

The “Supporting Mental Health
in First Responders”
Initiative –

The “what” and the “how”

AWCBC Presentation
May 2016

Why this initiative?

- WorkSafeBC has had a significant increase in the number of mental health **claims** registered by paramedics
- There have been several stories in the **media** recently profiling first responders who allege that their mental health issues are a result of the trauma and stress they experience on the job.
- This is not a BC-specific issue; first responders across Canada have been campaigning around mental health awareness. Several other provinces are working towards making **PTSD a presumptive** workplace injury for first responders.
- There has been an active **lobby** by paramedics to encourage government to introduce a presumptive clause in BC.
- Because WorkSafeBC has jurisdiction to adjudicate and manage these claims, it follows that we must launch efforts to **prevent** their occurrence.

How did we get started (internally)?

- WorkSafeBC internal discussions led to a rough initiative description
 - Included defining the scope of first responders (almost)
 - Included the idea of a steering committee, and identified its mission and goals
 - Initiative was presented to SEC; SEC approved
 - VPs assigned it to me to lead (June 2015)
- “Create a steering committee and have them do these things”

How did I get started (externally)?

- Research, more research – be able to speak credibly on the topic
- Meet / “learn” key stakeholders – start to understand similarities, differences
- Cast the net wide
- Hosted a forum for all first responders on “preventing mental health conditions” (Oct 2016)
 - 67 attendees across all first responder groups
 - variety of presentations (including Ontario’s work with first responders)
 - call for steering committee nominations
- Forum strategy – set the tone and framework to move forward
 - Relationship, Process, Content
 - AND a mutual goal
- Measure of success – within 3 weeks had steering committee members
- Forum met our primary goal of getting a good steering committee, but also served to start new relationships and establish good will (feedback)

The first steering committee meeting

- December 2015 (met target of SC established by end of 2015)
- Facilitation skills
- Relationship
 - Nominees introduced self – name, organization, why they were committed to this project
 - Our Senior VP participated – bought credibility
- Process
 - Broke into cross discipline small groups to identify guiding principles
 - Combined and discussed
 - Reviewed different decision making approaches – decided on collaborative consensus based
- Content
 - Broke down and rebuilt WorkSafeBC's mission into their own

The Mission

- To actively promote positive mental health and provide the leadership, best practices (resources, awareness, education, training, and supports) that first responders, their communities, and leaders need.

What specifically are our goals?

- Goals

1. Research, share and promote current **best practices** and relevant studies to support positive mental health amongst first responders;
2. **Develop a network of** culturally knowledgeable, competent, credentialed **practitioners**;
3. Develop and pilot an **anti-stigma campaign** incorporating champions from various first responder groups;
4. **Develop a tool kit** of best practices and resources for employers, supervisors and workers to support mental health in the workplace;
5. Identify an **evaluation approach** for programs and resources developed;
6. (Develop a mechanism enabling a first responder to **register** a difficult event without filing a claim) (note: this goal has been tabled)

Where we are today

- We have a “robust” steering committee of first responders who have agreed to a consensus based decision making model.
- We remain committed to mental health promotion, and focused on “prevention” activities.
- We are actively working towards completing the goals we identified, which to date has included drafting a “Best Practices in Supporting Mental Health in First Responders” document.
- We are in the process of designing an external website for first responders and an anti-stigma campaign.
- The committee continues to give very positive feedback on process and progress to date.

What is the Best Practices document?

The best practices were developed combining two approaches:

