

2016 PTSD Summit

# Making Progress on Prevention

Hosted by Ontario Minister of Labour Kevin Flynn

**#TalkingPTSD**

Summit on

# Post-Traumatic Stress Disorder

*Making Progress on Prevention*

October 25, 2016

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# Highlights of the Day

- Over **150 participants** attended the 2016 PTSD Summit
- The hashtag **#TalkingPTSD** has been trending since then

## Participants came from a range of backgrounds:

- ✓ Police services
- ✓ Firefighter services
- ✓ Emergency medical services
- ✓ Corrections
- ✓ Health care
- ✓ Transit
- ✓ Social services
- ✓ Mental health advocates
- ✓ Researchers
- ✓ Mental health agencies

On October 25, 2016, the Ministry of Labour hosted the **PTSD Summit: Making Progress on Prevention**. The summit, hosted by the Honourable Kevin Flynn, Minister of Labour, brought together workers, employers and experts from a wide range of sectors along with members of the Ontario Public Service. More than 150 participants convened to share their insights and discuss emerging practices for mitigating and preventing post-traumatic stress disorder (PTSD). The dialogue helped to move forward our understanding of ways to protect employees and promote mental health and wellness in the workplace.

Speakers shared experiences and insights, generating conversation on topics relevant to workplaces today. Many organizations are working toward building comprehensive prevention approaches with respect to work-related PTSD, trauma, and mental health. Discussion topics included:

- Best practices for designing effective peer support programs
- Emerging approaches for effectively engaging families in support
- Resources and tools for promoting mental health and resiliency
- Developing and evaluating organizational prevention plans and procedures



Left to right: The Honourable Kevin Flynn, Minister of Labour, with Bob Delaney

Participants and speakers moved the conversation beyond recognizing mental health issues to expanding our understanding of the concrete interventions, tools, frameworks, and capabilities needed in workplaces to build and implement robust approaches to prevention, early intervention, and ongoing care and support.

It was a day of dialogue and connecting, of raising important questions, and collectively formulating solutions. The summit set the ground for new partnerships and initiatives.

The day was moderated by **Camille Quenneville**, *Chief Executive Officer, Canadian Mental Health Association, Ontario Division*. She welcomed participants with an overview of the program and highlighted the importance of the summit. Five years ago, such a summit would not have drawn the professional diversity present in the room that day, she said. Economists have indicated that mental health problems and illnesses cost the Canadian economy at least \$50 billion per year, Ms. Quenneville noted, findings which have helped to raise awareness.

Deputy Minister of Labour **Sophie Dennis** welcomed participants to the summit and described Minister Flynn's long-held interest in mental health, his passion for the issue and ongoing commitment to making change. She spoke of his recent contribution—the introduction of Bill 163, the Supporting Ontario's First Responders Act (Posttraumatic Stress Disorder), 2016. The bill passed unanimously in April, and the Minister continues to be dedicated to creating opportunities for learning and sharing to support prevention of workplace PTSD.

Summit host the **Honourable Minister Kevin Flynn** expressed his appreciation that many individuals in the room have provided leadership in helping government to move forward in addressing work-related traumatic mental stress. Minister Flynn stressed that, with PTSD, we need to focus on prevention and related opportunities and resources. He shared the view that working environments with positive mental health practices and prevention plans are essential. He also described the government's previous accomplishments, including both the roundtable and the March 2015 summit on work-related traumatic mental stress, and shared how that first summit pushed the government to propose Bill 163, the Supporting Ontario's First Responders Act.

Minister Flynn said that Ontario leads the country in mental health prevention, but that there is still more to do. The province's Supporting Ontario's First Responders Act, 2016 provides the presumption that PTSD diagnosed in first responders is work-related, allowing for faster access to WSIB benefits, resources and treatment. The Minister said that improvement lies with a comprehensive approach that includes both legislative and preventative measures, such as working to identify how to prevent PTSD from affecting individuals in the first place.

Minister Flynn noted that he will be publishing employer prevention plans requested under Bill 163, and discussed online resources such as [firstrespondersfirst.ca](http://firstrespondersfirst.ca), which lays out a framework for developing prevention plans. This website is a valuable resource that has come about because of the legislation. He asked everyone to go back to their organizations and communities to work on prevention plans and to continue this absolutely necessary work.

## Keynote address

Former undercover police officer, retired NBA referee and author of the book, *Surviving the Shadows: A Journey of Hope into Post-Traumatic Stress*, **Bob Delaney** gave the keynote address. He shared his inspiring story of grappling with PTSD and how he made strides toward healing, which led to his current passion for building awareness of PTSD.

He recounted his personal experiences as a New Jersey State police officer working undercover, in conjunction with an FBI investigation and as part of a presidential task force. Mr. Delaney's three years of undercover work with organized crime required taking on a new persona. His identity was then revealed to the high-ranking organized crime leaders with whom he had built trusting relationships. He related how the discovery of his real identity, and his ensuing confrontation with these crime figures, led to serious security and emotional challenges.

