



Supporting Mental Health in  
First Responders

# Recommended Practices — Gap Analysis Tool

[BCFirstRespondersMentalHealth.com](http://BCFirstRespondersMentalHealth.com)

# Introduction

The BC First Responders Mental Health Committee, consisting of representatives from fire, police, paramedic services, and WorkSafeBC, has developed recommended practices for first responder organizations to better support the mental health of their employees. These 26 practices are described in the document *Supporting Mental Health in First Responders: Recommended Practices*.

To accompany these recommended practices, the gap analysis tool in this document has been developed to assist you in implementing the 26 practices in your organization. The tool enables you to see what parts of the practices your organization already has in place and to track progress as you implement these. It also helps you to communicate to senior management where your organization is at currently and to show your progress to them.

## How to use the tool

The first part of this tool takes each recommended practice and breaks it down into individual components. Most of the identified practices involve numerous components that need to be completed before the practice can be considered fully implemented — for example, recommended practice 7 has 12 components. If a component takes place in your organization, you can mark it as a “yes.” You can then make comments or observations for that component to state how you came to that conclusion or what action you plan to take to implement it if you mark it as a “no” or “partially.”

At the end of the list of components for each recommended practice, there is a final comment box, as well as space for a tally. If none of the components are in place, you mark that recommended practice as “not implemented” at the end of the list. If some components are in place but not all, you mark it as “partially implemented,” and if all of the components are in place, you mark it as “fully implemented.”

At the end of the document there is a summary table for you to record the level of implementation for each recommended practice.

# Recommended Practices

	Yes	Partial	No	Comments & observations
<b>1. Ensure senior leaders clearly support improving mental health in the workplace.</b>				
a) A member of senior management has responsibility for implementation of the mental health strategy.				
b) Senior management and others responsible for implementation are held accountable for the strategy.				
c) Human resources are allocated to implement the mental health strategy.				
d) Communications on the mental health strategy includes support from senior leaders.				

**Comments:**

**Fully implemented:**

**Partially implemented:**

**Not implemented:**

	Yes	Partial	No	Comments & observations
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**2. Adopt a management system approach to mental health in the workplace.**

a) The organization has adopted the National Standard for Psychological Health and Safety in the Workplace (or similar standard).

b) The organization regularly audits its adherence to the standard.

c) The organization integrates the standard with its other management systems, including its occupational health and safety management system.

d) The organization has a communication plan that includes everyone's rights and responsibilities.

e) The organization has a communication plan that includes its strategies, programs, policies, and resources.

**Comments:**

**Fully implemented:**

**Partially implemented:**

**Not implemented:**

	Yes	Partial	No	Comments & observations
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**3. Develop strategies, programs, and policies in collaboration with all workplace stakeholders and tailor them to the specific workplace.**

a) Unions (and other relevant employee groups) collaborate in the development of strategies, programs, and policies.				
b) Unions (and other relevant employee groups) collaborate in the ongoing operations of strategies, programs, and policies.				
c) Adequate resources for employees are in place prior to the implementation of strategies and programs.				
d) Programs are tailored to suit the needs of the organization.				
e) Programs are subject to regular review.				
f) Programs are revised following review.				
g) Reasons for implementing strategies and programs are communicated to employees and other stakeholders.				
<b>Comments:</b>				

**Fully implemented:**

**Partially implemented:**

**Not implemented:**

	Yes	Partial	No	Comments & observations
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**4. Ensure strategies focus on mental health broadly.**

a) The organization’s mental health strategies and programs address the spectrum of psychological well-being.				
b) All employee groups are included in the organization’s strategies and programs.				
c) There are strategies in place to mitigate organizational risks to mental health.				
d) There are strategies in place to mitigate risks to mental health in specific teams.				
e) There are strategies in place to mitigate risks in individuals.				
f) Strategies include organizational, operational, and personal risk factors.				
g) Strategies address employees in the recruitment/induction stage of their career.				
h) Strategies address employees nearing retirement and those who have left the workplace.				

