

Catalyst Grant: Post-Traumatic Stress Injuries among Public Safety Personnel

Instructions:

The [Post-Traumatic Stress Injuries \(PTSI\) among Public Safety Personnel](#) (PSP) Catalyst grant was developed to strengthen and expand the evidence base needed to inform current and future policies, practices and programs related to PTSI in PSP. This funding opportunity will improve the mental wellness and resilience of Canada's PSP through innovative research.

As outlined in the [conditions of funding](#), funded teams are required to facilitate knowledge exchange among stakeholders and catalyst grant holders by participating in a workshop. This template is therefore provided, and the resulting report will support end-of-grant knowledge translation activities and the workshop on April 30 – May 1, 2020 in Calgary, AB.

The completed report is due by **March 16, 2020**.

Project Title: Evaluating Critical Incident Management and Peer Support Programs for Public Safety Personnel

Authors:

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Priority Research Area: N/A

Relevant PSP Population(s): All PSP service areas, as well as family of PSP

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What is the issue?

(max 100 words)

The frequent exposures to stressful or potentially psychologically traumatic events experienced by Public Safety Personnel (PSP) and the concomitant mental health challenges that can arise have led many agencies to provide programming intended to help support PSP mental health, such as critical incident stress management (CISM) and debriefing (CISD), psychological first aid, peer support, and other related intervention and education programs. Limited research about the efficacy of such programs has led to considerable confusion and debate. Providing PSP leadership with comprehensive information about available programs which can help inform decisions is imperative for supporting efforts towards best practices.

What was the aim of the study?

(max 150 words)

The current study was designed to provide objective and comprehensive information for PSP leaders, program providers, and PSP in order to inform decision making. In doing so, numerous program elements needed to be considered, such as type of intervention, delivery modality, target audience (e.g., PSP sector, PSP members themselves vs. family of PSP), logistical considerations (e.g., program duration, group size, location), cost, language, and anonymity/confidentiality. Key actions to support this aim included: 1) identifying the most prominent programs currently available in Canada that have robustly standardized delivery; 2) delineating areas where the programs have overlap and where the programs are distinct; 3) clarifying the variables associated with disseminating each program and maintaining fidelity; and 4) providing a foundation of knowledge that can be used to inform future program evaluations.

How was the study conducted?

(max 100 words)

A rigorous environmental scan was conducted to identify mental health support programs for PSP and/or their families, across Canada. Variables collected included: name of service/program, type of service (e.g., CISM, peer support, psychotherapy), modality (e.g., in-person, online, telephone), language (English, French, bilingual), whether participation is anonymous and/or confidential, brief program description, where the program is offered, who provides the program, program length, cost, whether the program is offered one-on-one or in a group setting (and if so, group size), contact information of the program provider, website, and contact information that can be used by those who would like more information.

What did the study find?

(max 200 words)

In total, 87 mental health support services were identified. The most common types of services are peer support (n=20), crisis intervention (n=16), resilience (n=16), psychotherapy (n=13), and family-based (n=12). However, there are also animal-based (n=8), mindfulness (n=6), self-help (n=3), addiction (n=3), biofeedback (n=2), suicide prevention (n=1), virtual reality (n=1), and chaplain (n=1) services. Multiple services are available in a variety of modalities or in blended formats. While the majority are offered in person (n=55), online (website: n=12; app: n=7; video chat: n=7; podcast: n=1) and telephone phone services (n=6) are becoming more common. At the time of reporting, some the services that are typically offered in-person only are now offered remotely due to COVID-19. Email (n=2), text message (n=1), and audio recordings (n=1) were less common. The majority of services were offered in English (n=74), with 26 offered in French as well. One service was offered solely in French.

What are the implications of this study?

(max 100 words)

The current study provides PSP, their families, and PSP leadership with a comprehensive overview of the types of PSP-specific mental health programs being offered across Canada. The information will be useful to decision-makers in assessing the scope of service options available and will provide researchers with an up-to-date basis from which to design research in order to study the efficacy of various program types in addressing the mental health needs of PSP and their families.

What are the key messages?

(max 100 words)

There are numerous options available in Canada to support PSP mental health, providing service users with a range of choice to meet their needs. This enables individuals to choose a format that they are comfortable with (e.g., individual vs. group; in-person, virtual face-to-face communication, online) at a variety of price points, including several services that are offered free of charge for users. Despite compiling this objective overview of program features, further research on

program effectiveness is critically necessary for supporting efforts towards best practices, and listing a program or service should not be construed as endorsement of said program/service.

Provide a list of potential target audiences for this research

PSP

Senior PSP leadership and policy-makers

Clinical psychologists

Researchers in psychology/mental health

Program providers who are seeking guidance for decision-making and program implementation for conducting effectiveness