Mr. Delaney shared the PTSD symptoms he struggled with as a result of this work experience, and the stigma he experienced, which often prevents people from seeking treatment for years. He described factors that supported his healing, such as peer-to-peer support, which he views as "the first line of defence." Mr. Delaney asked how we might create environments that allow this to happen and stressed the value of educational awareness programs to help those affected understand their triggers. He summed it up with this vision: "Experiences, plus intellectual readiness, plus reflection and being reflective of what takes place, equals development and growth. That's the reason I like to think of PTSD as PTSDevelopment."



Keynote speaker Bob Delaney

## Designing PEER SUPPORT programs

**Curt Arthur**, *Executive Lead, Transformation Secretariat, Ministry of Community Safety and Correctional Services*, shared insights from Ontario's corrections sector, which is evolving in the area of mental health. Participants heard about the importance of promoting the mental health of both clients and employees in an integrated way. Correctional services are forging a way with an understanding of human and monetary resources,



Left to right: Curt Arthur, Dr. Ash Bender and Dave Connor

and knowing that with the right interventions, significant changes can be made. Their approach includes using the National Standard of Canada for Psychological Health and Safety in the Workplace as a foundation, and considering specific hazards that contribute to psychological harm, having a baseline understanding of the mental health, resiliency and coping skills of the workforce, and building in evaluation mechanisms to support continuous improvement. For peer support, correctional services are investigating different peer support models so that the right models are in place for the needs of specific workplace settings.

**Dr. Ash Bender**, *Occupational Psychiatrist and Assistant Professor, Faculty of Medicine, University of Toronto. Staff Psychiatrist and workplace trauma expert, Centre for Addiction and Mental Health (CAMH)*. Dr. Bender related key observations from research which tracked individuals involved in the 9/11 rescue efforts. This included studying those who did not experience PTSD, providing more understanding and insight into the psychological qualities that may help protect people from traumatic events. Dr. Bender said the research identified such qualities as a higher sense of purpose, perceived preparedness, greater perceived social support, and active and positive coping.

He discussed that, for organizations to build mentally healthy workplaces, it is important to first assess risk factors—such as adversarial approaches to managing those at risk.

Dr. Bender described a model for occupational stress intervention that consists of prevention, intervention and recovery, and identified peer support as a critical element. He shared best practices for peer support, which he described as a mechanism where co-workers can provide a bridge between an employee with a problem and the people who can help them, and that organizations can make decisions on the degree to which their peer support program is formal or informal. He said that high quality peer support is likelier when peers undergo a formal application and selection process, are respected by their peers, and participate in ongoing training, supervision, review, and accreditation to ensure they maintain their skills.

**Dave Connor**, *retired district Fire Chief, public safety sector consultant*, identified that peer support can be the cornerstone of a mental health strategy in organizations, and that the amount of work to keep it going is substantial. He explained that there are many recipes for building an effective peer support program and that all can work—the important thing is to use what works for the individual organization and strive for continuous improvement. Mr. Connor said education should start in recruit training and discussed the need to include management, leadership, and especially spouses in peer support, as they notice changes in their partners more than co-workers do. He explained that employers need to vet peer supporters for suitability, and that partnerships with other peer support teams can be extremely beneficial. He provided several examples of support training systems that are available online, and said that using effective cost recovery can help fund mental health programs and actually save an organization money in the long term. Mr. Connor left participants with a quote: “It’s not joyful people who are grateful, it’s grateful people who are joyful.”

## Engaging FAMILIES in support

**Chief Bruce Krauter**, *Essex-Windsor Emergency Medical Services*, spoke about innovative tactics his paramedic service uses to engage family members, and his organization's evolving approach for including families in mental health programming. To involve the whole family and friends, the commencement celebration for new hires now has a new component—the Chief speaks about the importance of family support, as “families and friends are the first line of defence for a paramedic's mental health.” Once paramedics are with the organization, mental health workshops and engagement sessions are offered, and made available to families as well. Chief Krauter spoke about the power of social media for connecting with families about upcoming events, news and updates. He had a critical message for summit participants: “You can't just meet with families once, but rather, every year, every quarter. You have to keep up with them.”

**Jennifer Thompson**, *Early Intervention Analyst, York Regional Police Peer Support Unit*, shared her organization's philosophy that spouses and family members are the true first responders for the organization's first responders. Providing families and spouses with proper resources, training and other supports through the *York Beyond the Blue* program enables families to thrive in their roles as support systems for their police officers. Ms. Thompson, lead for this program, outlined some specific supports in place, such as a unique family-oriented peer support program, with 11 fully trained spousal peer support members.

**Dr. Heidi Cramm**, *Assistant Professor, School of Rehabilitation Therapy, Queen's University*, lead researcher in family and veteran mental health with the Canadian Institute for Military and Veteran Health Research. Dr. Cramm highlighted research from her field that can be leveraged to help understand family experiences in high trauma sectors. She reported on the strong evidence that when military personnel or veterans experience operational stress injuries, it can negatively impact family members and partners—leading to problems such as relationship struggles, secondary trauma to family members, and violence to partners. The perception of social support, said Dr. Cramm, is one of the most critical factors for an individual's successful recovery from PTSD. Also essential is the need for prevention and early detection to support families before they “crash and burn.” Dr. Cramm suggested that, to make progress in this field, operational stress injuries need to be understood within a family context, and approaches such as using technology to promote access to support services needed to support families.

