



OHIO FIRE CHIEFS' ASSOCIATION
OHIO FIRE AND EMERGENCY SERVICES FOUNDATION

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Supporting Mental Health in Ohio's First Responders:

Recommended Practices

Ohio Fire Chiefs' Association
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Introduction

To address health needs of first responders in Ohio, the Ohio Fire Chiefs Association (OFCA) created the Safety, Health and Wellness Committee in 2015. A subcommittee focusing on behavioral health was established to better understand the behavioral health issues among firefighter and emergency medical services (EMS) professionals in Ohio. Research has continued since the inception with the latest efforts involving the 2018 behavioral health survey. The survey culminated with the publication of the Ohio Fire and EMS Behavioral Health Report. This document recommended next steps which included the need to produce a document to offer mental health best practices for our first responders. This document was created in response to that directive.

A glossary is included at the end of this document to ensure certain terms are understood in the appropriate context. Terms included in the glossary are indicated with **bold**.

Background

Mental and emotional health issues are a common occurrence in today's society and the first responder community is no different. There exists a need to overcome the culture that attaches a stigma to those coping with these issues as "weak" or "damaged". The leaders in the first responder community must accept that issues exist and create a new culture that makes it acceptable to admit to a need for help.

Mental health issues among first responders

As a result of the 2018 survey conducted by the OFCA, we recognized the issues facing our **first responders** and the prevalence of those suffering from one or more of the symptoms of post traumatic stress. The most common, difficulty sleeping, occurred in 81% of those in the survey group. In the past few years, there has been increased discussion around **first responders** and the mental health issues they face. There have been a number of media stories profiling first responders who say their mental health issues stem from the trauma and stress they experience on the job.

First responders are repeatedly exposed to distressing situations, violence, trauma, and death. They also encounter daily workplace stressors such as heavy workloads, rotating shifts, and, occasionally, discrimination and bullying. These factors can have an immediate detrimental impact on some individuals; for others, the negative effects build up over weeks, months, or even years. Research has also shown that those who experience childhood trauma may have an increased risk of developing post traumatic stress symptoms.

A percentage of first responders will experience symptoms of a mental health condition either temporarily or on a recurring or ongoing basis. Common symptoms include anxiety, depression, substance misuse, and post-traumatic stress injury (**PTSI**).

Individuals who develop mental health conditions or who exhibit signs of PTSI can have positive outcomes with strong support from family, friends, and coworkers. In some cases, consultation with a mental health professional may be indicated but this may also lead to a resolution of the issues and a return to normalcy.

The workplace and its culture play a significant role in how workers respond to challenges. For example, there is often a strong sense of community and camaraderie in first responder environments and this can have a protective and positive impact on individuals' well-being.

But there are also elements of **workplace culture** that can have negative effects on mental health and well-being. Stigma associated with mental health conditions is still prevalent among first responders. Many people worry about talking about suicide or other mental health conditions with someone who seems to be struggling with it because they are afraid of doing harm or saying the wrong thing. Also, in many first responder organizations, there are concerns about the confidentiality of support services, and workers sometimes fear accessing these services may influence how management sees or treats them. These concerns may deter workers from seeking help and are significant barriers to promoting mental health.

Tackling these barriers requires a cultural shift in first responder organizations and will only be possible if everyone in the organization is committed to working together to improve mental health. This change has to come from the top down. Leaders in the first responder community need to be educated and willing to support these efforts.

Investing in mental health also makes good business and operational sense. Workplaces that actively support mental health and safety have increased productivity, greater attendance, improved worker engagement, and are better able to recruit and retain talented people. They also have reduced absenteeism and turnover, fewer disability claims, less conflict, and fewer performance or morale problems. Research has shown a potential return on investment of \$2.30 for every one dollar organizations invest in creating mentally healthy workplaces.

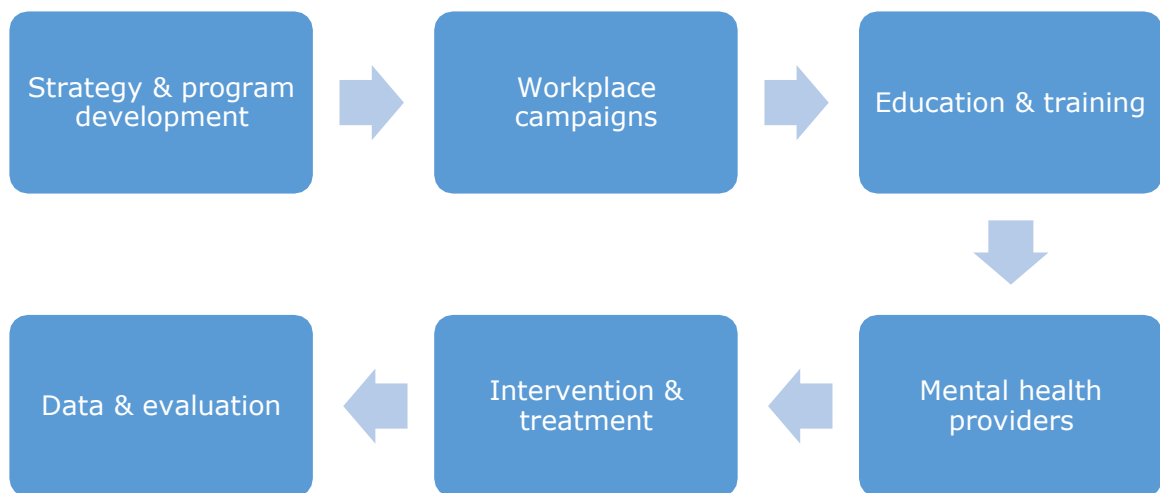
Given the value and importance of positive mental health, the OFCA has compiled a list of recommended practices and resources to help first responder organizations promote mental health in their workplaces.

