



SUPPORTING THOSE WHO SERVE: PEER SUPPORT EXPERIENCES WITH IMPLEMENTING A CARING CONTACT INTERVENTION FOR PUBLIC SAFETY PERSONNEL IN CRISIS

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9-8-8

**Suicide Crisis
Helpline**



BACKGROUND

Public Safety Personnel (PSP) at Risk:

- PSP are at heightened risk of post-traumatic stress injury (PTSI) and suicide due to the nature of their work.
- 25% of firefighters, 20% of police officers, and 41% of paramedics report lifetime suicidal ideation.
- PSP are 38%, 54%, and 136% more likely to die by suicide compared to the general population.

Barriers to Support:

- Within PSP culture, stigma often prevents help-seeking, making peer support a critical tool.
- Stigma, under-reporting of distress, and maladaptive coping strategies.
- Current crisis lines are not adapted to the unique needs of PSP.



THE BENEFIT OF PEER SUPPORT

- Peer support reduces stigma and increases help-seeking behavior.
- PSP are more willing to seek help from peers than formal supports such as doctors or therapists.
- Shared lived experiences foster trust and validation.
- Peer-led interventions leverage shared experiences to build trust quickly.
- They offer a culturally relevant, low-barrier means of support.



WHAT IS CARING CONTACTS?

- Developed by psychiatrist Jerome Motto in the 1970s.
- Involves follow-up communication with people at high-risk of suicide during critical times.
- Non-demanding caring letters could prevent suicide among high-risk individuals.
- CC should be initiated by the concerned individual and place no demands on the recipients.
- Continues to show a reduction in suicide-related deaths in various studies, and remains to be one of the few strategies that shows effective prevention of death by suicide.



CARING CONTACTS PEER INTERVENTION (CCI)

A CIHR-funded study that implements and evaluates a novel intervention for public safety personnel (PSP) who have called a crisis line.



Caring Contacts:

- Early follow-up contact in high-risk groups at high-risk times



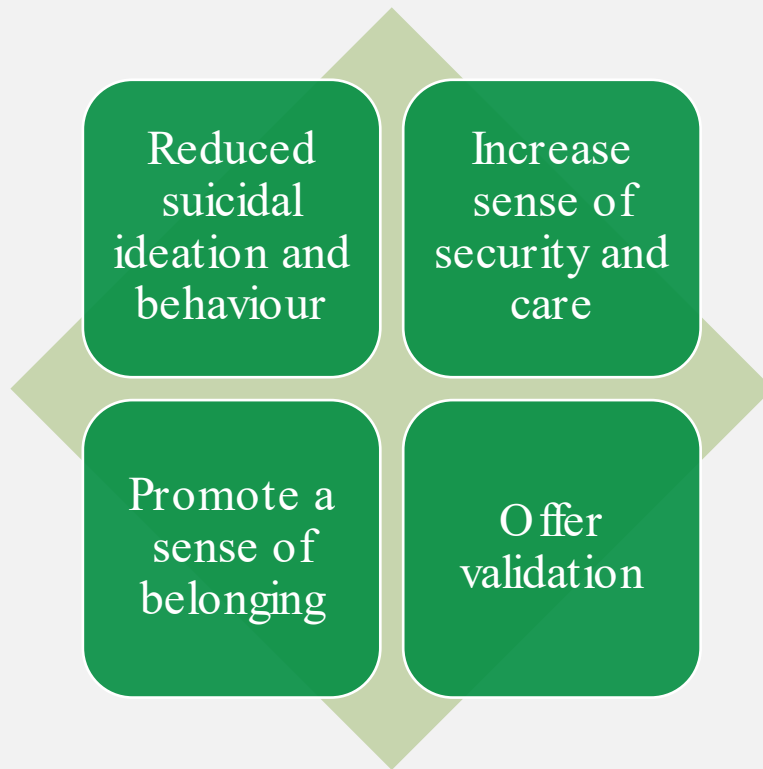
Peer Support:

- More appreciated and acceptable by PSP
- Provided within 48hrs of their call to 9-8-8 and again 7-days later (if desired)

Public safety personnel are a high-risk group of individuals, and those who have called a crisisline are at an even higher risk.

