Building Resilient Workplaces:
How to promote positive mental health in public safety organizations

Participant Guide

BCFirstRespondersMentalHealth.com
Copyright Disclaimer
© 2019, Workers’ Compensation Board of British Columbia. All rights reserved.

This resource is protected by Canadian and international intellectual property laws and treaties, including copyright and trademark laws, and is owned by the Workers’ Compensation Board (“WorkSafeBC”). We encourage you to use this resource for non-commercial, personal, or educational purposes to help promote occupational health and safety, provided that you do not modify any of the content and do not remove any copyright or other notices from it. In addition, if you are a trainer and wish to use this and any other WorkSafeBC resources as part of your training, you cannot, either directly or indirectly through a course or training fee, charge participants for WorkSafeBC resources. To request copyright permission, please send an email to copyright@worksafebc.com. You can find our full copyright terms at worksafebc.com.

Use of WorkSafeBC’s intellectual property does not constitute an endorsement, express or implied, of any person, service provider, service or product.

Use of WorkSafeBC publications and materials is at your own risk. WorkSafeBC does not warrant the quality, accuracy or completeness of any information contained in the publications and materials, which are provided “as is” without warranty or condition of any kind.
# Table of Contents

Module 1 – Introduction to Mental Health and Resilience .................................................. 5  
   Learning Objectives ........................................................................................................ 5  
   Learning Activity 1-1 ......................................................................................................... 6  
   Workshop Agenda ........................................................................................................... 7  
   Why it’s important to talk about mental health ............................................................... 8  
   Benefits of addressing mental health in the workplace .................................................. 8  
   Definitions ....................................................................................................................... 9  
   Mental Health Continuum Model ................................................................................... 10  
   Definitions continued ...................................................................................................... 11  
   Learning Activity 1-2 ....................................................................................................... 12  
   Defining Resilience ......................................................................................................... 13  

Module 2 – Overview of the Recommended Practices ......................................................... 15  
   Learning Objectives ........................................................................................................ 15  
   What are the Recommended Practices? ........................................................................... 15  
   Strategy & Program Development .................................................................................. 17  
   Workplace Campaigns .................................................................................................... 17  
   Education & Training ...................................................................................................... 17  
   Mental Health Providers ................................................................................................. 18  
   Intervention & Treatment ............................................................................................... 18  
   Data & Evaluation .......................................................................................................... 18  
   Other ............................................................................................................................... 19  
   Learning Activity 2-1 ....................................................................................................... 20  

Module 3 – The Role of Leadership in Promoting Mental Health in Your Workplace ....... 23  
   Learning Objectives ........................................................................................................ 23  
   Expert Speaker: Chief Neil Dubord ................................................................................ 23  
   Learning Activity 3-1 ....................................................................................................... 24  
   The Importance of Leadership ....................................................................................... 25  
   Strategy and Program Development ............................................................................... 26  
   Expert Speaker: Chief Darryl Reid ................................................................................ 26  
   Learning Activity 3-2 ....................................................................................................... 27
Table of Contents

Module 4 – Measurement and Evaluation .............................................................. 30
  Learning Objectives ......................................................................................... 30
  Let’s Start with the Why? ............................................................................. 30
  Learning Activity 4-1 ..................................................................................... 31
  Data .............................................................................................................. 32
  Engagement and Confidentiality .................................................................. 33
  Evaluation ................................................................................................. 33
  Evaluation of Campaign: “Share It. Don’t Wear It.” .................................... 34
  Evaluation of Strathcona County Initiatives .................................................. 36
Module 5 – Addressing Stigma ........................................................................... 40
  Learning Objectives ...................................................................................... 40
  Introducing Stigma ...................................................................................... 40
  Learning Activity 5-1 ................................................................................... 41
  Expert Speaker: Kerri Buschel .................................................................. 41
  Learning Activity 5-2 ................................................................................... 42
  Mental Health Stigmas ............................................................................... 43
  Implementing an Anti-Stigma Campaign ..................................................... 44
  Focus on Mental Health Broadly ................................................................. 44
Module 6 – Intervention and Treatment .............................................................. 47
  Learning Objectives ...................................................................................... 47
  What do we Mean by Intervention? .............................................................. 47
  Intervention .................................................................................................. 48
  Critical Incident Stress Management (CISM) .............................................. 49
  Peer Support ............................................................................................... 50
  Expert Speaker: Steve Farina ...................................................................... 50
  Learning Activity 6-1 ................................................................................... 51
  What do we Mean by Treatment? ................................................................. 52
  Selecting a Treatment .................................................................................. 52
  Expert Speaker: Dan Bilsker ...................................................................... 52
  Learning Activity 6-2 ................................................................................... 53
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module 7 – Occupational Awareness</td>
<td>56</td>
</tr>
<tr>
<td>Learning Objectives</td>
<td>56</td>
</tr>
<tr>
<td>Expert Speaker: Matt Johnston</td>
<td>56</td>
</tr>
<tr>
<td>Learning Activity 7-1</td>
<td>57</td>
</tr>
<tr>
<td>Clinicians Network</td>
<td>58</td>
</tr>
<tr>
<td>Effective Recover at Work for Mental Health</td>
<td>59</td>
</tr>
<tr>
<td>Learning Activity 7-2</td>
<td>61</td>
</tr>
<tr>
<td>Presumption</td>
<td>56</td>
</tr>
<tr>
<td>A Leader’s Role</td>
<td>62</td>
</tr>
<tr>
<td>Module 8 – Mobilizing through Training, Education, and Integration</td>
<td>66</td>
</tr>
<tr>
<td>Learning Objectives</td>
<td>66</td>
</tr>
<tr>
<td>The Importance of Training</td>
<td>66</td>
</tr>
<tr>
<td>Learning Activity 8-1</td>
<td>67</td>
</tr>
<tr>
<td>Expert Speaker: Dan Bilsker</td>
<td>67</td>
</tr>
<tr>
<td>Learning Activity 8-2</td>
<td>68</td>
</tr>
<tr>
<td>Resiliency Training</td>
<td>69</td>
</tr>
<tr>
<td>Where to Start</td>
<td>70</td>
</tr>
<tr>
<td>Strategies for Integration</td>
<td>69</td>
</tr>
<tr>
<td>Module 9 – Action Planning</td>
<td>74</td>
</tr>
<tr>
<td>Learning Objectives</td>
<td>74</td>
</tr>
<tr>
<td>Learning Activity 9-1</td>
<td>75</td>
</tr>
<tr>
<td>Wrap-up</td>
<td>79</td>
</tr>
<tr>
<td>Appendices</td>
<td>80</td>
</tr>
<tr>
<td>Appendix A – Recommended Practices</td>
<td>81</td>
</tr>
<tr>
<td>Appendix B – Mental Health Continuum Model</td>
<td>82</td>
</tr>
<tr>
<td>Appendix C – Additional Resources</td>
<td>83</td>
</tr>
</tbody>
</table>
Module 1

