Ministry of Labour

2017 PTSD Summit

Prevention In Action

Hosted by Ontario Minister of Labour Kevin Flynn

#TalkingPTSD

Ontario

Summit on Post-Traumatic Stress Disorder
Prevention In Action — October 17, 2017

Contents

Message from the Minister

It is my pleasure to write to you today and provide you with a summary report of the Ministry of Labour's second annual PTSD Summit. The summit was an informative and inspiring event and I appreciate your interest and engagement in this important issue.

The theme, "Prevention in Action," kept our momentum going from previous summits as we continue to strive for innovation, effective implementation and ongoing improvement. There is still much we can learn from each other and this summit provided a great forum for discussion and sharing best practices. The attached report has captured many of the key points and best practices discussed at the summit, including advice from the day's speakers.

This summit provided an opportunity to continue our efforts to prevent PTSD wherever possible and help ensure the necessary resources are in place for people who need them. I look forward to continuing the important work of addressing and preventing PTSD in the workplace.

Our government remains committed to preventing PTSD and working with our partners in order to protect the health and well-being of workers who regularly face, or are affected by, traumatic situations.

Sincerely,
Kevin Flynn
Minister of Labour

Opening Comments

"It's time to listen to those who are suffering from high stress events that could have lasting effects."

On October 17, 2017, 150 participants, workers, employers and experts gathered for the Ministry of Labour's PTSD Summit: Prevention in Action.

Post-traumatic stress disorder (PTSD) is a critical health and safety issue in Ontario, particularly for first responders and public safety organizations. PTSD doesn't harm just the individuals who develop it; it can have unintended consequences for their families, co-workers and organizations (e.g., lost work time, lower productivity and higher employment costs).

Ontario wants to prevent work-related PTSD and provide support for those who experience mental stress-related injuries. In 2016, the summit looked at how to deal with PTSD and address PTSD associated stigma. This year the focus was on "Prevention in Action."

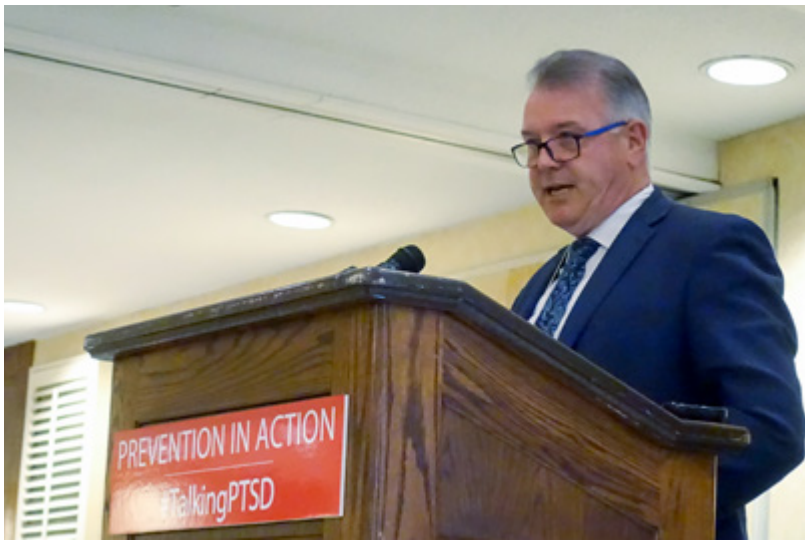
The 2017 PTSD Summit was moderated by Camille Quennville, CEO, Canadian Mental Health Association, Ontario Division.

Minister of Labour Kevin Flynn opened the summit stressing that workplace mental wellness is and should be a priority. "We can only create fairer workplaces by maintaining safe workplaces – physically and psychologically."

The minister spoke about how attitudes of critical front-line services are changing. "The belief that someone affected by their work experiences isn't trying hard enough is slowly disappearing from workplace culture. PTSD is a workplace injury and should be treated that way."

He then spoke about the *Supporting Ontario's First Responders Act, 2016* which amended the *Workplace Safety and Insurance Act* (WSIA). Workers now get faster access to benefits and support because the WSIA includes a presumption that PTSD diagnosed in first responders is work-related. The act also requires that employers of workers covered under the PTSD presumption develop workplace PTSD prevention plans and provide information on those plans to the minister.

The minister said 440 employers, to date, have submitted information on their prevention plans. Their submissions are posted on the Ministry of Labour web site (www.ontario.ca/page/post-traumatic-stress-disorder-prevention-plans). This enables organizations to share their approaches. "No matter where you are, you can have access to everyone's best practices." Help to prepare the plans can be found on firstrespondersfirst.ca. About 35,000 people have visited the award-winning site. He closed by saying "We've laid the foundation. Now it's time to move on with the job.



The Honourable Kevin Flynn, Minister of Labour

"Prevention is key to mitigating the effects of PTSD. Prevention is an investment in your organization. By complying with health and safety requirements, employers can save money."

Keynote Address

"Change is possible: PTSD is not simply a cost of doing business. Preventing and treating PTSD has moral and economic benefits."

Understanding the Challenges and Opportunities for Protecting Public Safety Personnel's Mental Health

The keynote speaker was Psychology Professor **Dr. Nicholas Carleton** of the University of Regina. Dr. Carleton discussed current research findings. He said public safety employees are disproportionately affected, with 7 to 32 per cent of them experiencing PTSD. Sixty-one per cent of public safety leaders have implemented some kind of PTSD program. Those programs include peer support, crisis intervention, good self-care tools and help for people to access resources. None of these, however, are considered to be "treatment" programs for employees with PTSD.

Dr. Carleton said only one-third of the workplaces are assessing the results of their programs. There is a lack of research and evidence on the actual impact of these programs, even though assessments have shown that peer support and critical incident stress management are effective. Implementation of these programs is inconsistent and does not necessarily follow a program's design. However, results did show that debriefing is a good idea and does not harm the participants.

Dr. Carleton then spoke about the results of a 2016 survey by the Canadian Institute for Public Safety Research and Treatment in which 9,000 public safety employees were screened for mental disorders. Forty-one per cent of men and 52 per cent of women screened positive for one or more

mental disorders. Public safety personnel were **less** likely to screen positive for a mental health disorder if they were:

- married (families are important in helping people cope with stressful events);
- lived in eastern Canada;
- had a university degree;
- had fewer years of service; or
- worked in the municipal sector as opposed to the RCMP or corrections.

Dr. Carleton then spoke of opportunities to support mental health and prevent PTSD. He said mental health education should be evidence-based, focusing on how mental health injuries present themselves and how to address them. Programs should recognize that public safety personnel face stressful situations that are often cumulative.

Workplaces need to acknowledge that improving mental health is a journey that requires culture change and not a switch we can flick (e.g. installing seat belts, providing body armor). It requires ongoing effort, patience and collaboration to implement the Canadian Standard Association's Psychological Health and Safety Guidelines.

Keynote Speaker: Dr. Nicholas Carleton

"Workplaces need to acknowledge that improving mental health is a journey that requires culture change and not a switch we can flick."

"In 2016, the National Alliance on Mental illness in the United States estimated that serious mental health problems cost about $193 billion in lost earnings every year."

