



**Supporting Mental Health in
First Responders**

Making the Business Case

BCFirstRespondersMentalHealth.com

Introduction

One of the biggest hurdles in supporting mental health in first responders is getting an organization's leadership to make it a priority. While some leaders may support mental health initiatives in theory, actual resources and commitment are needed to bring about change in an organization.

Making the business case to an organization's leadership is key to overcoming that hurdle. The business case needs to be persuasive and to show how taking action will benefit the organization and its workers.

This guide outlines a nine-step approach to developing the business case:

1. Identify the decision makers
2. Gather the data
3. Perform a gap analysis
4. Identify the resources
5. Find case studies
6. Present the opportunities
7. Present the challenges
8. Define the next steps
9. Present your case

Details on each of these steps are provided in the following section.

Steps

1. Identify the decision makers

There are usually two groups of leaders in first responder organizations that need to commit before you can move forward: senior management and union leadership. Both are essential for implementation. Garnering their support will ensure buy-in from the entire organization, from top to bottom. Senior management and union leadership may have different interests and it's important that your business case addresses all of those interests. Keep this in mind as you go through subsequent steps.

2. Gather the data

The next step is to understand the social and financial cost of poor mental health in your organization. At this stage, you're still trying to convince senior leaders to implement the recommendations and provide the necessary resources to carry it out. You likely won't have all the data you need yet; much of it will need to be gathered once the business case has been made. In fact, it's a careful balance between gathering enough data to make a sound business case and ensuring you don't spend so much time on this step that you lose

momentum and the interest of your senior management. Keep in mind that even though you may not have all the data you want at this point, it's important to continue moving forward.

Gather data from your human resources department and from third-party providers, such as WorkSafeBC, your private insurer, and your employee family assistance program (EFAP) provider. While data specific to mental health is important, it's not always necessary — especially since mental health also impacts physical health and the outcomes of physical injuries.

Consider including the following types of data in your business case:

- Employee turnover (retention) rates
- Recruitment costs related to employee turnover and to cover workers away on disability (including training and apprenticeship)
- Cost of overtime to cover workers away on disability
- Numbers of labour complaints or grievances
- Rates of absenteeism
- Cost of absenteeism (including time used by HR staff and benefits paid)
- Accident and incident reports, worker complaints, or investigations related to mental health
- Short-term and long-term disability rates, including duration (WorkSafeBC and private insurer)
- Impact of short-term and long-term disability costs on insurance premiums (WorkSafeBC and private insurer)
- Number of workplace accommodations
- Use of EFAP
- Use of psychology/counselling benefit
- Use of psychological prescription benefit

In addition to your organization's data, consider looking at provincial, national, and industry data. This broader data can support your business case by indicating trends that may be relevant to your organization. More information on this is provided in Appendix A.

3. Perform a gap analysis

There are 26 recommended practices organizations can implement to better support mental health in first responders. Each recommendation is unique so it's helpful to break down each component of a particular recommendation to understand the details. (See the document *Recommended Practices* in this tool kit for more detail on these 26 practices.)

Organizations will already have some of these practices in place. Some of these practices may be partially implemented while others may not be implemented at all. It's important to assess where your organization is and what still needs to be done to fully implement a practice.

The following table is an example of something you can do to document how far along your organization is on each recommended practice, and what more work needs to be done. A more in-depth gap analysis tool is also included in this tool kit.

Recommended practice	Implementation status (fully/partially/not)	Action(s) needed to achieve full implementation
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.		

Recommended practice	Implementation status (fully/partially/not)	Action(s) needed to achieve full implementation
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.		
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 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.		

Recommended practice	Implementation status (fully/partially/not)	Action(s) needed to achieve full implementation
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 further to mental stress.		
25. Provide self-care tools.		
26. Form partnerships with other organizations and first responder groups.		
	/ 26	# of recommendations fully implemented
	/ 26	# of recommendations partially implemented
	/ 26	# of recommendations not implemented

4. Identify the resources

Identify the resources you already have at your disposal. Then identify the resources you are likely going to need to implement the recommended practices.

Your organization may already have some of the resources available. Some of these might include:

- EFAP provider
- Psychological health care benefits
- Data collection by HR
- Peer support team
- Communications department
- HR expertise
- Legal counsel
- Occupational health and safety management system

- Existing wellness policy
- Training programs
- Staff orientation
- Links with mental health professionals
- Critical incident stress management (CISM) protocol

Pointing out to senior leaders the resources that are already in place can help them realize how achievable implementation is.

