Supporting mental health in first responders: A guide for supervisors

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Supporting mental health in first responders:

A guide for supervisors

Introduction

A supervisor is a person who instructs, directs, and controls workers in the performance of their duties. A supervisor can be any worker — management or staff — who meets this definition, regardless of job title. Not only do supervisors have a moral responsibility to ensure the health and safety of those they supervise, they also have a legal responsibility to do so under the Occupational Health and Safety Regulation.

Supervisors (including line managers) play a key role in supporting the mental health of those they supervise. Supervisors are well-positioned to identify the early signs and symptoms of a worker who may be struggling with their mental health and to respond in order to facilitate improvement and recovery.

While awareness about mental health issues in the workplace has increased over the years, there is still a lot of stigma associated with mental health challenges. A 2008 Canadian Medical Association study cited in the Mental Health Strategy for Canada found that only 23 percent of Canadians would feel comfortable talking to their employers about a mental illness. In addition to taking a personal toll, unresolved mental health illnesses can have a significant economic impact. Mental health issues account for about 30 percent of disability claims in Canada and cost about $51 billion each year. Of these costs, $20 billion are due to work-related claims.

Mental health in first responders

In the past few years, there has been more discussion about first responders and the mental health issues they face. There have been a number of media stories profiling first responders who say their mental health issues stem from the trauma and stress they experience on the job.

Research has shown that first responders are at higher risk of mental health injuries than the general population. First responders are repeatedly exposed to distressing situations, violence, trauma, and death. They also encounter daily workplace stressors such as heavy workloads, rotating shifts, and, occasionally, discrimination and bullying. For some individuals, these stressors can have an immediate detrimental impact; for others, the negative effects build up over weeks, months, or even years.

Many first responders will experience symptoms of a mental health condition either temporarily, or on a recurring or ongoing basis, at some point in their careers. These conditions include anxiety, depression, substance use, and post-traumatic stress disorder (PTSD). B.C. recognized this by amending the *Workers Compensation Act* so that PTSD and other mental disorders are included as presumptive conditions associated with first

responders' jobs. In other words, first responders no longer have to prove that these conditions are job-related — they are now presumed to have been caused by the nature of their work.

Workplace culture and first responders' mental health

It's important to note that those who have mental health conditions or experience symptoms can have positive outcomes if they receive the right support from family, friends, and their workplace.

It also makes business sense to help first responders remain mentally healthy. Disability and absenteeism costs for employers are high, and can include medical and compensation costs as well as the costs of recruitment and replacement when a first responder cannot return to work. These additional costs make it more difficult for organizations to deliver the important public services that first responders provide. First responder organizations and the public will benefit directly by improving the mental health of first responders.

The workplace and its culture play a significant role in how workers respond to challenges. For example, there is often a strong sense of community and camaraderie in first responder environments and this can have a protective and positive impact on individuals' well-being.

But there are also elements of workplace culture that can have negative effects on mental health and well-being. Stigma associated with mental health conditions is still prevalent among first responders. Many people worry about talking about suicide or mental health conditions with someone who seems to be struggling with it because they are afraid of doing harm or saying the wrong thing. Also, in many first responder organizations, there are concerns about the confidentiality of support services, and workers sometimes fear accessing these services may influence how management sees or treats them. These concerns may deter workers from seeking help and are significant barriers to promoting mental health.

Tackling these barriers requires a cultural shift in first responder organizations and will only be possible if everyone in the organization is committed to working together to improve mental health.

Role of the supervisor

Supervisors are in the best position to both identify mental health issues in workers and to respond to them in appropriate, meaningful ways. Some of the key parts of a supervisor's role when supporting the mental health of workers include:

- Recognizing the signs and symptoms of those struggling with mental health issues
- Discussing mental health concerns with workers who are struggling
- Understanding the resources available to workers, both within and outside the workplace, including their Employee Assistance and Critical Incident Response programs

- Facilitating workers' return-to-work (RTW) and stay-at-work (SAW) processes
- Identifying their own stigma and biases and addressing them

It's also just as important for supervisors to be aware of their own mental health. Information on getting help can be found on the BC First Responders' Mental Health website at bcfirstrespondersmentalhealth.com/looking-for-help.

The eight resources described below are included in this package to help supervisors fulfil their role in supporting workers' mental health.