Early Intervention Panel

The purpose of the panel was to discuss the role of early intervention in preventing or mitigating PTSD and to highlight best practices.

The Importance of Early Intervention in Fire Service

Dr. Suzy Gulliver, Director, Warriors Research Institute and Professor, Department of Psychiatry, Texas A&M Health Science Center, highlighted some of the myths about PTSD and talked about practical steps that organizations can take to prevent and treat PTSD.

Firefighters are often exposed to more potentially traumatic experiences in one shift than civilians face in a lifetime. As a result they experience: three times the rate of PTSD; twice the rate of depression; and twice the rate of alcohol use disorder.

PTSD is costly. A 2008 RAND Corporation report estimated the economic impact of PTSD would be US $4 billion to $6 billion over two years. The report was focused on United States military veterans.

Organizations' ability to prevent and treat PTSD is currently hampered by lack of knowledge, myths and misunderstandings. There are a number of myths that surround PTSD including: it is not treatable; it can lead to violence; and it can end a career since it is "all in your head." In fact, PTSD symptoms can be managed through a number of good treatment options. PTSD stigma is real even though the stereotypes are not.

Dr. Gulliver then spoke about what leading organizations do to help. They work to change stigma, and provide resources and access to evidence-based treatment. When warning signs are observed they will ask “Are you all right? Are you having trouble?.” Asking these questions can open the door to help. Other activities include education and empowerment. She said organizations should also consider implementing pre-employment assessments of strengths and weaknesses.

She highlighted some resources that would be useful as part of a PTSD plan including:

- peer support – with a standardized peer support training program;
- employee assistance programs (EAPs);
- cognitive behavioural treatment (CBT) programs;
- community-based self-help programs, psychological first aid and resilience training; and
- evidence-based leadership coaching to break down stigma and education about facts and fiction.

PTSD: Education, Intervention and Safeguarding

Carol Sackville-Duyvelshoff, Director with the Prevention Division of the Ministry of Labour, presented on behalf of Sue Biggs, Manager, Staff Sergeant of the Organizational Wellness Unit at the Halton Regional Police Service.

The Organizational Wellness Unit has a comprehensive PTSD program. Education is a key factor in its success. It targets service members and their families through presentations, workshops, literature, and association/union initiatives. It also implements interventions for critical incidents. It is available for all staff and recognizes that one size does not fit all. The Organizational Wellness Unit also implements safeguards to prevent PTSD including: assessing members of vulnerable units (e.g. SWAT teams) annually using standardized tests (e.g. personality assessment inventory, trauma symptom inventory); intervening when there are any signs of stress by providing support which could include moving people into other positions if necessary, etc.

“Educate everyone who is involved with someone with potential to develop PTSD.”

"Communication is key. When generals talk about mental health in a positive way, it has a trickle-down effect. Outside the military, when people talk about mental health positively it helps everyone."

The Organizational Wellness Unit has hired a consultant psychologist who provides confidential services to members including assisting on traumatic calls. The goal is keeping people in the workforce healthy by providing "mental health first aid." The success of these interventions depends on the trust relationships built between police and employees, such as the psychologist. It also depends on great support from the top and from the front line.

What Affects the Crisis Reaction?

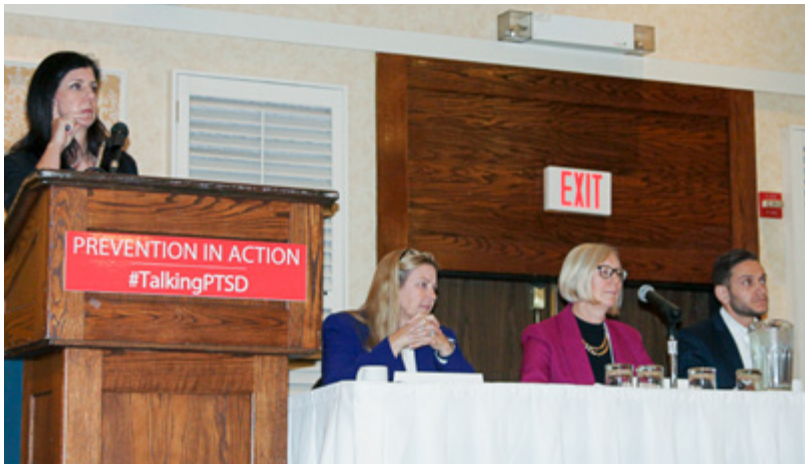
Tarik Kadri, Regional Clinical Manager, Health and Wellness, South Western Ontario and Military Captain (retired), talked about the factors that affect crisis reactions as well as the nature of those reactions and strategies to help manage them.

A person's reactions to a crisis are affected by the intensity of the experience, the suddenness of the crisis, its duration, their ability to understand it and survivor stability or what else is happening in the person's life (e.g. social determinants of health).

Trauma affects every area of life. For example, it can result in too much or too little emotion such as anger, panic and anxiety. It can impact relationships leading to mistrust and difficulty being close to people. It can lead to a change in work performance and confidence. Behaviorally it can lead to self-injury and alcohol and drug misuse. A person can have trouble focusing and can experience thoughts that can prevent him or her from carrying out daily activities. A person can also experience flashbacks, problems with sleep and suffer from nausea, headaches and stomach aches.

Everyone is affected differently depending on their understanding, ability and survivor stability. Trauma is like an iceberg: most of what is happening is under the surface and not visible. People's reactions to a crisis can fall along the stages of the mental health continuum model from healthy to ill. The challenges for workplaces are to help public safety personnel develop healthy reactions to crises and avoid moving further along the continuum.

If people don't have support or the right tools, a crisis can move them into the injured or ill stages of the continuum. Early intervention helps people recover more quickly.



The Early Intervention Panel

The Business Case for PTSD Prevention

The purpose of this panel was to highlight the costs of PTSD and to help organizations make the business case for investing in PTSD prevention.

You're Not Alone

"25-30 per cent of people exposed to a traumatic incident will develop PTSD. To be diagnosed with PTSD, you need to meet six of 20 criteria. However, even with only five criteria you can have a traumatized brain."

Dr. Suzanne Filion, Clinical Psychologist & Consultant, Filion Psychology Professional Corporation and Director of Strategic Development, Hawkesbury and District General Hospital, talked about the impact of trauma on the brain.

Trauma is a brain injury. When the brain gets a lot of information through the senses, like it does in a stressful or traumatic situation, it is like a surge through a breaker panel. What happens in the brain connects to emotional content and cognition.

PTSD is difficult to diagnose and treat because it "hides" under other diagnoses including:

- depression;
- alcohol use;
- phobia;
- conduct disorder;
- agoraphobia; and
- anxiety disorders.

Of people with PTSD, 40 per cent will have problems with alcohol use, and 31 per cent with drug use. It is also linked to a range of other issues, such as: gastro, cardio and sleep issues, family issues and absenteeism and presentism (i.e. people are there but not "there").

It is impossible to put a cost on the suffering of people with PTSD. However, it is possible to assess the disability-related costs of PTSD and other mental health issues. Thirty per cent of all disability claims in Canada are mental health related and they account for 70 per cent of costs.

