Roundtable on Traumatic Mental Stress: Ideas Generated

Ministry of Labour

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The Chair's Observations

The importance of mental health in the workplace has recently been highlighted through the work of the Mental Health Commission of Canada and other initiatives. Recognizing the importance of the issue of traumatic mental stress (TMS) in the workplace, I was honoured to serve as Chair of the roundtable which brought together employer and labour representatives from a range of organizations in sectors where traumatic events are more likely: transit services, police services, nursing, fire services, and emergency medical services.

From the first meeting, it was apparent that the roundtable was a unique opportunity for a cross-sector dialogue on job-related traumatic mental stress. Members brought their individual perspectives and experiences to the table, and shared a common commitment to address the issue of TMS openly and honestly. This included discussing challenges, learning together from expert presentations, and brainstorming ideas for addressing this issue.

I am very pleased with what has been accomplished. This report is about the journey of the TMS roundtable members over the past year. It summarizes the process and serves as a repository of the many ideas that were generated during the discussions and includes a list of tools and resources identified by members.

It is my hope that the report will be of value to members, paving the way for continuing dialogue and consideration of initiatives to address TMS within and across the sectors represented at the roundtable and more broadly across other interested workplaces and organizations, and within government (i.e. dialogue and initiatives).

It has been both a pleasure and a tremendous learning experience to serve as Chair. I would like to thank the members for agreeing to be a part of the roundtable, and for taking ownership and shaping the roundtable process along the way. Thanks goes to the facilitation team comprised of Rick Russell and Julia Kollek, who supported this process and set the right tone for the productive discussions that took place. I would also like to thank our mental health speakers, Dr. Ash Bender and Dr. Rakesh Jetly, for the generous contribution of their time and expertise. Their presentations to the group were highly interesting and contributed to the group's understanding of the issue. There was also value in having the Workplace Safety and Insurance Board (WSIB) at the table as an observer.

Finally, while the roundtable initiative has concluded, the ministry remains engaged and committed to continue to work with stakeholders on opportunities to support effective workplace practices on traumatic mental stress.

Sincerely,

Reg Pearson
Assistant Deputy Minister
Ministry of Labour

Chapter I: Roundtable Process

Why a roundtable?

On September 28, 2012, the government of Ontario announced the launching of a roundtable to help workers who suffer from job-related post-traumatic mental stress.

The aim of the roundtable on job-related traumatic mental stress (TMS) was to help promote healthier, more productive workplaces across Ontario. The roundtable brought together employer and labour representatives from high-risk sectors, such as police, emergency medical services and transit services, where workers may, as a result of their job, be at risk of developing a TMS injury, such as post-traumatic stress disorder (PTSD). (See Appendix A for a full list of the organizations from which the members were drawn)

The roundtable focus was on:

- Finding the best ways to promote awareness, education and training initiatives.
- Identifying and sharing approaches and best practices to deal with TMS in the workplace through prevention, early diagnosis and intervention.

Mental health is a significant challenge across workplaces. The Canadian Mental Health Commission has reported that, in any given year, one in five people in Canada experiences a mental health problem or illness, with a cost to the economy of well in excess of 50 billion dollars.[1] Mental illness is responsible for a significant loss of potential labour supply, higher rates of unemployment, costs associated with disability insurance programs, as well as losses in productivity due to sickness and absence from work. Mental health problems and illnesses typically account for approximately 30 per cent of short- and long-term disability claims.[2]

The Ministry of Labour (MOL) is committed to encouraging workplace parties to work together to develop strong workplace practices to promote the prevention of workplace injuries and illnesses. This includes reducing the risk of workers developing traumatic mental stress.

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1 Smetanin, P., Stiff, D., Briante, C., Adair, C., Ahmad, S. & Khan, M. (2011). The life and economic impact of major mental illnesses in Canada: 2011 to 2041. RiskAnalytica, on behalf of the Mental Health Commission of Canada.

2 Sairanen, S., Matzanke, D., & Smeall, D. (2011). The business case: Collaborating to help employees maintain their mental well-being. Healthcare Papers, 11, 78–84.

Roundtable objectives

The roundtable on TMS was the MOL's first initiative of its kind.

Several objectives were outlined in the Terms of Reference document that was shared with roundtable members:

- To raise awareness of work-related TMS, which includes post-traumatic stress disorder (PTSD), as a workplace issue.
- To facilitate knowledge exchange of best practices across sectors where workers may be at risk of developing work-related TMS injuries such as PTSD.
- To identify and explore best practices at the local, national and international levels.

The roundtable met six times over the course of approximately one year. It met for the first time on November 28, 2012, and the final meeting took place on September 25, 2013.

Shaping the dialogue: Topics identified by roundtable members

At the first meeting on November 28, 2012, roundtable members identified key topics of interest to them.

The topics identified generally fell under one or more of the following overarching categories or stages:

- **Prevention** of work-related TMS disorders;
- **Response** following work-related traumatic incidences; and
- **Follow-up and support** in the workplace for workers who have suffered a workplace traumatic event.

What was also heard at the opening roundtable meeting was that it would be important in the roundtable discussions to consider the impact WSIB processes have on workers who have experienced a traumatic event, and to consider where there may be room for improvements, as well as the role of government, such as MOL's role in supporting prevention.[3]

[3] The WSIB determines entitlement for individuals who have been clinically diagnosed as a result of a work-related traumatic event, subject to meeting certain criteria.

Roundtable members agreed that roundtable discussions would be guided by this overarching framework with a focus on the three stages along a continuum – prevention, response, and follow-up and support. The continuum for the multi-sector discussion on TMS is illustrated here:

Key areas of interest identified by roundtable members relating to the three stages of the continuum are presented in the first table. The second table is populated with cross-cutting themes or areas of interest relating to all three stages. See the tables:

Prevention	Response	Follow-up and support
Primary prevention	Early intervention and treatment after an event	Return to work supports/recovery
Understanding the range of causes of PTSD	Early diagnosis and continuum of injury	Recurrence upon return to work
Educating employees early in career	Access to psychiatrists	Spectrum of trauma related illnesses
Need for better statistics	Intervention following a traumatic event	N/A

Cross-cutting themes
Leadership within organizations
Government leadership and role of government
Need to change the culture of organizations
Diversity of approaches (situational/occupational)
Knowledge exchange between organizations
Broader impact on individuals, families, economy, organizations, society
WSIB supports and opportunities for improvement
Barriers to support (e.g. geographical, smaller workplaces)

Roundtable members agreed on a number of key questions to explore under each of the three stages in the continuum. The process was not designed to arrive at a consensus on each question but instead the intention was to generate dialogue and ideas.