Appendix A: Understanding mental health

First responders regularly encounter stressful situations, which can affect the brain over time. This document describes those effects and how they help with understanding the mental health challenges of first responders.

Appendix B: Recognizing signs and symptoms

Supervisors are well-positioned to identify the early signs and symptoms of workers who may be struggling with their mental health and to take action. A supervisor's response often determines whether the situation gets better or worse. If there isn't a response, or there is an inappropriate response, it could lead to a grievance, an accident, or a disability and extended absence, which could negatively impact both the organization and the worker.

This appendix describes how to recognize the signs and symptoms of those struggling with mental health issues.

Appendix C: Having a conversation

It is important for supervisors to take action if they think an employee needs support in their mental health, whether it is because the supervisor recognized signs and symptoms or whether an employee seeks help from them directly. Supervisors need to be able to respond with empathy and understanding, which involves listening respectfully and being non-punitive. This resource outlines how to have these conversations with workers.

Sometimes, despite best efforts and attempts to help, some workers are unwilling to receive help or take steps to improve their situation. As a supervisor, there will be times when formal mechanisms within the organization need to be engaged to deal with performance issues. During these times, it is important for a supervisor to address specific observations about work issues.

Appendix D: Available resources

Supervisors and management should know where to refer a worker to for more resources and support. First responder organizations usually have a range of resources available to their workers to support their mental health, including counselling and workplace

accommodations. There are also several community supports available to the general public that are useful.

This appendix includes a template for listing the resources available in your organization. It also includes information about some important community and first responder resources.

Appendix E: The role of peer-to-peer and CIR programs

This document describes peer support and critical incident response (CIR) programs, both of which are common resources found in first responder organizations. It's important for supervisors to understand these programs and how they serve as valuable resources for workers.

Appendix F: RTW/SAW process

Supervisors (including line managers) play an important role in facilitating safe and effective work accommodations. Supervisors with positive leadership qualities can decrease the time a worker is away from work following a traumatic incident or other forms of occupational stress.

The support that supervisors offer will contribute to the best possible outcomes for their workers. Supervisors' knowledge of internal processes, their ability to provide appropriate and meaningful accommodated work, and their positive supervisory qualities will help prevent unnecessary work disability in your organization.

This appendix provides information on the role of supervisors in the RTW and SAW process.

Appendix G: Key competencies and training

Supervisors need to have certain knowledge, skills, and abilities (KSAs) to successfully fulfill their role in supporting mental health in the workplace. Some of these relate to knowledge about mental health, while others relate to how supervisors perform their workplace duties.

This appendix outlines the KSAs that have been identified for supervisors. Where relevant, available training courses have then been matched to these KSAs; supervisors should speak to their management about accessing these courses.

Appendix H: Organizational sentinel events

A sentinel event is generally considered an "unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof." Sentinel events may be considered a risk for the development of occupational stress injuries in first responders. Each organization may have a different definition for a sentinel event.

Each organization or first responder service like has its own definition of a "sentinel event" for its own purposes and/or may have a list of example sentinel events. It's important for

supervisors to know what their organization considers a sentinel event so that they can provide the proper support for a worker that has experienced one. This appendix lists examples of possible sentinel events.

Appendix A: Understanding mental health

Content adapted with permission from "Staying Emotionally Healthy in the Fire Service: What You and Your Family Should Know," prepared by Matthew Johnston, September 2015.

The nature of the job

First responders regularly encounter stressful situations. Most people will never have to experience the things they see, hear, or do as part of their job. To perform their required duties, their minds are forced to adapt, and it will gradually alter the way they interpret a traumatic event. Just like a callus forming on a hand due to repeated pressure, their minds thicken and harden in response to repeated exposure to stress.

This is what enables them to "get the job done." Through training and experience, the analytical part of the mind learns to suppress natural emotional responses while at work. The brain changes the way it organizes information so that what was once considered traumatic becomes a normal part of daily reality.

First responders work under a command structure where personal decision making is restricted by industry protocols and guidelines. Training within this structure creates dependable, logic-based behaviour that trumps personal thoughts and actions in the face of extreme circumstances. In other words, first responders are trained to respond instinctively with calm and rational behaviour during stressful events.

