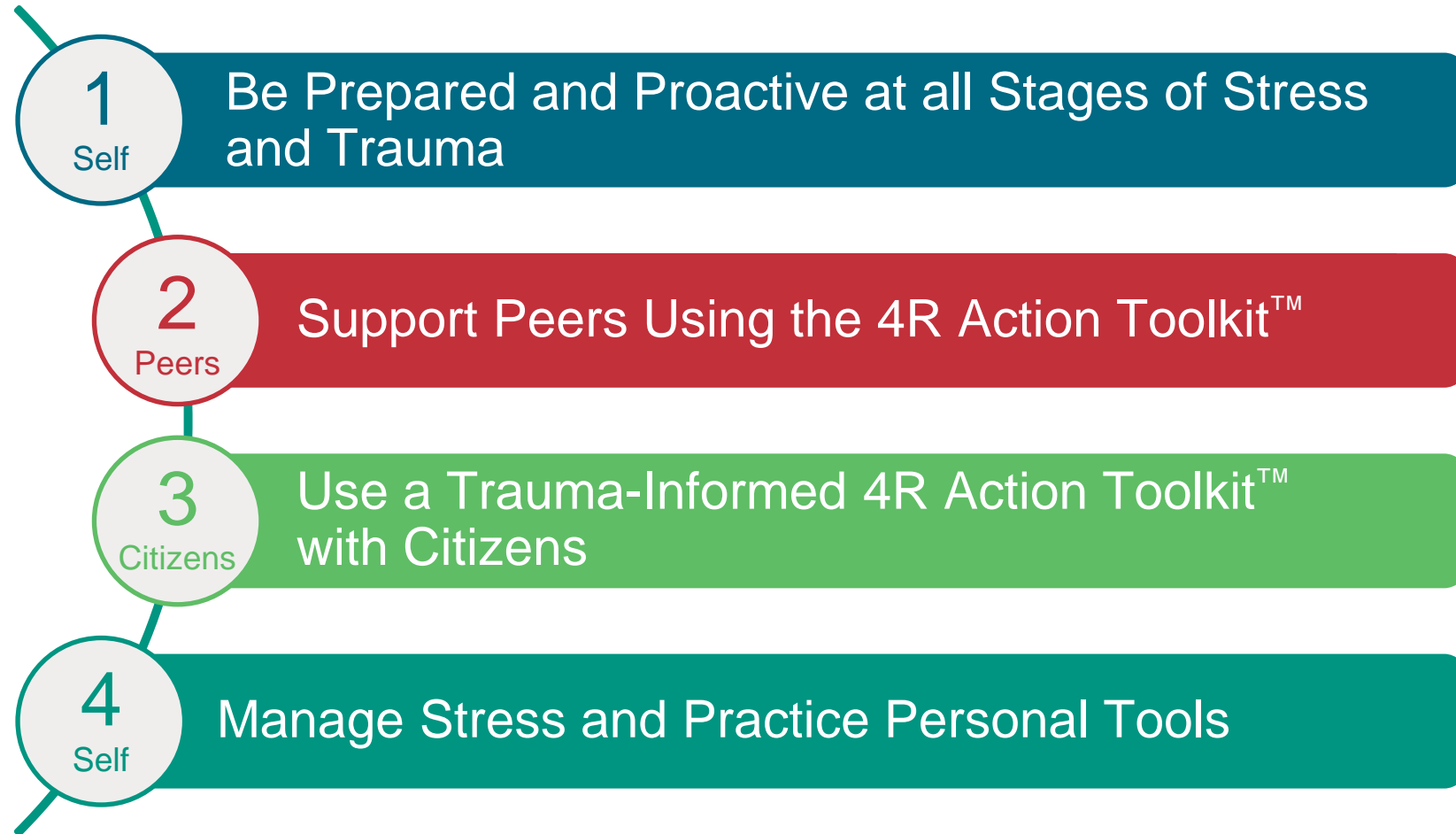


Resilient Minds™

Building the Psychological Strength of Fire Fighters

An evidence-informed, peer-to-peer, skill building program designed by and for career, volunteer and wildland fire fighters across Canada.