In addition to engaging in discussion, the roundtable members were also interested in hearing from mental health experts on TMS. In this regard, the roundtable was fortunate to have been able to draw on the expertise of Dr. Ash Bender and Dr. Rakesh Jetly for several of its meetings.[4]

Written report of the roundtable proceedings

The intent of the roundtable was to facilitate open and frank discussion on the issue of TMS. In this spirit, discussion groups on the various questions were not struck along any formal organizational lines, and the wide range of views and ideas that were expressed by individual members from workplaces, sectors and government during group discussions are presented in the following sections of this report, but are not attributed to specific members or organizations.

The purpose of this report is to reflect the ideas generated in the discussions that took place during the six roundtable meetings. As indicated above, the process was not intended to reach, and does not reflect, consensus. The report also does not evaluate or assess the feasibility of ideas discussed during the meetings, such as the effectiveness of peer support programs. The purpose of the report, therefore, is to capture the range of insights, experiences, and perspectives of the roundtable members.

The range of ideas generated through this open dialogue are provided for the consideration of interested individuals and organizations, and are intended to spark discussions and actions in the sectors and organizations that participated in the roundtable process, other sectors where traumatic mental stress incidences are likely to occur, as well as for consideration by government.

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[4] Dr. Ash Bender, MD, FRCPC, is a staff psychiatrist and Clinic Head in the Work, Stress and Health Program at the Centre for Addiction and Mental Health (CAMH) in Toronto and is an Assistant Professor at the University of Toronto. Colonel Rakesh Jetly, OMM, CD, MD, FRCPC, is a Senior Psychiatrist and Mental Health Advisor with the Canadian Forces to the CF Surgeon General. He is also an associate professor of psychiatry at Dalhousie University, Queen's University, and the University of Ottawa.

Chapter II: Summary of Themes Discussed

Several themes emerged from the discussions of the roundtable. Many of these themes cut across the prevention, response, and follow-up and support stages of the continuum. The key themes are presented below, and many of these themes were also reflected in the individual ideas that are summarized in the next chapter.

Cultural change

Cultural change - both in the work environment as well as society at large - was seen as being key to addressing the issue of TMS in workplaces. Discussion focused on the need for cultural change in order for workplaces to recognize and respond to TMS events so that workers get the help they need after an experience of mental trauma. There was also a strong view that changing workplace culture is largely about removing stigma. Roundtable members felt changing attitudes cannot be achieved without ensuring proper supports are in place.

Roundtable members had many ideas on how to overcome the problem of stigma and bring about cultural change, including peer counselling and testimonials from those with "lived experience", and requiring those in leadership roles in organizations to move from stigma to acceptance of TMS.

What was also raised in the discussions was that the strategies and ideas to change workplace culture are about mental health more broadly, and not only about traumatic mental stress.

"It's possible to shift a culture… but the movement needs to be top-down as well as bottom-up in an organization."

- *Dr. Rakesh Jetly, Psychiatrist/ National Mental Health Leader*

Peer-oriented approaches

The importance of peer-oriented approaches was highlighted throughout the discussions. Peer-oriented approaches were seen to represent a cultural change. It was suggested that these approaches sometimes need to be enabled by employers and at other times are more informal. During discussions interest was expressed in furthering the use of peer support approaches.

Ideas for peer-oriented approaches included, for example, a “Train the Trainer” model as an effective approach to educate workplaces about how to support colleagues who are returning to the workplace following a traumatic event. Another idea was for peer support teams to be part of the response after a traumatic event to ensure that issues are identified and treated early. It was indicated that peer support is emerging as an approach used in some sectors, such as in fire services.

“Peer support may play a role in encouraging treatment seeking and providing support during recovery…and provide additional support during the process of returning to work.”

- *Dr. Ash Bender, Occupational Psychiatrist / Mental Health Leader*

Organizational leadership

The important role of organizational leadership in bringing about changes in the area of mental health was also cited. It was noted, for example, that a commitment is needed from organizational leaders in order to build an organizational culture that promotes recognition and acceptance of mental health issues such as TMS. Comments included the need for organizations to institute genuine caring leadership, as well as a need to set out expectations, benchmarks, and quality performance indicators for leaders and organizations to meet in this area. Discussions touched on the importance of senior management accountability and moral responsibility to their workforce. In this vein, it was suggested that criteria/expectations could be set out in CEO accountability agreements to ensure TMS issues (such as PTSD) are addressed.

“We need to emphasize the return on investment at workplaces – it’s a case of financial support at the start, or spend $100,000 if the person doesn’t return to work. Isn’t it better to invest in helping the person recover?”

- *Dr. Ash Bender*

Policy and government leadership

Throughout the discussions, ideas were mentioned by a number of roundtable members on the role of government in the area of TMS and mental health, including possibilities for government to take a leadership role, engagement of different government ministries, and the involvement of the WSIB given its role in administering and adjudicating TMS related claims.

Issues and questions that were heard on this theme included the following:

- Given that the WSIB may be a point of contact for workers affected by traumatic events that occur in the workplace, might there be a role for the WSIB in helping workers to navigate supports and services available within the system before and after a claim is established?[5]
- Legislative approaches were proposed, such as the idea to make it mandatory for employers to provide critical incidence response and training, including psychological safety training. It was mentioned also that, in some cases, legislative requirements around primary prevention (specifically around preventing traumatic incidents from occurring) might be needed.
- With respect to the involvement of other ministries, comments came up on possible roles for the Ministry of Health and Long Term Care (MOHLTC). An idea was to have a MOHLTC "Crisis Centre/Response Team" that would be ready to respond once a traumatic event has occurred. It was also suggested that MOHLTC and Local Health Integration Networks (LHINs) could incorporate expectations related to traumatic mental stress into CEO accountability agreements in the health care sector.
- With the mandate for the prevention of workplace injuries being transferred from the WSIB to MOL and with the creation of the new position of Chief Prevention Officer (and recognizing that MOL is engaged on this issue through this roundtable process), there were requests for the MOL's Prevention Office to participate in addressing this issue.

