

TORONTO FIRE SERVICES PTSD PREVENTION PLAN

Ministry of Labour Submission
April 2017



Executive Summary

The objective of this PTSD Prevention Plan is to integrate proactive resiliency training with a number of additional mental health and wellness initiatives that will benefit TFS staff and their family members. The initiatives presented in this PTSD Prevention Plan will make up a significant component of the forthcoming Mental Health and Wellness (MH&W) Program for Toronto Fire Services (TFS). Both the PTSD Prevention Plan and MH&W Program will prevent and minimize harm to workers' mental health and reduce the stigma associated with mental health issues.

TFS identified 15 initiatives, categorized by six focus areas, which are presented in this report. The primary input used to inform these initiatives was a Needs and Capacity Assessment (NCA) conducted by the Centre for Addiction and Mental Health (CAMH). A full list of the NCA recommendations are provided in Appendix C.

Area of Focus 1: Program Governance

The following initiatives, related to governance, will be undertaken to ensure long-term sustainability of the PTSD Prevention Plan/MH&W Program.

TFS Initiatives

1. TFS will establish a formal Governance Structure to ensure that PTSD Prevention Plan/MH&W Program initiatives are the shared responsibility of TFS Management and TPFPA.
2. Working Groups comprised of JHSC and MH&W Working Group representatives will develop, monitor and assist with the implementation of PTSD Prevention Plan deliverables.

Area of Focus 2: PTSD Prevention Training

Training is one of the most important components of the PTSD Prevention Plan/MH&W Program, therefore the majority of initiatives to be implemented throughout 2017 and 2018 are related to training. The following initiatives focus on facilitated and self-directed training for all staff, as well as specialized training for all TFS Peer Support and Critical Incident Stress Team volunteers.

TFS Initiatives

3. All Officers from the rank of Acting District Chief through to Fire Chief will receive the eight-hour R2MR training module, which includes the leadership actions module.
4. Frontline staff, including all Captains, Acting Captains and Firefighters will receive the four-hour R2MR training module.
5. R2MR training will be incorporated into the TFS Recruit Training Program on a go forward basis beginning in 2018.
6. TFS will encourage staff to utilize available tools and online resources to increase their awareness of MH&W and be supportive of self-directed learning opportunities.
7. Available resources will be consolidated in one online location.

8. Review TFS CIS and Peer Support training practices, in consultation with the MHCC and CAMH, to ensure conformity with industry best practices.

Area of Focus 3: Internal & External Support Services

A number of internal, City of Toronto, and external intervention and support services are available for TFS staff that include specialized services for employees diagnosed with an Operational Stress Injury (OSI) or PTSD through the WSIB claims process. These include peer support and a chaplaincy service for example. The initiatives in this focus area aim to identify opportunities for improvement of existing specialized services and also to increase staff awareness of the specialized resources available to them.

TFS Initiatives

9. TFS will undertake a review of the Peer Support/CIS Team programs.
10. TFS will work with external stakeholders to provide additional information to staff about province-wide MH&W resources that focus specifically on the needs of first responders.

Area of Focus 4: Injury Reporting/Return to Work & Accommodation

The City of Toronto's Psychological Health & Safety (H&S) Policy is currently being reviewed to add psychological assessment toolkits. As part of this review, an opportunity exists for TFS to clarify roles and responsibilities and to ensure that a more integrated and consistent approach is applied to OSIs.

TFS Initiatives

11. TFS will work with City of Toronto Health & Safety staff to review, revise and where feasible, develop new guidelines relating to the investigation and reporting of OSIs, including PTSD.
12. TFS will conduct a review and analysis of current OSI injury reporting, return to work and accommodation processes to ensure that a more integrated and consistent approach is developed.
13. TFS will work with the TPFPA and the TFS Medical Office to facilitate sick leave, return to work, reintegration and accommodation policies that support the mental health needs of staff that have been diagnosed with an OSI.

Area of Focus 5: Communication & Engagement

The successful implementation of the PTSD Prevention Plan and MH&W Program will depend on the buy-in of all staff. It is therefore essential that a communication and employee engagement strategy be implemented to ensure that regular and consistent communication on the progress of the MH&W Program is provided, along with easy access to available resources and tools.

TFS Initiatives

14. TFS will develop and implement a communication plan and information sharing strategy that will employ a variety of effective channels.

Area of Focus 6: Data Collection

Appropriate data collection will allow for evaluation of plan performance. TFS currently compiles and analyzes data with respect to the employee absenteeism, WSIB claims, and associated costs relating to OSIs. TFS' Peer Support Team also collects data on incident types where intervention and support has been provided. An opportunity exists, however, for TFS to expand its data collection efforts.

