



Preventing Post-Traumatic Stress Injury: A Literature Review and Insights from Canadian First Responders

Study references

- Van Eerd, D., Ragunathan, S., Irvin, E 2025, '[Workplace Programs to Reduce Post-traumatic Stress Injuries Work Disability: First Responder Experiences](#)', *Journal of Occupational Rehabilitation*,
- Tompa at an [IWH Speaker Series presentation](#), / [IWH's YouTube channel](#).
- A [plain language summary](#) of the project and its findings.

Introduction

The Institute for Work and Health (IWH) in Canada conducted a study to explore first responders' perspectives on programs and issues related to prevent PTSI. Specifically, the perspective of police members, firefighters, and paramedics were assessed to consider ways to improve current workplace PTSI programs and policies.

This was important because evidence on interventions to address Post-Traumatic Stress Injury (PTSI) among first responders is limited, yet implementing workplace PTSI programs and policies is essential to prevent such disabilities.

Objective and Purpose

The objective of the study was to examine experiences and perspectives about workplace programs, policies, and experiences related to the prevention of PTSI work disability in ambulance, fire and police agencies.

The purpose of the study was to:

- Understand the work they are currently doing to prevent PTSI
- Identify the barriers and facilitators for their work
- Develop recommendations for future work.

Methods

This study was a qualitative study that used a method the authors refer to as a "field knowledge scan". This involved:

- A summary of the evidence, as found in international literature.
- A scan of current PTSI prevention policies and practices in first responder organizations in Canada and, to a lesser extent, internationally.
- Interviews with 35 professionals and experts in emergency organizations from within Alberta (and to a lesser extent, other Canadian jurisdictions and outside Canada). The



key informants were managers, supervisors, Health-care professionals and insurance claim managers who work with first responders.

- Interviews with 47 first responders from police (16), fire (16), and paramedic (15) services

Interview and literature review data underwent descriptive thematic analysis.

Findings

Work currently being done to prevent PTSI tended to focus on:

- Training
- Reintegration
- Peer-support

Interviews found that:

- There have been improvements to the workplace culture in first responder organizations in Alberta, specifically increased PTSI awareness and decreased mental health stigma.
- Stigma is alive with low rates of help seeking and negative perceptions of workers that stake time out/time off.
- Communication is not enough (i.e. about program availability). Trust is needed for first responders to feel safe to communicate about, and seek help for, their PTSI.
- Context is also all important in program design: Success hinges on providing programs and services that understand the experiences and needs of first responders.

The literature review also found these themes. In addition, the literature review found:

- There is a lack of strong evidence for the effectiveness of workplace programs to prevent PTSI

Quotes from the interviewees provided in the study are listed in Annex A

Barriers and facilitators

Interviewees perceived agency programs for mental health as:

- *In development*: being in the process of being updated, or else newly introduced or not yet fully implemented.
- *Not yet available*: Some interviewees thought many of the programs were not actually available
- *Unavailable*: Some saw them as inaccessible, only available to some and not others.
- *Not sensitive to context*: It was also seen that some programs and services lacked understanding of the unique workplaces and experiences of first responders, especially EAPs.

Other barriers that emerged in the interviews include:

- *Stigma is still a major issue:* Cultures of stoicism and machismo can be a barrier for seeking help. This was found to be more prevalent among older or more seasoned first responders, and more pronounced in policing than in fire and paramedic services.

Analysis

Three key themes emerged:

1. improving culture
2. programs under development (viewed this positively, sign that the agency cares)
3. trusted communication.

Three additional themes emerged related to recommendations to improve programs and policies in the workplace:

1. streamlined processes
2. better resources
3. continue to reduce stigma.

Recommendations for future work.

The themes from participant interviews and the literature provide practical information about how programs and policies can be improved. Recommendations include:

1. Apply streamlined processes to ensure information about PTSI programs and supports is more accessible.
2. Improve communication about programs: word of mouth from trusted sources is a highly reliable means for communicating the availability of programs.
3. Provide specialized programs, services, and training that address the diverse needs of members with PTSI, as "cookie-cutter" approaches. Also that programs be:
 - tailored to first responders' unique needs and experiences.
 - tailored to different levels in the organization.
 - tailored to different stages of the career cycle.
4. Offer multiple and different avenues to connect to service; for example, some may prefer external services and others may find in-house services convenient and practical.
5. Programs should take a whole-person or holistic approach: This considers the individual as a whole and not just their injury. This includes considering their nutrition, exercise, sleep hygiene and also their family members and loved ones.
6. Provide better resources to develop and implement PTSI disability programs and supports.
7. Engage in partnerships with experts to increase knowledge about PTSI/ mental health.



8. Better evaluation: to build evidence base for what works. This point linked to need for continuous improvement.
9. Continue to reduce stigma about PTSD in first responder organizations. Support leaders to be open and willing to personally reach out to members. Also protect confidentiality.