Introduction to Mental Health and Resilience
Module 1 – Introduction to Mental Health and Resilience

Learning Objectives

In this module, you will be given the tools to:

☐ Explain the importance of building a resilient workplace
☐ Define public safety organizations, mental health, organizational mental health, and resilience.
☐ Describe the Mental Health Continuum.
## Learning Activity 1-1

<table>
<thead>
<tr>
<th>STEP</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduce yourself to the people at your table by:</td>
<td></td>
</tr>
<tr>
<td>— Sharing your name, organization and role.</td>
<td></td>
</tr>
<tr>
<td>— Describing one thing you do to maintain your own mental health.</td>
<td></td>
</tr>
</tbody>
</table>
## Workshop Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Module</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 a.m. start</td>
<td>Module 1 – Introduction to Mental Health and Resilience</td>
</tr>
<tr>
<td></td>
<td>Module 2 – Overview of the Recommended Practices</td>
</tr>
<tr>
<td></td>
<td>Module 3 – The Role of Leadership in Promoting Mental Health in Your Workplace</td>
</tr>
<tr>
<td></td>
<td>Break</td>
</tr>
<tr>
<td></td>
<td>Module 4 – Measurement and Evaluation</td>
</tr>
<tr>
<td></td>
<td>Module 5 – Addressing Stigma</td>
</tr>
<tr>
<td></td>
<td>Lunch</td>
</tr>
<tr>
<td></td>
<td>Module 6 – Intervention and Treatment</td>
</tr>
<tr>
<td></td>
<td>Module 7 – Occupation‐Aware Mental Health Providers</td>
</tr>
<tr>
<td></td>
<td>Break</td>
</tr>
<tr>
<td></td>
<td>Module 8 – Mobilizing Through Training, Education, and Integration</td>
</tr>
<tr>
<td>4:30 p.m. finish</td>
<td>Module 9 – Action Planning</td>
</tr>
</tbody>
</table>
Why it’s important to talk about mental health

Research and statistics show that mental health is a significant workplace issue across all sectors.

- Every year, one in five Canadians experience a psychological or mental health issue or illness. This translates to 6.7 million Canadians living with such an illness.

- The World Health Organization (WHO) estimates that, by 2020, depression will be the second leading cause of disability worldwide, second only to heart disease.

- Nearly 25% of Canada’s working population is currently affected by psychological health issues that lead to absenteeism, presenteeism, and turnover.

- Disability from psychological issues and disorders in Canada accounts for 30% in disability claims and 70% of total costs.

Benefits of addressing mental health in the workplace

- **Financial benefit:** significant cost savings have been demonstrated through targeted workplace psychological health initiatives

- **Legal/regulatory benefit:** taking reasonable steps to enhance psychological health and safety helps mitigate risk

- **Ethical benefit:** most organizations recognize the positive outcomes that come with promoting mental health in the workplace, and the greater good that results from this for all members of the organization
## Definitions

Throughout the workshop we will be using the following terms.

| Public safety organizations | Occupational groups that ensure the protection of the public and well-being of the community at large. This includes, but isn’t limited to:  
|                            | — First responders — law enforcement, fire and emergency medical services  
|                            | — Corrections and parole services  
|                            | — Border services  
|                            | — Coast guard |

| Mental health               | The level of psychological well-being in an individual. This can be measured by an individual’s functioning on an emotional and behavioural level. |
Mental Health Continuum Model

This model shows that mental health can be viewed as a continuum and demonstrates that we can move through the continuum, sometimes in one day, depending on the day. It is important to look for consistency/patterns.

<table>
<thead>
<tr>
<th>Healthy</th>
<th>Reacting</th>
<th>Injured</th>
<th>Ill</th>
</tr>
</thead>
</table>
| - Normal fluctuations in mood, calm, takes things in stride
- Normal sleep patterns, few sleep difficulties
- Physically well, good energy level
- Consistent performance
- Sense of humour, in control mentally
- Physically active and socially active
- Limited or no gambling/alcohol use | - Nervousness, irritability, impatience, sadness, feeling overwhelmed
- Trouble sleeping, intrusive thoughts, nightmares
- Tired/low energy, muscle tension, headaches
- Procrastination
- Displaced sarcasm, forgetfulness
- Decreased physical and social activity
- Regular but controlled gambling/alcohol use | - Anxiety, anger, pervasive sadness, hopelessness
- Restless or disturbed sleep, recurring images or nightmares
- Increased fatigue, aches and pains
- Poor performance and concentration or workaholic, presenteeism
- Negative attitude
- Social avoidance or withdrawal
- Increased gambling/alcohol use | - Excessive anxiety, easily angered, depressed mood, suicidal thoughts
- Unable to fall or stay asleep, sleeping too much or too little
- Exhaustion, physical illness
- Unable to perform duties/control behavior/concentrate, overt subordination, absenteeism
- Isolation, avoiding social events, not going out or answering the phone
- Alcohol/gambling addition, other addictions |

Actions to take at each phase of the continuum

<table>
<thead>
<tr>
<th>Healthy</th>
<th>Reacting</th>
<th>Injured</th>
<th>Ill</th>
</tr>
</thead>
</table>
| - Focus on task at hand
- Break problems into manageable chunks
- Identify and nurture support systems
- Maintain healthy lifestyle | - Recognize limits
- Identify and minimize stressors
- Engage in healthy coping strategies
- Get adequate food, rest, and exercise | - Identify and understand own signs of distress
- Seek social support and talk with someone instead of withdrawing
- Seek help | - Seek consultation as needed
- Follow health care provider recommendations
- Regain physical and mental health |

Adapted with permission from resources created by the Vancouver Police Department, the Department of National Defence, and the Canadian Armed Forces

Additional Resources

Mental Health Continuum Model – explanatory information about the model and how it can be used
Definitions continued

| Organizational mental health | • The occupational culture (pattern of thoughts, actions, beliefs, traditions shared by members of the same organization) cultivated in a workplace and its ability to have a positive or negative impact on an individuals’ mental health |


# Learning Activity 1-2

<table>
<thead>
<tr>
<th>STEP</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In pairs, discuss the following questions:</td>
<td>NOTES</td>
</tr>
<tr>
<td>a. What does resilience mean to you?</td>
<td></td>
</tr>
<tr>
<td>b. Can you think of examples of resilient behaviour, perhaps by you or someone else?</td>
<td></td>
</tr>
</tbody>
</table>
Defining Resilience

| Resilience (or Resiliency) | • The process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress  
• The ability to “bounce back” from difficult experiences |

When we talk about resilience, we focus on three “Pillars”:

- Individual
- Families
- Organization or workplace

This workshop is focused on building resilient organizations. However, all three pillars are necessary for an individual’s mental health as each pillar is interconnected and has an impact on the overall health of an individual.

| Resilient workplaces | • The capacity of an organization to promote and support resilience in its workplace and prevent psychological hazards |

There are various ways of looking at what it means to have a resilient organization.