There are many ways a workplace can intervene to prevent PTSD; "The **CHAP** (Confidentiality, Holistic, Active, Policy) has got to **GIVE** (Geared, Innovation, Variety, Executive)." Effective interventions require: **C**onfidentiality; a **H**olistic approach that includes self, work and family; have an **A**ctive offer of approach; and a workplace **P**olicy and procedure.

Policy is among the most powerful tools to prevent and mitigate the effects of PTSD, and to help change culture. Effective interventions must also: be **G**eared towards needs as well as programs that manage symptoms but don't de-sensitize the trauma and the use of trained professionals; be **I**nnovative; include a **V**ariety of programs offered at different points and places; and be promoted by the **E**xecutive down to change the culture.

Some examples of innovative responses are: the use of therapy dogs to help police officers manage symptoms; a self-screening tool that first responders can use when they come back from a stressful call to measure depression and PTSD to see if they need further care; and the use of cyber-psychology (virtual reality) to de-sensitize the trauma.

"Rates of suicide are 3.5 times higher in first responders than in the general population."

Building the Business Case for Accommodating People with Mental Illness

Dr. Rebecca Gewurtz, Assistant Professor in the School of Rehabilitation Science at McMaster University, talked about the results of a study funded by the Mental Health Commission of Canada.

The study's objectives were to explore how organizations support and accommodate workers with mental illness and how they consider the costs and benefits of doing so. Researchers interviewed key stakeholders across five diverse organizations in terms of size, geography, sector and structure. They gathered both qualitative data (experience working within the organization) and economic data (perceived and actual costs associated with the accommodated worker).

Qualitative findings revealed that supporting and accommodating workers with a mental illness created a positive work culture characterized by inclusivity, safety and respect. This culture made it easier for workers to disclose their mental health issues and accommodation needs. Accommodations and supports took the form of:

- universal workplace provisions (e.g. sick days, allowing people to work from home);
- informal accommodation; and
- a different approach to training, coverage and scheduling.

Employers talked about approaching the issue with all staff based on: "what do you need to succeed or to feel well and do well?" They also took an individual, person-centred approach. As one HR manager said, "There are red flags all over the place and somebody has got a perfect history for 20 years and suddenly they're messing up right, left and centre. I'm going to suspect something other than an attitude, right? There's got to be something causing this. My first instinct is to look for what's going on here."

In the cost-benefit analysis, the research team considered a range of costs, and tangible and intangible benefits. The findings showed significant cost-benefits in all settings for both the worker and employer. Accommodating workers with diverse mental illness actually benefits organizations, even when calculating and taking into account the impact on co-workers/the team, according to the findings.

Key findings from the research were that: attending to healthy workplace culture is critical to support workers' diverse needs; many workers with mental illness seem to rely on informal processes to secure workplace accommodation; and the return on investment is compelling for diverse workers, in diverse settings, from diverse perspectives.

Panel Speaker: Dr. Rebecca Gewurtz

On the Economics of PTSD Among First Responders in Canada

Dr. Georgi Boichev, Research Associate at the University of Regina, described some of the challenges in estimating the economic costs of PTSD.

Estimating the economic cost of PTSD is difficult in Canada because organizations are often unwilling to share their data. It is much easier in, for example, Scandinavia, where people use the same number to access health and employment services.

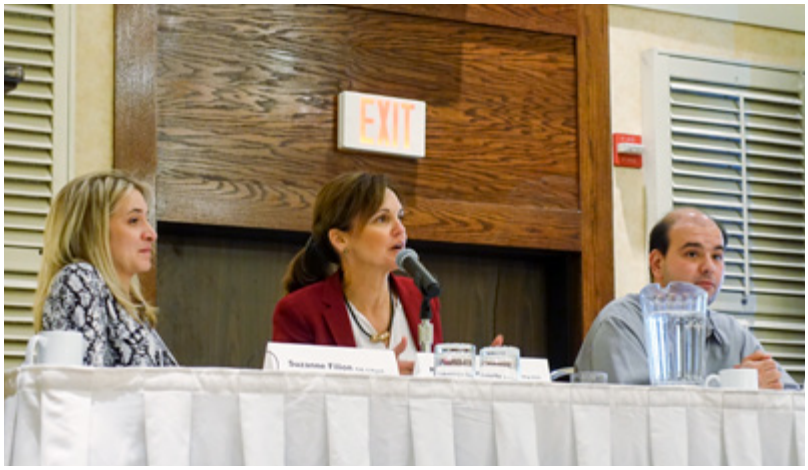
Dr. Boichev is studying the economic costs of PTSD for responders. The goal is to obtain reliable estimates of the cost of illness distinguishing between individuals who are:

- healthy;
- ill and treated; and
- ill and not treated.

This longitudinal survey will follow first responders over time. Participation will be mandatory and include objective-based questions with quantifiable answers. The team will assess the:

- cost of illness;
- indirect costs (loss of labour market participation, loss of labour income); and
- extent of debilitation.

Results to date indicate that: PTSD has a substantial cost in terms of labour participation rates and Gross Domestic Product; economic insecurity worsens mental illness prevalence rates and severity; and PTSD has secondary economic effects in terms of higher spending on social programs and lost income tax revenue.



The Business Case for PTSD Prevention Panel

Facilitated Break-Out Sessions

Participants were divided into three groups to discuss key aspects of PTSD prevention. Facilitators for each session later presented the key take-away messages to the full group.

Session A: Taking PTSD Peer Support to the Next Level

As of April 23, 2017, first responder organizations were required to provide information about their PTSD prevention plans to the Minister of Labour. Most submissions included some type of peer support.

Key take-away messages

- Stigma remains a challenge in every industry sector. The type of stigma may vary depending on the organization/ corporate culture. To dispel stigma, we must continue to collaborate and be systematic in our approaches. Many

organizations have a long way to go in battling stigma. They need to implement top–down support for PTSD programs and services.

- Peer support programs can be an effective way to reduce stigma and to support employees experiencing trauma. It's important to bring people with shared experiences together to help fight stigma.
- Organizations need to move towards standards of best evidence-based practices and accreditation in their peer support programs.
- Peer support selection or "fit" is possibly the most critical component of peer support programs as it influences confidentiality, trust and credibility. Peer supporters require certain traits, including willingness to help, lived experience, self-care, resilience and ability to share knowledge and cultivate open discussion.
- Effective peer support programs require buy-in from management and unions. Management must emphasize the importance of peers in promoting well-being.
- Effective peer support programs ensure there is self-care and support for the peers themselves, such as check-in mechanisms, ongoing training and support from psychologists and/or occupational health nurses.

The Value of Peer Support

Kim Sunderland, Peer Support Consultant, Mental Health Innovations and former Executive Director of Peer Support Accreditation and Certification (Canada) talked about the principles of peer-based support and about the factors that contribute to a successful peer support program.

The key principles of peer support include:

- mutuality of lived experience of mental health and addiction challenges;
- hope;
- holistic recovery which is more than just reducing symptoms;
- authentic and empowering support;

- empathetic listening with the opportunity to talk things through
- self-determination;
- focusing on what you think you need right now and what the advantages and risks are; and
- opportunity to explore options.

Peer support is not only about giving advice, but about encouraging self-exploration.

