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Employer perspectives on supporting return-to-work among public safety personnel who have experienced post-traumatic stress injuries: Summary report

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Please direct questions and reprint requests to:

info@iwh.on.ca

Institute for Work & Health
400 University Avenue, Suite 1800
Toronto, Ontario M5G 1S5

info@iwh.on.ca
www.iwh.on.ca

Employer perspectives on supporting return-to-work among public safety personnel who have experienced post-traumatic stress injuries: Summary report

Basak Yanar, Leslie Vesely, Cameron Mustard

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Executive summary

The Ontario Workplace Safety & Insurance Board (WSIB) contracted with Trillium Health / Insight Health Solutions to establish a mental health assessment and treatment specialty program to meet the needs of public safety personnel (PSP) with an accepted compensation claim arising from post-traumatic stress disorder (PTSD). To assess the specific benefits of the First Responder Mental Health Treatment (FRMHT) program, the Institute for Work & Health (IWH) and the Institute for Better Health conducted a mixed-methods formative evaluation of the program with four components that included quantitative analysis of the clinical profile of PSP who were referred to the program over a 12-month period; interviews with FRMHT program clinical staff; interviews with PSP who completed the treatment program; and interviews with representatives of public safety employer representatives supporting return-to-work (RTW) among PSP who experience post-traumatic stress injuries (PTSI). We use the term PSP instead of first responder as it is a broader term that encompasses first responders and other professionals who ensure public safety, such as correctional officers.

This summary focuses on the fourth component, which was led by IWH. This component involved 39 interviews with representatives of public safety employers and representatives of unions and associations to document perspectives on supporting RTW among PSP who experience PTSI. For the purposes of this study, PTSI includes clinically diagnosed and non-clinically diagnosed mental health injuries. Interviews did not directly focus on employer organizations' experiences related to the treatment or post-treatment of PSP in the FRMHT program. Instead, interviews explored employers' general needs, experiences, challenges and opportunities for RTW for PSP who have experienced PTSI.

Summary of key findings

Interviews with representatives of public safety employers and union/association representatives identified three primary themes. Firstly, participants highlighted the prevalence of PTSI among PSP and discussed the complexity of occupational PTSI. Secondly, participants highlighted how organizational factors, including organizational resources, stigma and organizational processes, influenced the experience of PTSI and the RTW process. Third, participants explained how external stakeholders, such as the WSIB, community mental health-care practitioners, and unions/associations, influenced RTW and the PSP's experience of PTSI. Finally, they noted that communication and trust between stakeholders, specifically between public safety employers and PSP, was foundational to successful PTSI prevention and RTW.

Participants identified initiatives and aspirations to the challenges identified throughout these themes, with some initiatives also indirectly addressing multiple challenges. A list of employer considerations is presented at the end of the report.

Although our study did not focus on the treatment or post-treatment experiences in the FRMHT program, the findings from the interviews with representatives of public safety employers can inform the continued evolution of the FRMHT program, especially related to balancing the goals of supporting PSP's functional recovery and supporting PSP's engagement with the opportunities to RTW. Employers noted having or working towards establishing a reintegration program and the importance of partial and graduated return-to-work, as part of the therapeutic process. There was a keen interest in implementing a functional abilities form that was specific to the cognitive and functional impairments among workers recovering from PTSI. It may be useful to explore opportunities to integrate these perspectives in the FRMHT program.

1.0 Introduction

The Ontario Workplace Safety & Insurance Board (WSIB) contracted with Trillium Health / Insight Health Solutions to establish a mental health assessment and treatment specialty program to meet the needs of public safety personnel (PSP) with an accepted compensation claim arising from post-traumatic stress disorder (PTSD). To assess the specific benefits of the First Responder Mental Health Treatment (FRMHT) program, the Institute for Work & Health (IWH) and the Institute for Better Health conducted a four-component mixed-method formative evaluation. The four components of the formative evaluation included: 1) a quantitative analysis of the clinical profile of PSP who were referred to the program over a 12-month period July 2022 to June 2023; 2) interviews with FRMHT program clinical staff to document their perspectives on the suitability, acceptability and effectiveness of the program; 3) interviews to gather insights from PSP who completed the treatment program; and 4) interviews with representatives of public safety employers and representatives of unions and associations to document perspectives on supporting return to work among PSP with PTSI. The term PSP is used throughout this paper to describe first responders and other professionals who manage public safety, such as correctional officers.

