



Royal Canadian Mounted Police
Gendarmerie royale du Canada

Psychological Health Screening Program



Presented by:




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Presenter Disclosure:

-  Presenter: Norman Shields, PhD (Clinical Psychologist)
 -  RCMP National Chief Psychologist
 -  Member of the Quebec College of Psychologists (OPQ)

-  Relationships with financial sponsors:
 -  No direct financial relationships to declare
 -  No corporate or financial membership to declare
 -  No patents to disclose



Disclosure of Financial Support:

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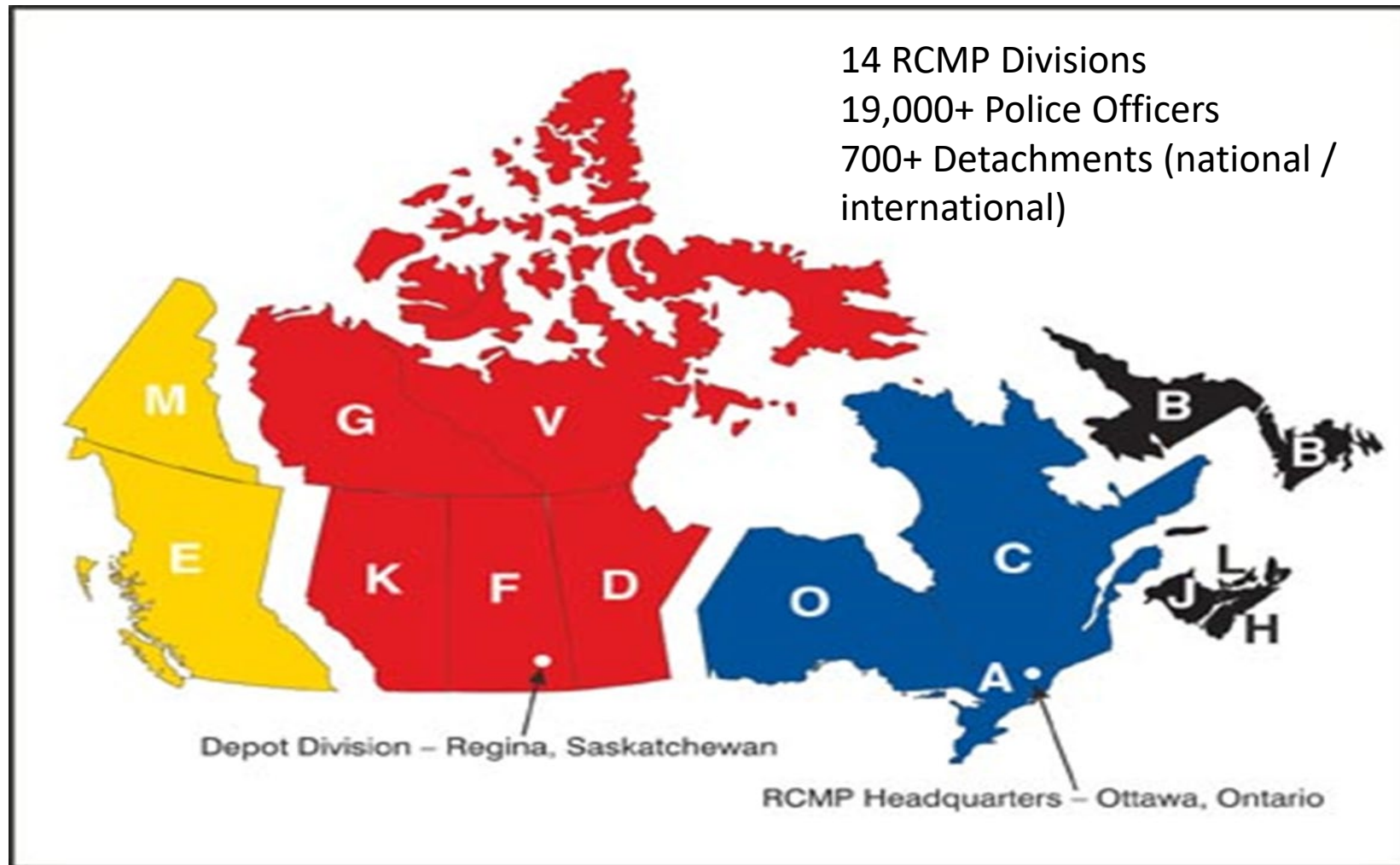
 Potential for conflict(s) of interest:

 No conflicts of interest to declare



About us...