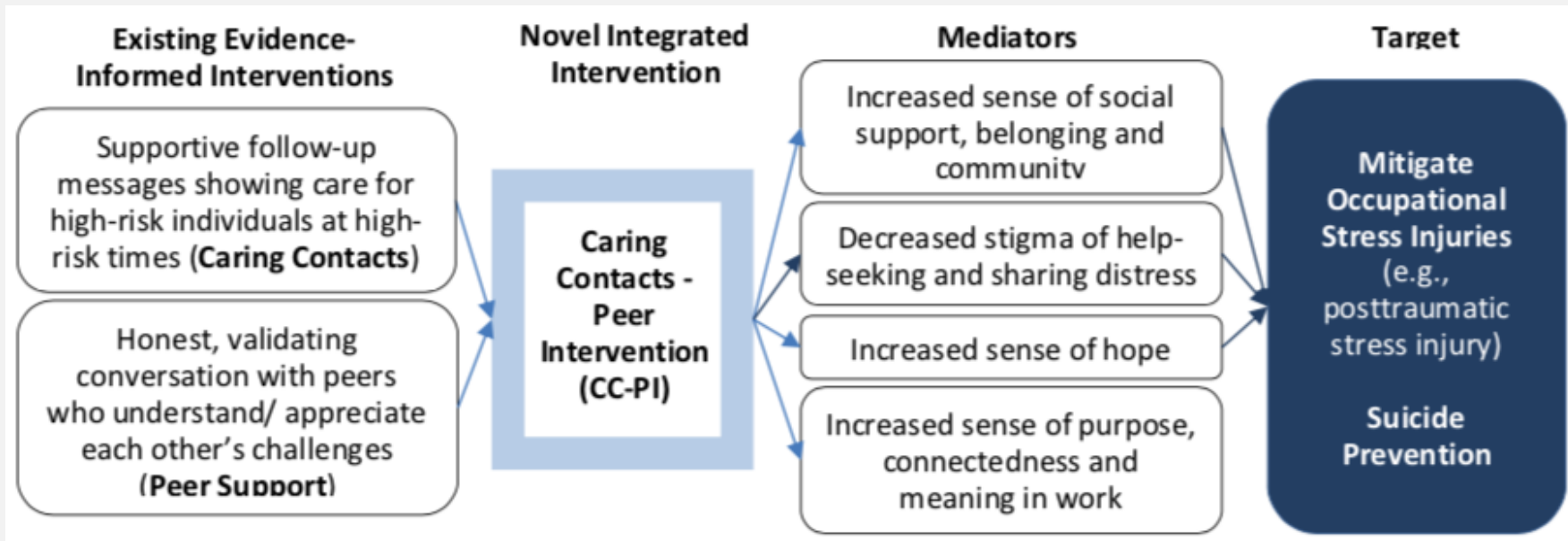


BENEFITS OF CARING CONTACTS



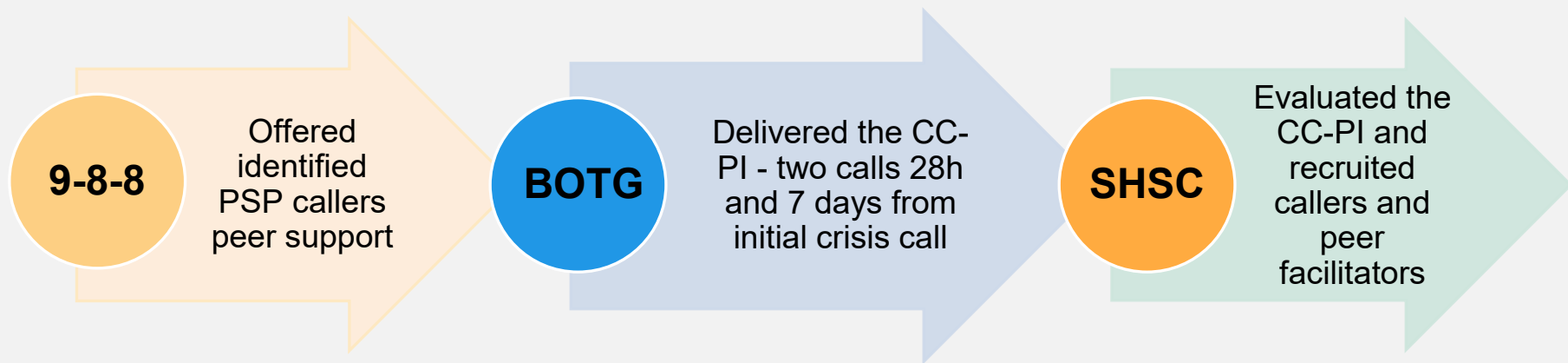


CC-PI THEORETICAL MODEL





CC-PI STUDY STRUCTURE





STUDY OBJECTIVES

1

Assess the feasibility of a peer-led Caring Contact Intervention (CC-PI) for PSP.

2

Explore PSP peer supporter experiences in following up with crisis line callers.

3

Identify factors that contribute to successful intervention delivery and areas for improvement.



METHODS

Study Design:

- Qualitative investigation using semi-structured interviews with 10 PSP peer supporters.

Data Collection:

- Interviews conducted during month 4 of the intervention period (July 2024)

Analytic Approach:

- Inductive thematic analysis to identify recurring themes in facilitator experiences.



INTERVIEWS

Who Are the Facilitators?

- Experienced PSP peers
 - Trained in mandatory 2 day ICISF Asisting Individuals in Crisis (Peer Support), 2 day Asist Suicide Prevention courese and 1/2 BOTG policies and procedures
 - Trained in additional optional 2 day courses are 2 day FBINAA Resiliency course, Online Mental Health First Aid, Online Bereavement, Online/in person compassion fatigue
 - Offered 8 days of training in total with 4.5 days being mandatory before they answer the phones.

Interview Focus:

- Experiences in delivering CC-PI calls.
- Confidence in managing follow-up interactions.
- Perceived impact on PSP callers and personal growth.
- Challenges encountered and recommendations for improving the intervention.



RESULTS KEY FINDINGS

Peer Supporter Experiences:

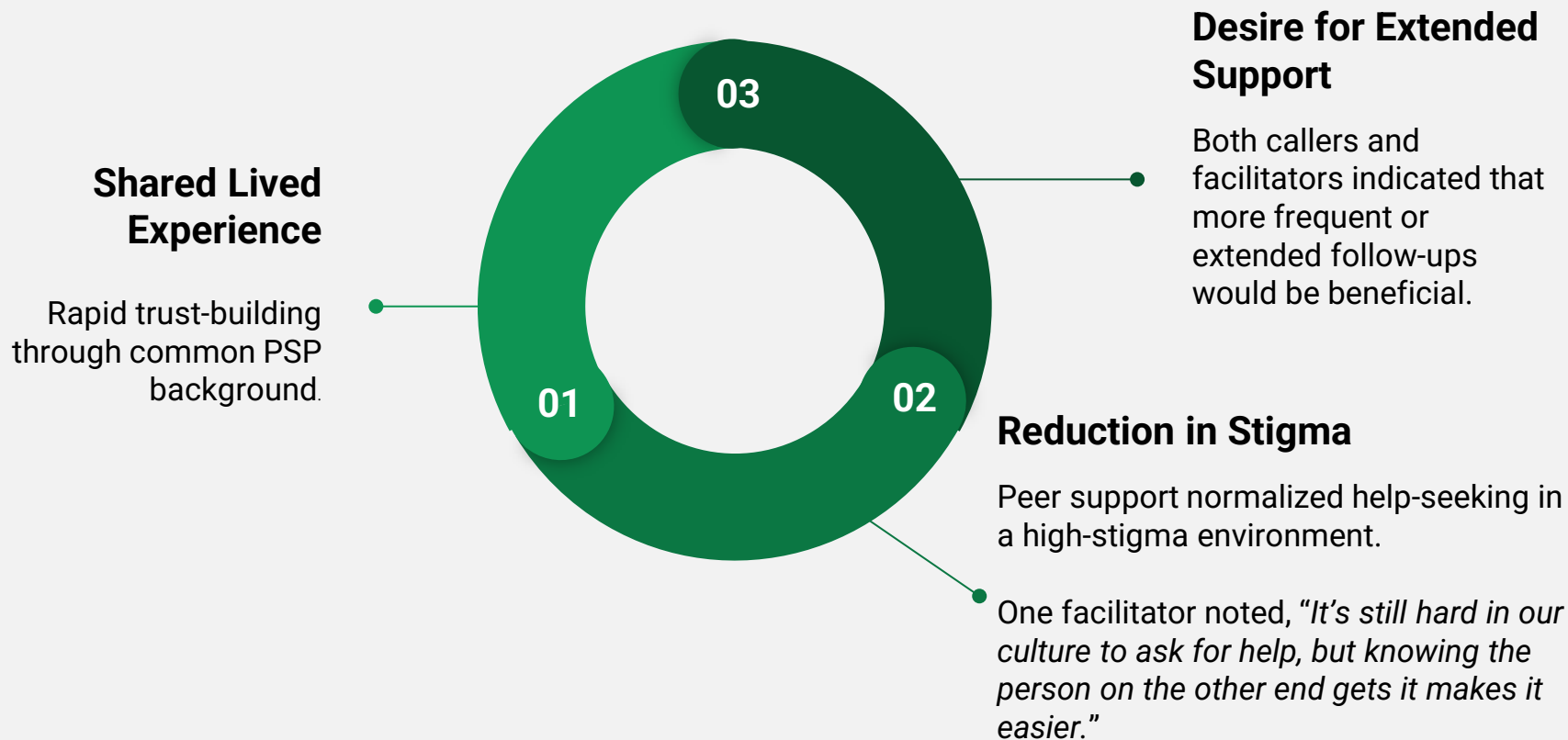
- **Confidence:** Peer supporters felt confident in conducting CC-PI calls.
- **Challenges:** Varied caller engagement and scheduling difficulties.
- **Suggestions for Improvement:**
 - Improved outreach to increase participation.
 - Clearer communication protocols.
 - Additional training on reflective listening.

Perceived Impact:

- **Callers:** Expressed gratitude for follow-up, felt supported.
- **Peer Supporters:** Found the role rewarding, reported increased professional satisfaction, reinforced personal resilience, and personal satisfaction/growth.
- **Overall:** Positive impact on both caller well-being and facilitator self-worth.



RESULTS THEMES FROM QUALITATIVE ANALYSIS





RESULTS QUOTES

“Helping others reassures my own growth. It keeps me balanced and reminds me of my purpose.”

“It’s really nice that I was a part of it, and knowing we were this extra safety-net and extra support for first responders.”

“My approach to doing peer support is always to approach with my heart and not my brain.”

“I thought it’d be nice to have a voice and have someone to say, ‘hi, are you okay, do you need anything?’ And that goes a thousand miles.”

“Knowing that the person on the other end truly understands what you’ve been through makes all the difference. It takes away the fear of being judged.”

“Once I knew that I was talking to someone who had issues with substances, I knew I could be helpful because this was my wheelhouse.”