This summary outlines one of these components that explored employer perspectives on supporting the return-to-work (RTW) process among PSP who experienced PTSI, which includes formal mental health diagnoses and other occupational stress injuries. This component explored the RTW process from claim submission to being off work and returning to work. It did not explicitly address the FRMHT program nor focus on the treatment or post-treatment experiences in the FRMHT program.

2.0 Methods

We conducted 39 semi-structured interviews (28 public safety organizations and 11 unions/associations) that focused on the process of creating a RTW plan, exploring the roles of and relationships with stakeholders involved, organizational considerations in developing a RTW plan, and common challenges. Interviews also asked about preventative measures and the facilitators of a successful RTW. Given this study acted as a qualitative component of a larger formative evaluation, we were particularly interested in comments related to overall impressions and areas of potential improvement in supporting return to work among PSP who experience PTSI.

We interviewed individuals who were employed by public safety employers or associations/unions in Ontario, including police, corrections, paramedics, and fire services. Eligible participants had to have knowledge and experience with disability management and accommodation policies and practices, specifically relating to mental health injuries. We excluded federally administered services, such as the Royal Canadian Mounted Police and federal corrections.

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. A total of 45 representatives were interviewed, with employer representatives working in various organizational departments including human resources, disability management, and wellness.

Participants were recruited through formal and informal referrals. In formal referrals, we identified senior representatives of public safety organizations who could refer us to a key informant within the organization. We contacted the senior representatives and provided the study information letter and consent form. Once the senior representative agreed to the participation of their organization, they were asked to nominate one or more members of the organization's human resource or disability management staff as candidates to participate in the study. Informal referrals involved asking contacts known to the research team to circulate study information, cold contacting, and asking participants for referrals at the end of the interview. All potential participants were told that participation was voluntary, and knowledge of their participation would be completely confidential.

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

This study was approved by the University of Toronto REB (RIS #3770).

3.0 Findings

Interviews with employer and union/association representatives provided insights into the various factors that shape the RTW process for PSP who experience PTSI and how these factors are connected.

Four main topics were raised by participants, with some topics having sub-themes. These were: 1) prevalence and complexity of PTSI; 2) organizational factors; 3) collaboration with external stakeholders; and 4) communication and trust.

Participants reported that PTSI is complex and prevalent among PSP. They highlighted how the experience of PTSI and the RTW process is influenced by organizational factors, including limited organizational resources, culture and stigma around mental health, organizational processes. Participants recognized that PTSI and the RTW experience is also shaped by external stakeholders, including the WSIB, community mental health-care practitioners, and unions/associations. They noted that communication and trust between stakeholders, specifically between public safety organizations and PSP, is foundational to successful PTSI prevention and RTW.

Participants were aware of the challenges that arose from the above factors and of how these challenges intersect. Through this awareness, they shared organizational initiatives (e.g., training, staffing) to mitigate these difficulties, some of which are outlined below. Of importance, participants mentioned that the context of the public safety organization had an impact on whether an initiative was active or an aspiration. Furthermore, some initiatives also indirectly helped address other challenges.

3.1 Prevalence and complexity of PTSI

Employer and union/association representatives recognized that PTSI can be an unavoidable consequence of exposures experienced by PSP. They recognized that PSP are regularly exposed to unpredictable environments and potentially traumatic events throughout their career. For instance, a corrections employer representative recognized that the "*chance for mental health injury is absolutely increased in this line of work*" (interview 37).

Employer and union/association representatives recognized that identifying and managing PTSI can be complicated, as PTSI is a highly individualized and complex injury. Furthermore, PTSI can present differently in each person, with individuals having different symptoms, work limitations, and triggers that can activate symptoms. Some employer and union/association representatives stated that the physical environment and exposures associated with to PSP's pre-injury roles were often restrictions or symptom activators—including "*even the building itself*" (corrections employer, interview 24). These activators may only be identified when the PSP returned to the field. At times, PSP's unique restrictions and limitations made it challenging for employer organizations to match PSP with appropriate accommodations, as these needed to be uniquely

tailored to the individual. A few employer representatives aspired to overcome this challenge by separating jobs into tasks and outlining the demands of each task.

