

Written Transcript
On The Line Episode 3.10 “Survey Says...”

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Charlie Palmer:

Welcome back to On The Line a podcast for today's wild land firefighters. This is it. The final episode of season three and to paraphrase the grateful dead, what a long not so strange trip it's been and we are continuing our look into the mental and behavioral health of wild land firefighters and I'm very excited about the two guests that we have in the KUFM studio today. Dr. Duncan Campbell is a professor of psychology at the university of Montana and the director of clinical training in the clinical psychology program. Duncan's research interests relate to the development and treatment of depression and other common mental health concerns and the management of mental health concerns in primary care settings. He has a long history of working closely with the department of veterans affairs or the VA and our other guest is Patty O'Brien. She's a longtime Lolo hot shot. She was a previous guest on our podcast. That was the recovery podcast that she and Dr Matt Bundle did and she is now a postdoctoral fellow working in Portland. And so welcome to both of you. (Thank You. Thanks.).

Charlie Palmer:

All right, so let's get after it. You two are linked in a variety of ways. Duncan since you're a professor in the PhD clinical psychology program at U M and Patty, you've just recently graduated from that program. Perhaps most relevant to this conversation is Patty's doctoral dissertation in the fact that Duncan, you are the chair for that project.

Duncan Campbell:

I was and I was delighted to serve in that capacity. So Patty and I have worked together for, gosh, how many years now? Maybe nine years, nine years, and they've been wonderful years, I have to say.

Charlie Palmer:

Nice. And so the title of this dissertation is an examination of type D personality, depression and cardiovascular health risk behaviors in wild land firefighters.

Charlie Palmer:

So a really complex title. We'll kind of try and break down some of those parts in our discussion. And Patty, you obtained your data then primarily through a survey that you constructed, which eventually had nearly 3000 wild land firefighters complete, which is just amazing in terms of survey research and in a demographic that's tough to reach and tough to get data from. At times. We found that through some work that we do and yet you were able to get, like I said, nearly 3000 wildland firefighters to complete it. So what can you tell us about that process of, of going through that?

Patty O'Brien:

So I think in total there were 2,625 either former or current wild land firefighters nationwide that completed the survey that had valid responses that we were able to use for the study. And it was a really interesting process. So I developed a survey kind of based loosely on a survey implemented by the department of defense called the health related behavior survey that happens every couple of years and it is a just a broad set of questions looking at different aspects of mental health and behavioral health in active duty personnel. And I based the survey that I put together sort of loosely on that and use some of the same measures, although not all adapted some measures so that they made sense for wild land firefighters. And the benefit of of doing that is that it allows for some comparisons between wild land firefighters, active duty personnel. And then also the general public has, there's data available for most of the domains that we looked at for either the same or similar majors within the general public. So it, it really gave the opportunity to compare across populations.

Charlie Palmer:

So Duncan is the advisor. What stands out for you, kind of your perspective of this vital role, which is the person who kind of helps shepherd this graduate student through. It's a difficult process at times. And you're in this kind of key role of being a mentor and a scientist and all sorts of other things. What, what stands out for you?

Duncan Campbell:

Well one of the things that stands out as how easy it was to work with Patty because she was interested in this topic and also was willing to put in the really hard work. So I felt like in some ways I was along for the ride and just watching her dig into the literature, find the questionnaires that would work best, adapting them as she mentioned in ways that would make them most applicable to wild land firefighters, reaching out to other stakeholders like the national fallen firefighters association for support. And doing the necessary things to, to move a project to completion. So one of the things that comes to mind for me is what's particularly remarkable is that the, and you alluded to this already, Charlie, the number of people who participate in this survey suggests to me that firefighters want to tell their story and that this was an opportunity for them to do. So. You didn't mention Charlie, you're also a member of the dissertation committee. I hope I'm not outing you. (I'm On a proud, proud to have been asked and proud to have taken part in the yeah.) And I think one of the things that we were concerned about early on the time of proposal of the project was whether Patty would be able to get enough participants so that we could have some competence in the applicability of the data. Are the data representative of the larger population of wild land firefighters. And if I remember correct, the, we were skeptical at the beginning that Patty would be able to recruit a few hundred people. And so to see the response that the wild land firefighter community at demonstrated was really remarkable. And I think that speaks a lot about people wanting to tell their story.