Psychological Health Screening Program



Occupational Health Program Mandate

- The Occupational Health Program supports front line policing operations by establishing and overseeing health programs and policies delivered to regular members
 - To assess members' fitness for duty to safely perform their duties.
 - To support the coordinated delivery of occupational health, safety and well-being programs and services.



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Divisional Occupational Health Services

- **Multi-disciplinary team that administers the RCMP occupational health programs and services ensuring the health and safety of its members.**
- **Some of the activities include:**
 - Occupational Health Evaluation (OHE) and Assessment
 - Medical Case Management
 - Prevention and health promotion
 - Medical determination

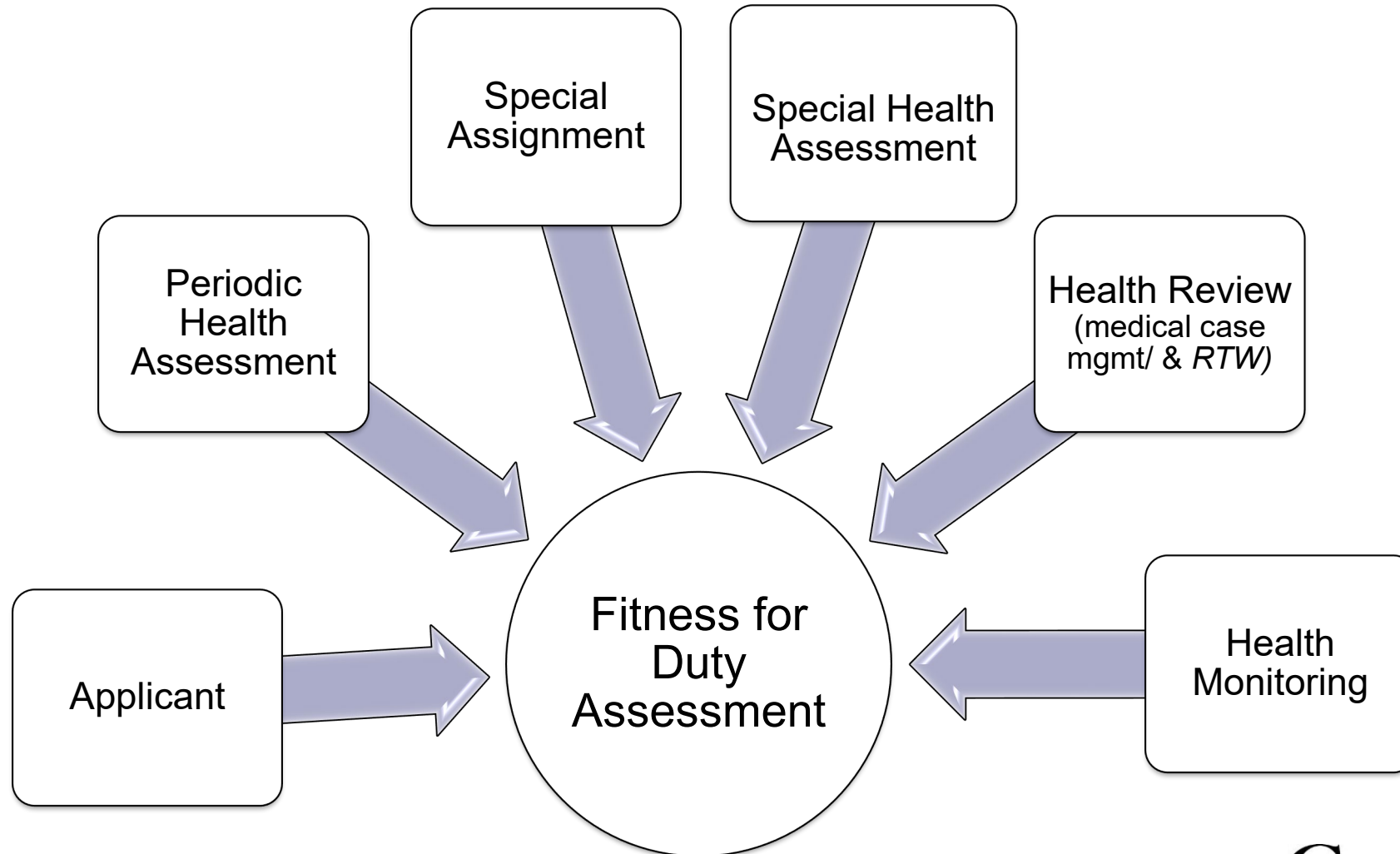


Occupational Health Team

- Health Services Officer (Physician)
 - assess the member's health and provide recommendations on fitness for duty including limitations and restrictions that impact functional ability;
- Divisional Psychologist
 - Support HSO : provide assessment support for psychological issues with impact on fitness for duty or suitability for position deployment
- Divisional Health Nurse
 - Support HSO: health assessment, health promotion, disability management, workplace injury determinations
- Each OHT professional:
 - has specialized occupational health knowledge
 - act as liaisons with community health care professionals
 - Not involved in direct provision of treatment.







When are OHE are conducted?



- 👑 RCMP Mental Health Strategy (2014-2019): Emphasis on detection & intervention
- 👑 Empirical findings highlighting prevalence of mental health conditions
 - 🐎 Carleton et al. (2018) web-based survey of PSP
 - 🌐 RCMP RM Sample (n = 1,122) : **50% positive screen** for any current MH condition.
 - 🐎 Carleton et al. (2024) NPF replication survey
 - 🌐 RCMP RM Sample (n = 1,348) : **64% positive screen** for any current MH condition.
 - 🐎 Burns & Buchanan (2020) Qualitative study RCMP (n = 20) attitudes toward help-seeking
 - 🐎 Influential relationships (at work) increase help-seeking



PHS Program Based Assumptions

-  Mental health conditions are **likely the rule** not the exception.
-  Policing is inherently hazardous and stressful, assume a population health perspective = **secondary prevention**.
-  Create an opportunity for a “positive” interaction with a mental health professional
 -  *Proactive rather than reactive*



The solution

- 👑 Mandatory psychological injury/illness prevention occupational health service.
- 👑 Offered periodically throughout the course of a regular member's career
- 👑 Professionally delivered with seamless integration into existing programs