TFS Initiative

15. TFS will compile and analyze quantitative and qualitative data to ensure the MH&W Program is responding to the needs of staff.

Summary

The TFS PTSD Prevention Plan has been designed to align with recommendations identified in the Needs and Capacity Assessment (NCA) that was undertaken by CAMH. The Plan includes a total of six focus areas and 15 initiatives that have and/or will commence during the course of 2017.

The initiatives presented in this PTSD Prevention Plan will make up a significant component of the forthcoming Mental Health and Wellness (MH&W) Program for Toronto Fire Services (TFS). The PTSD Prevention Plan and MH&W Program are living documents that will be reviewed on an annual basis by TFS Management and the Local 3888 Executive, through the establishment of a formal governance structure designed to ensure quality assurance and mutual accountability for the overall success and continuity of the program.

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Statement of Commitment, Leadership and Participation

Toronto Fire Services (TFS) and the Toronto Professional Firefighters Association (TPFFA) Local 3888 fully endorse the development and implementation of a comprehensive mental health and wellness program.

As champions of workplace mental health and wellness, and recognizing that employee wellness is a shared responsibility between Management and the Association, TFS and the TPFFA issued a statement in February 2015, committing their joint support to TFS staff.

We remain fully committed to ensuring that the mental health of TFS employees is protected and we will continue to take meaningful steps towards advancing employee mental health and wellness.

An important step is the development of the PTSD Prevention Plan. This Plan will be a significant component of the forthcoming Mental Health & Wellness Program that will be developed over the next two years. The Program will be comprehensive and will include several initiatives that protect and improve employee well-being.

All TFS employees will have a role to play in these initiatives. Ongoing staff input, collaboration and two-way communication are not only extremely valuable to the development of these initiatives, they are the key to successful implementation, and will ultimately contribute to mental health and wellness improvement for all our staff.

These initiatives are a priority for TFS. Having embedded employee wellness in the TFS 2015-2019 Master Fire Plan and the TFS Transformation Plan, TFS has committed to promoting a positive working environment where management and employees collaborate to achieve the City of Toronto's goals while promoting the physical and mental health of all employees.



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Background

On April 6, 2016 the Ontario Government passed the Supporting Ontario's First Responders Act. This legislation created the presumption that PTSD, diagnosed in first responders, is work-related. The Act requires the development of PTSD prevention plans by employers of workers who are covered by the presumption.

The Ministry of Labour estimates that first responders are at least twice as likely as the general population to suffer post-traumatic stress disorder (PTSD) due to the risk of frequent exposure to traumatic stressors in the course of their duties. This is consistent with the information contained in the November 2014 Suicide Prevention in Toronto report from the Medical Officer of Health. The report confirmed that occupational groups whose members are subject to frequent traumatic events and critical incidents are vulnerable to poor mental health including anxiety, depression, PTSD, substance abuse and suicide risk.

TFS' PTSD Prevention Plan

The objective of this PTSD Prevention Plan is to integrate proactive resiliency training with a number of additional mental health and wellness initiatives that will benefit TFS staff and their family members. The initiatives presented in this Plan will make up a significant component of the forthcoming Mental Health and Wellness (MH&W) Program for Toronto Fire Services (TFS). Both the PTSD Prevention Plan and MH&W Program will prevent and minimize harm to workers' mental health and reduce the stigma associated with mental health issues.

While TFS already has a number of support mechanisms in place aimed at preventing PTSD, more needs to be done. The findings contained in a Needs and Capacity Assessment (NCA) that was undertaken by the Centre for Addiction and Mental Health (CAMH), at the request of TFS in 2015, led to the identification of 52 recommendations for improvement.

As such, TFS has identified 15 initiatives for implementation that were informed by the evidence-based NCA. The initiatives are introduced as immediate priorities for this PTSD Prevention Plan and are organized by the following six focus areas, which build upon the MOL's PTSD Prevention Framework:

Focus Area 1: Program Governance

Focus Area 2: PTSD Prevention Training

Focus Area 3: Internal & External Support Services

Focus Area 4: Injury Reporting/Return to Work & Accommodation

Focus Area 5: Communication & Engagement

Focus Area 6: Data Collection

A consolidated list of TFS initiatives and respective alignment to the NCA recommendations is found in Appendix B. Work has commenced on a number of these initiatives and the remainder will be initiated during the course of 2017.