[5] According to the WSIB, it does not see all cases related to traumatic mental stress events in the workplace as not all workplaces in Ontario are covered by the WSIB and not all traumatic incidences are reported.

Access to resources and support

- Discussions stressed the need for better access to resources and support immediately following a traumatic event but also in an ongoing way such as when an affected individual comes back to work following an event. Employers and workers may not know where to turn to get help. It was noted that access to resources is not uniform across the province (especially in non-urban areas) and that it is necessary to involve regional organizations to ensure help is available, regardless of where workers live.
- Several questions and ideas were raised about what this support might look like. For example, should there be an automatic response mechanism to provide immediate assistance after an event has occurred (recognizing that not all events are immediately identifiable or catastrophic, such as in the case of cumulative trauma)? Should there be a central phone number to call after an event has occurred to improve access to services and information, a contact number similar to Cancer Care Ontario's?
- There was interest in the Department of National Defence (DND) / Canadian Armed Forces (CAF) model of addressing mental health, while recognizing that the CAF has a specific organizational structure and its efforts need to be understood in that context.

Are career paths in our organizations built to acknowledge cumulative exposure? Do we have the ability to progress our staff so they don't become overexposed to trauma?

- *Dr. Ash Bender*

Education and training

Roundtable discussions emphasized the need for education and training on work-related TMS for workplace parties, organizations and sectors, and the general public. What emerged in discussions is the idea that workers need to be educated at all stages of their career, including before entering and exiting careers about the risks, causes, symptoms, preventative, and ameliorating measures related to TMS.

Also raised was the view that there should be ongoing awareness training at the organizational leadership level. It was noted that education is also needed for employers on a variety of topics such as how to support those returning to work (for example, training on supportive and flexible approaches; promoting recovery; supporting recovery; and preventing recurrence and disability). Beyond the workplace parties, it was felt that educating the general public on TMS is also important.

Knowledge sharing

Ideas about how to share knowledge came up throughout the discussions. These included ideas about how to share knowledge across sectors as well as across organizations within sectors.

For instance, one idea was for a Community of Practice that could focus on educating workplaces and workers about the causes, symptoms, preventative, and ameliorating measures related to TMS and/or share knowledge about what return to work disability prevention principles, supports and recovery practices may work. Another idea raised for fostering knowledge sharing was for sectors to meet every six months to discuss and share information on relevant issues such as prevention of TMS.

Communication

The importance of communication was frequently stressed during discussions – this included communicating information about TMS issues faced by various sectors, and fostering communication among those impacted by traumatic events.

For example, a focus of discussion was on TMS risks associated with certain professions and careers and how that could be communicated realistically to potential new recruits. Also mentioned was the idea to foster communication among affected families about the causes, symptoms, preventive, and ameliorating measures related to TMS, such as by hosting a family-focussed wellness day, where families can get together to talk about their issues related to TMS.

“Remember that a person’s family is on the periphery but they are instrumental in recovery...Families often have an instrumental role in encouraging treatment seeking and providing support during recovery.”

- *Dr. Ash Bender*

Chapter III: Ideas for Workplaces, Sectors and Government

Discussion on prevention: March 27th meeting

The group considered the topic of prevention in two ways. Primary prevention strives to prevent or mitigate the occurrence of traumatic incidents in the first place. Prevention also involves better preparing people to deal with traumatic incidents if and when they should occur. At this meeting, Dr. Ash Bender presented on the topic of "Prevention of Psychological Injuries". The range of ideas generated by members in the area of prevention that emerged from the discussions is summarized below.

Building awareness of the risks

Discussions and ideas generated by various roundtable members in this area touched upon possible broad approaches for helping build awareness about the risks faced by a wide range of workers with respect to TMS.

- MOL could develop a media campaign about the risks of TMS.
- There should be increased awareness/education of youth about resiliency skills.
- Make it mandatory for employers to provide critical incidence response and training, such as resiliency training, including psychological safety training.

Educating workers across career cycle

A wide range of ideas were generated by various members on how to educate workplaces and workers at various career stages about the causes, symptoms, and preventative and ameliorating measures related to TMS.

Educating about risks before career

- Market jobs realistically in schools and in general, to ensure recruits and young people are aware of the risks that they may face in certain occupations.
- Create a "Day in the Life" video that portrays the job realistically.
- Applicants could be screened for resiliency factors or qualities before they begin the job.

Educating during career

- When providing information or messaging to employees about TMS and mental health, care needs to be taken to strike the right tone in terms of being both positive but also realistic. All possible approaches should be considered for educational purposes, such as e-learning and conferences. Possibilities included working through committees and organizations which could help with educating workers, such as Joint Health and Safety Committees or MOL's Prevention Office.
- The WSIB and MOL's Prevention Office could consider producing pamphlets to educate individuals on TMS and to help remove the stigma associated with psychological injuries and mental health.
- A "Community of Practice" could be struck to focus on the question of how to educate the workforce on the causes, symptoms, preventative, and ameliorating measures related to TMS.
- Peer-oriented approaches were discussed, including using methods such as peer counselling and testimonials provided by employees with lived experiences, to educate workers about TMS. Testimonials were mentioned as another peer focused strategy which can help with de-stigmatization and can also provide an opportunity to highlight positive experiences people have had with seeking supports.
- The role of family members was also raised in discussions on education. One view heard was that employees' families should receive greater supports, for example, through a Family Employee Assistance Plan (EAP), given that EAP does not always extend to families. A family focused Wellness Day was another idea, providing families with an opportunity to talk to one another.