**Comments:**

**Fully implemented:**

**Partially implemented:**

**Not implemented:**

	Yes	Partial	No	Comments & observations
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**5. Implement anti-stigma campaigns to ensure employees seek and receive the help they need.**

a) The organization has launched an anti-stigma campaign.				
b) The anti-stigma campaign is continuous or it recurs regularly.				
c) The anti-stigma campaign targets different employee groups at different levels of the organization.				
d) The anti-stigma campaign includes the business case for supporting mental health.				
e) The anti-stigma campaign targets conditions that are more prevalent in the organization.				
f) Attitudinal surveys are used to determine the effectiveness of the campaign on an ongoing basis.				

**Comments:**

**Fully implemented:**

**Partially implemented:**

**Not implemented:**

	Yes	Partial	No	Comments & observations
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**6. Use workplace champions to reinforce anti-stigma messages.**

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|---|--|--|--|--|
| a) The organization uses champions as part of its anti-stigma campaign. |  |  |  |  |
| b) These champions are employees of the organization.                   |  |  |  |  |

**Comments:**

**Fully implemented:**

**Partially implemented:**

**Not implemented:**



Yes    Partial    No    Comments & observations

**7. Improve employee resiliency through training to help prevent mental health conditions.**

a) The organization provides resiliency training to its employees.				
b) The resiliency training includes skill acquisition.				
c) The resiliency training offers an opportunity to practice these skills.				
d) The resiliency training incorporates social, physical, and spiritual health.				
e) The resiliency training facilitator has a good understanding of mental health.				
f) The facilitator has a good understanding of the organization.				
g) The facilitator uses language that is tailored to first responders.				
h) The facilitator uses content that directly relates to the role of first responders.				
i) Teams receive the training together.				
j) Training is offered during the hiring phase.				
k) Training is delivered on a regular basis throughout an employee's career.				
l) The organization ensures that all employees receive resiliency training.				

**Comments:**

**Fully implemented:**

**Partially implemented:**

**Not implemented:**

Yes Partial No Comments & observations

**8. Improve mental health literacy of employees through training to help reduce stigma.**

	Yes	Partial	No	Comments & observations
a) The organization provides mental health literacy training to its employees.				
b) The mental health literacy training includes recognition of the signs and symptoms of poor mental health.				
c) Mental health literacy training encourages the use of treatment for psychological problems.				
d) Mental health literacy training promotes return-to-work as a part of treatment.				
e) Mental health literacy training includes the organization's policies and practices.				
f) The organization carries out an evaluation to ensure employees understand the training they've received.				
g) The organization uses peer presenters as part of its mental health literacy training.				
h) The mental health literacy training is offered during the hiring phase.				
i) The mental health literacy training is delivered on a regular basis throughout an employee's career.				
j) The organization ensures that all employees receive this training.				

**Comments:**

**Fully implemented:**

**Partially implemented:**

**Not implemented:**

Yes    Partial    No    Comments & observations

**9. Equip supervisors and line managers with the skills to identify symptoms and to support employees.**

a) Front-line supervisors and managers receive mandatory training on how to identify the signs and symptoms of poor mental health.				
b) Front-line supervisors and managers receive mandatory training on what actions to take when they identify the signs and symptoms of poor mental health.				
c) Front-line supervisors and managers receive mandatory training on identifying stress-related risk factors.				
d) Front-line supervisors and managers receive mandatory training on different areas of mental health: stress, burnout, depression, anxiety, and substance addiction.				
e) Front-line supervisors and managers receive mandatory training on using skills such as empathy, understanding, and respectful listening.				
f) Front-line supervisors and managers receive mandatory training on how to accommodate employees who are at reduced capacity.				
g) Front-line supervisors and managers receive mandatory training on what resources and support are available to employees.				
h) Training includes an opportunity for front-line supervisors and managers to practice the skills they are learning.				

**Comments:**

**Fully implemented:**

**Partially implemented:**

**Not implemented:**

Yes Partial No Comments & observations

**10. Equip families of first responders with the knowledge and skills to support their loved ones.**

a) Education, training, and outreach programs relating to mental health is offered to the families of first responders.

b) These programs include teaching families about the role of first responders and the stress and trauma they may face due to their work.

c) These programs include teaching families how to recognize the signs and symptoms of poor mental health.

d) These programs include teaching families how to access resources such as mental health professionals.

e) These programs are offered in a variety of forms to suit different families through different media (e.g., online courses, sessions, pamphlets).

