MOVING BEYOND PREVENTION PLANS

Kim Slade,
Director Emerging Markets and Commercialization
Public Services Health and Safety Association
ABOUT TODAY’S SESSION

- Review self reported prevention plan outcomes and knowledge and needs
- Share case study example highlighting best practices and gaps
- Discuss importance of the role of the supervisor in supporting stay at work and return to work
PTSD IS NOT THE ONLY ISSUE

Anxiety Disorders 10-20%
Mood Disorders 50%
Substance Abuse 50-75%
Brain Injury 5-23%

WHAT HAPPENS NOW?

Review of self reported status post prevention plan submission to Ministry of Labour (May 2017)
PREVENTION FRAMEWORK

- Framework is a **matrix** of prevention levels and organizational phases.
- Designed to **help organizations** build prevention plans and **help workers** understand what PTSD is and the importance of early treatment.
- Support a **continuous improvement mindset** that integrates OHS Management Systems and leading practices for Occupational Stress Injuries.
- Framework is based on **26 key criteria**.

**PTSD PREVENTION FRAMEWORK**

**Implementing Best Practices**
At this stage the employer is ready to implement best practices into an already functioning program. There is an interest in evaluation and research. They may also be interested in expanding their focus to general wellness.

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

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

**Primary and Secondary Prevention**
Primary and Secondary Prevention includes both prevention aimed at preventing the disease or injury before it occurs (legislations, policies, procedures, education), and intervention activities which is focused on reducing further impact of the injury or disease (measures to prevent development of PTSD post exposure, personal strategies to prevent re-injury, screening, psychological care, etc.).

**Tertiary Prevention**
Tertiary Prevention focuses on ensuring that the worker can return to work safely by putting in place measures to prevent PTSD worsening once it has been diagnosed (RTW program, psychological care, etc.).
• Evidenced-based solution that is freely accessible and device agnostic
• Provides support for employers and workers
• Organizational assessments, templates, policies and procedures, news and research

WWW.FIRSTRESPONDERSFIRST.CA
SELF REPORTED PREVENTION PLAN STATUS

16% indicated that they had not started

17% Implementing Best Practices

30% Taking Proactive Steps

37% Just Getting Started

PSHSA.ca
WHAT IS NEEDED TO SUPPORT CONTINUOUS IMPROVEMENT?

- Peer Support Training
- Mental Health Training
- Policy and Procedures
- Resources to Support Ongoing Conversations and Awareness
- Programs that support Resiliency

38%
15%
18%
18%
11%
RESPONDENTS FELT CONFIDENT
PEOPLE IN THEIR ORGANIZATION KNEW AND COULD EXPLAIN

• PTSD & Risk Factors for PTSD
• Signs and Symptoms of PTSD
• Techniques to Manage Stress
RESPONDENTS FELT
PEOPLE IN THEIR ORGANIZATION DID NOT KNOW

- The importance of early treatment
- How to talk to someone exhibiting signs and symptoms
- What to do if they noticed signs and symptoms in self
TOP TRAINING NEEDS

• Understanding "what to do" and "what to say" to a co-worker who is exhibiting signs and symptoms of PTSD
• How to disclose that you are experiencing signs and symptoms of PTSD or other mental illness
• How to promote help seeking and early treatment to staff/co-workers
PTSD AWARENESS AND ANTI-STIGMA

- Provides awareness and supports top training needs
- Interactive case study to practice recognition of signs and symptoms
- Importance of help seeking, self care and supporting others
- Available for posting on internal LMS or single seat purchase
• 100% volunteer
• Volunteers trained in peer support and suicide prevention
• Provide phone and in person peer support
• Team focused on encouraging help seeking behaviours

www.bootsontheground.ca
1-833-677-2668
PSHSA evaluated 44 prevention plans that were submitted by Police Services from across Ontario to assess implementation of the PTSD Prevention Framework.
WHAT PROMPTED THIS ACTIVITY?

