Supporting emergency responder staff with PTSD return-to-work

Yanar B, Mustard C, Vesely L. 2023 Employer perspectives on supporting return-to-work among public safety personnel who have experienced post-traumatic stress injuries: Summary report. Project report. Toronto: Institute for Work & Health.

Introduction

Note, key acronyms used in this digest are **in bold.**

This report presents findings from an analysis of data from interviews with employers and other stakeholders in Ontario (Canada) who are responsible for the **return-to-work (RTW)** transition of **Emergency Responders (ER's)** who have taken leave with compensation claim accepted for **Post-Traumatic Stress Injuries (PTSIs**).

The report identifies:

- Key themes around the needs, experiences, challenges and opportunities for supporting the RTW experience.
- Ways to support ERs who experience PTSI return to their workplace after medical leave.

Who and What

The interviews for this report was one component of a four-method approach for studying the views of employers and others responsible for supporting ERs with PTSD returning to work[1].

They were conducted as part of a broader formative evaluation of a program that ran in Ontario, Canada, known as 'the First Responder Mental Health Treatment'. This program was designed for emergency responders (ERs)[2] who have been accepted for a compensation claim based on a post-traumatic stress disorder (PTSI) injury[3].

The study was conducted by the Institute for Work & Health (IWH) and the Institute for Better Health. It was funded by the Ontario Workplace Safety & Insurance Board.

Methodology

Key points about data collection for this report:

[1] The other methods, or components of the study, were: i) An analysis of the clinical profiles of ERs who were referred to the program over a 12-month period; ii) Interviews with the program's clinical staff; iii) Interviews with ERs who completed the treatment program.
[2] I use the term emergency responder, but the paper uses the term PSP which primarily refers to "first responders (and) other professionals who ensure public safety, such as correctional officers" (p. 1).
[3] PTSI here refers to clinically diagnosed and non-clinically diagnosed mental health injuries.

- 39 interviews were conducted with representatives who support the return-to work (RTW) of ERs who experience PTSD, including ER employers in police, paramedics, fire service agencies and also unions and associations.
- Employer representatives worked in various organisational departments including human resources, disability management, and wellness.
- Interviews lasted 45 to 75 minutes over Zoom or phone. Interviews were done either one-on-one with the interviewer or with pairs of participants, at the participants' request.

Data Analysis: Interviews were analysed using thematic analysis as outlined by Braun and Clarke (2006), which involves six key steps: familiarising oneself with the dataset, creating initial codes, creating themes, reviewing themes, explicitly naming and defining themes, and the final write-up.

Findings

Four primary themes emerged from interview data:

1. *Prevalence and complexity of PTSI*

PTSI was said to be highly individualised and complex so that is presents differently in each person and an injury that comes and go throughout an ER's life and tenure. This makes it challenging:

- *for employer organisations to match ER's who experience PTSI with accommodations*, since they need to be uniquely tailored rather than be part of a standard process. A few employer representatives aspired to overcome this challenge by *separating jobs into tasks*, outlining the demands of each task then matching them to an ERs limitation.
- *for ERs to seek early support*. To address this, employers proposed the need for prevention strategies including:
    - Implementing peer support teams and wellness teams led by mental health experts.
    - Initiatives like safeguarding programs, attendance monitoring, check-ins after absences, debriefing following difficult calls, and offering time off after potentially traumatic events.
    - Mandatory training for new recruits on mental health and occupational hazards
    - Some employers encouraged PSP to file incident reports even without taking leave, aiding prevention efforts and enabling organisations to anticipate claims by tracking challenging calls.

A '*reintegration program*' was seen as a key initiative and something that should be a living document and collaboratively developed with the ER. Identifying an appropriate pace of return, meaningful work within personal limitations and restrictions, and workplace triggers that may not have been explored in therapy sessions should be part of this planning.

