

IO1. COMPARATIVE ANALYSIS REPORT

TRAFFIR – Trauma Awareness For First Responders

2019-1-UK01-KA202-061447



Produced by Bucovina Institute

Start Date: 05/09/2019

End Date: 20/02/2020

This Research is carried out within the **TRAFFIR Project** (Trauma Awareness For First Responders, Erasmus+ KA2 Project, Number: 2019-1-UK01-KA202-061447) which brings participants from five European countries (UK, Poland, Romania, Spain and Bulgaria) together over six Transnational Meetings during 24 months (01.09.2019-31.08.2021) *in order to develop a whole systems approach to improve key competences in dealing with emergency first response situations in order to mitigate the impact of repeated or singular exposure to a critical stress incident.*

Applicant Organisation:

- ❖ Devon Mind – United Kingdom

Partner Organisations:

- ❖ DOMSPAIN CONSULTING SL – Spain
- ❖ Asociația Institutul pentru Parteneriat Social Bucovina – Romania
- ❖ KILCOOLEY WOMENS CENTRE – United Kingdom
- ❖ Fundacja Instytut Re-Integracji Społecznej – Poland
- ❖ NIKANOR LTD – Bulgaria

By the end of the project, the six partners involved in the project will have created the TRAFFIR **Train the Trainers Programme** toolkit resource that will *include 6 modules of learning which will adress the current skill gaps and which will be delivered in 5 different countries.*

The Research contributes at identifying different aspects of the issues at stake in order *to have a clearer picture of what is needed by the teaching teams in order to work efficiently with emergency first responders and those who may become first responders due to their position in the school, the local community or as educators in colleges/higher education*

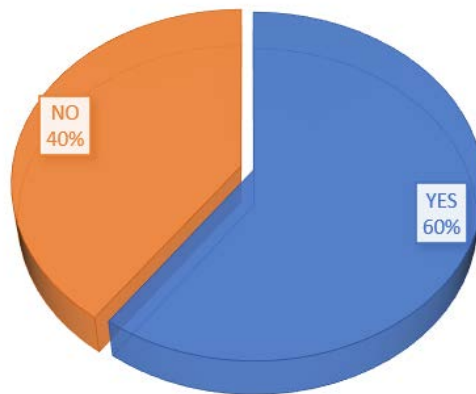
Therefore, the **Research** contains two parts. The first part refers to the **Desk Research** focused on current trauma training support, and the second part consists of a **Questionnaire** that aims to emphasize the practical aspects of the issue. Each partner researched information regarding their country in order to complete the Desk Research. Partners also asked specialists located in their country to complete the questionnaires. These responses are collated here in the **TRAFFIR Research Report**. These two parts are subject to a **Comparative Analysis Report** carried out by Bucovina Institute.

TRAFFIR Comparative Analysis Report

I. Desk Research

1.1. Government Policies on Suicide Prevention

From the 5 countries involved in the TRAFFIR Project, only three of them have government policies on suicide prevention: UK, Poland and Bulgaria. Unfortunately, only Bulgaria has a policy that includes first responders. In other words, 60% of the countries have a policy on Suicide Prevention and 40% do not (Romania and Spain).



In the **UK**, in 2019, the government published the first cross-government suicide prevention plan, focusing on how social media and the latest technology – such as predictive analytics and artificial intelligence – can identify those at risk of suicide. Parts of the plan include: every local authority putting an effective suicide prevention plan in place, ensuring every mental health trust has a zero-suicide ambition plan for mental health inpatients by the end of 2019, every prison putting actions in place to reduce suicides and self-harm and improve staff awareness and training, addressing the specific needs of the highest risk groups, including middle-aged men, with £25 million funding, improving research on things that can be linked to suicide, such as debt and gambling addiction. This suicide prevention plan does not include first responders, does not say anything specifically about this group.

In **Spain**, there is no state-level suicide prevention plan or programme, nor is there any strategy in the National Health System. Only a few initiatives have been carried out in certain regions of Spain.

In **Romania**, in 2019, the president of the Romanian Suicide Prevention Alliance drew attention to the fact that in Romania there is no strategy or any national program to prevent suicide. More than this, there is no law that aims at this very serious issue.

