

Wellbeing Retreats for Emergency Responders

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First responders are at a much higher risk of mental illness than the general population, a statistic that applies both to Australia (Beyond Blue 2018; Australian Parliament 2019, Victoria Police 2016; Barrat, Stephens & Palmer 2018; Legislative Assembly Parliament of Western Australia 2012; Conroy et al. 2019) and overseas (Bracken-Scalley, McGilloway & Mitchell 2014; Ruiz & Morrow 2005; Black, McCabe and McConnell 2013; Alexander & Klein 2001). There is also gathering evidence that people in support and recovery roles are similarly effected.

Repeated and prolonged exposure to violence, danger, and human distress, take a toll over the course of an emergency service career (see also Sharp et al 2020). Working through the COVID 19 pandemic has further exacerbated the impact of the work on trauma and mental health by increasing work intensification, task complexity and increased degrees of moral injury (Roberts et al. 2021; Smallwood et al. 2021a; Smallwood et al 2021b).

Wellbeing residential programs offer a range of physical and mental health promoting activities in a live-in setting. They are designed to complement existing workplace mental health programs and are proving a viable and effective approach to promote wellbeing and prevent the onset or deterioration of first responder mental ill health. This paper will describe three such programs, in the UK, the US and Canada and provide evidence and analysis for why it is both necessary and timely to invest in a wellbeing retreat for Victorian emergency service/management workers noting that Tony's Trek is raising funds for a pilot wellbeing retreat.

Background

Traditionally the response to mental health in the emergency services has been reactive. Spiralling numbers of workers compensation claims for psychological injury and illness have demanded a shift away from treating symptoms and illness to approaches that prevent the onset of mental injury and keep workers healthy. Wellbeing residential programs are increasingly recognised as a proactive and early intervention that reinforce and support the support and treatment agencies offer.

There is a long human history of travelling to spas, hot springs, and other locations and ancient knowledge and practice has become a booming wellness tourism industry. Despite its associations with tourism and leisure there is a growing body of wellbeing science in support of such retreat programs and studies that demonstrate the benefits of retreats for maintaining or regaining the mental resilience and wellbeing of first responders (Dean 2017; Kamena & Galvez, H 2020, Bobrow et al. 2013; Monk et al 2016; Murray-Swank et al 2020).

Integrating activities in a program with peers that offers psychosocial support and skill building that enables participant to refresh, reset and reframe is the key to why residential programs succeed in supporting people to address and self-manage the toll of routine exposure to organisational hazards and operational stressors in emergency response and recovery work.

Examples of residential wellbeing retreats

Retreats cover a broad spectrum of facilities ranging from low-cost ashrams in India that focus on a spiritual-based lifestyle, to luxury lifestyle resorts, to residential centres that focus on chronic

disease. While retreats for guests specifically from the emergency management sector are well established overseas, in Australia the need has been primarily covered by private hospitals and private operators (Dean 2019).

A notable exception is FRESHER (First Responder Emergency Services Health and Education Retreat), a three-day retreat run by the Australian First Responder Foundation (AFRF). In its infancy the AFRF has run two sessions with a third planned for June 2022. The AFRF and program was developed by Louise Murphy, a St John volunteer, mental health nurse and Churchill Fellow. It aims to build mental fitness by supporting NSW emergency service volunteers to create peer connections, develop support skills, undertaking reflection and practise, and learn effective self-care techniques. Anecdotal evidence to date indicates strong support for the program from participants.

The examples that follow are long standing and well documented programs in three international settings.

West Coast Post-Trauma Retreat (WCPR) – the United States

A program of the First Responder Support Network (FRSN), this residential program is designed for first responders and has two locations: Kansas and California. The retreat is available for current and retired police, fire, paramedics, corrections, and dispatcher personnel. Each retreat is staffed by paid workers and volunteers who are first responder peers, and mental health clinicians and chaplains that are specifically trained in trauma recovery.