How the brain constructs an emotional barrier

The brain's limbic system largely governs emotions, behaviours, and long-term memory. First responders are trained to remain calm during potentially traumatic situations so their emotional and behavioural patterns can follow predictable paths. This training is what makes it possible for them to place personal feelings, beliefs, and reactions on hold when they encounter challenging circumstances.

In reaction to stress and anxiety, our limbic systems are programmed to have us respond in one of three ways: fight, flight, or freeze. These responses have been integral to our survival as a species — but they are simply not options for first responders attending to emergency situations. Instead, when they encounter a traumatic situation as a first responder, their limbic system is suppressed so that they can respond calmly and logically.

Over time, as first responders attend calls of a traumatic nature, they start to develop a strong dissociative barrier between risk and action. This allows them to run into a burning building or provide medical treatment to an injured child in hazardous conditions. In these moments, the needs of the people they're trying to save supersede their own physical and emotional needs. This demonstrates how effectively your well-trained analytical mind can override your natural emotional and behavioural reactions to a dangerous situation.

Sometimes first responders go through a stressful encounter and have no problem bouncing back. Other times, a first responder may need extra support to work through it and return to feeling like themselves.

Encourage your workers to consider seeking help from a mental health professional if they are experiencing any of the following:

- Difficulty sleeping, including frequent nightmares or night terrors
- Unwanted thoughts or feelings that affect concentration
- Flashbacks
- Chronic fatigue
- Loss of interest in usually enjoyable activities
- Irritability toward others
- Addiction, such as to alcohol, drugs, or gambling
- Self-insolating behaviours, including a lack of interest in social connectedness
- Frequent feelings of hopelessness, shame, or guilt
- Compulsion to work excessively at the expense of important relationships

Appendix B: Recognizing signs and symptoms

Even though first responders' mental health is influenced by what is occurring in their brain, it doesn't mean that mental health is invisible. There are usually signs and symptoms if a first responder is struggling.

The Mental Health Continuum Model illustrates the different mental health phases first responders may experience throughout their life and career. It also describes the physical and mental effects associated with each phase. The model includes the following phases:

- Healthy and adaptive coping (green)
- Mild and reversible distress (yellow)
- More severe and persistent functioning impairment (orange)
- Clinical illnesses and disorders requiring concentrated medical care (red)

Being aware of these signs and symptoms can help you decide if and when you should have a conversation with someone you're supervising.

You can also direct workers to useful self-assessment tools that can help determine whether they need the intervention of a health care provider. HeretoHelp, a project of the BC Partners for Mental Health and Substance Use Information, offers four screening self-tests that help people evaluate their own mental health or wellness. These tests look for signs or symptoms that can show up in some mental illnesses and can also help someone identify patterns of feelings or substance use. The four self-tests focus on depression, anxiety disorders, risky drinking, and well-being. Access the four self-tests at: heretohelp.bc.ca/screening-self-tests.

Mental Health Continuum Model

Healthy	Reacting	Injured	Ill
• Normal fluctuations in mood, calm, takes things in stride • Normal sleep patterns, few sleep difficulties • Physically well, good energy level • Consistent performance • Sense of humour, in control mentally • Physically active and socially active • Limited or no gambling/alcohol use	• Nervousness, irritability, impatience, sadness, feeling overwhelmed • Trouble sleeping, intrusive thoughts, nightmares • Tired/low energy, muscle tension, headaches • Procrastination • Displaced sarcasm, forgetfulness • Decreased physical and social activity • Regular but controlled gambling/alcohol use	• Anxiety, anger, pervasive sadness, hopelessness • Restless or disturbed sleep, recurring images or nightmares • Increased fatigue, aches and pains • Difficulties with performance and concentration or workaholic, presenteeism • Negative attitude • Social avoidance or withdrawal • Increased gambling/alcohol use	• Excessive anxiety, easily angered, depressed mood, suicidal thoughts • Unable to fall or stay asleep, sleeping too much or too little • Exhaustion, physical illness • Unable to perform duties/control behaviour/concentrate, overt subordination, absenteeism • Isolation, avoiding social events, not going out or answering the phone • Alcohol/gambling addition, other addictions
Actions to take at each phase of the continuum			
• Focus on task at hand • Break problems into manageable chunks • Identify and nurture support systems • Maintain healthy lifestyle	• Recognize limits • Identify and minimize stressors • Engage in healthy coping strategies • Get adequate food, rest, and exercise	• Identify and understand own signs of distress • Seek social support and talk with someone instead of withdrawing • Seek help	• Seek consultation as needed • Follow health care provider recommendations • Regain physical and mental health