## Afternoon break-out sessions

In the afternoon, participants took part in one of three sessions, which explored developing an effective PTSD prevention plan, lessons learned when putting a PTSD prevention plan into action, and mental health resources and tips to strengthen PTSD resiliency. Session facilitators then reported to all summit participants on implementation strategies discussed.

See pages 8 to 15 for more on the session strategies and resources for planning, action and resiliency.



Left to right: Ron Kelusky, Chief Bill Boyes, Sergeant Beth Milliard and Dr. Lori Gray

## Measuring and Evaluating workplace mental health and PTSD PREVENTION programs

**Dr. Greg Anderson**, *Dean, Office of Applied Research & Graduate Studies, Justice Institute of British Columbia*, presented some lessons learned from his experience evaluating prevention and resiliency programs, as well as methods and considerations for organizations when evaluating the success of their programs. He noted that measurement and evaluation lay the foundation for evidence-based practices and will help make better decisions with a larger impact. Dr. Anderson spoke on the role that organizations and employers can play in measuring and evaluating programs, points to consider when choosing measurement tools, and the importance of tools aligning with the organization's objectives. He advised to start by identifying goals and an objective to define outcomes, and then examine the literature to see if a program exists and also does what it's intended to do. He ended his presentation by saying that context is important—for example: what works in the military may not work in a police force—and that it's imperative to make sure that the program is relevant and meets the needs specific to the workplace.

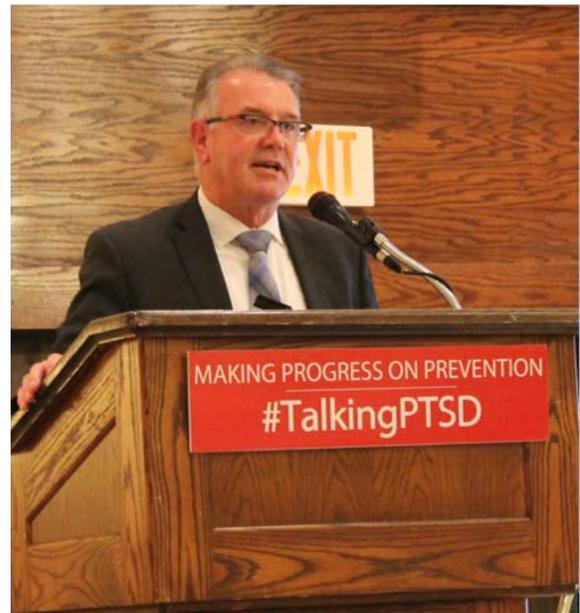
## Closing remarks

At the end of the summit, Minister Flynn thanked attendees for helping to address work-related PTSD in Ontario. He remarked on the accelerating interest that has been shown in the topic of mental health, an interest which has moved faster than any other he's seen over his years in politics. Five to ten years ago, no one was talking about workplace mental health, but then discussions began with first responder communities and it became clear that progress is being made. Minister Flynn is determined to see Ontario be a leader. He said that despite all the advances, PTSD remains incurable—you can cope, but it will always be with you—which drives the need for prevention.

Minister Flynn reflected on the day's important themes and said presenters all had a similar message—we can do this, we can change this—and by bringing expertise together we are breaking new ground. He reminded the audience that certain employers are required to submit their prevention plans to him by April 23, 2017, and he wants to see employers create plans that work well for their organizations. The idea behind publishing the prevention plans is to be able to share new findings and learn from each other's work—so that it becomes a “race to the top.” Minister Flynn thanked first responders and other professions for the work they do on a regular basis to keep us safe and keep our economy going. He expressed his optimism that by next year's summit the prevention plans will be in place and we will be much further ahead.

### Survey feedback:

- **Over 95 per cent** of respondents said their expectations were met or exceeded by the summit
- “Very good and credible panellists”
- “Each of the talks embedded some very valuable information that will be helpful in training and program development”
- “Great having the Minister open and close this summit”
- “There are a lot of people within our service that will benefit from this information”



The Honourable Kevin Flynn, Minister of Labour

# Developing an Effective PTSD Prevention Plan

## FACILITATED BREAK-OUT SESSION

Speakers shared insights on how employers can build an effective PTSD prevention plan for their workers. They highlighted some of the critical elements to consider when putting plans together.

A PTSD prevention plan refers to the Minister of Labour's new legislative authority, established by the Supporting Ontario's First Responders Act, 2016, to request employers whose workers are covered under the PTSD presumption to submit information on their PTSD prevention plans to the ministry.

**Sergeant Beth Milliard**, *York Regional Police*, explained that many organizations experience challenges in finding funds to support workplace mental health programs. She noted that it's in the employer's best interest to invest earlier and prevent issues from occurring, or it will end up costing them more later on. She outlined an effective program model, used by York Regional Police, that organizations can use to build their plans. The "COPE" model signifies Create, Occupational Stress Injury, Partnership and Education. Sergeant Milliard highlighted some initiatives and resources, such as a wellness team that includes six peer support members and a service dog, partnering with other organizations, and a list of on-call psychologists who are easy to access. She emphasized that educating members in what they are feeling and what they are experiencing is the most important element.