Throughout the course of the six days and five nights, attendees are guided through a structured program that helps them recognise and work through the signs and symptoms of work-related stress and mental health injuries such as PTSD. Participants engage in educational segments, clinical treatment, peer support, intensive group debriefings and individual therapy. At the conclusion of the program, participants are provided with a comprehensive 90-day plan to provide them with structural direction as they return home.

Over the last twenty years the program has helped thousands of first responders and retirees regain control over their lives and return to work with a new perspective on stress and coping or simply enjoy retirement.

The Police Treatment Centre – United Kingdom

Since 1897 police officers have been convalescing on the same site in North Yorkshire where the Police Treatment Centre stands today. At this facility sworn police officers are provided the opportunity to attend and participate in one of two programs: the 'physical/physiotherapy' or a 'psychological treatment' program. The psychological program has grown exponentially and has expanded into other formats in response to increasing demand.

The wellbeing program is an intensive ten-day event that begins every Monday with ten participants. The treatment centre is equipped with an indoor heated swimming pool, a hydrotherapy pool, a full equipped gym and spin-cycle room, a physiotherapy room, outdoor tennis court, sports hall, and billiard room. Partners have the option to join police officers over the weekend, and child-minding facilities are provided.

Medical, clinical and wellbeing supports, and services are included, as is a single or double room and all meals. Attendees participate in the following sessions: stress awareness, relaxation, yoga, coping strategies, tai chi, mindfulness, sleep workshop, box fit, essential oil workshop, nutrition for well-

being, resilience, counselling, walking, individual therapy session. Retired officers can also access the physical and psychological well-being program at the Treatment Centre

All sworn police officers in the UK are entitled to one retreat attendance per year with the option of a second visit with a clinical referral or an OHS unit assessment. In contrast to the WCPR, the Police Treatment Centre is an early intervention approach that works with officers that have mild to moderate levels of stress and anxiety. However, the facility does have the capacity for supporting officers suffering PTSD. The program design is tailored for an individual's level of need, which is assessed during a triage process after registration.

British Columbia (BC) First Responder Resilience Program (FFRP) – Canada

This residential mountain retreat is an evidence-informed model that was developed over fifteen years for military veterans. It began in 2010 from a collaboration between First Responder participants, the BC Professional Fire Fighters Association, and Dr. Shields and Dr Kuhl who are both at the University of BC's Faculty of Medicine.

The program is a peer-based, three-and-a-half-day intensive that brings together around eight first responders with professional facilitators and team leads. The lead peers are first responders who have already gone through the program and want to 'pay it forward' as well as continue their own personal recovery. Over 34 hours, participants who are at any stage of their career, are encouraged to learn self-reflection and exploration and build competence and capacity in managing operational stress.

The program itself is built on proactive principles including to assist first responders to understand the mechanisms and effects of operational stress on the body, the brain, on behaviour, and on relationships. It provides opportunities to discuss the impact of personal first response experiences with other peers in a systematic and professionally facilitated environment and helps participants resolve events from their past that are impacting their current functioning – work, family, and social life.

Evidence of Success

These retreat-based programs have all undergone rigorous evaluation and data has consistently demonstrated their success. The triage process at the Police Treatment Centre provided a baseline that was compared to end of program measures for purposes of evaluation. The clinical tools used pre and post program to measure depression (PHQ or Patient Health Questionnaire) and anxiety (GAD or Generalised Anxiety Disorder) are compared. The ongoing confidence to invest in the facility is built from the consistent improvement in mental health the time of discharge compared to when people arrive at the centre.

The BC First Responder Resiliency Program (FFRP) has demonstrated clinically and statistically significant outcomes on standardised measures of depression, trauma symptomology, social and occupational functioning and personal well-being that are durable at six months of post program completion.

The validity and reliability of the positive evaluations of the West Coast Post-Trauma Retreat was assessed by Kamena and Galvez (2020) who compared questionnaire results of participants with a

control group (people on the waitlist)¹. Compared to those on the waitlist, those who completed the retreat exhibited a significant decrease in many of the measured symptoms.