Resilient Minds™ Overview



Train-the-trainer

2 Instructor Trainers

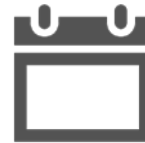


Fire Fighter



CMHA

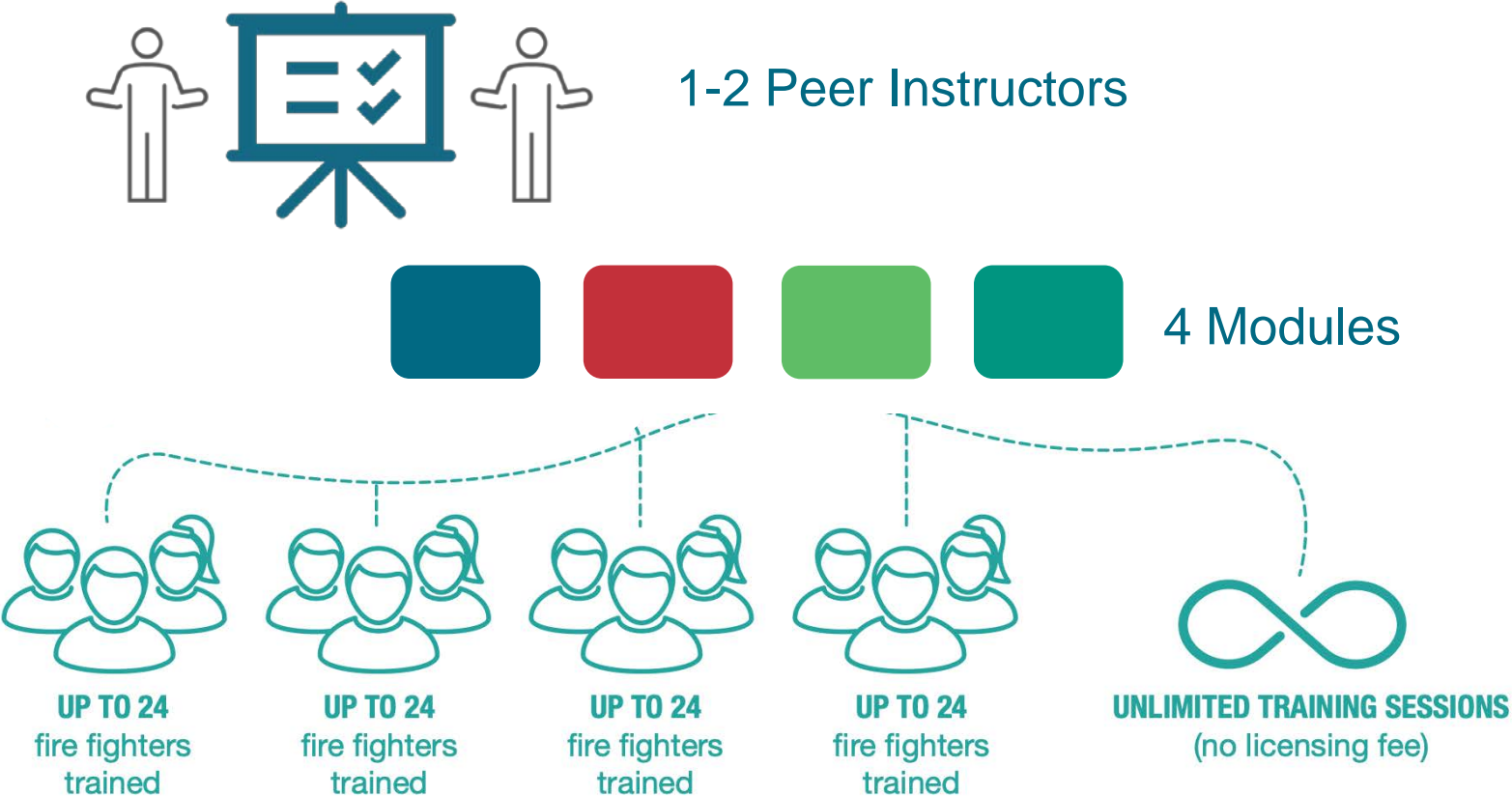
3-days
in-person



Up to 20
Peer Instructor
Candidates



Module Delivery: Internal Capacity





Building the Psychological Strength of Indigenous First Responders



Canadian Mental
Health Association
Mental health for all

Association canadienne
pour la santé mentale
La santé mentale pour tous

Questions and Answers (10 minutes)



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