Primary Plan Input: CAMH Needs & Capacity Assessment

To inform the development of a Mental Health & Wellness Program, TFS invited the Centre for Addiction and Mental Health (CAMH) to conduct a Needs and Capacity Assessment (NCA). TFS engaged CAMH in response to a number of drivers including recent staff suicides, the presumptive legislation announcement in February of 2014 for Emergency Response workers related to Post-Traumatic Stress Disorder (PTSD) and an increased awareness of staff needs in regard to mental health.

The NCA was supported by a Working Committee comprised of TFS Management, members of the Toronto Professional Fire Fighters' Association (TPFFA) and a Central Joint Health & Safety Committee (CJHSC) representative.

The objectives of the NCA were to:

- Describe the current mental health and wellness needs within TFS;
- Identify gaps, strengths and capacities within the current system; and
- Provide information to facilitate the development of a MH&W Program.

Summary of Findings from the NCA:

Research participants believed that the ideal MH&W Program should start at recruitment and focus heavily on education about mental health in general as well as education about what resources are available to staff and their families.

It was recommended that the Program also include specially trained professionals for both peer support and other internal/external supports. It was recommended that the Program be guided by appropriate policies and visibly supported by Management. Finally, it was articulated that the MH&W Program should have a positive impact on the health and well-being of staff and their family members, contribute to improving the quality of life at work, and assist in shifting the stigma surrounding mental health.

The full list of 52 NCA recommendations made by CAMH are found in Appendix C.

Area of Focus 1: Program Governance

A common difficulty associated with the development and roll-out of any long-term initiative in an organization as large as TFS is sustainability. A comprehensive MH&W Program predicated on the participation of both Management and Association membership, requires a sound governance structure to ensure mutual accountability for the development and implementation of deliverables. TFS will achieve these objectives by engaging the Joint Health & Safety Committee (JHSC). A business case is also being developed to address the funding requirements of the program that will be included as part of TFS' 2018 budget submission.

TFS Initiatives

1. TFS will establish a formal Governance Structure to ensure that PTSD Prevention Plan/MH&W Program initiatives are the shared responsibility of TFS Management and TPFPA.
2. Working Groups comprised of JHSC and MH&W Working Group representatives will develop, monitor and assist with the implementation of PTSD Prevention Plan deliverables.

Alignment with NCA Recommendations:

- No.52: Implementation Planning Teams should consist of both Management and Union Leadership as well as staff members.

Additional Comments/Considerations:

This approach will embed a quality assurance (QA) component into the roll-out and implementation of initiatives and will ensure mutual accountability through the participation of both labour and management. TFS currently has a total of four Command-based Health and Safety Committees. These Committees link to a Central Joint Health & Safety Committee that is Co-Chaired by TFS Labour and Management.

The requirement to publish JHSC meeting minutes will help to ensure that all TFS personnel are kept up-to-date on the Program's progress, in addition to the other communications and engagement initiatives outlined in this report.

Area of Focus 2: PTSD Prevention Training

The Ontario Association of Fire Chiefs (O AFC) has stated that *"Mental illness, Post-Traumatic Stress Disorder and Operational Stress Injuries are on the rise in the fire services"*¹. Employers, labour groups and mental health experts share the view that prevention is critical. There is also agreement that PTSD can be prevented or mitigated given appropriate training, support, and timely treatment. This sections outlines the training-related action that TFS will initiate as part of the PTSD Prevention Plan.

2.1 Facilitated Training - Road to Mental Readiness (R2MR)

The Ontario Association of Fire Chiefs (O AFC), in partnership with the Mental Health Commission of Canada (MHCC), has developed and implemented the Road to Mental Readiness (R2MR) training program in recognition of the need for prevention and treatment of Operational Stress Injuries (OSIs) in the fire service.

In the fall of 2016, 24 TFS Management staff and TPFPA Executive members participated in the R2MR Leadership training program and agreed to implement this training across the service, recognizing the obvious applicability and value for TFS.

Overarching R2MR Goals²:

- Support the mental health and wellbeing of employees
- Enable the full productivity of employees
- Ensure the workplace is respectful and inclusive of all employees, including those with mental health problems and mental illnesses
- Encourage employees to seek help for mental health problems and mental illnesses

Training Objectives³:

- Examine the effects of mental health issues and mental illnesses in the workplace
- Help staff identify indicators of declining and poor mental health in themselves and others
- Raise awareness about the stigma of mental illness and other barriers to treatment
- Introduce the concept of the Mental Health Continuum Model
- Increase resiliency and promote mental wellness
- Review employees', manager', and employers' mental health rights and responsibilities
- Provide strategies and tools that staff and managers can use to maintain good mental health for both themselves and those around them

Two R2MR training modules are available; a four-hour course for first responders and an eight-hour course for Officers/Supervisors. Both courses are delivered by certified R2MR Trainers and course content has been tailored for firefighters working in the Province of

¹ Ontario Association of Fire Chiefs (O AFC), <http://www.oafc.on.ca/r2mr-course-and-booking-information>

² Ontario Association of Fire Chiefs (O AFC), <http://www.oafc.on.ca/r2mr-course-and-booking-information>

³ Ontario Association of Fire Chiefs (O AFC), <http://www.oafc.on.ca/r2mr-course-and-booking-information>

Ontario. The courses also include customized information regarding internal/local mental health resources.

