

Emergency Services Wellness Initial Landscape Assessment

11/17/2021 Meeting

Survey Results

EMS

41 services
responded
185 agencies sent
Non-transport 11
Ambulance 20
Fire-Based 10
Other 1

Law Enforcement

~75% response
57 Department
responded

(75 total)
Town/ state/
county

Fire

59 services
responded

~230 sent

Access to a formal behavioral health program for your staff/ volunteers?

EMS

40% Yes

50% No

10% I don't know

Law Enforcement

71% Yes

29% No

Fire

58% Yes

42% No

Plan or Policy for Critical Incidents

EMS

70% Yes

30% No

Law Enforcement

64% Yes

36% No

Fire

59% Yes

41% no

Behavioral health training to inform your staff about mental health risks and resources?

EMS

49% No

44% yes

7% other

Law Enforcement

55% No

45% yes

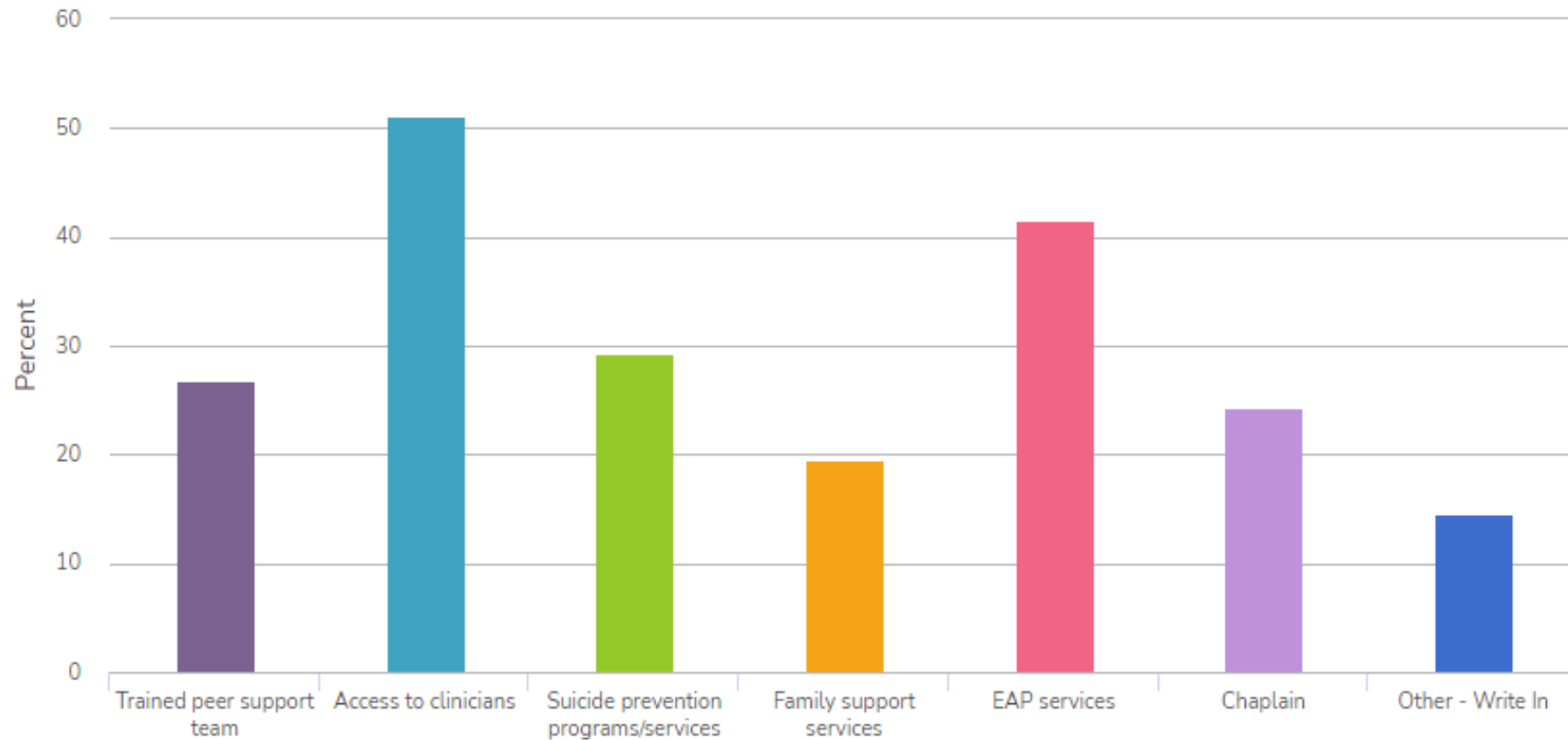
Fire

73% No

27% yes

Resource options that are available to your staff. **EMS**

5. Please select the all of the resource options that are available to your staff. *



50% Access to Clinicians

Resource options that are available to your staff.