Our definition focuses on prevention and the importance of recognizing that a resilient organization is not only both proactive and preventative when it comes to promoting mental health, but also able to “bounce back” from challenges and adversity demonstrating effective coping strategies.

**Additional Resources**

*Guarding Minds at Work: A Workplace Guide to Psychological Health and Safety*

*Psychological Health & Safety: An Action Guide for Employers* – a resource for planning and implementing workplace interventions to protect psychological health and safety
Module 2 – Overview of the Recommended Practices

Learning Objectives

In this module, you will be given the tools to:

☐ Identify the recommended practices to support mental health in the workplace.

What are the Recommended Practices?

In this module, we will be looking at a collection of recommended practices for helping organizations promote mental health in their workplaces.

- Created by first responders for first responders, this guide was developed to help front-line first responders and their leaders address mental health in the workplace with some practical strategies.

- Based on research studies and other similar practice documents; developed through a collaborative process with first responders.

- There are a total of 26 recommended practices, and an overview of the recommended practices can be summarized by six key sections. These sections follow a sequence and have been developed to offer a strategy for promoting mental health in the workplace.

Note: This workshop does not follow the sequence of each section nor does it cover each in detail; what is covered is a practical guide to promote mental health.
**Strategy & program development**
1. Leadership
2. Management system
3. Strategies, programs and policies
4. Mental health strategies

**Workplace campaigns**
5. Anti-stigma campaigns
6. Workplace champions

**Education & training**
7. Improve employee resiliency
8. Improve mental health literacy
9. Equip supervisors and line managers
10. Equip family members

**Data & evaluation**
22. Identify workplace mental health issues
23. Prepare for the evaluation

**Intervention & treatment**
13. Range of support options
14. In-house peer support services
15. Peer support for families of retirees
16. Signs and symptoms
17. Access to mental health experts
18. Mental health care benefits
19. Critical incident stress debriefing
20. Flexible return-to-work plans
21. Privacy and confidentiality

**Mental health providers**
11. Understanding of first responder culture
12. Establish a network of providers

**Other**
24. Clear claims processes
25. Self-care tools
26. Partnerships with other organizations
Strategy & Program Development

This section talks about the importance of leadership and how to integrate mental health into management systems. The practices in this section focus on how to create strategies and policies, building a business case and messaging that works for your organization.

We will look at the topic of leadership in Module 3.

Workplace Campaigns

This section discusses stigma and anti-stigma campaigns, as well as the importance of creating a psychologically healthy workplace culture. An anti-stigma campaign is an example of this; however, this section of the recommended practices covers other key components to the discussion around mental health stigma.

We will look at anti-stigma in Module 5.

Education & Training

This section looks at the importance of training, and how to integrate strategies to equip individuals and the workplace to build resilience. We will take a closer look at this topic in Module 8.
Mental Health Providers

This section addresses the importance of knowing where to go for help, and the importance of establishing a network of mental health providers that understand your organization’s culture. This section also addresses some of the work being done with the Occupationally Aware Clinicians project, which we will talk about in Module 7.

Intervention & Treatment

This section explores peer support services, return-to-work models, privacy and confidentiality, and a range of other considerations when assessing the supports most appropriate for your organization.

This topic will be addressed in Module 6. We will hear from the experts and further explore early intervention, how to recognize the signs and symptoms of mental health issues and what to do when it is clear that intervention is required, both individually and organizationally.

Data & Evaluation

The recommended practices in this section focus on how to use evaluation measures to identify key mental health issues in your organization. This assists us in taking action where required, and using the data collected to provide direction in our efforts to build resilience and promote mental health in our organizations. We will look at this topic in Module 4.
The recommended practices in the “other” section are not covered in this workshop, but you can review them on your own to see how they apply to your organization. They include:

- Ensure claims processes are clear and do not add mental stress
- Provide self-care tools
- Form partnerships with other first responder groups and organizations

**Additional Resources**

*Gap Analysis Tool* – to assist you in implementing the recommended practices in your organization
## Learning Activity 2-1

<table>
<thead>
<tr>
<th>STEP</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In your group, share one or two things your organization has done from what has been covered in the Recommended Practices module. If there has been no action, discuss which area(s) you would like to focus on.</td>
<td></td>
</tr>
</tbody>
</table>
Module 3
The Role of Leadership in Promoting Mental Health in Your Workplace
Recommended Practice #1:
Ensure senior leaders clearly support improving mental health in the workplace.

Recommended Practice #2:
Adopt a management system approach to mental health in the workplace.

Strategy & program development
1. Leadership
2. Management system
3. Strategies, programs and policies
4. Mental health strategies

Workplace campaigns
5. Anti-stigma campaigns
6. Workplace champions

Education & training
7. Improve employee resiliency
8. Improve mental health literacy
9. Equip supervisors and line managers
10. Equip family members

Data & evaluation
22. Identify workplace mental health issues
23. Prepare for the evaluation

Intervention & treatment
13. Range of support options
14. In-house peer support services
15. Peer support for families of retirees
16. Signs and symptoms
17. Access to mental health experts
18. Mental health care benefits
19. Critical incident stress debriefing
20. Flexible return-to-work plans
21. Privacy and confidentiality

Mental health providers
11. Understanding of first responder culture
12. Establish a network of providers

Other
24. Clear claims processes
25. Self-care tools
26. Partnerships with other organizations
Module 3 – The Role of Leadership in Promoting Mental Health in Your Workplace

Learning Objectives

In this module, you will be given the tools to:

☐ Describe the role of leadership in promoting mental health in the workplace.

Expert Speaker: Chief Neil Dubord
### Learning Activity 3-1

<table>
<thead>
<tr>
<th>STEP</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In groups of three, discuss what resonated with you from the video.</td>
<td></td>
</tr>
</tbody>
</table>
The Importance of Leadership

Senior leadership support is critical for improving mental health in the workplace.

- Buy-in from leaders is essential to improving mental health in the workplace because without leadership support there are barriers to implementation of any organizational awareness or change.

- All management, including senior management, must lead by example. Visibly champion the mental health strategy and commitment to supporting the mental health of all workers in the workplace.

- Meaningful examples – having a senior leader to take on responsibility for the strategy.

