

Summit on

Work-Related Traumatic Mental Stress

Hosted by Ontario Minister of Labour Kevin Flynn

March 5, 2015

Summary Report

#TalkingTMS

Summit on

Work-Related Traumatic Mental Stress

Ontario Ministry of Labour

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Highlights of the Day

- Over **150 participants** attended the summit in Toronto
- Since then, summit participants have been trending the hashtag **#TalkingTMS**



On March 5, 2015, the Ministry of Labour hosted a Summit on Work-Related Traumatic Mental Stress to bring together workers, employers and experts from a wide range of sectors where exposure to traumatic mental stress (TMS) on the job can be prevalent. More than 150 participants came together to share their experiences and best workplace practices for dealing with TMS.

The summit provided a unique opportunity to hear from organizational leaders and mental health experts about innovative approaches to support cultural change and enhance the mental health and safety of employees. Speakers and participants shared information and insights about work-related TMS, and the conversation moved beyond awareness-building toward practical ways to implement workplace change.

The speakers prompted conversation and learning about prevention approaches, resilience-building techniques, stigma reduction and the real effects of trauma reactions on the brain and body. It was a day of networking, connecting and, together, identifying ways to implement prevention, response, and follow-up and support to address TMS in the workplace.

Participants came from a range of backgrounds:

- ✓ First responders
- ✓ Corrections
- ✓ Health care
- ✓ Transit
- ✓ Social services
- ✓ Mental health advocates
- ✓ Researchers
- ✓ Mental health agencies



Left to right: Lieutenant-General, the Honourable Roméo Dallaire (ret'd) with the Honourable Kevin Flynn, Minister of Labour

The summit was moderated by **Mary Ann Baynton**, Program Director of the Great-West Life Centre for Mental Health in the Workplace.

The program opened with **Dr. Ruth Lanius**, Professor of Psychiatry and Director of the Post-Traumatic Stress Disorder (PTSD) Research Unit, University of Western Ontario. She demonstrated that post-traumatic stress disorder is physical by showing brain scans from two people, a man and a woman. Both individuals were involved in the same traumatic incident, but each one had a different physiological reaction. When they were asked to recall the accident, the man felt anxious, his heart rate increased, and changes were visible throughout his brain, including the emotional centre. The woman's heart rate did not increase, she felt numb, and her brain activation was limited to the visual part of her brain, perhaps related to the fact that she "saw" the accident again while in the brain scanner. Dr. Lanius explained that since brain scans let us see how each person reacts individually, we are better able to know the kind of help an individual needs. For the man, treatment needs to focus on decreasing his anxious response, while the woman needs treatment to help her feel again. Dr. Lanius also offered the hopeful message that brain scans, by making PTSD physically visible, may help to reduce stigma.

Summit host the **Honourable Kevin Flynn**, Minister of Labour, then spoke about his view of the significance of the summit day. He noted that the main goal of the summit was to elevate conversations to a new level, and that we need to get to the point where psychological injuries are treated with the same respect as physical injuries. Minister Flynn highlighted the need to work on preventing work-related traumatic mental stress, decreasing related stigma, and increasing workplace use of resiliency techniques. He spoke of the summit as a forum for continuing to work to change societal attitudes and promote cultural change—an opportunity to learn from one another, and an occasion to take further action. Minister Flynn discussed some of the data and research that supports investing in mental health. He said that mental illness costs the Canadian economy approximately \$52 billion a year in lost productivity and is the number one cause of disability claims in Canada. He highlighted new research by the Centre for Addiction and Mental Health that shows that anti-stigma programs pay for themselves. To summit participants, he said that the question shouldn't be, "Can we afford to invest in the mental health and safety of our employees?" The question should be, "Can we afford not to invest?"

Keynote address

Lieutenant-General, the **Honourable Roméo Dallaire** (ret'd) gave the keynote address. He recounted his personal experiences in the military and his continuing experiences of reliving Rwanda and its genocide. He spoke of a culture shift in the military, which now uses the term "operational stress injury" and has a new way of viewing such injuries as honourable. This point of view now allows soldiers to look at these injuries as resulting from service, not from weakness. Referring to the cultural change underway, he declared that "it is in now to have a therapist" and that "it is smart" to recognize that you have an injury requiring a specialist.