**Chief Bill Boyes**, *Barrie Fire and Emergency Services*, stated that though culture change is slow, increased awareness can result in noticeable changes. He shared his experience with developing and implementing wellness programs that include peer support, communications, training and new modified work policies. Chief Boyes described the importance of taking a comprehensive approach based on local data to assist with decision making. People are an organization's most valuable resource, he said, and emphasized employers should make a commitment to constantly improve their support for them.

**Dr. Lori Gray**, *Licensed Clinical, Forensic, Rehabilitation Psychologist*, shared insights into building effective prevention plans. She described some fundamentals of a program that includes primary prevention, promotion of resiliency—the secondary prevention, consisting of early interventions—and the tertiary prevention of ongoing care. Dr. Gray noted there should be a strategic relationship between peer support members and mental health professionals. Proactive outreach programs at key stages, such as employee recruitment, can help to reduce mental health claims by up to 40 per cent, she said. Dr. Gray suggested that comprehensive programs show the best results and organizations should tailor theirs to reflect their service: "There is no one size fits all."

## Prevention strategies and tips

Following the presentations, participants identified some key prevention strategies and tips:

- Create opportunities for **partnerships and share best practices**
- Identify **resources and tools** to develop and implement prevention and support programs
- Programs need **trust, accountability and integrity**
- Peer supporters need to ensure they have **support** in place for themselves as well
- A properly functioning peer-to-peer support system is key to addressing trauma in a way that should **feel safe** to workers
- Psychological **screening** is equally as important as physical assessment
- Organize programs based on workers' feedback and **suggestions**
- Modify policies and procedures to **reflect** mental health injuries
- Consider **family support** for first responders
- Emphasis on **proactive approach**, raising awareness and building resiliency
- **Quality assurance** is a key aspect of any plan
- Constantly review, update and **improve** programs
- **Creative opportunities** to fund workplace programs
- Free **resources exist** and should be used when creating a plan
- Tailor programs and plans to **meet the needs** of individual workplaces
- Organizations that have developed prevention plans should **share** them with others who could benefit
- **Prevention** is necessary and a better place to dedicate resources

# Putting a Prevention Plan into ACTION

## FACILITATED BREAK-OUT SESSION

Speakers drew on their experiences to discuss how organizations can effectively put PTSD prevention plans into action. The session explored learning from challenges, then building effective approaches based on those insights. Participants heard about key practices to help them successfully implement a prevention plan.

**Marie-Claude Laporte**, *Senior Advisor, Disability Management and Wellness, VIA Rail*, talked about post-traumatic stress among locomotive engineers at VIA and ongoing initiatives there. Initiatives include VIA's critical incident care program—employees involved are treated as victims of the incident—and the organization's evolving approach to supporting recovery. This includes providing a specialized nurse to assist employees following incidents and throughout their recovery period. The number of cases when employees have claimed PTSD benefits, over and above VIA's program, has declined dramatically—from 271 cases in 2009 to 0 in 2015, Ms. Laporte noted. VIA attributes the decline to a combination of the three days employees are given off work after an incident and other follow-up care, such as peer support. Ms. Laporte advised that mental health programs require constant improvement and evaluation. She said that management plays a vital role, and that managers are trained to promote a psychologically healthy and safe workplace through the *Leadership School* at VIA.

**Chief Tony Bavota**, *Fire Chief, City of Burlington*, spoke about traumatic events following a train derailment in February 2012. He described the scene, when more than 40 staff—police, paramedics and firefighters—searched to save lives for over 90 minutes. He recalled approaching the end of the search and the sound of cell phones ringing; knowing callers were surely looking for family members and loved ones. A debrief was held immediately, but it wasn't until more information surfaced months later that everyone understood the true depth of the situation. Chief Bavota said that several individuals were struggling with what they had encountered and took it to their colleagues. The department brought in a guest psychologist, who explained that PTSD and depression share similar signs and symptoms and must be diagnosed by a medical professional—treatments are different, so self-diagnosis won't work. Since then, the workplace focus has been on building personal resilience, peer support programs and supervisor training. Chief Bavota noted that employees can be suspicious of senior management but most trust their immediate supervisors. Training needs to be given to direct reports, he said, because that's who will be called on for help.

**Michelle McRae**, *Coordinator, Wellness Programs, Ontario Provincial Police's Wellness Unit*, spoke about the process involved in developing a prevention plan. She mentioned the importance of reflection for identifying desired outcomes. The OPP are building programs with a fundamental model that incorporates intervention, training, and policies and procedures. Their goal, said Ms. McRae, is to improve the mental health of members in order to improve response to the communities they serve. The OPP takes a proactive approach with psychological support programs for high-risk roles, such as work in child abuse and undercover units. Members must meet with a psychologist at least once a year and be cleared to continue work. Ms. McRae stressed that supporting workers and communities begins with shared values in awareness and reducing stigma. It also includes training and resources, fostering internal and external partnerships, and evaluating impacts, she said.

