



## CIPSRT

- A coast-to-coast team of Canadian researchers working with public safety personnel executives and key stakeholders on a long-term initiative to identify the tools required to support the recognition, prevention, and treatment of mental health concerns facing Canadian public safety personnel and their families.



## CIPSRT

- Working to support developing a national research strategy per the Prime Minister's mandate to the Public Safety Minister
  - Work with provinces and territories and the Minister of Health to develop a coordinated national action plan on operational stress injuries, which disproportionately affect public safety personnel



## CIPSRT

- Public Safety Personnel (PSP)

- Canadian Border Services
- Canadian Security Intelligence Service
- Correctional Officers
- Communication Officers (emergency call center operators, call-takers, dispatchers)
- Firefighters (including volunteers)
- Municipal Police Officers
- Paramedics, EMTs, EMS Personnel
- RCMP
- all team members who support all frontline efforts

– (Parliamentary Report, October 2016)



## CIPSRT

- Unique Challenges for PSP

- Relative to military
  - Deployment to “unsafe” zone
  - Deployment length
- Relative to each other
  - Protection, Enforcement, Rehabilitation
  - Deployment, Exposure, Responsibility, Certainty
- Relative to history
  - Increasingly required to fulfill multiple roles



## CIPSRT

- Trauma
  - Direct or indirect exposure to actual or threatened death, injury, or sexual violence
  - Most PSP experience a potentially traumatic event within the first 12 months of service

## CIPSRT

- Operational Stress Injuries (OSIs)
  - Post-traumatic Stress Disorder (PTSD), Adjustment Disorder, Depression, Substance Abuse, Panic Disorder, Chronic Pain, Insomnia
  - Highly comorbid
  - OSIs are “real”, substantial, and pervasive
    - highly visible priorities for mental health care

## The Potential For Shared Processes



## CIPSRT

- Public Safety Steering Committee (PSSC)
  - Diverse national public safety leaders
- Canadian Association of Chiefs of Police
- Canadian Association of Fire Chiefs
- Canadian Association for Police Governance
- Canadian Police Association
- Correctional Service of Canada
- International Association of Firefighters
- Paramedic Association of Canada
- Paramedic Chiefs of Canada
- Royal Canadian Mounted Police
- Union of Solicitor General Employees

## Mandate

- Public Safety Minister's Round Table
- Recommendations of the Parliamentary Committee
- Public Safety Organizations



## CIPSRT Research Team

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- ❑ Associate Director, Police Sector  
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## The CIPSRT Blue Paper 2016

### Peer Support and Crisis-Focused Psychological Intervention Programs in Canada First Responders




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 Canadian Institute for Public Safety  
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## CIPSRT Prevalence Survey 2016

### Assessing Operational Stress Injuries and Symptoms in Canadian First Responders and other Public Safety Personnel



Original Research

#### Mental Disorder Symptoms among Public Safety Personnel in Canada

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## CIPSRT New On-line Self Assessment Tools 2017: Open access for all Public Safety Personnel via the CIPSRT Website

**CIPSRT** Canadian Institute for Public Safety Research and Treatment **ICRTSP** Institut canadien de recherche et de traitement en sécurité publique

[Français](#)

**Select a Screening**

Anxiety	(GAD-7)
Depression	(PHQ-9)
Depression, Anxiety, Stress	(DASS-21)
PTSD	(PCL-5)
Panic Disorder	(PDSS)
Risky Alcohol Use	(AUDIT)
Social Anxiety Disorder	(SIPS)

**9. Optionally, you may select your field of work to have a more relevant comparison for your results. If you leave this unselected, your results will be compared with all public safety personnel.**

**Choose**

- Police
- RCMP
- Corrections
- Firefighters
- Paramedics
- Call Center Operators

[ax1.cipsrt-icrtsp.ca](http://ax1.cipsrt-icrtsp.ca)

## CIPSRT New On-line Self Assessment Tools 2017: A simple first step to self-awareness and eventual care

**Screenings**

**Depression, Anxiety, Stress (DASS-21)**

The following questions ask about different symptoms that can be experienced as part of normal daily stressors, but also as potential indicators of a mental health injury.