TFS Initiatives

3. All Officers from the rank of Acting District Chief through to Fire Chief will receive the eight-hour R2MR training module, which includes the leadership actions module.
4. Frontline staff, including all Captains, Acting Captains and Firefighters will receive the four-hour R2MR training module.
5. R2MR training will be incorporated into the TFS Recruit Training Program on a go forward basis beginning in 2018.

Alignment with NCA Recommendations:

- No.7: Mental health training that focuses on all aspects of mental health from prevention to crisis intervention and PTSD, delivered in conjunction with peers with lived experience.
- No.9: Supervisor education in mental health and wellness.
- No.12: Education delivered by qualified professionals with knowledge of fire services and trauma.

Additional Comments/Considerations:

Organizations that invest in R2MR training report that employees are more likely to talk openly about mental health challenges and to seek help early when faced with challenges that may require either informal or professional help and support. The training also includes direction on how employees can self-assess their own state of well-being through the use of the mental health continuum model and employ cognitive behavioural therapy techniques.⁴

2.2 Self-Directed Training

In addition to receiving R2MR training, a variety of self-directed mental health and well-being resources and tools are available to staff that are aimed at enhancing personal mental awareness. Taken collectively, enhanced personal awareness helps to reduce stigma, which may in turn lead to earlier intervention and/or faster recovery for those experiencing signs and symptoms of PTSD or mental stress.

TFS is cognisant of the fact that many staff may not be fully aware of available online content. In fact, one of the NCA findings identified that many participants could not differentiate between TFS EAP and City of Toronto EAP⁵. Storing available resources at a single online location will allow staff to easily select options best suited to their particular needs and/or interests.

⁴ Mental Health Commission of Canada, The Road to Mental Readiness: Promoting mental health and building resilience for Canadian Workers

⁵ Toronto Fire Services: Needs and Capacity Assessment (2015), page 16

TFS Initiatives

6. TFS will encourage staff to utilize available tools and online resources to increase their awareness of MH&W and be supportive of self-directed learning opportunities.
7. Available resources will be consolidated in one online location.

Additional Comments/Considerations:

Below is a list of only some of the in-house/corporate resources that are currently available to staff.

Resources and Tools for City Employees:

Mental Health Fitness Tips, Mental Health Self-Assessment Tools and Mental Health Symptoms & Concerns are available at:

<http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=f4b2207d0013b410VgnVCM1000071d60f89RCRD>

An e-learning module entitled "No Firefighter Stands Alone" that provides an awareness level understanding of mental health issues, warning signs and available support programs.

Resources and Tools for Supervisors:

Facilitating Resilience in the Workplace, Recognizing Potential Mental Health Concerns, Strategies for Managing Mental Health, Managing and Assisting the Troubled Employee (Learning Mgmt. System), and Managing Employees with Health Issues (Learning Mgmt. System) are available at:

<http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=e466fd7d7806b410VgnVCM1000071d60f89RCRD>

TFS staff also participate in the following internal MH&W initiatives:

- Annual Mental Health and Wellness Seminar with a focus on physical fitness, mental health and nutrition.
- *Stand Down for Safety Week* that provides education on various wellness training and education topics.

2.3 Specialized Training

Specialized training is a requirement for TFS Peer Support and Critical Incident Stress Team volunteers. Both individual and group crisis training is provided by the Canadian Critical Incident Stress Foundation, a recognized charitable organization, assisting emergency personnel exposed to critical incidents. Newly recruited members have also received peer support training through the International Association of Fire Fighters (IAFF) Behavioural Health Program. Long serving members are also trained in Applied Suicide Intervention Skills Training (ASSIST) and National Organization for Victims Assistance (NOVA).

According to the Guidelines for the Practice and Training of Peer Support issued by the Mental Health Commission of Canada (MHCC), peer supporters should receive basic training on crisis situations and strategies to respond to such situations.

The Guidelines also note that additional training on suicide awareness and suicide intervention is required⁶.

Accordingly, TFS will revisit the training requirements for both programs beginning in 2017 to ensure that current training practices are consistent with industry best practices and guidelines.

