

Report to / Rapport au:

**OTTAWA POLICE SERVICES BOARD
LA COMMISSION DE SERVICES POLICIERS D'OTTAWA**

23 April 2018 / 23 avril 2018

Submitted by / Soumis par:

Chief of Police, Ottawa Police Service / Chef de police, Service de police d'Ottawa

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SUBJECT: WELLNESS STRATEGY UPDATE

OBJET: STRATÉGIE DE MIEUX-ÊTRE: MISE A JOUR

REPORT RECOMMENDATIONS

That Ottawa Police Services Board receive this report for information.

RECOMMANDATIONS DU RAPPORT

**Que la Commission de services policiers d'Ottawa prenne connaissance du
présent rapport à titre d'information.**

BACKGROUND

In 2012, the Provincial Ombudsman published a review of how the Ontario Provincial Police (OPP) and the Ministry of Community Safety and Correctional Services addressed Operational Stress Injuries (OSI). Following the review of the Ombudsman's report, the Ottawa Police formed a working group in 2013, to review the Ombudsman's recommendations on how to best address OSI in our organization.

In 2013, the OPS Business Plan for 2013-2015 outlined a strategic priority of Engaging and Investing in our People with a goal of having a workplace that puts a priority on the health and wellbeing of its members.

In 2015, Ottawa Police entered into working relationships with Queen's University and Carleton University to conduct member research on OPS wellness-related issues including awareness, culture and operational and personal stressors.

On January 25, 2016, the OPS 2016-2018 Business Plan was approved and supported by the Ottawa Police Service Board (OPSB) and wellness of our members was declared a top priority.

On April 5, 2016, Bill 163, Ontario's Supporting First Responders Act, was passed enforcing a presumption that PTSD diagnosed in First Responders is work-related. This act is part of the province's strategy to help keep our First Responders healthy by providing them with better access to information and treatment. Following that, employers of workers covered under the PTSD presumption were directed to provide the Ministry of Labour with a PTSD Prevention Plan by April 23, 2017.

The Ottawa Police presented its PTSD Prevention Plan to the Police Services Board, as endorsed by the HR Committee, receiving approval on March 27th, 2017.

The Ottawa Police presented its Wellness Strategy to the Police Services Board and received approval on April 24, 2017. The purpose of this report is to provide an update on the status of actions being taken to implement the OPS Wellness Strategy in the year since it was approved.

DISCUSSION

Wellness Strategy

Last April the Board adopted a comprehensive strategy to enhance the wellness of OPS members.

Vision: A healthy, resilient and engaged workforce.

Mission: Position OPS employees to optimally manage their wellness throughout their career and into their retirement.

Values: Honour Courage Service

Purpose: The purpose of the OPS Wellness Strategy is to set out a clear, consistent and achievable strategy to create a system of health and wellness through cultural change, education, recognition, resiliency, and support from pre-hire to post-retire. The OPS aims to have a well-rounded, highly capable membership that has opportunities for growth, while balancing the needs of the organization with those of individual members.

Goals: The following goals will help deliver real change to support achieving our vision:

1. Develop an environment that is strategically led and supported with dedicated resources, improved policies and programs.
2. Foster a culture with increased trust, reduced stigma, and improved practices around wellness.
3. Support individuals in their wellness journey to be more aware, engaged and motivated.

Action Plan

The Wellness Strategy is supported by an 18 month Action Plan. It sets out the key activities to be completed to implement each key aspect of the Strategy: Environment, Culture and the Individual. The first six months focuses on establishing a baseline, identifying key metrics and setting the foundation of various programs. Implementation activities occur in the 6 to 18 month timeframe. Measurement and evaluation occur in months 18 to 36. The complete Action Plan is included as Document 1.

Over the past year progress has been made in implementing our Action Plan to achieve multi-level change across Environment, Culture and Individual domains. OPS members, both Associations and the Executive have worked together to support and build mental health programming. This investment in the health and wellness of all of our members has been increasingly visible and we feel that our members are starting to notice and engage positively.

We recognized that occupational and non-occupational psychological disability claims were growing. Despite the number of programs available to members, programs that address mental well-being are viewed as carrying a stigma that may prevent members from seeking support.

For these reasons, our initial work has focused on:

- Delivering a foundation of training to reduce the stigma related to mental health issues and promote mental health and resiliency;
- Dedicating 2 Sergeant Coordinators to the functions of Resiliency and Peer Support to build trust and awareness, to act as wellness advocates and to establish programs through high levels of relationship building and consultation;
- Developing a Peer Support program that is built by, and for, our Members, Families, OPS Veterans and Retirees.

ROAD TO MENTAL READINESS

Road to Mental Readiness (R2MR) training was originally developed by the Department of National Defense with the goals of providing the resources to employees and leaders to manage and support colleagues who may be experiencing a mental health challenge, as well as to promote positive mental health in workplaces.

