In The First Person: A Firefighter's Experience of PTSD

https://mhpn.org.au/podcasts

Release date:	Wednesday, 14th September 2022 on MHPN Presents
Presenters:	Professor Mark Creamer, Clinical Psychologist Alex and Lyn, Lived Experience

Disclaimer: The following transcript has been autogenerated and may contain occasional errors or inaccuracies resulting from the automated transcription process.

Host (00:01):

Hi there. Welcome to Mental Health Professionals' Network podcast series. MHPN's aim is to promote and celebrate interdisciplinary, collaborative mental health care.

Prof Mark Creamer (00:17):

Hello and welcome to this episode of MHPN Presents: In the First Person, a podcast series about the lived experience of mental health. My name is Mark Creamer. I'm a clinical psychologist based in Melbourne, Australia, and in this episode we're taking a look at the lived experience of mental health from the perspective of a first responder, in this case, a volunteer firefighter. And this episode is a little bit different, because our guest today was a client of mine and we worked together to treat his PTSD. And so, I'm going to be contributing a bit from my perspective about our relationship, particularly around the middle of the episode. But without further ado, to help us explore these issues, it gives me great pleasure to introduce Alex. Welcome Alex, and thank you very much for agreeing to share your experiences with us.

Alex (01:05):

No problem at all, Mark. Thanks for your time.

Prof Mark Creamer (01:07):

Thank you. I'm also extremely pleased that Alex's wife, Lyn has agreed to join us to provide a really important partner and family perspective. So, welcome Lyn.

Lyn (01:18):

Thank you, Mark. Good to see you again.

Prof Mark Creamer (01:20):

Good to see both of you again actually, after a while away. Really appreciate both of you, actually, making the time to come and share your experiences with us. To kick us off, Alex, you've been a volunteer firefighter with the CFA now for many years, the Country Fire Authority. For those listeners who are not based in Victoria, or perhaps not even in Australia, can you just tell me a little bit about the CFA?

Alex (01:43):

So, the CFA was established about 170 years ago, I guess. So, it's got a proud history, and it's essentially the fire service that covers rural and regional Victoria. It's largely a volunteer service, so 60,000 volunteers, about a thousand permanent staff as well. And they're scattered throughout about 1,200 brigades that are located mostly in small towns throughout Victoria. The service gets about 30,000 incidents or call outs per year. So, you can imagine that's, I can't do the maths, but it's a lot, and everyone carries a pager on them. So, they're on call 24/7. And look, overall it's a fantastic organisation. You get, it's really a community service, a necessary community service to the Victorian people. And it's lovely to be involved, to be quite honest.

Prof Mark Creamer (02:36):

Yeah, quite. And I think that that issue about it being a community service is an interesting one. I wonder, Lyn, if you could just say, would it normally involve families? Would you have been involved at all, for example, in CFA?

Lyn (02:47):

There's opportunity, certainly, for partners to be involved. So, we have a young family, so a little bit tricky for both of us to get on the back of the truck. There's certainly opportunity in areas within the organisation for, let's say, traditional roles of, perhaps, the male on the back of the truck and the female in the auxiliary group, and no less of a job. But yeah, so there's opportunity, but because of our family and age, more so this was Alex's thing, not mine.

Prof Mark Creamer (03:18):

But am I right in saying that some of your children, your grownup children were also involved?

Lyn (03:23):

Absolutely, yes. There's a youth program for running in the CFA, so the ability to use, I guess, traditional firefighting skills under a competition format. So, each of them were involved with that, and a great supportive program for youth to do. So, very pleased that they've been involved, and I can see the

impact on their lives, they're a little bit older now, I can see the impact that that has had for the positive for them.

Prof Mark Creamer (03:50):

Yeah, absolutely. And it says a lot about the organisation, doesn't it? That kind of community broad support stuff, I think, is really important in terms of loads of benefits. I wonder if it also comes with some disadvantages, and we might look at that a little bit later in the podcast. At this point though, we've talked about those positives of the community aspects of it, but obviously much of the work is difficult, Alex, and I'm wondering if you could just tell me generally about the kinds of incidents that the CFA might be called out to.