Charlie Palmer:

Yeah. Just really seemed to resonate within the population because I mean primarily it was just kind of a snowball sample. Correct. I mean, which just means you throw it out there and they do hope, some people share it and then it gets a little bit of momentum and, and starts building and building like a snowball might. And that's exactly what happened.

Patty O'Brien:

Yeah. And I think part of that was the, I had a lot of support from other stakeholders, namely the national fallen firefighters foundation donated money for a \$5 gift card to amazon.com as a

participation incentive for 600, the first 600 participants to complete the study. And they widely publicize the study on their Facebook and other listservs that they facilitate and, and also other organizations in fire, like wild land fire lessons learned center and this podcast and other folks involved kind of in the, the community that are interested in wild land, firefighter behavioral health, really supported it and, and helped get the, the study out there.

Charlie Palmer:

Yeah. And you ended up with some pretty amazing findings.

Patty O'Brien:

I think so, yeah.

Charlie Palmer:

So maybe I'm getting ahead of myself a little bit to, to maybe first break down this title. So an examination of type D personality, depression and cardiovascular health risk behaviors in wild land firefighters. And so as you mentioned, part of this then entailed this kind of complex health behavior assessment, but that was only part of it. What collectively, can you tell us about type D personality or depression or kind of cardiovascular health risk behaviors? Recognizing that obviously it's this wild and firefighter population that you're focusing on?

Patty O'Brien:

Yeah. So I can talk a little bit about how this maybe came to be. So, you know, I worked for as a wild land firefighter for many years and absolutely saw some of the effects of some of the things that have happened in the wildland fire community, namely the Yarnel fire was a major eyeopener for me in terms of, of really becoming more aware of the effects of tragedy, of trauma, of sort of the general lifestyle of fire, you know, working seasonal fire in particular. I think I became a little bit more aware of some of the maybe cultural pieces that might contribute to mental health outcomes, will positive and negative for wildland firefighters. So I, I was in my, I think third year of graduate school in psychology when Yarnel happened. And so the gears were already turning. I was always interested in psychology and mental health and I think when that fire happened, it just really exposed a lot within the community, not just to me, but I think as a, an occupation, people became more attentive to some of the things that were happening in terms of the effects on people. Around that time, I was interested in, I was approaching you the prospect of looking at a dissertation topic and I knew I would be interested in looking at something related to wild land firefighters but didn't quite know what at the time when I came back into graduate school I was really interested in working and doing something related to depression and mental health outcomes. And also I was really drawn to this piece of rurality, this idea that in rural cultural settings, rural work settings that generally involve labor or landscape based work, that there are often sort of ways of being around emotional experiences around difficult experiences and trauma. And I was struggling to kind of find a way to measure that or even define it. And I still do. I don't know that there's like a real I don't know that there's a, a psychological construct that really describes maybe rural cultural or landscape based work cultures.

Charlie Palmer:

You've used the word stoicism in other conversations we've had. What, what does that mean to you?

Patty O'Brien:

Yeah, so one of those pieces that I would, I would include in that description is maybe an aspect of stoicism. So you know what, when I think about what that means, maybe sort of a way of approaching difficult experiences with a measure of restraint of emotional restraint or suppression as a way that that helps people get through difficult things. I, I don't want frame it in a way that sounds like a negative aspect because I think in reality it probably helps people manage things in the moment we know, you know, just intuitively that things that can help us get through the moment aren't always the things that help us long term and that there can be some, some negative outcomes, some downsides to managing, for example, negative emotions with just stuffing it all the time.

Charlie Palmer:

Yeah. Working in a high risk environment, there's things going on. I've got a job to do. I don't have necessarily time to focus on this right now. I've got to do my job. I'll maybe deal with it later. But unfortunately maybe I won't.

