



Supporting the Mental Health of Ontario's Emergency Services Workers

Summary

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June 2015

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The Backstory

Mental health issues, including occupational stress injuries and depression, are a growing concern among Ontario's emergency services workers. Many emergency services organizations have prevention policies and programs in place, yet despite these, stigma around mental health in the workplace continues and many workers do not get the support they need. From a systemic perspective, a focus on mental health awareness, prevention tactics, and evidence-based approaches to trauma reduction are essential to address the problems being faced by emergency services personnel. Such an approach will assist first responders to develop personal strategies and coping mechanisms to the stress and cumulative effects of the many traumatic incidents they encounter.

The Mental Health Commission of Canada (MHCC) and the Public Services Health & Safety Association (PSHSA) are committed to increasing awareness about the importance of workplace mental health and supporting emergency services organizations to take action. To achieve this, we co-hosted a discussion forum among emergency services organizations in Ontario.

The invitation-only forum was held December 2, 2014, at the Holiday Inn Toronto Downtown Centre.

The Purpose

The overall purpose of the discussion forum was to build relationships, coordinate efforts, and identify areas of potential collaboration. It served as a starting point for participants to share knowledge, perspectives, and best practices.

The forum was specifically designed to answer the following questions:

1. What are the perspectives, opportunities and challenges for mental health issues amongst first responders?
2. What programs are in place? What is working? Where are the gaps?
3. What, if any, are the promising practices that can be considered and applied to first responders?
4. What lessons can we learn from outside of Canada?
5. What are the future tools or resources that are needed to address the problem?
6. What additional research or evidence, if any, is required regarding effective practices?
7. What can this group specifically do to build awareness of this issue amongst the first responder community?

This forum is a first step toward determining what programs, tools, and support is required in the future.

The People

This first roundtable brought together a wide range of leaders from 35 organizations including employers, associations, government officials, researchers, experts and persons with lived experience. Three of the organizations represented are participating in the MHCC Case Study Research Project. The complete list of participants can be found in Annex B.

Ron Kelusky, President and Chief Executive Officer of the Public Services Health and Safety Association, and Ed Mantler, Vice President, Programs and Priorities of the Mental Health Commission of Canada, co-

hosted the roundtable. Staff from MHCC and PSHSA attended the roundtable to support its facilitation, record the discussion, and prepare this summary.

Setting the Stage

Both PSHSA and MHCC actively support emergency services organizations across Ontario. To help set the stage for the day, representatives from each organization shared activities and initiatives that focus on this important sector.

Ron Kelusky, President and CEO of PSHSA, delivered a presentation on the need to address traumatic mental stress as a workplace hazard. He highlighted clear indicators that unaddressed traumatic mental incidents increase the risk of Post-Traumatic Stress Disorder, compassion fatigue, burnout, and depression as well as higher levels of substance use and marital issues. He also examined contributing factors to post incident stress such as personal connection, severe child neglect, someone who died in isolation, familial reaction, suicides, and incidents involving fellow first responders. Shift work, compressed work weeks and extended work days can compound these factors and lead to fatigue.

Ron highlighted that education is a key factor to prevention, as is the need to reduce stigma within peer groups. He explained the importance of integrating programs to address mental health into existing structures within a Health and Safety Management System Framework and encouraged working together to address the issue.

Ed Mantler, MHCC Vice President, Programs and Priorities, spoke next on *Protecting the Mental Health of Our Emergency Service Workers*. He underlined the importance of workplace mental health and the MHCC's ongoing commitment to support emergency service workers. Ed also provided an overview of MHCC and the *Mental Health Strategy for Canada*. He explained the importance of investing in workplace mental health — mental health costs the Canadian economy \$51 billion per year and 500,000 Canadians will not go to work each week due to mental illness. He reinforced that the cost of doing nothing is high, leading to increases in absenteeism, disability claims, injuries, and legal implications for the organization.