Peer supporters are not responsible for seeking out individuals who need help. The system works best when the individual finds the peer supporter. It is important that what is shared is taken at the pace of the individual seeking help and not forced by the peer supporter.

Program success is based on active engagement and policy within the organization. To be effective and sustainable, peer support needs to be a corporate program which:

- engages front line staff in the design and development;
- is grounded in organizational policy and embedded in operations;
- selects the right people to be peers;
- provides high quality training (see box); and
- includes ongoing program evaluation and professional development.

Peer Support Standards of Practice. When selecting people to be peers, organizations should look for the following:

1. Competencies – effective communication, active listening, empathy and being able to identify risk of self-harm to others.
2. Knowledge – symptoms of PTSD, the different ways it manifests, when to refer out and triggers.
3. Codes of Conduct – the ability to abide by a strict code of conduct in order to establish trust, maintain confidentiality and create a safe space.
4. Experience.

"Nav Canada is dedicated to developing innovative approaches to improving the psychological health of employees."

"THRIVE peers are a brain to pick, a listening ear and a resources to guide you in the right direction."

The Role of Peer Support in NAV Canada's Organizational Wellness Program

Lyne Wilson, Director, Talent Acquisition and Organizational Health, NAV Canada, described the role of peer support in NAV Canada's wellness programs.

NAV Canada employs about 5,000 people across Canada who provide air traffic control and related services. Air traffic control is a high stress environment. Most people who become air traffic controllers stay in that position for their entire professional careers so their overall mental health is very important.

NAV Canada offers a wide range of programs, activities and incentives to support employee health as well as their physical, mental, occupational, relationship and financial well-being. Peer support is an integral part of three wellness programs:

"Light the Way" includes 60 peers (managers and employees), that have lived experience with mental health struggles, that provide support to employees dealing with personal stress.

THRIVE is a program which provides mentoring and peer support during training. Employees are automatically assigned a peer at the beginning of training, while instructors are provided a peer upon request.

Critical Incident Stress Management (CISM) is available to all staff affected by an operational incident at work. CISM peers are trained to "normalize" an abnormal situation where an incident has sufficient emotional power to cause an employee a strong and sometimes overwhelming reaction. Support is available to all employees and family members who may be impacted by a traumatic event.

These voluntary programs emphasize that mental health impacts us all and encourages participation by people who have experienced mental health challenges, either personally or through loved ones. Their success is demonstrated by the:

- 20per-cent reduction in both short and long-term disability;
- increase in EAP use from nine to 25 per cent; and
- increased employee satisfaction with more employees agreeing that "my organization is concerned about my well-being."

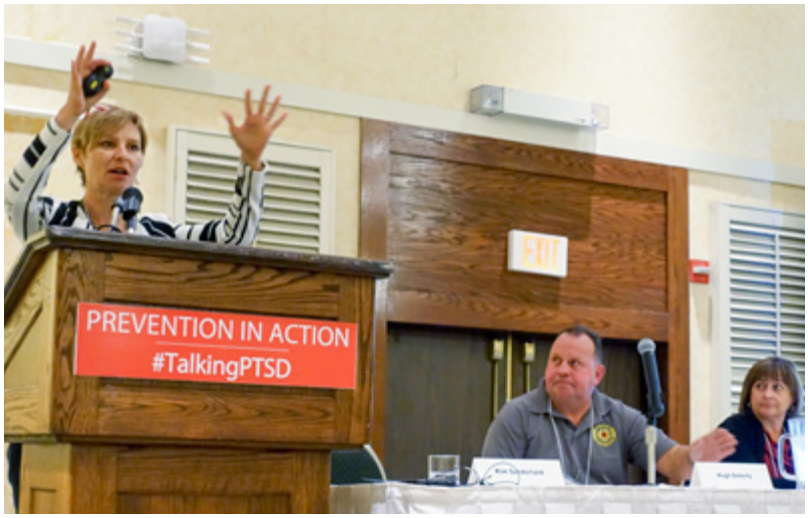
Peer Support Accreditation and Certification

Hugh Doherty, Member Assistance Program Liaison, Toronto Professional Firefighters Association, is an instructor who works with firefighter organizations across Canada to develop peer support teams. He talked about the steps these organizations are taking to strengthen peer support programs. In particular, he focused on efforts to ensure peer supporters are accredited and certified.

The goal of the three-part accreditation process available through Peer Support Accreditation and Certification Canada is to: promote mental health peer support through education and awareness; certify qualified peer supporters; and accredit qualified peer support training programs.

This program helps to reassure organizations and service systems that peer support is uniformly provided with care and skill. It reinforces that peer support is a valued intervention and part of a holistic approach to mental health and well-being. The program provides a standardized national credential which will allow certified peer supporters to practice anywhere in the country.

Peer Support Accreditation and Certification Canada has developed a four-module online training program for firefighters. It takes two hours to complete and is based on the guidelines for the practice and training of peer supporters. Mr. Doherty said it is important to continually educate peer support volunteers and ensure instructors stay current.



Taking PTSD Peer Support to the Next Level Panel

Session B: Supporting the Front Line

PTSD prevention and early intervention programs are vital to the mental health support and protection of first responders and other public safety personnel. Prevention programs can build resilience, while early detection programs ensure that stress-related injuries are detected early and treatment is offered during the narrow window when it will have the greatest positive effect.

Key take-away messages

- There is a critical window to detect PTSD and provide treatment/resources. Detected early, PTSD can be well managed and its impact significantly reduced.
- If someone is exhibiting symptoms of PTSD, it's important for them to have quick access to a mental health professional. Organizations should step forward to assist.
- Leadership is key. Create a culture and environment where employees feel safe sharing their experiences.
- Get buy-in from everyone. Make PTSD prevention and early intervention a priority.
- PTSD can be prevented using resources. In the long run, it's in the organization's interest to invest in prevention.
- Be proactive. Provide some resources directly for employees and make them aware of other resources they can access.
- Provide ongoing support. When someone is off work because of PTSD, stay in touch. Check in regularly with employees to see how they are doing.

The PTSD Prevention Continuum

Dr. Lori Gray, Licensed Clinical Forensic Rehabilitation Psychologist with Frontline Resilience, talked about the importance of the prevention continuum and early intervention support for first responders, victims and criminal offenders.

The continuum includes primary, secondary and tertiary prevention interventions.

Primary Prevention involves a proactive rather than reactive approach. It takes place before exposure.

Secondary Prevention focuses on helping people bounce back before PTSD sets in. The employer should mobilize early intervention services, such as offering immediate peer support, and encourage the employee to connect with a psychologist. The employer/senior manager should create a 'Medical Director' model of care, which means peer support teams would report to mental health trained staff rather than to senior management. For example, a psychologist is put in charge of the team.

Tertiary Prevention focuses on immediately providing treatment and resources to individuals who begin displaying symptoms of PTSD. The supervisor must immediately refer the individual to a psychologist. The psychologist is notified immediately and an appointment is booked quickly before the critical window for intervention is missed. The organization maintains a pre-informed reference list of regulated psychologists or mental health professionals who are equipped to provide adequate care.

Session Speaker: Dr. Lori Gray

"One of the tests of leadership is the ability to recognize a problem before it becomes an emergency."