He noted that our walking wounded need support—medical, leadership and peer support—and stressed that the sooner affected individuals get professional help, the more likely it is that they will get better. He advised workplaces to bring in very structured approaches to peer support, and to look after peer support volunteers. His message to the summit was that workplace care for families must be at the same level as workplace care for affected individuals, and families must also be integrated into programs. The overall approach that organizations should take, in his view, is to care for the well-being of every individual. In addition, to bring about change in an organization, leaders need to bring along everyone in the organization—especially people who seem to oppose change and “bureaucratic terrorists,” who may either support positive changes or undermine new efforts.



Lieutenant-General, the Honourable Roméo Dallaire (ret'd)

Innovative approaches to promoting cultural & organizational change

Panelist **Chief Jennifer Evans**, Peel Regional Police, spoke on the role of leadership in bringing about organizational change linked to work-related TMS. Participants heard about her organization’s initiatives to promote the health, well-being and safety of all employees—initiatives include resilience training, an early intervention system, and a peer support program. She highlighted the need to identify strategic goals to advance a commitment to mental health. Chief Evans discussed how people are an organization’s most important resource—supervisors and managers need to be employee-focused and take care of their people. She noted that bringing wellness into organizations is a journey, not a destination.

Susan Mercer, Manager of Workplace Projects, Mental Health Commission of Canada, described tools developed by the commission and partners that can assist employees not only at work, but at home. She spoke about what leaders can do within their organizations, highlighting Canada’s National Standard for Psychological Health and Safety in the Workplace. The national standard can help leaders and their organizations shift and change organizational culture. It can help them promote the psychological health of employees and prevent work-related psychological harm.



Left to right: Dr. Judith Andersen, Susan Mercer and Chief Jennifer Evans

Ms. Mercer identified specific tools organizations can use to implement the national standard—a program for Mental Health First Aid plus two programs designed to reduce stigma, the Road to Mental Readiness and the Working Mind. In addition, she described how the commission’s programs are being adapted to fit sectors where a need has been identified—police, fire and child welfare services.

Dr. Judith Andersen, Professor of Psychology and Director of the HART Lab, University of Toronto, explained how resilience interventions can improve psychological and physical health and performance outcomes among individuals exposed to TMS on the job. She talked about the value for organizations of teaching their employees about the mind and body’s normal survival responses when faced with traumatic events, and when the mind perceives a threat to survival. Understanding our automatic instinctual responses—such as “fight or flight”—can show that psychological and physical reactions are not weaknesses and should not be stigmatized. Dr. Andersen said that resilience training in organizations is able to contribute to a shift in employee automatic response, with potential health, performance and mental health benefits. She introduced an evidence-based controlled breathing technique that can be integrated with the job, an approach that she noted has been adopted by police services in the USA.

Facilitated break-out sessions

In the afternoon, participants took part in one of three sessions—exploring ways to implement prevention, response, or follow-up and support at the workplace. Session facilitators then reported to all summit participants on implementation strategies discussed during the break-out sessions.

See pages 6 to 11 for more on the break-out sessions and workplace strategies for prevention, response, and follow-up and support.



Left to right: Sergeant Beth Milliard and Chief Eric Jolliffe

Insights from the workplace

Chief Eric Jolliffe and **Sergeant Beth Milliard**, York Regional Police, addressed the importance of breaking down cultural barriers—to move past the “suck it up, buttercup” mindset and work towards prevention and protection. They said that traumatic mental stress is an injury, not a weakness. Education and awareness are important for changing the conversation. Among other initiatives, York Regional Police has created a Peer Support

Unit dedicated to the psychological wellness of members. The unit has a 32-member Peer Support Team and a consultant, a clinical psychologist who provides members with support and guidance on psychological accommodations. In addition, Project Safeguard, now mandatory for high-risk units, requires members to have a suitability assessment every 12 months, and supervisors to take mental health training.