> *"So, ideally, all of our jobs, all of those tasks that we do, will have information associated with it. So, if you have to do a takedown, that means that you have to be able to respond to confrontations, that means you have to think quickly … So, we'll have articulated for every task the physical and the cognitive demands. And so, when someone comes back with restrictions and limitations, I can look at parts of jobs, to say, okay, this person won't be able to do the arresting part of an investigation, but they can do all the thinking part of an investigation." (police employer, interview 2)*

Identifying the demands of job tasks could offer a template to guide employer organizations in matching PSP's unique limitations to appropriate accommodations in their organization.

Employer representatives also mentioned that the prognosis of PTSI is highly individualized and not straightforward like physical injuries. Some participants reflected that PTSI is "*an injury that doesn't go away*" (fire and paramedic employer, interview 8), as PTSI symptoms can come and go throughout an PSP's life and tenure; hence, they stressed the importance of PSP finding ways to effectively cope with PTSI. The severity of PTSI can also be exacerbated by the lack of PTSI awareness about, and education on, PTSI in the workplace, as well as mental health stigma that can prevent PSP from recognizing they need support. Furthermore, if employers are unaware of PTSI symptoms in PSP, they cannot support them in building awareness and providing supports.

Employer representatives said the prevalence and complexity of PTSI can make it difficult for PSP to seek support early on. As such, they shared various prevention strategies to mitigate this challenge. Procedurally, they described a variety of check-in initiatives including safeguarding programs, attendance tracking and checking in after multiple absences, debriefing after difficult calls, and offering a few days off work after a potentially traumatic event. Some highlighted mandatory training for new recruits on mental health and occupational mental health hazards. A few employer representatives also expressed the value of encouraging PSP to file incident reports even if they did not go off work, which could help organizations support prevention and foresee potential claims by monitoring difficult calls PSP attended. Structurally, employer representatives discussed having a peer support team and a wellness team with hired personnel who were experienced in mental health and who could "*hold our organization accountable to wellness strategies and initiatives for our staff*" (paramedic employer, interview 14).

A key initiative that employer and union/association representatives said they used, in response to the complexity of PTSI, was a reintegration program that focused on collaboration, re-assessment, and social support. Participants explained that reintegration programs needed to work collaboratively with the PSP to identify an appropriate pace of return, meaningful work within their limitations and restrictions, and workplace activators that may not have been explored in therapy sessions. They also mentioned that the RTW plan is a living document that is regularly reassessed and tailored to the needs of the PSP, as the impacts of PTSI may

fluctuate. Furthermore, participants highlighted the importance of establishing a consistent support network with individuals inside and outside of the public safety organization. This often included peer support, community mental health-care practitioners, and the WSIB.

3.2 Organizational factors

Organizational factors influence public safety organizations' capacity to support PSP in their RTW process. These factors included organizational resources, organizational culture and stigma, and organizational processes related to RTW.

3.2.1 Limited organizational resources

Public safety organizations may have limited organizational resources that could pose challenges for the RTW process. Through interviews, three key themes that emerged were limited human resources to manage the complexity and volume of PTSI claims, PSP staffing shortages, and challenges related to available accommodations.

Limited human resources to manage PTSI claims. Many employer representatives said that they managed a high volume of various types of claims, including occupational and non-occupational mental health and physical injury claims. They noted that PTSI claims could be more challenging given the complexity and longer duration of these injuries. Specifically, participants shared that it required a lot of time and effort to coordinate and maintain communication among all the stakeholders involved internally and externally to the public safety organization, to keep track of the progress of claims, and support the unique needs of PSP in the RTW process. In addition to a high workload, some employer and union/association representatives mentioned that claim management work is specialized, which requires abilities management staff who manage claims and RTW. Participants stated these staff need to understand the claims and RTW process for PSP and need to be compassionate and people-oriented. Less than half of the public safety organizations interviewed had a dedicated health/abilities/wellness management team or role inside their organization. Some participants explained that due to budgetary constraints, they were unable to either hire a health/abilities/wellness management specialist or grow their abilities management team. This could add strain to staff who may have been handling these claims but did not have adequate time or the needed expertise to support these claims. Participants explained this could increase claim durations because PSP may not feel supported or connected to their public safety organization, which could decrease motivation to return. The importance of the relationship between PSP and public safety organization is discussed later.

