# YORK REGIONAL POLICE

PTSD Prevention Plan



PTSD Prevention Program Framework

#FIRSTRESPONDERSFIRST
firstrespondersfirst.ca
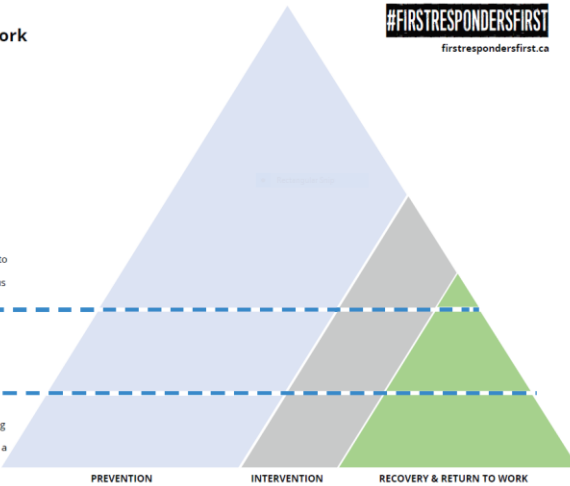
**IMPLEMENTING BEST PRACTICES**
At this stage the employer is ready to implement best practices into an already functioning program. There is an interest in evaluation and research. They may also be interested in expanding their focus to general wellness.

**TAKING PROACTIVE STEPS**
This stage of the journey is about moving from a reactive state to a proactive state. The employer has the basics in place and is ready to develop a more comprehensive program.

**JUST GETTING STARTED**
At this stage of the journey the employer needs help understanding their legal requirements and potentially help dealing with a crisis. They are looking for basic support and may not be able to support a significant investment. The goal is to get them started with basics.

PREVENTION          INTERVENTION          RECOVERY & RETURN TO WORK

## PREVENTION

- Basic elements of occupational health and safety management
    - Understanding legal responsibilities
    - Recognizing, assessing and controlling the hazard
    - Developing policies and procedures
    - Outlining roles and responsibilities
    - Incident reporting procedures in an organization

## INTERVENTION

- Ensuring that workers know how to report psychological injuries when they occur

- Workers are supported when reporting psychological injuries

- Offers evidence-based intervention options

### RECOVERY & RETURN TO WORK

- Managers understand how to accommodate a worker who is suffering from PTSD
- There are clearly established roles and responsibilities for supporting workers through the accommodation process

# CURRENT STATE

## PREVENTION

PTSD policies and procedures for prevention, intervention, and recovery & return to work

- Regulations Chapter 4
- Project Safeguard (AI-361)
- Critical Incident Stress Management (AI-328)
- Police Citizen Deadly Force Encounter (AI-364)
- Workplace Harassment and Discrimination (AI-350)
- Safe Storage/Removal and Return of Firearm (AI-009) *Under review*
- Accommodation and Return to Work (AI-366) *Under review*
- Peer Support *Draft completed*

## PREVENTION

Prevention training for all members to help recognize and respond to the signs and symptoms of traumatic stress when they arise

- Road to Mental Readiness
  - Entire organization
- Project Safeguard
  - Units at higher risk of exposure to traumatic situations or materials (ICE, Homicide, MCIU, etc.)
- Mindfulness Training
  - Mandatory for new recruits, optional for experienced members
  - Focus on development of self-awareness and promoting self-care
- Mental Health First-Aid
  - Mandatory for new recruits, optional for experienced members
  - Skill development in recognizing and addressing mental health issues in others

## PREVENTION

Identify and communicate organization roles and responsibilities for the PTSD Prevention Plan and Program

- Outlined in current policies and procedures
- Described in detail in the PTSD Prevention Plan
- Delivered to members directly during Road to Mental Readiness training

## INTERVENTION

PTSD injury reporting mechanisms are established and implemented
- YRP017

Identify support and intervention options that managers and workers can access and use to respond to staff reports of injury
- Health & Wellness, Occupational Health & Safety, CISM, Peer Support, Psychological Services, EFAP, External Treatment Provider list

Identify roles across the organization that can support injured workers, determine and communicate their responsibilities
- Health & Wellness, Peer Support, EFAP, CISM, Psychological Services, External Treatment Providers ($3500/year coverage for mental health treatment)