Ed provided an overview of several critical areas where employers can affect change and enhance workplace mental health:

- Implementation of the *National Standard for Psychological Health and Safety in the Workplace* - a voluntary set of guidelines, tools and resources focused on promoting employees' psychological health and preventing psychological harm due to workplace factors;
- Road to Mental Readiness (R2MR) - a training program designed to decrease stigma and increase resilience; and
- Mental Health First Aid - a training program designed to improve mental health literacy and provide the skills and knowledge to respond effectively to emerging mental health problems and crises.

The Mental Health Commission of Canada is in the midst of a three-year Case Study Research Project documenting how Canadian employers from all sectors are implementing the *Standard*. It follows the progress of more than 40 organizations including:

- RCMP "C Division";
- Canadian Security Intelligence Service;
- Mount Sinai Hospital;

- The Scarborough Hospital; and
- Toronto East General Hospital.

The Case Study Research Project will:

- Document how the *Standard* is implemented among Canadian employers, across industries, sectors, and regions;
- Identify challenges, gaps, and promising practices related to implementation; and
- Quantify costs and impact.

The R2MR training program was developed by the Department of National Defence as a way to increase the resiliency and mental health of those facing combat. The MHCC adapted it and is piloting the program with police officers across Canada, including the New Brunswick RCMP, Calgary Police Services, Fredericton Police, Edmonton Police Services, and the Ontario Police College. The goals of the programs are to:

- Reduce the stigma around mental illness;
- Promote mental health in the workplace;
- Change how participants talk about mental health and mental illness;
- Help members identify poor mental health in themselves and others;
- Teach coping skills to manage stress and poor mental health; and
- Create a more supportive environment.

Mental Health First Aid (MHFA) is the help provided to a person developing a mental health problem or experiencing a mental health crisis. Just as physical first aid is administered to an injured person before medical treatment can be obtained, MHFA is given until appropriate treatment is found or until the crisis is resolved.

The MHFA Canada program aims to improve mental health literacy and provide the skills and knowledge to help people better manage potential or developing mental health problems in themselves, a family member, a friend, or a colleague. Many leaders in policing, fire services, paramedic services, healthcare and other emergency service settings have had MHFA training. A pilot project is currently underway with Ottawa Fire Services – where training schedules will be adapted to better align with operational requirements. The evaluation results are expected in 2015/16.

The Roundtable Discussion

In addition to learning from another, the roundtable had a particular focus on:

- Understanding the current state — best or promising practices that can be applied to the prevention of traumatic mental stress in first responders. What programs are in place? What is working well?
- Reviewing challenges and opportunities — current challenges affecting the mental health of emergency services workers, new tools or resources to address challenges as well as any additional research that may be needed to ensure successful intervention.
- Building awareness — what can be done to build awareness on first responders' mental health. What type of communication is likely to be effective? What existing communication channels could be leveraged?

Current Strengths

Identifying strengths and opportunities to approach and address mental health issues amongst first responders was a key focus of the event. To assess current strengths they looked at what programs are in place, what is working, and where are the gaps.

This discussion helped define the current environment in which organizations support the mental health of their employees. Considered as strengths, the majority of participants was quickly able to identify at least one promising practice that their organization had adopted.

The following list identifies promising practices that participants believe have contributed to increasing dialogue, reducing stigma, and responding earlier to support employees that have been exposed to traumatic events:

- Implementing evidence-informed practices;
- Partnering with associations and teams of specialists;
- Promoting an organizational culture where leaders lead by example;
- Providing opportunities for peer-to-peer support;
- Providing support through in-house psychological services;
- Conducting pre-employment psychological assessments;
- Conducting annual surveys to assess psychological health;
- Adopting mandatory training;
- Customizing and adapting training, materials, and resources to fit with the organizational culture;
- Providing support to employees and their families through Employee and Family Assistance Programs — some police organizations have adopted specific spousal support programs;
- Enforcing mandatory reporting of incidents (e.g. Incident Command Systems and/or Incident Management Systems that incorporate responses to traumatic events and give guidance on supporting persons with severe mental health issues);
- Being exposed to awareness campaigns (e.g. Bell Let's Talk); and
- Educating and raising awareness on specific needs of first responders through training of service providers (e.g. physicians, nurses, counselors, and lawyers).