Some employer representatives described trying to manage the workload by having dedicated, specialized staff for managing claims and RTW. A few described being in different phases of establishing this role, with some noting that they already had a dedicated health/abilities/wellness management team and others reporting that they were in the process of putting in a budgetary request to hire someone for this role. Others reported contracting a

third-party disability management company to support this workload. Furthermore, some participants mentioned encouraging PSP to draw on union/association for support with filling out forms and understanding the claims and RTW process.

PSP staffing shortages. Employer and union/association representatives shared that public safety organizations often had staff shortages. They noted that an increasing number of PSP were leaving work with PTSI injuries because of a growing workload with more vulnerable populations, which could increase their exposures to potentially traumatic incidences. They explained that as more PSP go off work for PTSI, more pressure and stress are created for their peers, which in turn and increases the PSP's likelihood of PTSI, potentially leading to further staffing shortages.

Challenges related to available accommodations. In addition to being short-staffed, some employer and union/association representatives shared having limited available accommodations. They reflected that one factor that affected available accommodations was organizational size.t Specifically, they noted that larger services tended to have more accommodation options because they had more departments and positions. This offered a greater diversity of work roles, and greater likelihood of finding those that matched the PSP's limitations and restrictions. Furthermore, services administratively integrated within a municipality had the option of accommodating the PSP in roles outside the pre-injury role. One paramedic employer representative explained:

> *"[...] being the county, we have [different departments and facilities] those sorts of things. It's proving to be better where [PSP are] completely removed out of paramedicine and into a different role while they're recovering."* (interview 35)

This participant went on to describe how they leveraged their organization's ties to the municipality by "*develop[ing] relationships at various departments within the municipality*" so they could "*offer things that are outside of the service without having all of the restrictions in front of us*." Hence, having accommodation opportunities outside of the public safety profession allowed employer organizations to accommodate for restrictions and limitations that may not be met in the public safety organization, potentially allowing for an earlier RTW.

The diversity of potential accommodations was also dependent on the public safety profession. A few employer and union/association participants noted that some professions may have more specialized work, such as corrections and paramedics, which could limit possible accommodations. As a police and paramedic employer described:

> *"If we get a police officer that can come back, and they just can't be out on the road, but they're able to see potentially traumatic things in a controlled environment, they are watching video surveillance, and they are doing actual investigating. Whereas, with paramedics, you're doing straight administrative duties or you're out on the road. There are more options I think for modified duties for police officers*." (interview 16)

Professions with a limited range of occupational tasks could mean longer claim times for PSP whose restrictions and limitations included tasks and cues central to their profession.

3.2.2 Organizational culture and stigma around mental health

In addition to organizational resources, employer and union/association representatives reflected that stigma among staff, management and in the organizational culture could also pose a barrier to RTW. Some employer representatives shared that managers may have biases towards mental health accommodations. A police employer expressed "*sometimes internally the challenge is getting supervisors onboard to have accommodated members within their units*" (interview 33). Some supervisors and managers assumed that accommodated PSP could not work despite being within their restrictions, assuming that PSP needed to be fully recovered to do adequate work.

Others explained the organizational culture could perpetuate mental health stigma. A corrections union representative described how there could be contradicting messages regarding their public safety organizations' approach to mental health due to discrepancy between the organizational processes, messaging and expectations:

> *"…the whole entire organization's training, culture, everything has actually taught me to not show any of my feelings, not show how I'm impacted by anything, and now, all of a sudden I've been through [a critical incident] and now I'm just supposed to be able to turn it on? It doesn't work like that." (interview 18)*

Some employer and union/association representatives recognized that self-stigma may also prevent the PSP from reaching out for support and returning to work. Participants recognized that many PSP's identities were closely aligned to their public safety occupation and that they may see an inability to do their pre-injury job as a personal failing. They may have difficulty finding meaning in work outside this role, which could limit their motivation to seek support and RTW in any capacity. As a police employer representative explained,

> *"Having been a sworn officer, and not able to carry a weapon or a gun anymore, and the personal pride or the personal value that is carried along with that, that can be a very challenging thing to overcome [...] There's that sort of self-degradation of, I'm not the person I used to be, other people are going to think that as well. That reduces my value to the service, it reduces my credibility as a member of the service, I'm going to be seen as not capable of doing what I ought to be doing, having failed the service, having failed the public." (interview 6)*

Many employer representatives said they tried to bolster PSP perceptions of meaningful accommodations by collaborating with PSP on where they would like to be accommodated and framing accommodated work as part of treatment and recovery.