Patty O'Brien:

You know, I think I was drawn to this idea of, of looking at rural cultural aspects, but I think what the way that things evolved, I really realized that a lot of those same characteristics are also present in buyer culture and that, like he said, Charlie, I think that piece of suppressing our own emotional reactions to things as they happen, particularly really, you know, intense experiences serves people well in the moment of managing emergencies, managing high stress. Longterm. Maybe there are some downsides, but I would say that it's maybe even a necessary skill to be an effective emergency responder. Yeah. So all this, to get back to this idea of type D personality, I think I came across this construct as an emerging area of research in a course that I think I took from Duncan. And type D is a personality type that really describes two primary characteristics. So it's describing who tend to suppress their emotions around other people and people who are maybe more likely than others to be emotionally distressed by life and life experiences. So it's people who are maybe more prone to things like anxiety or depression, but also simultaneously suppress their emotions to other people.

Duncan Campbell:

So don't, don't talk about those things in the context, maybe of close relationships or other things. Yeah, absolutely.

Charlie Palmer:

Okay. And so that's the type D piece and then you touched on the depression a little bit as being affiliated with that in some ways. And then the cardiovascular health risk. So in other words, some heart impacts and vascular system impacts. What can you tell us about that?

Patty O'Brien:

So you know, the function of a dissertation is really to address a gap in existing research to answer an academic question. And so one of the drivers of the dissertation was to look at this gap that you know, there is type D, there's a lot of new research related to type D as a predisposing factor to poor cardiovascular outcomes. So increased mortality and morbidity related to heart disease and various heart conditions. And there's a pretty strong linkages between type D and poor health outcomes, not just cardiac outcomes. What I looked at in particular was the potential for that possible relationship to be maybe explained by health behaviors. So things like smoking or tobacco use, alcohol use, poor sleep, poor exercise, you know, diet, those kinds of things. And then really comparing it to depression. So we

know that those same elevations in likelihood of having poor health behaviors are, are also linked to depression. So I kind of compared health behaviors for both type D personality and depression relative to potential risk within wild land firefighters. So I was, I was getting at many birds with multiple stones, but it kind of matched up my interest in wild land fire along with answering an academic question and then also kind of tied to this idea of stoicism and managing emotions through suppression.

Charlie Palmer:

Great. And so that, that's a perfect segue then into what I kind of asked originally in terms of findings. And so for both of you, knowing what they are now that you were able to kind of crunch the numbers on the survey and see what it yielded, what, what stands out then to you in terms of the findings?

Patty O'Brien:

I can talk maybe a little bit about the, the folks who, just an overview of the people that responded to the survey. That's helpful too. So like I said, there were about 2,625 participants in this was the study was open to anybody who had one fire season of full time work as a wild land firefighter in a designated wild land fire suppression position. So basically three months of experience serving as a field going wild land firefighter in their lifetime.

Charlie Palmer:

It could have been federal, could have been state, could have been volunteer work, could have been contract work.

Patty O'Brien:

Any agency. Yeah. So it's eligible to retirees. People have moved on from fire current firefighters. What I found was that, so of the people who responded, 92% reported currently working in the wild land fire service. So most folks were current firefighters, 77% reported working for a federal agency. So most folks were involved with some kind of federal agency and 54% reported working in a position designated as field going. 83% were male, most folks were 80 so 85% were identified as white. And the average age was about 40. And the average duration of wild land fire service was about 18 years.

Duncan Campbell:

It's a pretty well educated group of folks too. So 90 plus percent had reported some education beyond high school. So we're talking about some college at least in terms of education.

Charlie Palmer:

And then how reflective in general, our survey respondents with the population of wild land fire pretty close, wasn't it?

Patty O'Brien:

Yeah. Yeah. So we talked about how the wild land fire workforce is comprised of multi agencies, many different types of positions. It kind of expands and contracts relative to the needs of fire suppression. So it's very hard to get a good description. I compared it to some data reported by the forest service. The demographics of the people who responded to the survey mashed up pretty well with those demographics of the wild land fire workforce within the forest service. So within the forest service, it was 87% male, 77% identified as white, and about 9% reported that they were veterans. I had I think a

very similar finding. I think 10% reported that they were veterans that responded to the study. So pretty similar overall.

