

5th International Conference on

Mental Health and Human Resilience

March 07-08, 2019 | Barcelona, Spain

The impact of vicarious trauma on the emergency psychiatric responder: Simple systematic approaches to self-care

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SAMHSA reports researchers estimate 30 percent of first responders develop behavioral health conditions that can include depression and post-traumatic stress disorder. That's compared to 20 percent in the general population. Crisis responders are often the first to respond to phone calls and situations in their local communities that require hasty and clinical decision-making. De-escalating mental health crisis, involving children and adults who are experiencing a mental illness or substance use disorder. Often time crisis responders are in a state of do first and feel later; over time this can build up and take a mental and physical toll on their health. This in turn impacts the quality of life for the responder and individuals they serve. Research has found that over time, the buildup of unrecognized and untreated trauma can open a door to maladaptive behaviors, compassion fatigue, burnout, and place the responder at a higher risk for Post-Traumatic Stress Disorder. This presentation will aim to provide emergency psychiatric responders and organizations simple approaches to creating work environments that prioritize the well-being of a crisis responder. The provision and access to specialized systematic training, mental health and substance abuse treatment resources, and support from colleagues and supervisors for responders seeking to improving their emotional and mental health. To take care of others, responders must be feeling well and thinking clearly.

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