Educating after career

- Maintaining links with retired workers would allow organizations to draw upon their experiences in order to assist other workers, as well as to continue to educate retirees about TMS through supports such as ongoing educational sessions and informational materials. Some of the ideas suggested for engaging retirees included engagement through association involvement, a member-driven discussion board, and community talks.
- Another idea presented was to link retirees with new recruits as a way of providing peer support and sharing experiences.

Primary prevention

A range of ideas were generated by various roundtable members on what can assist workplaces to achieve better primary prevention.

Controls

- In some sectors, it may be possible to prevent incidences from occurring by putting in place certain controls (for example, engineering controls).

Awareness building

- Helping workplaces attain better primary prevention requires public awareness on why TMS is an important issue.

Inter-sectoral knowledge sharing

- There could be value in breaking down information silos by sharing information between sectors by, for example, convening cross-sector meetings every six months.

Research

- Additional research on prevention could support sectors which are more likely to experience traumatic events.

Funding

- Funding, including possibly from provincial or municipal government sources, might assist workplaces to achieve better primary prevention.

Training and benchmarks for leaders

- Training and benchmarks should be established which leaders and/or organizations would need to meet.

Peer support

- Various peer support approaches were discussed, such as Critical Incidence Stress Management (CISM) programs – a peer-driven program to help people by allowing them to talk about the incident.

Access to resources / supports

- The creation of a hotline, an easy-to-remember phone number similar to Cancer Care Ontario's, was suggested as one potential way of improving access to resources and information.

Knowledge exchange

Several ideas were generated by various roundtable members on how to encourage greater knowledge exchange amongst organizations including workplaces, government and other organizations. The ideas on knowledge exchange in this area could also pertain to the other two stages of the continuum – response and follow-up and support.

- Hold an annual stakeholder summit on TMS.
- Encourage knowledge exchange and sharing via organizations such as labour unions, professional associations, employer groups, Section 21 Committees, and Health and Safety Associations.
- Use electronic media tools for knowledge exchange, such as webinars.

- Post video clips on the MOL website.
- Piggy-back on/build on the annual February 12th Mental Health Awareness Day to promote awareness.
- Consider the role that government – for example the MOL and its Prevention Office – could play in knowledge exchange, including a leadership role in education. The discussion on the role of government in knowledge exchange was extended into the area of legislation or standards development.

Discussion on response: May 1, 2013 meeting

One of the key issues that emerged during the discussion on response was that, at present, there may be many barriers that get in the way of responding to TMS incidents early, quickly, and effectively. Barriers start at the individual level, where affected workers may not seek help for a variety of reasons, such as a fear of being judged and stigma. Another barrier that was identified related to the issue of confidentiality – it was noted in discussions that managers need to be aware of confidentiality concerns. During the discussion it was suggested that barriers at the system level may include a lack of a coordinated or automatic response following a workplace traumatic event. During the discussion, many questions were raised around who should be involved in a response effort and what this might look like.

Discussions also centred on a related question of how to support workplaces with early identification and treatment and what resources should be drawn upon or developed for this. A variety of resources or instruments were discussed, ranging from informational resources at one end of the spectrum to mandatory requirements at the other. Roundtable members also discussed the question of how to build awareness of how the psychological injury may evolve, to mitigate its further development.

At this meeting, Dr. Ash Bender presented on the topic of ``Interventions for Psychological Injury``.

The range of ideas generated by members in the area of response that emerged from the discussions is summarized below.

Response system

A range of ideas were generated by members centred around what role various stakeholders have in the response effort following an event or cumulative traumatic events experienced by employees.

Coordinated approaches

- Concerns were raised about the lack of a unified, coordinated, and automatic response following a traumatic event in the workplace, as well as the need to address the silos within the response system (e.g. psychiatrists, psychologists, family physicians).
- Several questions were raised with respect to what a coordinated and immediate response might look like. For example, should the coordinated response be a team or a quick response process? Might there be different responders, depending on the event? Is it appropriate to think in terms of a primary response team that has the knowledge of the whole system, or that acts as a centralized knowledge base?

- The issue of the lack of coordination of treatment following an event could be addressed by, for example, looking at WSIB processes (claims process and once a claim is allowed).

Health system response

- A number of ideas were generated on what a response from the health care system might look like. In terms of an immediate response, one idea that came up was to create a Ministry of Health and Long Term Care (MOHLTC) Crisis Centre/Response Team similar to MOHLTC's Emergency Management Unit which ensures a state of readiness to respond to emergencies that have health implications such as power outages. Also, should there be a roster of physicians ready to respond? In discussions, concerns were expressed about the lack of availability of treatment and the prolonged wait for treatment, as well as lack of expertise. In responding to a traumatic event, early intervention and recognition by health care providers was mentioned as key.

Mental health professional response

- The discussions also touched on an idea to engage the community of mental health professionals in a response effort such as through a Critical Incident Response (CIR) team that would be ready to provide support after an event. A CIR team was described as a team that would provide critical incident intervention to workers and employers who have experienced a traumatic event in the workplace. These services would be provided by a qualified mental health professional located in the employers'/workers' community. Concerns were expressed that there is a lack of this kind of critical response team.

Inter-ministry response

- Comments were heard on the challenge of a cross government response to traumatic events. Specifically, it was acknowledged that there may be a need to consider the barriers that may exist if various ministries are involved, given the legalities that may exist around sharing personal information between ministries.

Resource and information support

- Discussions pointed to a need to consider how to help workplace parties navigate available resources after a traumatic event has occurred. For example, could there be a phone number to call following an incident in order to get information or to get assistance with accessing and navigating services?
- The MOL (and the WSIB, where applicable under its mandate) could have a role in helping those affected to find resources. It was also suggested that MOL could develop resources.
- The employer and health and safety specialists in the workplace, in the early stages after an event, could have a role in assisting those affected to navigate available supports and resources.