As part of the discussion, participants also identified different types of training, treatment services, organizations, and other programs and resources that their organizations are currently using. See Annex A for a detailed list.

Reviewing Challenges and Opportunities

The following six areas were identified by participants as high priority opportunities to address key challenges that impact the mental health of first responders:



1. Research and Standards

Participants felt strongly that we need to move forward in an evidence-informed manner. The approach needs to be validated, proven, and focused on building a common understanding to address the mental health of first responders. There was a strong willingness to participate in research to:

- Develop common terms and language to create a standardized approach to first responder mental health;
- Establish measures to assess the problem and evaluate interventions and programs used to support mental health amongst first responders;
- Understand the data and research and develop best practices or standards of practice to manage the mental health of first responders and then mobilize that knowledge to close gaps; and
- Develop partnerships between universities, insurance companies, employers, and unions.

The first responder community is well defined and can be easily reached, however the group emphasized a need for a long-term view of the issue and budget to invest in research and establishing best practices.

2. Organizational Factors

In terms of organizational challenges and opportunities, the participants felt that there needed to be a shift in the thinking and approach to the mental health of first responders. Organizations need to develop a deeper understanding of mental health risks and traumatic mental stress (TMS) and how to mitigate risks within the workplace. Supervisors and leaders need to be educated to establish organizational supports for workers, improve communication, and create buy-in throughout the organization to address mental health and work related TMS.

Some specific opportunities include:

- Identify the skills and characteristics required by a supervisor to assist a worker challenged with mental health concerns and TMS;
- Provide better data to understand the scope of the problem and provide clarity on tools to help measure psycho-social issues;
- Clarification on best practices and systems that can address mental health in the workplace; and
- Engagement of the family to provide a holistic approach to address mental health and work-related TMS.

3. Understanding the Job and Work

Participants also felt that there was a need for service providers to have a deep understanding of the work environment. Secondly, it was felt that to be successful in addressing mental health, the risk needs to be integrated into and across jobs within the first responder community. Some specific needs that were highlighted include identification, diagnosis, and underreporting of TMS; differences across jobs within the community; buy-in to address mental health; and lack of understanding about the work related risks. Some specific opportunities include:

- Make mental health and TMS discussions a normal part of job training and continue discussions within the workplace to improve buy-in and encourage reporting;
- Identify opportunities to integrate mental health and TMS awareness into the workplace systems to help supervisors understand the risks and establish policies and procedures to address them, spot signs of mental health concerns, and build comfortable environments for dialogue on the topic;
- Expose services providers, including clinicians, to the work environment and help them better understand the culture and the work; and
- Breakdown silos across the first responder community to collectively address mental health.

4. Culture and Stigma

Participants felt that the dialogue about the mental health of first responders needs to start at the top of the community. Stigma, the denial of risk, and the prevalence of TMS and resulting mental health issues in the workplace continue to be a barrier. There is a fear of disclosure and a fear of showing weakness. The opportunities to address this include:

- Find champions and role models who can engage first responders and members of the community in talking about TMS and the associated risks to a first responder's mental health with the ultimate goal of raising awareness and making it "ok";
- Review other resource models and approaches, such as the Canadian Mental Health Association and Ontario Hockey Association's "Talk Today" video, the Ontario Paramedic Association's "We've Got Your Back" and TEMA's "Heroes are Human" campaigns, which promote suicide awareness; assess what made these campaigns successful; and identify ways to continue to build awareness; and
- Identify key messages that resonate with the first responder community, including encouraging organizations to take the first step in implementation of the *Standard*.