2. *Organisational factors as a key influence on the experience of PTSI and the RTW process.*

The capacity of employers to support ERs in their RTW process was influenced by the following three organisational factors:

1. <u>Limited resources</u>
    - Difficulty of managing complex claims: PTSI claims being particularly complex and lengthy.

- Staffing shortages: growing workloads and exposure to traumatic incidents increase PTSI cases, and place additional pressure on remaining personnel.
- Accommodation options: Are challenged, especially for smaller organisations that have less diversity in roles to match with an ER's limitations.

2. Culture and stigma around mental health
   - Some managers harbor biases against mental health accommodations, assuming ER must fully recover to perform their roles.
   - Organisational practices can send mixed messages about mental health, reinforcing stigma and conflicting with formal support processes.
   - Self-stigma also affects ER: an inability to perform pre-injury duties is often perceived as personal failure, reducing motivation to seek help or accept accommodations

To combat stigma, employer representatives emphasised collaborating with ERs on accommodations and framing modified roles as part of recovery. Training initiatives were highlighted, including mental health education for management and staff and integrating such knowledge into promotions.

3. Organisational processes

After a long absence, agency processes often felt overwhelming for an ER including aspects of RTW such as the need to retrain for their roles, socially reintegrate with new staff; re-familiarise with organisational software, and even being asking by peers /colleagues about their time off.

To mitigate potential feelings of being overwhelmed, a few participants noted that supervisors:
- sent emails to peer support workers to inform them an ER was returning.
- created comfortable spaces for ER's to take time out.

Employers reported helping the ER to reintegrate by informing them about:
- changes in staff and management.
- potential cues that may be present in the environment before entering the space.
- potential feelings of being overwhelmed and exhaustion.

4. *External stakeholders as another key influence on the experience of PTSI and the RTW process.*

The following three stakeholders, and specifically their actions, policies, and organisational challenges, was found to influence the RTW process:

1. Workplace Safety and Insurance Board (WSIB) : Acts as a bridge between ERs, employers, and mental healthcare providers. Many issues relating to WSIB were seen to hinder success in RTW including:
   - A lack of understanding by Board representatives about the unique challenges of ER work.
   - Psychological claims being poorly managed, including lack of timely updates, low engagement from case managers and other passive handling that hindered progress and left employers frustrated.
   - Extended treatment blocks being approved without assessing their effectiveness. This left ERs being stuck in ineffective therapies for prolonged periods.

   RTW specialists, noted for their proactive approach, were favoured over WSIB case managers and employers called for earlier involvement of RTW specialists and continuity in their roles to enhance RTW outcomes. Employers also emphasised the need to:

   - Offer proactive case management, including evaluating treatment progress

- Consider alternative therapies
- Foster better collaboration with mental healthcare providers.
- Position ER's at the centre of care, from the start of the claim
- Be more productive focused, and less disability focused

2. Community mental healthcare providers: Few providers were found to have understanding or training in ER roles and agency culture. Limited knowledge of ER work can lead to:
   - vague or inappropriate restrictions, hindering RTW efforts.
   - ineffective treatments, described as "friendly visiting," rather than addressing the underlying issues.

   Other barries relation to healthcare provision included:

   - Accessing psychologists that can diagnose mental illness, causing delays in adjudication and RTW processes.
   - The adequacy and effectiveness of treatment lengths and frequency, which prolonged RTW timelines.

   Employers suggested:

   - creating a 'mental health functional abilities' form to clarify what ERs can do (i.e ER capabilities)
   - educate providers on PSP roles and accommodations
   - provide ERs with lists of mental healthcare professionals familiar with their organisations.
   - if budget allows, retain psychologists for rapid access to preliminary treatment
   - collaborate with providers through WSIB case managers or RTW specialists to enhance understanding and improve outcomes for an ER's mental health and optimise RTW.

3. Unions and Associations: Was seen as a very important stakeholder because of their trusted status with ERs, capacity for mediating relationships between ERs and their organisation, which strengthens the RTW process. Some employers felt that unions were increasingly aware of their role in supporting employees with PTSI and were advocates for stronger management efforts.