## Action strategies

Following the presentations, participants identified some key action strategies:

- Understand there are **multiple ways to achieve change**
- Create a **culture of understanding and common language**—including programs to **reduce stigma**—to encourage workers to seek help
- Organizations need **appropriate funding** to support recovery
- Emphasize that a program needs to be **very accessible** (multiple points of access: Online, in workplace, etc., which must be highly visible in the organization)
- **Support at the highest levels** of the organization is imperative
- **Data** is needed to support implementation and **evaluate efficacy** of programs
- **Engage trauma experts** in planning and utilize existing programs
- Educate all workplace parties and systems in the idea that the injury is **honourable**, which will lead to more workers seeking the treatment they need
- Important to have systems that respond to people's needs in a **timely manner**
- **Build individual resiliency** through evidence-based approaches (for instance, teaching how to reflect rather than react), through training, and by creating opportunity for workplaces to access resiliency-building resources
- **Establish partnerships** with organizations in similar sectors to share knowledge and expand resources

# Strengthening Mental Health RESILIENCY

## FACILITATED BREAK-OUT SESSION

Participants heard from speakers about best practices and emerging directions in promoting resiliency and workplace mental health tools, with a focus on developments that may affect high trauma sectors. The discussion focused on the evolving nature of workplace mental health resources, and significant and useful resiliency tools for high trauma workplaces.

**Michael Pietrus**, *Director, Mental Health First Aid & Opening Minds, Mental Health Commission of Canada*, advised that participants should “think evidence-based” and develop a comprehensive strategy, as “no one single program is a panacea.” Mr. Pietrus shared the Mental Health Commission of Canada’s Mental Health Continuum tool, part of the Road to Mental Readiness program (R2MR). The tool helps R2MR training participants to understand the signs and indicators of changes in emotions, attitudes, thinking and behaviours, he explained, through the range of mental health changes that may occur in an individual’s life. He believes that the tool helps build an understanding that recovery is possible, and that individuals can live with a mental illness while still enjoying full mental health and continuing to be contributing members of society. According to Mr. Pietrus, stigma is likely an individual’s largest barrier to seeking help—though, as he explains, early help-seeking is critically important. In his view, the environment can play a crucial role in supporting a worker’s search for help.

**Emily Ambos**, *Human Resources Generalist, Michael Garron Hospital*, shared her organization’s commitment to addressing mental health, a commitment built into Michael Garron’s strategic plan. She discussed the wide range of tools being applied in her workplace, such as Mental Health First Aid, Second Victim Peer Support, yoga and mindfulness meditation for staff, as well as training for all managers in workplace mental health and its signs and symptoms. A top down approach is critical for bringing about change, Ms. Ambos emphasized. Addressing stigma is vital for effective implementation, she said, and for ensuring that people seek help as soon as possible after a work-related traumatic event.



Left to right: Dr. Bill Howatt, Emily Ambos, Michael Pietrus and Peter Simpson

**Dr. Bill Howatt**, *Chief Research and Development Officer for Workforce Productivity, Morneau Shepell*, described the abundance of workplace mental health tools and resources available and emphasized the importance of implementing tools, building on a foundation of evidence, and working within a framework and from an organizational commitment. He highlighted that, before putting tools or prevention plans in place, workplaces need to have a baseline understanding of their workforce at both the individual and organizational levels. Dr. Howatt presented a broad framework that involves looking at the whole person and whole work experience. To assess risk factors for workplace PTSD, he suggested a model which recognizes that risks for PTSD are greater when traumatic exposures are accompanied by “work stress loads” and “life stress loads.” Dr. Howatt discussed the need for tools that build capabilities for coping skills within the workforce, through both structured training and encouraging daily practice of coping skills—introducing the idea of daily practice in cognitive hygiene. We get focused on plans and on helping individuals, he noted, forgetting that culture and work environment play a big role.

## Resiliency tools

Following the presentations, participants identified some key resources and resiliency strategies:

- Important to **tailor comprehensive strategies** to the organization and be multifaceted
- Identify the **range of coping** strategies
- Determine what **data** is best to collect and ensure programs are built upon research
- Opportunities for the Ministry of Labour to share **best practices** of other employers on strengthening personal resiliency (including what initiatives are offered, how they are delivered, and how often)
- **Families** play a key role in early identification and often facilitate support for their loved ones—families should be involved in the plans and be provided information on how to access programs
- Leadership is an important factor in the **sustainability** of change
- There is **no “one-size-fits-all” solution**—plans should be developed based on the type of work performed and structured to the needs of workers
- **Reducing stigma** through education and by raising awareness to change the **workplace culture** around mental health
- **Simplify the national standard** on workplace psychological health and safety so it becomes more accessible and easy for organizations to implement
- Provide more traumatic mental stress **training for new recruits** and continue training throughout their careers
- Improve funding and worker **benefits** for psychological assistance
- Free **online toolkits** such as [www.firstrespondersfirst.ca](http://www.firstrespondersfirst.ca), developed as a part of the Ministry of Labour’s PTSD prevention strategy

# Making Progress on PREVENTION

To conclude the day, summit participants were invited to write down any additional comments they had on making progress with PTSD prevention in their own organizations, and on what they took away from the day.

Below is a sample of quotes from summit participants.