RESULTS CHALLENGES ENCOUNTERED

Engagement Issues:

- Varied caller responsiveness; some PSP were difficult to reach.

Scheduling Conflicts:

- Missed-call opportunities and difficulties aligning call times with PSP schedules.

Operational Barriers:

- Logistical challenges (e.g., caller ID issues, legal constraints on contact procedures).

Support Limitations:

- Some facilitators noted that two calls were insufficient and expressed the need for extended follow-up.



RESULTS FACILITATOR RECOMMENDATIONS FOR IMPROVEMENT

Enhanced Outreach:

- Increase program visibility in PSP workplaces to boost caller participation.

Refined Communication Protocols:

- Clearer guidelines and standardized call scripts to reduce scheduling and engagement issues.

Expanded Training:

- Additional sessions on reflective listening, open- and closed-ended questioning techniques, and managing diverse crisis scenarios.

Real-Time Feedback:

- Establish a faster communication loop between facilitators and the research team for timely intervention adjustments.



DISCUSSION

Feasibility and Acceptability:

- CC-PI is feasible and well-received by PSP.
- Peer support is a low-barrier, culturally relevant model for PSP in crisis.

Cultural Relevance:

- The intervention's success is largely attributed to shared experiences and cultural understanding among PSP peers.

Dual Impact:

- Positive outcomes reported for both callers (e.g., reduced crisis intensity) and facilitators (e.g., reinforced resilience and professional fulfillment).

Implications for Practice:

- Peer-led interventions can bridge gaps in mental health support for PSP.
- CC-PI has the potential to reduce PTSI and suicide-related behaviors.



DISCUSSION- THREE KEY THEMES

Shared Lived Experience:

- Facilitators noted that their common background with PSP accelerated trust-building.
- This cultural congruence allowed for immediate rapport, enabling open and honest communication.

Reduction in Stigma:

- The intervention helped normalize help-seeking by demonstrating that crisis support can come from a peer who truly “gets it.”
- Direct feedback highlighted that having someone with shared experiences reduced internal barriers and promoted acceptance.

Desire for Extended Support:

- Both facilitators and callers expressed that two follow-up calls, while beneficial, might not be enough.
- There is a clear indication for additional check-ins to reinforce ongoing support during crises.



CONCLUSION - SUMMARY OF FINDINGS

- CC-PI is a feasible, culturally relevant intervention with positive impacts on PSP mental health.
- Facilitators report high levels of satisfaction and personal growth despite operational challenges.
- **Shared Lived Experience:** Validates that cultural and personal commonalities are fundamental to building effective support.
- **Reduction in Stigma:** Reinforces that peer-led interventions can dismantle barriers to help-seeking in high-stigma environments.
- **Extended Support Needs:** Indicated a potential benefit from additional follow-up contacts to maintain momentum and support.



CONCLUSION - SUMMARY OF FINDINGS

- Shared experiences and tailored training are critical.
- Enhance training programs to emphasize reflective listening and tailored communication strategies.
- Increase outreach in PSP workplaces to boost caller engagement.
- With continued refinement, CC-PI can become an integral part of PSP crisis support.





FUTURE DIRECTIONS

Next Steps:

- Plan follow-up study to assess the longer-term impact of an **expanded** CC-PI intervention (eg., 5 sessions) on both PSP callers and facilitators.
 - Stepped care approach to mental health referral, if desired.
- Rationale: LIT REVIEW of crisis intervention in PSP-very little research in time of crisis-mostly on wellness and full mental health service yet PTSI/morbidity and suicide still high.
- Test the intervention across PSP sectors to validate scalability.

Integration Strategies:

- Explore opportunities to merge CC-PI with existing support systems (e.g., 988 and BOTG programs).
- eg., Ornge/PSP service with BOTG post operational pause.
- Ongoing training and support in CC-PI for peer facilitators.



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QUESTIONS?

Thank you for your attention!

We welcome your questions and feedback.



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