   Union representatives pointed out their efforts were hindered by limited time and resources. This limited their ability to handle the high volume of claims and made it difficult to consistently and fully assist ERs. Many reported having to balance part-time union roles with other work duties.

4. *Communication and trust as key actors of PTSI prevention and RTW success*

Effective communication and trust were seen as interrelated and identified as crucial for successful return-to-work (RTW) outcomes. It was said that many ERs were found to feel unsupported in their career, which contributed to their PTSI. Not being supported was, it was said, due to a lack of communication which led them to feel mistrust. Mistrust tended to delay help seeking, and also compelled ERs to avoid notifying employers about PTSI claims or engaging with them while off work.

To rebuild trust, employers said they should start with openly negotiating the level, method, and frequency of contact with an ER, and identify their preferred points of contact. In cases where ERs avoided direct contact, they used unions and other trusted stakeholders, such as associations and peer supporters, as intermediaries.

Improving return-to-work outcomes for ERs with a PTSI

Six ways that employers can improve their support of an ERs who is returning to work after a PTSI compensation claim emerged from the interview data. These are as follows:

1. **Creating processes and forms specific to mental health**

There is a need for processes specific to mental health, as distinct from those for physical injuries. These includes having:

- A diversity of procedures to regularly track and check-in on the mental health of an ER throughout their career, especially after critical incidents and for those working in positions at higher risk for mental injury.
- Regular mental health training/refreshers for all staff and management.
- Procedures that clearly outline the role of each internal stakeholder and the flow of procedures. For example, ensuring an ER has access to the building before coming in on their day of return, and greeting an ER on their first day back.
- A 'functional abilities form' specific to the cognitive and functional strengths, as well as impairments, of workers recovering from PTSI.

2. **Creating dedicated wellness and ability management roles/teams**

Employers highlighted the value of creating wellness and abilities management teams. These dedicated roles should:

- Provide consistent support throughout ER careers
- Be skilled in person-centred, compassionate care and sincere communication.
- Be well resourced.

3. **Flexibility and creativity in accommodations**

Some employer representatives explained the current system of matching individuals to accommodations can be inflexible and inefficient. There is a need for partial and graduated return-to-work, and task-based accommodations that match duties with ERs physical, cognitive, and emotional strengths and limitations.

Being flexible and creative involves looking at all possibilities for accommodations and a few participants discussed their hope that positions could be broken down, into tasks, that can then be bundled for accommodations. Some expressed wanting to further outline the physical, cognitive, and emotional demands of each duty to create a streamlined system for matching PSP to duties based on their limitations and restrictions.

4. **Collaborating with external stakeholders**

Employers emphasised that collaboration between management, unions, care providers and ERs could reduce resistance to accommodations and improve RTW outcomes. Building strong relationships with these stakeholders needs to be a priority in RTW cases to ensures communication and a shared understanding of the organisation's needs.

5. **Focusing on reintegration**

With the right approach, reintegration programs can enhance trust and streamline recovery processes, a win-win for the ER and their agency. The righty approach includes a graduated, personalised RTW process that includes:

- Regular reassessments
- adaptable plans that move at the pace of the ERs needs and recovery
- consistent and accessible support groups, involving peers
- dedicated internal RTW committees and teams that include various parties such as a union/association representative, peer support, and HR reps.

6. Creating a culture of psychological safety, communication and trust

The organisational changes required to facilitate good practice return to work for ERs with PTSI fosters a culture of psychological safety, trust, and communication. Activities like normalising mental health discussions, implements safeguarding actions to support reintegration, collaborating with ERs around their needs throughout their RTW journey (including the frequency and method of contact they want with the employer) promotes an organizational culture that values psychological safety, communication and trust. Employer representatives discussed the importance of creatin a culture of trust and safety in their workplace.