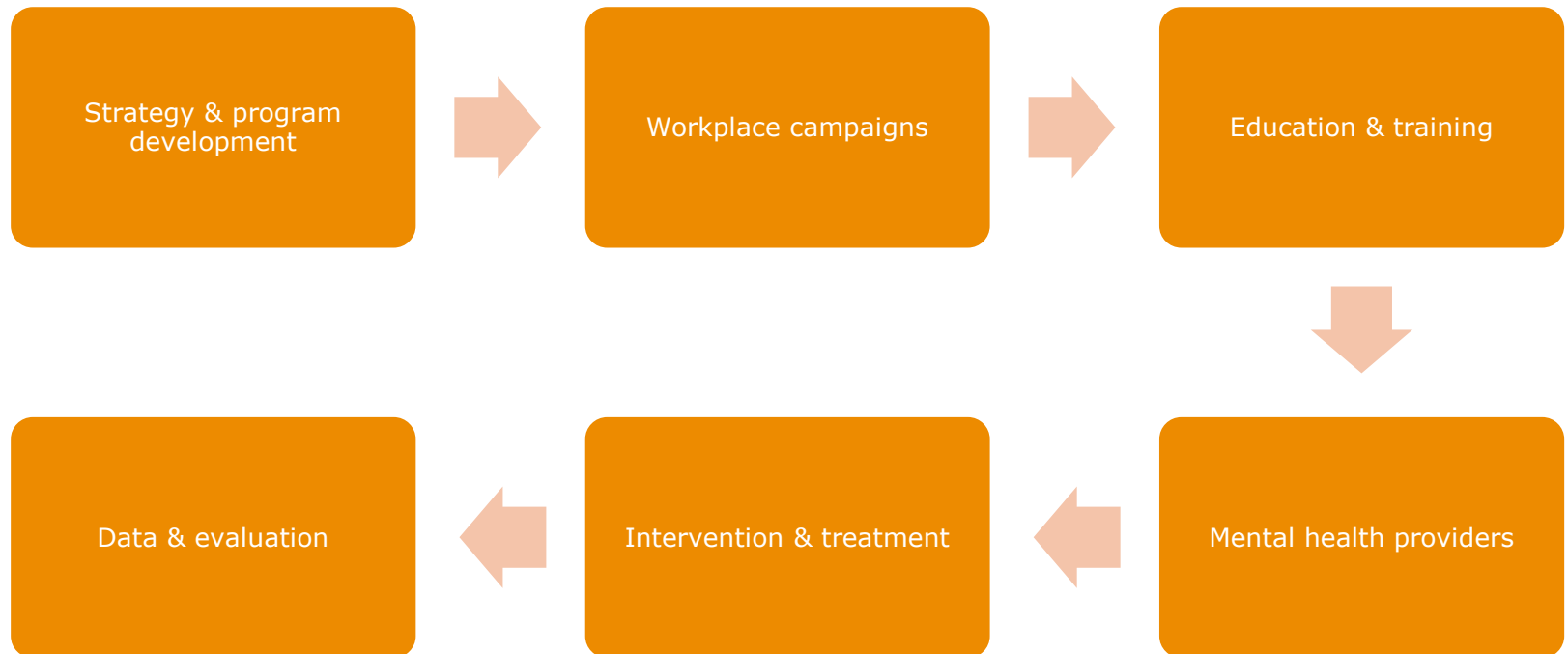
- A literature search – using research on approaches, policies, and interventions to ensure best practices are evidence-based
- Stakeholder discussions – the steering committee used a consensus-based approach comprising employer and worker representatives from each of the three first responder groups

What is in it?

The best practices:

- Pertain specifically to first responders or are best practices for supporting mental health in all workplaces;
- Have been organized into six main subsections which would naturally follow the route of developing a strategy and program through to its implementation and evaluation; and
- Include more detailed information and links to resources that have been identified in order to assist implementation.

What are the categories?



25 best practices identified

Strategy & program development

- 1) Senior leaders must clearly support improving mental health in the workplace.
- 2) Adopt a management system approach to mental health in the workplace.
- 3) Strategies and programs must be developed in collaboration with all workplace stakeholders and tailored to the specific workplace.
- 4) Strategies must focus on mental health broadly.

Workplace campaigns

- 5) Anti-stigma campaigns are critical to ensure employees seek and receive the help that they need.
- 6) Use workplace champions to reinforce anti-stigma messages.

Education & training

- 7) Improving employee resiliency through training will help prevent mental health disorders.
- 8) Improving mental health literacy of employees through training helps to reduce stigma.
- 9) Supervisors and line managers need the skills to identify symptoms and support employees.
- 10) Families of first responders need to have the knowledge and skills to support their loved ones.

Mental health providers

- 11) Mental health providers need to be culturally competent.
- 12) A network of mental health providers needs to be created.