Closing remarks

At the end of the summit, Minister of Labour Kevin Flynn thanked attendees from the Premier's Office and the Legislative Assembly for their time and for helping to make Ontario a stronger province. He recapped some of the day's important themes, including prevention approaches, resiliency training, peer support, engaged leadership, and the need to extend care to families. Minister Flynn reflected on Dr. Lanius's presentation, which enabled everyone at the summit to see visual images of how a traumatic psychological reaction affects each individual's brain differently. He expressed confidence that everyone in the audience would be ambassadors for this cause, that participants would take summit messages and discussions back to their workplaces. Participants had come to learn and share, and he hoped they made connections to build upon and encountered ideas to fine-tune in future weeks. Minister Flynn expressed his commitment to continuing to work with the Ministry of Health and Long-Term Care, Ministry of Community Safety and Correctional Services, Ministry of Community and Social Services, Workplace Safety and Insurance Board, and other partners to address work-related TMS as a government-wide priority. He spoke of his optimism that society today treats the issue of mental health more seriously, and about the huge role the workplace plays in mental health.

Survey feedback:

- **Over 95%** of respondents said their expectations were met by the summit.
- “Good content and valuable information to move forward with.”
- “It was a great day to meet many other like minds—great exchange of ideas and lots of interaction.”
- “Great tips—lots of resources.”



The Honourable Kevin Flynn, Minister of Labour

Implementing PREVENTION

FACILITATED BREAK-OUT SESSION

Stan MacLellan, Chief Administrative Officer, Durham Regional Police Service, talked about his organization's approach to supporting and promoting the mental health of the workforce. In general, Durham looks at how to put in place resources for supporting people meaningfully in all ways—rather than focusing only on horrific cases. He noted there is a ton of evidence in support of making investments in mental health, and provided examples of how his police force is doing just that. For evaluation of outcomes, he stressed the importance of taking a long-term view and measuring success using a broad cross-section. The return on investment may not be apparent immediately. Durham is investing in the mental health of their workforce, with executives who are committed and driving change. Their approach to building personal resiliency involves an arm's-length approach to the peer support program—funding an external organization to handle program set-up, training, and auditing. He made it clear that supporting workplace mental health has to be implemented through the whole organization—which is easy to say and hard to do.

Dr. Robert Maunder, Department of Psychiatry, Mount Sinai Hospital, discussed how his hospital's evidence-based approaches to individual and organizational resiliency is based on research and the organization's experience following SARS. He described resiliency as bouncing back from a bad event. Mount Sinai is building its people's resiliency through approaches such as giving them the skills to reflect rather than just react. The organization is building organizational resiliency through approaches such as building relational reserves. Dr. Maunder explained that support is most effective when it is built on relationships. He also talked about the evidence-based resiliency-building resources and tools developed by Mount Sinai for employees who may be exposed to trauma, such as the hospital's "stress vaccine," an interactive on-line course that teaches reflective thinking, effective interpersonal skills, and coping strategies.

Colonel Rakesh Jetly, Senior Psychiatrist, Canadian Armed Forces, spoke about how mitigating the impact of psychological trauma starts with cultural and organizational change, beginning with the top leadership. He noted that, "In a hierarchical organization, if your boss wants it, you want it." Other organizational approaches he discussed to help mitigate the impact of psychological trauma involve making an explicit commitment to workplace mental health through adopting the National Standard on Psychological Health and Safety in the Workplace, and providing training and education to both employees and leaders. Dr. Jetly explained that for management and leadership to help, they may need mental health education and literacy. He also talked about a successful resiliency program developed by the Canadian Department of National Defence. The Road to Mental Readiness program enables employees to recognize psychological reactions they may have to stressful situations with the help of a

visual colour continuum. Different colours on the continuum represent a range of different psychological reactions. (Green on the continuum, for example, is a healthy reaction, while orange may be a sign of mental injury.) The program is creating a language people can use to talk about how they are feeling (such as “I am feeling orange”). Two results of the program are that people gain more confidence in stressful situations, and are more likely to seek help if they need it.