You still need to ensure that senior leadership will provide the resources needed to fully implement the recommended practices. You're not developing an action plan yet, so you won't be able to provide exact details of what resources will be needed, but the gap analysis should offer some ideas. These resources could include:

- Consultants to develop and deliver training
- Collection of more data
- Greater HR support for those off work due to mental health issues
- Increased access to mental health professionals
- More peer support team members
- Staff to develop new processes and programs

Emphasize that this may not be needed all at once and can be phased in to spread the cost of implementing the practices over time.

5. Find case studies

Examples that illustrate the benefits of supporting mental health can help strengthen your business case — especially if the examples are drawn from organizations similar to yours. While there isn't yet a case study on an organization that has implemented all 26 recommended practices, many organizations have adopted at least some of them.

A number of relevant case studies have been included in Appendix C.

6. Present the opportunities

State the opportunities to implement the recommended practices, addressing both management and the union's interests.

Opportunities worth highlighting may include:

- Quick, easy "wins" that the organization can achieve
- Ways that the organization differs from the industry average
- Trends that support the recommendations
- Opportunities for cost savings
- Additional side benefits (for example, how actions might benefit service to clients)

7. Present the challenges

Presenting the challenges, honestly and explicitly, is also important. Acknowledging the risks in implementing the recommended practices and how these risks might be mitigated helps to make the business case more credible. Some of the challenges may include:

- Difficulty in motivating staff to engage in developing strategies and programs
- Resistance to change HR practices, including return-to-work procedures
- Maintaining privacy and confidentiality at all times
- Finding people with the right skills to deliver training
- Developing trust between management and workers
- Having sufficient resources
- Collecting internal and external data efficiently

8. Define the next steps

The final part of the business case is stating what comes next. Leaders want to see a clear process they can buy into. Your next steps will likely be:

- Selecting a member of senior management to be responsible for the project
- Setting up a project group that will represent all relevant parties in the workplace
- Communicating with middle management and staff on the project
- Carrying out a full organizational assessment, including identifying hazards and existing psychosocial issues in the workplace and workforce
- Developing a detailed action plan that includes timelines, resources required, and responsibilities

9. Present your case

It's now time to make the business case to senior leaders. You should encourage the most senior levels of leadership in management and the union to attend your initial conversation; agreement and buy-in from both parties is necessary for the project to succeed. Make sure you have a clear objective in mind: are you looking for a response at that meeting or will you be setting up a subsequent meeting to hear their feedback and decision? In either case, set up the meeting so that your audience can ask questions and raise any concerns they may have.

Appendix A: Data — Mental health and return on investment

There are a variety of financial costs related to mental health in Canada:¹

- Workplace mental health disorders cost Canadian companies nearly 14 percent of their net annual profits and up to \$16 billion annually.²
- More recent calculations, which include indirect costs — such as presenteeism — suggest that upwards of \$51 billion is lost to the Canadian economy annually due to mental health and addiction issues (e.g., depression, anxiety, burnout, substance misuse).³
- In 2005, mental disabilities such as stress and depression were the leading cause of disability in the labour force. This accounted for more than \$8 billion in productivity losses in 2006.⁴
- For employees who get treatment, an employer will save on average between \$5,000 and \$10,000 per year in wage replacement, sick leave, and prescription drug costs.⁵
- One study found that improving the management of mental health in the workplace, including prevention and early identification of problems, can result in financial savings of 30 percent.⁶
- Mental disorders are the leading cause of disability in the U.S. and Canada for people aged 15 to 44.⁷
- Mental illness is the second leading cause of disability and premature death in Canada.⁸
- Mental health — primarily depression and anxiety — has surpassed cardiovascular disease as the fastest growing category of cost for disability claims in Canada.⁹
- 75 percent of all short-term disability claims and 82 percent of long-term disability claims in Canada are related to mental illness.¹⁰
- A study, released in 2004 by the Public Health Agency of Canada, identified that 58 percent of employees report having work-life conflict and/or being overwhelmed by their jobs, families, or finances.¹¹
- PriceWaterhouseCoopers 1999 International Student Survey found 57 percent of graduating business students rated work-life balance as their primary career goal and, therefore, influential in choosing an employer.¹²