Overview of recommended practices

The recommended practices described in this section are based on research studies and other similar practice documents (see the References section), along with contributions developed through a collaborative process with first responders. Some recommended practices pertain specifically to first responders while others are for supporting mental health in all workplaces.

Understanding mental health is an evolving field, so it's important to note that this list represents recommended practices from a particular snapshot in time. Organizations need to regularly review these to take into account the latest evidence available.

The list has been organized into six sections, which follow the steps of developing a strategy and program through to its implementation and evaluation.



The following is a list of the recommended practices included in this document. Each practice is described in more detail in subsequent sections. Where possible, we've identified resources that may help with implementing a recommended practice. Please note that the resources included are not exhaustive, may not be suitable for all organizations, and may have varying levels of effectiveness. Unfortunately, very few mental health programs have had any sort of independent evaluation on them.

Strategy & program development

1. Ensure senior leaders clearly support improving mental health in the workplace.
2. Adopt a management system approach to mental health in the workplace.
3. Develop strategies, programs, and policies in collaboration with all workplace stakeholders and tailor them to the specific workplace.
4. Ensure strategies focus on mental health broadly.

Workplace campaigns

5. Implement anti-stigma campaigns to ensure employees seek and receive the help they need.
6. Use workplace champions to reinforce anti-stigma messages.

Education & training

7. Improve employee resiliency through training to help prevent mental health disorders.
8. Improve mental health literacy of employees through training to help reduce stigma.
9. Equip supervisors and line managers with the skills to identify symptoms and to support employees.
10. Equip families of first responders with the knowledge and skills to support their loved ones.

Mental health providers

11. Ensure mental health providers understand first responder cultures.
12. Establish a network of mental health providers.

Intervention & treatment

13. Provide access to a range of support options.
14. Create in-house peer support services.
15. Provide peer support services to families and retired first responders.
16. Recognize the signs and symptoms of potential mental health issues early and take action.
17. Provide managers and supervisors with access to mental health experts.
18. Ensure employees have excellent mental health care benefits.
19. Incorporate critical incident stress debriefing and defusing in the workplace.
20. Ensure return-to-work plans are flexible and collaborative.
21. Maintain privacy and confidentiality at all times.

Data & evaluation

22. Use data to identify key mental health issues in the workplace.
23. Prepare for the evaluation before you begin.

Other

24. Ensure claims processes are clear and don't add further to mental stress.
25. Provide self-care tools.
26. Form partnerships with other organizations and first responder groups.

Strategy & program development

1. Ensure senior leaders clearly support improving mental health in the workplace.

Senior leadership support is essential to improving mental health in the workplace.

Senior management must lead by example and their support must be both visible and meaningful. They must visibly champion the mental health strategy and their commitment to supporting the mental health of all employees in the workplace. Examples of meaningful support include allocating sufficient financial and human resources so that the strategy is successful, removing barriers, and holding people responsible for carrying out appropriate action.

One senior leader, someone with support from managers and staff, should be selected to be responsible for the strategy, including its implementation and outcomes. All senior leaders, however, still share responsibility for promoting effective mental health strategies. This ensures the commitment to improving mental health is able to survive organizational change.

Resources

- This roadmap is for leaders and others responsible for policies and programs designed to support the mental health of their employees. It will help you get started and know the direction to take: [Roadmap for Leaders](#)
- This guide outlines a nine-step approach to developing the business case: [Making the Business Case.](#)

2. Adopt a management system approach to mental health in the workplace.

A useful way to support change is to use a **management system** to integrate the different aspects of the organization, developing and implementing plans (i.e., strategies, programs, and policies), and evaluating outcomes and making improvements. Adopting the *National Standard for Psychological Health and Safety in the Workplace* and tailoring it to the scale of the organization, is one way for management to make a commitment to supporting cultural change. It also empowers all divisions in the organization, and ensures buy-in from top to bottom and bottom to top.

The mental health management system should be integrated with other management systems used by the organization, including its occupational health and safety management system. It's important to develop a communication plan to ensure everyone knows their role, their rights and responsibilities, and the strategies, programs, policies, and resources that are in place.