Charlie Palmer:

Yeah. To me just multiple different findings of interest. The things that personally I found most interesting were kind of the behavioral health pieces. You and I have had that discussion for years that there's never been an accurate assessment of that in the wild land fire population. You and I conjectured back and forth about what we thought those numbers might look like. If somebody were to ever do that study or to gather that data and then lo and behold, you did do that study, right? You did get those numbers. But again, to you to, to Duncan, what do you think are the most important pieces of this that that need to be discussed, that the people who might not read this 260 page document could get as a take home message.

Patty O'Brien:

So is it really short take home message? I would say that what we found was that mental health conditions that are most common, so depression, anxiety and PTSD for example, are very common among wild land firefighters and that generally occurred at rates higher than the general population and that health behaviors of concern. So for example, binge drinking, smokeless tobacco use are also very high relative to the general population. And I think, you know, in talking with other firefighters and other folks in the community, I don't think that most people I guess are not terribly surprised by this. In fact, a lot of the reactions I've heard from people are things like, well I guess that's confirming what we, what we already knew or what we thought. And I would say that to some degree to confirmed what we talked about or what I thought as well.

Charlie Palmer:

Yeah. Okay. So 17% of your sample screened positive for possible depression? Yeah, a 12 and a half percent reported having been previously diagnosed with depression by medical professional, generalized anxiety disorder came in at about 13% and in the survey population, 14% probable post traumatic stress disorder. And that's in comparison to about 4% in the general population, 57% and you mentioned binge drinking, 57% of survey respondents had binge drank in the past month, so the past 30 days, but 37% smokeless tobacco users in the sample. And then one of the ones that I found most interesting, you're finding that the majority of the individuals in fire may experience health improvements by increasing their physical activity level, which again, I just think, okay, here's this population. Extremely active, very busy, you know, their job demands for the most part that they're active, they're into physical training and all of these things. Uand yet that's not necessarily accurate.

Patty O'Brien:

Yeah. So you just mentioned a lot of different, different findings. We can talk a little bit about the depression, anxiety, PTSD pieces. So like Charlie mentioned, 17% of the folks who responded to this survey screen positive for a probable depression, and that's about twice the rate that's found in the general population. This is maybe more comparable to what what's found in veteran populations or a structure fire populations and I think this makes sense maybe in terms of thinking about, you know, we know that wild land fire is an emergency response profession. It's different than active duty military and different than structure fire. But in the past we just haven't had data to describe where wild land firefighters fall in the mix.

Duncan Campbell:

I would just maybe interject a brief comment. Some of the languages we talk about these findings is a little clumsy because we're saying things like probable major depression. And the question is what on earth does that mean? And we're having to be careful saying probable here because we have questionnaires that we know that they do identify people who might have say a major depressive episode, which has a diagnosable health condition. So the measures do reasonably well at identifying those people. But screening positive quote unquote on one of these measures doesn't mean that someone does have major depressive or PTSD or generalized anxiety disorder. It just means that we have higher confidence, that it's likely that they do just an important thing to keep in mind as we think through the findings.

Patty O'Brien:

Yeah. Thanks for clarifying that. Cause yeah, like Duncan mentioned there, this is just, it's data from screening measures which is important data and it doesn't replace being diagnosed by health care professional and it's, it's really important. So.

Charlie Palmer:

They're complex diagnosis, they deserve to be looked at with a recognition that they're complex and you need to triangulate.

Duncan Campbell:

Right, right. And I think one of the things that's important too is that each of these measures kind of sends the message that these health conditions exist independent of each other. And that is actually rarely the case. So more typically if someone is experiencing depressive mood, they likely also have high levels of anxiety as well, maybe highly likely to, to drink heavily. And these things tend to be somewhat synergistic sometimes. And, and self perpetuating. It makes sense that someone would drink heavily if they feel anxious because in the near term it helps reduce the anxiety. But in the longer term, given that we know that alcohol is a depressant it can perpetuate problems with depressed mood.