Workplace response following a traumatic event

- Early recognition and intervention was mentioned as being important, including employers having a role.
- Employers need to have awareness of the symptoms of trauma related to mental stress injuries in order for them to better support early recognition, through for example, requiring use of a screening tool.
- Workplaces could be equipped with the resources to respond following events, such as through training union representatives.
- Workplaces could start peer-support programs where peers are trained in how to respond following a traumatic event. It was noted that there is an absence of peer support teams, at present.
- After an incident, individuals affected may face personal barriers such as denial and stigma which could be ameliorated through, for example, employer-enabled peer support, communication, and information campaigns.
- Regardless of the size of the workplace, co-workers and supervisors need to be trained, and communication needs to be encouraged on how to respond to issues that may arise. In isolated workplaces, it is important that there is recognition of the mental health issues that may occur and for unions and management to have a good relationship, where the environment is unionized.
- An additional comment made was that response programs include monitoring and evaluation mechanisms.

Individual response

- Self-screening tools could support individual workers to take action in responding to their experience of trauma.

Resources for responding to trauma

A range of ideas were generated on existing resources that could be utilized, and new resources that could be developed, to support workplaces and employees with early identification of a psychological injury triggered by a job-related traumatic event, as well as support those impacted to seek treatment early on.

Media attention

- Could consider how the media could help to “get the word out” on TMS by building on the current media attention to mental health.

Workplace information campaigns

- Informational campaigns in workplaces, such as “Warning Labels” or poster campaigns, may draw attention to the importance of recognizing these issues early on and seeking the help that is needed.

Consolidate and develop resources

- Have resource information on early identification and treatment available in one place. This could be through a web portal.
- MOL, in conjunction with mental health experts, could develop and provide a list of currently available resources.
- Health and Safety Associations could develop resources, such as posters.

Joint Health and Safety Committees

- Joint Health and Safety Committees could be considered as a resource to support early identification and treatment.

Services and supports

- Consider whether or how the tele-health model of assistance may apply in this area.
- Consider whether or how Health and Safety Associations, which deliver health and safety services and supports to employers and employees, could have involvement in this area.
- Consider how the WSIB could be utilized as a resource as the WSIB may come in contact with injured worker claimants following a traumatic event or experience of cumulative trauma. In this context, it was suggested that WSIB could play an education role in supporting and encouraging early identification and treatment. WSIB processes, it was mentioned, need to be less stringent if WSIB is to support and encourage early identification and treatment.[6]

Mandatory requirements

- It was proposed that the voluntary National Standard of Canada on Psychological Health and Safety in the Workplace should be more than a guideline. (This is a voluntary standard intended to provide systematic guidelines for Canadian employers that will enable them to develop and continuously improve psychologically safe and healthy work environments for their employees.)

Awareness building of how injury develops

Various roundtable members came up with ideas on how to build awareness of how the psychological injury may evolve, in order to mitigate its further development.

Education in workplaces

- Awareness building, with a focus on stigma reduction, could be provided for all organizations, managers, and employees. Education sessions might be offered through an orientation at the beginning of one's career, and then in an ongoing way (e.g. lunch and learn sessions).

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[6] For those who report their injury and have their TMS claim allowed, the WSIB at present plays a role in arranging the worker's treatment.

- Another idea proposed as a subject for education was around the “Mind Your Own Business” issue. Rather than co-workers “minding their own business” when their colleagues are suffering from TMS, it was suggested that management could encourage colleagues to speak to their colleague directly. This could be supported through guidelines on managers’ responsibilities and formal HR training to staff on how to connect with individuals experiencing mental injuries.

Tapping into existing initiatives

- It could be beneficial to “piggy back” on initiatives such as Mental Health Week and Mental Health Works to build awareness of TMS.
- Another suggestion was to consider leveraging Mental Health First Aid programs. (Mental Health First Aid Canada is a program that aims to improve mental health literacy, and provide the skills and knowledge to help people better manage potential or developing mental health problems in themselves, a family member, a friend or a colleague.)

Funding

- Additional funding could support awareness building – for example, for more specialists and for more EAP supports, given that some EAP programs only provide one-on-one support.

Peer-oriented approaches

- Comments were heard on the value of both formal and informal peer-oriented programs in workplaces for building awareness and providing supports. Examples were given of organizations with excellent peer support programs that could serve as models for other organizations. Another suggested peer-oriented approach suggested is to organize health and safety campaigns where co-workers are involved in the delivery.

Build action teams

- Action teams could be used to build awareness on psychological injuries and prevent injuries from worsening.

Inter-agency cooperation and sharing

- Successful approaches could be shared across organizations or could be undertaken cooperatively.

Discussion on follow-up and support: June 19th meeting

The discussion on the topic of follow-up and support was centred around how to best support people who are returning to work following a job-related traumatic experience, in a way that prevents recurrence. Considerable attention was given to discussing the means and methods for awareness building, education, training, and knowledge sharing on how to appropriately support individuals when they come back to work following a job-related traumatic experience.

At this meeting, Dr. Bender presented on the topic of “Recovery and Return to Work after Psychological Injury” and Dr. Rakesh Jetly presented on “Mental Health Care in the Canadian Forces”.

The range of ideas generated by members in the area of follow-up and support that emerged from the discussions is summarized below.

Raising awareness about return to work supports

Several ideas were generated by roundtable members on how sectors and workplaces might raise awareness about how to support those returning to work in a way that prevents recurrence.

Education and training

- Awareness building on how to support those returning to work could begin early in people’s careers, for example, by targeting educational institutions. The idea of sharing testimonials, as one effective awareness building approach, was also raised.
- Workplace parties could be educated through well designed and specially tailored courses on how workplaces can prevent recurrence and support reintegration.
- A specific example of education and training efforts already taking place is the Occupational Disability Response Team (a not-for-profit project set up by the Ontario Federation of Labour to provide workers and their representatives with workplace insurance and disability prevention training and advisory services). “Paving the Way 2: Facilitating Work-Reintegration” is an education initiative of the Occupational Disability Response Team available to educate workers about mental health and recurrence issues.
- Employers need to be educated on how to support those returning to work. One idea was to provide training to large employers. The roundtable heard an example of this where the Occupational Disability Response Team (mentioned above) has been invited by a large employer, Niagara Health, to provide training.
- Several ideas were provided on potential education/training topics related to recovery, recurrence prevention, and return to work supports. Ideas in this area

included a focus on overcoming stigma, especially among those in charge; educating on building resiliency as a strategy for preventing recurrence; educating on proper return to work (this could include the use of disability prevention principles); and educating on the dangers of avoidance.