- All leadership makes a commitment to promote the strategy but at least one leader is designated as the champion.

- It’s important to choose a leader who is interested and invested in promoting mental health. If it doesn’t mean anything to the leader, it likely won’t have a genuine impact. Sometimes having personal experience in this area can be a helpful tool for engagement.
Strategy and Program Development

A useful way to support change is to use a management system to integrate the different aspects of the organization.

- Can be in the form of policies and programs, using the Canadian Standards Association (CSA) standard as a guide.

- Involve employees: ask for feedback on mental health initiatives, provide incentives for involvement, allow for time away from work tasks for initiatives/involvement, etc. This makes mental health a shared responsibility – involving leadership and employees so that both are responsible for mental health initiatives.

- Approach mental health the same as physical health. This can include incorporating mental health into health and safety meetings, joint committee meetings, having a mental health first aid employee, peer support, critical incident stress management (CISM) program, etc.

Expert Speaker: Chief Darryl Reid

Additional Resources

Guarding Minds at Work: A Workplace Guide to Psychological Health and Safety

Psychological Health & Safety: An Action Guide for Employers – a resource for planning and implementing workplace interventions to protect psychological health and safety

Psychological health and safety in the workplace — Prevention, promotion, and guidance to staged implementation (CAN/CSA-Z1003-13/BNQ 9700-803/2013) — CSA standard
## Learning Activity 3-2

<table>
<thead>
<tr>
<th>STEP</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In groups of three, discuss what resonated with you from the video.</td>
<td></td>
</tr>
</tbody>
</table>
Module 4
Measurement and Evaluation
Recommended Practice #21: Maintain privacy and confidentiality at all times.

Recommended Practice #22: Use data to identify key mental health issues in the workplace.

Recommended Practice #23: Prepare for the evaluation before you begin.
Module 4 – Measurement and Evaluation

Learning Objectives

In this module, you will be given the tools to:

☐ Explain the reasons to measure and evaluate actions taken to promote mental health.
☐ Outline methods to measure and evaluate actions taken to promote mental health.

Let’s Start with the Why?

• The reason we measure and evaluate is to determine if we are being successful
  — We want to continue doing what is working well
  — We want to stop doing what is not working and do something different

• Definitions:
  — Measure: gather all the currently available data
  — Evaluate: examine the data and apply it, compare it, and add some considerations to it

• It’s important to establish a baseline – “a starting point used for comparisons”
  — What are the mental health needs of those in my workplace?

Additional Resources

Guarding Minds at Work: A Workplace Guide to Psychological Health and Safety

Making the Business Case – a nine-step approach to getting your organization’s leadership to make mental health a priority
## Learning Activity 4-1

<table>
<thead>
<tr>
<th>STEP</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In your group, discuss what could be measured to identify mental health issues in your workplace.</td>
<td></td>
</tr>
</tbody>
</table>
Data

- Use data to identify key mental health issues in the workplace

- Examples of data to gather are:
  - Absenteeism rates
  - Benefit costs
  - Turnover rates
  - Accidents and injuries rates
  - Workers' compensation claims
  - Disability rates

- Psychological health and safety within your workplace is not going to improve without action, and doing nothing is costly

- Efforts to address the psychological health and safety of your workplace are most likely to succeed when employers and employees work together.

- Gather disability rates, sick leaves, accidents, WorkSafeBC claims and grievances to establish a baseline

- Conduct a workplace survey to measure psychological hazards, i.e. unclear expectations, poor work/life balance, lack of management support, access to mental health support

- Identify key risks and work stressors

- Regular exposure to traumatic events should be a focus

- Focus on both qualitative and quantitative data
Engagement and Confidentiality

- Use a careful communication strategy – to ensure employees understand why psychosocial factors/mental health needs are being evaluated

- Emphasize that individual data is kept private and confidential

- Surveys protect anonymity, where possible

- Ask for feedback on current mental health initiatives, provide incentives for involvement and allow for time away from work tasks for new and current initiatives/involvement

Evaluation

- Start with the end in mind
  - Prepare for the evaluation before you begin
  - Know how to measure the organization’s baseline – e.g. pre and post survey
  - Guarding Minds at Work – evaluation worksheets provide a framework for evaluating whether actions undertaken have been effective – using the 13 psychological risk factors established in CSA standard
Evaluation of Campaign: “Share It. Don’t Wear It.”

Mission of the BC First Responders Mental Health Committee: actively promote positive mental health and provide the leadership, best practices (resources, awareness, education, training, and supports) that first responders, their communities, and leaders need.

Objectives of the market research:

- To understand if members have seen the campaign and/or website and how it resonates
- To help shape future developments of this outreach

To assess the effectiveness of the campaign, an eight-minute online survey was fielded from January 23 to February 16, 2018. Five-hundred and fifteen surveys were completed.

The survey results showed that campaign recall is high:

- 70% of respondents recall at least one campaign element
- Recall of posters is high across the board, but significantly higher for those exposed to two or more elements (97% or higher) than those who only recall one (85%)
- Campaign messages were clearly understood by respondents
- Speeches from leadership teams were effective in communicating clear messages
Key Findings – Effectiveness

Among those who recall at least one element, the campaign is effective in increasing the likelihood of respondents to seek support, speak up about mental health and share resources

- 62% are more likely to speak up about mental health in their workplace than before, and only 4% would not have spoken up before and still would not
- 56% are more likely to seek support for themselves or a colleague than before and only 5% would not have spoken up before and still would not
- 83% are likely to share the website and resources offered by the campaign, with 50% very likely to do so

Recommendations

- Continue the Share it. Don’t wear it. campaign.
- The campaign is highly effective in terms of reported likely changes in behaviour with regards to mental health (seeking help, speaking up, sharing resources), particularly among those recalling three or more campaign elements.
- Even among those who do not recall the campaign very well, likelihood to use the resources once aware of them is very high.
Evaluation of Strathcona County Initiatives

- Includes fire, paramedics, dispatcher

- Before:
  - Peer support team of one
  - One employee responsible for EFAP
  - No chaplain
  - Several on long term disability due to workplace stress
  - No attachment to clinicians

- After:
  - Collaborative approach to mental health
  - Corporate practices
  - Significant leadership engagement
  - Provided first responder training
  - Internal support (with EFAP, disability manager)
  - External support (chaplain, relationships with psychologists and counsellors)

- Results:
  - Significant reduction in claims cost – great return on investment

Return on Investment

Table 1: SCES average and total claim costs per year (psychological injury)