**Comments:**

**Fully implemented:**

**Partially implemented:**

**Not implemented:**

	Yes	Partial	No	Comments & observations
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**11. Ensure mental health providers understand first responder cultures.**

**12. Establish a network of mental health providers.**

a) The organization maintains an up-to-date referral list of mental health professionals.

b) The mental health professionals on this list have expertise in treating the types of mental health issues first responders face.

c) The mental health professionals on this list are geographically accessible to the organization's employees.

d) The mental health professionals on this list have a good understanding of the workplace and occupational culture of the organization's employees.

e) The mental health professionals on this list understand how occupational factors and stressors may impact the way first responders will interact with them.

f) The mental health professionals on this list understand the programs being used in their clients' workplaces.

g) The mental health professionals on this list have been exposed to the work environment of the organization.

**Comments:**



**Fully implemented:**

**Partially implemented:**

**Not implemented:**

	Yes	Partial	No	Comments & observations
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**13. Provide access to a range of support options.**

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|---|--|--|--|--|
| a) The organization provides employees with a range of options for accessing mental health support.                     |  |  |  |  |
| b) The organization offers employees short, one-on-one annual mental health checkups with a mental health professional. |  |  |  |  |

**Comments:**

**Fully implemented:**

**Partially implemented:**

**Not implemented:**

	Yes	Partial	No	Comments & observations
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**14. Create in-house peer support services.**

a) The organization provides peer support mental health interventions.				
b) The organization promotes the use of its peer support teams.				
c) The peer support team is well trained.				
d) The peer support team has clear roles.				
e) The peer support team has a code of conduct.				
f) Employees can access peer support through a variety of methods to suit the individual employee (e.g., in groups, in pairs, in person, by phone, online).				
g) Peer support teams follow up regularly with first responders after critical and traumatic incidents.				
h) Peer support teams maintain contact with employees who are on leave from work due to mental health issues.				

**Comments:**

**Fully implemented:**

**Partially implemented:**

**Not implemented:**

	Yes	Partial	No	Comments & observations
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**15. Provide peer support and other services to families and retired first responders.**

a) Peer support is offered to the families of first responders.				
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b) Peer support is offered to retiring and retired first responders.				
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**Comments:**

**Fully implemented:**

**Partially implemented:**

**Not implemented:**

	Yes	Partial	No	Comments & observations
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**16. Recognize the signs and symptoms of potential mental health issues early and take action.**

a) The organizations recognizes the role of managers and supervisors in identifying the signs and symptoms of poor mental health in employees and in intervening when this occurs.				
b) Managers and supervisors are prepared to have difficult conversations when they identify employees with potentially poor mental health.				
c) Managers and supervisors communicate to employees what support is available if they have poor mental health.				
d) Managers and supervisors adhere to the principals of privacy and confidentiality to ensure the employee’s personal information is protected.				

**Comments:**

**Fully implemented:**

**Partially implemented:**

**Not implemented:**

	Yes	Partial	No	Comments & observations
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**17. Provide managers and supervisors with access to mental health experts.**

a) Managers and supervisors have access to mental health experts who can support and coach them in difficult situations.				
b) Managers and supervisors can recognize workplace behaviours and changes in behaviour that may reflect a mental health issue.				
c) Managers and supervisors can recognize workplace factors that may contribute to poor mental health.				
d) Managers and supervisors engage in useful conversations with distressed employees.				
e) Managers and supervisors respect privacy and human rights.				
f) Managers and supervisors are familiar with organizational policies and resources pertaining to mental health.				
g) Managers and supervisors support workers with psychological issues while at work.				
h) Managers and supervisors help workers who have psychological disabilities to return to work in a safe and sustainable fashion.				

**Comments:**

**Fully implemented:**

**Partially implemented:**

**Not implemented:**

	Yes	Partial	No	Comments & observations
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**18. Ensure employees have excellent mental health care benefits.**

a) The organization's EFAP program is in line with best practice treatment guidelines (i.e., the type of therapy provided).				
b) The organization ensures employees can access best practice mental health treatment to meet their individual needs (through benefit transfer, sufficient coverage, provided outside of benefits, etc.).				
c) The organization has a standing team made up of workers and management (usually human resources staff, not direct line management) that meets if important issues arise in individual cases.				
d) The organization's standing team has authority to approve the use of resources when other avenues have been exhausted.				