Conclusion

The study provided descriptions of current workplace practices and policies for PTSD prevention in Canadian emergency service organisations. While participants noted that awareness about PTSD and the culture of FR workplaces has improved, more needs to be done. Paramount were recommendations regarding the need for streamlined processes and better resources. It was also found that the act of developing workplace PTSD programs have a positive impact on perceptions of the organisation, and that better evaluation of programs is needed.

Annex 1: Selected quotes

Quotes from the study interviews, thematically organised:

Workplace culture

A support staff from a police service, for example, described the importance of a positive work culture:

Just a really good culture within the office so that members are comfortable to identify whether or no they're having issues. And members trust that they will be taken care of and respected through the process. Once you've established that trust and that culture, I think you're far more likely to see a member come forward and say, 'Look, I've got problems and I need help with them.'

A support staff from a fire service related:

Buy-in from the top, I think is a change culture that will happen as you see new leadership come in. The old leadership requires education and a little bit of a call to action. You say that you promote mental health in your workplace, what does it look like and what have you personally done, and what can you do to make it easier on the guys, and do you joke about it not realising that you're ostracising some of the people that might be actually feeling that way.

A support staff from a police service described:

They don't know how that's going to affect them, how it's going to affect their career, how it's going to affect their family... at the end of the day, everybody thinks in the back of their mind is this going to stigmatize me, or are people going to think differently about me? Could this impact my chances of promotion in the long run? I think that's probably the biggest thing. I've seen tons of members struggle with this for a year.

Programs.

For instance, a support staff in a fire service said:



The first year was just figuring out what we have, what we don't have, and what we need. And so, bringing these types of training and services to the volunteer members is part of our process we're looking at.

A worker from a fire service described where they were with program development:

So we're just developing this committee right now type thing and seeing what it's going to look like, developing terms of reference and what kind of things we're going to be able to provide and what kind of budgets we're going to have for members.

A worker in a fire service said:

I want to say that there is because of the amount training certain individuals, and the chief officers have taken with regards to that. I want to say, again, that there is a policy in place that will dictate and direct how that process works. But, again, it's been a while since I've broken out our SOPs and SOGs environment, so I would potentially be misspoken if I stated what I thought would be fact.

A support staff in a paramedic organization spoke about the impact of information not being easily accessible to members:

... you have to get that knowledge and get that information out there and make it more accessible. ... if that webpage where peer support is ... incomplete. The people go to access it and they're like, that didn't answer my question so now what I do, and they're left in that tailspin and going, I guess I'll just go back to work. And they are coming back to work and injuring themselves even more, you can't control the call volume, you can't control the types of calls that we're getting. It's compounding it.

Trust and Communication

Informal communication or 'word of mouth' about PTSI was considered a useful method of spreading awareness about PTSI programs/practices, especially when it comes from a trusted person, as mentioned by a worker in a police organization:

Yeah, word-of-mouth has been the biggest seller for the resources that are available. When people go and they have an experience, and life gets better because they went to psychological therapies, or talked to Peer Support, or involved in Reintegration, then usually that word-of-mouth within the service is really what sells things.

A worker from a fire service, for instance, recalled the informal support they received:

With all the symptoms, I struggled to even leave my house. I was lucky enough to have a few members reach out and trying to get me out of the house, go for a walk or whatever but nothing formal I think. There's a lot of uncertainty in how to interact with someone that's struggling so hard with big emotions and uncertainty ... it was just peer support basically.

Stigma and confidentiality

A worker from a fire service mentioned:



Lots of guys and girls just don't even know that they're struggling. They don't realize that these are symptoms, or they're suffering from chronic sleep deprivation, or if they do know they don't know what to do or what the cause. The biggest thing is the stigma. So if they are struggling, they don't want to make it known, so that makes it hard to access resources.

Concerns about privacy and confidentiality were also raised by participants when discussing communication. For example, a worker from a police service said:

Because I'm a private guy, doing the peer-to-peer thing isn't something that I would really want to talk to somebody about.

A support staff in a police service said:

Yeah, I believe as part of their onboarding they would be learning about it. Of course, you forget about it after you've been there for a while. The supervisor should be the first point of support to our members and they should have some of that information available to them. But if the supervisor doesn't know then they can always reach out to other return to work coordinators.

Streamlined Processes

A worker from a fire service mentioned:

I just think it would make it a lot easier if there's ... one clear, concise point of entry into that system instead of a million different websites. There's a joke in the fire service about firefighters not being able to tie their own shoes that's why we have big rubber boots. So, trying to have a firefighter sit down and search through a million websites trying to find the right one, firefighters are just going to throw their hands up in the air and say I'm done. I've wasted so much time.

More and better resources

For example, a support staff in a police service mentioned:

We need a better HR department, with HR professionals, who are trauma informed and who work closely with our psychological services and take into account the injured employee, you know, what's going to benefit them and what's going to help them to get better or to at least be in meaningful work.