Patty O'Brien:

Yeah. One of the pieces I thought was really interesting is that, you know, we found that 17% of of the folks who responded, screened positive for likely depression and 12% reported that they had been previously diagnosed by a healthcare professional. And this is a common finding in general populations also that the, you know, the proportion of people who have report being formally diagnosed as is lower than the prevalence found using screening measures. But what that implies is that there are, there's a proportion of people that are experiencing depression for example, that are untreated. And that's a significant thing. We know that depression is a predictor of of many negative health outcomes and it's, it's suffering, right? It's a, it's a really difficult experience. And one that's linked to like Duncan mentioned to other health, behavioral health conditions are not acknowledged as significant health problems in the way that physical health problems are. And we know that that's just not true. And there's less of a distinction between physical and mental health then we generally talk about.

Duncan Campbell:

I would add too, the gap between people who have a condition like depression and treatment is really important because treatment works. We know a number of different ways to help people shift

depressive mood to reduce anxiety. You know, there are medicines that can help with those things. Psychotherapies can help with those things. Physical activity can help with those things too. So yeah, there, there are a lot of people who are struggling with mood. That's kind of the concerning news here. And then the flip side of that is that treatment works and I think it's important to get that message out to people.

Charlie Palmer:

Which leads fairly quickly do a discussion about what is it that's keeping that percentage of the group from accessing then that help or those services.

Duncan Campbell:

That's a complex one.

Patty O'Brien:

So you know, I don't know that we can say definitively what those barriers are or why someone might not seek treatment. I can say my own opinion is that I think there are lots of barriers to seeking treatment just in general for people maybe even that aren't firefighters. There are multiple barriers that people can encounter to treatment engagement. I think that for firefighters there may be some unique ones as well. I think stigma is potentially a huge piece of that. So oftentimes people experience or perceive certain negative connotations associated with the idea of having a condition like depression for example, or anxiety or PTSD. What might it mean for a firefighter to be diagnosed with one of those conditions or to seek treatment for one of those conditions? I think sometimes people really fear what coworkers or supervisors might think of them. How the reputation or perceived competence might be affected in you know, wildland fire where competence and sir reputation are are front and center in terms of how people are viewed are how how other people treat them

Charlie Palmer:

And then the, the schedule or the lifestyle might not be real helpful as well. Right. I mean, if you've, if talk therapy is part of the recipe of help and yet you've got a schedule, that means you're gone two weeks, four weeks, six weeks, whatever. Right? It's pretty hard to schedule this monthly or this weekly talk therapy session that's going to help me kind of address some of these challenges because I just don't know where I'm going to be.

Patty O'Brien:

Yeah, absolutely.

Charlie Palmer:

Versus a first responder of another ilk, you know, ambulance or law enforcement or structure fire where your schedule's a little bit more predictable and, and you can say with a little bit more certainty, yeah, I can make that appointment next Thursday cause I know I'm gonna be here or whatever. And yet with this population, much less predictable.

Duncan Campbell:

Yeah. I think that's a really important point there. There are all sorts of barriers to healthcare engagement period. And I think there are probably more barriers to healthcare engagement for the

person that we're talking about here. Some of the problems that are related to the health care system. So this question of where is care provided and by whom and medicines are readily dispensed in a primary care setting. So antidepressants can be prescribed and most often are by primary care physicians. You don't have to be in a clinic to benefit from the ongoing effects of an antidepressant. You do have to be present at least for a period of time to gain the benefits of psychotherapy or counseling. I think one of the things that's helpful to keep in mind about nonpharmaceutical or nonmedical treatments for mental health concerns is that we work with people to establish strategies for managing mood and the thoughts that might be precipitants of difficult mood and other things you can work intensively to establish different ways of responding to your circumstances that then are portable and durable. Take practice for sure and work to establish those strategies. But once you've got a way of interacting differently with moods that you might prefer to change or not have you can carry that with you. So perhaps in the example of, of a seasonal firefighter, an episode of some regular psychotherapy in the off season could carry someone through particularly stressful times when they're in the field, so to speak.