Evidence of success can also be found in glowing participant testimonials, the longevity of retreats, and the proliferation of spinoff programs. For instance, since the West Coast Post-Trauma Retreat began in 2001, a second retreat was built in Kansas and since 2004 the SOS (Significant Others and Spouses) program has supported thousands of family members. The SOS program runs three times a year and its format, cost, and length of program mirrors the parent program at the WCPR.

Similarly, a second Police Treatment Centre has opened in Scotland and each year these facilities are used by almost 4000 serving and retired officers. To meet the growing demand for the psychological program, the facility has crafted 'one day recharge' days, which have had high uptake by police departments across the nation. They also offer 'wellness weekends' where work units with up to ten people can arrive on Friday afternoon and leave on Sunday afternoon. In a condensed timeframe, employees can choose sessions on coping strategies, stress awareness, sleep, nutrition, relaxation, and take time to use the pool, gym, tennis court and other facilities.

Sector-specific findings reflect a general literature on the efficacy of wellbeing retreats. In a paper that systematically reviewed 23 studies published over a 22-year period (from 1995 to 2017), Naidoo, Schembri and Cohen (2018) found statistically significant health benefits from retreat experiences that included improvements in both subjective and objective measures. Retreats that offer opportunities for planning or follow up coaching or consultations have been found to lead to especially sustained and significant health improvements long after participants return home (Naidoo, Schembri & Cohen 2018).

Why are retreats so successful?

Evaluation and research data consistently paint a clear and positive picture on the benefits of wellbeing retreats. This section considers evidence about the health efficacy of the activities found in retreats, and the importance of the social, geographic, and temporal context of these activities.

Activities: greater than the sum of their parts

Activities in wellbeing retreats for first responders vary and include clinical therapies, mindfulness-based activities, physical exercise, and other complimentary health classes and sessions. Each activity offered is supported by science, for example good mental health is associated with physical exercise (Mandolesi 2018), yoga (Kvitne 2020; Cramer et al. 2018), mindfulness and meditation (Botha, Gwin, Purpora 2015), social connectedness (Prati G, Pietrantonio L 2010; Arewasikporn 2019), and relationships with peers (Monk et al. 2016).

Immersion in retreat activities provides the opportunities to try new activities, practice self-reflection, and develop positive lifestyle changes. In respect to the latter, retreats often include sessions that equip participants to reflect, tackle and plan for better mental health. They might provide training in communication skills, or how to maintain personal resilience. A recently published meta-analysis of wellbeing programs and services in emergency management

¹ Retreat data was analysed using multivariate analyses of variance and a 2x2 mixed factorial design and the questionnaire used was the Symptom Assessment for Emergency Responders (SAFER). This consisted of 18 clinical and three validity scales which were analysed through causal-comparative data. Retreat clients were asked to complete the SAFER questionnaire on the first and last days of the retreat, as did the waitlist participants.

organisations found that while clinical therapies are useful, their long-term benefits are enhanced when people are given tools or strategies to know how to make and sustain lifestyle changes (Smith, Dean & Holmes 2021).

Retreats improve on offering standalone activities because they provide a range of interlocking and mutually beneficial support options. This value of structure can be appreciated through the interpretive lens of gestalt theory. At its simplest, gestalt is the idea that the 'whole is greater than the sum of its parts'. The dynamics of gestalt explain why activities and services (the parts) at the retreat, leverage the benefits of each by offering a more intensive experience of social-connectedness and other health boosting benefits.

The workings of gestalt are apparent in a large systematic review and meta-analysis of mindfulness-based interventions (Visted et al 2015). Researchers found that when they were delivered in a retreat environment, participants reported greater degrees of positive change and larger gains in skills across time compared to delivering the program in the context of daily life (*ibid*). In this way, retreats can be thought of 'value adding' to clinical services, physical interventions, and complementary therapies.