<b>Training and education</b>	“Ongoing training for peer support members is essential” “Staff training can help to build resiliency and reduce stigma” “Create training programs for family members to help identify early signs and symptoms” “Develop training programs to educate all staff on mental health issues, resiliency, and removing stigma”
<b>Peer support system</b>	“There must be peer support in place for peer support members” “The programs should be easily accessible” “Peer supporters require constant training to be effective” “Using technology and social media is brilliant”
<b>Engaging families</b>	“Family members are the first responder to the first responder” “Family members can play a key role in early intervention and it’s important to provide them with valuable resources” “Essential topic—I have ideas on how to implement this now”

**Other areas where feedback and commitments were made:**

<b>Family supports</b>	<p>“We plan to strengthen communications”</p> <p>“This struck a chord—moving this up as a priority”</p>
<b>Funds for mental health</b>	<p>“I now know that partnerships can help with resource limitations”</p>
<b>Sharing best practices</b>	<p>“I look forward to the Minister publishing prevention plans”</p>
<b>Building management capacity</b>	<p>“A top down approach is a key factor in stigma reduction and culture change”</p> <p>“Leadership training will now include promoting mental health”</p>
<b>Leveraging the summit to create change</b>	<p>“The summit covered aspects I did not consider—I plan to go back to my organization and implement change”</p> <p>“I made valuable contacts and partnerships that will help to make progress a lot faster in my organization”</p>
<b>Leveraging connections and networks</b>	<p>“This summit provided me with excellent networking connections! Many thanks to the presenters and organizers. Job well done!”</p>

“Speakers were excellent, very knowledgeable, well laid out. Can’t wait for next year’s summit”

“Defines ‘learning is power’ ... great individuals, networking ... and informative. Well done and thank you!”

**Participant feedback**

**Reminder**

Certain employers are required to submit their prevention plans to the Minister of Labour by April 23, 2017. Prevention plans should be submitted in electronic Word format to [ptsdprevention@ontario.ca](mailto:ptsdprevention@ontario.ca). Where submission by this method is not possible, information can be mailed to:

Ontario Ministry of Labour  
400 University Avenue, 14<sup>th</sup> Floor  
Toronto, ON M7A 1T7

Att: **PTSD Prevention Plan**

The Ontario Psychological Association, recognizing the sensitivity of the summit topic, provided informal counselling to attendees and links to helpful resources.

Thank you to  
Dr. Niki Fitzgerald,  
Dr. Lisa Couperthwaite and  
the association.

# Appendix: Speaker Bios

## Moderator

### **CAMILLE QUENNEVILLE**

*Chief Executive Officer, Canadian Mental Health Association (CMHA), Ontario Division*

The CMHA is one of the oldest voluntary organizations in the country and provides direct service to more than 100,000 people in 120-plus communities. Before joining CMHA Ontario, Camille Quenneville served in senior leadership roles for public policy and government communications and with Children’s Mental Health Ontario and the Ontario Public School Boards’ Association. She also served as chief of staff to the province’s first Minister of Children and Youth Services at Queen’s Park. More recently, the government invited Camille to serve on the Ontario Mental Health and Addictions Leadership Advisory Council, where she provides advice on the government’s mental health and addictions strategy. Ms. Quenneville is also a member of the Ministry of Labour’s Prevention Council.

## Morning Speakers

### KEYNOTE

### **BOB DELANEY**

*Retired undercover police officer and NBA referee*

Former New Jersey State Police officer and veteran NBA referee Bob Delaney shares insights from his personal experience of living with PTSD. Prior to his 24-year career as an NBA official, Bob worked for the New Jersey State Police and is well known for his undercover work infiltrating the mafia. He developed PTSD as a result of his three-year undercover investigation. Bob has become a leader in the PTSD education and awareness movement and has dedicated the last 30 years to speaking with members of law enforcement, the military, firefighters and emergency service workers. His latest book is *Surviving the Shadows: A Journey of Hope into Post-Traumatic Stress*.

## **PANELISTS: BEST PRACTICES FOR DESIGNING EFFECTIVE PEER SUPPORT PROGRAMS IN HIGH TRAUMA SECTORS**

### **CURT ARTHUR**

*Executive Lead, Transformation Secretariat, Ministry of Community Safety and Correctional Services*

With a career spanning three decades in correctional services in both corporate and operations leadership roles, Curt Arthur has been tasked with laying the groundwork for the Correctional Services Transformation Strategy. This includes development of a workplace strategy that supports a healthy, safe, inclusive work environment—with an integrated human rights plan and occupational stress injury response framework. Previously, Curt was Assistant Deputy Minister of the ministry's Operational Support Division, which initiated the Post-Traumatic Stress Disorder initiative, and director of Northern Region Institutional Services.

### **DR. ASH BENDER, MD, FRCPC**

*Occupational Psychiatrist and Assistant Professor, Faculty of Medicine, University of Toronto. Staff Psychiatrist, Centre for Addiction and Mental Health (CAMH)*

At CAMH, Ash Bender is a staff psychiatrist and former medical head of the Work, Stress and Health program, a multidisciplinary program specializing in the assessment, treatment and research of occupational disability. He has several publications on workplace mental health and has conducted research on the management of psychological injury in the workplace. Ash has performed numerous independent assessments for worker's compensation, private insurers, employers and the courts and provides workplace consultation and training as co-founder of Workplace Insight.