- **2012**: Ombudsman's Report: In the Line of Duty
- **2014**: Police Specific PTSD Working Group with WSIB, Police (workers and employers), Ministry of Community Safety and Correctional Services
- **2016 APR**: Working Group completes OSI Implementation Strategy for Police with Recommendations
- **2016 MAY**: Supporting Ontario's First Responders Act Receives Royal Assent & Firstrespondersfirst.ca is launched
- **2017 APR**: PTSD Prevention Plans are Submitted to the Ministers Office
- **2018 JUNE**: What had changed? Where to go next?
ASSESSMENT PROCESS
(JANUARY – MAY 2018)

1. Review Prevention Framework and Establish Criteria and Evaluation Process
2. Review Process and Criteria with Dr. Bender
3. Evaluate Sample of Plans
4. Test that multiple evaluators achieve same score, adapt and clarify process
5. Write sample report and get feedback from stakeholders
6. Evaluate remaining plans (N-44)
7. Write Reports
BENCHMARKING REPORTS

TAking proACtive stePS

This stage of the journey indicates movement from a reactive state to a proactive state. Your organization has demonstrated that instead of waiting for a situation to occur before acting, there are already some preventative measures in place. The basics have been surpassed and you are now ready to develop a more comprehensive program. With continual improvement the organization can reach the final stage of Implementing Best Practices.
BREAKDOWN OF ORGANIZATIONAL PHASE

- Just Getting Started: 9%
- Taking Proactive Steps: 52%
- Implementing Best Practices: 39%
PREVENTION PLAN TRENDS

POSITIVE TRENDS

• Provide some sort of training – R2MR, Peer Support, Mental Health Awareness, Burnout
• Have some focus on Anti-Stigma initiatives
• Employee Assistance Program (EAP) or Employee Family Assistance program (EFAP) are in place
• Specific training provided, or is planned on signs and symptoms of PTSD

AREAS OF IMPROVEMENT

• Identification and tracking of proactive methods of prevention
• Stronger engagement of JHSC
• Engagement of family members by providing information about signs and symptoms to assist in identification and recovery
• Many focus on functional abilities of role, but do not look at cognitive requirements
• Planning for continuous Improvement
TYPES OF PEER SUPPORT
ANTI-STIGMA

93% of plans indicated that anti-stigma campaigns/programs against mental health discrimination were implemented and supported by management and/or workplace policies.

• Some examples included:
  • Mandatory training for all leadership
  • A mental health champion from leadership
  • Opportunities for shared experience
  • Anti-stigma training courses
ANTI-STIGMA PROGRAMS

Many stigma programs were based on workplace violence and harassment policies, but also mentioned Bell Lets Talk and Not Myself Today
RESILIENCE AND SELF CARE

25% of plans specifically identified resilience and self care measures that were, or are, being implemented

- **Training**
  - Healthy Lifestyle Program (6 weeks) Healthy Apples Self Care Program (2 Days), Penn Resilience, Big 4 (R2MR), mindfulness training,

- **Wellness and Fitness**
  - Prevention of Chronic Disease, Lifestyle, Health and Fitness, Exercise Incentives, Yoga

- **Speaker Series**
  - Healthy eating and lifestyle, managing stress and anxiety, other topics

- **Library of Resources**
  - Online accessible by all staff
FINANCIAL SUPPORT

Plans identified a broad range of financial support options:

- **Nothing Listed in Plan**
- **WSIB**
- **WSIB & “Enhanced Benefits” (ie EAP, EFAP)**
- **$2,500 – $3,500 for Psychological Services**
- **Unlimited Psychological Services**

**Tertiary Prevention**

Most prevention plan support fell here

**Primary Prevention**
SUPERVISOR TRAINING

• Many plans identified that supervisors would receive training to know the signs and symptoms of PTSD, prevent stigmatizing behaviours and support workers, some of these items were listed as future activities

• Some organizations identified that their supervisors attend the Queen’s University Mental Health @ Work Leaders Certificate Program (https://healthsci.queensu.ca/workplace-mental-health-leadership-certificate-program)

• Many plans identified that supervisors would “engage in positive conversations about mental health”
ENGAGING FAMILY

30% of plans stated the service provided PTSD information to family members. Some methods of distribution included:

- Brochures, pamphlets
- Training for family members, orientation presentations
- Contact information of support groups
- Family nights
- Online resources
- Facebook/social media support groups
CONTINUAL IMPROVEMENT & FUTURE INITIATIVES

• Only 37% of plans identified ongoing development of future PTSD prevention initiatives
Even those services who were working towards continual improvement stated that they did not have the resources to do so currently, but would in the “near future.”
IMPORTANCE OF STAY AT WORK AND RETURN TO WORK

What is the Supervisors’ Role?
IMPORTANCE OF STAY AT WORK AND SUCCESSFUL RETURN TO WORK

• Faster recovery
• Feeling connected to society
• Improved self-esteem
• Increased economic security and confidence
• Reduced sense of isolation
## WHAT IS THE SUPERVISORS ROLE?