Outreach

- Outreach approaches were touched upon, in discussions, as a way of raising awareness about how to support those returning to work and support people to prevent recurrence. An example offered in this area was that in the fire services sector, health and safety staff are working with labour and management and giving a presentation on supporting those with TMS at a health and safety conference.

Organizational leadership and management

- A number of ideas focused on the role organizational leadership and management have in raising awareness on how to support those returning to work. In the discussion, we heard that it is important to institute genuine caring leadership. Others noted that there is a need to encourage management styles that are supportive of those returning to work and that recognize mental health issues.
- Another approach suggested was to set out expectations of managers/leaders in performance criteria related to how leaders support a workplace environment that eases the return to work process.

Human Resources

- An idea around the role that HR could play in this area was for HR to develop protocols on how to support those returning to work. Discussions suggested that guidance may be needed on how to approach privacy issues (e.g. the challenge of disclosing to colleagues why someone is off work), as knowledge of an issue can help ease the transition back to work.

Peer support

- Several members indicated that “Train the Trainer” is the most effective approach to educating workplaces about how to support colleagues who are returning following trauma.

Mandatory requirements

- Members indicated that raising awareness starts with the MOL since, without general awareness, there may be no broader buy-in. Also mentioned was that MOL ought to consider using legislative and enforcement tools to place requirements on employers, and that buy-in may be needed from all Ontario Ministries for employer requirements, with support from the MOL, for disability prevention programs. It was also acknowledged in the discussion that any mandatory approaches need to be sensitive to the challenges of adapting regulations to diverse workplaces.

Health care system

- Discussions touched on ideas for how the health care system might be involved in raising awareness about how to support those returning to work and support people to prevent recurrences. Several ideas were heard around the table about the role of MOHLTC, such as wanting MOHLTC to take on a leadership role, deliver messaging, support early intervention, make available funding for programs and services, and also consider aspects of the model in terms of supports and services the Canadian Armed Forces provides to those impacted by psychological trauma while serving. It was also suggested that MOHLTC and Local Health Integration Networks (LHINs) could incorporate expectations about traumatic mental stress into CEO accountability agreements in the health care sector.

Workers compensation system

- A viewpoint heard at the roundtable is that the WSIB needs to be a key partner, and change its policies in order to not exacerbate individuals' TMS condition.

Knowledge sharing on recovery practices

Several Ideas were generated on how sectors and organizations might share knowledge about what return to work disability prevention principles, supports and recovery practices work.

These included the ideas listed below.

- **Web tools** such as webinars, for information sharing amongst sectors and organizations.
- **Communications materials** such as newsletters and case studies.
- **Academic sources** such as journals and think tanks.
- **Professional networks** such as a Community of Practice.
- **Outreach** through identifying ways to reach different audiences and look for alliance opportunities.
- **Mandatory annual training** to update key staff on return to work disability prevention principles, supports and recovery practices.
- **A central repository for information** such as return to work disability information. Information needs to be where it is expected to be and be easily accessible to workers and employers across Ontario – for example, should it be with the WSIB or the MOL Prevention Office?

Workplace culture of acceptance

Roundtable members had a dialogue and generated ideas on how to build organizational cultures that promote acceptance and recognition of issues related to work-related traumatic mental stress. This discussion on workplace culture pertains to all of the stages on the continuum.

Organizational leadership

- One view heard in the discussion was that building an organizational culture that promotes acceptance and recognition of issues related to mental stress, requires support from the top. This includes a commitment from leaders, providing organizational flexibility and creating a compassionate environment.
- Another suggestion was to set out criteria for organizational leaders to ensure action is taken in support of building an accepting workplace that recognizes work-related traumatic stress issues.
- Concern was heard about leaders who might put up obstacles to cultural change efforts and about how to address those leaders who are being a “stick in the mud”.

Organizational policies/expectations

- Comments were also heard on the need for organizations to set out expectations, such as setting priorities, standards, objectives, and policies, and that in order to build organizational cultures that promote acceptance and recognition of mental stress issue, there needs to be a breaking down of barriers.

Resources / tools for front line managers

- Ideas for supporting front line managers included having specialized teams that support front line managers; well-defined job requirements to ensure managers are capable of promoting a culture based on acceptance and recognition of mental health issues; and the provision of evidence-based, transitional work programs during the return to work phase. Disability prevention principles were also subsequently mentioned as an important tool for front line managers as they support those returning to work.

Workplace education and promotion

- Ideas for strategies to promote a culture of acceptance and recognition in the workplace included promoting good practices and positive reinforcement of exemplary behaviours; sharing successes and case studies; showing the business case for Return on Investment for wellness initiatives; educating the workforce on issues, processes, and outcomes; and ensuring workers are aware of what to expect in terms of how the organization approaches issues related to work-related TMS.

Chapter IV: Proposed Follow-Up Actions

At the final roundtable meeting on September 25th, the roundtable membership emphasized that they did not want to see the Roundtable Report "sit on a shelf". Accordingly, roundtable members proposed various ideas for follow-up and actions which are summarized below. A range of proposals were put forward by individual members at the table, but as with other ideas generated by different roundtable members during discussions and summarized in this report, these do not represent a consensus of the whole group nor were they subjected to debate.

The Chair noted in his final comments during the meeting that many of the proposals made for follow-up actions below would not be achievable unless someone "runs with it". The Chair stated that MOL would be willing to facilitate the organization of a workshop event in the 2014 that would expand the discussion of TMS, and the sharing and highlighting of best practices, to other sectors not at the roundtable (see #9 below). Similar ideas were proposed by roundtable members such as the idea to hold a session on "top performers" doing a good job of handling TMS (see #7 below).