While employer and union/association representatives noted stigma was slowly diminishing throughout their organizations—as evident by "*the newer staff [who] are more inclined to say,*

'this bothers me'" and "*more inclined to talk about mental health*" (paramedic employer, interview 7) —they also recognized that mental health stigma was an ongoing challenge that touched all aspects of the RTW process. As such, employer representatives outlined initiatives such as incorporating mental health knowledge into the promotion process and providing formal and informal organizational training to management and staff. Specifically, these trainings focused on identifying mental health concerns in themselves and others, ways to engage with PSP who experience PTSI, supports inside and outside the public safety organization—i.e., "*the duty to accommodate, what accommodation looks like, and how to integrate people into the workplace with limitations and restrictions*" (police employer, interview 6).

3.2.3 Organizational processes

Employer and union/association representatives reported that organizational processes for reintegrating injured PSP back into the workplace could feel overwhelming for the injured PSP after a long absence, as the PSP needs to retrain and to socially reintegrate with new staff. PSP undergo regular occupational training for professional development and to ensure their skills and knowledge are up to date. If injured PSP are off work for a long time, they need to complete more intensive training to ensure they are ready to perform the mandatory duties of their role to the standards of their profession. Organizationally, PSP may also need to re-familiarize themselves with organizational software needed for their role (e.g., charting software) and policies that they may have forgotten or that may have changed since they were gone. This can be a major learning curve for PSP who have been off work for a lengthy time.

The social aspects of reintegration can also feel overwhelming for injured workers. PSP who were off for a long time may need to meet new colleagues and management; they may experience stress from former colleagues asking about their time off. One police employer reflected, *"We've had some [PSP off for years], so things have changed dramatically. [...] They hadn't even met half the people that are here, so that can be very intimidating"* (interview 23). As camaraderie is a central feature to many public safety professions, re-establishing social connections and building trust is important to the RTW process and can be a daunting and energy-consuming task.

Employer representatives mentioned trying to reduce a worker's feelings of being overwhelmed through a variety of initiatives. A few participants highlighted the importance of PSP being informed about the changes in staff and management, the potential cues that may be present in the environment before entering the space, and the potential feelings of being overwhelmed and exhaustion. To mitigate potential feelings of being overwhelmed, a few participants noted that supervisors sent emails to the PSP's peers to inform them the PSP was returning and created comfortable spaces for PSP to unwind.

They also stressed the importance of collaboration among stakeholders to create a supportive environment.

3.3 Collaboration with external stakeholders

Public safety organizations collaborated with the WSIB, community mental health-care providers and unions/associations in the RTW process. Participants noted that the actions, policies, and organizational challenges of each stakeholder influenced the RTW process. They identified communication and information sharing between the stakeholders as a key challenge. Furthermore, they expressed the view that all stakeholders needed to share the better-at-work principle by positioning RTW *"as a focus from the start of the claim,"* and that it "*doesn't have to be in the department or in the field*," but allows PSP to "*continue to be productive and less disability focused*" (fire employer, interview 1).

3.3.1 WSIB

The WSIB plays a central role in a PSP's recovery and RTW, acting as the mediator between the PSP, the employer, and the community mental health-care practitioner. Given this important role, participants expressed concern with the WSIB's seemingly passive management of PTSI claims, noting a lack of timely updates to employers, and a lack of communication with PSP and employers. A police employer representative highlighted the lack of communication by noting:

> *"we've heard some feedback about some older claims where people haven't received a call from WSIB for some time, and that's an issue, [...] you can't really be on top of what's going on with the claim if you haven't spoken to the person for a period of time."* (police employer, interview 33)

Employer representatives described trying to improve communication by regularly reaching out to the WSIB for updates, regularly uploading documents to the file for the WSIB to see, and escalating case management concerns to a WSIB supervisor.

