An Integrated Approach to Mental Health in First Responders and Other Public Safety Personnel: A Five-Phase Plan

Executive Summary

From January 2012 through August 2013 Strathcona County Emergency Services, an integrated fire and EMS service, observed an increase in lost hours and costs due to mental illness; including Operational Stress Injuries. Throughout this time frame, mental health resources (i.e., assessment and treatment) were predominantly accessible through third-party providers, such as the Workers' Compensation Board and benefits carriers. It became evident that prompt access to providers and resources with the expertise in addressing mental health issues, specifically in emergency services personnel, was a barrier. Process gaps, such as inaccurate diagnoses and a lack of evidence-based treatments plans, were identified. These gaps resulted in return to work barriers, lengthy absences from work and a negative impact on staff and their families in terms of overall quality of life.

Strathcona County Disability Management explored service standards and programs to address these issues in an effort to apply best practices with regards to mental health. Resistance, resiliency and recovery are supported through a number of programs and resources. These include: Disability Management, prompt access to evidence-based care and a culturally-competent provider, Peer Support (including Critical Incident Stress Management), a Chaplaincy, and Employee and Family Assistance programming, as well as access to counselling services through extended health care benefits and third- party providers.

Advancements made to date have prompted significant cultural change with respect to stigma reduction and increasing help-seeking behavior. Further, costs associated with WCB-AB claims due to Occupational Stress Injury (OSI) were reduced to zero in 2015, in 2016, and in 2017 to date. Given the success of the programmatic changes, Strathcona County was invited to showcase their change processes for a broader public safety community.

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Phase One

Create the Culture

Engage Leadership. Develop communication for Leadership/Management groups (i.e., Issue Brief) that clarifies the issue, background, objectives, and action plan. Present applicable data (e.g., absences and costs resulting from Operational Stress Injuries [OSIs], mental health survey results).

Identify and communicate what Mental Health means to your organization. Consider detailing the needs that are specific to the specific first responder or other public safety population (i.e., cumulative effects of trauma over time and the need for evidence-based care).

Build the Foundation

Assess strengths and weaknesses of your current programs and resources (internal and external), for example:

- benefit eligibility
- chaplaincy
- community resources
- contracted providers (e.g., Registered Psychologist, Occupational Health Physician)
- disability Management (e.g., return to work)
- employee and Family Assistance Program (EFAP)
- peer support

Based on the assessment of strengths and weaknesses, aim to implement an array of easily accessible resources to promote sustainability and productivity, while decreasing the impact of mental injuries and illnesses on overall quality of life, turnover, time loss and claims costs. In Year One, focus on Disability Management, including referral sources (e.g., contracted providers), benefit eligibility and collaboration with third party providers (e.g., Workers' Compensation Board [WCB]).

Establish a collaborative connection with academics, including those with expertise in mental health, who can provide advice and guidance regarding ongoing program evaluation, mental health monitoring and research.

Create specific, measurable, agreed upon, realistic, and time-based goals.

Integrate

Provide multiple points of access to the mental health program(s) and ensure prompt access is available with respect to mental health and wellness supports.

Test to ensure continuity of care where appropriate between components of the program and stakeholders, such as Disability Management, community providers and third party providers (e.g., WCB, benefits carrier).

Engage and Educate

Assess current knowledge and engagement of staff, for example:

- OSI awareness
- mental health knowledge
- programs, benefits, and resources available, including methods for access

Maintain

Create and implement a plan for program evaluation based on the goals from "Build the Foundation".

Maintain data collection through every phase (e.g., track illnesses, absences, WCB data, and referrals made to mental health providers).

Evaluate, Communicate and Adapt

Evaluate the current status of your program relative to the goals from "Build the Foundation".

Conduct an environmental scan, including a collection of baseline surveys.

Establish a set of baseline measures that will be used to longitudinally measure all components of the mental health program on an ongoing basis. This may include informal discussion, satisfaction surveys, and analyzing available data from related sources (e.g., absences – number, length and associated costs, WCB or other claim trends, peer team activation stats).

Share results of program evaluation (i.e., satisfaction surveys and outcomes) with staff.

Where possible, coordinate program evaluation efforts with established academics and scientist practitioners to facilitate the use of standardized metrics and baseline measures, arms-length evaluations, and development of the available peer-reviewed evidence-base.