On January 20, 2017, a General Order was issued for all full-time employees to receive R2MR training as part of the comprehensive Wellness Strategy. The training provides tools, shared language and resources to manage and support employees who may be experiencing a mental health issue. The model also assists members and supervisors with maintaining their own mental health and encourages promotion of positive mental health in all employees—reducing the stigma surrounding mental health.

All supervisors, both sworn and civilian complete an eight-hour R2MR training course. Non-supervisory civilian members complete a four-hour R2MR training course. Sworn members received R2MR training as a mandatory requirement of their annual Use of Force training in 2017. At the time of this report 456 civilians and 1202 sworn members have completed R2MR training.

We have expanded our pool of in-house R2MR trainers through a recruitment and interview process, and now have engaged 28 highly credible members who are strongly committed to Wellness and trained them as facilitators to continue deliver R2MR sessions to our members.

RESILIENCY AND PEER SUPPORT COORDINATORS

Two Sergeant Coordinators are in place to support the functions of Peer Support and Resiliency. We have already seen anecdotal success due to Sergeants who are in these roles. The Sergeants have credibility amongst our members which provides a strong foundation to build trust and confidence in the new, emerging programs. This confidence, awareness and trust for the Peer Support Program was built through the delivery of 11 Peer Support engagement sessions, attendance at over 20 Patrol Parades, Communication Centre training days and numerous sectional meetings.

The activity by the Resiliency and Peer Support Coordinators along with their visible presence around the OPS buildings be it related to traumatic calls or just ad hoc meetings has resulted in the Sergeants being contacted regularly by members requiring guidance for themselves, a colleague or a family member. They have been critical in very sensitive situations to ensure people receive the help they need and have also provided immediate support to OPS members immediately following police-involved shootings and other such traumatic events.

Along with the activity with active members, both NCOs are working with retirees, family members, other first responders to foster awareness around support systems that are currently available to our members. Both NCOs are working to help achieve the goals of the OPS Wellness Strategy and their workload is an indicator of how much these positions are needed at the OPS. Confidentiality and trust in these positions are critical to the success of the programs. The organic increase of reach out to these two Sergeants demonstrates that their work and approach is received well by the Membership.

Resiliency Coordinator

The role focuses on the development of the Resiliency Program which includes:

- Developing and implementation of an Early Intervention Strategy for the OPS;
- Assisting Supervisors to identify members in need of additional support;
- Coordinating mental health training for members;
- Supporting wellness plans to keep members and their families engaged and in ongoing discussions about resiliency;
- Promoting a culture for positive change and reducing stigma through open discussion about mental health issues; and
- Providing additional support/guidance on the development, implementation and evaluation of Wellness programs.

Peer Support Coordinator

The role focuses on the development of the Peer Support Program which includes:

- Developing and implementing a Peer Support Program for all employees;
- Building relationships with community partners and health care professionals to aid in obtaining timely care for members and their families;
- Assisting members and their families in need of additional support to navigate peer support resources;
- Promoting a culture for positive change and reducing stigma through open discussion about mental health issues; and
- Providing additional support/guidance on the development, implementation and evaluation of Wellness programs.

Peer Support

One of our first priorities has been to build a Peer Support program so members would have trusted resources to access as outlined in our Wellness Strategy and PTSD Plan. Policing is a complex and demanding profession. The demands of the profession along with media and public perceptions merge to create a challenging work environment.

We know that our members need reliable support, by people who understand them best and can relate to their own experiences.

'Peer Support' occurs when an individual who has struggled with a challenge affecting their health (like a divorce, or a high needs family member) makes themselves available to support another who is faced with a similar challenge.

Social support is proven to be one of the most important factors to encourage recovery (Cohen, S. (2004). Social relationships and health. *American Psychologist*, 674-84.)

As mentioned we have consulted with members, retirees, OPS veterans and family members to build a Peer Support Program unique to the needs of the OPS. We have reached out to our retirees/veterans and families by way of letters, meetings and social media.

As committed to within our Wellness Strategy, our Peer Support Program will be operational by July 1, 2018 with fully-trained volunteers representing active members, family members, OPS veterans and retirees.

Resiliency

Resiliency is built and strengthened in many ways. We know that good nutrition, sleep hygiene, physical fitness and positive social supports are key to building and maintaining resiliency. The strategies that are chosen are individual and will be dependent on situational circumstances. It is because of this understanding that OPS is cognizant about offering and building upon our current program portfolio (e.g. Fitness assessments, Early Intervention and the Real You Program).

We also are aware that our personal and professional lives often impact one another. For this reason, we are also building programs that can be accessed by our families and OPS veterans and retirees as well (e.g. EFAP, Road to Mental Readiness and Peer Support).

Next Steps

Early Intervention

An Early Intervention (EI) program is one of the priorities under the Resiliency Coordinator. An EI program allows the Service to more easily identify and intervene in correcting problematic behaviour in a timely, supportive and non-disciplinary manner. An EI program focuses on prevention rather than discipline. These systems are proactive

data driven management tools used to identify and assist members with performance problems. They are designed to identify and address, at the earliest opportunity, demonstrated patterns of potentially problematic behaviour. Properly implemented EI strategies can help to provide assistance that members working in a highly stressful profession may need to maintain a high level of performance.