TFS Initiative

8. Review TFS CIS and Peer Support training practices, in consultation with the MHCC and CAMH, to ensure conformity with industry best practices.

Alignment with NCA Recommendations:

- No.16: Peer Support: A clear selection process that includes nomination, screening, interview and specialized training and monitoring.

⁶ <http://www.mentalhealthcommission.ca/English/document/18291/peer-support-guidelines> pages 42 and 43

Area of Focus 3: Internal & External Support Services

A number of internal, corporate and external intervention and support services are available for TFS staff that include specialized services for those diagnosed with an Operational Stress Injury (OSI) or PTSD through the WSIB claims process. Some of the more frequently used services are summarized below.

3.1 TFS Peer Support/Critical Incident Stress Team

*"Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility and mutual agreement of what is helpful. Peer support is not based on psychiatric models and diagnostic criteria. It is about understanding another's situation empathically through the shared experience of emotional and psychological pain."*⁷

The TPFPA/TFS Peer Support/Critical Incident Stress Team (CIS) is staffed by a volunteer committee of active and retired TFS employees. The program exists to anticipate, recognize and respond to the concerns and needs of staff (active or retired) and their families in the areas of health, welfare and quality of life.

The program is independent of both Management and the Association while maintaining a respectful working relationship with both organizations. Standard Operating Guidelines (SOGs) are in place for all elements of the program.

Through peer support and referral consulting, the Peer Support Team addresses physical, emotional, financial, legal and spiritual concerns at the request of an individual. The program recognizes the individual's right to self-determination, respect and their ultimate personal responsibility.

When self-initiated or contacted through the Communications Centre chain-of-command, a Critical Incident Stress Team will activate the appropriate education and structured group intervention (i.e. defusing), 24 hours per day and 365 days per year.

Additional Comments/Considerations:

Notwithstanding the best intentions of the Peer Support/CIS Team; feedback from NCA participants indicated that the programs were not adequately addressing some of staff needs/expectations.

3.2 Centre for Addiction and Mental Health (CAMH)

TFS has a fee for service agreement with [CAMH](#). This provides TFS employees suffering from acute distress and/or risk of suicide or self-harm with direct and immediate access to CAMH interventions, supports and counselling. This program is aimed at providing emergency intervention for suicide risks and has been very successful to date with confirmed and documented suicide preventions.

⁷ Peer Support: A theoretical perspective, (Mead, Hilton, & Curtis, 2001, p. 135)

3.3 Corporate Employee Assistance Program (EAP)

The [City's EAP](#) offers confidential short-term counselling, information and referral services to members of the Toronto Public Service and eligible family members. The program is designed to provide direct access to experienced professionals who can help to resolve problems before they affect employee health, personal life or job performance. This program includes personal, relationships, legal and financial counselling.

3.4 Employee Health & Rehabilitation Services

[Employee Health and Rehabilitation](#) provides multi-disciplinary expertise to the employee and the workplace when health-related issues impact on an employee's ability to do their job.

3.5 TFS Medical Office/Chief Medical Officer

The TFS Medical Office and Chief Medical Officer are available to provide confidential medical consultations to all TFS staff on an as needed basis.

3.6 TFS Chaplains

Chaplains provide TFS staff with a foundation of emotional, physical and social health resulting trauma or grief and regularly provide onsite services and one-on one counselling and support. Four chaplains are available 24 hours a day, seven days per week and offer on-scene support at critical incidents. TFS' chaplains have an in-depth knowledge of the stresses created by working the emergency services environment.

Additional Comments/Considerations:

Some NCA participants noted that a significant number of TFS staff reside outside of Toronto/GTA and felt that as a result, access to information and services that caters to the unique needs of first responders is limited. As such, TFS will work to develop a consolidated online listing that links to existing province-wide data bases, providing resources specific to the needs of first responders.

TFS Initiatives

9. TFS will undertake a review of the Peer Support/CIS Team programs to clearly re-define and establish:
 - The intended mandate and function of the programs and support staff;
 - The selection and screening process of support staff;
 - Standardized and specialized training as well as ongoing training;
 - Protocols for the MH&W of support staff; and
 - Confidentiality protocols.
10. TFS will work with external stakeholders to provide additional information to staff about province-wide MH&W resources that focus specifically on the needs of first responders.

Alignment with NCA Recommendations:

- No.15: A model of support where peers have defined roles that include support, education and connection to and navigation of resources.
- No.16: A clear selection process that includes nomination, screening; interviews, specialized training and monitoring.
- No.20: Clear policies related to confidentiality.
- No.42: Develop a province-wide resource database for first responders.