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- ¹ Canadian Mental Health Association — Ontario. Comprehensive Workplace Health Promotion — Affecting Mental Health in Workplace.
- ² Scientific Advisory Committee to the Global Business and Economic Roundtable on Addiction and Mental Health. Mental health and substance use at work: Perspectives from research and implications for leaders. 2002.
- ³ Scientific Advisory Committee to the Global Business and Economic Roundtable on Addiction and Mental Health. Mental health and substance use at work: Perspectives from research and implications for leaders. 2002.
- ⁴ Global Business and Economic Roundtable on Addiction and Mental Health. *Business and Economic Plan For Mental Health and Productivity*. 2006.
- ⁵ Canadian Mental Health Association. Mental Health Works: “Mental Health Fact Sheet.” Accessed February 12, 2010.
- ⁶ National Institute for Health and Clinical Excellence. Promoting mental wellbeing at work: Business Case. 2009.
- ⁷ The World Health Organization. *The World Health Report 2004*. 2004.
- ⁸ Institute of Health Economics. How Much Should We Spend on Mental Health? 2008.
- ⁹ M. Wilson, R. Joffe, & B. Wilkerson. The unheralded business crisis in Canada: Depression at work. 2002.
- ¹⁰ Watson Wyatt. Staying @ Work Survey: Mental Health claims on the rise in Canada. 2005.
- ¹¹ C. Higgins, L. Duxbury and K. Johnson. Public Health Agency of Canada: Exploring the Link Between Work-Life Conflict and Demands on Canada’s Health Care System. 2004.
- ¹² Human Resources and Skills Development Canada. The business case for work-life balance. 2005.

Appendix B: Employer Safety Planning

Tool Kit

The Employer Safety Planning Tool Kit is a suite of interactive tools that enables employers to learn about the injuries and claims that impact their organizations' safety performance. This WorkSafeBC resource allows you to compare your organization's performance against your peers, and see how operational and workplace health and safety changes could impact your company.

The Employer Safety Planning Tool Kit contains the following features:

- Experience rating forecaster — view your company's past and projected experience rating, perform detailed "what-if" scenarios, and estimate direct cost-premiums savings.
- Competitive comparison tool — see how your company compares with other firms in your rate group or classification unit.
- Performance scorecard — assess your company's performance across selected health and safety key performance indicators (KPIs) and see how changing the value of a specific KPI can impact your overall performance.
- Injury claim map and injury prevention forecaster — understand injury frequency and claim costs in your organization. You can sort this information by five different categories: nature of injury, accident type, body part, source of injury, and occupation.
- Return-to-work comparison tool — track how successful your company's return-to-work outcomes are by comparing your performance with other companies in your industry.
- Accident cost calculator — analyze the cost of accidents at your organization, including all the indirect costs that represent the true costs of a single accident.

The tool kit is available at worksafebc.com/en/about-us/shared-data/interactive-tools/employer-safety-planning-tool-kit

In addition to the safety planning tool kit, you can get further information such as occupational data from WorkSafeBC.

Appendix C: Case studies

Toronto East General Hospital¹

Toronto East General Hospital is a community teaching hospital that includes inpatient beds comprised of acute care, rehabilitation, complex continuing care, and mental health. The hospital has 2,500 unionized and non-unionized employees and healthcare providers, 413 physicians and midwives, and over 500 adult and student volunteers.

The hospital made implementing the National Standard of Canada for Psychological Health and Safety in the Workplace a strategic priority in order to support their staff. Their goal is to increase staff engagement, which they believe will lead to improved patient care. Ultimately, the hospital has made supporting mental health a priority because they believe it's the right thing to do.

Since implementing the standard, the hospital's overall staff engagement scores have significantly increased, placing them as the leading community hospital in 9 of 11 engagement categories. The organization has experienced a 7 percent decrease in overall health care costs over the last 4 years and a decrease in days absent (from 10.66 in 2008 to 6.55 in 2014). They believe their staff engagement score improvements have been a significant driver in improving their patient satisfaction and overall quality metrics.

Fire & Rescue New South Wales²

Fire & Rescue New South Wales (NSW) in Australia provides firefighting and rescue services across metropolitan, rural, and regional NSW. The organization has a diverse workforce comprising 6,800 firefighters, 400 administrative staff, and more than 6,000 community fire unit volunteers.

For the past 23 years, Fire & Rescue NSW has run a volunteer peer support program. This initiative provides stress interventions and support after critical incidents have occurred, including over-the-phone and on-the-scene assistance for colleagues.

Initially developed as a reactive program to respond to incidents, the peer support program has since embraced a more proactive approach. This includes highlighting mental health issues and stress in the workplace, providing information on how and where to get support, and creating a holistic approach to well-being.

The peer-to-peer focus has been one of the most successful features of the program. Firefighters are encouraged to connect with "mates" they can relate to and who understand the intricacies of the job (rather than a psychologist or their managers). This focus helps break down perceived barriers to accessing support and ensures that people are referred to relevant support when needed.