Please read each statement and indicate how much the statement applied to you over the past seven days. Do not spend too much time on any statement.

**1. I found it hard to wind down**

- Did not apply to me at all
- Applied to me to some degree, or some of the time
- Applied to me to a considerable degree, or a good part of time
- Applied to me very much, or most of the time

**2. I was aware of dryness of my mouth**

- Did not apply to me at all
- Applied to me to some degree, or some of the time
- Applied to me to a considerable degree, or a good part of time
- Applied to me very much, or most of the time

**3. I couldn't seem to experience any positive feeling at all**

- Did not apply to me at all
- Applied to me to some degree, or some of the time

**DASS-21 Results**

Your responses may be consistent with published levels of clinically significant symptoms based on self-report symptoms as such. If you are concerned, we recommend you contact your family physician or another appropriate health care professional.

**Depression Result: Normal**

Relative to PUBLIC SAFETY PERSONNEL, your score is slightly lower than average

**Anxiety Result: Normal**

Relative to PUBLIC SAFETY PERSONNEL, your score is lower than average

**Stress Result: Mild**

Relative to PUBLIC SAFETY PERSONNEL, your score is slightly higher than average

Email your results to yourself

In an emergency, always call 911 or contact the emergency service nearest you.

[ax1.cipsrt-icrtsp.ca](http://ax1.cipsrt-icrtsp.ca)



## Road To Mental Readiness – R2MR



*In Building a business case for funding CIPSRT, what are the key messages, by order of priority*

1. Urgency to Act
2. Linked to “Global health-safe and secure Canada”, government priority
3. Economic Impacts
4. Vehicle exists (CIPSRT)
5. Innovation

## *What are the key issues in respect to knowledge synthesis?*

1. Research regarding treatments, the effects of discipline, family and other social supports, critical incidents vs. cumulative exposure, vicarious trauma through secondary exposure.
2. Research regarding prevention, pre-disposition, resiliency
3. Research regarding stigma, cultural change, moral injury
4. Research regarding training, screening programs



## *What are the key issues in the health and wellbeing of PSP?*

1. Need to develop key content on the following topics: stigma, resilience, best practices, standardized educational materials and training,
2. Need to evaluate best practice tools and behaviours (culture).
3. Need to centralize training/education programs and policies, and foster sharing and exchange.
4. Need to facilitate timely access to appropriate services.
5. Need to Identify what has work best for who (i.e. sector), and when was the training/education provided (i.e. what mode, timing, mechanism for delivery)



*With no government funding, what could CIPSRT accomplish, by order of priority?*

1. Research, within the funding available, focused on existing best practices and available case studies.
2. Information sharing, within the funding available focused on being a hub for information on existing research and resources, available to all PSP
3. Advocacy through some major lobbying efforts to secure stabilized renewable funding.
4. CIPSRT team and sector building through networking, capacity building (mentorship)
5. Knowledge translation focused on adapting existing models, accessing existing data and identify opportunities for information exchange and sharing.



*With unlimited funding, what could CIPSRT accomplish, by order of priority? How long would it take?*

1. Vetting of treatment including: improved access to appropriate resources; streamlined process to find appropriate treatment; PSP and sector specific tool development
2. Development of educational materials and training including training for middle managers aimed at reducing stigma and increasing public awareness; training for the next generation on mental health practitioners
3. Research and analysis including: brain analysis (RET) and self-screening; embedded researchers, co-morbidity with the Prevalence study; exposure limits (critical events)
4. Continue to develop and build CIPSRT by increasing staff, developing, and executing a comprehensive strategic plan, continuing to grow and foster networking (national and international), delivering an effective organizational design.



## Thank You! Questions & Discussion



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