Appendix C: Having a conversation

*Reproduced from *Having the conversation: How to support coworkers or employees*, by the Canadian Mental Health Association, British Columbia division

The 5 steps approach

1. Prepare	• Are you in the right frame of mind to start this discussion? • Do you have access to resources you may need (crisis line numbers, etc.)? • Do you have some time blocked off? • Have you thought about where to have the conversation?
2. Talk about what you see	Mental illness is not invisible, identify any changes to: • Physical health • Eating habits • Personal appearance • Sociability • Errors or accidents • Punctuality • Response to new tasks and familiar tasks • Working more, unable to take a break
3. Ask if they are okay – in your own words	• Step back from assumptions • Be curious • Listen for understanding (see below)
4. Ask what you can do to help	Reassure them that you are here if they need you. If you are a supervisor, ask what you can do to help support their success at work: • Consider small "a" accommodations (everyday changes and supports) • Ask what the employee/member is going to do to contribute to their success • If appropriate, write next steps down either with the employee or after the meeting **Important:** If you get a sense that this is warranted, ask if they are thinking about suicide. Be ready to connect them to resources (crisis line etc).
5. Take a moment for yourself	It's important to take a moment to thank yourself and acknowledge that you have approached an important conversation and have started to build a stronger relationship with another human being. • Take a walk • Grab a coffee/tea/water

- Sit in silence for a few minutes

Listening for understanding
- Ask one question at a time
- Listen for the answers, allow pauses
- Avoid interrupting
- Seek clarification
- Don't problem solve
- Take more time to gather information than you normally would
- Be aware if you are arguing or defending

Appendix D: Available resources

Complete the contact details for each of the resources available in your organization so that you can inform workers who may be experiencing difficulties with their mental health.

Organizational resources	Contact name	Phone	Email
Employee assistance program			
Organizational peer support team			
Organizational critical incident response team			
Employee's union			
Joint health & safety committee			
First aid attendant			
Occupational health nurse			
Human resources advisor			
Extended health benefits provider			

Crisis resources	Phone
Crisis Intervention and Suicide Prevention Center of BC (24 hours a day) A volunteer organization committed to helping people help themselves and others deal with crisis. crisiscentre.bc.ca	1.800.SUICIDE (1.800.784.2433)
WorkSafeBC Crisis Support Line (24 hours a day) Contact the WorkSafeBC Crisis Support Line if you or your family is in emotional crisis and you've been injured at work. worksafebc.com/contact-us	1.800.624.2928
WorkSafeBC Critical Incident Response (9 a.m. to 11 p.m.) A confidential program that helps workers and employers who have experienced a traumatic event in the workplace. worksafebc.com/contact-us	1.888.922.3700
310Mental Health Support (24 hours a day) Access to emotional support, information, and resources specific to mental health. crisislines.bc.ca	310.6789 (no need to dial area code)
First responder support resources	**Phone**
Honour House Society Honour House provides free accommodation for first responders and their families while receiving medical care in Metro Vancouver. honourhouse.ca	778.397.4399
First Responder Support Network Provides educational treatment programs to promote recovery from stress and critical incidents experienced by first responders and their families. frsn.org	1.415.721.9789
BC First Responders' Mental Health Offers resources to help you support your colleagues, family and friends, and yourself. bcfirstrespondersmentalhealth.com	N/A

Appendix E: The role of peer–to-peer and CIR programs

Critical incident stress management (CISM)

Introduction

*Reproduced from the International Critical Incident Stress Foundation

CISM is a comprehensive, integrative, multicomponent crisis intervention system. CISM is considered comprehensive because it consists of multiple crisis intervention components. CISM interventions range from the pre-crisis phase through the acute crisis phase, and into the post-crisis phase. CISM is also considered comprehensive in that it consists of interventions that may be applied to individuals, small functional groups, large groups, families, organizations, and even communities.