Firstrespondersfirst.ca: Two Sides of the Journey

Ron Kelusky, President and CEO, Public Services Health and Safety Association, reinforced the importance of leadership in ensuring the front line has timely access to effective PTSD prevention and treatment: "Everything starts at the top."

Treatment makes a difference. With effective treatment, more than 80 per cent of people with PTSD will fully recover and the remaining 20 per cent can have improved quality of life. Only a small percentage will have what is deemed life-time PTSD, a condition that affects employment, quality of life and social capacity. However, even for people in this group, treatment can improve quality of life.

There needs to be:

- leadership and organizational commitment to PTSD prevention that includes establishing preventative programs and developing supportive policies and procedures;
- investment in initial and ongoing early intervention and treatment (recovery and return-to-work) programs for employees;
- continuous quality improvement by leaders including implementing a "plan-do-check-act" approach to review and improve processes, programs and services;
- strong collaboration by workplace parties; and
- effective communication and awareness/education strategies.

The investment in prevention is worth it.

Create a Culture Where Employees Feel Safe Talking About PTSD

Jennifer Ralph, Advanced Care Paramedic with the Region of Peel, provided the perspective of a first responder who has experienced PTSD.

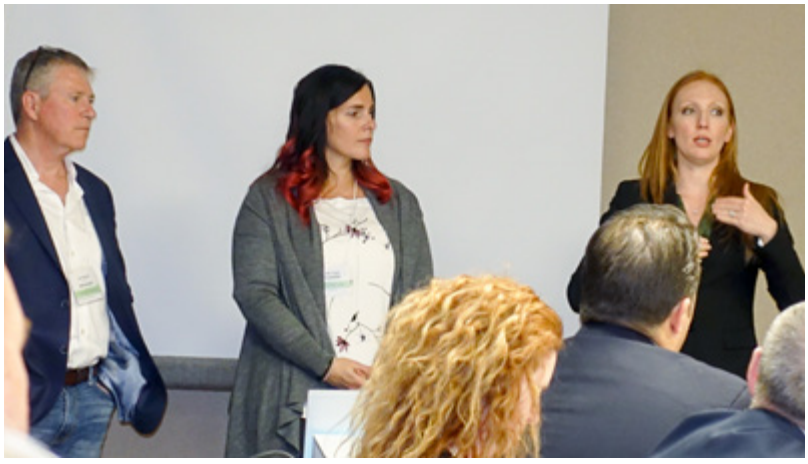
Ms. Ralph began her paramedic career 23 years ago. She was diagnosed with PTSD in October 2016. Since then she has worked to raise awareness of PTSD, change workplace culture and reduce stigma. Her goal is to create an environment for safe and open dialogue, and to help her colleagues and their families cope with work-related PTSD.

Ms. Ralph said it was difficult to tell her managers and peers about her struggles. When she was diagnosed, there was only one supervisor who she felt comfortable talking to about her issues. That supervisor was also a friend.

Ms. Ralph said people who have devoted their lives to caring for others often find very little support when they themselves experience challenges and need care. One of the hardest things for Ms. Ralph was the lack of ongoing support and contact with her workplace. When employees are trying to recover from PTSD, it's important to stay in touch with them to call and see how they are doing.

Ms. Ralph now volunteers as a member of her peer support team. She advocates with employers to create:

- a safe space and workplace culture that allows people to talk about injuries like PTSD;
- a proactive rather than reactive approach to PTSD;
- workplace peer groups and family support groups;
- a guide/resources for employees; and
- effective ways to provide ongoing support for employees recovering from PTSD.



Supporting the Front Line Panel

"People who have devoted their lives to caring for others often find little support when they themselves experience challenges and need care."

Session C: Next Stages in PTSD Prevention Planning

First responder and public safety organizations in Ontario have developed PTSD prevention plans. This session discussed next stages and how to move beyond the plan.

Key take-away messages

- Ensuring employees have an opportunity to debrief after a stressful incident is critical to PTSD prevention. The timing of debriefing is important. It should occur as soon as possible.
- Debriefing practices should be adapted to the individual and should be responsive to their needs.
- Organizations should recognize that, in some cases, legal requirements (e.g., having to record a session for legal purposes) can affect the debriefing and make the situation much harder for the responder.
- As of October, 2017, there are more than 440 PTSD prevention plans submissions posted on the Ministry of Labour web site. These submissions provide examples of best practices that organizations can adapt and learn from.
- The next steps in PTSD prevention planning include: addressing stigma; investing in resources and making sure that programs have strong leadership; support and "teeth."

PTSD Prevention Initiatives in Correctional Services

Lori Santamaria, Ontario Ministry of Community Safety and Correctional Services, described her ministry's PTSD prevention and support initiatives.

Corrections facilities operate 24 hours a day and in the same location. This means a worker who experiences trauma may have to regularly return to the scene of the incident.

Corrections has taken a number of steps to prevent PTSD and to support staff that may be experiencing organizational, operational or traumatic stressors. These steps include:

- a five-person Corrections Psychological Health Unit (established in the Operational Support Division in July 2016), that:
  - works to decrease the impact of occupational stress on mental health; and
  - provides support for staff and clients; and
- an Occupational Stress Injury Initiative (OSII) that addresses occupational stress for all employees.

The OSII focuses on four tools.

Employee Occupational Stress Survey focuses on the unique stressors in a correctional facility. This voluntary survey was developed in collaboration with the Canadian Institute for Public Safety Research and Treatment (CIPSRT). The voluntary survey, endorsed by OPSEU, will roll out to all 8,000 employees in the fall of 2017. It will be used to help identify:

- levels, symptoms and sources of stress, for all levels of staff;
- overall health and functioning of the workforce;
- the workforces' knowledge and skills for maintaining mental health;
- the presence of effective mechanisms; and
- staff's awareness of available resources as well as unmet resource needs.

Mental Health Awareness and Resilience Training tool features two evidence-based training programs to increase mental health awareness and teach stress management skills to promote resilience. Corrections staff who attended the training were asked for feedback that will help inform design of future training.

Revitalization of Critical Incident Stress Management (CISM) is an in-house program that provides proactive, pre-incident education to employees. It is designed to minimize the harmful effects of stress following a crisis or emergency situation.

OSII Resources and Supports are being developed and include education through slideshows, presentations and electronic bulletins, peer support and family programs, anti-stigma campaigns and suicide prevention, clinical support and enhancements to the Employee and Family Assistance Program.

Best Practices in Return to Work

Dr. Katy Kamkar, a clinical psychologist at the Work, Stress and Health Program/Psychological Trauma Program at the Centre for Addiction and Mental Health, spoke about her work with the Invictus Games. She promoted prevention and the importance of strategies that help employees return to work.

Goals of early intervention and treatment of PTSD are to reduce the frequency, severity and reoccurrence of PTSD symptoms. Return to work is an issue that isn't spoken about. Yet it is an important subject because a mental illness, such as PTSD, is seven times more likely to re-occur than a physical injury or disability. This means that many people with PTSD may return to work for a period of time and be off again.

Workers suffering from a mental injury often do so without support and with the attached stigma of having a mental illness, it's more difficult to recognize when help is needed. Family members usually recognize the signs first but they may not know where to turn for help.