5. Training

The participants felt that training on how to recognize and address mental health risks, particularly those associated with traumatic workplace events, needs to be improved and expanded upon to consider not only the first responder community, but also those in other jobs such as dispatch, ski patrol, and road crews who may at times be first on the scene of an accident. There was a general feeling that a large shift is needed because the topic is not openly discussed and there is limited knowledge transfer or organizational focus. Some opportunities to improve this include:

- Ensure those creating the training and resources have an understanding of the job and incorporate appropriate content;
- Include mandatory training, building resilience and capacity at the curriculum level;
- Train workplace peer supporters;
- Improve employer, union, and family communication channels that drive a focus on working together toward a common goal, utilize tools that exist and make it a whole organization/community focus; and
- Start talking about mental health early, conversations about mental health should be common and encouraged, even among children.

6. Treatment of Mental Health Disorders

Two discussion groups focused on treatment of mental health disorders; one examined Employee Assistance Programs (EAPs) and the other discussed understanding treatment options. Participants felt it was important to understand the resources available through EAPs, or other programs, and to ensure EAP providers know the job realities so they can support mental health and Post-Traumatic Stress Disorders, or traumatic mental stress. There is also a need to address the cost and duration of treatment offered for mental health disorders and to identify programs that could compliment an Employee Assistance program. Personal factors were also highlighted as possible barriers to seeking treatment, such as self-medication, refusing support, lack of confidence in treatment options and failure to recognize the impacts of micro-trauma's or vicarious traumas. Some opportunities that were identified include:

- Identify longer term strategies to address mental health and create a realistic implementation plan for these strategies;
- Build mental health into discussions about overall wellness and identify the return on investment to ensure strategies continue to receive support and resources;
- Investigate methods to increase funding to support treatment of mental health disorders including use of benefits, transfer of benefits (use for counselling instead of massage), and pooling funding across services and communities;
- Create in-house programs that support the worker post treatment utilizing and implementing the *Standard*; and
- Engage families and increase awareness of the resources and tools available to support workers, the workplace and families.

Several other challenges and opportunities were raised by the group, but were not explored in further depth due to time limitations. These challenges included:

- Funding — lack of internal resources (time, budget, etc.) to adequately address the issue (i.e. assess risks, develop and implement programs);
- Policies — lack of health and safety legislation covering traumatic mental stress and unclear accountabilities;

- Change management — workplace mental health has yet to be integrated into healthy workplace models, change management processes will be critically necessary to facilitate this integration; and
- Workers compensation — chronic stress is not compensable and reintegration can be difficult.

Next Steps

Efforts to build awareness and engagement across the emergency services sector were identified as important focuses; roundtable participants suggested the following as future next steps:

- Following the session, identify specific actions required to move forward.
- Build a communications plan to reach emergency services organizations and workers in an efficient and timely manner.
- Develop a template that each organization could complete to inventory current programs and initiatives.
- Identify associations, publications, and other communications channels that could be leveraged to reach emergency services workers.
- Identify key messages for the target audience.
- Engage funders to provide resources for documenting best practices and disseminate them to the target audience.
- Expand our reach to a national audience.
- Create a working group or community of practice for organizations to collaborate and share best practices regarding the mental health of emergency services workers on an ongoing basis.
- Leverage PSHSA as an advocate for workers in Ontario's public sector.
- Advocate for change in the workers' compensation system.
- Promote a call to action for senior leaders to implement the *Standard* to assess risks within organizations and begin the process of systematically addressing them.
- Gather research and data to provide clear direction on evidence-informed best practices.

The MHCC and PSHSA will take these suggestions into consideration as we continue to partner in protecting the mental health of emergency services workers. These next steps will also undoubtedly inform our individual organization's strategic plans. Our hope is to guide the future efforts of organizations promoting the mental health of first responders and mobilize them to take coordinated action.