Program announced & launched Spring 2021



Our Approach

- Structure
 - Embedded activity within our Divisional Occupational Health Services
 - Centralized funding and management to support implementation and consistency across divisions – NHQ
 - Dedicated resources (i.e., psychologists)
- Process
 - Provide mental health screening to all members at minimum every 3-years
 - Complementary to the 3-year PHA cycle of our RMs (*as of 2024 mid-point*)
 - Policy to include flexibility (ex. expedited delivery option)
- Content
 - Enhanced screening (detection) with feedback (intervention)
 - Not a fitness for duty activity
 - A member-centered constructive conversation about psychological health



PHSP Policy – *Health Services Manual* - ch. 3.4.

This policy aims to:

- 1. 1. 1. take every reasonable precaution to protect members' psychological health and safety;
- 1. 1. 1. 1. Proactive psychological health screening (PHS) is a key element in the protection of a member's psychological well-being.
- 1. 1. 2. provide members with early intervention and referrals for treatment of mental health issues where indicated by a psychologist conducting a PHS; and
- 1. 1. 3. increase opportunities to educate members on strategies to maintain and/or improve their psychological well-being, and contribute to their overall occupational health.



The PHS process is a brief intervention that may result in a recommendation for the officer to seek external psychological care

The psychologist:

- 👑 reviews the officer's occupational health file prior to the appointment;
- 👑 conducts a standardized semi-structured clinical interview;
- 👑 administers psychometric tests for depression, anxiety, PTSD and alcohol use;
- 👑 provides the officer psychoeducation on resilience techniques;
- 👑 gives the officer immediate feedback on their results
- 👑 Communicates findings to the divisional HSO



The semi-structured interview

- Occupational health file review (by psychologist)
 - Prior PHA, psychological assessments, disability periods, benefits use
- Semi-structured Interview
 - Questions related to operational, occupational, and organizational stressors
 - Questions related to personal stressors
 - Questions related to current psychological health & habits
 - Review of coping resources
- Personalized feedback and education (ex. coping & resilience)



The semi-structured interview

Domains of interest:

- 👑 Questions related to operational, occupational, and organizational stressors
 - 👑 Traumatic experiences, work-life balance, quality of workplace relationships
- 👑 Questions related to personal stressors
 - 👑 Family demands
- 👑 Questions related to current psychological health & habits
 - 👑 Substance use, exercise, leisure
- 👑 Review of coping resources



The mental health screening tools

Domains of interest:

- 👑 Anxiety, Depression, Posttraumatic Stress, Hazardous Alcohol Use, Burnout (added 2024)
- 👑 Core battery of screeners:
 - 👑 GAD-7, PHQ-9, PCL-5, AUDIT, BAT-12
 - 👑 reliable & valid, available in both official languages, public domain
- 👑 Additional screeners based on file and interview (ex. Epworth Sleepiness Scale)



Descriptives by Gender

		PHQ-9	GAD-7	PCL-5	AUDIT	BAT-12
	Mean	6.04	6.17	17.50	3.25	2.23
Women	SD	5.04	5.49	16.08	3.21	.80
	n	449	449	440	447	237
	Mean	5.47	5.15	16.19	3.83	2.05
Men	SD	5.26	5.08	16.18	3.74	.68
	n	1620	1619	1593	1617	877



Positive Screens Snapshot

National averages for Fiscal Year 23/24 (n = 983)

A positive screen indicates that a member has a total score that suggests a mental health condition is likely present.

Moderate to Severe:	
DEPRESSION	ANXIETY
21%	20%
PTSD	ALCOHOL USE (hazardous/dependency)
18%	10%

Since April 2021,
3,885
regular members
have received
their
psychological
health screening





34% RMs screened positive on any measure



PHS data collected since 2021 is showing **statistically significant** correlations between years of service and mental health issues:

- **24.5%** of officers with **21-26** years of service screen positive for **PTSD**
(compared to 15% of officers with 15-20 years of service)
- **14%** of officers with **15-20** years of service screen positive for **hazardous or dependent alcohol use**
(compared to 7% of officers with 9-14 years of service)

Data we collect during the PHS process:

-  Gender
-  Age
-  Years of service
-  Psychometric test results



Psychological Health Screening Program

Correlations between screening domains during the past 2 fiscal years (n = 2,072)

	PHQ-9	GAD-7	PCL-5	AUDIT	BAT-12
PHQ-9	--	.78*	.76*	.20*	.65*
GAD-7		--	.78*	.20*	.62*
PCL-5			--	.20*	.63*
AUDIT				--	.20*
BAT-12					--

BAT-12 introduced as of April 1, 2024 (n = 1,114)

* Significant at alpha .01 (two-tailed)



PHS Report Dispositions

Participant referral outcomes of the PHS Screenings:

	FY 21/22 (n = 815)	FY 22/23 (n = 954)	FY 23/24 (n = 983)	FY 24/25 (n = 1043)
None Required	68%	44%	43%	38%
Internal (Org)	6%	3%	4%	5%
External (HCP)	15%	21%	21%	24%
Under Care	22%	27%	33%	31%



Measuring Burnout

Generally Defined:

- ❖ Not a medical or psychiatric diagnosis (Glossary of Terms 3.0, Heber et al. 2023)
- ❖ *Burnout* is an occupational occurrence that an employee experiences because of stress in the workplace, particularly organizational stress.

Domains Measured:

- ❖ Previously understood as a 3 dimensional phenomenon (exhaustion, cynicism, & decreased effectiveness). Newer models have identified a more robust model.



Burnout Assessment Tool (BAT-12)

Dimensions measured by the BAT-12 (Schaufeli et al., 2020)

Exhaustion

- a severe loss of energy that results in feelings of both physical (tiredness, feeling weak) and mental (feeling drained and work-out) exhaustion.

Mental Distance

- a reluctance or aversion to work, indifference and a cynical attitude are characteristic in mental distance. Little or no enthusiasm and interest for work.

Cognitive Impairment

- memory problems, attention and concentration deficits and poor cognitive performance

Emotional Impairment

- intense emotional reactions and feeling overwhelmed by one's emotions (e.g., feeling frustrated and angry at work).



Burnout Assessment Tool (BAT-12)

Sample statements BAT-12 (Schaufeli et al., 2020)

Exhaustion: “At work, I feel mentally exhausted”

Mental Distance: “I struggle to find any enthusiasm for my work”

Cognitive Impairment: “When I’m working, I have trouble concentrating”

Emotional Impairment: “At work, I may overreact unintentionally”


Response scale: Likert 1-5 (never, rarely, sometimes, often, always)

General Score Index: No burnout exists ; Risk of Burnout ; Burnout is most likely



PHS Report Dispositions FY 2024-25

Screening measure for Burnout (**BAT-12**)

 **Fiscal Year 2024-2025** (n = 1114 RMs)

 **73.43%** no risk of burnout

 **14.45%** at risk of burnout

 **12.12%** most likely experiencing burnout



Following their PHS, RMs are provided the option to complete an anonymous 10-question survey about their experience.