Alex (04:20):

Yeah, no problem. So, by its nature, look, it's an emergency service. So, we respond to traumatic and chaotic scenes, that's what we do. And they could include bush fires, in my case house and factory fires as well. Road rescue, or MVAs as they're known, motor vehicle accidents. Hazardous material type incidents as well. And also importantly, probably what people around Victoria would know most is these large campaign fires that have happened in history. So, like Ash Wednesday in 1983 and more recently in 2009, Black Saturday.

Prof Mark Creamer (05:02):

I think it's an important point you make, that we can be forgiven for thinking the CFA goes to fires, full stop. Actually, you've got a whole range of things. And certainly, when I started working with CFA people way back in about 1990, I was astonished that they were attending these motor vehicle accidents. It was quite horrendous, being asked to do. Look, can I put you on the spot, Alex, and just ask you to tell us a little bit more about some of the events that you've been to. We don't want too much detail, but just to...

Alex (05:29):

Yeah, sure. Look, no problem. Look, I've been involved for 20 years. Lyn here is from the country. I'm from Melbourne, originally. And Lyn said, look, if we're going to move to the country, Alex, you better get involved with the community, my dad was, and all that sort of stuff. So, I gave it a crack and I thought-

Prof Mark Creamer (05:46):

So, there's a kind of strong expectation that you should, if you're an able-bodied male, yeah.

Alex (05:50):

Yeah, and I thought, why not? So, went down to the fire shed, and you know what? It's been the best experience apart from what we'll talk about, but overall it's been positive. I'm a firefighter, I was a fire investigator, which is a really cool thing to do. Also, I was the chair of the district strategy group, I guess. So, even beyond the operational to the strategy planning side of things. I go to about 200 call outs a year, I guess? That's fallen off a lot now, depends on the season. Over my time I've probably had 10 to

15 MVA incidents that have been fatalities. Many of those have been first on scene. And you were talking about the community aspect. Well, local people, local roads, local families. And some of the bad times for me have been actually talking to the mums and dads afterwards, when their son has been killed. And been to many major fires, went to Black Saturday, went to Marysville, first on scene sort of stuff, 34 fatalities in that incident. And went there many times, 17 times in 30 days, which, the tragedy was immense, and it impacted on me.

Prof Mark Creamer (07:06):

It is, in some ways, quite extraordinary that we're asking volunteers and country folk to be taking on this kind of role. The fact is though, that you coped very well for a long while, and I guess partly this community support that you're getting, and so on. But after a while, these things do sort of accumulate. And I'm wondering, and I'll ask both of you, when you first realised that this kind of stuff was perhaps having an impact on you?

Alex (07:33):

Mark, for me, in the early days, I think there was a steep learning curve, and there was not much traumatic, we'll call it death, early on in my, we'll call it volunteer career. And when it did happen, there was an informal network, which seemed to be quite active, of people calling and checking in, I guess. Lyn and the family have been always supportive, so it felt great and it probably gave me an identity away from my normal work persona, professional work persona, in the community. And I really liked that. So, early on things were fine, and as Lyn said, the kids were involved with CFA Juniors, and it was a great atmosphere and still is. And I guess, after a while, things started to go not so well.

Prof Mark Creamer (08:24):

Not so well, yeah. I was going to bring Lyn in, actually. Did you notice anything with Alex?

Lyn (08:29):

Hindsight, hindsight's amazing, isn't it? I would, no.

Prof Mark Creamer (08:34):

No? Okay.

Lyn (08:34):

No, and I think, looking back at this, I think for me it was a perfect storm of the ages and stages we were at in our lives. We had three small children, at the time I was a full-time mum, the youngest was under one. So, full-time mum, remember Alex had mentioned that he's been involved for 20 years. So, it's over a great length of time subtle changes happened to Alex that I would just put down to the stresses of young children, stress loads of work in a serious role that he has. So, no, embarrassingly or shamefully, or perhaps I just wasn't aware of what to look for.