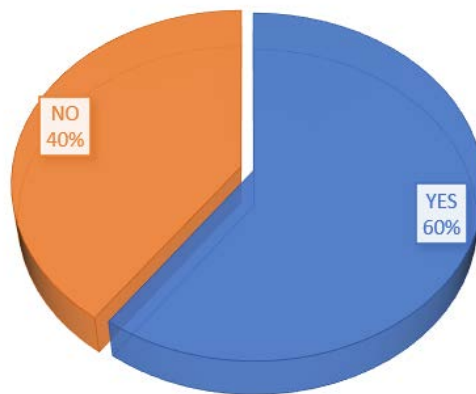
In **Poland**, there are some institutions organizing various actions or events aimed at prevention of suicidal attempts and combating depression. Among such institutions, we can mention: The Ministry of Health, The Medical University in Lodz, The Institute of Psychiatry and Neurology in Warsaw, The Polish Suicidal Association, The Scientific Department of Suicidology, and the Social Policy Centre in the Polish Psychiatric Association. The policy does not include first responders.

In **Bulgaria**, there is the National Program "Suicide Prevention in Bulgaria 2013-2018", and an action plan – both adopted by the Council of Ministers and take account of

suicide and suicide attempts by building and maintaining a database at national and regional level. The programme's main goal is to reduce suicides and suicide attempts by at least 10%. There also identify groups at risk of increased suicidal behavior - people who have expressed intentions and attempted suicide, the mentally ill, drug addicts and alcoholics, teenagers. The National Program includes first responders (primary and secondary healthcare professionals), service men and service women, employees of the Ministry of Interior.

1.2. PTSD awareness and services to support people with PTSD

Regarding the awareness around PTSD, 3 out of 5 partners stated that in their country PTSD is a well-known subject, meaning that in the other two there is little promotion regarding this condition. Those 60% include the UK, Spain and Bulgaria, meanwhile Romania and Poland are part of those 40%.



In the **UK**, there is widespread awareness of PTSD. This is due to the vast number of stories in the news over the last 10-15 years about military personnel returning from conflicts – the UK has been heavily engaged in conflicts in the Middle East and Afghanistan. There is recognition that PTSD can affect anyone outside of a military setting – in particular those who have been traumatised by repeated experiences of a traumatic nature. There is a national PTSD awareness day in the UK each year, normally in June. The day is dedicated to raising awareness about the condition and how to access treatment. There are also services to support people with PTSD:

- National Health Service (NHS) provides services for people experiencing PTSD;
- PTSD UK is a charity focused on raising awareness of Post Traumatic Stress Disorder;
- Police Care UK are a charity raising awareness of harm in policing. Their aim is to help police and families recover and rebuild their lives and to reduce the impact of harm in policing.

In **Spain**, research has been carried out on the psychological impact of war on those who participated in the Spanish Civil War. In addition, there are numerous studies that take into account the prevalence of the disorder in different countries, such as the United States after the September 11 terrorist attacks, as well as in other countries that have also suffered this type of event or have been victims of natural disasters such as floods, earthquakes, or any type of critical or traumatic incident. In Spain, the official services responsible for treating this type of disorder are the primary care services, as well as specialists in psychiatry

and psychology. There are different foundations and associations that also work in this area, with research collaborations or basic psychosocial support for PTSD sufferers and their families.

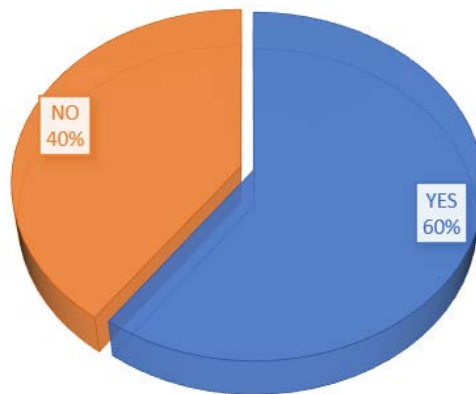
In **Romania**, there is little promotion regarding PTSD. The population can find out about this topic on the websites of specialized clinics, or on the pages of psychologists, psychotherapists or psychiatrists. There are also articles, written by PhD professors, and several books published by Romanian authors regarding the subject of PTSD. Within a military setting, guides and manuals for prevention, control, and intervention in PTSD have been developed (*Manual for Psychological Preparation and Operational Stress Control*). A compendium of evaluation tools, called *Measuring Mental Health*, is a very useful resource for those working with people with PTSD. Services for people with PTSD are provided by specialists in hospitals, centers, or individual clinics - the main treatments being counselling (psychotherapy and medication).