## RECOVERY & RETURN TO WORK

Identify roles across the organization, and other parties, who would be focused on getting the injured worker back to work

- Health & Wellness, WSIB, Morneau Shepell, Peer Support, York Beyond the Blue, External Treatment Providers

Establish internal procedures and protocols to support worker recovery and return to work

- AI-366, AI-009

Managers understand how to accommodate a worker recovering from PTSD and how to reintegrate the worker back into the workplace

- Canadian Mental Health Association – Seminar on the accommodation process for all sworn and civilian supervisors (Ongoing: February – November 2017)



| Reporting an Injury | Case Management | Treatment & Support | Return to Work |
|---|---|---|---|
| • YRP017 | • WSIB | • External Treatment Providers | • RTW Medical Form |
| • Health & Wellness | • Morneau Shepell | • Health & Wellness | • Accommodation |
| • Occupational Health & Safety | • Health & Wellness | • Peer Support | • Graduated Return to Work Plan |
| • Peer Support | | • EFAP | • H & W Meeting with Supervisors |
| • YRPA | | • York Beyond the Blue | • Ongoing Support & Assistance from All Parties |
| • CISM | | • Supervisor & Coworkers | |
| • Psychological Services | | | |

| | Just Getting Started | Taking Active Steps | Implementing Best Practices |
|---|---|---|---|
| PREVENTION | | | X |
| INTERVENTION | | | X |
| RECOVERY & RETURN TO WORK | | X | |

# FUTURE DIRECTIONS

## INNOVATION IN PREVENTION

Expanding beyond PTSD to include all mental health issues that can impact a member

- Early detection through business intelligence
- Further expansion of Project Safeguard and internal psychological services
- Formal integration of multi-denominational chaplaincy services into wellness programming
- Peer Support Team training

## INNOVATION IN PREVENTION

Expanding beyond PTSD to include all mental health issues that can impact a member

- Stepped care model of mental heath treatment
- Development of an online screening tool for mental health that links members to services
- Seminars, Lunch and Learns from community partners (CMHA, Morneau, Wounded Warriors, Tema Conter, etc.)
- Extending family support services (York Beyond the Blue)
- Regular psychoeducational documents published internally targeted at specific groups or during difficult times (Managing holiday stress, Thin Gold Line newsletter, submissions on mental heath to the YRPA magazine, etc.)

## A PSYCHOLOGICALLY HEALTHY WORKPLACE

Developing a culture of awareness and acceptance of mental health

- Adoption of the MHCC/CSA voluntary standard for psychological health and safety in the workplace
  - Leadership development program YorkLeads to investigate aspects of voluntary standard
- Integration of mental health considerations in leadership training (YorkLeads, new supervisor training)
- Delivery of a formal YRP anti-stigma policy (to be included in existing Workplace Harassment and Discrimination procedure)

## PSYCHOLOGICAL HEALTH AND SAFETY IN THE WORKPLACE

1. Psychological Support
2. Organizational Culture
3. Clear Leadership & Expectations
4. Civility & Respect
5. Psychological Competencies & Requirements
6. Growth & Development
7. Recognition & Reward
8. Involvement & Influence
9. Workload Management
10. Engagement
11. Balance
12. Psychological Protection
13. Protection of Physical Safety

## DEVELOPING EVIDENCE-BASED PRACTICES

A renewed focus on creating measurable and sustainable results in mental health services

- Leveraging business intelligence as a platform for internal research on mental health programming
- Development of outcome metrics for trainings and programming to inform future direction and resource allocation
- Research on impact of mental health training on member performance and behaviours in partnership with local universities
- Utilizing pre-employment selection data to develop normative sample unique to YRP