Area of Focus 4: Injury Reporting/Return to Work & Accommodation

An Operational Stress Injury (OSI) is defined as: "... a non-medical term to describe any persistent psychological difficulties arising from activities performed in the line of duty, including anxiety, depression, alcohol and drug dependency, and post-traumatic stress disorder."⁸

The City of Toronto has policies in place that provide direction and guidance to both Supervisors and workers regarding the investigation and reporting of work-related injuries/incidents and accommodation procedures.

The City's Psychological Health & Safety Policy is currently being reviewed to add psychological assessment toolkits for use by City Divisions to assist them in implementing the policy. As part of this review, TFS will conduct a process review of injury reporting, return to work, reintegration and accommodation procedures, relevant to OSIs. This will assist in clarifying roles and responsibilities and help to ensure that a more integrated and consistent approach is applied to OSIs.

The City's injury reporting software (Quatro) provides options for identifying stress or PTSD when using the system to complete a Supervisor's Report of Injury/Illness. Through enhanced staff training, both Supervisors and workers will be able to assess and report OSIs with greater confidence and accuracy. TFS will also revise the Unscheduled Absence and Return to Duty Standard Operating Guideline (SOG) to include direction for OSIs.

TFS Initiatives

11. TFS will work with City of Toronto Health & Safety staff to review, revise and where feasible, develop new guidelines relating to the investigation and reporting of OSIs, including PTSD.
12. TFS will conduct a review and analysis of current OSI injury reporting, return to work and accommodation processes to ensure that a more integrated and consistent approach is developed.
13. TFS will work with the TPFPA and the TFS Medical Office to facilitate sick leave, return to work, reintegration and accommodation policies that support the mental health needs of staff that have been diagnosed with an OSI.

Alignment with NCA Recommendations:

- No.24: Clear policies related to the rights and obligations for staff and management related to mental health.
- No.26: Sick leave policies that are supportive of mental health needs.
- No.27: Work accommodations that are not punitive in nature but use return to work time as opportunities for skills training or education or focus on learning about other areas of TFS.

⁸ Making the Strong Stronger An Investigation into how the Toronto Paramedic Services Address Staff Operational Stress Injuries, Office of the Ombudsmen, November 2015, page 7

Area of Focus 5: Communication & Engagement

The successful implementation of the PTSD Prevention Plan and MH&W Program will depend on the buy-in of all staff. It is therefore essential that a communication and employee engagement strategy be implemented to ensure that regular and consistent communication on the progress of the MH&W Program is provided, along with easy access to available resources and tools.

Enhanced mental health and wellness knowledge will be a critical driver of organizational cultural change in TFS, particularly as relates to addressing the stigma often associated with OSIs.

TFS Initiative

14. TFS will develop and implement a communication plan and information sharing strategy that will employ a variety of effective channels.

Alignment with NCA Recommendations:

- No.11: Specific education related to mental health issues, processes and access to resources.

Area of Focus 6: Data Collection

Data collection is a crucial component of the PTSD Prevention Plan that will allow for evaluation of plan performance and assist in building business cases for additional resources and identifying issues or questions that may require further investigation. TFS already compiles and analyzes data with respect to the employee absenteeism, WSIB claims and associated costs relating to OSIs. TFS' Peer Support Team also collects data on incident types where intervention and support has been provided. Data collection and analysis will be expanded to include:

- Critical incidents that involve exposure to traumatic events
- Staff feedback on critical incidents
- Employee participation rates regarding access and use of MH&W tools and resources
- The collection and analysis of data, including employee feedback (that respects employee confidentiality), will assist in creating and/or refining MH&W initiatives that are employee needs-driven

TFS Initiative

15. TFS will compile and analyze quantitative and qualitative data to ensure the MH&W Program is responding to the needs of staff.

Alignment with NCA Recommendations:

- No.43: Collection and monitoring of data related to exposure to traumatic events including "bad calls".
- No.45: Collection, monitoring and analysis of WSIB claims related to mental health to obtain general.
- No.46: Integration of data related to mental health and wellness.

Summary

The Toronto Fire Services (TFS) PTSD Prevention Plan has been designed to align with recommendations identified in the Needs and Capacity Assessment (NCA) that was undertaken by CAMH in 2015. The Plan includes a total of six focus areas and 15 initiatives that have and/or will commence during the course of 2017.

The NCA is the basis upon which the TFS comprehensive MH&W Program will be developed and rolled-out during the course of 2017 and 2018. The PTSD Prevention Plan and MH&W Program are living documents that will be reviewed on an annual basis by TFS Management and the Local 3888 Executive, through the establishment of a formal governance structure designed to ensure quality assurance and mutual accountability for the overall success and continuity of the program.