Prof Mark Creamer (09:16):

And as you say, the signs that you did see, you just put down to, well, this is part of a stressful life kind of thing. But clearly, things did progress from there, Alex, and things got a bit worse. You started to develop more clear kinds of signs and symptoms?

Alex (09:33):

Yeah, and again, Lyn's right, hindsight's wonderful. And I'd say around 10 years ago from now, so what's that, 2012, which is three years after Black Saturday, I think the first thing I noticed was my weekends were not so good anymore. And I put that down to the fact that when you're at work there's a structure, and then when the weekends come, it's suddenly unstructured and you wake up on Saturday morning and go, well now, and then suddenly get a bit stressed for some reason, I don't know why. Probably too because I was at home, which meant my pager could go off at any time, which put me on edge, where before it didn't put me on edge. So, my symptoms after talking to you, Mark, were, sounds like they're fairly classic, unwanted memories that I used to fight a hell of a lot, which made me distressed, flashbacks at night, waking up at a certain time every night.

(10:30):

And for our exploration, Mark, we realised that that's the time that I got called to my worst MVA triple fatality. So, for some reason my brain held onto that, and woke up every night religiously at that time. Hypervigilance around driving on the Hume Freeway down to Melbourne. It's pretty weird looking at a bloke going 80 kilometres an hour down the Hume, all these trucks are going past, and I'm just, in my brain I'm throwing my hands up going, well, you're all going to die, aren't you? And I'm going to have to pull you out of the wreckage. So, there's this catastrophization component as well. Strong avoidance of going back to the Marysville region. And I think too, I probably had a moral injury along the way as well. There's a few things that happened about being unappreciated in the community. So, if you add all that up, there was a few other things too. But if you add all that up, look, the problem for me was it happened and I had a lack of awareness, so I didn't know anything was wrong.

Prof Mark Creamer (11:29):

I was looking back at my notes of our sessions with Alex, and one of the things I noticed in the first or second session, he came in and he said that he'd asked the family members what they'd noticed, and each of them in turn gave their opinions, which in itself is an extraordinarily brave thing to do. But each of them talked about irritability, intolerance, general sort of low frustration tolerance as it were, as being the signs that they were picking up. So, this was not the dad that they'd known around the house. And I guess often when it comes to something like that, then it's a prompt.

Lyn (12:03):

Mark, I just wanted to jump in. It's, absolutely agree with what you're saying, very brave move on their behalf. But it was actually Alex who instigated that discussion with them after a conversation he had with someone he met at a public forum. So, that was directly the link.

Prof Mark Creamer (12:22):

Very good point. And we will talk about that actually, because I'm interested in what prompted that. But I just quickly, before we go onto that, was there anything that stopped you seeking help earlier? I suppose it was really a failure to recognise, or perhaps a refusal to recognise that there was anything wrong.

Alex (12:37):

Personally, for me that was exactly it. I had no idea that something was wrong. If I knew earlier on, I definitely would've got some help. It was not a worry for me. It was more about the fact I was just plainly unaware.

Prof Mark Creamer (12:52):

But eventually you did take the plunge, and you did some research and came across me somehow. And I wonder if it's okay with you, given that our audience is predominantly health professionals, if it's okay if I just talk for a minute about our assessment, and what I thought when I first saw you. And I have to say, right at the outset, Alex was a great client and I think the clinicians among our listening audience will understand what I'm saying when I talk about the fact he was very motivated, he was very insightful, he was very organised, and he had great family support, and all those all go really well. So, we were kind of off to a good start. If I can talk quickly about the formulation. So again, the clinicians among you will know about formulating cases in the Five Ps of formulation, where we talk about the presenting problem, the predisposing factors, the precipitating factors, the perpetuating factors, and the protective factors.