In **Poland**, there was some research conducted that identified a number of stress factors typically observed in the professional group of paramedics. These are related to the burden of responsibility for other people's lives and safety, to frequently witnessing patients in situations where their life or health is gravely threatened and, finally, to the dangers of the work itself. A separate question raised in many studies concerned the degree to which working under conditions of severe stress can pose an actual threat of developing post-traumatic stress disorder. There are not many conferences and congresses covering these issues and raising societal awareness of PTSD among first responders. Regarding services supporting people with PTSD, there aren't any specialised ones. In police stations or fire services, there are special psychologists, but even if a superior spots some symptoms of a poor mental health condition in their employee/ inferior, they are not able to force anyone to do see these psychologists.

In **Bulgaria**, consultative work by the Ministry of Interior from the 1990s initially consisted of individual psychological counseling and debriefing. In 2002, counselling activities were designated in a separate sector called Psychological Prevention and Counselling. The sector focuses its work on the problems of occupational tension regarding the police and fire-fighting professions. In 2009, the field of activity was expanded to include organizational consulting. The development of private specialized centers for psychology and psychotherapy on the territory of major cities is noticeable. They offer, in addition to the specialized help, online consultations and home visits.

1.3. Statistics on the prevalence of mental health issues and suicide amongst people in a first responder role – in particular amongst the emergency services (police, ambulance, fire services)

Three countries, UK, Spain and Poland have statistics on the prevalence of mental health issues and suicide amongst people in a first responder role. Romania and Bulgaria do not have statistics regarding this aspect.



In the **UK**, worrying data from National Mental Health Charity reveals the high incidence of suicidal thoughts among ‘Blue Light’ staff and volunteers in England and Wales. An online poll has found more than one in four (27%) people had contemplated taking their own lives due to stress and poor mental health while working for the emergency services, while nearly two thirds (63%) had contemplated leaving their job or voluntary role because of stress or poor mental health. The online survey of over 1,600 staff and volunteers from police, fire, ambulance and search and rescue services also showed that over 9 in 10 (92%) respondents had experienced stress, low mood and poor mental health at some point while working for the emergency services, while a staggering 62% said they had experienced a mental health problem – such as depression, anxiety disorder, OCD, PTSD, bipolar disorder or schizophrenia – while working or volunteering in their current or previous Blue Light role.

More emergency service staff are taking sick leave due to poor mental health, figures suggest. Data for 57 fire, police and ambulance services in England, Wales and Northern Ireland shows the number of staff who took time off due to mental ill health rose by a third between 2014 and 2018. Fire and ambulance services reported an increase in the number of staff taking mental health-related absences - such as posttraumatic stress disorder (PTSD), anxiety, depression and other stress - while police saw a slight drop in the last year after four years of rises.

Emergency service workers suffering post-traumatic stress following terror attacks and the Grenfell fire in London, 2017. Around 80 police officers and firefighters are seeking help for post-traumatic stress every day as a result of the devastating Grenfell tower fires in London (2017). A charity PTSD999 warned that its research suggested almost a fifth of all serving police officers could be suffering from mental trauma caused by events they had experienced at work. PTSD999 are the only organisation in the UK that supports all members of the emergency services, both serving and retired, voluntary, family and friends.

In **Spain**, some external reports warn that in the Guardia Civil an officer commits suicide on average every 26 days, and in the National Police one every 15 days. These figures, often contradictory given their unofficial nature, may seem out of context. However, it is enough to compare it with the general average of suicides in Spain, 8.3 per 100,000 inhabitants, while in the case of these bodies it would be 11.2 per 100,000. Many professional associations warn that the real figure is even much higher (which also applies to the figures for the general population), with more than 20 cases in 2015 in the National Police alone. According to some media, deaths by suicide are four times higher than deaths by act of service. In 2017, the jobs with the highest suicide rates were: doctors, dentists,

police officers, veterinarians, financial services, real estate agents, electricians, lawyers, farmers and pharmacists.

