

**SAN JOAQUIN**  
COUNTY  
*Greatness grows here.*

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**San Joaquin County Area  
Healthcare Coalition**

Behavioral Health Seminar and  
Tabletop Exercise

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**Welcome and Introduction – SJC BHS**

- **Fay Vieira**
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  - Licensed Marriage and Family Therapist
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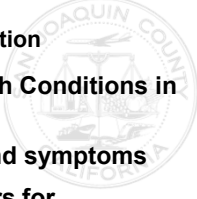
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**Purpose of SJC BHS Presentation**

- **Common Behavioral Health Conditions in Healthcare Responders**
- **How to recognize signs and symptoms**
- **Risk and Protective Factors for Healthcare Responders**
- **How to reduce Behavioral Health Risks**
- **Accessing Behavioral Health Resources**

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### Sometimes it starts with Burnout

- **What is Burnout:** a long-term stress reaction characterized by depersonalization, including cynical or negative attitudes toward patients/community members, emotional exhaustion, a feeling of decreased personal achievement and a lack of empathy for patients/community members.
- Burnout does not happen quickly. It is like a slow leak.

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### Stress vs. Burnout

#### Stress

Characterized by over-engagement  
Emotions are over reactive  
Produces urgency and hyperactivity  
Loss of energy  
Leads to anxiety disorders  
Primary damage is physical  
May kill you prematurely

#### Burnout

Characterized by disengagement  
Emotions are blunted  
Produces helplessness and hopelessness  
Loss of motivation, ideals, and hope  
Leads to detachment and depression  
Primary damage is emotional  
May make life seem not worth living

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### Signs of Burnout

- Chronic fatigue and/or insomnia
- Forgetfulness/impaired concentration
- Physical Symptoms and/or somatic complaints
- Loss of appetite
- Anxiety and/or depression
- Anger and/or Increased irritability
- Loss of enjoyment
- Pessimism
- Isolation and/or detachment
- Feelings of apathy and hopelessness
- Lack of productivity and poor performance

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### What to do when you notice signs of Burn Out

- Schedule a vacation
- Up the self care
- EAP
- Honestly assess the amount of stress in your life and look for ways to reduce it
- Develop a support network
- Address the burn out as soon as possible. It won't go away on it's own
- Take your breaks and lunches
- Limit your contact with negative people
- Set boundaries. Don't overextend yourself

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### When you notice Burnout in a co-worker

- Be a good listener. Don't try to fix their problems
- Model good boundaries and self care
- Encourage self care
- Offer EAP when appropriate
- Consider re-assignment
- Highlight the contributions they make to the team

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### Background Information

- It is estimated that 30% of emergency responders develop behavioral health conditions including, but not limited to, depression and posttraumatic stress disorder as compared with 20% in the general population.
- Why is this?

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### Reasons why responders have higher rate of Behavioral Health Conditions

- More work-related exposures to natural or human-caused disasters
- More exposures to death, grief, injury, or pain
- Experience to threats of their own personal safety, long hours, frequent shifts and longer shifts, poor sleep, and physical hardship
- Fast paced work environment leads to inability to integrate work experiences. Meaning, you are onto the next situation prior to recovering from previous stressful situation.

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### Most common conditions in emergency responders

- Depression: the presence of sad, empty or irritable mood, accompanied by somatic and cognitive challenges that impact the individuals ability to function.
- Trauma and Stress Related Disorders: exposure to a traumatic event is present and followed by psychological distress that impacts ability to function and is beyond what would be consider a "normal" reaction.
- Suicide/Suicide Ideation: Thoughts about ending one's life, passive vs. active. Gestures, attempts or thoughts.
- Substance Abuse: A cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant problems.

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### Statistics

- Among medical team workers responding to the great East Japan earthquake (2011), 21.4% were diagnosed with clinical depression.
- Existing research suggests that EMS personnel may be more likely than the general population to think about and attempt suicide.
- A study following police officers after the 9/11 attacks found a 24.7% prevalence of depression, and a 47.7% prevalence of both depression and anxiety.
- In a study investigating alcohol use in police officers following Hurricane Katrina, it was found that the average number of alcoholic drinks increased from 2 to 7 drinks per day.

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**Risk Factors for Behavioral Health Issues**

- Inadequate Training
- Bad fit for the job from the beginning
- Unrealistic expectations from leadership
- Personal traumas and loss
- Low job satisfaction
- Long hours with no days off
- Dealing with dead bodies
- Low perceived safety

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**Risk Factors after the stressful event**

- Watching television coverage of the event afterwards
- Media coverage of the event, especially if it is critical of responders
- Not receiving acknowledgement or thanks as a disaster relief worker was associated with more mental health problems
- Using avoidance as a means to cope after the event was associated with more stress.