The seven core components of CISM are:

- Pre-crisis preparation: this includes stress management education, stress resistance, and crisis mitigation training for both individuals and organizations
- Disaster or large-scale incident and school and community support programs, including demobilizations, informational briefings, "town meetings," and staff advisement
- Defusing: this is a 3-phase, structured small group discussion provided within hours of a crisis for purposes of assessment, triaging, and acute symptom mitigation
- Critical Incident Stress Debriefing (CISD): this refers to the "Mitchell model" 7-phase, structured group discussion, usually provided 1 to 10 days post-crisis, and designed to mitigate acute symptoms, assess the need for follow-up, and, if possible, provide a sense of post-crisis psychological closure
- One-on-one crisis intervention/counselling or psychological support throughout the full range of the crisis spectrum
- Family crisis intervention and organizational consultation.
- Follow-up and referral mechanisms for assessment and treatment, if necessary

Benefits and outcomes of CISM

CISM empowers individuals, in the context of their workplace, to define and maintain their own and others' health through education, communication, and enhanced social support. The CISM approach allows individuals to verbally express stress reactions and share coping strategies after a traumatic incident. Critical incident stress debriefing also provides an opportunity to explore lessons learned and what can be done differently in the future.

Peer support

Introduction

First responders attend calls and witness events that can cause them to experience strong emotional, physical, cognitive, or behavioural responses. These can be traumatizing and interfere with performance during and after incidents. They also face day-to-day life stressors that are common in many peoples' lives at work and home. The compounding effect of life stress and trauma exposure can be detrimental to their mental health.

Often, co-workers who have had similar experiences can provide support and referral assistance through peer support. This can help improve the lives of their peers and guide them towards recovery, empowerment, and hope. Peer support may also reduce the use of formal mental health, medical, and social services, which can reduce the cost of a first responder's recovery.

Increasingly, first responder organizations are embracing peer support. In its best form, it operates with autonomy and enables support workers to make judgments and decisions. Because peer support work can be exhausting and emotionally challenging, care must be taken to ensure that those involved in it have ongoing training and formalized support to prevent burnout and injury.

Definition of peer support

The Mental Health Commission of Canada (MHCC) defines peer support as "a supportive relationship between people who have a lived experience in common in relation to either their own mental health challenge or illness or that of a loved one."

The ultimate goal of peer support is to help workers who are experiencing mental health challenges to achieve hope and recovery. For someone experiencing a challenge, the insight gained from a peer support worker's experiential knowledge can be deeply supportive.

Peer support model

While some organizations have informal support models, peer support is most effective when it is structured into a formalized, intentional peer support form. In this model, there is training for peer support workers.

In first responder organizations, critical incident stress management (CISM) falls under the umbrella of peer support. The distinction is that CISM is incident specific, a form of support and diffusing that follows exposure to a traumatic incident or event. Peer support may include CISM as well as other forms of support.

Workplace peer support is a subset of formalized peer support. In workplace-based peer support programs, workers that may have lived experience of mental health challenges are selected or volunteer and receive training to support other workers within their workplace.

Benefits and outcomes of peer support

Research shows that peer support programs can:

- Humanize mental health challenges and take them outside the medical realm
- Promote socialization, reducing feelings of isolation and alienation that can be associated with mental health conditions
- Help people gain control over their symptoms and reduce hospitalization
- Foster hope and recovery
- Help people learn coping skills and improve resilience
- Promote a better understanding of mental health issues and services for all within an organization
- Create opportunities for increased employee engagement
- Help peers reach life goals and improve quality of life
- Provide rewards and further healing for the peer supporter through the experience of listening to and helping others

Appendix F: RTW/SAW process

Introduction

This resource is geared towards employers, but is a useful reference for supervisors given their involvement in the RTW/SAW process. Supervisors (including line managers) play an important role in facilitating safe and effective work accommodations. Supervisors with positive leadership qualities can decrease the time a worker is away from work following a traumatic incident or other forms of occupational stress.

From beginning to end, the support that supervisors provide their workers will contribute to the best possible outcomes. Their knowledge of internal processes, their ability to provide appropriate and meaningful accommodated work, and their positive supervisory qualities will help prevent unnecessary work disability in an organization.

The role of supervisors

Depending on the needs and capacity of your organization, supervisors may — and should — perform some or many of the functions involved with an employee's stay at work/return to work (SAW/RTW). Supervisors' relationships with employees and their co-workers is pivotal to the success of an employee's RTW plan. For complex cases, supervisors will need the support of someone more skilled in managing mental health issues.