Prevention strategies

Following the presentations, participants in this break-out session identified some key prevention strategies:

- Prevention means starting to support mental health **earlier than the diagnosis**.
- Workplaces need to recognize that therapy is “**in**” and put that into policy.
- A prevention approach needs to improve **support and response for everyone** in the workplace (need a mental health strategy, not a PTSD strategy).
- Could **build on existing workplace programs** for a mental health strategy (such as workplace harassment).
- **Evaluate** as early as you can in the implementation of mental health programs—also recognize that you may not be able to see a return on investment immediately.
- Need **leadership support and accountability**—adopting the National Standard for Psychological Health and Safety in the Workplace is one way for management to make a commitment to supporting cultural change.
- **Making funding investments** in the mental health of the workforce.
- **Empower all divisions** of your company—cultural change needs to be streamed throughout the whole organization, top to bottom, and bottom to top, including mid-management buy-in.
- Making available the **evidence out there**—that investments in mental health pay off—may enable workplaces to get people on side.
- Important to **train the right people** in the organization, and may consider making training mandatory for some (such as front-line supervisors).
- Develop **peer support** approach through identifying peer support models and determining what works within your context.
- **Build individual resiliency** through evidence-based approaches (for instance, teaching how to reflect rather than react), through training (such as web-based training), and by creating opportunity for workplaces to access resiliency-building resources.
- There could be a **role for government** in prevention—the National Standard for Psychological Health and Safety in the Workplace, resiliency training or other programs.

Implementing RESPONSE

FACILITATED BREAK-OUT SESSION

Audrey Costello, Acting Manager, Wellness Unit, Ontario Provincial Police (OPP), provided a synopsis of actions taken by the OPP to address operational stress injuries since the Ontario Ombudsman's report, *In the Line of Duty*. She profiled specific strategies and initiatives the OPP employs in its Critical Incident Stress Response/Peer Support Program, which supports members following exposure to traumatic stress incidents. Team leads and members receive extensive training on topics including individual and group crisis intervention and suicide prevention/intervention. The program has access to the services of a trauma clinician. Full-time positions dedicated to the program include a provincial coordinator, assistant coordinator, and six team leads deployed across the province. Part-time and volunteer team members are also across the province, and the program continues to expand.

Chief Tim Beckett, Fire and Emergency Services, City of Mississauga, talked about the fire services' peer support program. When a critical incident happens, the peer support team will receive a call. They go to the station to gauge how things are going and develop an appropriate response. Chief Beckett highlighted how at Mississauga, this peer support program began as a grassroots movement. Management supports it strongly, mandates the peer support team, and provides funding allocations and training. However, the peer support team is not controlled by management—the team itself dictates how and when things happen. This has been a success factor.

Dr. Ash Bender, Medical Head, Work, Stress and Health Program, Centre for Addiction and Mental Health, talked about the importance of medical and psychological interventions following a traumatic event to support a full recovery for the affected individual. He indicated that the earlier such intervention takes place, the more likely it is that the person will recover. "Psychological first aid" (PFA) is key. Highly structured single-session debriefings are not successful, he noted. PFA includes contact and engagement, creating safety and comfort, connecting the individual with social supports, and providing information on coping. The first line of defence following a traumatic event is psychological care, while pharmacological care is only the second line.

Response strategies

Following the presentations, participants in this break-out session identified some key response strategies:

- Workplaces should have well-trained and supported **peer support teams** with clear roles and a code of conduct. The peer support team needs to be promoted to have the greatest benefit.
- Create a **culture of understanding and common language**—including programs to **reduce stigma**, to encourage workers to seek help.
- 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.
- Improve access to **psychological coverage through health care benefits** to ensure workers receive the treatment they need to get better—cost cannot be a barrier.
- **Clarity and transparency of Workplace Safety and Insurance Board (WSIB) process** is needed so that appropriate workplace response, including employer and employee collaboration, can occur. The WSIB system should not add to the trauma.
- In navigating insurance systems (WSIB and private), there is a need to **ensure primary care physicians and psychologists know their roles in completing documentation**.
- Ministry of Labour could take a leadership role and be a **system navigator**.
- Important to **document events that could potentially lead to a mental injury**, for potential adjudication of a WSIB or private claim.

