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

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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