Session Speaker: Dr. Katy Kamkar

Best practices for returning to work include:

- establishing clear guidelines for policy and procedures;
- developing a disability leave plan;
- providing evidence-based treatment, concurrent with staying at work;
- recognizing a worker's needs, abilities, restrictions and limitations;
- implementing individualized work accommodations based on the worker's needs;
- acknowledging the symptoms as well as what is functioning; and
- providing ongoing education within the workplace to raise awareness, reduce stigma and share experiences.

Police Association of Ontario: Prioritizing Mental Health

Bruce Chapman, President of the Police Association of Ontario (PAO), provided a brief overview of where we are and where we need to go.

First responder organizations should:

- work to improve their PTSD prevention plans;

"Normalizing talking about PTSD helps reduce the stigma. The more we talk about it openly, the more acceptable it becomes."

- compare theirs to other organizations so they can share knowledge and understand the support their members may be receiving elsewhere;
- update plans regularly to make it a living document that evolves over time;
- strengthen support programs;
- seek support from external organizations, such as Badge of Life, maximizing the amount of resources and support available to members;
- keep supporting internal programs that focus on mental health such as wellness plans and peer support;
- prioritize mental health programs because they are so important to both the organization and its workers; and
- fight stigma by improving anti-stigma programs and initiatives.

The biggest challenge facing mental health is PTSD and OSI stigma as well as the peer pressure many workers still experience. We need to continue to improve our efforts to fight stigma.

The Future of PTSD Prevention

Roger Brown was Assistant Commissioner RCMP in New Brunswick when three RCMP officers were killed and two others wounded in 2014. Mr. Brown shared his thoughts about the role of leadership.

All first responders are human. They are people with basic simple needs. In their work, they see the darker side of life. Often, they have no idea what they are facing when they get a call and there's no blueprint for what they should do. Instead, they rely on their skills and instinct.

Because first responders have so little control in the outside world where they work, it is critically important for their organizations to use the control they have internally to create caring and nurturing environments. Our organizations must have the right leadership in place so we can give employees the support they need to care for themselves.

We need to develop leaders who care about their people and reward the right competencies. Staff coming back from a rough experience must feel comfortable talking to their supervisor. In a safe environment, people will be able to acknowledge situations that challenge their mental health. It's also important for leaders to acknowledge that PTSD isn't always the result of one traumatic event. It's often the accumulation of a number of difficult events. Conversations have to happen along the way to keep stressful situations from leading to PTSD.

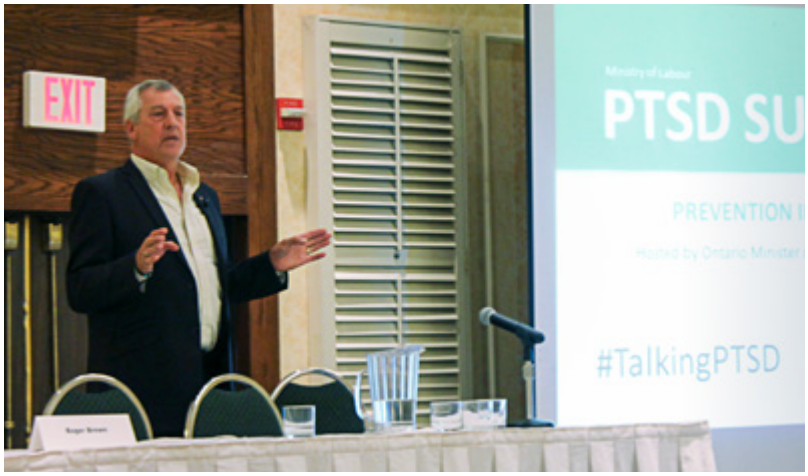
"Everyone has sat on an aircraft and listened to the security briefing to put on your own mask first. It is our role to look after others – often at the lowest points in their lives. How can first responders show compassion if they don't receive it? If people in our organizations are not open to asking employees how they are doing, we won't be successful in changing our organizations."

"When I was faced with the trauma of the death of three RCMP officers, I had a support network I could reach out to. Everyone who works in our organizations who experiences traumatic events should have that kind of network in their workplace as well as in their family and community."

Current structures within most first responder organizations don't support open-door communications. Our organizations tend to be very rank focused and rule bound with leaders on one floor and the rank and file on another. This makes it difficult for employees to communicate with leaders. But if leaders can't get out of their offices and connect with their people, they won't understand the stresses they are facing or be able to provide support.

The most poignant examples of leadership in supporting co-workers dealing with mental health injuries come from colleagues on the front lines and not from senior leadership. This must change. When people are hurting, they need time to heal. We would defend that decision if they were physically hurt. We should defend it when they are mentally and emotionally hurt.

If we want PTSD prevention plans to be in place and implemented, we have to change the reward system. What gets rewarded gets done. Leaders should be held accountable for delivering on a safe supportive workplace environment.



Closing Speaker: Roger Brown

Closing Comments

Minister Kevin Flynn closed the summit. He spoke about when he was first elected to provincial parliament in 2003. He had a parade of people coming to his constituency office telling him that kids with mental health problems couldn't get treatment in Ontario; instead, they had to go to the United States. This motivated him to chair a select committee on mental health and addictions in 2007/2008. There he learned more about the need for effective mental health services.

When he was appointed Minister of Labour in 2014, he became aware of the impact of mental health injuries, particularly among first responders and public safety personnel. He talked about how over the past three years, we have all worked to address these issues. He thanked the people in the room for making significant progress. "We are learning from one another and moving forward. We are changing people's lives."

Minister Flynn indicated that although there are rules, regulations and laws to keep people safe and healthy, it's really about how people treat other people in the workplace. We want to see everyone treated with respect and make sure their needs are accommodated.

"The Ministry of Labour is about rules and regulations – but underneath that, it's about how people treat other people: with respect."

"I noticed that Minister Flynn spent the entire day here. That's leadership. That sends a strong message that he cares enough about this issue to be here and to do something about it."

— Roger Brown

He closed by thanking everyone who is helping to achieve this goal through the way their workplaces are both preventing and addressing PTSD and other mental health injuries.

The Honourable Kevin Flynn, Minister of Labour

Appendix: Speaker Bios

Moderator

CAMILLE QUENNEVILLE

CEO, Canadian Mental Health Association (CMHA), Ontario Division

The CMHA is one of the Canada's oldest voluntary organizations; it directly serves more than 100,000 people in more than 120 communities. Before joining CMHA Ontario, Ms. Quenneville served as Director of Policy and Communications at Children's Mental Health Ontario (2005-2012); Chief of Staff to Ontario's first Minister of Children and Youth Services (2003-2005); and Director of Policy for the Ontario Public School Boards' Association (1998-2003). Among Camille's current government appointments is her co-chairing of a working group on System Alignment and Capacity for the Ontario Ministry of Health and Long-Term Care Mental Health and Addictions Provincial Leadership Advisory Council. She also serves on the Special Advisory Table on Refugees, and the Ministry of Labour Prevention Council. Camille is a graduate of the University of Windsor and the University of Toronto.