Supervisors are the face of the employer for their employees, so having an open and collaborative communication style encourages employees to talk to them if they have difficulties performing their duties due to mental health conditions. Having respectful, early, and ongoing communication with an employee who is on a RTW/SAW plan, or while the employee is off work, demonstrates that the employee is valued. This ongoing communication is also known to increase the likelihood that the employee will return to work earlier.

Further, the supervisor's intimate knowledge of the work, coupled with the authority to make temporary work accommodations, will help prevent employees from taking unnecessary time off work due to mental health conditions. It's important to work collaboratively with the employee when developing these accommodations — each employee is different and it is important that individual needs are taken into account. Any work performed needs to be meaningful and receive buy-in from employees in order for their return to work to be sustainable and to ensure that it doesn't exacerbate any mental health limitations that they may have. Organizations have a legal responsibility under human rights law to provide reasonable accommodations for employees.

The role of the supervisor with all employees includes:

- Ensure all staff receive education and training on RTW/SAW policies and processes
- Intervene early when employees are exhibiting symptoms and signs of mental health difficulties

- Provide employees with RTW/SAW information and support, while ensuring employees know what is expected of them
- Foster a supportive work environment for employees

The role of the supervisor with employees who are off work includes:

- Maintain regular and respectful communication with an employee who has mental health problems
- Work jointly with the employee to identify limitations and appropriate, meaningful modified or alternate work
- Participate in the RTW/SAW process as required by the organization's processes
- Communicate with RTW/SAW professionals
- Monitor and adjust the RTW/ SAW plans as necessary
- Follow up regularly with employees who have resumed their full work

Supervisor competencies and functions

Competencies	Functions
Ability to foster supportive and trusting relationships	• Provide opportunities and an environment for employees and co-workers to feel safe to communicate about difficulties with their job duties or performance
Good observational and active listening skills	• Identify employees who may be in distress or having difficulties performing their usual job duties • Provide a safe environment for employees to communicate
Ability to be empathetic and respectful	• Initiate early contact with employees off work and struggling at work • Maintain respectful contact while an employee is off work or back at work
Ability to work collaboratively	• Work collaboratively with the employee towards a shared goal of recovery • Provide the employee with meaningful work accommodations, without burdening co-workers • Share appropriate information with co-workers to be supportive of the employee's RTW/SAW
Knowledge of internal and external mental health resources to support workers	• Provide information to employees who may need to access work resources such as EFAP programs, or community resources such as mental health services
Intimate knowledge of workplace jobs and duties	• Use their knowledge of the work and job duties to assist with or plan suitable and meaningful work accommodations

Competencies	Functions
Introductory knowledge of mental health conditions and typical limitations for common mental conditions in the workplace	• Identify issues that may be causing mental distress in the workplace • Help to match job demands with the worker's temporary functional limitations
Knowledge of relevant legal requirements	• Ensure work accommodations and communication are in compliance with relevant legal requirements (e.g., acts, regulations, and guidance relating to workers' compensation, employment standards, human rights, freedom of information and protection of privacy)
Ability to solve problems related to RTW/SAW plans	• Identify when employees are having difficulty with their job performance, and work collaboratively to identify factors that can be modified — this means giving the employee the opportunity to provide solutions first and having conversations to reach a compromise • Monitor progress of RTW/SAW plans and work collaboratively to solve issues if they arise
Ability to facilitate temporary work accommodations	• Facilitate temporary accommodations, monitor progress, and revise plans as changes occur
Ability to negotiate and facilitate RTW/SAW opportunities in the workplace	• Facilitate early and respectful communications with the employee, other supervisors, and co-workers, and coordinate suitable and meaningful work accommodations

RTW/SAW resources

Additional resources for RTW/SAW and supporting the mental health of employees are available on the BC First Responders Mental Health website at bcfirstrespondersmentalhealth.com/looking-to-help/as-leaders.

Appendix G: Key competencies and training

Introduction

In order for an organization to successfully support mental health in the workplace, supervisors need to have some knowledge, skills, and abilities (KSAs) to fulfill their roles. Some of these relate to knowledge about mental health, while others relate to how people perform their workplace duties.