25 best practices identified

Intervention & treatment

- 13) Provide access to a range of support options
- 14) Create in-house peer support services.
- 15) Provide peer support services to families and retired first responders.
- 16) Recognize the signs and symptoms of potential mental health issues early and take action.
- 17) Managers and supervisors need access to mental health experts.
- 18) Employees need excellent mental health care benefits.
- 19) CIS debriefing/defusing is an important part of health promotion.
- 20) Return to Work plans need to be flexible and collaborative.

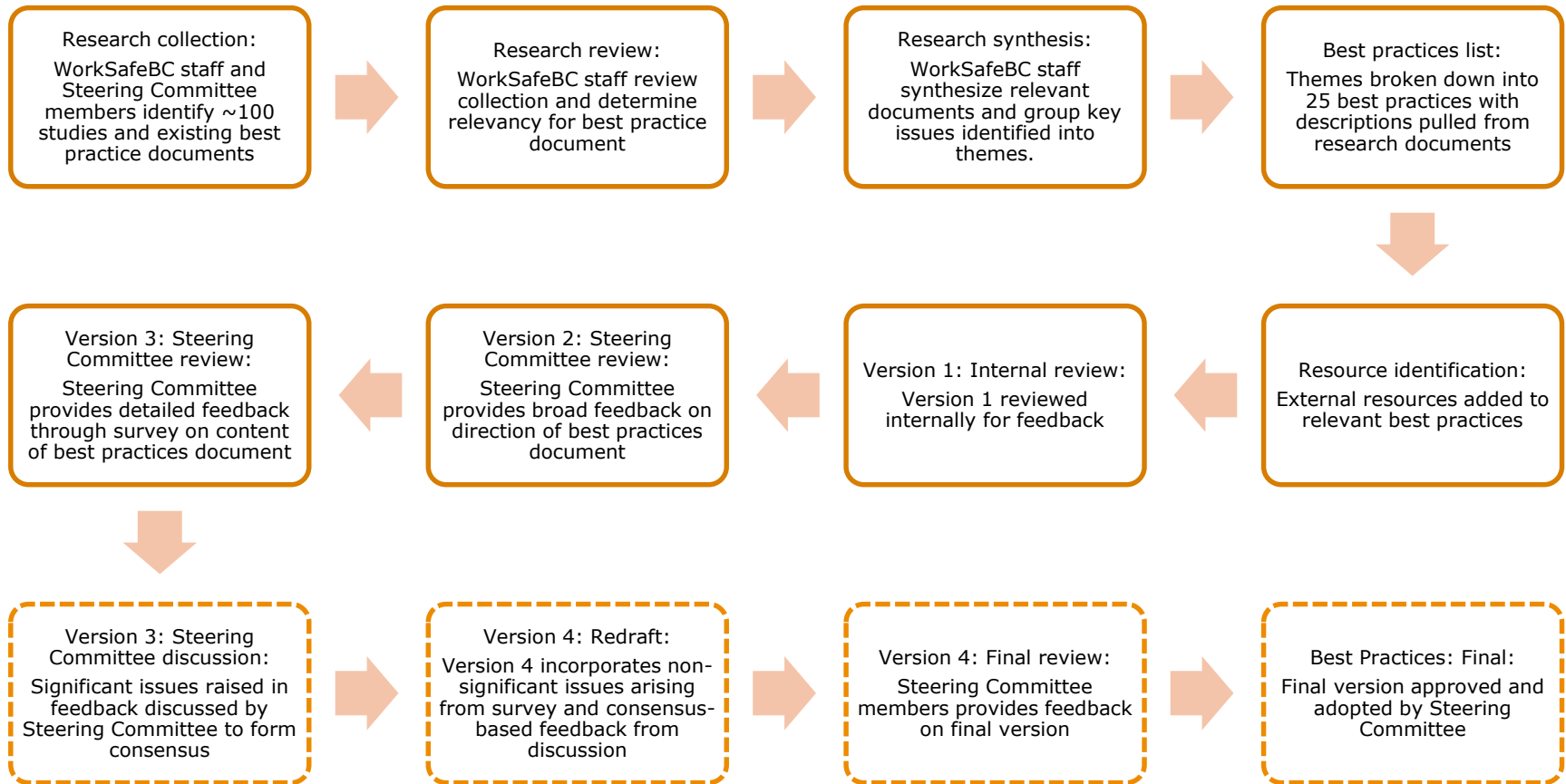
Data & evaluation

- 21) Use data to identify key mental health issues in the workplace.
- 22) Prepare for evaluation before you begin.