The retreat setting: an intervention in itself

The activities at a retreat are not the only intervention. The delivery mode of a retreat-based environment is an intervention in and of itself, an idea that can be elucidated by examining the three dimensions of the settings.

Location (Space)

It is not a coincidence that retreats are offered in the wilderness or countryside. Being in nature is a form of intervention that calms the nervous system, filters the lungs for breathing and connects people's feelings of awe which is a pillar of wellbeing (Bloomfield 2017). While this law of wellbeing applies to all, it is especially pertinent for those who work in high stress environments.

First Responders often work under pressure in environments where time is critical, which activates their fight or flight response (Mora 2011; Patterson 2012; Borodovitsyna, Joshi, and Chandler 2018). The activation of the sympathetic nervous system is a survival mechanism that has evolved for mammals to react quickly to life-threatening situations. Prolonged activation due to chronic stress contributes to high blood pressure, promotes the formation of artery-clogging deposits, and causes brain changes that may contribute to anxiety, depression, and addiction (McEwan 2017).

Given the biochemistry of work demands, a retreat-based format is critical to allow the sympathetic nervous system to settle. By positioning the client away from triggering environments improves their changes of addressing and rewiring their dysregulated stress response through resting and engaging in activities.

Temporal (Time)

Life is busy. Life is especially busy for emergency service workers who juggle shift work in fast-paced, emotionally demanding, and frequently stressful environment. Retreats provide an opportunity for people, who might otherwise be too busy, to try or to take part in wellbeing activities.

Research shows that learning new habits and breaking old patterns requires time and repetition (Wood and Neal 2016). Removing distractions and barriers by placing personnel in a space where

they can reflect, focus, and commit to self-care is the optimal environment for wellbeing improvement.

This benefit is related to the issue of attrition, a problem that plagues EAPs and other programs. An evaluation of one residential wellbeing program in the US reported high levels of participation and engagement which opened space for receiving the full benefits of activities (Murray-Swank 2020). The fact that staff were on-site and accessible and available throughout the course of programming was a factor influencing high attrition rates (*ibid*).

Sociality (Connectedness)

Spending time with people who do similar work and understand the challenges of the job is also a factor linked to the success of retreats. Evaluations and studies of the West Coast Post-Trauma Retreat found that long-term mental health outcomes of therapy are improved when combined with socially immersive experiences (Heglund 2009; Fay et al 2006). The friendships and solidarity built with others doing the program, and time eating lunch together are consistently rated a highlight of the Police Treatment Centre (Alexander et al. 2020).

Social interactions can be spontaneous (e.g. inviting someone for a game of tennis), informal (e.g. eating together at mealtimes), or structured. Wellbeing retreats often utilise group therapy or other structured peer-based activities to help overcome negative cognitions. For example, peers – current or former first responders who have typically attended the retreat themselves - are often used as trusted role models that demonstrate how mental health issues can be addressed and managed over time. In the West Coast Post-Trauma Residential Program, peers lead several of the educational pieces throughout the week and facilitate discussions.

Evidence for the positive mental health impact of peer-based work can be found in literature on lived experience. Studies show that information and awareness have maximum impact when it is accompanied by ‘contact’ or engagement with people who have firsthand experience and embarked on a recovery journey (Corrigan 2016). This impact emerged from the ordinariness of the speaker, for the audience’s ability to relate elicits empathy and hope, emotions that are capable of incentivising people to act (Haidt 2001). Lead peer engagement leverages the value of this best practice approach by promoting an active mindset.

Principles of Success

The underlying principles of wellbeing retreats - holism, proactivity, and flexibility – are also critical to their success.

Proactive

A key finding of a recent meta-analysis of 172 peer reviewed papers on current programs and services by Smith, Dean and Holmes (2021) is that emergency management organisations should not simply offer services and wait for uptake as more proactive approaches are needed to support mental health across the career lifecycle. Residential wellbeing programs are highly proactive because they ‘reach in’ and prompt emergency service workers and volunteers to take the time to focus on their mental health.