MORNING SPEAKERS

Keynote

DR. R. NICHOLAS CARLETON, PHD, RD PSYCH

Professor of Psychology, University of Regina, and Scientific Director, Canadian Institute for Public Safety Research and Treatment

Author of many peer-reviewed journal articles, book chapters, and encyclopedia entries exploring the bases of anxiety and related disorders, Dr. Carleton has received a Canadian Institutes of Health Research operating rant to study modification of attentional biases as an option for treating chronic pain. He teaches and supervises undergraduate and graduate students, works with the Anxiety and Illness Behaviour Laboratory of the University of Regina Department of Psychology, and operates a private practice for military, first responders and other public safety personnel who have anxiety and related disorders, particularly pain and post-traumatic stress. He

has completed clinical training with the Calgary Consortium in Clinical Psychology, the Regina Qu'Appelle Health Regions, the University of Regina and the Anxiety Treatment and Research Centre in Ontario.

Panelists: Early intervention

DR. SUZY BIRD GULLIVER, PHD, MA, BS

Director, Warriors Research Institute; Professor, Department of Psychiatry, Texas A&M Health Science Center

A licensed clinical psychologist and clinical researcher, Dr. Suzy Bird Gulliver attended Quinnipiac College in Connecticut for her BSc in Psychobiology, followed by a master's degree in Clinical Psychology at Connecticut College. After completing her PhD in Clinical Psychology at the University of Vermont, Dr. Gulliver worked as a National Institute of Alcohol Abuse and Alcoholism Postdoctoral Fellow at Brown University and later spent 12 years in a variety of roles at the Veterans Affairs Boston Healthcare System including Associate Director of Outpatient Mental Health Programs. While in Boston, she expanded her expertise to the study of PTSD and addiction among those exposed to occupational trauma (e.g., soldiers and firefighters). In 2007 she served as founding Director of the VA VISN 17 Center of Excellence in Waco, Texas and in 2013 founded the WRI within Baylor Scott & White Health in 2013.

SUE BIGGS, MA, BSC

Manager, Staff Sergeant, Organizational Wellness Unit, Halton Regional Police Service

After graduating with a BSc in Psychology, Sue Biggs joined the Metropolitan Police Service in London, England, in 1989, later being posted to the Tactical Rescue and Public Order Unit. In 1999, Sue emigrated to Ontario and joined the Halton Regional Police Service, first in Uniform Patrol, Community Outreach and the Domestic Violence Investigative Unit. Studying part-time, she earned an MA in Counselling Psychology. Promoted in 2010 to Sergeant, Uniform Patrol Supervisor, and Diversity and Equity Coordinator and Community Mobilization Manager, Sue also served on a committee that developed the Service's Peer Support Team, becoming the team's coordinator in 2013. In 2015, Sue researched the potential for an Organizational Wellness Unit and was promoted to Staff Sergeant and transferred to the new unit.

TARIK KADRI, RSW, MSW

Regional Clinical Manager, Health and Wellness, South Western Ontario; Military Captain (retired)

Tarik Kadri is a registered social worker, trauma therapist and clinical counseling supervisor. An 18-year veteran of the Canadian Armed Forces, Tarik retired recently as a Captain - Social Work Officer. Currently, he is Regional Clinical Manager and Trauma Assist Manager for a leading provider of employee and family assistance programs. Within his company he has established a trauma support program, providing therapy to clients; he also delivers clinical supervision to counselors. In 2016, Tarik provided on-location clinical support after the Fort McMurray fires. He has treated more than 70 clients with PTSD and delivers presentations and training on trauma and PTSD.

Panelists: The business case for PTSD prevention

DR. SUZANNE FILION, PHD, C.PSYCH

Clinical Psychologist & Consultant, Filion Psychology Professional Corp.; Director of Strategic Development, Hawkesbury and District General Hospital

An experienced clinical psychologist, speaker, national consultant and subject-matter expert for awareness campaigns such as Bell Let's Talk, Dr. Filion specializes in PTSD and Operational Stress Injury. She facilitates training for mental health professionals, first-responder leaders and front-line emergency service and disaster workers. Dr. Filion has also taught at the University of Ottawa and St-Paul's University, and she is the President and CEO of her private practice, the Filion Psychology Professional Corporation. As Director of Mental Health and Addictions at the Hawkesbury and District General Hospital, Dr. Filion has deployed more than 20 community programs in mental health to improve access to services. Now, as the Director of Strategic Development, she continues her work in fields such as disaster response, PTSD and Occupational Stress Injury (OSI), psychotherapy, and primary care. For her innovative work in mental health, Dr. Filion received provincial and national recognition, and in 2014, she was appointed by the Ontario Minister of Health and Long-Term Care to the Mental Health and Addictions Leadership Advisory Council.

DR. GEORGI BOICHEV, PHD

Research Associate, University of Regina

Having earned a PhD in Economics from Simon Fraser University, Dr. Boichev uses microeconometric policy evaluation to research public economics, political economics, development economics, health economics and the economics of crime. His current work in health economics looks at the role of supply-side incentives in recruiting medical general practitioners into rural areas. His work also provides an overview of the challenges in estimating the cost of post-traumatic stress disorders among first responders. In addition to his academic work, he also works on collaborative projects evaluating the effectiveness of remand policy initiatives in collaboration with the Saskatchewan Ministry of Justice.

DR. REBECCA GEWURTZ, PHD, OT REG (ONT)

Assistant Professor, McMaster University

Dr. Rebecca Gewurtz completed her graduate training in Rehabilitation Science and a collaborative program in Health Services and Policy Research at the University of Toronto. Her program of research revolves around work disability policy and is focused on workplace strategies and disability benefits. She is a co-investigator within the Centre for Research on Work Disability Policy, and is involved in projects exploring the experiences of injured workers, people with intermittent work capacity, and workplace accommodation policies and practices. Dr. Gewurtz is currently working with the Mental Health Commission of Canada and a multidisciplinary team of researchers to develop the business case for hiring and supporting employees living with mental illnesses. She is also leading a federally funded study exploring policy strategies for improving employment opportunities for people with mental illness as they enter disability income support systems in Canada.

AFTERNOON SPEAKERS

Session A: Taking PTSD peer support to the next level

KIM SUNDERLAND

Peer Support Consultant, former Executive Director of Peer Support Accreditation Council (Canada)

Kim Sunderland has played a key role in promoting peer support in workplaces, clinical sites and community settings across Canada. As the inaugural Executive Director of the non-profit Peer Support Accreditation and Certification (Canada), and author of the Mental Health Commission of Canada's Guidelines for the Practice and Training of Peer Support, she has promoted peer support principles in organizations large and small. As an associate of Mental Health Innovations, Kim has worked with first-responder organizations in developing and implementing peer-support programs that meet their needs.

LYNE WILSON

Director, Talent Acquisition and Organizational Health, Nav Canada

Nav Canada is the private, not-for-profit owner and operator of the Canada's civil Air Navigation Service. Lyne Wilson is responsible for HR-based activity within the organization from both operational and strategic perspectives. Since 2000, Lyne has held a number of positions at Nav Canada. She is currently responsible for Talent Acquisition, Employee Health and Wellness Programs and Employee Relations complaints. Lyne developed a mental health strategy in 2009 and implemented a peer-support program, Light the Way, in October 2012. Before joining Nav Canada, Lyne worked at the Canadian Broadcasting Corporation and Atomic Energy of Canada Limited.