(13:43):

By putting all that information together, we can just begin to answer the question about why this person has presented for treatment now. So, in terms of Alex, well, the presenting problem was, and Alex has already run through a few of these symptoms, but was quite clearly PTSD or post-traumatic stress disorder, moderate level symptoms right across the board, intrusion, re-experiencing symptoms, some active avoidance, some negative thoughts and emotions, and some very high arousal. So, clearly PTSD, quite a lot of associated anxiety, but very little or no depression, no significant substance abuse. So, at face value, Alex was a very good candidate for trauma-focused treatment. In terms of predisposing factors, I won't go into too much detail about Alex's background for privacy reasons, but I think suffice to say that I got the impression that his family of origin was a bit emotionally restricted, that it wasn't especially warm and affectionate, and perhaps not a great environment for learning how to express and deal with powerful emotions.

(14:46):

And I'm sure Alex won't mind me saying that both his parents were World War II vets, and those kind of experiences perhaps had an important part to play in terms of their emotional expression and so on. But look, I'd still say there was nothing terribly significant, and that far and away the most important predisposing factors were in fact his long history of exposure to trauma in the CFA. So, then we go onto precipitating factors, what tipped it over the edge, and Alex has talked about the Black Saturday fires and the 10 year anniversary. And I think I'm right in saying aren't I, Alex, that you were asked to give a

talk about the fires on the 10 year anniversary. Can you just tell us a little bit about that as a kind of precipitating factor?

Alex (15:30):

Yeah, sure, Mark. So again, hindsight's a wonderful thing, and I think probably around 2018-19 things ramped up a bit, and I think we've talked about this before, Mark, that it's that bucket concept of trauma accumulation. Look, everyone's bucket size is different and fills at different rates. Mine just happened to get to the top at around '18-19, and that was because of a whole bunch of stuff that kept going on, trauma and more house fires and MVAs and all that sort of stuff. And I think my symptoms, now when I recognised, got worse at the time, I started to have fatalistic thoughts about my family. One example is completely irrational. I heard on the radio the night before that at 7:00 AM in the morning is when most people hit kangaroos and have car accidents. So, Lyn leaves with one of my sons to go to a CFA event in rural Victoria at 6:55 in the morning.

(16:30):

So, what does Alex do? He has a panic attack and curls up into a ball in the driveway. So, things like that happened more, every time my pager went off I felt like vomiting, to be honest. So, obviously a nervous reaction. My flashbacks were worse. I remember sitting bolt upright in bed and Lyn saying, it's okay, everything's all right. So, things were just getting worse. It just happened to be getting worse during that time. I also had this growing feeling of being misunderstood by everyone, family, work. And the frustrating part about that, Mark, is that my intentions were always good. In all these interactions that I had with all these people, my intentions were always good, but for some reason they were getting misinterpreted. So, it's got to be me, because it was more than just one person misinterpreting. Anyway, so then the 10 year anniversary came up, and my role at work required me to present to a couple of hundred people in Melbourne.

(17:29):

I wrote this presentation, no problem, got onto the stage, started to flick through the slides and talk about it. Turned around and looked at the big screen with the devastation pictures on it, and I just broke down and cried. And then I knew at that point that something was wrong, but I still didn't know that I was sick. And this is a bit weird, but you know how you have those fleeting moments of meeting people in your life? I come off the stage and, tears in my eyes and stuff, and this unknown lady came up to me and she just put her hand on my shoulder and said, I think you need to get some treatment. Don't know who she was.

Prof Mark Creamer (18:07):

So, very important, yeah. Do you want to comment on that at all, Lyn?

Lyn (18:11):

Just thankful for that lady to say something, because it obviously is coming from someone who understood that there was treatment available and what the symptoms were.

Prof Mark Creamer (18:19):

Yeah, absolutely. And we can only speculate about what would've happened if she hadn't, and whether you'd have gone back into your shell and pushed back under and so on.