Resources

- While the following standard was developed in Canada, it contains many links to resources which can be adopted by Ohio responders. The *National Standard for Psychological Health and Safety in the Workplace* was developed by the Canadian Standards Association (CSA Group) and is championed by the Mental Health Commission of Canada. It comes with an implementation guide and links to numerous resources and tools that can assist in implementing the standard: [_mentalhealthcommission.ca/English/issues/workplace/national-standard](https://mentalhealthcommission.ca/English/issues/workplace/national-standard).

3. Develop strategies, programs, and policies in collaboration with all workplace stakeholders and tailor them to the specific workplace.

Employees need to have input in, and take responsibility for, workplace mental health strategies and programs. This increases the likelihood they will actively take part in improving their mental health and expect the same of their colleagues. Strategies, programs, and policies need to be developed and maintained in collaboration with unions (and any other relevant employee groups) and need to take into account insurers and families of employees, as well as address privacy and confidentiality issues.

Adequate resources need to be in place before these strategies and programs are rolled out in the workplace. Taking actions that are tailored to the worker and workplace issues, based on credible evidence, and subject to ongoing review and revision are more effective than using generic “off the shelf” programs.

It’s important to communicate to employees and other stakeholders the organization’s motivations for implementing strategies and programs, its commitment to workplace psychological health and safety, and the role everyone is expected to play in contributing to a mentally healthy workplace.

Resources

- This is a suggested step-by-step approach to creating an effective workplace mental health policy statement along with an example of a policy statement for first responder organizations: [Mental Health Policy Template](#).
- This gap analysis tool in this document has been developed to assist you in implementing the 26 practices in your organization. The tool enables you to see what parts of the practices your organization already has in place and to track progress as you implement these. It also helps you to communicate to senior management where your organization is at currently and to show your progress to them: [Gap Analysis Tool](#).
- This is a list of resources and tools that can be used to assess the psychological health and safety of your organization and of first responders in your workplace: [Organizational Mental Health Check](#).

4. Ensure strategies focus on mental health broadly.

Prevention means addressing mental health before there is a diagnosis. Managing workplace and non-work-related stress is important to prevent the development of mental health conditions. Everyone needs to be included in this support and response, rather than solely focusing on a single condition such as PTSD. These strategies should focus on actions that foster the overall mental health of the workforce. Strategies should not target specific **mental health disorders**; rather, the goal is to help the average employee improve his or her psychological well-being. Improved well-being will likely help employees better resist potential psychological health difficulties.

Strategies should focus on modifying risk at the organizational, team, and worker level. They should also consider a broad range of risk factors for mental health, including organizational, operational, and personal factors. In addition, strategies should address first responders at different points in their career: from induction to operational service, and through to post-career.

Workplace campaigns

5. Implement anti-stigma campaigns to ensure employees seek and receive the help they need.

It's critical to reduce or eliminate the **stigma** associated with mental health issues so that individuals are not viewed as inferior or inadequate, or shunned by others in the workplace. Stigma makes it more difficult for individuals to acknowledge or seek help for psychological problems. It also reduces the level of support from colleagues or supervisors, and impedes return-to-work after an episode.

The effectiveness of anti-stigma campaigns can be short-term, so either a sustained campaign or "booster campaigns" may be needed to help ensure there are systemic changes in attitudes. The short-term effects are due to the conflict between the message and the more widespread negative attitudes held by the public and in the workplace.

An effective anti-stigma campaign needs to:

- Have different components targeting different levels of the organization (i.e., employees, supervisors/managers, senior management, HR, and health and safety representatives)
- Avoid relating mental disorders to illnesses
- Be part of a wider strategy and push for cultural change
- Include the business case for those without strong **self-transcendent values**
- Focus on the key disorders affecting first responders

The frequency and content of booster campaigns can be determined using surveys to understand if and how attitudes are regressing.

6. Use workplace champions to reinforce anti-stigma messages.

Champions can engage first responders and members of the community in talking about mental health and the associated risks in order to raise awareness and make it “okay.” These champions may have more knowledge, familiarity, and motivation with respect to mental health. This may be based on personal experience, the experiences of a close friend or loved one, or prior success carrying out organizational change initiatives. These champions can lead and inspire their colleagues and serve as positive role models by demonstrating concern for mental health.

Resources

- Zevo Health offers a course to equip workplace mental health champions: <https://www.zevohealth.com/wellness-programmes/mental-health-champion-training-workshop/>

Education & training

7. Improve employee resiliency through training to help prevent mental health disorders.

Resiliency training can enhance an employee’s mental health. Training is about skill acquisition and being able to use those skills in adverse situations. These training programs help promote cognition, emotional awareness, and the ability to cope with stress, and can improve participants’ outlook on commitment, control, and facing challenges. It should include advocating a **holistic approach** to mental health and educating employees about how other aspects of their health – social, physical, spiritual – can impact their mind and overall well-being.