Other

- 23) Ensure claims processes are clear and don't add further to mental stress.
- 24) Provide self-care tools.
- 25) Form partnerships with other organizations and first responder groups.

The development process



The Feedback

105 responses were broken up into five categories:

| Category | Action |
|--|---|
| Grammatical issues | WorkSafeBC will fix these in the next version of the document |
| Requests for additional resources or background information to be put into document | Existing resource: add link or create appendix Supporting info: incorporate into a new section of the document New resource: Incorporate into the proposed tool kit |
| Requests for further clarification or elaboration on an issue in the document but is consistent with existing concepts | WorkSafeBC will incorporate these into the next version |
| Additional best practices or other content that requires discussion by the steering committee | Discussion to reach consensus |
| Responses that were unclear | Respondent contact directly |

Spin Off Activities (relationship)

- Invited to sponsor the BC Professional Fire Fighters Conference – a day on mental health
- Invited to sponsor the BC Paramedics Association mental health conference
- Invited to attend the Vancouver Police civilian module of Road to Mental Readiness
- Invited to attend the customized paramedic version of mental health training
- Have become a part of their community; they're asking for our participation and see value in it
- WorkSafeBC research division:
 - Call for research on evidence of best treatments
 - Call for research on evidence of best prevention strategies

“Resilience is the ability to maintain a state of psychological equilibrium with few mental problems despite exposure to highly disruptive or life threatening events”

From
Training Resilient Soldiers –
Looking for Solutions to Operational Stress
Lieutenant-Colonel R. Cossar

Appendices

- Steering Committee composition
- Recent research

The Steering Committee

- Steering Committee
 - BC Professional Fire Fighters Association
 - Fire Chiefs' Association of BC
 - Greater Vancouver Fire Chiefs
 - Ministry of Labour, Government of British Columbia
 - BC Emergency Health Services
 - Ambulance Paramedics of BC
 - Royal Canadian Mounted Police
 - BC Association of Municipal Chiefs of Police
 - Canada Border Services Agency
 - BC Police Association
 - Metro Vancouver Transit Police
 - Volunteer Firefighters Association of BC
 - First Nations Emergency Services
 - WorkSafeBC

Mental Health Awareness Training

- Development and evaluation of a **3-hr training program designed to increase leaders' mental health literacy.**
 - 1st lecture-based module: knowledge-building, with emphasis on stress-related risk factors and warning signs of serious mental health problems.
 - 2nd lecture-based module: improve leaders' self-efficacy and promotion intentions surrounding employee mental health.
 - Case studies: scenario in which an employee was demonstrating signs of stress and other mental health problems, intended to help leaders practice the skills.
- Enhanced knowledge of, and attitudes toward, mental health, as well as increased self-efficacy and intent to promote mental health.
- Had a direct effect on knowledge and self-efficacy, but indirect effects on attitudes and intentions.
- **Duration of mental health claims decreased by 27% following implementation of the program.**

Mental Health Awareness Training (MHAT): The Development and Evaluation of an Intervention for Workplace Leaders. Dimoff, Jennifer et al. International Journal of Stress Management, 2015.

Reducing the Stigma of Mental Health Disorders

- **Workplace interventions are more effective than large scale public campaigns.**
- There are a number of barriers, both stigma and other issues, that prevent people from seeking help for a mental health disorder.
- Most workplace interventions have not been evaluated in any form.
- Some programs may actually increase stigmatization.
- The effectiveness of campaigns may be short-term.
- **Promoting clear mental health strategies and a more supportive environment to disclose may reduce stigma within an organization.**
- A specialist approach (targeting one mental disorders) may be more effective than a generalist one (addressing mental disorders more broadly).
- Any campaign needs to include an evaluation component in order to fine tune the program over time.

