



A Statewide Assessment of Critical Incident Stress Management (CISM) Services

NORTH CAROLINA OFFICE OF EMERGENCY MEDICAL SERVICES

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Background

The State of North Carolina identified a need to support the provision of mental health well-being for emergency services workers. The North Carolina Office of Emergency Medical Services (NC OEMS) began to address this issue by conducting an assessment of current Critical Incident Stress Management (CISM) initiatives in the state.

Assessment Summary

Data collection methods included a questionnaire and follow-up interviews by phone or in person. An old listing of CISM teams was initially used to identify contacts and locations of current teams. Team members were also identified from attending Regional Advisory Committee (RAC) meetings and other disaster program trainings or gatherings.

A 60% response rate was achieved. The data collected identified existing teams, CISM coverage areas and the services they provide, and site considerations for new CISM teams. The gaps may be due the assessor not having appropriate contacts, lack of response to the assessment, or perhaps, a lack of resources in the area.

Findings

CISM Results Verify:

- 16 active teams- 15 regional and one state,
- 81% CISM Coverage- coverage for 81 of the 100 counties,
- 19% gap in CISM coverage- 19 of the 100 counties have gaps in coverage

The 15 teams are located in counties *Buncombe, Surry, Forsyth, Guilford, Randolph, Wake, Wilson, Pitt, Martin, Pasquotank, Dare, New Hanover (two teams), and Robeson*. The two teams in Buncombe County indicate that there are two team leaders. Through areas covered (services areas are indicated in detail on the CISM coverage map) these teams provide 81% coverage. Coverage is achieved by reciprocal agreements, by request, and through word of mouth. Teams are typically willing to assist in areas outside their designated coverage area. It is important to note that the statewide team (Highway Patrol Member Assistance Team) typically responds to law enforcement centered requests.

Gaps in coverage are in Central, Southeast, and Eastern North Carolina. Namely, counties *Caswell, Person, Granville, Vance, Warren, Franklin, Nash, Halifax, , Anson, Richmond, Scotland, Hoke, Harnett, Cumberland, Sampson, Duplin, Wayne, Greene and Palmico*.

Recommendations

- NC OEMS encourages the reestablishment of the NC CISM Advisory Committee. The group would be able to ensure a standardization of services and provision and consideration of training.
- Encourages CISM Teams in North Carolina to affiliate with SMAT II Teams.
- Address gap areas
 - Awareness through associations such as NCAEMSA, and Fire and Rescue–NCFA, NCDOT
 - Social media- a mechanism for sharing CISM related information provided by teams across the state
 - Posters and Flyers- NCOEMS or CISM team develops for distribution in gap areas. Contains information to familiarize the reader with the basics of CISM for the purpose of recruitment of emergency responders, chaplains and mental health professionals
 - Video- can be posted on social media, emailed, and viewed at trainings or events. The video highlights ‘real world’ examples from emergency responders who have utilized CISM services
 - Feature stories and other print strategies can encourage emergency responders to submit a story and share their experience on a CISM team or how they benefited from a CISM debriefing. This can encourage those who need services to take advantage of them.

Summary and Conclusion

The State of North Carolina recognizes the value of a robust CISM program and continues its commitment to support the provision of mental health well-being for emergency service workers. In adopting the recommendations, the needs in the gap areas can begin to be addressed by making CISM services easier to access as well as promote the use of CISM teams across the state. Without statewide coverage, at stake is one of the most precious resource any emergency response organization could have-its personnel.