The delivery method for resiliency training is important. For maximum benefit, it’s best to have the training delivered by a facilitator who understands mental health and your particular organization, and who uses language and a structure that’s appropriate for the first responder group. Resiliency training should be approached in a way that allows sharing and learning among the members. Training and working as a team can also strengthen resiliency as it cultivates a shared belief in the group’s abilities to overcome difficult situations.

It’s also important to ensure employees understand that good mental health is a shared responsibility between the employer and the worker. Employers should aim to incorporate this type of training at the hiring phase and continue with refresher training and discussions within the workplace.

Resources

- This overview contains training courses available that provide the knowledge, skills, and abilities that people need in order to better support mental health in the workplace: [Overview of Training Programs.](#)

8. Improve mental health literacy of employees through training to help reduce stigma.

A lack of an accurate, shared understanding of mental health is a significant barrier to helping affected individuals overcome mental health issues. Mental health literacy programs facilitate greater acceptance among the workforce (including promoting coworker support and reintegration), increase recognition of the signs and symptoms of poor mental health, enhance willingness to seek treatment for psychological problems, and increase the capacity of those challenged by mental disorders to return to work.

When conducting mental health literacy training, it's important to conduct post-training evaluation on how well employees understand psychological health and safety, and their organization's policies and practices about it. Using peer presenters can help make messages more effective. Also, this training should be provided over the course of employees' careers – not simply as a one-off – to make sure skills are up-to-date, that mental health stays front of mind, and to assist in creating a mentally healthy workplace culture.

Resources

- This overview contains training courses available that provide the knowledge, skills, and abilities that people need in order to better support mental health in the workplace: [Overview of Training Programs](#).

9. Equip supervisors and line managers with the skills to identify symptoms and to support employees.

Mandatory training for front-line supervisors and management (including newly promoted managers/supervisors) should include how to identify symptoms of poor mental health. Supervisors and managers are well-positioned to recognize problematic behaviours and take action. A supervisor or manager's response often determines whether the situation gets better or worse. If there isn't a response or there is an inappropriate response, it could lead to a grievance, an accident, or a disability and extended absence, which could negatively impact both the organization and the worker.

Instead, supervisors and management need to be able to respond with empathy and understanding, which involves listening respectfully and being non-punitive. They should accommodate employees who are at a reduced capacity and work with them to set realistic goals, problem-solve, and re-integrate back into work. Supervisors and management should also know where to refer a worker to for more resources and support.

Training for supervisors and management should focus on the five areas of mental health (stress, burnout, depression, anxiety, and substance addiction) and should include the following:

- Building knowledge with an emphasis on stress-related risk factors and warning signs of serious mental health problems and mental illness
- Improving self-efficacy and how to promote positive mental health in employees

- An opportunity to practice the skills they learned during the training

Resources

- This overview contains training courses available that provide the knowledge, skills, and abilities that people need in order to better support mental health in the workplace: [Overview of Training Programs.](#)
- A guide for supervisors to support mental health in first responders is available here: [Supervisor Guide.](#)

10. Equip families of first responders with the knowledge and skills to support their loved ones.

Families are key to supporting the mental health of first responders. They are often the first to notice the signs and symptoms of poor mental health and can assist first responders in their treatment and recovery. Mental health education, training, and outreach programs that are designed for family members can help them better support their loved ones. This includes teaching families about the role of first responders, the impact of that role, how to recognize the signs and symptoms of poor mental health, and how to access resources such as mental health professionals. Educating and raising awareness in families can take many forms, including online courses, sessions or orientations for families of new employees, and pamphlets or other print resources.

Resources

- This overview contains training courses available that provide the knowledge, skills, and abilities that people need in order to better support mental health in the workplace: [Overview of Training Programs.](#)
- Assistance for first responders and families is available here: <https://mha.ohio.gov/Schools-and-Communities/First-Responders/Training-for-First-Responders>

Mental health providers

11. Ensure mental health providers understand first responder cultures.

Mental health providers who work with first responders must understand first responder cultures as well as the diversity of the workforce. It's important that they have a good understanding of the workplace and **occupational culture** and the work first responders engage in, including the extraordinary stressors that first responders face, the tight-knit bonds within these professions, and the need to focus on strength and resiliency. Mental health providers also need to understand how these factors may impact the way first responders will interact with them.

Exposing mental health providers to the work environment can help improve their understanding of first responder cultures. Ideally, providers will also know what programs are being used in their clients' workplaces so that they can work in conjunction with those.

12. Establish a network of mental health providers.

First responders need to be able to access longer-term specialized and professional support for mental health. These mental health providers should have expertise in treating the types of mental health issues that first responders face. It may require training to ensure there are a sufficient number of mental health providers around the province that can meet the needs of first responders.

There should be a referral list for different first responder groups of mental health providers in B.C. as well as a system for immediate referrals for first responders and their families.