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**Protective Factors**

- Longer duration of employment
- Specialized training, elevated level of professional mastery
- Assurance in personal and team capabilities
- Satisfaction with life in general
- Resiliency “the ability to successfully adapt to stressors”
- Social Support, good relationships with co-workers
- Professional help
- Peer support, team bonding

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**Take Home Message**

- **Considering the Risk and Protective Factors just covered, what can be done at your agency to help mitigate risks?**



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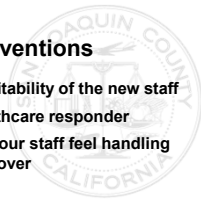
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**General and Institutional Interventions**

- **When hiring candidates, assess the suitability of the new staff**
- **Educate candidates on the role of healthcare responder**
- **Train your staff. The more competent your staff feel handling stressful situations, the better they recover**
- **Develop Peer Support Programs**
- **Behavioral health trainings**
- **Recognize staff for good work**
- **Plan for shift changes and breaks when dealing with emergencies. Rotate assignments.**
- **Allow for debriefs and recover prior to additional assignments**



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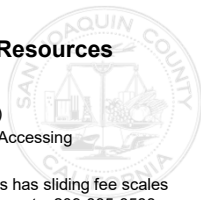
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**Accessing Behavioral Health Resources**

- **You have Options!**
  - Employee Assistance Programs (EAP)
  - Private Insurance. Tips and Tricks for Accessing
  - Call 211 <http://www.211sj.org/>
  - Valley Community Counseling Services has sliding fee scales for counseling and offices all over the county. 209-835-8583
  - San Joaquin County Behavioral Health Services Access Line 209-468-9370.



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**PFA Example**

- Bay Area has an earth quake that causes hundreds of residents to be displaced and moved in to shelters. SJC PFA team may be dispatched to the shelters to help survivors foster short-term and long-term adaptive functioning and coping.

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**SJACIST Examples:**

- An employee who shoots a supervisor in the workplace
- Workers at a site witness an industrial accidental death of one of their co-workers
- An attorney in a large law firm commits suicide over the weekend
- Bank tellers are held up at gunpoint by masked robbers
- A city vehicle accidentally runs over a pedestrian who dies in front of other city employees
- Air-traffic controllers are unable to avert major airline disaster and witness the plane crash
- A group of school children are held hostage and injured

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**Mobile Crisis Support Team (MCST) Example:**

- Parents call because they are worried about their 19 year old son who lives in the home. He recently dropped out of school and will no longer leave the home. He is up at all hours of the night. Won't eat food unless it comes in a sealed wrapper. Is covering all windows in the house with towels. Believes his friends are going around town writing messages about him in graffiti. Parents have tried to set up therapy appointments with him but he becomes highly agitated when they try to get him to leave the home to attend appointments. He will sit on the patio and walk around the yard. He is no longer taking showers and often mumbles to himself.

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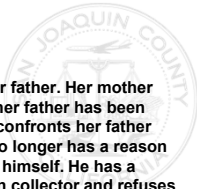
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### 24 Hour Services Division



- Daughter becomes concerned about her father. Her mother recently passed away and she noticed her father has been giving away his belongings. When she confronts her father about her concerns he shares that he no longer has a reason to live and has been considering killing himself. He has a history of depression. He is an avid gun collector and refuses to give up his guns to his daughter as part of a safety plan. However, he does agree to go with his daughter to “get some help.”
- Private insurance = Hospital ER
- Medi-cal = 1212 N California Street
- In need of medical clearance = Hospital ER

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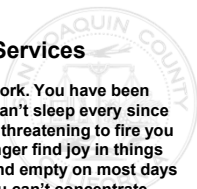
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### Behavioral Health Outpatient Services



- You are having trouble functioning at work. You have been coming in late every day because you can't sleep every since your spouse left you. Now your boss is threatening to fire you if you can't “get it together.” You no longer find joy in things once meaningful to you. You feel sad and empty on most days but want to get better. When at work you can't concentrate. Your family is worried about you. You realize you need help coping.
- Private insurance = call the number on the card.
- Medi-cal = Call 468-9370

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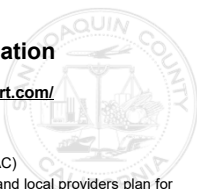
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### Sources and additional information



- <http://www.aurorastrong.bluesunsupport.com/>
  - [Helpful Website on Recovery](#)
- <https://www.samhsa.gov/dtac>
  - Disaster Technical Assistance Center (DTAC)
  - DTAC helps states, U.S. territories, tribes, and local providers plan for and respond to behavioral health needs after a disaster.

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