General mental health KSAs have been identified for supervisors. Available training courses have then been matched to these KSAs to see whether taking a course will address them. In the tables on the following pages, the KSAs for supervisors have been matched to four available training courses:

- Resilient Minds — provided by the Canadian Mental Health Association
- R2MR (Road to Mental Readiness) — based on the courses developed by the Canadian Armed Forces and provided by selected trainers (R2MR Primary for employees; R2MR Leadership for senior leadership and managers and supervisors)
- MH First Aid (Mental Health First Aid Basic) — provided by Mental Health First Aid Canada
- AMHI (Accommodating Mental Health Issues) — provided by the BC Federation of Labour Health & Safety Centre

No current training course covers all of the KSAs identified for supervisors. While this document has attempted to match the KSAs to the outlines of each of these courses, it does not guarantee how in-depth each KSA is covered. Additionally, to what extent a KSA is covered may vary depending on the trainer delivering the course.

KSAs and selected training courses

Supervisors (including line managers)

KSAs	Resilient Minds	R2MR	MH First Aid	AMHI
General knowledge of the most common types of mental health conditions in first responders (i.e., PTSD, depression, anxiety, substance use disorder)	X	X	X	
General knowledge of the signs and symptoms of mental health conditions (including risk of suicide)	X	X	X	
General knowledge of stress-related risk factors and stress-reducing activities and practices	X	X	X	

Supervisors (including line managers)

KSAs	Resilient Minds	R2MR	MH First Aid	AMHI
General knowledge of the model of stressors leading to stress and eventually to strain (i.e., events in the organization, reaction to the event, and long-term consequences)	X	X		
General knowledge of the biomedical factors that influence mental health	X		X	
Knowledge of how chronic stress can result in attitudinal and behavioural changes, and the impact of these changes on client interactions				
Knowledge of the legal obligations related to mental health conditions (e.g., workplace health and safety, disability discrimination, privacy)		X		X
Knowledge of the mental health resources available to employees (e.g., employee assistance program, employer benefits, community supports)	X	X	X	
Knowledge of how to provide workplace accommodations for an employee, particularly those related to mental health				X
Knowledge of alternative duties available in the workplace and how to keep employees functional and successful in the workplace				X
Knowledge of how the workplace is performing in relation to mental health goals and other indicators				
Ability to develop stay-at-work and return-to-work plans, and managing the different phases of disability				X
Ability to have difficult conversations with employees about their performance and their mental health	X	X	X	
Ability to deal with difficult situations, such as conflict, in ways that are proactive, decisive, prompt, and objective		X		
Ability to provide constructive feedback on worker strengths and areas of improvement	X	X		
Ability to give clear direction and advice, and to clarify role requirements and expectations		X		

Supervisors (including line managers)

KSAs	Resilient Minds	R2MR	MH First Aid	AMHI
Ability to provide positive direction and assist workers in identifying opportunities during times of change	X	X		
Ability to be understanding, supportive, compassionate, and empathetic	X	X	X	
Ability to use practical language and behaviours to reduce mental health stigma in the workplace	X	X		
Ability to practice self-care and positive coping strategies	X	X		
Ability to practice psychological first aid	X	X	X	
General knowledge of the connection between physical health and mental health, including sleep deprivation, poor nutrition, excessive alcohol and caffeine consumption, changes in adrenaline, and lack of exercise	X	X		

Appendix H: Organizational sentinel events

Introduction

A sentinel event is generally considered an "unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof." Sentinel events may be considered a risk for the development of occupational stress injuries in first responders. Each organization may have a different definition for a sentinel event.

Each organization or first responder service like has its own definition of a 'sentinel event' for its own purposes and/or may have a list of example sentinel events. It's important for supervisors to know what their organization considers a sentinel event so that they can provide the proper support for a worker that has experienced one.

Possible sentinel events

This list is not exclusive and your own organization likely has its own list of sentinel events. Please refer to your organization's own list for guidance.

1. Line-of-duty deaths
2. Suicide of a colleague
3. Serious work-related injury
4. Multi-casualty / disaster / terrorism incidents
5. Events with a high degree of threat to the personnel
6. Significant events involving children
7. Events in which the victim is known to the personnel
8. Events with excessive media interest
9. Events that are prolonged and end with a negative outcome
10. Any significantly powerful, overwhelming distressing event