🐎 **79.5%** of RMs screened in 2023-2024 completed the PHS post-screening survey.

🐎 What is your current level of comfort level in seeking support for mental health services with a health professional?

🐎 **46%** Very comfortable — I would readily do so; **45%** Comfortable — I would do so if necessary

🐎 **93%** of RMs indicated that they were “**satisfied**” or “**highly satisfied**” with their PHS experience.

🐎 The survey allows for qualitative data; the most frequent comment from officers is ***they wish the program had been available to them years earlier in their career.***

PSYCHOLOGICAL HEALTH SCREENING



Which of the following services (if any) have you accessed to support your psychological health in the past 12 months?

Private/Community health care provider (e.g., private psychologist/counsellor or therapist)	= 51 %
Public/Provincial Health Authority (e.g., primary care physician)	= 24 %
Publicly available specialized resource for public safety personnel (e.g., PSPNet & on-line materials)	= 3 %
Specialized non-profit resources for public safety personnel (e.g., Wounded Warriors programs)	= 1 %
Employer supported program - External (e.g., Employee Assistance Services)	= 6 %
Employer supported program - Internal (e.g., Peer support or SOSI)	= 11 %
Other	= 6 %
Not applicable	= 37 %



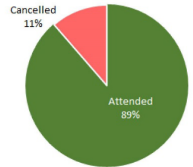
Positive Screens Snapshot

A positive screen indicates that a member health condition

DIV	# of RMs screened	% of RMs who screened positive on at least one psychometric test*
B	9	33%
C	33	12%
D	69	45%
F & T	59	29%
H	27	41%
J	37	27%
K	54	43%
L	18	44%
NCR & V	53	31%

* A number of members screened pos

ATTENDANCE RATE

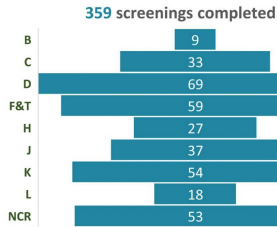


GENE

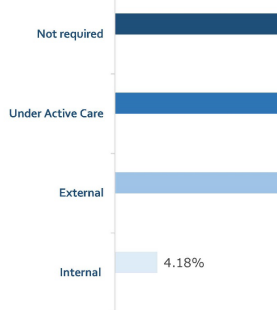


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QUARTERLY KEY TRENDS
APR - JUN 2024



Referrals for psy



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Burnout Assessment Tool (BAT-12) Results

APRIL 2024 to MARCH 2025

Total number of regular members (RM) who participated in the assessment: 1114



73.43% of RMs screened showed **no signs** of burnout (N = 818)

Median age	Median years of services	Gender		RMs referred to psychological support services post-PHS	
41	14	19% female	81% male	19% external	4% internal
min = 20 max = 68	min = .08 max = 47			(28% were under active psychological care)	



14.45% of RMs screened are **at risk** of burnout (N = 161)

Median age	Median years of services	Gender		RMs referred to psychological support services post-PHS	
43	15	25% female	75% male	30% external	6% internal
min = 24 max = 67	min = 1 max = 35			(49% were under active psychological care)	



12.12% of RMs screened are **most likely** experiencing burnout (N = 135)

Median age	Median years of services	Gender		RMs referred to psychological support services post-PHS	
41	16	27% female	73% male	36% external	6% internal
min = 24 max = 60	min = 1 max = 34			(51% were under active psychological care)	

SHARING RESULTS –

NATIONAL / DIVISIONAL DASHBOARDS



- **Mandatory**
 - Participant centered / not fitness-for-duty
- **Flexibility in delivery**
 - Operational realities / virtual deployment option
- **Allow for sufficient time (90-120 min)**
 - Engagement activity not “check box”
- **Program Staffing – access to professionals**
- **Survey – Solicit Feedback / Testimonials**
 - Is the approach acceptable? Ex. In-house vs External
- **Program evaluation and research**
 - Requires resources

LESSONS LEARNED





Increase accessibility



Staffing and alternate approaches to consider in deployment of program (other categories of employees, remote deployment, etc.)



Program evaluation and research



Data linkage – link PHSP data to other HRMIS databases (sick leave, etc.).







Building access to mental health community providers.



THE WAY FORWARD



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 -  Program evaluation support



QUESTIONS



Thank You

Psychological Health Screening Program



Supporting ***Our People***

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