Implementing FOLLOW-UP & SUPPORT

FACILITATED BREAK-OUT SESSION

Dave McFadden, retired front line police officer, past president, Police Association of Ontario and Peterborough Police Association, shared his story about his lived experience with PTSD, including the toll on personal and family life and challenges when returning to work. In his remarks on effective follow-up and support, he emphasized the need to reduce stigma, increase availability of psychological services, and have effective union-management collaboration.

Jose Pastor, Manager, Employee Relations, Human Resources Department, VIA Rail Canada, talked about traumatic mental stress at VIA and ongoing initiatives. They include VIA's evolving critical incident care program (so that employees are relieved of duties for a minimum of 72 hours after incidents) and its evolving approach to support recovery (such as a specialized nurse who provides assistance to employees following incidents and throughout recovery period). Jose Pastor also mentioned VIA's peer support program and highlighted some of VIA's partnerships. These include work with an Employee Assistance Plan provider to increase TMS services, a labour-management partnership through the health and safety committee, a three-year research project with Université du Québec à Montréal on incident management and support protocols, and VIA's pilot project on brain mapping and neuro-feedback.

Dr. Ruth Lanius, Professor of Psychiatry and Director of the PTSD Research Unit, University of Western Ontario, discussed that once people are comfortable enough to ask for help, it is important to ensure that the help is in place. She emphasized that there are good treatments for PTSD, that everyone is different, and that what is needed is a toolbox from which to draw and develop individualized approaches to address each individual's needs.

Follow-up and support strategies

Following the presentations, participants in this break-out session identified some key follow-up and support strategies:

- Approaches and strategies should not only address follow-up and support, but also serve to **change the organizational culture**, particularly the **culture of stigma**.
- Strategies need to be cohesive and include all relevant organizations, such as unions, the WSIB and **families**.
- Need **ongoing resiliency training**, beginning at hiring and continuing from there with refresher training.
- **Continuous peer support** is also important. This should be **diversified**, as each person responds differently to peers. Challenges around peer support need to be considered, such as confidentiality and the value, in some cases, of peers with lived experience.
- **Early intervention** for any type of incident is important for getting support to workers right away.
- Approaches need to **consider individual circumstances** and be flexible—a “one size fits all” approach does not always work.
- A plan should be ready in advance of incidents, and should include regular follow-ups if workers go off work, and a **plan to re-integrate** workers when they return. Workers should understand intent is to support recovery and reintegration, not force workers back to work.
- Plans should reflect importance of **maintaining the connection** with the worker when off work through meaningful and compassionate outreach. Reintegration plans should normalize the return.
- Ways to **normalize return to work** can include talking about the worker and saying they will return—people should not ask, “What’s wrong with them?” but ask instead, “What happened to them?”
- These conditions can be **episodic**—policies and procedures need to take that into account.
- Building a financial case for taking action can be important. But “**voices are free**” and leaders can enable conversations on mental health.

Moving the Yardstick in the Workplace

To conclude the day, summit participants were invited to write down one critical step they might take to move the yardstick in their own organizations.

Below is a sample of next steps identified by summit participants.

Training and education	<p>“Develop training program to educate all staff on mental health issues, resiliency, and removing stigma.”</p> <p>“I plan to integrate knowledge about traumatic stress into existing workplace mental health education.”</p> <p>“Communicate techniques to reduce stress and threat.”</p> <p>“Advocate for ongoing training.”</p> <p>“Advocate for mental health awareness training for supervisors, key HR professionals and union reps.”</p> <p>“Consider ‘Mental Health First Aid’ training along with basic first aid and CPR for staff.”</p>
Peer support system	<p>“To get my department to begin to look at ways to invest serious discussions into having a peer support system put in place.”</p> <p>“Work with colleagues to formally launch a peer support program.”</p> <p>“Evaluate peer support implementation.”</p>
Reduce stigma and change culture	<p>“Get rid of the stigma.”</p> <p>“Attempt to have them [the employer] see mental injury as just as real as a physical injury. From there we can begin the conversation on developing policy and assistance for our members.”</p> <p>“Use new language: What happened to you, not what’s wrong with you?”</p>