Lyn (18:28):

Absolutely, Mark. I do wonder, if Alex hadn't done that presentation, where would we be today? Because as I said, hindsight's magnificent. I didn't see this unfolding. I thought it was such a slow increments of change over time. I thought it was a personality shift of some sort. I certainly have some mental health issues in my family, and this was not that. This was, in my mind, this was not schizophrenia, depression, anxiety. It was not just the key ones that I've come across. And also any past PTSD that I'd worked with, not obviously as an intimate person in my life, but they didn't present as Alex was presenting to me.

Prof Mark Creamer (19:14):

Yeah, absolutely. And I think it's a good point, that there's no right or wrong way to present with PTSD, and we see all sorts of different clinical pictures and therefore it's often missed. Let me push on though. So, precipitating factors then. So, we had this escalation of symptoms that got really pretty difficult to hold, and then this tipping point of giving your talk, so pretty idiosyncratic kind of thing. And then, perpetuating factors. Well, I think probably Alex was working in a very high stress occupation, and it was an occupation that brought him into frequent contact with reminders of his CFA events. I think his continued involvement as a volunteer in the CFA was perpetuating. I think his desire to continue functioning at a very high level at work, and in the CFA, and at home, never show any cracks, I think that pressure also is a perpetuating factor.

(20:05):

Our final P is protective factors, and he had plenty. So, he had excellent social support as we've talked about, especially family, but also friends. He had strong premorbid functioning, so no psych history that we were aware of. Strong functioning occupationally, relationships wise, and so on. No substance abuse, no depression, and so on. Good insight. So, prognostically, I thought it was pretty good, and I was kind of cautiously optimistic. So, we finished our assessment and then we start to talk about treatment goals. What do you think were your goals for treatment? What did you hope that we could achieve?

Alex (20:37):

Look, just quickly, I just wanted to understand what was going on and to tackle it. I am that type of person, I guess, if something's wrong, I want to fix it. And I guess in summary, I'd forgotten what it was like to not be stressed and hypervigilant, and I was simply worn out. And knowing that that was making me ineffective as a person.

Prof Mark Creamer (20:56):

Did you have any particular hopes, Lyn?

Lyn (20:58):

For me, I dared not hope until I saw evidence of change happening, which was, I have to say it was immediate, I think immediate, and if not, within one or two appointments. So, thinking back now, I don't think I did hope.

Prof Mark Creamer (21:14):

Yeah, it's an interesting point. Another illustration of what a great client Alex was, was that he came to me with a list of five goals. Not many clients will do that. And they were really about coming to terms with some of these really big events that he had been to, and managing some of these symptoms. So, I just want to talk briefly again, for the benefit of the clinicians, about our treatment plans. Alex was an ideal candidate really for a trauma-focused kind of approach, and that is the evidence-based treatment of choice for PTSD. It was also entirely consistent with his treatment goals. And of course, that's really important in any treatment plan. So, for me, what does that mean? It means starting off with a bit of psychoeducation, explaining what PTSD is and what treatment will involve, and this is about instilling a sense of hope and positive expectations about treatment.

(22:01):

We provide some simple symptom management strategies in the three broad domains of physical, cognitive, and behavioural. And this is about helping Alex to feel more in control of his symptoms, and so on, before we go on to the real work of treatment. The guts of treatment really is, in this case, was prolonged exposure. So, this is the opportunity to confront these painful memories repeatedly in a safe and controlled environment. Forgive me for using jargon, but frequently enough and for long enough to allow the traumatic memory network to be modified, and these powerful emotions that are associated with it to gradually reduce. So, that was the guts of treatment. And then moving on to, possibly, some cognitive restructuring, looking at issues like guilt and shame and so on that might be there before we go on to relapse prevention. So, that's what I thought we were supposed to be doing. Alex, does that fit with your memory of what happened?

Alex (22:59):

Yes, it does. And I've just noted down then the relief that I felt when you said that I wasn't well, and I can't explain the feeling of that, because it made me realise I can actually get better, and it was excellent.