Annex A – Programs and Resources

Training

- [Applied Suicide Intervention Skills Training \(ASIST\)](#)
 - Teaches how to provide first aid to those at risk of suicide through effective intervention skills while helping to build suicide prevention networks in the community.
- Culture Sensitivity Workshops that utilize Interpretative Phenomenological Analysis (IPA)
 - IPA is concerned with trying to understand lived experience and how participants make sense of their experiences. It is centrally concerned with the meanings those experiences hold for participants.
- [Mental Health First Aid \(MHFA\)](#)
 - MHFA is the help provided to a person developing a mental health problem or experiencing a mental health crisis. It is given until appropriate treatment is found or until the crisis is resolved.
- [Psychological First Aid - Critical Incident Management](#)
 - Psychological first aid ensures that individuals who work with survivors can help victims manage initial distress, identify coping actions that assist recovery, and mobilize resources for interpersonal support.
- [QPR Institute – Gatekeeper training for suicide prevention](#)
 - QPR stands for Question, Persuade and Refer, three steps anyone can learn to help prevent suicide. Just like CPR, QPR is an emergency response to someone in crisis and can save lives.
- [Safety Function Action](#) – English, Spanish, French
 - SAFETY, FUNCTION, ACTION is an online course for public health, healthcare, and emergency preparedness and response professionals. It is a framework of six strategies for achieving and maintaining a high level of health and well-being in disaster situations.
- [safeTALK Workshop](#)
 - safeTALK is a half-day alertness workshop that prepares anyone over the age of 15, regardless of prior experience or training, to become aware of suicide risks and provide assistance.

Treatment Services

- Cognitive Behavioural Therapy (CBT)
 - CBT has been shown to be effective for PTSD. It can help individuals identify negative or inaccurate thinking that is keeping them from responding effectively.

- Exposure Therapy
 - Exposure therapy involves encouraging individuals to talk about their experience and reduce avoidance. It may be included in CBT or used on its own in the treatment of PTSD.
- Group Therapy
 - Group therapy allows individuals to talk about their trauma with others who have had similar experiences.
- Family Therapy
 - Family therapy helps individuals and their families communicate, strengthen relationships, and learn to better manage difficult emotions.
- [Eye Movement Desensitization and Reprocessing \(EMDR\)](#)
 - EMDR is an integrative psychotherapy approach that has been extensively researched and proven effective for the treatment of trauma and many other mental health problems.
- [Traumatic Incident Reduction \(TIR\)](#)
 - TIR is a regressive desensitization procedure for reducing or eliminating the negative residual impact of traumatic experience. As such, it finds major application in cases of post-traumatic stress disorder.
- Medication
 - Several types of medications can help improve symptoms of PTSD including antidepressants and anti-anxiety medications. Other medications can also assist individuals experiencing insomnia or recurrent nightmares.
- [Operational Stress Injury Clinics](#)
 - Available to members of the RCMP, Armed Forces, and Veterans.
- Traumatic Mental Stress Unit – [Workplace Safety and Insurance Board \(WSIB\)](#)
- [Working Through It](#)
 - A series of videos designed to speak directly to people struggling with mental health issues.

Organizations

- [TEMA Center](#)
 - A hub for research, education and training, as well as peer and psychological support resources for men and women serving in Canada's public safety organizations.

- [Suicide Prevention Council \(Waterloo Region\)](#)
 - The Council promotes a community wide strategy to reduce the incidence of suicidal behaviour through public awareness, education, skill development, and public health advocacy. It strives to reduce the impact of suicidal behaviour through the improvement of services, collection of local statistical data and through community consultation, co-ordination, and collaboration.

Other Programs and Resources

- [Heart Program](#)
 - Harassment Education Advisory Response Team – A guide that provides workplaces with a complete response to creating a safe and healthy work environment and addresses incidents of violence and harassment in the workplace.
- [Mental Injury Toolkit](#) – Occupational Health Clinic for Ontario Workers (OHCOW)
 - Provides workers a basic understanding and a place to learn about workplace stress and what to do about it. The guide gives definitions, common causes of mental distress, legal frameworks (focusing on Ontario), possible actions to take, and resources available. It is an introduction and action guide created by workers for workers.
- [Measure Workplace Stress App](#)
 - A smartphone application which allows the user to fill out the Copenhagen Psychosocial Questionnaire (and have their responses automatically scored).
- [Mindful Manager](#) – Mindful Employer Canada
 - A guide to help managers and others support workplace success for all employees, including those experiencing mental health concerns.

Annex B - Participant List

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