Resources

- A directory of mental health professionals who have received training on working with first responders is available here: <https://www.buckeyetrn.com/>

Intervention & treatment

13. Provide access to a range of support options

Organizations should provide first responders with a range of options for accessing mental health support. Some first responders may prefer to access programs that their organization provides, while others may feel more comfortable confiding in someone external or on a more informal basis. Providing multiple choices encourages workers to seek help and manage their mental health and well-being in a way that works for them. Some examples of support options include providing access to clinical treatment, online/telephone/in-person support, **peer support**, and group counselling.

It may also be beneficial to offer employees short, one-on-one annual mental health check-ups with a mental health professional. This may help employees see that accessing mental

health services is normal and can give them an opportunity to recognize if they need more intensive therapy.

14. Create in-house peer support services.

Peer support interventions are more effective than accessing the usual care alone (i.e., therapy provided by a professional), particularly if the peers have similar conditions and/or have lived experience. Peer support is beneficial because it can:

- Decrease isolation (direct effect)
- Reduce the impact of stressors (buffering effect)
- Increase sharing of health and self-management information (direct effect)
- Provide positive role modeling (mediating effect)

Workplaces should have well-trained and supported peer support teams that are promoted to the workforce. The teams should have clear roles and a code of conduct. Teams should and be diversified, as each person responds differently to peers. Support can take place in groups or as pairs, and can be facilitated in person, over the phone, or online.

Peer support teams should follow-up regularly with first responders after critical and traumatic incidents, and should be encouraged to maintain contact with individuals who are on leave from work due to mental health issues.

Resources

- The following is a suggested approach to creating an effective peer support policy and includes a peer support policy template: [Developing Peer Support Policy](#).
- An overview of peer support programs is available here: [Overview of Peer Support Programs](#).

15. Provide peer support and other services to families and retired first responders.

Families are key to supporting the mental health of first responders. Similarly, the mental health of retired first responders can continue to be affected by their past career. Peer support from other families and other programs can be beneficial for the families of first responders, as well as support active and retired first responders.

16. Recognize the signs and symptoms of potential mental health issues early and take action.

Employees with patterns of declining or inconsistent job performance, interpersonal difficulties, or other uncharacteristic behaviours may be struggling with mental health issues. These signs can also indicate the presence of an emerging or underlying mental disorder, which may be related to workplace or home factors. Regardless of the source, these behaviours require attention.

Managers and supervisors are well-positioned to recognize problematic behaviours early and take action. They should be prepared to have difficult conversations with employees about what support is needed in and out of the workplace to make sure their situation improves. Managers and supervisors also require education on privacy and confidentiality to ensure the employee's personal information is protected.

Resources

- The Mental Health Continuum Model can help you recognize the signs and symptoms of poor mental health: [Mental Health Continuum Model](#).

17. Provide managers and supervisors with access to mental health experts.

Managers and supervisors are best positioned to mitigate workplace factors contributing to mental health issues and to support employees with mental health issues. This support includes intervening when they recognize the signs and symptoms of poor mental health and supporting employees once a mental health issue has been identified. In order to fulfil these responsibilities, managers and supervisors need access to mental health experts who can support and coach them in difficult situations. Some important skills managers and supervisors need, and areas where they may need assistance, include the following:

- Recognizing workplace behaviours and changes in behaviour that may reflect a mental health issue
- Recognizing workplace factors that may contribute to poor mental health
- Engaging in useful conversations with distressed employees ("I noticed...", "How can I help?" "Can we follow up?")
- Respecting privacy and human rights
- Being familiar with organizational policies and resources pertaining to mental health
- Supporting workers with psychological issues while at work
- Helping workers with psychological disabilities return to work in a safe and sustainable fashion

18. Ensure employees have excellent mental health care benefits.

Therapy with mental health professionals is recognized as the key to supporting good mental health in first responders, and can be complemented by other things such as peer support and pharmaceutical drugs. Employers need to ensure employees (which includes managers and supervisors) can access **best practice** treatment. It's essential that employees know that personal information they share is confidential.

Unfortunately, most **EFAP** programs limit the amount of counselling to a small number of sessions, which can be insufficient in many cases. Employers also need to ensure that their EFAP program providers stay in line with best practice treatment guidelines. As well, a single session with a mental health professional can cost upwards of \$200, making it difficult for employees to access the necessary coverage and treatment through health care benefits. It may be possible to reduce costs for employers if they investigate methods such as transfer of benefits (for example, allowing employees to use benefit allotment for counselling instead of massage), and pooling funding across services and communities.

Some of this extends to family members, but it's particularly important when it comes to retired first responders. It's important to assist retired first responders with the emotional aspect of transitioning into retirement and provide peer support from other retired first responders. In fact, organizations should see retired first responders as additional resources to draw upon. Including retired first responders as part of the peer support for current employees and involving them in **critical incident stress management (CISM)** programs can be beneficial and effective.

Consider creating a standing team made up of workers and management (usually human resources staff, not direct line management) that meets together if important issues arise in individual cases. Supported by mental health professionals, this team would approve interventions in cases where regular supports are not working or there is a crisis that requires immediate action. This team would need to have the authority to approve the use of resources when other avenues have been exhausted.

