

Assessing the impact of an established peer support model within the public safety personnel

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INTRODUCTION

- The work of public safety personnel (PSP; e.g., firefighters, paramedics, police officers) consists of unique demands and stressors that increase the risk of exposure to potentially psychologically traumatic events (PSTE).
- Relative to the general population, PSP's increased risk for developing one or more mental disorders and mental health challenges may be a result of repeated exposure to PSTE.
- If left untreated, acute stress reactions may develop into operational stress injuries (OSIs), such as posttraumatic stress disorder (PTSD), anxiety, depression, and substance use disorders.
- To mitigate the impact of stressful work environments, many PSP agencies (e.g., fire departments) have implemented peer support programs such as the ICISF-CISM model.
- The effectiveness of peer support programs has not been given sufficient research attention.

Hypotheses

- PSP who have previously participated in peer support would have greater peer support skills, greater value of peer support, and would use more peer support coping strategies than PSP who have not previously participated in peer support.
- PSP who have not previously participated in peer support would report more symptoms of mental disorder than PSP who had received peer support.

METHODS

- N = 119 (104 males, 103 firefighters)
- Four integrated Fire and Emergency Medical Services departments in Alberta, Canada.

Measures

- Peer Support Survey (PSS)
- Posttraumatic Stress Disorder Checklist (PCL-5)
- Panic Disorder Severity Scale, Self-Report (PDSS-SR)
- Social Interaction Phobia Scale (SIPS)
- Alcohol Use Disorders Identification Test (AUDIT)
- Patient Health Questionnaire (PHQ-9)
- Generalized Anxiety Disorder (GAD-7)

Analyses

- Independent t-test analyses were conducted to assess whether differences exist in the PSS skills, value, and use scores for PSP who had previously participated in peer support and PSP who had not previously participated in peer support as well as to assess groups for differences in mental disorder screening.
- Binary logistic regression analyses were then conducted to assess whether the PSS skills, value, and use scores predicted PSP's screens for a mental disorder and whether previous peer support participation predicted PSP's screens for a mental disorder.

RESULTS

Peer Support Skills, Value, and Use

- PSP with previous peer support participation reported greater peer support skills and greater value of peer support (see Figure 1).
- However, PSP's use of peer support coping skills was not correlated with previous peer support participation.

Mental Disorder Screens

- PSP who screened positive on the PCL-5, PDSS-SR, or GAD-7 (not SIPS, AUDIT, or PHQ-9) reported lower peer support skills and value of peer support (see Figure 2).
- PSP who screened positive on the PCL-5 (not PDSS-SR, SIPS, AUDIT, PHQ-9, or GAD-7) used peer support coping skills less frequently (see Figure 2).
- PSP who scored lower on peer support skills and value of peer support were more likely to screen positive for PCL-5, PDSS-SR, and GAD-7 (not SIPS, AUDIT, or PHQ-9).
- PSP who had previously participated in peer support only scored higher on the PHQ-9 (not PCL-5, PDSS-SR, SIPS, AUDIT, or GAD-7; see Figure 3).
- Previous peer support participation did not predict positive screens on any of the mental disorder screening measures.

DISCUSSION

- PSP who previously participated in peer support were more confident in their ability to recognize and cope with signs of distress in themselves as well as others.
- Peer support likely encourages more time for self-awareness than specific coping strategies to manage their emotions.
- The skills taught through peer support (e.g., self-awareness of stress, confidence in handling stress) may help reduce the severity of psychological symptoms associated with PTSD, PD, and GAD, as well as promote psychological health.

CONCLUSION

- The current study supports previous research showing that symptoms of MDD are prevalent among PSP.
- PSP are not seeking peer support because they have a mental disorder. This may help destigmatize peer support programs.
- The lack of relationship between peer support participation and positive screens for symptoms of mental disorder may be attributed to the benefits of peer support.
- Overall, this study provides promising support for the continued use of peer support programs for PSP and helps to emphasize the importance of connecting with formal support as needed.

Figure 1.