Prof Mark Creamer (23:14):

I think it's a really important point, that we often forget how powerful that can be, an acknowledgement that there is something wrong, it's got a name and we've got treatment for it. That just in itself can be so important.

Alex (23:25):

Yeah. I think the other thing for me was I felt an immediate connection with you, and that generated a lot of early trust, so I felt safe to open up to you. I think you'd termed it prolonged exposure therapy. That was awesome. Very challenging to think about the different events, that then some were pretty

ordinary in my brain, but using that tape recorder and playing it back daily, I used to go into the bedroom by myself and just kneel at the bed, actually. Put the tape recorder on the bed knowing that I was going to cry. And I did that, cried and cried and cried and cried, until the end of that week, I wasn't crying anymore. Certainly I wasn't smiling, but my brain had done whatever your brain does, and it worked. So, that was fantastic. I think the other thing that was great for me was learning about SUDs management, and things to bring you back into the moment, which I think was really cool. Breathing. And then also, physical exercise for me was a key. And I love physical exercise, and it made me feel alive again to actually go back to the gym.

Prof Mark Creamer (24:31):

I'm a great believer in exercise, absolutely yeah. If we think about, all that adrenaline's pumping around your body and it's got nowhere to go, so physical exercise helps burn it up. Okay, that's good. That's good. So, we did stick pretty well to our treatment plan actually, by the sound of it, which is great. Were there, and I wonder from either of you, whether there were any setbacks or stumbling blocks in treatment that you remember?

Alex (24:52):

Well, I should add one last point. A key point that was good was that Lyn came. So, I felt quite alone, I guess, on reflection. And with Lyn coming in the car, the whatever, hour trip, and talking about it and being open to it all, it made me feel alive again.

Prof Mark Creamer (25:16):

Yeah, absolutely. I agree entirely. I was going to mention that, that I think I do always try to involve partners in treatment, but that's usually a brief meeting at the beginning, maybe something in the middle, something at the end. But Lyn, you were very much more involved in that.

Lyn (25:29):

Absolutely. And I think for me, as the partner of Alex, being able to sit with you as well, for the first few minutes of each consultation, or most consultations, to be heard, it's a fairly lonely place to be. This is Alex's journey. And there was privacy concerns around that for him at the time, as he unwrapped what was in front of him. So, being heard, I would agree with Alex. There was a rapport built between us, you and I, and I certainly felt heard and felt supported by you, saying and able to explain things that were going on for Alex. And in a way I understood.

Prof Mark Creamer (26:08):

And just for the benefit of the listeners, that we usually, all three of us, met for the first five or 10 minutes of each session, didn't we? And we reviewed how things had been, and then you left and went off and had a coffee and we did the hard work, yes. Good, good. Look, I think it was crucial. I'm glad that you raised that, Alex. I just wanted to mention briefly that a couple of kind of setbacks that I saw were, first of all the issue of ongoing involvement with CFA, and the ambiguity around that. And we talked before about your commitment to the organisation, and how difficult it is actually to pull back and say, I'm not going to answer the patient, I'm not going to go. And I think we saw that a few times during treatment. That was a bit of a stumbling block. Does that make sense to either of you?

Lyn (26:50):

Oh, absolutely. No was never an option. And also I think the skill level that Alex has, and the understanding that he's one of only a few that had those skills, should the other two or three people not turn up to a particular event, the community's left vulnerable.

Prof Mark Creamer (27:07):

Absolutely.

Lyn (27:07):

So yeah, there's a true commitment there.