Furthermore, some employer representatives noted many WSIB case managers continuously approved lengthy treatment blocks (typically 10-12 weeks per block) with the same provider without assessing the impacts of treatment; they also spoke of case managers not encouraging community mental health-care practitioners to explore other forms of treatment. A police employer representatives expressed concern that case managers' lack of assessment about the effectiveness of treatment can be harmful to PSP as they are spending years in one kind of treatment with little change to their condition,

> "*We trusted early on that WSIB was [assessing treatment]. Through a lot of questioning, we were able to find out that they're not, they are not asking those questions, they're not ensuring that people are in appropriate treatment. And that's really disappointing and disheartening.*" (interview 5)

They wondered if this suggested a lack of understanding about the individuality of PTSI treatment. A few also described inconsistencies in case managers' practices. They noted different case managers had different RTW philosophies and different timelines for deeming

someone permanently disabled. Some employer participants shared trying to encourage more active case management by *"ask[ing] those questions about escalation of treatment"* for case managers to consider (fire and paramedic employer, interview 26). Employer representatives expressed interest in seeing case managers conduct treatment assessment, explore other modalities and expand the circle of care. A few participants also mentioned requesting a second review of a file to foster more collaboration between case managers, encouraging occupational therapist engagement earlier in treatment, and offering the WSIB the option of having community mental health-care practitioners do exposure therapy at their workplace.

Additionally, participants expressed concerns that some case managers and RTW specialists may not have a detailed understanding of processes and available accommodations in public safety organizations. This could prevent case managers and RTW specialists from properly collaborating with community mental health-care practitioners or planning RTW. Some employer representatives described trying to educate the WSIB representatives on their organization by sending a standard list of possible accommodations when a claim was filed. Others noted they invited RTW specialists and case managers into their workplace to build knowledge of the profession. Despite some concerns of RTW specialists' lack of knowledge of public safety professions, employer representatives spoke favorably about them. Specifically, some participants noted that RTW specialists were typically more communicative and proactive in case management than case managers, which could facilitate a faster RTW. As such, a few employer participants voiced a desire to engage a RTW specialist earlier in the claim. To ensure continuity of the RTW process and address concerns about lack of knowledge in public safety professions and their unique public safety organization, several participants described requesting a dedicated RTW specialist. One paramedic employer representative said that requesting to have the same RTW specialist who can familiarize themselves with the organization has been a "*key change [...] that's proven to be very successful*" because "*it's almost like she knows what's available [for accommodations*]" (paramedic employer, interview 35). This saved time and energy and freed up resources for other supportive endeavors.

3.3.2 Community mental health-care providers

Employer and union/association representatives explained that while there was high demand for knowledgeable community mental health-care practitioners, there were only a small number of practitioners with specialized training to work with PSP and who had an intimate knowledge of the public safety profession. A paramedic employer representative reflected:

> *"I don't find a lot of clinicians are very honest really about their skill gaps. It's a huge problem. [...] it's a problem when people don't really understand the job. They don't really understand the first responder culture and they don't really have the skills. So, you have people sometimes go through almost like a façade of treatment, when really they've not had any treatment at all. They've sort of had, I call it, friendly visiting."* (interview 27)

Participants explained that providers' limited knowledge of PSP's occupational roles and specific public safety organizations may contribute to the vague and unclear restrictions and limitations that are provided by community mental health-care providers. Additionally, some questioned if providers were sufficiently trained in supporting RTW, noting that some providers were unaware of how to write restrictions and limitations that were comprehensible to the employer. One corrections employer representative illustrated how "no inmate contact" could mean vastly different things to a health-care provider versus an employer; the restriction could inadvertently prevent RTW altogether,

> *"[...] sometimes doctors will write 'no inmate contact.' For the employer, no inmate contact means not even visual and that could preclude you from even entering the institution if you have no inmate contact. Sometimes just stuff like that, like understanding the nature that 'no' is a very strong word. If it's no inmate contact, then they can't come back to work essentially. But limited inmate contact we can work with that. We can definitely accommodate."* (interview 24)

As such, some participants discussed the potential utility of developing a mental health functional abilities form that could help employers get a better understanding of the PSP's capabilities. Furthermore, some participants spoke of partnering with community mental health-care providers and educating them on PSP's occupational roles and the accommodations that may be available within public safety organizations. A few discussed that when public safety organizations had no access to the health-care provider, they could indirectly educate them through the WSIB case manager or RTW specialist.