In **Romania**, there are no specific statistics on the prevalence of mental health issues and suicide amongst people in a first responder role. The Romanian Suicide Prevention Alliance presented on 10th of September 2019 (World Suicide Prevention Day) the impact of the suicidal behavior at national level. Approximately 2450-2950 Romanian citizens die by suicide annually. The majority of them are seniors, the ratio of men to women being 4:1.

In **Poland**, research suggests that paramedics may be more likely than the general population to think about and attempt suicide. For instance, in a literature review, suicidal thoughts and ideations in EMS/paramedics were compared to the general population. The authors of a study found a lifetime prevalence rate of 28% for feeling life is not worth living, 10.4% for serious suicidal ideation, and 3.1% for a past suicide attempt. In another study, it was found that having both EMS and firefighting duties was associated with sixfold increase in the likelihood of reporting a suicide attempt as compared to firefighting alone. As with EMS professionals, depression is commonly reported in firefighters, and studies have found various rates and severity of depression. Depression has been reported in police officers. A study following police officers found a 18.7% prevalence of depression, and a 38.7% prevalence of both depression and anxiety.

In **Bulgaria**, there are no statistics in this field, just data on self-injured persons/mortality being available.

1.4. Trainings that people have before they can become first responders

In all five countries involved in the TRAFFIR Project (UK, Spain, Romania, Bulgaria and Poland), there is training available for first responders.

In the **UK**, in England and Wale in particular, MIND developed a range of tailored training sessions for emergency services personnel.

All their courses are evidence-based and developed to be specific to each emergency service. These courses are delivered by local Minds (such as Devon Mind). The different training courses that are available are: Managing Mental Health in the Emergency Services, 999 Call Handler Training, New Recruit Training, Peer Support Training, Resilience Training, Trauma Awareness.

If an employer has identified that first-aiders are needed in their workplace, they must ensure that those identified to be first aiders undertake training appropriate to the need - typically this may be first aid at work (FAW) or emergency first aid at work (EFAW).

Mental Health First Aid (MHFA) is a training program that teaches members of the public how to help a person developing a mental health problem, experiencing a worsening of an existing mental health problem or in a mental health crisis. In other words, the training teaches people how to offer initial support until appropriate professional help is received or until the crisis resolves.

Applied Suicide Intervention Skills Training (ASIST) is a two days interactive workshop in suicide first aid and more. ASIST teaches participants to recognise when



someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety.

Trauma Risk Management is a method of secondary PTSD (and other traumatic stress related mental health disorders) prevention. The TRiM process enables non-healthcare staff to monitor and manage colleagues. TRiM training provides TRiM Practitioners with a background understanding of psychological trauma and its effects.

In **Spain**, in institutions such as schools, high schools or universities, there is a person on the staff team who is assigned to be responsible of providing advice and support on first aid issues, as well as being trained first aiders themselves. This person is also responsible for use of all the necessary emergency equipment and processes (defibrillators, first aid kits, emergency plans, etc.). These people do not receive extensive training, but only a few hours of theoretical training.

In **Romania**, The Red Cross organizes basic first aid courses for people over 16 years old and no experience is needed. The target group includes employees from different enterprises and institutions, students from driving schools, teachers from schools and high-schools, and citizens willing to act in real situations, in case emergency aid is needed. The duration of a course is 12 hours and it is provided by doctors or certified instructors/trainers. The first aid course ends with an exam, after which a certificate of graduation is received, confirming that the person is instructed to give the first one.

In addition, the SMURD Caravan, called “Be prepared” organizes, at a national level, training courses in order to provide first aid in case of emergency. The caravan consists of a moving mobile training center, which has a room with a capacity of 40 people and which is equipped with medical equipment and portable devices, including simulators.

In **Poland**, there is an Occupational Health and Safety training (OHS). In the case of qualified and educated soldiers (with medical education) belonging to Territorial Defence Force (TDF) – Light Infantry Division – they are provided with “Combat Lifesaver” training. This training course is based on TCCC guidelines, that is – tactical combat casualty care. People trained in this way become paramedics performing advanced tasks, such as electrocardiogram interpretation, drug therapy administration, invasive airway techniques, and manual defibrillation. They also may be involved in critical care transport operations. At schools or universities, many insurance agencies in partnership with charity organisations organise free-of-charge first aid courses.