<table>
<thead>
<tr>
<th>Year</th>
<th>Average cost per claim</th>
<th>Total claims costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>$11,606.09</td>
<td>$23,212.18</td>
</tr>
<tr>
<td>2013</td>
<td>$14,612.30</td>
<td>$73,061.48</td>
</tr>
<tr>
<td>2014</td>
<td>$4,354.24</td>
<td>$26,125.41</td>
</tr>
<tr>
<td>2015</td>
<td>$642.77</td>
<td>$1,285.54</td>
</tr>
<tr>
<td>2016</td>
<td>$357.26</td>
<td>$1,429.05</td>
</tr>
<tr>
<td>2017</td>
<td>$487.01</td>
<td>$1,461.03</td>
</tr>
<tr>
<td>2018 YTD</td>
<td>$924.72</td>
<td>$4,623.62</td>
</tr>
</tbody>
</table>

WCB-AB

Significant decrease following changes to case management process, implementation of MHP (psychologist), addition of Chaplaincy and commencement of peer support team.
Claims cost significantly lower than similar municipalities in their area

### Return on Investment

Table 2: Psychological Injury Claim Costs in Five Albertan Municipalities

<table>
<thead>
<tr>
<th>AB Municipality</th>
<th>Average cost per claim (2018 YTD)</th>
<th>Total claims costs (2018 YTD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strathcona County</td>
<td>$924.72</td>
<td>$4,623.62</td>
</tr>
<tr>
<td>Municipality #2</td>
<td>$12,232.92</td>
<td>$146,795.08</td>
</tr>
<tr>
<td>Municipality #3</td>
<td>$61,469.28</td>
<td>$676,162.07</td>
</tr>
<tr>
<td>Municipality #4</td>
<td>$1,888.25</td>
<td>$9,441.24</td>
</tr>
<tr>
<td>Municipality #5</td>
<td>$30,426.78</td>
<td>$91,280.33</td>
</tr>
</tbody>
</table>

To learn more about Strathcona’s story / business case, view the video under Additional Resources.

---

**Additional Resources**

**Strathcona County Initiatives** – discussion from the BC First Responders’ Mental Health Conference
Module 5

Addressing Stigma
Recommended Practice #4:
Ensure strategies focus on mental health broadly.

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

Recommended Practice #6:
Use workplace champions to reinforce anti-stigma messages.
Module 5 – Addressing Stigma

Learning Objectives

In this module, you will be given the tools to:

☐ Define *stigma* and describe its consequences.
☐ Identify the key components and benefits of anti-stigma campaigns.

Introducing Stigma

We would like to recognize and acknowledge that, although there have been many efforts in recent years to reduce and eliminate stigma around mental health, unfortunately, it still exists. The BC First Responders’ Mental Health anti-stigma campaign that ran in 2016 was born out of qualitative research that explored stigma in first-responder organizations. Although not statistically representative, it was clear that stigma exists and shows up in a number of ways.
Learning Activity 5-1

<table>
<thead>
<tr>
<th>STEP</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Turn to the person sitting next to you and discuss the following questions:</td>
<td></td>
</tr>
<tr>
<td>a. What is your understanding of stigma?</td>
<td></td>
</tr>
<tr>
<td>b. What are some of the potential consequences of stigma?</td>
<td></td>
</tr>
</tbody>
</table>

Expert Speaker: Kerri Buschel
## Learning Activity 5-2

<table>
<thead>
<tr>
<th>STEP</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In groups of three, discuss what resonated with you from the video.</td>
<td></td>
</tr>
</tbody>
</table>
Mental Health Stigmas

There are three types related to mental health:

1. Self-stigma – negative views around mental health
2. Social stigma – negative stereotypes held by society about mental health issues and the people who have them
3. Structural stigma – societal level norms, practices, conditions, and systems that perpetuate negative attitudes and beliefs around mental health

In reference to the feedback from the BC First Responders’ Mental Health anti-stigma campaign, here are some perspectives on stigma and the ways in which stigma can be seen in the workplace:

- People are not speaking openly about their mental health issues in their workplaces
- People with mental health issues are feeling isolated, weak, false, and/or fearful
- People are not seeking help when needed for the following reasons:
  - Fear of stigma – worries about the response from colleagues and supervisors
  - Not knowing when to seek help – not recognizing signs and symptoms
  - Difficulty navigating services or lack of knowledge of services available
  - Most do not know how to engage in conversations with a colleague about mental health to provide or show support
  - Feeling the need for a culture change – a shift that must be demonstrated by leadership
Implementing an Anti-Stigma Campaign

Implementing an anti-stigma campaign can promote a psychologically safe workplace, and build a culture where members feel safe to come forward to seek help when needed.

- Anti-stigma campaign and messaging – critical to ensuring that mental health support is not seen as shameful, or a sign of inadequacy or inferiority

- Key components for an anti-stigma campaign:
  - Start with research
    - Understand the issue and the people you are trying to reach
  - Use that research in the development of the engagement/campaign
  - A campaign frames larger actions; it doesn’t lead culture change
  - Be aware of the language you choose; Every word matters
  - Be specific and tangible
    - Provide resources and tools that help

- The content of your campaign can be determined using surveys to understand specific needs of organization

Focus on Mental Health Broadly

- Use your mental health champion/leader(s) to re-inforce anti-stigma messages

- 65% of workers do not seek help, despite recognizing that they may be struggling with a mental health issue; 50% of employees do not know they are unwell (Grenier, 2019) – use anti-stigma campaigns to foster safety & awareness

- Lack of social support is the greatest risk factor in the deterioration of mental health
Module 6

Intervention and Treatment
Recommended Practice #13
Provide access to a range of support options.

Recommended Practice #14
Create in-house peer support services.

Recommended Practice #18
Ensure employees have excellent mental health care benefits
Module 6 – Intervention and Treatment

Learning Objectives

In this module, you will be given the tools to:

- Define *intervention* and *treatment*.
- Cite examples of interventions to promote mental health.
- Discuss options for treatment.

What do we Mean by Intervention?

We are referring to organizational level action that can be taken to promote mental health in the workplace. This would be the considerations taken by leaders in the organization to ensure that psychological health is being addressed and leveraged through action.

Examples of some aspects of intervention that we will explore are:

- Peer support
- Critical incident stress management

Research indicates that interventions do not need to be large to make a difference.
**Intervention**

Consider a team approach:

- **Social support is the #1 predictor of mental health in the workplace**

  - Connecting employees with social supports can not only help individuals but also shift the organizational culture

  - Recognizing that social support can come from various sources that address health for the mind, body, and soul

  - Examples include group meditation and mindfulness practices, team sports, chaplaincy or spiritual resources, and access to Indigenous elders

- **Strategies to go from “me to we”**

Creating a culture conducive to support for mental health by providing access to various methods of connecting with supports, whether through a peer support program, EFAP, in-house supports or other avenues that allow for the individual to seek support for mental health just as easy as the support available for physical health.