Participants also stated that it can be difficult for PSP to access diagnosing psychologists, which can lead to longer adjudication times and delays in multiple aspects of the RTW process. Furthermore, a few participants expressed concern that the length and frequency of the treatment appointments may not be adequate, and treatment may not be effective, making it longer for PSP to RTW. To mitigate these challenges, a few employer representatives mentioned having a "*psychologist on retainer that [employees] can get into very quickly and start getting preliminary treatment if [employees] can't get access to their own provider right away*" (police employer, interview 3). Others mentioned they offered PSP a list of mental health-care professionals familiar with the organization.

3.3.3 Union/association

Employer and union/association representatives acknowledged that while the degree of involvement of the union/association is mainly dependent on the PSP's preference, unions/associations are in a unique position to mediate the relationship between a PSP and the public safety organization as they are often trusted by PSP and can play an advocacy role. Many employer and union/association representatives agreed that a respectful and collaborative relationship between the public safety organization and union/association can bolster PSP's

trust in their employer and help support positive RTW outcomes. One paramedic employer representative described their relationship with their association as follows:

> *"A key part of supporting employees as a representative of the employer is collaboration with their unions. [...] I use the unions to help communicate with the employee [...] I would say that unions in our sector have become much more educated and aware about their role in supporting employees suffering from PTSD or PTSI. And they've done a really good job of telling us that we need to step up more on the management side. So, I think together there has been a lot of growth." (interview 17)*

Furthermore, union/association representatives said that, given their trusted position, they could also support the PSP's relationships and communication with the WSIB and community mental health-care providers. However, a few union/association representatives shared that it was difficult to offer PSP this level of support due to limited time and personnel. Depending on their role and their union/association, some participants described working part-time for the union/association in addition to their public safety duties. Furthermore, some union/associations had limited staff to support the large volume of work they had, with many noting they supported the claims process, RTW and other labour relations. Hence, for some unions/associations, the lack of resources made it difficult for them to support PSP as thoroughly as they would like to.

Given the many stakeholders that need to coordinate to ensure a successful RTW, employer and union/association representatives expressed the need for communication and trust.

3.4 Communication and trust is foundational to a successful RTW

Overall, employer representatives described communication and trust as foundational to successful RTW outcomes. They highlighted this *"team effort"* among internal and external stakeholders as especially true for PTSI claims because *"it's so complex"* and "*if you don't have a good supportive team in place that the worker can access immediately [...] a lot of times it will fall apart*" (fire employer, interview 1).

Employer and union/association representatives expressed that one challenge to embracing communication was the often-strained relationship between PSP and employers, explaining many PSP felt unsupported throughout their tenure, especially in increasingly challenging work conditions. This led to PSP feeling as if their public safety organization did not care about their wellbeing despite the work they were doing. This poor relationship could translate into a PSP not directly notifying their employer about their intention to file a PTSI claim and not wanting contact with the public safety organization while they were off work. As such, employer representatives suggested that the level of trust impacts the degree of communication and vice versa.

Employer representatives described various initiatives to (re)build their relationship with PSP and to maintain communication. Some participants mentioned openly asking PSP and negotiating how much contact the PSP would like, what method of contact suited the PSP best, and who the PSP would like to contact them. Some shared that they tried to maintain contact regularly, except in cases where the PSP explicitly said they wanted no contact with the public safety organization. In these instances, some participants noted it could be useful to have the union/association act as an intermediary between the PSP and public safety organization and collaborate with unions/associations to support the PSP-employer relationships. A corrections employer representative noted that "*if management suggests something, there may be some pushback, but if the employee sees the union and management are in agreement with the accommodation plan, then there's not as much resistance to it*" (interview 37). Others shared different trusted stakeholders, such as peer supporters, may have reached out instead to maintain supportive contact with the PSP.