At retreats, participants learn in different modalities (i.e. lived experience, tools and strategies, habit formation and planning) that mental distress is not as something that happens rather, it is something that can be acted on, influenced, and managed (Sansbury, Graves & Scott 2015). Another aspect of the proactive dimension of retreats is that they provide individuals with the knowledge and skills to look after their own mental health.

Providing tools or strategies that enable people to learn how to adjust their lifestyle and practice new habits in the long term is a best practice approach (Smith, Dean & Hart 2021) and a key recommendation of a study on stigma by Phoenix Australia-ESF. This study recommended that mental health service delivery “should bypass barriers to admitting need, and support autonomy and self-management with guidance where needed” (Lawrence-Wood 2021, p 29).

Flexible

Retreat programs are highly malleable and can be designed to meet the needs of the sector, the culture of the agency, and the individual. They can be developed as an early intervention approach (Hodgson, Abbasi & Clarkson 1996; Muñoz et. al 2010) or structured to target people with accumulated trauma.

For example, the Badge of Life program in Canada is a PTSD retreat for first responders. In NSW, Quest for Life, which has been running retreats since 1989, has recently developed a five residential program called ‘Moving Beyond Trauma (MBT)’ specifically for emergency services personnel (Quest for Life Foundation, 2019). There is great potential to incorporate Eye Movement Desensitisation Training (EMDR) and Exposure Therapies at retreats, evidence-based therapies to address PTSD (Bryant et al 2019; Lewis-Schroeder et al 2018).

Holistic

Offering a range of activities and services at different levels of need is a holistic approach to mental health. Mental health is increasingly recognised as influenced by many factors including physical health, opportunities to learn and grow, social connection, and others including emotions, work experiences, spirituality, financial capacities, politics and the environment. Wellbeing is often used to capture this concept because it is a more expansive concept that recognises the mind body interaction and the complex interplay of determinants for mental health.

A holistic approach to mental health recognises that exercise, fitness, and sleep is essential to a sense of overall wellness. Research shows that chronic activation of the flight-fight response contributes to obesity, both through direct mechanisms (causing people to eat more) or indirectly decreasing sleep and exercise (McEwan 2017). It also recognises that wellbeing is a ‘continuum’ as one’s mental state can be better or worse at different points over time. As a continuum, mental health is an ebb and flow of good and bad days and sometimes longer stretches of time.

Recognising the dynamism of mental fitness is important because it highlights how wellbeing retreats provide a timely and quality intervention to push emergency responders to the healthy end of the mental health continuum.

Summary and conclusion

Two years after the COVID response in an already stressed and stretched sector, retreats are a timely and important investment for the mental health of Victoria’s first responders. Specifically, they respond to the three features identified as crucial for mental health promotion in Smith, Dean and Holmes’ (2021) meta-analysis. That is, wellbeing retreats are holistic, proactive, and build the capacity of individuals to self manage their mental health.

Retreats can be thought of as ‘adding value’ to existing agency wellbeing investments in human resources. Investing in retreats speaks volumes about mental health as a core leadership and organisational priority and demonstrate tangible commitment to promoting help seeking. Offering workers time out at a retreat aligns with ‘recognition and reward’, one of twelve psychosocial factors that promote workplace wellbeing (SafeWork Australia 2019). It is easy to attract workers to

retreats, which generates strong figures for service utilisation, especially among those who otherwise are not likely to seek care.

Normalising mental health issues in conversations and sharing stories of grief and struggle can break down mental health stigma, which is integral for increasing help seeking behaviours (Lawrence-Wood et al 2021). Positive peer responses can help emergency responders feel less alone and increase courage to speak up which counters 'self-stigma'. This type of stigma is especially pernicious in the sector and pertains to perceptions that if one admits they are struggling they will be seen as weak (Beyond Blue 2018, p. 95).

In summary, top-down commitments to residential wellbeing programs can influence organisational change from the ground up. A review of the literature points to how participation in retreats generate ripples of change in support to the common yet elusive agency goal of culture change for better mental health.

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