Appendix A: City of Toronto Psychological Health and Safety Policy

Policy Statement

The City of Toronto recognizes the importance of psychological health and safety in the workplace. The City will promote a positive working environment where management and employees collaborate to achieve the City's goals while promoting the physical and mental health of all employees.

The City is further committed to promoting mental health and psychological well-being and to actions that prevent harm to worker psychological health through appropriate policies, programs and services.

Definitions

Psychological/Mental Health - A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community.

Psychological Safety - The absence of harm and/or threat of harm to mental well-being that a worker may experience.

Objectives

The City recognizes that workplace factors can contribute to psychological health. While it is understood that a certain amount of stress is inherent in work, the City aspires to a work environment where continuous improvement in work practices and processes address psychological safety and support mental health.

Strategies

The City will achieve its objective of continuously improving psychological safety and supporting mental health in City workplaces by building on its current actions and strengths in each of the following areas:

- Actions to promote and enhance the general psychological health of the workforce (e.g. efforts to build employee resilience, create a respectful workplace, enhance mental health knowledge at all levels and eliminate stigma)
- Actions to prevent the onset or reduce the severity of psychological health problems in the workplace, such as improvements in:
 - Primary prevention in which changes are made in conditions that may contribute to psychological health problems (e.g. considering the psychological characteristics of work tasks and individual workers to ensure good job-person fit, providing stress management training, supporting work-home balance)
 - Secondary prevention in which psychological health problems are identified and addressed while at an early stage (e.g. providing self-care tools, providing supervisor/manager training, providing early intervention through EAP and EH&R)
 - Tertiary prevention to reduce the distress and dysfunction associated with an identified mental disorder (e.g. providing support to stay at work,

providing coordinated disability management, supporting access to psychological treatment)

Each division is expected to:

- Communicate this policy to management, workers and joint health and safety committees/health and safety representatives
- Assess particular issues or risk factors of greatest relevance to mental health and psychological safety within the division (consulting with employees and joint health and safety committees/health and safety representatives in this process)
- Determine whether improvements are needed
- Identify opportunities for change and/or current strengths on which to build and record the findings
- Undertake promotion/prevention actions to initiate change and/or build on strengths
- Evaluate the effectiveness of actions undertaken
- Re-assess regularly with the goal of continuously improving mental health and psychological safety

Note: Definitions in this document are taken from the CAN/CSA-Z1003-13/BNQ 9700-803/2013 National Standard of Canada **Psychological health and safety in the workplace - Prevention, promotion, and guidance to staged implementation.**

Endorsed by OHSCC

April 29, 2014

Approved by City Manager

June 6, 2015

Appendix B: TFS Initiatives & NCA Recommendations Alignment

| Focus Area | TFS Initiative | Alignment with NCA Recommendations |
|--|--|------------------------------------|
| 1: Program Governance | 1. TFS will establish a formal Governance Structure to ensure that PTSD Prevention Plan/MH&W Program initiatives are the shared responsibility of TFS Management and TPFFA. | 52 |
| | 2. Working Groups comprised of JHSC and MH&W Working Group representatives will develop, monitor and assist with the implementation of PTSD Prevention Plan deliverables. | |
| 2: PTSD Prevention Training | 3. All Officers from the rank of Acting District Chief through to Fire Chief will receive the eight-hour R2MR training module, which includes the leadership actions module. | 7, 9, 12 |
| | 4. Frontline staff, including all Captains, Acting Captains and Firefighters will receive the four-hour R2MR training module. | |
| | 5. R2MR training will be incorporated into the TFS Recruit Training Program on a go forward basis beginning in 2018. | |
| | 6. TFS will encourage staff to utilize available tools and online resources to increase their awareness of MH&W and be supportive of self-directed learning opportunities. | |
| | 7. Available resources will be consolidated in one online location. | |
| 3: Internal & External Support Services | 8. Review TFS CIS and Peer Support training practices, in consultation with the MHCC and CAMH, to ensure conformity with industry best practices. | 16 |
| | 9. TFS will undertake a review of the Peer Support/CIS Team programs. | 15, 16, 20, 42 |
| 4: Injury Reporting/Return to Work & Accommodation | 10. TFS will work with external stakeholders to provide additional information to staff about province-wide MH&W resources that focus specifically on the needs of first responders. | |
| | 11. TFS will work with City of Toronto Health & Safety staff to review, revise and where feasible, develop new guidelines relating to the investigation and reporting of OSIs, including PTSD. | 24, 26, 27 |
| | 12. TFS will conduct a review and analysis of current OSI injury reporting, return to work and accommodation processes to ensure that a more integrated and consistent approach is developed. | |
| 13. TFS will work with the TPFFA and the TFS Medical Office to facilitate sick leave, return to work, reintegration and accommodation policies that support the mental health needs of staff that have been diagnosed with an OSI. | | |
| 5: Communication & Engagement | 14. TFS will develop and implement a communication plan and information sharing strategy that will employ a variety of effective channels. | 11 |
| 6: Data Collection | 15. TFS will compile and analyze quantitative and qualitative data to ensure the MH&W Program is responding to the needs of staff. | 43, 45, 46 |

