



# Report on Mental Health Programs and Options to Support First Responders in California

Legislative Directive by Assembly Member Grayson  
To Commission on Health and Safety and Workers' Compensation

June 7, 2018

# Overview

- Assembly Member Grayson (District 14, author of AB 1116) requested information regarding occupational behavioral health for emergency response personnel
- Per CHSWC directive, DIR examined and presented in October 2017:
  - WC claims data for first responders with PTSD diagnosis
  - Treatment requests/outcomes
  - MTUS guidelines (stress-related conditions) and search sequence provide guidance for PTSD cases
- Today's update:
  - Factors influencing care-seeking behavior
  - Model programs available to first responders and evidence of effectiveness
  - Multistate comparison of similar legislation: trends and distinctions

# Current law provides for PTSD treatment.

- Pursuant to Labor Code section 3208.3, first responders or any other California employee that suffers a job-related psychiatric disability can file a claim for workers' compensation to receive benefits.
  - Work-related diagnosed condition
  - With employer at least six months (unless caused by a sudden extraordinary work condition)
- Every case is reviewed on the specific facts
- No exclusions for first responders

Although available, treatment for mental health in general may be underutilized.

- Higher perceived public stigma of seeking treatment was significantly related to lower treatment utilization in study of veterans (Kulesza 2015)
- Perceived barriers of accessibility to treatment (30%) and concerns about potential stigma (34%) were reasons for not receiving PTSD treatment in a 2018 nationwide survey of firefighters in South Korea (Kim 2018)
- Cultural shift (“it’s okay not to be okay”) necessary for emergency responders to take advantage of peer counseling services since each type of first responder has unique factors that lead to unmanageable stress.

# Gender differences in PTSD

- Epidemiological studies have repeatedly found that men and women differ in their risk of trauma exposure and in their risk of PTSD (Ditlevsen 2012)
  - Men are at higher risk than women of being exposed to traumatic events during their lifetime
- Women have 2-3X higher risk than men of developing PTSD
  - Lifetime prevalence of PTSD is ~10-12% in women and 5-6% in men (Psychotraumatology Conference 2017)
- Gender differences in the type of trauma exposure, presentation of illness, and comorbidities (Yehuda 2001)
  - Biologic systems altered in PTSD may modulate or be modulated by sex hormones

# Gender differences in PTSD: First responders

- Female police officers reported directly life-threatening or private events more often than men and suffered from more PTSD symptoms than their male colleagues (van der Meer 2017)
- Among police officers in the World Trade Center attack, female police officers had a significantly higher prevalence of probable PTSD (Cone 2015)

# Model program: West Coast Post-Trauma Retreat (WCPTR)

- Mission: to provide a safe and confidential environment for the promotion of healing, education, and support to those in emergency services professions
  - Sponsored by the First Responder Support Network
  - Began in 2001 and modeled after On-Site Academy in Massachusetts
- Six-day residential program
  - Includes individual therapy and intensive debriefings in a group setting with culturally competent clinicians, peers, and chaplain
  - Teaches first responders how to recognize and understand how their careers contribute to their stress through Emergency Responder Exhaustion Syndrome (ERES) (Fay 2006)
  - Involves post-retreat 90-day follow-up treatment plan with action steps
- Evaluated in 2010 and 2012, found evidence of immediate/significant (respectively) symptom reduction in severity and number across all ten clinical subscales to normative levels post-intervention (Cantrell 2010, Dunnigan 2012)

# Model program: California Peer Support Association (CPSA)

- Mission: CPSA, a professional and educational organization, is dedicated to the advancement, promotion, and enhancement of peer support programs for law enforcement and fire and allied emergency service personnel.
- Peer support is a process in which a person discusses a personal issue with a non-professional, usually a friend or a co-worker. A person will select a peer support person primarily based upon trust. Most only share problems with someone considered credible, able to listen without judgment, and capable of maintaining confidentiality.
- Operated by volunteers (no employees)
- Hosts a three-day Annual Conference in Ventura, California
  - approximately 75-150 attendees



# Additional approaches to consider

- The U.S. Department of Veterans Affairs has launched a program ensuring that all veterans with PTSD will receive evidence-based cognitive-behavioral therapy, and the Army has developed post-deployment early interventions that reduce risk of the disorder (McNally 2012)
- Innovative scanning technique accurately diagnoses PTSD
  - Magnetoencephalography (MEG) (brain scan) could offer the first biological test to enable earlier intervention (Storrs 2010)
  - Scan correctly identified 97% of patients whom psychologists previously determined were suffering from PTSD

# Multistate comparison of similar legislation: trends and distinctions

- At least nine other states have introduced or passed related measures
- Trends across bills:
  - Add covered occupations and specific benefits
  - Eliminate restrictions
- Distinctions
  - Diagnoses and definitions of PTSD
  - Coverage and benefits (medical treatment, paid leave, etc.)
  - Limitations differ

# In brief...

- California's MTUS treatment guidelines and medical evidence search sequence offer appropriate guidance for behavioral health disorders, such as PTSD
- All workers, including first responders, are covered per Labor Code section 3208.3.
- Cases are underreported, and associated stigma prevent care-seeking behavior in general (including first responders and veterans)
- Men have a higher risk of exposure, but women have a higher risk of developing PTSD
- Programs are available to first responders in California with limited but encouraging evidence of their effectiveness
- California can draw on the examples and experiences of other states legislating on this topic