HUGH DOHERTY

Acting District Chief, Toronto Fire Services

A fire fighter in Toronto for more than 30 years, Hugh Doherty has served as an Acting District Chief since 2013. He has served in many leadership roles, including Executive Officer for the Toronto Professional Fire Fighters Association, Health & Safety Committee Chair for the Ontario Professional Fire Fighters Association, Certified Health and Safety Representative for the Workplace Safety and Insurance Board and Labour Co-Chair for Toronto's Corporate Health & Safety Committee. He now serves on the International Association of Fire Fighters Centre of Excellence Board of Directors, and is a board member of Comtech Fire Credit Union. Trained as a peer-support worker, he shares his expertise as an IAFF Peer Support Instructor. He is committed advocate for fire fighters and their families in Toronto and throughout Ontario.

Session B: Supporting the front line

DR. LORI K. GRAY, PHD, C.PSYCH

Licensed Clinical, Forensic, Rehabilitation Psychologist, frontline Resilience

Dr. Lori Gray provides consultation, crisis support, and education for emergency services and high-trauma sectors. She has been staff psychologist for large Canadian paramedic services, Centre for Addiction and

Mental Health (Psychological Trauma, and Law and Mental Health Programs), Detroit Receiving Hospital, Ministry of the Attorney General, and Correctional Service of Canada. She has received the Future Pioneers of Psychology Award (American Psychological Association); Early Career Achievement Award (Canadian Psychological Association Traumatic Stress Section); Odyssey Early Career Achievement Award, and GLAD Award for Teaching and Mentorship (University of Windsor); and awards from agencies such as the International Society for Traumatic Stress Studies, Canadian Psychological Association, and Social Sciences and Humanities Research Council of Canada. She has served on advisory boards for the Paramedic Chiefs of Canada, Paramedic Association of Canada, and Canadian Standards Association. Currently, she serves on the Board of Directors for the Canadian Fallen Firefighters Foundation and Board of Directors for the Ontario Psychological Association.

RON KELUSKY, MBA, CMM III

President and CEO of Public Services Health and Safety Association (PSHSA)

The PSHSA provides health and safety services and advice to employers of nearly 1.7 million Ontario public sector workers, and First Nations communities. Ron Kelusky has served the Canadian Red Cross as Director General and the National Executive Lead for Health Programs. He helped with the international response to the 2010 Haiti earthquake and was principal lead in the merger of two organizations responsible for homecare in Ontario's 14 community health networks. Previously, Ron was President of GestureTek Health, a health care technology startup; he holds two patents for mobile video-based therapy. A former VP and COO of March of Dimes, Ron has worked for more than 28 years with the City of Toronto (his final five years as Chief and GM of Toronto Emergency Medical Services). He holds an MBA, diplomas in Health and Human Resources, membership in the Institute of Corporate Directors and Canadian Society of Safety Engineers, and is a Certified Municipal Manager.

JENNIFER RALPH

Advanced Care Paramedic

Jennifer Ralph began her career as a paramedic for the Region of Peel almost 23 years ago. She volunteers as a member of her Peer Support Team and has worked for seven years in a specialized unit as a tactical paramedic. In October 2016, after being diagnosed with PTSD, Jennifer shared her personal story widely via social media. She has shared her story of recovery and hope with the media and at various fund-raising events to raise awareness, to encourage a change in culture and to seek to end the stigma surrounding PTSD and OSI in the workplace. Her goal is to create an environment for open and safe dialogue, and to help her colleagues and their families cope with this work-related injury.

Session C: Next stages in PTSD prevention planning

LORI SANTAMARIA

Manager, Psychological Health Unit, Ontario Ministry of Community Safety and Correctional Services

Lori has 30 years experience in Correctional Services which includes front line experience in community xervices as a probation and parole officer and as a social worker with

institutional services. In 2003, Lori became Area Manager, Probation and Parole Services. Since 2012, Lori has worked in the Operational Support Division of the Ministry of Correctional Services in various roles either leading or contributing to key ministry projects. During the summer of 2016, Lori joined the Transformation Secretariat and had the responsibility of leading staff consultation across the province and incorporating the feedback into the Staff Consultation Summary Report. Lori is currently Manager of the Corrections Psychological Health Unit. The unit was established in July 2016 and is responsible for leading the occupational stress injuries initiatives for corrections employees.

DR. KATY KAMKAR, PHD., C. PSYCH

Clinical Psychologist at the Centre for Addiction and Mental Health (CAMH); Assistant Professor within the Department of Psychiatry, University of Toronto

Dr. Kamkar has also been part of building the Toronto Police Service Competencies for Front Line and Leadership to achieve modernization efforts and strive towards a culture of excellence. She is presently serving on the CIPSRT (Canadian Institute for Public Safety Research and Treatment) National Policing Research Committee. She is also part of the Scientific Advisory Committee – AnxietyBC. Dr. Kamkar was also the Medical Practitioner for the Invictus Games Toronto 2017 and worked closely with service members/veterans during the Invictus Games launched by Prince Harry. She provides evidence-based psychological assessment and treatment for mood and anxiety disorders, trauma and PTSD, operational stress injuries to first responders and on psychological distress in the workplace.

BRUCE CHAPMAN

President, Police Association of Ontario

The Police Association of Ontario represents more than 18,000 police and civilian members of police services. A 34-year veteran of the Peel Regional Police Service, Bruce Chapman achieved the rank of Detective Sergeant. His experience includes uniform criminal investigation, major crime, drugs, fraud and he has served as officer in charge of robbery and forensics. He is a long-time member of the Peel Regional Police Association, having served more than 14 years on the board, including 12 years as chair. He is a recipient of the Queen's Jubilee Medal and participates in various charities, including the Kids, Cops and Fishing Program, Special Olympics and the Juvenile Diabetes Research Foundation.

Speaker: Future of PTSD prevention

ROGER L. BROWN

Assistant Commissioner, RCMP (retired)

Roger Brown joined the RCMP in 1980 and was assigned general duties in Rivière-du-Loup, Quebec, and later in Grand Bank, Newfoundland. Until 1993, he served as an investigator in Gander, then transferred to the RCMP Academy in Regina as an instructor. In 1997, at National Headquarters in Ottawa, he served as Program Development Officer, Officer's Staffing and Personnel, before being appointed Officer-In-Charge of the Executive/ Diplomatic Protection Section. In 2002, he became chief superintendent and was appointed human resource officer, responsible for HR throughout Ontario, Quebec, and at HQ. In 2006, he became Officer-In-Charge of Protective Operations in the National Capital Region and became assistant commissioner

in charge of the Protective Policing Business Line. In 2008, he served as Commanding Officer of the RCMP Academy until his recent transfer to New Brunswick as Commanding Officer in New Brunswick. He has extensive HR knowledge, having completed studies at the University of Toronto Rotman School of Business, St. Francis Xavier University, Dalhousie University and the University of Waterloo. In 2012, he was appointed an Officer of the Order of Merit of Police Forces.