## FACILITATING A SUCCESSFUL RETURN TO WORK

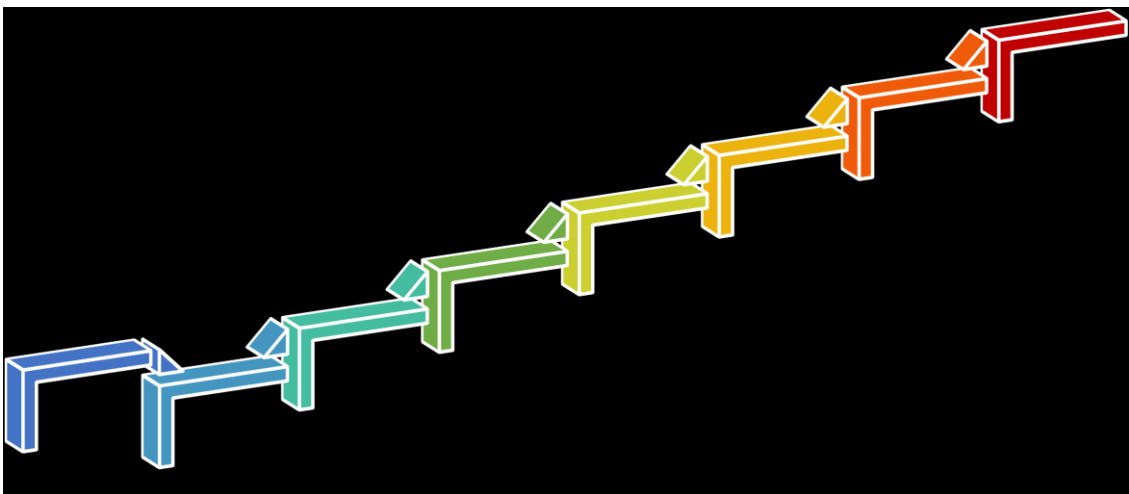Re-evaluating current practices for clarity and efficiency

- Produce a simplified reference to assist members with navigating disability and return to work processes
- Educating supervisors and coworkers on the value of staying connected with members who are off work
- Health & Wellness to coordinate with commanders and direct supervisors to design effective return to work and accommodation strategies

## STEPPED CARE MODEL FOR MENTAL HEALTH

- A system of delivering effective, timely care in a resource restricted environment
- Initial intake followed by progressive interventions that are tailored to the individual needs of the member
- Most effective yet least resource intensive intervention is offered first
- Care is only stepped up to the next level with evidence or prediction of program failure
- Emerging area – No current police services in Canada making use of a stepped care approach to mental health

# Stepped Care Model for Mental Health at YRP



Cornish (2016) *Stepped Care 2.0*

## STEP 1

- Initial contact with the member
  - Member presents to Safeguard session or to Peer Support
  - Member completes online wellness survey independently
  - Initial contact is brief and Peer Support member or psychologist acts as a consultant
  - Member is given a "prescription" for next steps

Estimated percentage of members at this step: 100%

## STEP 2

- Self-directed, psychoeducational materials
  - Aimed at building self-awareness
  - Example resources include AnxietyBC, fitness/sleep trackers, and mindfulness apps

Estimated percentage of members at this step: 30%

## STEP 3

- Interactive online therapy programs
  - Focused on skill development and active engagement
  - Examples include WellTrack and MoodKit

Estimated percentage of members at this step: 15%

## STEP 4

- Short-term, face-to-face peer support or chaplaincy service
  - Focused on utilizing active listening and stages of change techniques

Estimated percentage of members at this step: 10%

## STEP 5

- Supportive Therapy (EFAP program or psychotherapist/social worker in the community)
  - Time-limited and goal-directed counselling interventions

Estimated percentage of members at this step: 5%

## STEP 6

- Intensive Individual Therapy (Psychologist in the community)
  - Focused on symptom reduction and improving daily functioning at work and at home
  - Targeted at members with diagnosable mental health issues

Estimated percentage of members at this step: 3%

## STEP 7

- Psychiatric consult (In-person or via telemedicine)
    - For members unable to engage in therapy due to symptom severity or to supplement current treatment plan
    - Morneau Shepell offers a program called InfluenceCare that offers rapid access to a psychiatrist for medication recommendations

Estimated percentage of members at this step: Less than 1%

## STEP 8

- Hospitalization (Local hospital or specialized inpatient program)
    - This step is reserved for members who exhibit a profound inability to function in any aspect of their lives or are a significant, imminent risk to themselves or others

Estimated percentage of members at this step: Less than .05%

Rebecca Shields, CEO, Canadian Mental Health Association, York and South Simcoe

"Our community is fortunate to have an organization such as York Regional Police display such positive leadership when it comes to supporting front-line and supervisory staff. We encourage other prominent organizations and businesses in our region to follow YRP's example."

# Questions?