The Minister of Labour, the Honourable Yasir Naqvi, attended a portion of the final roundtable meeting, and discussed the importance of considering the work of the roundtable in the context of the new prevention mandate of the MOL, a responsibility previously under the purview of the WSIB. The Minister indicated that the roundtable process provides an opportunity for MOL to consider how this issue could be tied in with the prevention work underway at MOL.

There were a number of ideas from roundtable members for moving forward.

As noted above, these have not been evaluated for feasibility nor do they represent a consensus of the roundtable. They are provided to stimulate further ideas, debate, and follow-up actions as considered appropriate by different organizations.

1. Work with Chief Prevention Officer

- Work with MOL's Chief Prevention Officer (CPO) and MOL to ensure that PTSD and TMS in the workplace become one of the Prevention Office's priorities.

2. Work with other ministries

- MOL discuss with other provincial ministries, such as MOHLTC, how to support the needs of those with work related TMS.

3. Centralize knowledge

- There is a need for a central knowledge centre where information could be obtained on learning opportunities, such as conferences on this issue.

4. Build capacity for Critical Incident Response and for Employee Assistance Programs

- Consider implementing Critical Incident Response as well as EAP supports, in sectors, if these programs are not already in place.

5. Promote organizational leadership accountability

- Create CEO Accountability Agreements that include accountability around mental health and TMS.

6. Build champions within organizations and across sectors

- Roundtable members to serve as champions in their own organizations: promoting, supporting, training, and sharing information on TMS.
- Build champions across the province.
- Share sector-based successes with other sectors.

7. Focus on top performers

- Focus on the positive: identify employers doing good work.
- Organize a session to showcase best practices of top performers.
- Work with top performers to develop a program.
- Create a think tank of top performers/best practice employers.

8. Establish a think tank

- Create a think tank with stakeholders.
- Use Health and Safety Associations for a Think Tank.

9. Organize a workshop to expand the discussion on work-related TMS

- MOL facilitate the organization of a TMS workshop in 2014 to reach a broader audience and focus on some of the best practices.
- Roundtable members contributed many ideas that could be considered in the organizing of such a workshop such as partnering with mental health organizations, expanding participation to include private insurance providers, and engaging roundtable members in the development of the workshop.

10. Encourage “baseline” practices

- Need to identify what are the minimum practices, or establish the baseline practices, rather than focusing exclusively on best practices.
- Make TMS / mental health one of the criteria for WSIB’s Safety Groups.
- Include TMS in Health and Safety information.

11. Guidelines and mandatory requirements

- Consider minimum legislative requirements.
- Legislate accountability and requirements around supporting employees with TMS.
- Consider making it mandatory that employees need to be trained from “day one” on TMS.
- Revise Critical Injury definition in the Occupational Health and Safety Act (OHSA) in order to have critical injury defined by the event itself.
- MOL and other system partners could create mental health and PTSD materials.

12. Collective agreements

- Sectors to include mental health in collective agreements.

13. Develop performance measures and quantify the problem

- Need to find ways of measuring progress on mental health such as through working with academics, and ensuring there are mechanisms to measure improvements resulting from the CSA Standard.
- Find ways of quantifying the problem, for example, through reporting and looking at metrics.

14. Support families

- Set up a support system for family members. For example, encourage families to develop contracts with affected family members in order to be able to intervene within the terms of the contract established together.

Chapter V: Resources

Prevention, Education, Awareness Building

Psychological Health and Safety: Action Guide for Employers, Mental Health Commission of Canada
This is a guide for employers to ensure the protection of their workers psychological health and safety. This report includes information on, amongst other issues, prevention from a primary, secondary, and tertiary perspective, and on building employee resiliency. See link:
http://www.mentalhealthcommission.ca/

Copenhagen Psychosocial Questionnaire) (COPSOQ), National Research Centre for the Working Environment, Denmark
NRCWE has developed The Copenhagen Psychosocial Questionnaire (COPSOQ) regarding the psychosocial work environment. It is a tool developed with the aim of assessing and improving the psychosocial work environment. The tool consists of three questionnaires, each addressing different target groups. See link:
http://www.arbejdsmiljoforskning.dk/en/publikationer/spoergeskemaer/psykisk-arbejdsmiljoe

Mental Health Works, Canadian Mental Health Association
Mental Health Works is a nationally available program that builds capacity within Canadian workplaces to effectively address the many issues related to mental health in the workplace. The focus is on both employer solutions and employee supports. See link:
http://www.mentalhealthworks.ca/

Stress Prevention at Work Checkpoint, International Labour Office (ILO)
This ILO manual includes easy-to-apply checkpoints for identifying stressors in working life and mitigating their harmful effects. It also provides guidance on linking workplace risk assessment with the process of stress prevention. It includes good practices for companies and organizations that would like to incorporate stress prevention into their overall occupational safety and health policy and management systems. See link:
http://www.ilo.org/global/publications/ilo-bookstore/order-online/books/WCMS_168053/lang--en/index.htm

Training Resilient Soldiers, The Canadian Army Journal
This research seeks to understand the resiliency factors that make some individuals less prone to mental stress illnesses, in order to learn about resiliency. See link:
http://publications.gc.ca/collections/collection_2010/forces/D12-11-13-1-eng.pdf

Road to Mental Readiness (R2MR), Canadian Armed Forces

This Canadian Armed Forces (CAF) training initiative encompasses the entire package of resilience and mental health training that is embedded throughout CAF members' career, including the deployment cycle. See link:
http://www.forces.gc.ca/en/caf-community-health-services-r2mr/index.page?