In addition to the peer support program, other mental health and wellness initiatives include:

- Dedicated well-being team that includes a well-being coordinator, a health promotion manager, a team of chaplains, consultant practitioners, and an external employee assistance program for access to professional counselling and assistance
- Regular discussions between the well-being coordinator, health promotion manager and managers and staff to ensure that the organization remains proactive and on top of the issues that matter to the workforce
- Regular, complimentary health checks for peer support members
- Promotion of health and well-being via education sessions and information posted around the workplace
- Participation in SANE Australia's Mindful Employer mentally healthy workplace training program
- Participation in community initiatives, such as Mental Health Month and R U OK Day

How the initiatives came about

While firefighting is a rewarding experience, Fire & Rescue NSW recognized that the role can be extremely demanding and traumatic. There is also a culture among firefighters to show toughness and strength. There were concerns that, despite looking after others, firefighters were not looking after themselves. The organization felt that more could be done to foster a culture of openness and sharing among firefighters to help deal with the stress of the work.

Benefits and outcomes

Benefits resulting from these initiatives include the following:

- The majority of peers remain active; there are extremely low attrition rates and there is currently a waiting list of volunteers who want to become peer support members.
- Staff are more willing to ask for help.
- More staff are accessing the services of the employee assistance program.
- There has been a shift in mindset within the organization about post-traumatic stress.
- Staff and their families have provided positive feedback about the impact of the program with some reporting that it has been life-saving.
- There are fewer workers' compensation claims.

A video on this case study can be found here: [youtube.com/watch?v=adX7J0yRSTE](https://www.youtube.com/watch?v=adX7J0yRSTE).

Ambulance New South Wales³

Ambulance New South Wales (NSW) provides clinical care and ambulance services to more than 7.25 million people across NSW. The organization employs 4,000 people, 90 percent of whom are operational staff on the front lines of service.

Because these front-line staff are regularly exposed to traumatic events, mental health in the workplace is a principal concern for Ambulance NSW. Its primary means of supporting mental health is via a thorough staff support system, one element of which is the peer support program.

The program consists of 140 peer support officers and a full-time peer support team coordinator. Peer support officers are paramedics who maintain their regular roles, but also take on a peer support role on a voluntary basis. To become peer support officers, staff undergo a two-day training program, participate in refresher courses, and maintain regular contact with an EAP psychologist. The training program covers topics such as mental health awareness, active listening, and recognizing the signs that someone is at risk of self-harm. The training also acts as a screening tool to find the right people for the job.

The intention of the program is to have qualified staff members that struggling individuals can talk and relate to, and who understand the difficulties of the job.

The program also incorporates a staff support activation policy. Through this policy, peer support officers proactively contact workers who have participated in jobs known to have a traumatic impact, such as the death of a child, to check on them and offer support. Early intervention is believed to help prevent mental health issues.

Recent improvements include enhancing coverage of the peer support program and developing and distributing cards with contact details of all staff support services. The organization is also developing a smartphone app that would make it easier for paramedics to find a peer support officer in their region when they need it.

Other workplace mental health initiatives of Ambulance NSW include:

- Training managers in supporting staff members, particularly in identifying mental health issues and providing assistance and referrals.
- Mandatory stress management training for new staff and periodic refreshers for current staff.
- Implementing the Support Your Buddy program, which is designed to encourage colleagues to support each other in the workplace.
- Setting up a dedicated committee to look for strategic ways to develop support staff and improve employee well-being and mental health.
- Participation in community initiatives such as Mental Health Month and R U Ok Day.
- Regular wellness checks for paramedics, which involve a one-hour, voluntary appointment with a psychologist about improving mental health and stress management.

How the initiatives came about

The findings of a parliamentary inquiry in 2008 gave rise to a broad program of looking at how Ambulance NSW could better support its staff.

There were concerns that Ambulance NSW's paramedic staff were not sharing and off-loading the stresses of their jobs, and that there was an organizational attitude that this sharing would be seen as a sign of weakness. With this organizational attitude in place, staff tended to be less likely to seek out support when they truly needed it. Ambulance NSW realized it needed to be more proactive about providing support to its staff and overcoming attitudinal barriers to communicating about stress and emotions.

Benefits and outcomes

Benefits resulting from these initiatives include the following:

- Internal surveys have returned highly positive assessments of the effectiveness of the peer support program and indicate that the program is well-regarded by staff at all levels.
- There has been a shift in the organizational culture regarding talking about emotions and mental health: the feeling now is that it's okay to be tough, but it's also okay to look after yourself.
- More than 1,200 contacts were made last year between staff and peer support officers.
- Use of Ambulance NSW's employee assistance program has increased over the past few years.
- The number of stress leave applications has decreased.

¹ Mental Health Commission of Canada. Case Study Research Project: Early Findings Interim Report. 2015.

² Heads Up: headsup.org.au/creating-a-mentally-healthy-workplace/get-inspired/case-studies/fire-rescue-nsw

³ Heads Up: headsup.org.au/creating-a-mentally-healthy-workplace/get-inspired/case-studies/case-study-ambulance-nsw