19. Incorporate critical incident stress debriefing and defusing in the workplace.

Critical incident stress management (CISM) is an effective approach because it empowers individuals, in the context of their workplace, to define and maintain their own and others' health through education, communication, and enhanced social support. The CISM approach allows individuals to verbally express stress reactions and share coping strategies after a traumatic incident.

While the evidence is still varied about whether the CISM approach prevents PTSD, it should be maintained in the workplace as part of a broader approach to health promotion. **Critical incident stress debriefing** also provides an opportunity to explore lessons learned and what could be done differently in the future. Organizations need to determine their own policies as to when CISM is mandatory and when it is voluntary. There should also be a distinction made between **critical incident stress defusing** and debriefing and when one or the other is appropriate.

Resources

- The Mitchell Model, endorsed by the International Critical Incident Stress Foundation, is a seven-phase, structured group discussion. Usually provided 1 to 10 days post-crisis, it's designed to mitigate acute symptoms, assess the need for follow-up, and possibly provide a sense of post-crisis psychological closure: [icisf.org/a-primer-on-critical-incident-stress-management-cism](https://www.icisf.org/a-primer-on-critical-incident-stress-management-cism).
- Local CISM and CIRS teams can be activated. Administration should be aware of these resources and how to initiate response when necessary.

20. Ensure return-to-work plans are flexible and collaborative.

Organizations should have stay-at-work (SAW) and/or return-to-work (RTW) processes ready in advance of incidents. Approaches need to consider individual circumstances and be flexible — a “one size fits all” approach does not always work.

The plan should support recovery and reintegration (itself essential for promoting recovery), focus on the worker's abilities rather than disabilities, and provide a supportive environment for the worker (by both the employer and the union).

In general, the SAW/RTW process should include the following:

- Regular follow-ups if workers go off work that include helping them navigate procedures and processes during this time
- Strategies to ensure workers remain connected to the workplace while they're away from work
- A plan to reintegrate workers when they return

The plan should take into account applicable human rights law associated with workplace **accommodations** and should ensure that procedures and processes do not further negatively affect the worker's mental health.

Keeping in mind that mental health conditions can be episodic, plans should reflect how important it is to maintain the connection with workers when they're off work through meaningful and compassionate outreach. Communication between the employee, the employer, the manager or supervisor, the union, the insurer, and the family are important so that everyone is working together toward a common goal. Once a worker is fully reintegrated back into the workplace, it's important to follow-up with the worker regularly to prevent recurrence.

The employer should also ensure that the burden on coworkers is minimized while a worker is off work or working at reduced capacity. Finally, if there is a change in line management for the worker, be sure to maintain the continuity of support while respecting the worker's privacy and confidentiality.

Resources

- A full suite of documents has been developed to assist organizations with the stay-at-work and return-to-work processes. They can be used by your HR department to

develop tailored resources for your organization so that they fit your existing processes and language, to help shape your organization's RTW processes, or given to relevant workplace parties without modification. [SAW/RTW Package](#).

21. Maintain privacy and confidentiality at all times.

Protecting the privacy and confidentiality of any employee information is absolutely essential to implementing an effective mental health strategy. A strong policy to assure confidentiality will increase the likelihood that employees will participate in providing information to maintain a mental health strategy (such as through data collection) and seek help when needed.

It's the employer's responsibility and obligation to ensure that personal information is kept secure and is collected, accessed, used, disclosed, stored, and disposed of only for purposes necessary for, and authorized by, staff to conduct their business.

There is strong legislation at both the state and federal level on how to handle employee information and this extends to any mental health providers an organization uses. It's the organization's responsibility to ensure these providers uphold the law and any relevant professional standards of conduct.

Resources

- Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides information relevant to health care privacy laws:
<https://www.cdc.gov/php/publications/topic/hipaa.html>

Data & evaluation

22. Use data to identify key mental health issues in the workplace.

One way to identify psychological hazards is to use indicators like disability rates, accidents, and grievances. Another way is to conduct a workplace survey that measures psychological hazards such as unclear expectations, poor balance between work and home, lack of management support, etc. Identifying areas where employees are regularly exposed to traumatic events should also be an area of focus. Organizations should use internal data as well as data available from external providers, including EFAP providers and insurers such as WorkSafeBC and private benefit providers.

Organizations need to establish how they will assess the mental health problems in their workplaces as well as clarify the tools they will use to measure **psychosocial factors**. This will ensure data is collected in consistent ways across the organization.

A careful communication strategy needs to be implemented to ensure that employees understand why psychosocial factors are being evaluated, and which actions have been or will be taken based on the results. It's important to emphasize that individual data is kept private and confidential.