Patty O'Brien:

I think sometimes too, just the idea of how do I even find a therapist, a lot of folks that live in rural areas that can be really daunting. So even if a person is really interested in maybe doing some talk therapy can be really hard to even access or know how to access somebody that might be a good fit.

Charlie Palmer:

Yeah. Remote workstation or ranger station somewhere in very rural Idaho or Wyoming or California or wherever. It's just, it's not close by, right?

Duncan Campbell:

Yeah. There, there are efforts, I think a lot of these are coming out of veteran's affairs to increase access to mental health treatment through telehealth or virtual technologies. So using an internet connection and doing secure video conferencing with the therapist. And I think there's a lot of promise there. Maybe at a more kind of basic level. One of the things that interests me, and I think this is probably relevant to the wild land firefighter population and just any other population too, is the question of whether mental health treatments are provided in a specialty clinic. So a mental health clinic or a counseling service versus a, a general medical one and, I think there's something potentially potentially it would be cautious about this activating in terms of stigma when the mental health treatment facilities and physical health treatment facilities are, are separate.

Duncan Campbell:

You think of Missoula, St. Patrick medical center is a gleaming monument to medicine right in the center of downtown. And the equally important mental health center is tucked away out of sight. So I think there's some structural stigma that exists. We're making some progress towards integrating mental health in medical settings so that it's just a routine part of care. And I think that's a really important thing. It's not uncommon for people to have regular visits with a primary care physician or a physician assistant. And increasingly there are also mental health behavioral health specialists. They're able to provide care on the same day, in the same clinic so someone doesn't have to go somewhere else and can circumvent that stigma process. Oh, you mean there's something wrong with me? I got to go see someone else. So the healthcare system I think has made some progress. And hopefully that will make a pathway to treatment for some of the folks like those you studied here, Patty make their pathway into treatment a little bit more smooth.

Charlie Palmer:

Is there anything that can be done at the individual level in terms of stigma or their perception of stigma? In other words, how we treat one another, how we look at and support fellow firefighters.

Patty O'Brien:

I mean, I think the culture of fire regarding acknowledgement of risk occurrence of tragedy and trauma on duty and the mental health consequences that can go, come along with, with being a firefighter are much more openly discussed there certainly when I started and I would say have dramatically changed in even the last five years or so. I hope that it's just continuing to get better. But I would say one of the things that we can do is just to educate ourselves and the people that we work with about some of these experiences. You know, I tend to view all of these, we use the term diagnoses or conditions or these sort of medical terminology words, but they're human experiences that we know are very normal with exposure to difficult life circumstances and very common. So I think that the way we talk about things is very important.

Patty O'Brien:

Well, you know, I look back at some of the, you know, my, my own social connections and, and things that I've seen coming through fire. I think there's almost a normalization of a certain lifestyle that happens in the off season that people get isolated. People can get kind of down, people can often turn to alcohol and other things that maybe are high risk in terms of their health and in fire. We tend to accept a certain level of risk in general. And I think that can transfer into personal life in some ways. In that we can often see something happening with our friends or coworkers and sort of accept that maybe they aren't living the healthiest lifestyle or they may even be at risk and that that's maybe we perceive it as more acceptable than than we should. I think that there's never harm in expressing concern for people.

Patty O'Brien:

We care about people that we work with and reaching out and building connection with people that we work with. I mean that's, I start is some of the best parts of fire are the relationships that people have and the bond and alliances that people build. And I think that we need to use those to continue to break down some of the barriers. The, you know, the best support is genuine caring support from the people that are around us. Reach out, reach out to people and check on them if you see things that are concerning to you, even just a check in with folks can go a long way.

Charlie Palmer:

Yeah. That, that resonates for me cause I just, I immediately then think back to my own perspectives and as a seasonal where, right. You just, you get so tight and so close with everybody around you and then the off season comes and there's just this period of time then where you just go solo, right, where it just kind of off the grid and doing what you're doing and very little or no contact with all these people that two weeks ago, a month ago you were just brothers and sisters in arms, you know, locked together and then all of a sudden there's nothing there and they'll contact no followups, no off-season conversations. And I feel bad about that in hindsight, you know, just like wow. But that was just, that to me seemed like part of the culture and as I go, we'll see you next year, you know, or catch you next season and we'll be back doing it again. And sometimes they were and sometimes they weren't back.