Appendix C: Needs & Capacity Assessment Recommendations

Staff Selection and Training

1. Mental Health screening at application to TFS
2. Mental Health assessment during interview and staff selection process
3. Mental Health and resources awareness education during training at all colleges and institutions offering pre-employment training and at the Ontario Fire College (e.g., R2MR)
4. Mental Health assessment at the end of training /entry to work
5. “Regular” (i.e., annual, semi-annual) mental health check-ups for staff
6. On-going mental health education through various modalities including small group training at home stations and online learning
7. Mental health training that focuses on all aspects of mental health from prevention to crisis intervention and PTSD delivered in conjunction with peers with lived experience
8. Mental health education and training to assist the public who are in distress
9. Education delivered by qualified professionals with knowledge of fire services and trauma
10. Family education related to mental health needs of fire professionals
11. Specific education related to resources and processes to access resources

Supervision

12. Supervisor education in mental health and wellness (e.g., R2MR)
13. Supervisor training in the prevention and management of aggressive behavior
14. Supervisors and leadership that have first-hand knowledge of the roles being supervised

Peer Support

15. A model of support where peers have defined roles that include support, education and connection to and navigation of resources
16. A clear selection process that includes nomination, screening, interviews, specialized training and monitoring
17. Training for peer support workers that includes principles recommended by the MHCC. Examples include TEMA
18. A clear implementation plan that includes ongoing coaching and training of peers support workers
19. Dedicated resources/personnel for peer support
20. Clear policies related to confidentiality
21. Inclusion of retirees and peers with lived experience
22. Inclusion of chaplaincy

Facilitative Administrative Supports (TFS)

23. Clear policies and procedures for identifying and supporting mental health concerns for individuals, peers, and management
24. Clear policies related to the rights and obligations for staff and management related mental health
25. Clear policies related to peer-on-peer violence and aggression
26. Sick leave policies that are supportive of mental health needs
27. Work accommodations that are not punitive in nature but use “return to work time” as opportunities for skills training or education or focus on learning about other areas of TFS.
28. Options to “pull” a truck from service following a traumatic event or “bad call”
29. 24-hour follow-up and check-in after a “bad call”
30. Introduction of team debriefs
31. Feedback on calls to Intake and Dispatch
32. Increased mental health benefits funding

33. Environments that support mental health and wellness in all areas/divisions of TFS (e.g., breakrooms with capacity for sleep for Intake and Dispatch, exercise areas)
34. Mental health supports (e.g., Psychiatry, Psychology, Social Work) embedded within TFS and dedicated to each command
35. Mental health supports that conduct regular visits and check-ins with each station and shift including check-ins after a “bad call”
36. Improved communication between CIS and Peer Support
37. A model of mental health that focuses on prevention as well as crisis and trauma including wellness and team building

Systems Supports (beyond TFS)

38. Crisis teams available for on-site response to a traumatic event
39. 24-hour crisis hotline with some staff experienced with trauma and fire services
40. City EAP staff or other mental health supports with specific expertise in trauma-informed care and fire services
41. Counseling for other needs (e.g., family and financial counselling)
42. Province-wide resource database specialized to first responders

Data Systems

43. Collection and monitoring of data related to exposure to traumatic events including “bad calls”
44. Electronic feedback of staff experience of “bad calls”
45. Collection, monitoring and analysis of WSIB claims related to mental health
46. Integration of data related to mental health and wellness (e.g., Supervisor Report of Injury/Accident, WSIB claims, sick leave)

Leadership

47. Presence and support of leadership at and following traumatic events (e.g., “bad calls”, high profile cases)
48. Leaders with content knowledge of roles and functions
49. Leadership (administration and union) mental health education and training
50. Leadership (administration and union) education and training in the management of aggressive behaviours

Implementation Planning

51. Implementation planning or teams should consist of management, union leadership and staff members
52. Review of implementation of the recommendations by an external body in 3 years.