Resources

- The Guarding Minds at Work (GM@W) Survey is a comprehensive, 68-item questionnaire administered to all employees within an organization or work unit. The GM@W Survey provides an index of performance across the 13 psychosocial factors and is provided free of charge by Canada Life:
<https://www.workplacestrategiesformentalhealth.com/resources/using-guarding-minds-at-work-effectively>

23. Prepare for the evaluation before you begin.

Evaluate as early as you can in the implementation of mental health strategies, programs, and policies. Establish measures to assess the problem and evaluate interventions and programs used to support mental health amongst first responders. Using a **logic model** approach will help you better understand the impact, but keep in mind that you may not be able to see a return on investment immediately.

Evaluation includes the following:

- Assessing employee knowledge following education and training interventions, and at subsequent intervals
- Performance improvement planning for senior management
- Regular review of workplace units, groups, or sections, and the responses taken to individual cases

Not having all relevant information documented or collected in a central place may complicate an organization's ability to fully evaluate its interventions.

Resources

- This is a list of resources and tools that can be used to assess the psychological health and safety of your organization and of first responders in your workplace: [Organizational Mental Health Check](#).
- This guide is reproduced from a portion of the document titled *Supporting Effective Evaluations: A Guide to Developing Performance Measurement Strategies*, published by the Centre of Excellence for Evaluation, Treasury Board of Canada Secretariat, Government of Canada: [Logic Model Guide](#).
- The template provided here is based on the logic model outlined in *Supporting Effective Evaluations: A Guide to Developing Performance Measurement Strategies*, published by the Centre of Excellence for Evaluation, Treasury Board of Canada Secretariat, Government of Canada. : [Logic Model Template](#).

Other

24. Ensure claims processes are clear and don't add to mental stress.

Ohio BWC and any private insurance providers involved need to have a clear and transparent claims process. This ensures that there is an appropriate workplace response and employer and employee collaboration. The insurance system should not add to the stress of the trauma.

It's essential that primary care physicians and psychologists understand their roles in completing documentation when navigating insurance systems. It's also important for employers to document events that could potentially lead to a mental injury for potential adjudication of a Ohio BWC or private claim. It should include a comprehensive record of critical and traumatic incidents and the first responders involved, even when injuries are not immediately apparent.

Resources

- Guidance on Ohio BWC claims processes can be found here: <https://info.bwc.ohio.gov/wps/portal/gov/bwc/for-workers>

25. Provide self-care tools.

By providing workers with high-quality self-care tools, organizations can increase their capacity to manage psychological problems, reduce emotional suffering, and limit the onset of more serious mental health problems. Although not all distressed employees will use self-care tools, many will embrace them and gain skills to cope more effectively. The impact of self-care methods is even greater when it is accompanied by limited coaching and support from health care providers, family, or peers.

Resources

- Here are some tools that can help someone assess their mood, resilience and overall mental health. It's a good way to identify concerns and direct someone to supportive resources: <https://responderstrong.org/tools/>

26. Form partnerships with other organizations and first responder groups.

While each first responder group is unique, they have many commonalities. Sharing **good practices** and pooling knowledge and resources can help improve existing programs and develop new creative approaches. Universities and insurers likewise have expertise to share and should be included in these partnerships.

Glossary

Best practice: A method or technique that has been generally accepted as superior to any alternatives because it produces results that are superior to those achieved by other means.

Critical incident stress debriefing: A proactive intervention involving a group meeting or discussion about a particularly distressing critical incident. Based on core principles of crisis intervention, the CISD is designed to mitigate the impact of a critical incident and to assist individuals in recovering from the stress associated with the event. The CISD is facilitated by a specially trained team which includes professional and peer support personnel.

Critical incident stress defusing: An intervention that is a shorter, less formal version of a debriefing. It generally lasts from 30 to 60 minutes, but may go longer and is best conducted within one to four hours after a critical incident. It is not usually conducted more than 12 hours after the incident. Like a debriefing, it is a confidential and voluntary opportunity to learn about stress, share reactions to an incident, and vent emotions. The main purpose is to stabilize people affected by the incident so that they can return to their normal routines without unusual stress. Where appropriate, a formal debriefing may also be required.

Critical incident stress management: an intervention protocol developed specifically for dealing with traumatic events. CISM is a formal, highly structured, and professionally recognized process for helping those involved in a critical incident share their experiences, vent emotions, learn about stress reactions and symptoms, and be provided with referrals for further help, if required. It is not psychotherapy. It is a confidential, voluntary, and educative process, sometimes called "psychological first aid."

EFAP: Employee and Family Assistance Program, or EFAP, is a flexible program to assist employees and their families with a focused approach to addressing a range of issues.

First responder: An employee of an emergency service who is likely to be among the first people to arrive at and assist at the scene of an emergency, such as an accident, natural disaster, or terrorist attack. First responders typically include police officers, firefighters, and paramedics.

Good practice: If it's not possible to state definitively that a practice described is "best practice," it may be better described as a "good practice." A good practice is a practice that is smart or promising but without the certainty that it is superior to another way.

Holistic approach: Engaging and developing the whole person at different levels, including physical, emotional, mental, and spiritual. It's the concept that the human being is multi-dimensional.