4.0 Considerations for employers

Based on the interviews, there are five areas for public safety organizations to consider that could help facilitate the RTW process. How these areas are addressed will depend on the unique context of the public safety organization.

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

Employers recognized physical and mental injuries are inherently different and require unique preventative and RTW processes. There was a push to establish a diversity of procedures that help to regularly track and check in on the mental health of PSP throughout their career, especially after critical incidents and for those working positions at higher risk for mental injury. Some described a desire for establishing regular mental health training/refreshers for all staff and management. Others described wanting procedures that clearly outline the role of each internal stakeholder and the flow of procedures (e.g., ensuring PSP has access to building before coming in, greeting PSP on their first day back). Furthermore, there was a keen interest in implementing a functional abilities form that is specific to the cognitive and functional impairments of workers recovering from PTSI.

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

Many employers voiced the importance of creating dedicated wellness teams to support prevention initiatives and health/abilities/wellness management teams to support claims and RTW. They noted the value of staffing these positions with people knowledgeable in mental health and claim management, ensuring person-centered, compassionate and sincere communication with PSP. For example, one employer representative aspired to pair PSP with a support person when they notice they are starting to struggle at work. Some participants

explained that these specialized teams can demonstrate ongoing support throughout their career and can help (re)build trust.

3. **Flexibility and creativity in accommodations**

Some employer representatives explained the current system of matching individuals to accommodations can be inflexible and inefficient. They described the importance of being flexible and creative by looking at all available possibilities within their organization and/or municipality. A few participants discussed hoping to break positions down into tasks that can 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**

Employer representatives mentioned collaborating with stakeholders inside and outside the public safety organization helps to create a coordinated support system for the PSP before the injury, during recovery, and while returning. They recognized that each stakeholder holds different expertise required for a successful return, thus highlighting the importance of ongoing communication. They advocated for developing relationships with the local community mental health-care practitioners whom their PSP tend to see and with the WSIB case managers/RTW specialists, to educate these stakeholders about the organization and facilitate a more cohesive system.

5. **Focusing on reintegration**

Employer representatives highlighted the importance of having a reintegration program that allows for a graduated, tailored RTW that moves at the pace of the PSP's recovery. They shared this program needs to be mindful of the changing needs of the PSP, acknowledging there may be setbacks and advocating for regular check-ins to reassess and readapt the plan. Throughout this process, some participants shared the importance of having a consistent and accessible support group that can build a relationship with the PSP. Some described having dedicated internal RTW committees and teams that include various parties such as a union/association representative, peer support, and HR.

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

Employer representatives discussed the importance of creating an organizational culture that values psychological safety, communication and trust. They described creating this environment by empowering PSP to voice their needs throughout their RTW journey, including the frequency and method of contact they want with the employer while the PSP are off, and having PSP guide their reintegration plan. Employer representatives explained trying to foster a culture of trust and safety in their workplace through mental health training and organizational initiatives, such as safeguarding programs, to normalize mental health discussions and encourage communication. The considerations outlined above also contribute to a culture of psychological

safety, trust, and communication as they involve organizational changes that help facilitate these values.

5.0 Considerations for the formulative evaluation of the FRMHT program

Although our study did not focus on the treatment or post-treatment experiences in the FRMHT program, interviews with representatives of public safety employers identified three primary themes that are relevant to the continued evolution of the FRMHT program. Employer representatives offered the perspective that partial and graduated RTW, as part of the therapeutic process, would be desirable. Many noted having or working towards establishing a reintegration program, with some sharing they have accommodations within their municipality that can facilitate the RTW process. There was also a keen interest in implementing a functional abilities form that is specific to the cognitive and functional impairments among workers recovering from PTSI. Finally, there is a therapeutic tension between the goals of supporting PSP's functional recovery and supporting PSP's engagement with the opportunities to return to work. Employers were uncertain of the commitment of the WSIB to explore opportunities to facilitate partial and gradual RTW among PSP experiencing PTSI. Balancing this tension may be central to the effective therapeutic management of individual PSP. It may be useful to explore opportunities to integrate these perspectives in the FRMHT program.

References

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Institute for Work & Health
400 University Avenue, Suite 1800
Toronto, Ontario M5G 1S5

info@iwh.on.ca
www.iwh.on.ca