Also, recognizing that an individual’s mental health is affected by their environment and that, as mentioned earlier with the three pillars of resilience, it is important to look beyond the individual and pay attention to the health of their supports, such as family and community – to provide families and the public safety community with access to support so that there is continuity and a greater reach when promoting mental health, and cultural change doesn’t stop at the individual working in a public safety organization but goes beyond.

  - Provide access to a range of support options

  - Create in-house peer support services

  - Provide peer support to families and retired first responders
— Incorporate critical incident stress management (debriefing and diffusing) in the workplace

— Ensure employees have excellent mental health care benefits (EFAP, mental health professional coverage)

- Peer support interventions are more effective than accessing care alone. Benefits include:
  - Decreases isolation
  - Reduces the impact of stressors
  - Increases sharing of health and self-management information and strategies
  - Provides positive role modeling

**Critical Incident Stress Management (CISM)**

Many organizations use a CISM approach:

- The use of critical incident stress management (also referred to as critical incident stress debriefing, or CISD) is not empirically supported across research in the area, as there is a lack of consistency across outcomes

- Due to inconsistency of intervention efficacy, CISM should not be mandatory for trauma-exposed workers but instead voluntary

- Some research has noted evidence to support CISM programs are beneficial to law enforcement personnel and in first responders, while others reveal weak support for intervention efficacy in first responders for mental health problems overall

---

### Additional Resources

**Critical Incident Stress Management**
Peer Support

- Definition from the Mental Health Commission: "A supportive relationship between people who have shared experience, whether it comes to their own mental health, or the mental health of people that they care about"

- Peer support is shown to be effective with first responders

Expert Speaker: Steve Farina
## Learning Activity 6-1

<table>
<thead>
<tr>
<th>STEP</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In pairs, discuss the following questions:</td>
<td></td>
</tr>
<tr>
<td>a. What resonated with you in Steve Farina’s video?</td>
<td></td>
</tr>
<tr>
<td>b. Is there anything from the video that you find practical for your organization?</td>
<td></td>
</tr>
<tr>
<td>c. What peer mental health initiatives are your organization taking?</td>
<td></td>
</tr>
</tbody>
</table>

### Additional Resources

- **Overview of Peer Support Programs**
- **Developing a Peer Support Policy**
What do we Mean by Treatment?

We are referring to the systems and supports available to members of public safety organizations when it comes to their mental health. This would include a leader’s approach to treatment and a closer look at evidence-based treatment options that have been proven effective for psychological health amongst public safety personnel.

Selecting a Treatment

We are not recommending any specific treatments, but instead offering our knowledge and awareness of research and evidence-based treatments to consider when addressing psychological health in the workplace.

Research

There is evidence to suggest that treatment such as Cognitive Behavioural Therapy (CBT), Eye Movement Desensitization and Reprocessing (EMDR) have proven effective amongst those exposed to trauma in the workplace.

The gold standard for treatment for occupational trauma is CBT. Under the CBT umbrella, the following specialized treatments have been effective:

- Trauma-informed CBT
- Cognitive Processing
- Exposure Therapy
- EMDR

Ultimately, the most appropriate treatment for an individual is determined by the clinician’s assessment. The above-mentioned methods of treatment are evidence-based and can be used for treatment of occupational trauma where clinically appropriate.

Expert Speaker: Dan Bilsker
**Learning Activity 6-2**

<table>
<thead>
<tr>
<th>STEP</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In groups of three, discuss what resonated with you from the video.</td>
<td></td>
</tr>
</tbody>
</table>
Recommended Practice #16
Recognize the signs and symptoms of potential mental health issues early and take action.

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

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

Recommended Practice #20
Ensure return-to-work plans are flexible and collaborative.
Module 7 – Occupational Awareness

Learning Objectives

In this module, you will be given the tools to:

☐ Outline characteristics of good mental health providers.
☐ Access a directory of occupationally aware clinicians.
☐ Describe some key element of an effective Recover at Work program.
☐ Identify the key considerations of the presumptive legislation.
☐ Explain a leader’s role.

Expert Speaker: Matt Johnston
## Learning Activity 7-1

<table>
<thead>
<tr>
<th>STEP</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In groups of three, discuss what resonated with you from the video.</td>
<td></td>
</tr>
</tbody>
</table>
Clinicians Network

- Clinicians are trained to be caring and competent
- Ensure mental health providers understand first responder culture
- Establish a network of mental health providers
  — E.g. Find a Clinician online directory
- Referral list – liaise with extended health provider (Homewood Health, employee & family assistance program (EFAP)) to establish a list of occupationallly aware clinicians
- Having options: access to in-person, online, telephone, or group counselling (critical incident stress management through debriefing/defusing)

Additional Resources

Find a Clinician – an online directory of therapists who have gone through occupational awareness training to work specifically with first responderhealth.org
Effective Recover at Work for Mental Health

The guiding principles for recovering at work or remaining at work (R@W) — or returning to work (RTW) — from a mental health injury are essentially the same as those for a physical injury. The focus is on helping the injured worker and preventing a mental health injury from becoming a long-term disability.

- **Senior leadership commitment** – for the success of any program or initiative, it is critical that senior leaders are not only committed but actively and visibly supporting the program. They are the ones who can ensure the program has appropriate resources.

- **Participatory approach** – this is about having the injured workers (and other key stakeholders) participate in the process and build it together.

- **Focus on function** – this approach looks at what injured workers can do rather than on what they can’t do or on their medical diagnosis. Two individuals with the same diagnosis can have vastly different abilities.

- **Biopsychosocial approach** – this involves four factors that affect whether or not injured workers can successfully be at work:
  - Health factors, including the injury as well as other health issues they may have (e.g., diabetes, heart conditions).
  - Personal factors such as gender, age, beliefs. Although some can’t be modified, providing education can influence beliefs.
  - Personal environmental factors – whether family and other social connections are supportive or whether they add to the injured workers’ pressures (e.g., responsibilities for elder care, unwell spouse, financial issues).
— Work environmental factors – such as, do they like their job, do they get along with their supervisor, do they have co-worker support.

- **Worker centered** – this refers to the overall R@W/RTW program. Use available data and look at trends to make sure your program is having its desired effects (e.g. Are there areas in the business where workers are missing the most time? Are there areas where certain injuries are prevalent?). Review this data at least annually.

- **Communication and collaboration** – having a collaborative approach and ensuring all key people are kept in the communication loop. For example, if it is a WorkSafeBC claim remember to let WorkSafeBC know when a modified work offer has been made, communicate the R@W plan, let them know when the worker returns to full duties. You may also need to communicate with health care providers, describing your program and objectives.