The mental health of fire-fighters

- Important to consider the impact of cumulative trauma exposure.
- **Focusing on PTSD risks under-estimating the full impact of trauma exposure.**
- Study found low prevalence of depression and heavy drinking among current firefighters.
- **Risk of PTSD, depression and heavy drinking increases with each additional trauma exposure.**
- Retired firefighters reported significantly higher rates of probable PTSD and depression.
- High rate of comorbidity between probable PTSD and depression.
- These mental disorders were also moderately comorbid with heavy drinking.
- Suggested screening for depression and PTSD symptoms (potential risks to this) - must consider the level of cumulative trauma exposure
- Raises questions as to whether emergency services should consider policies aimed at reducing the total cumulative trauma exposure (i.e. rotations).

The mental health of fire-fighters: An examination of the impact of repeated trauma exposure. Harvey, Samuel B. et al. Australian & New Zealand Journal of Psychiatry. 2015.

Training Resilient Soldiers

- **Proactively train positive mental health skills such as resilience.**
- Behaviours and traits associated with resilience are common in most people and most can learn more about them.
- Hardiness training programs promote cognition, emotion and action to cope with stress while using after-action discussion to enhance the participant's outlook on commitment, control and challenge.
- **Hardiness training programs focus on coping, social support, relaxation, nutrition and physical fitness.**
- An internal locus of control and a sense of autonomy result when their ability to reach goals are increased.
- As autonomous motivation increases, the desire to understand the stressors and be more resilient in the face of hardships also increases.
- Adopting a group's goals as one's own brings greater results.
- Training and working as a team to develop a collective efficacy increases resilience.

Training Resilient Soldiers—Looking for Solutions to Operational Stress. Lieutenant-Colonel R. Cossar. The Canadian Army Journal, 2009.

Summit and Forum in Ontario

- Need to implement a mental health strategy that goes beyond just PTSD, integrates existing workplace programs, and is placed in policy.
- One method could be through adoption of the National Standard for Psychological Health and Safety in the Workplace.
- Longer-term strategies need to have realistic implementation plans and include unions, insurance organizations, and families.
- Must put in the appropriate infrastructure and resources to support the programs.
- Must communicate to and educate the workforce about mental health.
- Must provide training to ensure the workforce has the competence to carry out their duties.
- Insurance processes need clarity and transparency to ensure the system doesn't add to the trauma.
- Should establish measures to assess the problem, and evaluate interventions and programs used.

Summit on Work-Related Traumatic Mental Stress: Summary Report (Ontario Ministry of Labour – March 5, 2015). Supporting the Mental Health of Ontario's Emergency Services Workers: Summary (The Mental Health Commission of Canada and the Public Services Health & Safety Association – June 2015).

OPP Mental Health Strategy

- In November 2015, the Ontario Provincial Police introduced the OPP Mental Health Strategy: Our People, Our Communities.
- It contains two distinct but linked components – Supporting Our People: Healthy Workforce and Supporting Our Communities: Police Interactions with People with Mental Health Issues.
- A governance committee provides oversight, leadership and direction on the implementation and ongoing delivery of the strategy's priorities for action.
- The priorities for action are:
 - Expand mental health education and training
 - Reduce stigma and build awareness
 - Expand programs and resources for all members
 - Increase capacity and standardization in the Critical Incident Stress Response/Peer Support Program
 - Develop strong internal and external communications
 - Increase partnerships with internal and external agencies
 - Improve overall well-being of members/retirees/families
 - Implement continual program evaluation

Strategic Resilience for First Responders (Langara)

- 10 month certificate program with 9 core courses.
- Aimed at professionals working in education, health care, front line and First Responder settings.
- Integrates Western neuroscience along with integral mind-body and somatic approaches focusing on resilience.
- Focuses on the latest trauma theory findings, in particular the effect of trauma on the brain-body-energetic interconnection.
- Combines theory, experiential and practical resilience-based self-development approaches.
- Prioritizes the focus on self-awareness and enduring resilience.
- Provides practices that support an inspired commitment to self-care and professional performance.

First Responders Trauma Prevention and Recovery Certificate (SFU)

- 10 online courses taught by active-duty or retired professionals in a variety of first-response fields.
- Courses specifically designed for members of the emergency and military services to help them deal with stresses on the job. Courses include:
 - Mental Health Fundamentals
 - Crisis Intervention
 - Trauma and Suicide
 - Introduction to Addictions
 - Personal Resilience
 - Communication and Helping Skills
 - Peer Support and Code of Ethics
 - Relationship Building
 - Organizational Structure and Stigma Reduction