<table>
<thead>
<tr>
<th>What it is not</th>
<th>What it is</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Diagnosis or treatment of health concerns (mental or physical)</td>
<td>• Creating a Safe and Healthy Work Environment (physically and mentally)</td>
</tr>
<tr>
<td>• Counselling/Therapy</td>
<td>• Accommodation following direction from health professional</td>
</tr>
<tr>
<td>• Employee personal life concerns (marital issues, change in family make-up,</td>
<td>• Coaching</td>
</tr>
<tr>
<td>childcare, financial concerns, legal challenges)</td>
<td>• Providing Information</td>
</tr>
<tr>
<td></td>
<td>• Sharing Resources</td>
</tr>
<tr>
<td></td>
<td>• Work concerns (interpersonal conflicts, ergo, workload, organizational</td>
</tr>
<tr>
<td></td>
<td>change, attendance, harassment, violence, etc)</td>
</tr>
</tbody>
</table>
One of the signs and symptoms of PTSD is avoidance, which can be a barrier to seeking help, but research highlights that there are other reasons that people with PTSD and other mental health and substance use disorders avoid seeking help such as:

- Believing you will be able to get better on your own
- Unable to find a psychologist or psychiatrist in your area, difficulty accessing treatment
- Not knowing that there are treatments for PTSD that work
- Stigma
- Lack of trust
HOW STIGMA IMPACTS HELP-SEEKING

• Annually, 3% of Ontario’s working population are on short term disability leave as a result of a mental disorder and two-thirds of Canadians living with mental illness cite stigma as the reason that they do not ask for help. (Bell Canada, 2015)
• 39% of Ontario workers state that they would not tell their manager if they were experiencing a mental health problem because of perceived stigma in the workplace about mental health issues. (Dewa, 2014)
MENTAL HEALTH STIGMA IN CANADA

- 50% of Canadians would tell friends or co-workers that they have a family member with a mental illness, whereas 68% would disclose a family member’s diagnose of diabetes and 72% for cancer.
- 49% of Canadians say that they would socialize with a friend who had a serious mental illness
- 46% of Canadians think people use the term mental illness as an excuse for bad behaviour.
- 27% are fearful of being around people who suffer from a serious mental illness.

According to the Canadian Mental Health Association - Stigma and discrimination in the workplace causes negative repercussions for individuals experiencing mental health problems as well as for the rest of the staff team.

Some of the negative repercussions include:

- delayed access to treatment that promotes disability and impedes recovery;
- weakened social support;
- hindered social integration;
- the prevention and obstruction of the performance of social roles;
- reduced quality of life;
- diminished self-esteem;
- increased unemployment.

STEPS A SUPERVISOR CAN TAKE TO REDUCE STIGMA

- Contribute to and follow established policies and good leadership practices
- Understand available supports
- Be aware of changes in employee behaviours
- Don’t engage in stigma supporting conversations and address these behaviours in others
- Promote of work life balance
- Talk about mental and physical health and wellbeing at team meeting

Workers motivation and their treatment are important factors in their continuous employment. Workplace facilitators to their stay/return to work are:

- Safe, welcoming and stigma-free work environment
- Personalized return to work support
- Supportive leadership
- Collaboration between health care professionals and return to work coordinator
SEVEN PRINCIPLES FOR RETURN TO WORK

1. Commitment to Health and Safety
   • Strong commitment to health and safety, which is demonstrated by the behaviors of the workplace parties

2. Offer of Modified Work
   • The employer makes an offer of modified work to injured/ill workers so they can return early and safely

3. Plan Supports Returning Worker & Co-Worker
   • RTW planners ensure that the plan supports the returning worker without disadvantaging co-workers if possible
SEVEN PRINCIPLES FOR RETURN TO WORK

4. Supervisors Receive Training on RTW
   • Supervisors are trained in disability prevention and included in RTW planning

5. Early and Considerate Contact
   • Early and considerate contact with injured/ill workers

6. Clear Responsibilities for RTW
   • Assigned responsibilities in coordination of RTW

7. Ongoing Communication
   • Communication between employer, healthcare provider, employee, and supervisors about workplace demands and appropriate accommodations

Institute for Work and Health
Thank You

Kim Slade
kslade@pshsa.ca

@ksladegrant

www.linkedin.com/in/kimsladegrant

Connect with us:

@PSHSA.ca

Public Services Health and Safety Association on LinkedIn

YouTube.com/PSHSA

Instagram.com/PSHSA

Phone: 416.250.2131
Toll free: 1.877.250.7444