- **Proactive prevention strategies** – an early identification strategy or plan. This can include what tasks the supervisor observes the worker having difficulty doing due to an occupational stress injury, etc.

- **Accommodating culture** – a workplace culture that is supportive and respectful of workers that have been injured. Co-worker and supervisor support can be critical to a worker recovering at work.

- **Supervisor support** – frontline supervisors are the key to success. Supervisors who keep in touch with injured workers, who support their recovery at work, and who have respectful conversations with injured workers have better R@W/RTW outcomes.

In the absence of a strategy, the statistics show:

- The longer an employee is off work, the less chance of a successful return to their pre-injury job

- At 12 weeks, the probability of returning to work is only 50%

- The longer an employee is off work, the greater the risk of developing long term health effects
## Learning Activity 7-2

<table>
<thead>
<tr>
<th>STEP</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In groups of three, discuss which of the guiding principles resonated with you.</td>
<td></td>
</tr>
</tbody>
</table>
Presumption

Under the *Workers Compensation Act*, the presumption of injury means that the formal diagnosis of a mental disorder is presumed to be a reaction to traumatic events arising from a worker's employment, rather than employees having to prove the connection before they can receive support.

Under presumption, a worker must:

1. Be employed in one of the eligible professions (listed below).
2. Be exposed to one or more traumatic events at work (traumatic event defined as: emotionally shocking event).
3. Be recognized to have a diagnosis of a mental disorder by a psychiatrist or psychologist.

If the above criteria are met, the requirements for presumption are met and a worker has access to supports and compensation for their condition.

Most recently, in April 2019, legislative changes to the presumptive clause now include the following professions:

- Police
- Firefighters
- Paramedics
- Sheriffs
- Correctional officers
- Emergency dispatchers
- Nurses
- Publicly funded health care assistants

The regulatory changes to the presumptive clause do not preclude workers to make a claim for compensation for a mental health injury, it is the criteria for access to benefits and the claims process that are different.

There is a mental health claims unit (MHCU) at WorkSafeBC that specializes in this area and can answer specific claims questions and legislative requirements. If you want more information or a referral to MHCU, please email info@bcfirstrespondermentalhealth.com.
**A Leader’s Role**

- Equip managers and supervisors with access to mental health experts.

- Provide leadership with training to recognize the signs and symptoms of potential mental health issues – for early intervention and action.

- Provide self-care tools to leadership for their own mental health and resilience.

- Look for ways to accommodate employees so they can recover/remain at work.

- Understand the resources available to workers, both within and outside the workplace, including their Employee Assistance and Critical Incident Response programs.

Leadership is in the best position to both identify mental health issues in workers and to respond to them in appropriate, meaningful ways. Some of the key parts of a manager/supervisor’s role when supporting the mental health of workers include:

- Discussing mental health concerns with workers who are struggling

- Understanding the resources available to workers, both within and outside the workplace, including their Employee Assistance and Critical Incident Response programs

- Facilitating workers’ return-to-work (RTW) and stay-at-work (SAW) processes

- Identifying their own stigma and biases and addressing them

**Additional Resources**

Supporting Mental Health in First Responders: A Guide for Supervisors

Supporting Mental Health in First Responders: Overview of Workplace Training Programs
Module 8

Mobilizing through Training, Education, and Integration
**Recommended Practice #7**
Improve employee resiliency through training to help prevent mental health disorders.

**Recommended Practice #9**
Equip supervisors and line managers with the skills to identify symptoms and to support employees.

---

**Strategy & program development**
1. Leadership
2. Management system
3. Strategies, programs and policies
4. Mental health strategies

**Workplace campaigns**
5. Anti-stigma campaigns
6. Workplace champions

**Education & training**
7. Improve employee resiliency
8. Improve mental health literacy
9. Equip supervisors and line managers
10. Equip family members

**Data & evaluation**
22. Identify workplace mental health issues
23. Prepare for the evaluation

**Intervention & treatment**
13. Range of support options
14. In-house peer support services
15. Peer support for families of retirees
16. Signs and symptoms
17. Access to mental health experts
18. Mental health care benefits
19. Critical incident stress debriefing
20. Flexible return-to-work plans
21. Privacy and confidentiality

**Mental health providers**
11. Understanding of first responder culture
12. Establish a network of providers

---

Other
24. Clear claims processes
25. Self-care tools
26. Partnerships with other organizations
Module 8 – Mobilizing through Training, Education, and Integration

Learning Objectives

In this module, you will be given the tools to:

☐ Explain the importance and characteristics of training for increased mental health awareness.

The Importance of Training

• Why bother?

  — Training improves employee satisfaction and morale by demonstrating that an organization is making an investment in employees because they are valued.

  — Training demonstrates that there are supports available, and the organization is attuned to the needs of employees and supportive in strengthening their knowledge and skills.

• It starts with training; this is at the foundation of gaining an understanding and increasing mental health awareness.

  — But first we must be clear on what you are looking for.

    — Training must be strategic and reinforced.

    — It may be useful to look to our evaluation results (covered previously) and determine where there are gaps in our organization.

• Before we can make change, we must first try to understand.
Learning Activity 8-1

<table>
<thead>
<tr>
<th>STEP</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In your group, discuss the following:</td>
<td></td>
</tr>
<tr>
<td>If you’ve experienced any mental health training, discuss some of the benefits you saw from it.</td>
<td></td>
</tr>
<tr>
<td>If you haven’t, talk about what you would like to learn / what would be important for you.</td>
<td></td>
</tr>
</tbody>
</table>

Expert Speaker: Dan Bilsker
Learning Activity 8-2

<table>
<thead>
<tr>
<th>STEP</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In groups of three, discuss what resonated with you from the video.</td>
<td></td>
</tr>
</tbody>
</table>
Resiliency Training

- Knowledge strengthens resilience

- Resiliency training can improve an employee’s mental health, i.e. cognition, emotional awareness, coping with stress
  - Cognition – understanding of work-related stressors, risk factors
  - Emotional awareness – recognizing and making sense of emotions
  - Coping with stress – using strategies that help to manage stressors

- The Justice Institute of BC is doing work on resiliency training for paramedics
  - “Without the skills to mitigate and manage workplace trauma, paramedics are at risk of developing trauma related mental health problems which may impact the well-being and quality of life in retirement”

  - Results from the resiliency training suggest that developing skills to mitigate and manage workplace trauma can reduce or mitigate the negative impact of exposure to trauma and potentially reduce the risk of developing trauma related mental health problems

  - Developing, in a proactive way, skills that can improve the way they respond personally to post-traumatic stress injury appears to help paramedic students when trained before their first ambulance experience in exhibiting increased resilience, in comparison to those not trained

  (Building personal resilience in paramedic students, p. 51)

Additional Resources

Recommended Practices

Overview of Training Programs

Psychological Health & Safety: An Action Guide for Employers
Where to Start

- Successfully supporting mental health in the workplace requires those in the workplace to have some knowledge, skills, and abilities (KSAs) to fulfill their roles.
  - Some of these relate to knowledge about mental health
  - Others relate to how people perform their workplace duties

- There is no one single program that addresses all the KSAs; the training matrix is one tool to start thinking about where to begin.

