A Collaborative Approach to Mental Health in an Integrated (Fire-EMS) Department: A Case Example

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Strathcona County

- Located immediately east of Edmonton
- 1,265 square kilometres
- A specialized municipality with nine hamlets, including Sherwood Park
- 2018 population of 98,381
- Two major industrial areas
- Wildland urban interface
- Both national railroads
- Yellowhead (Trans Canada) Highway
Strathcona County Emergency Services

- Fully integrated department with Fire/Rescue/EMS
- Total staff of 253
- Divisions:
  - Suppression
  - Fire Prevention & Investigation
  - Communications
  - Occupational Health, Safety & Training
  - Emergency Management
  - Business Operations
Mental Health Programming in SCES: Prior to 2013

- Peer Support: Team of 1; ICISF trained
- One County employee responsible for Employee and Family Assistance was the only commonly known resource
- Department Chaplain Sought
- Several members on permanent LTD due to workplace stress
- No known provincial or regional Peer Support resources
- Enter Denise.....
What Happened in 2013?

- Strathcona County Disability Management team recognized a couple members who were falling through the cracks in seeking and obtaining appropriate resources.

- A significant risk was realized:
  - Increase in business costs due to lost-time injuries/illness
  - Department member’s loss of quality of life
  - Or even loss of life itself
Creating the Solution

- Identify and remove barriers
- Coordination of resources
- Create pathways to appropriate and timely supports
  - Education
  - Prevention
  - Assessment
  - Referral
  - Diagnosis
  - Treatment
The Collaborative Approach

- Big Picture: Health and Wellness of our Responders
- Benefits of a collaborative approach
- Challenges
- Ongoing Quality Management
- Creating a safe and accepting culture at all levels
Self-report; candid description of symptoms and request for guidance

WCB process

- Treatment sessions – delays
- Lengthy pending claim requiring LTD
- Lack of clarity re: diagnosis

Lack of progress over 10 treatment sessions → loss of optimism, hope

Absence time frame (9-12 months)

Resolution with new provider
2013: Gaps Identified

- General lack of available resources (e.g. mental health providers or MHP’s)
  - with regards to MHP’s, who are the experts in the field with respect to first responders; specifically Fire and EMS?
  - evidence-based approach in terms of assessment and treatment
  - experience working with Fire & EMS culture
  - prompt access; create a plan to address extended absences or vacations
  - experience with return to work planning
  - accepted as providers under the WCB or other appropriate third party provider
An Integrated Approach to Mental Health in First Responders

Key Concepts:
- Reduce stigma through corporate practices and policies designed to increase awareness and promote mental health

Internal Supports
(i.e. Peer Support program, Chaplaincy)

External Supports
(Third-party providers; i.e. WCB-AB, Great West Life, Employee and Family Assistance Program and community providers)

Corporate Practices and Leadership Engagement
(i.e. Awareness, Disability Management practices, wellness programs, etc.)

Key Concepts:
- Facilitate ongoing education regarding self-awareness and self-care
- Build resistance and resiliency

Key Concepts:
- Demonstrate respectful confidentiality in collaboration with external stakeholders
- Increase awareness regarding the unique aspects of first response
- Facilitate access to prompt, evidence based care

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An Integrated Approach: Key Stakeholders

- First responders guidelines and case example – 2017

- Identify the key stakeholders
  - First Responder
  - Management, Human Resources
  - Union
  - Third party providers (e.g. WCB, LTDI carrier, EFAP provider, etc.)
  - Community medical providers, collaborators, subject matter experts, etc.
  - Other?
An Integrated Approach: Key Concepts

• **Corporate Practices and Leadership Engagement**  
  - Reduce stigma through corporate policies and practices designed to increase awareness and promote mental health

• **Internal Supports**  
  (e.g. Disability Management, Peer Support, department Chaplaincy)  
  - Implement multiple access points/remove barriers to accessing supports

• **External Supports**  
  (e.g. Third party providers such as WCB, LTDI carrier, EFAP provider)  
  - Awareness re: unique aspects of first response, prompt access to evidence-based care

• **First Responder**  
  - Facilitate ongoing education/awareness and self-care, build resistance/resiliency
Key components of an effective mental health program

• Understand the needs specific to the population (e.g. Fire, EMS)
  – Cumulative trauma over time, cultural considerations
  – Prompt, evidence-based care, culturally competent
  – Understanding of safety sensitive/decision-critical work; return-to-work planning

• Identify components that are already in place; evaluated on an ongoing basis

• Avoid “checking the boxes”; actively drive resources/programs to ensure components of your program are as effective as possible
  – e.g. one component (e.g. awareness or EFAP will not likely address all areas of need

• Offer a **continuum of resources & multiple entry points**
SCES Peer Support Team

• Consider models/available accreditation resources
  – Presence of MHP/clinical director to guide and support team members, regular meetings and training;
  – Consistent approach re: CISM interventions;
  – Multiple entry points to evidence-based care;
    • Team members have direct access to MHP; have a thorough understanding of the continuum of resources available and can guide to appropriate resource;
    • Almost half of members who access formal supports began the process through an initial contact/discussion with a peer team member.
Return on Investment

Table 1: SCES average and total claim costs per year (psychological injury)

<table>
<thead>
<tr>
<th>Year</th>
<th>Average cost per claim</th>
<th>Total claims costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>$11,606.09</td>
<td>$23,212.18</td>
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<tr>
<td>2013</td>
<td>$14,612.30</td>
<td>$73,061.48</td>
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<tr>
<td>2014</td>
<td>$4,354.24</td>
<td>$26,125.41</td>
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<tr>
<td>2015</td>
<td>$642.77</td>
<td>$1,285.54</td>
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<tr>
<td>2016</td>
<td>$357.26</td>
<td>$1,429.05</td>
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<tr>
<td>2017</td>
<td>$487.01</td>
<td>$1,461.03</td>
</tr>
<tr>
<td>2018 YTD</td>
<td>$924.72</td>
<td>$4,623.62</td>
</tr>
</tbody>
</table>

WCB-AB

Significant decrease following changes to case management process, implementation of MHP (psychologist), addition of Chaplaincy and commencement of peer support team.
# Return on Investment

## Table 2: Psychological Injury Claim Costs in Five Albertan Municipalities

<table>
<thead>
<tr>
<th>AB Municipality</th>
<th>Average cost per claim (2018 YTD)</th>
<th>Total claims costs (2018 YTD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strathcona County</td>
<td>$924.72</td>
<td>$4,623.62</td>
</tr>
<tr>
<td>Municipality #2</td>
<td>$12,232.92</td>
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<tr>
<td>Municipality #3</td>
<td>$61,469.28</td>
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<td>Municipality #4</td>
<td>$1,888.25</td>
<td>$9,441.24</td>
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<td>Municipality #5</td>
<td>$30,426.78</td>
<td>$91,280.33</td>
</tr>
</tbody>
</table>

WCB-AB
Where are we headed in 2019?

• Formal evaluation of our mental health continuum, e.g.
  – Clinical psychologist/MHP
  – Peer support
  – EFAP

• Data collection and analysis

• Resiliency - currently addressed through staff presentations (e.g. peer support “20 in 20”, new recruits, and spousal/family)
  – Collaborate with subject matter experts (SME’s) to discuss new and innovative ideas with respect to the development of resiliency skills
Final Words

• The pieces are out there, you just need to put them together

• It is everyone’s responsibility to protect one another from any and all hazards of the job

• Time and money spent on prevention pays dividends in terms of reduced losses

• **Invest in your Peer Support Team**