Mental Injury Tools for Ontario Workers, Mental Injury Tool Group

This guide and resource kit provides workers with a basic understanding and a place to start to learn about workplace stress and how it may be addressed. The kit focuses on primary prevention of workplace factors that affect workers health level outcomes. See link:
http://www.ohcow.on.ca/MIT

Hi, My Name is Dave, by Dave McFadden, Police Association of Ontario Magazine, #39

Dave McFadden shares about his personal experiences in order to encourage others to recognize some of the signs and symptoms in others and in themselves, and to seek help. See link:
http://read.uberflip.com/i/11754/18

Partners for Mental Health

Partners for Mental Health is a national charitable organization that is spearheading a social movement on mental health. The genesis for Partners for Mental Health came from the Mental Health Commission of Canada. See link:
http://www.partnersformh.ca/

Impact Report 2012-2013, Partners of Mental Health

Partners for Mental Health, a non-profit organization, released the Impact Report to showcase the milestones reached from April 2012 to March 2013 and the progress made in support of the mission to generate change in support of mental health. See link:
http://downloads.partnersformh.ca/impactreport/impact_report_english.pdf

Psychological Health and Safety in the Workplace Standard, Led by the Canadian Standards Association (CSA Group) and the Bureau normalization du Québec (BNQ), in collaboration with the Mental Health Commission of Canada

The National Standard helps employers of all sizes, and in all sectors, promote good mental health and prevent psychological harm for every employee. It does this by providing the guidelines, resources and tools needed to build a mentally healthy workplace. See link:
http://www.mentalhealthcommission.ca/English/node/5346

Local Suicide Prevention Councils

Local Suicide Prevention Councils may have relevant resources, such as treatment resources. See link to Waterloo Region Suicide Prevention Council example:
http://wrspc.ca/#2

Suicide…it`s time for firefighters to talk about it! By Scott Chisholm, Thunder Bay Fire Fighter, Ontario Professional Fire Fighter Association Magazine, Summer 2013
The article discusses some tools for fire fighters to understand and talk about mental health and suicide. See link:
http://digital.imedianorthside.com/t/17487

Response Following an Event

Making the Case for Peer Support, Report to the Mental Health Commission of Canada, Mental Health Peer Support Project Committee
This report provides a description of peer support in Canada and in other countries. It makes the case for peer support, and makes recommendations to MHCC on how it could drive the development of peer support in Canada. See link:
http://www.mentalhealthcommission.ca/English/document/445/making-case-peer-support

Homewood Health Centre`s Program for Traumatic Stress Recovery
Homewood Health Centre's Program for Traumatic Stress Recovery is one of the few in-patient programs of its kind in Canada. See link:
http://homewood.org/programs-and-services/post-traumatic-stress-recovery

Mental Health First Aid Canada
Mental Health First Aid (MHFA) is help provided to a person developing a mental health problem or experiencing a mental health crisis. Just as physical first aid is administered to an injured person before medical treatment can be obtained, MHFA is given until appropriate treatment is found or until the crisis is resolved. See link:
http://www.mentalhealthfirstaid.ca/EN/Pages/default.aspx

Mental Health First Aid Guidelines (AUSTRALIA)
These guidelines are designed to help members of the public to provide first aid related to a range of developing mental disorders and mental health crisis situations including to someone who has experienced a traumatic event. See link:
https://www.mhfa.com.au/cms/mental-health-first-aid-guidelines-project/#mhfaesc

Line Managers' Resource: A practical guide to managing and supporting people with mental health problems in the workplace, Department of Health, United Kingdom
This resource has been developed by Shift, the United Kingdom`s Department of Health programme to reduce the stigma and discrimination directed towards people with mental health problems. It is part of Shift's 'Action on Stigma' initiative aimed at supporting employers to promote good mental health and reduce discrimination. See link:
http://www.hse.gov.uk/stress/pdfs/manage-mental-health.pdf

PTSD Coach, Department of National Defence, Government of Canada

PTSD Coach is a Mobile App for military personnel and their families which can help them learn about and manage symptoms that may occur after trauma. See link: http://www.veterans.gc.ca/eng/etools/ptsd-coach-canada

Operational Stress Injury Social Support program, Department of National Defence, Government of Canada

The Operational Stress Injury Social Support (OSISS) Program is a Department of National Defence (DND) and Veterans Affairs Canada (VAC) partnership, created in 2001 by Lieutenant-Colonel Stéphane Grenier with a mandate to develop a national peer-support network and provide education and training to effect an institutional cultural change regarding the realities of operational stress injuries (OSI). The program, for example, includes a Speaker's Bureau to impact cultural change. See link: http://www.osiss.ca/en/index.html

Tema Conter Memorial Trust

PTSD related resources, fact sheets, and guides. See link: http://www.tema.ca/PTSD.html

Guidelines for the Management of Conditions Specifically Related to Stress, World Health Organization

In response to numerous requests from health care providers, the World Health Organization (WHO) released new clinical protocols and guidelines on treating the mental health consequences of trauma and loss. See link: http://ontario.cmha.ca/news/who-releases-guidance-on-mental-health-care-after-trauma/

Follow-up and Support

Innovative return-to-work program, Niagara Health system in partnership with union partners

The Niagara Health System (NHS) in partnership with its local unions, Ontario Nurses' Association (ONA), Service Employees International Union (SEIU) and Ontario Public Service Employees Unions (OPSEU), is undertaking what has been described as an innovative Return-to-Work (RTW) and Primary Prevention Program aimed at preventing injuries and illnesses by maintaining a safe and healthy workplace, and at helping injured employees return to a productive and safe work environment. See link: http://www.niagarahealth.on.ca/en/news/details/niagara-health-system-and-unions-partner-on-safety

Appendix A: List of Organizations Involved

Health Care (Nursing and Emergency Medical Services)

Ontario Council of Hospital Unions
Ontario Hospital Association
Ontario Nurses' Association
Ontario Association of Paramedic Chiefs

Transit

Amalgamated Transit Union Local 113
Ontario Public Transit Association
Toronto Transit Commission

Fire Services

Ontario Association of Fire Chiefs
Ontario Professional Fire Fighters Association

Police Services

Ontario Provincial Police
Police Association of Ontario
Ontario Association of Police Service Boards
Ontario Provincial Police Association
Ontario Association of Chiefs of Police
Toronto Police Service

Cross sector representatives

Ontario Federation of Labour
CAW-CANADA
Ontario Public Service Employees Union
Association of Municipalities of Ontario
Canadian Union of Public Employees Local 2

Ministry of Labour staff and WSIB staff also attended meetings as observers.