**Comments:**

**Fully implemented:**

**Partially implemented:**

**Not implemented:**



	Yes	Partial	No	Comments & observations
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**19. Incorporate critical incident stress debriefing and defusing in the workplace.**

a) The organization has a critical incident stress management (CISM) program that adheres to best practice models.				
b) The organization has policies to address when CISM is mandatory and when it is voluntary.				
c) The organization provides debriefing as a part of its CISM program.				
d) The organization provides defusing as a part of its CISM program.				

**Comments:**

**Fully implemented:**

**Partially implemented:**

**Not implemented:**

	Yes	Partial	No	Comments & observations
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**20. Ensure return-to-work plans are flexible and collaborative.**

a) The organization has a stay-at-work (SAW) and return-to-work (RTW) process.				
b) SAW/RTW practices are flexible and consider individual circumstances.				
c) SAW/RTW plans support recovery and reintegration.				
d) SAW/RTW plans focus on the worker's abilities rather than impairments.				
e) SAW/RTW plans incorporate ways to ensure the employee has a supportive environment.				
f) The SAW/RTW process includes regular follow-ups if workers go off work, including helping them navigate procedures and processes during this time.				
g) The SAW/RTW process includes a plan to reintegrate workers when they return.				
h) The SAW/RTW process includes strategies to ensure workers remain connected to the workplace while they're away from work.				
i) SAW/RTW plans take into account applicable human rights law associated with workplace accommodations.				
j) SAW/RTW procedures and processes do not further negatively affect the worker's mental health.				
k) SAW/RTW plans recognize that mental health conditions can be episodic.				

	Yes	Partial	No	Comments & observations
l) SAW/RTW plans reflect how important it is to maintain the connection with workers when they're off work.				
m) Contact with workers off work is meaningful and compassionate.				
n) Communication between the employee, the employer, the manager or supervisor, the union, the insurer, and the family is maintained throughout the process.				
o) Once a worker is fully reintegrated into the workplace, the SAW/RTW process ensures follow-up with the worker regularly to prevent recurrence.				
p) The organization ensures that the burden on coworkers is minimized while a worker is off work or working at reduced capacity.				
q) The employee's privacy and confidentiality is maintained during and after the SAW/RTW process.				
<b>Comments:</b>				

**Fully implemented:**

**Partially implemented:**

**Not implemented:**

	Yes	Partial	No	Comments & observations
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**21. Maintain privacy and confidentiality at all times.**

a) The organization has a strong policy to ensure confidentiality when employees participate in providing information (such as through data collection) to maintain a mental health strategy.

b) The organization has a strong policy to ensure confidentiality when employees seek help.

c) The organization ensures that personal information is kept secure and is collected, accessed, used, disclosed, stored, and disposed of only for purposes necessary for, and authorized by, staff to conduct their business.

d) The organization adheres to provincial and federal legislation on how to handle employee information.

e) The organization ensures that any mental health providers the organization uses adheres to provincial and federal legislation on personal information and any relevant professional standards of conduct.

**Comments:**

**Fully implemented:**

**Partially implemented:**

**Not implemented:**

	Yes	Partial	No	Comments & observations
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**22. Use data to identify key mental health issues in the workplace.**

a) The organization uses workforce surveys that measure psychological hazards.				
b) The organization collects and analyzes internal data that measure psychological hazards.				
c) The organization collects and analyzes external data that measure psychological hazards.				
d) The organization identifies areas where employees are regularly exposed to traumatic events.				
e) The organization has a clear data-collection strategy, ensuring consistent methodology over time and analyzing trends.				
f) The organization communicates to employees why it is collecting data, and which actions have been or will be taken based on the results.				
g) The organization ensures individual data is kept private and confidential and communicates this to employees.				