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Phase Two

Create the Culture

Increase awareness (starting with Leadership) regarding existing Mental Health programs and resources focused on OSIs, disability management processes, and special considerations for first responders and other public safety personnel groups.

Identify applicable organizational policies and practices; revise and/or develop new policies and practices where necessary (e.g., Disability Management, Occupational Health and Safety).

Reduce stigma through Disability Management/ Return to Work practices, such as:

- evidence-based mental health education
- focus on function rather than diagnostic labels
- consistent approaches to physical and mental illness

Build the Foundation

Facilitate prompt access to evidence-based care. General services (e.g., EFAP) alone are not sufficient to support the needs of first responders or other public safety personnel.

Develop a list of priority skills or competencies for preferred mental health providers (e.g., evidence-based practice; minimum accreditations; cultural competency).

Contract/refer to preferred provider(s) OR refer to appropriate preferred community providers.

Educate staff regarding how to be smart consumers when choosing their own evidence-based provider(s).

Integrate

Using the array of resources provided, commence evidence-based assessment and treatment as soon as possible; preferably prior to receiving claim decisions (e.g., WCB, STD, LTD) where appropriate. For example, contracted providers such as Psychologists, Occupational Health Physicians, General Practitioners, or other community providers can commence assessment and treatment immediately while the claim process (e.g., WCB) gets underway.

Engage and Educate

Develop and make ready a variety of approaches (e.g., presentations, in person training sessions, webinars, emails) to educate supervisors/Officers. Empower those in a supervisory role through education, for example:

- general awareness and literacy regarding mental health (e.g., Mental Health First Aid; People Leader workshops)
- pre-incident training
- resiliency training
- program orientation sessions (e.g., EFAP)
- available programs, benefits, and resources
- disability management processes

Maintain

Monitor all program components on an ongoing basis to ensure pre-determined goals from "Build the Foundation" are met and best practices are sustained.

Evaluate, Communicate and Adapt

Facilitate ongoing communication with all staff regarding the intent and goals for the components of available mental health programs, benefits and resources, including how to access each resource; illustrate the importance of each component for sustaining a comprehensive mental health program.

Demonstrate transparency through ongoing communication regarding health and wellness policies and practices, as well as the progress towards goals; address all concerns and recommendations for program revisions.

Continue to measure and evaluate the mental health programs using the measures and processes established in Phase One. Ensure the ongoing assessments involve established academics and scientific practitioners to maximize accuracy and transparency.

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Phase Three

Create the Culture

Continue to engage key stakeholders, including leadership, third party providers, and applicable unions.

Conduct regular refresher courses (e.g., for education, policies, and procedures regarding mental health) and engagement checks.

Commence succession planning for maintaining and advancing the mental health culture.

Build the Foundation

Continue with implementation and ongoing management of resources.

Consider offering an Employee and Family Assistance Program for staff and their family members, for example:

- external or internal evidence-based providers
- prompt access (24-7-365)
- confidential access
- availability of local supports (e.g., peer-supporters, psychologists) for in-person sessions (not exclusively over the phone/online)

Consider an EFAP provider that offers comprehensive Critical Incident Response services. For further information on Critical Incident Response Services refer to the CIPSRT Working Group (2016). Peer Support and Crisis-Focused Psychological Intervention Programs in Canadian First Responders: Blue Paper. *Canadian Institute for Public Safety Research and Treatment (CIPSRT)*. University of Regina. Available for download via the Collaborative Centre for Justice and Safety www.justiceandsafety.ca.

Consider developing a Peer Support Program, including the use of available accreditation resources for Peer Support training (e.g., Peer Support Accreditation and Certification Canada; Tema Conter Trust).

Integrate

Incorporate or embed internal programs and resources (e.g., a dedicated peer support team) into corporate policies and practices (e.g., embed CISM and/or Peer Support programs into Emergency Management – Incident Command processes).

Engage and Educate

Extend training session to all staff regarding components of available mental health programs, benefits, and resources, including how to access each resource.

Discuss the intent or goals of each component for mental health programs, benefits, and resources; illustrate the importance of each component for building a comprehensive mental health program.

Maintain

Monitor all program components on an ongoing basis to ensure pre-determined goals from "Build the Foundation" are met and best practices are sustained.

Evaluate, Communicate and Adapt

Collaborate with other similar departments/ organizations/municipalities; share successes and areas identified for growth, as well as program materials where appropriate.

