



# Paramedic Mental Health Service Provider Recommendations

## Background

Prehospital Paramedicine is a dynamic and evolving profession, with unique and potentially traumatizing situations not seen in any other healthcare setting. Paramedic practitioners in Alberta and across Canada are experiencing a growing call volume and increased psychological stress. With the inability to easily access fully qualified professional mental health management, along with a culture that does not support seeking professional help for psychological stress injuries, paramedics are faced with many challenges in accessing appropriate therapy. This has caused many paramedic practitioners to be underdiagnosed, misdiagnosed, inappropriately treated, or not treated at all for their psychological stress injuries.

The APA has high volumes of practitioners seeking professional mental health management. It has been reported by those practitioners that there are vast numbers of therapists available in AB with diverse specialties, which causes confusion and creates barriers to seeking appropriate mental health care. It has also been reported to the APA that paramedics who are in crisis, are attending appointments with unregulated therapists, or regulated practitioners who may not have a full understanding or may not be qualified to meet the mental health needs of the paramedic practitioners. This has resulted in referral to a higher level of care which further delays treatment. Many other practitioners simply do not know where to turn while seeking mental health treatment and are left untreated or potentially in crisis. In some cases Paramedics are attending therapy sessions with unregulated therapists using non-proven therapy methods and leaving the Paramedic with a false sense of relief that becomes apparent when the Paramedic is re-injured while working.

To respond to the needs of Paramedic practitioners in AB, the APA Mental Health Committee and a team of Psychologists have set out to identify and recommend minimum certifications held by mental health professionals treating Alberta's Paramedics.

## Purpose and scope:

The recommendations contained within this document are intended to identify best practice treatment competencies held by Mental Health service providers. These providers will be assessing, treating or diagnosing Paramedics with PTSD, anxiety, stress, depression, or any other mental injury caused by the nature of a Paramedics duties – either acute or chronic.

The Alberta Paramedic Association intends this document to be a reference for all working groups, individuals and organizations involved with management or assessment of Paramedic’s mental health.

The title ‘Paramedic’ is used in this document to identify any active or inactive prehospital EMS practitioner in Alberta regardless of provincial registration status or certification level.

## Recommendation Development Process:

An informal literature search has been performed by David Paul, Ph.D., R Psych. and provided to the Alberta Paramedic Association. This was reviewed, augmented and validated by a team of 6 Registered Psychologists presently working with first responders and military personnel.

During this process, no less than 20 sources were referenced with studies spreading from 1991 to 2015. The working document is further supported by international and interdisciplinary treatment recommendations made by the U.S. Department of Veterans Affairs, International Society for Traumatic Stress Studies and the American Society of Clinical Psychology (Division 12).

## Recommendations:

### **Registration**

All persons providing mental health care for paramedics must be fully registered or be supervised by a fully registered practitioner of the College of Alberta Psychologists (<http://www.cap.ab.ca/>), or the Alberta College of Physicians and Surgeons (<http://www.cpsa.ca>).

### **Specialization**

Mental health professionals treating or assessing Paramedics for PTSD and/or Major Depressive Disorder shall be educated in and currently practicing at least one of the following in line with current standards for best practice;

- Prolonged Exposure (PE) Therapy
- Eye Movement Desensitization and Reprocessing (EMDR)
- Cognitive Process Therapy (CPT)
- Stress Inoculation Training

- Present Centered Therapy

## **Suicidology**

To address Paramedics with acute risk of suicide, Mental Health practitioners should be familiar with Beck's Cognitive Therapy, Cognitive Behavior Therapy and/or Dialectical Behavior Therapy to resolve the Paramedic's suicide risk prior to commencing PTSD treatment.

CPT and EMDR for suicide in this population have not yet been studied.

## **Substance Abuse**

At least 80% of the population with PTSD concurrently suffers with 1 other comorbid factor. A common morbidity is substance abuse disorder (SUD). According to the most recent literature concurrent therapy for PTSD and SUD has the best potential outcome. Mental Health Practitioners seeking to treat Paramedics shall have substance abuse management strategies in place prior to providing mental health services to paramedics.

For a current listing of Paramedic Mental Health Service providers please visit [www.albertaparamedics.ca](http://www.albertaparamedics.ca) under the; About us > Resources link. This list will be expanding as the APA continues to develop the therapist vetting procedure.

Please direct any questions or comments to [info@albertaparamedics.ca](mailto:info@albertaparamedics.ca)