**Comments:**

**Fully implemented:**

**Partially implemented:**

**Not implemented:**

Yes    Partial    No    Comments & observations

**23. Prepare for the evaluation before you begin.**

a) The organization has established measures to assess problems.				
b) The organization has established measures to evaluate interventions and programs.				
c) The organization plans evaluations before implementing interventions and programs.				
d) The organization measures the inputs of interventions and programs.				
e) The organization measures the outputs of interventions and programs.				
f) The organization measures the immediate, intermediate, and ultimate outcomes of interventions and programs.				
g) The organization measures the return on investment of interventions and programs.				
h) The organization assesses employee knowledge following education and training interventions, and at subsequent intervals.				
i) The organization evaluates the performance of senior management in relation to the mental health strategy.				
j) The organization carries out a regular review of workplace units, groups, or sections.				
k) The organization evaluates the responses taken to individual cases.				

**Comments:**

**Fully implemented:**

**Partially implemented:**

**Not implemented:**

	Yes	Partial	No	Comments & observations
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**24. Ensure claims processes are clear and don't add to mental stress.**

a) The organization provides employees with clear information on how to access insurance claims processes.				
b) The organization reviews and adjusts disability processes (including SAW/RTW processes) to ensure they don't add to the stress of the trauma.				
c) The organization documents events that could potentially lead to a mental injury, for potential adjudication of a WorkSafeBC or private claim.				
d) The organization includes a comprehensive record of critical and traumatic incidents and the first responders involved, even when injuries are not immediately apparent.				

**Comments:**

**Fully implemented:**

**Partially implemented:**

**Not implemented:**



	Yes	Partial	No	Comments & observations
<b>25. Provide self-care tools.</b>				
a) The organization provides employees with self-care tools.				

**Comments:**

**Fully implemented:**

**Partially implemented:**

**Not implemented:**

	Yes	Partial	No	Comments & observations
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**26. Form partnerships with other organizations and first responder groups.**

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|--|--|--|--|--|
| a) The organization works with other first responder organizations to share good practices and pool knowledge and resources. |  |  |  |  |
| b) The organization works with universities and insurers to gain knowledge and expertise.                                    |  |  |  |  |
| c) The organization keeps up to date with new developments in mental health.   |  |  |  |  |

**Comments:**

**Fully implemented:**

**Partially implemented:**

**Not implemented:**

# Summary

Recommended Practice	Yes	Partial	No	Comments & observations
1. Ensure senior leaders clearly support improving mental health in the workplace.				
2. Adopt a management system approach to mental health in the workplace.				
3. Develop strategies, programs, and policies in collaboration with all workplace stakeholders and tailor them to the specific workplace.				
4. Ensure strategies focus on mental health broadly.				
5. Implement anti-stigma campaigns to ensure employees seek and receive the help they need.				
6. Use workplace champions to reinforce anti-stigma messages.				
7. Improve employee resiliency through training to help prevent mental health disorders.				
8. Improve mental health literacy of employees through training to help reduce stigma.				
9. Equip supervisors and line managers with the skills to identify symptoms and to support employees.				
10. Equip families of first responders with the knowledge and skills to support their loved ones.				
11. Ensure mental health providers understand first responder cultures.				

Recommended Practice	Yes	Partial	No	Comments & observations
12. Establish a network of mental health providers.				
13. Provide access to a range of support options.				
14. Create in-house peer support services.				
15. Provide peer support and other services to families and retired first responders.				
16. Recognize the signs and symptoms of potential mental health issues early and take action.				
17. Provide managers and supervisors with access to mental health experts.				
18. Ensure employees have excellent mental health care benefits.				
19. Incorporate critical incident stress debriefing and defusing in the workplace.				
20. Ensure return-to-work plans are flexible and collaborative.				
21. Maintain privacy and confidentiality at all times.				
22. Use data to identify key mental health issues in the workplace.				
23. Prepare for the evaluation before you begin.				
24. Ensure claims processes are clear and don't add to mental stress.				
25. Provide self-care tools.				
26. Form partnerships with other organizations and first responder groups.				

**Comments:**

**# of recommendations fully implemented**                    \_\_\_\_ / 26  
**# of recommendations partially implemented**                    \_\_\_\_ / 26  
**# of recommendations not implemented**                    \_\_\_\_ / 26