Communicate all aspects of the program to all staff through in-service training, emails, flyers, and presentations. Consider further communications tailored as specific to personnel with different needs (e.g., front line positions vs. Management and Officer roles).

Continue to measure and evaluate the mental health programs using the measures and processes established in Phase One.

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Phase Four

Create the Culture
Continue to engage key stakeholders, including leadership, third party providers, and applicable unions.

Conduct regular refresher courses (e.g., for education, policies, and procedures regarding mental health) and engagement checks.

Continue succession planning for maintaining and advancing the mental health culture.

Build the Foundation
Continue with implementation and ongoing management of resources.

Establish an understanding of CISM and Peer Support and how the programs fit within the continuum of mental health services.

Establish access to a coordinated CISM and Peer Support Team (e.g., EFAP provider), or develop your own teams.

If developing your own teams:
- select an evidence-based model
- create program principles and documentation based on model
- use existing documentation with permission from other teams/organizations
- engage preferred evidence-based Mental Health Provider(s)
- select Executive Committee members (i.e., Team Coordinator, Human Resources/ Occupational Health and Safety, management representation, union representation, administrative support)
- select an appropriately trained, preferably certified, CISM Instructor (e.g., International Critical Incident Stress Foundation; Justice Institute of British Columbia); collaborate with other local first responders or public safety services or municipalities to offer courses and share costs
- communicate and facilitate team member nomination processes for Executive Committee Members
- establish team guidelines and contracts as needed; establish meeting and training schedules
- develop a communication plan to educate all departments and personnel regarding CISM and Peer Support Team programs and processes

Integrate
Continue integration of new and existing mental health programs.

Revise and/or develop policies and guidelines to reflect tangible support for new and existing mental health programs.

Engage and Educate
Provide education sessions to first responders and other public safety personnel, as well as their families on topics such as:
- OSIs (e.g., awareness, assessment, treatment)
- mental health knowledge
- mental health resources available to employees and their families (e.g., EFAP; extended health care benefits; CISM; peer support)

Maintain
Monitor all program components on an ongoing basis to ensure pre-determined goals from "Build the Foundation" are met and best practices are sustained.

Evaluate, Communicate and Adapt
Facilitate ongoing communication regarding all components of the mental health programs (e.g., regular refresher courses, continuing training opportunities, current program and resource access information).

Continue to measure and evaluate the mental health programs using the measures and processes established in Phase One.

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Phase Five

Create the Culture
Continue to engage key stakeholders, including leadership, third-party providers, and applicable unions.

Conduct regular refresher courses (e.g., for education, policies, and procedures regarding mental health) and engagement checks.

Continue succession planning for maintaining and advancing the mental health culture.

Build the Foundation
Continue with implementation and ongoing management of mental health resources.

If you have developed your own team, establish and actively foster relationships and activation processes (i.e., mutual aid agreements) with surrounding CISM and/or Peer Support Teams.

Consider implementing a Chaplaincy.

Integrate
Ongoing review and revision of policies and guidelines in keeping with current best evidence-based practices for mental health.

Engage and Educate
Provide pre-incident and resiliency training to all staff, including new recruits.

Maintain
Monitor all program components on an ongoing basis to ensure pre-determined goals from "Build the Foundation" are met and best practices are sustained.

Evaluate, Communicate and Adapt
Facilitate ongoing communication regarding all components of the mental health programs (e.g., regular refresher courses, continuing training opportunities, current program and resource access information).

Continue to measure and evaluate the mental health programs using the measures and processes established in Phase One.

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Case Example

A summary of mental health program development at SCES over five years
*SCES = Strathcona County Emergency Services (integrated fire-EMS department)

Prior to December 2012

The County offers an internal Employee and Family Assistance Program (EFAP), a corporate peer support program, and disability management (i.e., facilitation of claims process and return-to-work services). General education with respect to mental health was offered via various courses and seminars (i.e., Mental Health First Aid; presentations provided by EFAP provider).

December 2012

Commencement of direct referrals on a case-by-case basis to a registered psychologist. The psychologist had expertise in assessment and treatment of Occupational Stress Injuries in first responders, used evidence-based approaches, and was culturally competent. The County supported up to 3 sessions per referral in an effort to determine fitness for duty and claim eligibility under either the WCB-AB or the benefits carrier. Note: the registered psychologist was an approved provider for both third party providers (i.e., WCB-AB and benefits carrier).