Prof Mark Creamer (27:11):

And dealing with those thoughts and appraisals and interpretations, that I should be there and I'm a bad person if I don't go, and all that, that's part of treatment, certainly. The other thing I thought, not a setback, but something we needed to be aware of, was that you had a whole lot of other stressors in your life, like many people, and you had a really stressful job. And I think you had one or two children doing HSC or final year school exams, which we've all been through, and it's an incredibly stressful time for everybody, and all these kinds of things make, they give you less resources available to deal with the trauma, don't they? So, I wouldn't say it was a setback, but something we needed to be aware of. But thankfully, treatment was pretty successful. So, over the course of about 12, 15 sessions, you did respond very, very well. I thought that you were reporting to me, both of you were reporting that things were going much better, you're feeling much better. Your scores on the regular measures that we used were dropping substantially, and so we decided to finish treatment. I wonder, Alex, because it's a big deal, terminating treatment, I just wonder how you felt about it.

Alex (28:19):

I was reflecting on that, and I've talked to Lyn about that. I was scared, but you know what, Mark, you're very skillful. You eased me out well. You pried me out well, but no, but all seriousness, I think our last couple of sessions that were regular sessions were quite optimistic, and I felt really good about that. So, I had my own ability or courage to step away. But it was scary. You gave me the right encouragement I guess, to do that. But you were always there if I needed to give you a call, I think I might've called you a couple of times. But yeah, I mean the product now, is that I feel great, so.

Prof Mark Creamer (28:57):

Good, because I was going to ask how things are now. So, generally things are okay.

Lyn (29:01):

Oh, in my mind, absolutely. We've got the old Alex, and I'm not saying the old Alex back, because that's not possible, there's a path he's gone down, but we're in a much better place.

Prof Mark Creamer (29:13):

Yeah, great, great. So, in terms of quality of life and so on, that kind of stuff is good. Excellent, excellent. Well, I'm obviously thrilled.

Alex (29:21):

I'm even going 110 on the freeway now.

Prof Mark Creamer (29:23):

Are you, that'd be scary. Scary for the rest of us! That's brilliant. And I'm of course thrilled that I was able to help. I just wonder, both of you, looking back now, whether there was anything you learned from the experience, or perhaps what advice you would give others, having been through it yourselves? Perhaps if we start with you, Alex.

Alex (29:43):

Yeah, sure. No worries. Look, I pondered this thought and it's quite important that I want to just get a little message across, I guess. And I think what I learned was some fundamental life skills. I think overall the emergency services approach mental health in a good way. But the journey for emergency services mental health is a maturing feast, we'll call it. It needs improving. Look, both my brothers, old paramedics we'll call them, both retired out early, both PTSD. It's funny you should say that about my family. I think my father had PTSD, he had a very responsible role in the second World War.

Prof Mark Creamer (30:30):

I'm glad you mentioned that, actually. I didn't want to mention that upfront, but I think it is perhaps important that this is, your brothers had PTSD.

Alex (30:38):

Yeah, so I remember saying to you, Mark, during one of our treatments, if you ever want to do a special study on families, families that do emergency service and have suffered a similar thing.

Prof Mark Creamer (30:47):

Okay. Yeah. So, other things?

Alex (30:48):

I think early awareness is the key. So, early awareness increases the chances of early intervention and treatment success, I guess, which potentially leads to reduced impacts. I think that's my thoughts. And it means if, imagine this cycle, imagine if that cycle was broken, or actually reinforced in terms of positive treatment, it means that you can do what you love for longer. It means you can volunteer longer. And for me, high risk industries like the emergency services, where you're meant to be bulletproof, I feel that there needs to be reaching into members at the grassroots, rather than members relying on things to ring when you're in trouble.

Prof Mark Creamer (31:31):

So, we need to be more assertive in terms of going in there and helping people. Yeah, absolutely.

Lyn (31:36):

Absolutely.

Prof Mark Creamer (31:37):

Any other points, or Lyn, did you?

Lyn (31:39):

Look, just in support to what Alex was saying, absolutely. PTSD is not new. We've gone through World Wars and know that, know that PTSD is there. The one main takeaway for me is that talking won't break you. And I'm sure that's not new. And I'm sure that has been a past treatment for PTSD, perhaps. I think, angry is not the right word, but a little bit surprised that frameworks aren't there in for the likes of voluntary services.