Law Enforcement

27 Trained peer support team

37 Access to clinicians

19 Suicide prevention

21 Family support service

48 EAP

12 Chaplain

2 Social Worker

Fire

13 Trained peer support team

28 Access to clinicians

9 Suicide prevention

15 Family support service

34 EAP

21 Chaplain

9 Other

Corrections

Services (statewide)

Peer Support, EAP services, Education

Clinicians– Lori, and Beth, seeking additional

Family Support program is in development (family run)

Corrections...page 2

Gaps

Level of awareness among staff.

Invest EAP – (can not access EAP First)

Clinicians familiar with the type of work

More training

Barriers

Stigma

Access to time off

Dispatch (VSP and others)

Services (statewide)

(VSP) Peer Support, Clinicians, EAP services, Education, ~~Suicide Prevention~~, Members Assistance Team

Other dispatches– mixed based on ‘host’ departments
(NOT PSA ~50-ish)

Resilience, De-escalation Training (VSP /911)

SP programs (not sure with VSP)

Dispatch (VSP and others)

Gaps/Unknown

No 'single voice' for this group

Dispatchers/emergency communications professionals should be classified as first responders in statute

Do dispatchers/ emergency communications have the same access as sworn/fire/EMS personnel in various agencies?

Needs

Additional assessments for 911 dispatch (outside of VSP)---need to connect with dispatch people (are services)

Open additional info EMS

- We have brought in teams for critical incident debriefs, and some find them important, some do not. Oddly, the people who think we should have them do not often show up, leaving the counselors talking to polite people who would rather be elsewhere.
- I believe our crews are aware of the resources out there and do reach out when needed. I say this as personnel do reach out to me to talk and see where they can gain further help. However I do not know if they don't reach out or are having problems and are unwilling/unaware to reach out.
- We are poorly trained, and lack resources for this important subject
- Need a resource that is available and consistent.
- Very fortunate to have a robust program that our municipality fully supports
- We have some community contacts that we get in touch with when we need to do a critical incident debrief, but we do not have a formal program or procedure in place.

Gaps from EMS

- Just my thought but... If we have a call that multiple members were involved it is easy to call the CISM. If we have one call and it was not so bad and was just one person that is harder. It would nice to have a few people in the district trained to talk to them if needed. Peers are best for support.
- Need one stop, one phone number support for all providers. Small services do not have the ability to do this.
- We as a small non-profit do not have the internal support or excess staff needed to provide this additional support. It is sad but we are tapped out.
- Lack of education, It should be a requirement in the education recertification process If not at a national level. Vt needs to add it to the state recertification
- We need more knowledge of/access to available classes
- Mental health stigma still evident.
- Most of the time, the only "training" departments do in regards to mental health are reactive, like holding CISDs or referring personnel to an assistance program. Another side to mental health that we rarely talk about is burnout, which can affect personnel regardless of the types of incidents they respond to.

Notes

Dispatchers Burlington... there is a divide between fire and dispatchers..... really focused on when “something bad happens”

Lance(VSP)—cant silo to just dispatchers

Need for formal training access. (what is needed for recerts?)

What (comprehensive) planning can be put into place before an incident? (example Hero)

What departments have “established relationship” with a clinician ?

In responses---% replied?

Possible question(s) for defining clinician: Does your agency have a contract or relationship with a **trauma informed clinician** that your staff are willing to reach out to?

Revise survey (include sectors, clinicians, ‘other services definitions’, can they say who the clinicians are?...demographics too)talk to Barb about the dispatch peeps --- survey to the 50-ish dispatchs

Stephanie--(check with VDH/ DMH about resiliency/ trauma informed training work)

Telemental health?

Addressing stigma (big barrier for help seeking