April 2013

Efforts were made to increase awareness and help-seeking behavior; specifically, Disability Management and the Fire Chief collaborated to deliver presentations to all SCES (i.e., fire/EMS staff) regarding the mental health program. Discussions highlighted supports and resources available to staff and their families. The resources included Disability Management, contracted psychological services, WCB-AB and PTSD presumptive coverage, benefits carrier (i.e., Long Term Disability/LTDI), Extended Health Care benefits (i.e., $1000/year for psychological services), EFAP as well as other community supports.

May 2013

Strathcona County commenced a pilot program with SCES and an external EFAP provider (i.e., Shepell-FGI). The County looked to shift from an internal EFAP provider (in place since the early 90s) to an external provider and commenced this change with a pilot program for one department (SCES). The EFAP program was extended to all staff in October of 2013 and the County currently continues to use the same external provider.

Note: Progressive organizational growth and a subsequent strain on resources prompted the desire to shift from an internal EFAP to a third party provider. The County conducted a formal review of 3-5 potential providers; selecting Shepell-FGI based on established selection criteria (i.e., 24/7/365 coverage and ease of access).

June 2013

Human Resources facilitated a general information session for SCES staff and their family members regarding service-related illness lead by the same psychologist or another selected mental health provider.

September 2013

An Executive steering committee was established to develop SCES peer support program. The Executive Steering committee was comprised of representatives from Human Resources (DM), SCES management and labour, as well as the selected mental health provider / Clinical Director.

Strathcona County invited then Deputy Fire Chief Steve Dongworth (CFD) to present on peer support programs in first response groups.

Fall 2013

A Chaplain joined the SCES department.

October 2013

The EFAP program (Shepell-FGI) was extended to all Strathcona County staff effective October 1.

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A summary of mental health program development at SCES over five years
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Winter 2013
An SCES staff member was featured in Winter 2013 issue of the WCB-AB Worksight Magazine. Champions of change are crucial in supporting the mental health and wellbeing of their peers, to their departments and to their organizations. Their stories and experiences decrease the stigma associated with mental illness by demonstrating the positive outcomes that result from seeking support through the resources and programs provided. In short, champions of change encourage help-seeking behviour among their peers.

January 2014
Human Resources contracted the registered psychologist for 8 hours per week as of January 1, 2014. Primary functions included consultations as referred by Disability Management as well as fulfillment of the Clinical Director role for both Strathcona County teams (i.e., SCES and Corporate).

May-June 2014
An SCES peer team nomination process was conducted. SCES staff were invited to nominate peers who they trusted and whom they felt would fit the role. Nominated peers met with the peer team coordinator and clinical director regarding team membership role and expectations. Nominees who accepted positions on the team completed the necessary training provided by Dr. Jeffrey Mitchell. Importantly, the SCES Chaplain also completed the CISM-B and became a peer team member.

June 2014
Dr. Jeff Mitchell led provision of CISM-B training to 15 SCES staff as well as participants from other first response organizations around Alberta.

Dr. Mitchell led a public presentation entitled, "Establishing and maintaining a Critical Incident Stress Management (CISM) Team: A leadership summary" .

October 2014
October 2014 marked the commencement of full team operation (SCES Peer Support Team).

June 2015
Dr. Mitchell returned to provide CISM-A training to the first group trained and provided CISM-B training to a new group of 6 SCES members, as well as to participants (i.e., County Enforcement staff and first responders from other organizations).

The "After a Crisis" brochure was developed and added to peer team tool kit.

September 2015
The Fire Chief, the Clinical Director, and Disability Management presented on the Strathcona County's approach regarding mental health programming in SCES at the 2015 Canadian Fire Chief's Conference.

2016 and 2017
Highlights
- Pre-incident/resiliency training (Clinical Director).
- Peer Support program presentations delivered by team reps to all platoons/stations on an ongoing basis.
- Fort McMurray deployments, including peer team deployments in June 2016.
- Strathcona County hosts University of Alberta exposure study.
- Strathcona County participates in WCB-AB video about PTSD. An SCES staff member is interviewed about his experiences with PTSD and the return to work process.
- CISM-B training led by J. Sych – participants included staff from all departments across the County as well as from other organizations.
- Time loss days and associated WCB costs with respect to service-related mental illness are zero in 2015, 2016, and 2017 to date.

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