Logic model: A tool to evaluate the effectiveness of a program. It can also be used during planning and implementation. Logic models are usually a graphical depiction of the logical relationships between the resources, activities, outputs, and outcomes of a program. While

there are many ways in which logic models can be presented, the underlying purpose of constructing a logic model is to assess the "if-then" (causal) relationships between the elements of the program.

Management system: The framework of policies, processes, and procedures used to ensure that an organization can fulfill all tasks required to achieve its objectives.

Mental health disorder: Describes a wide range of mental health conditions — disorders that affect one's mood, thinking, and behavior. Examples of mental health disorders include depression, anxiety disorders, schizophrenia, eating disorders, and addictive behaviors.

Occupational culture: A distinctive pattern of thought and actions shared by members of the same profession and expressed in their language, outlooks, beliefs, and traditions.

Peer support: When people provide knowledge, experience, emotional, social, or practical help to each other. It commonly refers to an initiative consisting of trained supporters (although it can be provided by peers without training), and can take a number of forms such as peer mentoring, listening, or counselling. Peer support is also used to refer to initiatives where colleagues, members of self-help organizations, and others meet, in person or online, as equals to give each other support on a reciprocal basis.

Post Traumatic Stress Disorder (PTSD): See Post Traumatic Stress Injury (PTSI) below.

Post Traumatic Stress Injury (PTSI): Post-traumatic stress injury (PTSI) is a mental health condition that's triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event. Most people who go through traumatic events may have temporary difficulty adjusting and coping, but with time and good self-care, they usually get better. If the symptoms get worse, last for months or even years, and interfere with your day-to-day functioning, you may have PTSI.

Psychosocial factors: Elements that impact employees' psychological responses to work and work conditions, potentially causing psychological health problems. Psychosocial factors include the way work is carried out (deadlines, workload, work methods) and the context in which work occurs (including relationships and interactions with managers and supervisors, colleagues and coworkers, and clients or customers).

Resiliency: The process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress — such as family and relationship problems, serious health problems, or workplace and financial stressors. Resiliency (or resilience) means the ability to "bounce back" from difficult experiences.

Self-transcendent values: The values of benevolence (preserving and enhancing the welfare of those with whom one is in frequent personal contact) and universalism (understanding, appreciation, tolerance, and protection for the welfare of all people and for nature).

Senior management: Generally a team of individuals at the highest level of organizational management who have the day-to-day responsibilities of managing an organization.

Stigma: Negative attitudes and the negative behaviours they produce towards people with mental health problems and mental illness. Stigma spreads fear and misinformation, labels individuals, and perpetuates stereotypes.

Workplace accommodation: An employer has a duty to reasonably accommodate a person with a disability up to the point of "undue hardship" to the employer. In determining what is undue hardship, the British Columbia Human Rights Tribunal looks at factors such as how much the accommodation will cost the employer, the size of the employer's work force, the impact on a collective agreement, and safety considerations. Accommodating a disability can mean different things in different situations. It may mean that an employer must provide additional training before a worker starts the job. It may mean that an employer adjusts a worker's work schedule to accommodate a disability. The employer may restructure the job so that a worker is able to do it or give the worker another job that they can do. The company may buy new equipment or modify equipment that they already have so that a worker can use it.

Workplace culture (organizational culture): A set of shared assumptions that guide what happens in organizations by defining appropriate behavior for various situations. It's also the pattern of such collective behaviors and assumptions that are taught to new organizational members as a way of perceiving, and even thinking and feeling. This means organizational culture affects the way people and groups interact with each other, with clients, and with stakeholders. In addition, organizational culture may affect how much employees identify with an organization.

Cross-references

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Terms of Use

The BC First Responders Mental Health Committee commissioned market research in order to explore the best ways to increase awareness of when and how to seek help, reduce stigma, increase supportive behaviors, and decrease barriers to seeking help. This research was performed with first responders through:

- In-depth interviews to understand perspectives;
- Online discussion board to gather feedback on potential concepts; and
- Focus groups and online discussion board to test campaign creative.

First responders felt strongly that a poster campaign will not change the culture; it can only be used to support other activities being undertaken to address stigma. A campaign can serve as an umbrella that links together resources, learning opportunities, and information. It is a supporting tool to drive people to resources, events, and activities first responder organizations are making available.

The posters were designed with a white space included in the bottom. This white space is for first responder organizations to place information on new resources and upcoming events or activities. Posters should not be used if that space is left blank. Furthermore, posters should generally only be placed for up to 3 weeks. For further information, please contact the BC First Responders Mental Health Committee at info@bcfirstrespondersmentalhealth.com.

Resources

The campaign posters can be found in the links below.

- Dispatcher Poster ([8.5x11](#)) ([11x17](#))
- Firefighter v.1 Poster ([8.5x11](#)) ([11x17](#))
- Firefighter v.2 Poster ([8.5x11](#)) ([11x17](#))
- Paramedic ([8.5x11](#)) ([11x17](#))
- Police Officer ([8.5x11](#)) ([11x17](#))

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