Successful EI programs have been shown to lower public complaints/civil suits and to increase morale. Securing dedicated resources for effective and consistent management, tracking and evaluation is essential for a successful Early Intervention program. This proactive programming aligns with our Wellness Strategy, reinforcing the importance of supporting our members during their career at OPS. This work is now underway with key stakeholders.

Fatigue Management

This year we are going to explore fatigue management in more depth to raise awareness and create formal programming on this issue.

Employee and Family Assistance Provider (EFAP)

Our EFAP provider (Homewood Health) provides programs and services to active members, their dependents along with OPS retirees. The extension to OPS retirees aligns with our Wellness Strategy to support our Members from recruitment to post-policing.

Culture

We know that changing culture will take time. While we have a number of programs already in place and attitudes around wellness within OPS are beginning to shift, there is still much work to be done in order to sustain a healthy culture for current and future employees. Our goals are to develop an environment that is led strategically with dedicated resources, and improved policies and programs that support our organization's wellness vision; to foster a culture with increased trust, reduced stigma, and improved practices around wellness; and to support individuals and their families in their wellness journey to be more aware, engaged and motivated.

In order for us to understand if the programs and work being done is making a difference we need to establish a baseline of where we are today. To get this information, we are working with academics and have created an anonymous survey that covers demographics, work environment, physical and mental health, as well as attitudes about OPS Wellness programming.

Our Members are instrumental in demonstrating the need for Wellness programming to continue to grow at the OPS. They have directly contributed to the recent development of the Peer program, as well as work being done around Resiliency. This work is just one of the influencers which will help shift our culture to a more 'wellness aware' environment.

CONSULTATION

The Wellness Strategy work is being undertaken with input from many stakeholders.

FINANCIAL IMPLICATIONS

The 2018 budget includes the provisions needed to implement this strategy.

SUPPORTING DOCUMENTATION

Document 1 – OPS Wellness Strategy Action Plan

CONCLUSION

The purpose of the Wellness Strategy is to create a system of health and wellness through cultural change, education, recognition, resiliency, and support from pre-hire to post-hire. Our Wellness Strategy sets out a series of clear, specific and achievable steps we have begun to take in order to attain our vision of a healthy, resilient and engaged workforce.

We are working hard to put measures in place to support that strategy, including Peer Support, Resiliency, the Real You and R2MR with the ultimate goal of supporting OPS operations with mental health awareness, including our PTSD Prevention Plan.

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Document 1 - OPS Wellness Strategy Action Plan

Environment

0-6 months – Establish:

- Strategic leadership including commitment to goals and expanded leadership champions at all levels.
- Organizational expectations about wellness.
- Needs assessment for resiliency based programming.
- Peer support teams.
- Programmatic elements for a formal early intervention programs.
- Operational support including resources (staff and committees), training, and communications support such as visible messaging throughout physical spaces.
- Benchmark data for occupational and non-occupational claims.
- Framework for Fatigue Management

6-18 months – Implement:

- A peer support program.
- A formal early intervention program.
- A Fatigue Management Program
- A review of policies and standards to support and align with Wellness Strategy.
- New communication modalities for health promotion/resiliency programming.

18-36 months - Measure and Evaluate:

- The change in occupational and non-occupational data.
- The impact of the various wellness initiatives on the full adoption of the National Standard for Psychological Health and Safety in the Workplace.
- The impact of initiatives and continue to explore quality improvement opportunities.
- The Fatigue Management Program
- Second stage member survey(Queen’s University)

Culture

0-6 months -Establish:

- A commitment to change our culture.

- A culture baseline for evaluation with Carleton University. - Dr. Linda Duxbury and Rebecca Stiles (PhD candidate).

6-18 months - Implement:

- A positive cultural change through programs, training and ongoing communication.
- Action Research to address culture with Carleton University. - Dr. Linda Duxbury and Rebecca Stiles (PhD candidate).

18-36 months – Measure and Evaluate:

- The change in culture-related data.
- The changes in culture and continue to explore quality improvement opportunities.
- The impact of culture-related initiatives on the full adoption of the National Standard for Psychological Health and Safety in the Workplace.

Individual

0-6 months – Establish:

- An understanding of members' needs.
- A wellness baseline for evaluation with Carleton University. - Dr. Linda Duxbury and Rebecca Stiles (PhD candidate).

6-18 months - Implement:

- Communication on supports and resources to members and their families.
- Education through programs and training.
- Engagement strategies for internal and/or external wellness activities.

18-36 months - Measure and Evaluate:

- Members' needs and changes in attitudes, awareness and engagement.
- The individual impact for quality improvement of plan delivery.
- The impact of individual initiatives on the full adoption of the National Standard for Psychological Health and Safety in the Workplace