Patty O'Brien:

I think also sometimes the idea of like what it means to be a good firefighter to be good and competent at our jobs has shifted. Also, I think it's much more moving towards sort of this acknowledgement of a risk exposure and thinking about risk in terms of exposure. That just was not necessarily part of the conversation when I started and, I hope that thinking about and acknowledging that some of these experiences go along with the stuff that people are exposed to in this kind of work and that being fluent, being aware, being able to talk about these things is part of what it means to be good at this kind of job. And I hope that that continues to move in that direction, that there's more to our job than just strategies and tactics and that it's a much bigger picture. Right.

Charlie Palmer:

So that's all good. Hopefully coming recent developments, things getting better, what, what else can be done? What other positive changes can be facilitated at the individual level, at the organizational level, the way, how do things get better?

Patty O'Brien:

I think there are a lot of, you know, he talked about some of the interpersonal friendship, coworker things that I also think there are these bigger systems level changes that I hope come into place depending on where a person works. The resources for mental health services can really vary. Access to resources that like an employing agency supports can, can also really vary. So a lot of times what you know, I think can happen is that organizations can have programs set up to support people engaging with mental health services, but they're not commonly known to people. They're hard to access. They're hard to find in the towns that they live in. There can be barriers with the red tape and logistics of claims and processes like that, that can make it really difficult for someone, especially that's experiencing really hard times to, to navigate. So I hope that our systems improve to support people getting help and getting both preventative education and help, but also treatment.

Charlie Palmer:

Yeah, and I think there's a huge leadership piece in that, right, that oftentimes folks are fighting those battles alone. You know, whatever the organization might be. I've got something going on. I'm trying to get help. It's really onerous on I'm struggling and a great opportunity for leadership at multiple levels to step up where they can to influence things as positively as they can to help it be better for their people that are working hard, trying to get some of this stuff addressed and to help them know they're supported and that their backsides covered from the leadership standpoint. Duncan how about for you? Just as you've got this great perspective to be able to know about it, to understand the culture and yet have a little higher view of it at the same time. What do you find interesting about all this?

Duncan Campbell:

Well, I think all that's pretty, it's really interesting and very important. It was interesting for me to hear you to say just a moment ago that when you saw the findings of the spread and prevalence of some of these health concerns that you weren't surprised because I, I'm not from the fire community. I am a depression researcher and I'm a health services delivery researcher and I actually was surprised. It's not that I didn't believe Patty going in that we would see a lot of these concerns, but it was, it was kind of surprising to me. I think that the raising awareness is really important and I think that this work has an opportunity to do that. I think there's something about mental health concerns or concerns in this domain that most folks if they're lucky enough not to have experienced some of these things might tend to think are things that happen to other people.

Duncan Campbell:

So there's kind of an othering phenomenon that happens when we talk about something like depression and post traumatic stress disorder. And that's part of what perpetuates the stigma. So I wouldn't want to seek treatment for a mental health concern myself, for example, because it means that I fall into that group of the other person that then might be thought of in a negative way normalizing. I mean that's a term we use often. Maybe it's overused, but presenting data like these that suggest that in fact these health concerns are quite common even in a population. Again, that as an outsider I my stereotypical view, these are Uber healthy people. And in many ways they are and they have these human experiences that was referring to like low mood and anxiety and, and those sorts of things. So I think the system, you know, broadly defined, sometimes we use that term and it feels a little ominous.

Duncan Campbell:

But I think the, the system should spread the word that these are relatively common experiences even here. And that that's important. You know, it's, maybe it's a step to say this because how you get to this is, is a big question, but there's no shame in experiencing depression in experiencing anxiety. They may be things you don't want to feel that, that makes perfect sense, but it's, it's not a shameful thing. It doesn't suggest that you're somehow to blame for this. I think we tend to look at a health concern like depression and I'm talking about we with the capital w of society might be more likely to look at something like depression and say, huh, you know, this person's life seems fine from the outside. It must be their fault that they feel this way, that stigma at work and when the person who themselves has depression and internalizes that that's when stigma is particularly problematic.