Other areas where commitments were made:

Family supports	“I will find a way to reach out to family members with information regarding the signs and symptoms of traumatic mental stress in their family members and themselves.”
Funds for mental health	“Explore ways to increase benefits for psychological treatment.”
Sharing best practices	“I will be sharing the best practices I heard today [at the summit] with my colleagues.”
Management capacity building	“Reinforce the power of ‘middle management’ and the importance of ‘who’ you work for ... as critical in an employee’s life as ‘where’ you work.”
Leveraging the summit to create change	<p>“Follow-up after today with a letter to leadership of my organization regarding the summit and the need for support for all staff.”</p> <p>“Follow-up on information received today for planning purposes.”</p> <p>“Pull together all the resources from today to start the process of educating the joint health and safety committee in dealing with mental health in our workplace.”</p>
Leveraging connections and networks	“Follow up on the connections made today.”

“I thoroughly enjoyed and learned a great deal from all aspects of the summit: listening to the speakers, meeting people deeply engaged in this topic, and listening to them grapple with the important questions of the day.”

Participant feedback

Various presentations by summit speakers will be available on request. If you are interested, please send an email to the Ministry of Labour at TMSSummit@ontario.ca.

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. Jane Storrie and the association.

Appendix: Speaker Bios

Moderator

Mary Ann Baynton

Program Director, Great-West Life Centre for Mental Health in the Workplace

Executive Director, Mindful Employer Canada

Mary Ann Baynton proudly serves as the Program Director of the Great-West Life Centre for Mental Health in the Workplace. The centre is part of the company's public commitment to help employers of all types, not just its customers, address psychological health and safety in their workplaces. It provides free, practical ideas and tools to help with prevention, intervention and management of workplace mental health issues. In addition, the centre hosts forums and roundtables, supports new research, and partners in the creation of new resources. Mary Ann is also the Executive Director of Mindful Employer Canada, a social enterprise with two main initiatives: a free online Charter for Canadian employers to sign in support of workplace mental health, and the Mindful Manager program for frontline leaders, including supervisors, managers, human resources personnel, occupational health professionals, and union representatives.

Morning speakers

Lieutenant-General, the Honourable Roméo Dallaire (ret'd)

Keynote speaker, humanitarian and decorated Lieutenant-General, the Honourable Roméo Dallaire (ret'd), served 35 years with the Canadian Armed Forces. In 1993, he was appointed Force Commander for the United Nations Assistance Mission for Rwanda, where he witnessed the country descend into chaos and genocide, leading to the deaths of more than 800,000 Rwandans. His harrowing experiences in Rwanda are detailed in his best-selling book, *Shake Hands With the Devil*, which won a Governor General's Literary Award for Non-Fiction. He is an Officer of the Order of Canada, a Commander of the Order of Military Merit, and a recipient of the United Nations Association of Canada's Pearson Peace Medal. Lieutenant-General Dallaire has first-hand experience with traumatic mental stress, and is an outspoken advocate for mental health initiatives.

Dr. Ruth Lanius, MD, Ph.D.**Professor of Psychiatry and Director, PTSD research unit, University of Western Ontario**

Dr. Ruth Lanius established the Traumatic Stress Service and the Traumatic Stress Service Workplace Program, which specialize in the treatment and research of PTSD and related disorders. Her research interests focus on studying the neurobiology of PTSD and treatments for PTSD. She has authored more than 100 published papers and chapters in the field of traumatic stress. Ruth regularly lectures on the topic of PTSD nationally and internationally. She has recently published a book, *Healing the traumatized self: Consciousness, neuroscience, treatment*, with Paul Frewen.

PANELISTS: INNOVATIVE APPROACHES TO PROMOTING CULTURAL & ORGANIZATIONAL CHANGE

Chief Jennifer Evans**Peel Regional Police**

Chief Jennifer Evans began her career with Peel Regional Police in 1983 and was appointed Chief in 2012. She has been a lead on high-profile assignments related to investigations of missing persons in Ontario and BC, such as her secondment in 2010 to conduct a review of the Missing Women Investigation involving Robert Pickton. In May of 2013, Chief Evans was appointed to the Order of Merit of the Police Forces by the Governor General of Canada. In 2014, she became the President of the Ontario Association of Chiefs of Police. Chief Evans has been a supporter of implementing the military's Road to Mental Readiness initiative in her organization, among other mental health initiatives.