Prof Mark Creamer (32:13):

I do think it's getting better, but we've clearly got a long way to go, haven't we? And absolutely. Yeah, go on.

Alex (32:20):

So, I was just saying I trialled an approach because I wanted to see what would happen. So, I actually trialled an approach that was a combination of a lived experience person coupled with a mental health professional, and we presented to about 30 firefighters, and the results were just fantastic. And the reason being, is because honest conversations could be had. So, I got up as a lived experience person, revealed I was vulnerable to people in the room, they didn't know my story. I guess it created this respect, not towards me, but this respect to the story. And then I could introduce someone like you, Mark, and say, well, there's this guy Mark, he actually knows a lot about this mental health stuff, you need to listen to this guy. And that worked really well.

Prof Mark Creamer (33:05):

Absolutely. And there's a limited amount that people like me can achieve, just getting up and preaching and so on. I think that's absolutely right. That's a very good point to make, Alex. Did either of you want to say anything about partners?

Alex (33:17):

To me, imagine you've got a loved one that wants to go into a volunteer emergency service. So, there is no way that that person's experience isn't going to impact on the family, because you're going to see a lot of trauma. So, I think the thing that I talked to Lyn about was that Lyn, and I shouldn't talk for you,

Lyn, I don't think you were made aware of the potential impacts that could happen. So, Lyn being closest to me, imagine if Lyn knew about the early signs, awareness.

Prof Mark Creamer (33:48):

So, we should be working with partners proactively.

Lyn (33:52):

Yeah, to a degree. But Alex, you were very skilled at keeping a lot of this from me, because of the awfulness of the trauma. I think, following on from talking won't break you, it's also being able to find someone who's unshockable, which is you, Mark, in our mind, to be able to download and talk through what events have happened. Because, I'd imagine, I'd be walking away with an equally, no, not equal, a heavy load if Alex had have downloaded all of that onto me.

Prof Mark Creamer (34:23):

Absolutely. I think it's a really important point to make. And as clinicians, I think we need to remember that, that actually there's very often no one else that the person can talk to in the kind of detail that we need to for it to be therapeutic. And that as clinicians, we need to demonstrate that we're strong enough to carry this kind of load. Look, I'm really sorry to hurry things along, but time is going on. I thought that was wonderful, a great discussion. I'm sure it'll be really useful for our listeners. And I'd really like to thank you both. I don't underestimate what a brave and generous thing it has been for you to do today. So, I really want to thank both of you very, very much indeed, Alex and Lyn, thank you.

Alex (34:59):

No problem at all, Mark.

Prof Mark Creamer (35:01):

To our listeners, thank you very, very much indeed for joining us on this episode of MHPN Presents: In the First Person. If you want to learn more about Alex, Lyn or myself, our bios can be found on the landing page of this episode. You'll also find there the link to MHPN's feedback survey, and we really do value your feedback. So, please get on there. Let us know what you thought about this episode. Let us know what you'd like on future MHPN podcasts. If you want to stay up to date with future episodes of this series In the First Person, but also any other MHPN podcast, make sure that you subscribe to MHPN Presents. And if you enjoyed this conversation, I'll come out and do a blatant plug, and plug another series that I worked with MHPN on called Trauma and Resilience, where we look, over six episodes, around trauma. And also, stay tuned for a new series, which is going to be released at the end of November 2022, the mental health of first responders, which you'll find on the Mental Health In Focus show. So, thank you very much again to all those involved. It's goodbye from me, it's goodbye from Alex.

Alex (36:10):

Thank you very much for the opportunity.

Prof Mark Creamer (36:11):

And goodbye from Lyn.

Lyn (36:13):

Goodbye from me.

Prof Mark Creamer (36:14):

Thanks again to everybody, and bye for now.

Host (36:16):

Visit mhpn.org.au to find out more about our online professional program, including podcasts, webinars, as well as our face-to-face, interdisciplinary mental health networks across Australia.