### **DAVE CONNOR**

*Retired District Fire Chief, public safety sector consultant, mental health trainer and peer support team developer*

Dave Connor is a decorated 35-year veteran of Mississauga Fire and Emergency Services (MFES), serving Ontario's third largest city. He initiated the MFES Peer Support Program in 1989 and continues to serve as the retiree advocate. Dave co-developed and delivered a mental health training program to more than 600 members, and assisted City Employee Health Services in implementing the National Standard for Psychological Safety at MFES. Dave has provided leadership communication training to hundreds of company officers. He specializes in assisting employers in meeting their obligations associated with the Supporting Ontario's First Responders Act (Posttraumatic Stress Disorder), 2016. He is a public safety sector consultant, mental health trainer and developer of peer support teams.

## **PANELISTS: DISCUSSION ON HOW TO EFFECTIVELY ENGAGE FAMILIES IN SUPPORT**

### **CHIEF BRUCE KRAUTER**

*Essex-Windsor Emergency Medical Services*

Bruce Krauter began his career in paramedicine with Windsor Provincial Ambulance in 1983 and progressed through the ranks and different land ambulance models until his appointment as Chief of Essex-Windsor EMS in July 2014. Bruce has spearheaded educational and preventative programs to enhance the delivery of care in emergency services. Most recently, the Ontario Association of Paramedic Chiefs gave him the honour of leading the Ontario Paramedic Monument project, a profound recognition of those who have made the ultimate sacrifice while serving as paramedics in the province. Bruce has witnessed numerous cases of paramedics struggling with mental wellness and understands that both responders and their families require support, assistance and guidance, not only during a tragic event but in following years.

### **JENNIFER THOMPSON**

*Early Intervention Analyst, Peer Support Unit, York Regional Police*

Jennifer Thompson has worked as a civilian performing various roles within York Regional Police for over 15 years. She is currently the early intervention analyst within the Peer Support Unit. Jennifer's analytical skills, psychology degree, teaching certificate and, most importantly, lived experiences have made her a valuable asset to the Peer Support Unit. Her candid ability to speak about her struggles as well as her drive to bring awareness to mental health and the importance of peer support have been huge assets in the development of York Regional Police's peer support team. Her focus has extended to spouses of members, as she is also the spouse of a police officer and knows first-hand the struggles a spouse faces.

### **DR. HEIDI CRAMM**

*Assistant Professor, School of Rehabilitation Therapy, Queen's University*

In addition to her role at Queen's University, Heidi Cramm is the Interim Co-Scientific Director of the Canadian Institute for Military and Veteran Health Research, and the lead for academic military and veteran family research in Canada. Her research program focuses on children and family health, with an emphasis on mental health, and the impact of trauma and parental mental health on family health. Heidi has also extended her research into the area of first responder family health.

## Afternoon Speakers

### SESSION A: DEVELOPING AN EFFECTIVE PTSD PREVENTION PLAN

#### **SERGEANT BETH MILLIARD**

*York Regional Police*

Beth Milliard coordinates and implements mental health training and education for York Regional Police members, is responsible for the internal 45-member Peer Support Team, Project Safeguard, liaises and consults with psychologists, and is responsible for the ongoing implementation of recommendations from the Ombudsman's report. Beth has been asked to consult with many police services on initial start-up of their peer support teams and to implement a safeguard program. She also worked with the Mental Health Commission of Canada and the Canadian Portal Knowledge Network to create an online training module for police suicide prevention and awareness.

#### **CHIEF BILL BOYES**

*City of Barrie*

Bill Boyes is the Fire Chief and Director of Emergency Services for Barrie Fire and Emergency Service, which has 180 staff across six branches, including a communications centre that dispatches for 20 surrounding fire departments. Bill is working towards completing a Ph.D. in human resources management, which supplements his Master's degree in public policy and administration and Bachelor in public management from the University of Guelph. He has been elected to the National Fire Protection Association Fire Service Section Executive Board and is a member of several committees, including the International Association of Fire Chiefs' Firefighter Safety Through Advanced Research working group, the Canadian Association of Fire Chiefs' Labour Relations Committee, and the Ontario Association of Fire Chiefs' Urban Fire Service Advisory Committee. Bill has a wealth of knowledge and experience in mitigating and preventing mental illness in the workplace.

#### **DR. LORI K. GRAY, PH.D., C. PSYCH.**

*Licensed Clinical, Forensic, Rehabilitation Psychologist*

Lori Gray focuses on the issue of trauma through her work with first responders, victims, and criminal offenders. She is the staff psychologist for one of the largest emergency medical services in Canada and provides consultation, crisis support, and education to other emergency services, first responders, and victim services agencies. Lori's background also includes work with CAMH (Psychological Trauma Program and the Law and Mental Health Program), Detroit Receiving Hospital (level one trauma centre in inner city Detroit), the Ministry of the Attorney General, and Corrections Canada, as well as post-secondary teaching. She has received multiple awards for her work, including the Future Pioneers of Psychology Award from the American Psychological Association, and sits on several advisory boards in her field.