Susan Mercer, MSW, RSW**Manager of Workplace Projects, Opening Minds, Mental Health Commission of Canada**

Susan Mercer has been working with the Mental Health Commission of Canada since 2012. Until recently her work focus was with projects in Nova Scotia. In September of 2014 Susan expanded her role to support and work with projects across Canada, primarily the Road to Mental Readiness and the Working Mind. She has extensive experience, including over 25 years of progressive leadership in program development, clinical work, crisis response, crisis management, and psychosocial response to trauma. Susan assisted in developing processes for staff support within the health care system, both at the hospital where she worked and provincially. She is an accomplished leader in the health care and social services sectors.

Dr. Judith Pizarro Andersen, Ph.D.**Professor, Department of Psychology, University of Toronto, and Director of the Health Adaptation Research on Trauma (HART) Lab**

Professor Andersen is a health psychologist who specializes in the psychophysiology of stress and stress-related mental and physical health issues. She has more than a decade of experience working with populations exposed to severe and chronic stress, including combat soldiers and police. Currently, Professor Andersen is the director of the Health Adaptation Research on Trauma (HART) Lab at the University of Toronto. Her ongoing research projects include measuring mental and physical health changes associated with resilience training among police and special forces teams in Ontario, the US and Finland. Further, she is working to customize evidence-based resilience programs for different sectors of first responders who are exposed to trauma.

Afternoon speakers

PREVENTION: FACILITATED BREAK-OUT SESSION

Stan MacLellan**Chief Administrative Officer, Durham Regional Police Service (DRPS)**

Stan MacLellan's role as the Chief Administrative Officer is to provide strategic leadership to all DRPS support functions, including Human Resources, Strategic Planning, Business Services, Legal Services and Operational Support. Stan has been recognized as a leader in sponsoring and supporting innovation and improvement for initiatives to support employee mental health, including development and implementation of the DRPS PILLAR Peer Support and Healthy Apples programs, both of which focus on providing essential mental health supports to more than 1,200 employees.

Dr. Robert Maunder, MD, FRCPC**Professor of Psychiatry, University of Toronto, Head of Research, Department of Psychiatry, Mount Sinai Hospital**

Dr. Robert Maunder's research and writing has focused on stress, resilience and the interpersonal determinants of health. He was the lead researcher and author on a series of papers documenting the impact of childhood adversity and of extraordinary workplace stress, from SARS to critical incidents, on hospital workers and paramedics.

Colonel Rakesh Jetly, OMM, CD, MD, FRCPC
Senior Psychiatrist, Canadian Forces

Col. Jetly is mental health clinical advisor to the Canadian Forces Surgeon General. Since becoming a psychiatrist in 2000, he has been in various key roles related to mental health supports for Canadian Forces personnel. From 2000 to 2008, he was clinical director of mental health services and regional director of the Operational Trauma and Stress Support Centre. During that time, he was deployed on two missions to Afghanistan as the head of a mental health detachment. Col. Jetly holds professorships at three Canadian universities and publishes research articles on topics such as post-traumatic stress disorder and operational psychiatry.

RESPONSE: FACILITATED BREAK-OUT SESSION

Audrey Costello

Acting Manager, OPP Wellness Unit (former Operational Stress Injuries Working Group)

Audrey Costello, a Staff Sergeant in the OPP, is currently assigned to this Wellness Unit as an acting Inspector to lead wellness programs and initiatives, including implementation of the 31 positions allocated to the OPP as a result of the Ontario government's funding. This funding followed the Ontario Ombudsman's *In the Line of Duty* investigation and report to the OPP and Ministry of Community Safety and Correctional Services in 2012. Acting Inspector Costello has held a number of challenging positions in her 28 years with the OPP. Prior to her current assignment, she was Provincial Coordinator for the OPP's Employee Assistance Program, including its Critical Incident Stress Response and Peer Support Teams.