In **Bulgaria**, the Red Cross organises First Aid training for candidate-drivers, First Aid training in the working place, First Aid training for pedagogues and parents of children up to 8 years old, Advanced training in first aid.

The Private Professional College in Sofia, Bulgaria offers training for paramedics and for acquiring fourth degree of professional qualification. The vocational training is organized in suitable learning environments and in line with the standards of the profession. The practical professional training is undertaken in a real work environment – individually or in groups, in hospitals, emergency medical care centres or their subsidiaries, using all the available equipment. The duration of the training is two years and upon completion of their studies the students take state examinations in theory and practice of the profession/specialty to obtain a certificate for professional qualification for the profession of Paramedic, specialty: Transportation of injured and sick people, first aid and assisting doctors in emergency treatment – fourth degree of professional qualification. This document is valid in Europe.

II. Questionnaire
2.1. Trainings in which our respondents participated <p>The majority of the respondents from UK, Romania, Spain, Poland and Bulgaria completed the mandatory First Aid Training but did not participate in any specialised or additional training. They acquired their knowledge and their skills during their study years and they are continuously deepening their knowledge and skills through their work. Some of the first responders, on the other hand, were trained how to react in risky situations, how to deal with suicides, how to deal with conflict, training on pediatric and neonatal resuscitation and they also stated that they have received specific training on the COVID19 pandemic.</p>
2.2. The greatest challenges of the first responders <p>The respondents from UK, Romania, Spain, Poland and Bulgaria experience a lot of challenges, the most common being:</p> <ul style="list-style-type: none">- Facing traumatic events and working in stressful situations (working with scared and vulnerable people, provision of medical care to victims of communicational accidents, to people suffering from mental disorders, witnessing a cardiac arrest, witnessing a death after long resuscitation, helping patients under influence of psychoactive substances, working with the abused children and adults, aggressive autistic children, exhausted parents & staff or with the orphan children);- Dealing with emotions and feelings and leaving the experience behind at work (suffering from nightmares, cannot forget some of their professional cases, bring anxiety from work home, affecting the family life);- Balance in action-reaction;- Commensurability and proportionality;- Efficiency and security;- Evaluating the situation with calm and lucidity and identifying the steps that need to be followed;- Adapting to a specific situation, constant change- Adapting to new protocols regularly;- Being exposed directly to danger;- Identifying as early as possible the potential beneficiaries and on a long term;- Maintaining the public peace;- Finding solutions in a short term to help the person in need and not having enough time to process a traumatic event;- Not having enough staff;- Every case represents a challenge.
2.3. Information/ practical aspects that should be included in a training program <p>Our respondents from five different countries considered that in a training program should be included the following:</p>

- Practical parts (theory put into practice – role-play, simulations and interactions where appropriate) and real examples, real cases (people who had similar experiences and who had overcome their own personal challenges);
- Steps of an intervention program, objectives to follow;
- Symptoms to observe;
- Evaluation instruments;
- Relaxation techniques, self-care techniques, motivational techniques;
- The importance of one’s role in a team;
- Personal resources of the first responders;
- Psychological training for disaster management, the use of a semi-automatic defibrillator, the use of an extinguishing, the exercise of mobilizing a victim, the exercise in rescue and evacuation formulas, taking over the geographical coordinates from electronic devices.
- Techniques for dealing with emotions in order to manage strong overwhelming emotions, for dealing with stress during and after interventions in order to reach self-control;
- Necessary procedures for managing the mental health problem in the workplace, including a better understanding of PTSD;
- Information about how and where to get help if needed;
- A website where the resources could be accessed after the training;
- New technological changes in their work;
- How to use new equipment (e.g. COVID-19 protection uniforms and kits).