## **SESSION B: LESSONS LEARNED WHEN PUTTING A PTSD PREVENTION PLAN INTO ACTION**

### **MARIE-CLAUDE LAPORTE**

*Senior Advisor, Disability Management and Wellness, VIA Rail*

Marie-Claude Laporte has more than 20 years of experience in occupational health and safety. She specializes in claim management and manages the return to work program following a physical or mental health incident. Most recently, Marie-Claude has been working with VIA Rail in the disability management and wellness unit, implementing initiatives towards supporting psychological health and safety in the workplace. Marie-Claude has a Bachelor's degree in Industrial Relations and is an advent member of *Ordre des conseillers en ressources humaines agréés*.

### **CHIEF TONY BAVOTA, BA, MPA, CFO**

*Fire Chief, City of Burlington*

Tony Bavota has worked in emergency services for more than 26 years, and with the City of Burlington for the last 21 years. During his career with the Burlington Fire Department, Tony has held progressive responsibilities, and became Fire Chief in 2013. He is well versed in all facets of the fire service, including prevention and public education. He also has extensive corporate experience, gained in part as assistant to the city manager. In 2011, Tony earned a Masters of Public Administration from the University of Western Ontario and holds a diploma in Public Administration and a Bachelor of Arts Economics degree. Tony is a peer assessor with the Centre for Public Safety Excellence and holds the designation of Chief Fire Officer. Before joining the Burlington Fire Department, he worked with the Guelph Police Service as a constable and tactical response unit member.

### **MICHELLE MCRAE**

*Coordinator, Wellness Programs, Ontario Provincial Police's Wellness Unit*

Michelle McRae has been a key member of the OPP's Operational Stress Injuries Working Group as an adviser and team lead. She continues in her capacity as coordinator to support the implementation of programs/services which focus on overall wellness for members, retirees and their families. Michelle has worked with the OPP since 2011 and been a member of the broader Ontario Public Service in various human resources roles since 2006. She is a graduate of McMaster University and holds a Certificate in Workplace Mental Health Leadership from Morneau Shepell/Queen's University, as well as an Executive Certificate in Conflict Management from Stitt Feld Handy/University of Windsor Faculty of Law.

## SESSION C: MENTAL HEALTH RESOURCES WORKSHOP AND TIPS TO STRENGTHEN PTSD RESILIENCY

### MICHAEL PIETRUS

*Director, Mental Health First Aid & Opening Minds, Mental Health Commission of Canada*

Under Michael's leadership, the Mental Health Commission of Canada launched Opening Minds, its 10-year anti-stigma, anti-discrimination initiative and the largest systematic effort to reduce the stigma of mental illness in Canadian history. Michael is a founder and co-chair of the Global Anti-stigma Alliance, composed of more than 20 organizations from around the world working to reduce the stigma associated with mental illness. He sits on the board of the Alberta Lieutenant Governor's Circle on Mental Health and Addictions and is a member of the advisory committee for the Centre for Dignity, Recovery and Empowerment in San Francisco, California.

### EMILY AMBOS

*Human Resources Generalist, Michael Garron Hospital*

Emily Ambos has been in the field of human resources for ten years in both public and private sectors. She has been at Michael Garron Hospital (formerly Toronto East General Hospital) in the role of human resources generalist for five years and has been involved in several initiatives there to support a mentally healthy workplace. Emily is co-chair of the Mental Health at Work committee, which works to ensure that patients and staff are their whole selves while receiving care or working at the hospital. For instance, currently she is spearheading a large diversity initiative to create, foster and support an inclusive environment for members of the LGBTQ community. Emily is also a certified emotional intelligence and *Three Conversations of Leadership* facilitator.

### DR. BILL HOWATT

*Chief Research and Development Officer for Workforce Productivity, Morneau Shepell*

Bill Howatt has over 25 years' experience in strategic HR, mental health and addictions, and leadership. He is a regular contributor to The Globe and Mail and has published numerous books and articles, such as *The Coping Crisis*, *Pathways to Coping*, *TalOp: Taking the Guesswork Out of Management*, the Howatt HR Elements Series, the Wiley Series on Addictions, *Human Services Counselor's Toolbox*, *The Addiction Counselor's Desk Reference*, and *The Addiction Counsellor's Toolbox*. Dr. Howatt is the creator of various workplace mental health tools. His educational background includes a Ph.D., Ed.D, post doctorate in Behavioral Science, University of California, Los Angeles, Semel Institute for Neuroscience and Human Behavior, RTC, RSW, ICADC.

## **SPEAKER: MEASURING AND EVALUATING WORKPLACE MENTAL HEALTH AND PTSD PREVENTION PROGRAMS**

### **DR. GREG ANDERSON**

*Dean, Office of Applied Research & Graduate Studies, Justice Institute of British Columbia*

Greg Anderson oversees two research centres at the Justice Institute and provides research and administrative oversight of collaborative applied research projects. The Justice Institute of British Columbia is a public post-secondary institution with a mission to develop dynamic justice and public safety professionals through its exceptional applied education, training and research. Greg's research interests lie in occupational fitness and health, and occupational physiology of physically demanding occupations. He recently developed and assessed an online learning tool for first responders to improve their personal resilience prior to deployment. He is well published in both pure science and practitioner journals, and has been a speaker who translates the science for practitioners, providing them with a better understanding of the fundamental theory behind popular practice.