Chief Tim Beckett

Fire and Emergency Services, City of Mississauga

As Mississauga Fire Chief, Tim Beckett manages the overall strategic, financial and day-to-day operations of the department. In total, he has 28 years of fire service experience, starting as a volunteer fire fighter in 1986, becoming a fulltime fire fighter in 1987, taking on training and subsequently assuming senior leadership roles within organizations. Since 2000, his senior roles have included Deputy Fire Chief and Fire Chief in two Ontario communities. Chief Beckett is a past President of the Ontario Association of Fire Chiefs (2010–2012), where he represented the chief officers of almost 462 fire departments across Ontario, and continues to ensure that high quality fire and life safety practices for Ontarians are in place. Chief Beckett is a vocal champion for mental health in his organization.

Dr. Ash Bender, MD, FRCPC

**Staff psychiatrist and Medical Head, Work, Stress and Health Program,
Centre for Addiction and Mental Health, Assistant Professor, Faculty of Medicine,
University of Toronto**

Dr. Bender is Medical Head of the Centre for Addiction and Mental Health's Work, Stress and Health Program, a multidisciplinary program specializing in assessment, treatment and research of occupational disability. He has several publications in the area of workplace mental health. Dr. Bender has also conducted research focused on the management of psychological trauma in the workplace, and is actively involved in education, training and consultation to health care providers, insurers, government and corporations.

FOLLOW-UP AND SUPPORT: FACILITATED BREAK-OUT SESSION**Dave McFadden**

**Retired front line police officer, past President of the Police Association of Ontario
and the Peterborough Police Association**

With a career of over 30 years in both rural and municipal policing, Dave McFadden was involved in many critical incidents involving death and serious bodily harm. Debriefings after an incident did not exist and with the "suck it up" mentality, McFadden sought relief by self-medicating with alcohol. Given the choice between rehabilitation or death, rehabilitation was completed in 2002. From that point on, McFadden has lobbied for change both locally and provincially for better understanding and treatment of individuals experiencing work-related traumatic mental stress.

Jose Pastor

Manager, Employee Relations, Human Resources Department, VIA Rail Canada

Jose Pastor has held senior appointments in the rail industry at VIA Rail Canada, including advisor for labour relations and program manager for VIA's HR Transformation project. As part of his current mandate, Jose is developing and implementing several HR initiatives to promote a healthy workplace and assist employees affected by traumatic incidents. Jose leads several initiatives at VIA as a strong advocate of mental health in the workplace, in particular, of the prevention of work-related traumatic mental stress. He holds an MBA from Université du Québec à Montréal and a Bachelor's degree in Law from Universidad Autonoma de Madrid.

Dr. Ruth Lanius, MD, Ph.D.

Professor of Psychiatry and Director, PTSD research unit,
University of Western Ontario

(See bio on page 15)

**SPEAKERS: INSIGHTS FROM THE WORKPLACE ON
IMPLEMENTING CHANGE****Chief Eric Jolliffe**

York Regional Police

Over his 35 year career, Chief Jolliffe has served in a variety of policing capacities within York Regional Police, including Deputy Chief of Administration and Deputy Chief Operations. On December 13, 2010, he was appointed Chief of Police. He has been recognized for his service within policing in Canada with awards such as the Queen Elizabeth II Diamond Jubilee Medal, presented to him in October 2012. Chief Jolliffe has been instrumental in making mental health a priority for the members of York Regional Police and is a leader for mental health and change in the policing community.

Sergeant Beth Milliard

Peer Support Unit, York Regional Police

Sergeant Beth Milliard has been a police officer with York Regional Police for 12 years. She has a Master's in Leadership from the University of Guelph, where her major research paper focused on "Leadership Strategies to Promote the Psychological Awareness of Officers Conducting Internet Child Exploitation Investigations." Sergeant Milliard was tasked with reviewing and answering to the recommendations listed in the Ombudsman report, *In the Line of Duty*, in 2013. Out of those recommendations York Regional Police created the Peer Support Unit, which is solely dedicated to the psychological wellness of their members.