- Refer to the training matrix (Overview of Workplace Training Programs).
  - Resilient Minds – provided by the Canadian Mental Health Association
  - Road to Mental Readiness (R2MR) – based on the courses developed by the Canadian Armed Forces and provided by selected trainers (R2MR Primary for employees; R2MR Leadership for senior leadership and managers and supervisors)
  - Mental Health First Aid – Mental Health First Aid Basic, provided by Mental Health First Aid Canada
  - Accommodating Mental Health Issues – provided by the BC Federation of Labour Health & Safety Centre

- Refer to the training matrix to assess training for senior management, supervisors, managers, employees, recruits, trainees, and family members.

- In order for an organization to successfully support mental health in the workplace, those in the workplace need to have some knowledge, skills, and abilities to fulfill their roles. Some of these relate to knowledge about mental health, while others relate to how people perform their workplace duties.
No training course as currently designed covers all of the KSAs identified for each workplace group. While this document has attempted to match the KSAs to the outlines of each of these courses, it does not guarantee how in-depth each KSA is covered. Organizations may want to provide additional training or resources where they see fit.

**Strategies for Integration**

- We often take courses or training but fall short of integrating what we have learned due to a lack of follow-through.

- The concept of integration covers the act of implementing and reinforcing a specific mental health strategy. Here is an example of integration:
  - Upon implementing a peer support program, ensure that not only those trained in the peer support program but other employees are provided with mental health information, such as the mental health continuum model, so that all employees are able to speak the same language and make reference to universal terminology, i.e. “I’m in the green zone today, meaning I’m feeling healthy”.

  - Have the mental health continuum model posted in areas that promote its use and familiarity amongst management and employees. Visual references help to provide ways of remembering the concepts and language used.

  - Reinforce and refresh – by creating opportunities to revisit training, such as through a lunch and learn.

  - Provide a quick reference guide (e.g. a card or one pager) to allow for the mental health continuum to be posted near individual work stations or to be carried for reference.

  - Encourage leadership to make reference to language used in the mental health continuum and incorporate practical strategies for maintaining mental health awareness, such as annual training.
• A strengths-based strategy – start with what you already have in place, what is working and expand.
  — So with the above integration example, you may already have an excellent peer support program and recognizing that it is a strength in your organization that can be expanded upon by training all employees to understand the mental health continuum model (as an example).

• Make a business case for the importance of training and education, i.e. reduced absenteeism, increased productivity, fewer mental health claims/claims costs, and improved morale.

Additional Resources

Making the Business Case — a nine-step approach to getting your organization’s leadership to make mental health a priority
Module 9
Action Planning
Module 9 – Action Planning

Learning Objectives

In this module, you will be given the tools to:

☐ Develop an action plan to promote mental health in your workplace.
## Learning Activity 9-1

<table>
<thead>
<tr>
<th>STEP</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Take 10 minutes to think of three action items that you can begin work on immediately.</td>
<td></td>
</tr>
<tr>
<td>2. Start filling in the action plan template starting on the next page.</td>
<td></td>
</tr>
<tr>
<td>If there is time available,</td>
<td></td>
</tr>
<tr>
<td>3. Take 10 minutes to discuss your action items with your group.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Focus on ways to overcome any challenges you have identified.</td>
</tr>
<tr>
<td>Action Item 1</td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td></td>
</tr>
<tr>
<td><strong>Target start date:</strong></td>
<td><strong>Target end date:</strong></td>
</tr>
<tr>
<td><strong>Person responsible:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Resources needed (human, financial, physical, etc.):</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Benefits:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Potential challenges:</strong></td>
<td><strong>Ways to overcome those challenges and available supports:</strong></td>
</tr>
</tbody>
</table>
**Action Item 2**

<table>
<thead>
<tr>
<th>Target start date:</th>
<th>Target end date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person responsible:</td>
<td></td>
</tr>
<tr>
<td>Resources needed (human, financial, physical, etc.):</td>
<td></td>
</tr>
</tbody>
</table>

**Benefits:**

**Potential challenges:**

**Ways to overcome those challenges and available supports:**
Action Item 3

<table>
<thead>
<tr>
<th>Target start date:</th>
<th>Target end date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person responsible:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resources needed (human, financial, physical, etc.):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefits:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Potential challenges:</th>
<th>Ways to overcome those challenges and available supports:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Wrap-up

- All of the resources used in this workshop can be found at: https://bcfirstrespondersmentalhealth.com/resources/

- If you have any questions, please contact us at: info@bcfirstrespondersmentalhealth.com

Thank you for participating!
Appendices
Appendix A – Recommended Practices
Appendix B – Mental Health Continuum Model
Appendix C – Additional Resources
Resources from the BC First Responders’ Mental Health website

Critical Incident Stress Management

Developing a Peer Support Policy
https://bcfirstrespondersmentalhealth.com/resource/developing-peer-support-policy/

Gap Analysis Tool – to assist you in implementing the recommended practices in your organization
https://bcfirstrespondersmentalhealth.com/resource/gap-analysis-tool/

Supporting Mental Health in First Responders: A Guide for Supervisors
https://bcfirstrespondersmentalhealth.com/resource/supervisor-guide/

Mental Health Continuum Model
https://bcfirstrespondersmentalhealth.com/resource/mental-health-continuum/

Overview of Peer Support Programs
https://bcfirstrespondersmentalhealth.com/resource/overview-peer-support-programs/

Overview of Training Programs
https://bcfirstrespondersmentalhealth.com/resource/overview-training-programs/

Making the Business Case

Recommended Practices
https://bcfirstrespondersmentalhealth.com/resource/recommended-practices/
(This resource is also in Appendix B.)
Resources from other sources

Building personal resilience in paramedic students
https://jibc.arcabc.ca/islandora/object/jibc%3A1073/datastream/PDF/view

Find a Clinician — online directory of occupational aware clinicians
https://firstresponderhealth.org/find-a-clinician

Guarding Minds at Work: A Workplace Guide to Psychological Health and Safety
https://www.guardingmindsatwork.ca/

Strathcona County Initiatives – discussion from the BC First Responders’ Mental Health Conference
https://www.youtube.com/watch?v=khwCJEBUDRE

Psychological Health & Safety: An Action Guide for Employers – a resource for planning and implementing workplace interventions to protect psychological health and safety