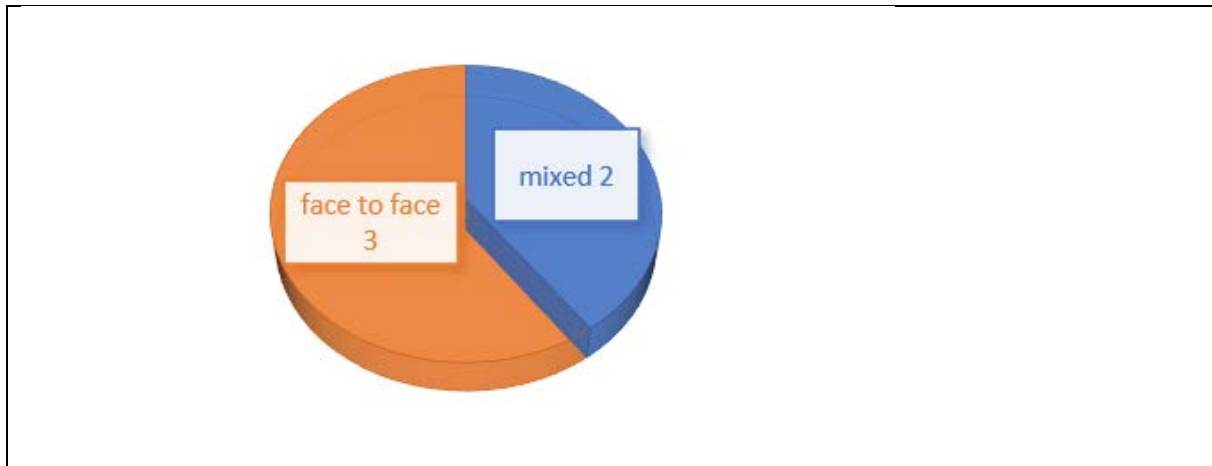
2.4. The usefulness of the training in the daily job of the first responders

The training will be useful in the daily job of the first responders:

- Improving first responders’ role, their work with the people in need, being more prepared when they need to deal with difficult and emergency situations at work and able to manage these effectively;
- Raising their qualifications and the practice can make the difference (knowing what to do in a specific health situation, what treatment to apply, what steps to take, identifying new approaches in their daily job);
- Bringing a better understanding of their professional role in the system;
- Understanding their emotions better, gaining greater confidence, being able to control themselves more easily in order to overcome their emotions and, last but not least, to identify when there was a problem (such as increasing anxiety and depression).

2.5. Preferred methods of participation in a training (classroom/online)

Three out of five countries prefer a face to face training (UK, Spain, Poland), while two of them want a mixed approach (Romania, Bulgaria).



CONCLUSIONS

In conclusion, after analyzing and comparing the situation of the five countries involved in the TRAFFIR Project, it was found that:

- three out of five countries have government policies on suicide prevention: UK, Poland and Bulgaria (Romania and Spain do not have);
- three out of five partners stated that in their country PTSD is a well-known subject: UK, Spain and Bulgaria (Romania and Poland have little promotion regarding PTSD);
- three out of five countries (UK, Spain and Poland) have statistics on the prevalence of mental health issues and suicide amongst people in a first responder role (Romania and Bulgaria do not have statistics regarding this aspect);
- in all five countries involved in the TRAFFIR Project (UK, Spain, Romania, Bulgaria and Poland) there are trainings for the people to become first responders.

Regarding the trainings in which our respondents (from UK, Romania, Spain, Poland and Bulgaria) participated, the majority of them mentioned the mandatory First Aid Training. They did not attend any special or additional trainings.

The greatest two challenges that our respondents refer when approaching their work as first respondents are:

- Facing traumatic events and working in stressful situations;
- Dealing with emotions and feelings and leaving the experience behind at work.

The most important aspects that our respondents considered that should be included in our training program are:

- Practical parts (theory put into practice – role-play, simulations and interactions where appropriate) and real examples, real cases (people who had similar experiences and who had overcome their own personal challenge);

- Techniques for dealing with emotions in order to manage strong overwhelming emotions, for dealing with stress during and after interventions in order to reach self-control;
- Necessary procedures for managing the mental health problem in the workplace, including a better understanding of PTSD.

The training will bring benefits to the first responders that participated in our research by bringing a better understanding and improving their role, their work with the people in need, being more prepared to deal with the emergency situations, by raising their knowledge and qualification and last but not least, by gaining a better control of their emotions.

Regarding the preferred method of the training, the majority preferred face to face training (UK, Spain, Poland), while two of them want a mixed approach (Romania, Bulgaria).