Duncan Campbell:

So you can have an awareness. Most people think quote unquote or for example, that people with depression are to blame or are weak. But if you are told by a physician you have depression. If you think I'm, I'm to blame for this, I'm weak, then that can set off a cascade of, of, of consequences that make the condition worse or so. I know I'm, I'm probably going all over the place here, but I think awareness is really important. Just send the message and you just think of what we see in popular media. It's only in the past, gosh, I don't know, year or so where you see advertisements on TV that are explicit about mental health and depression and anxiety, and even more recently that we've seen references to nonmedical treatments for these concerns. The pharmaceutical industry made a ton of money off of marketing, direct to consumer marketing of antidepressants, and that was helpful I think because it raised awareness about the treatability of of depression and anxiety.

Duncan Campbell:

Psychotherapists don't have their same pharmaceutical industry and all of the money that's behind that, but recently we've started to see on TV and public service announcements, references to the effectiveness of therapy. I think there was a Michael Phelps advertisement who was talking about the usefulness of counseling for him. Queen Latifa recently, as has spoken out about the importance about talking that stuff. The system needs to do more of that too. Yeah, and to normalize that experience is a highly effective pathway to improve mood. Just interesting that there's these other demographics than that are facing the same challenges, whether it be athlete populations or musicians or, right. They've just got these mental health challenges that kind of permeate that group, whatever that group might be. So firefighters in that sense, or just one more on that list of groups that just have some of these issues that they've, they've got to face. Yeah, and I think in, in a community like Missoula, we really look up to our firefighters. I mean they kind of how hold this really held and really high esteem do really important

work. And you know, they are remarkable people and many of them also have relatively pedestrian mental health concerns.

Charlie Palmer:

Yeah. Yeah. So if we're going to move towards conclusion of this, Patty, what do you have to offer to kind of wrap things up?

Patty O'Brien:

I would say, I hope this is just the beginning data is really important because it serves as a reference point. I think often we end up kind of guessing. We can say things like, we think that wild land firefighters are also at higher risk for X, Y, Z. I think it's really helpful and important to have data to serve as a foundation for moving forward. So I hope that this study is sort of a, a foundation for more and that the agencies that employ firefighters continue to work towards increasing awareness, increasing halfways to treatment, decreasing stigma, and Duncan mentioned really normalizing these experiences in this type of work. I think that that's, like I mentioned before, that that's part of what it means to be competent, that we have to be aware and responsive to these experiences.

Charlie Palmer:

Great. Duncan, how about for you?

Duncan Campbell:

Gosh, I would, I would echo what had Patty said. I think it's going to be important to get these data out there and I think understand a bit more what some of these health characteristics are at different levels. So what's the relationship between say, age our participants and some of these health characteristics, the field going or more recent field going, people reporting different health characteristics from people who may be removed from that a little bit. So I think there's a bit more analysis to do, but I really do think that increasing awareness, having objective data that tell the firefighters story or part of it is really, really important.

Charlie Palmer:

Well, I just think that it's going to become one of these seminal pieces of work in the literature with wildland firefighters. That O'Brien 2019 is just going to be referenced over and over and over with regard to the findings that you came up with and just the approach that you took with it and so just congratulations to both of you for just a fantastic project. Thanks. Thank you.

Charlie Palmer:

The future of this podcast is in a state of limbo. For the first 28 episodes of On The Line, we were able to utilize grant funding from the forest service to help pay for our production costs. We are going to do our best to come up with a season four and hopefully more seasons beyond that. It might mean we have to chase some underwriters or advertisers for funding support, but if that's what it takes to keep it going, we're going to do just that. So our team is grateful to you, our listeners, and it's our hope that we can continue this podcast journey together for years to come. If you have any feedback or advice, feel free to give me a holler grizzlycharlie@gmail.com and we will hopefully catch you next time.

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