



Mental Health Secretariat: Collaboration for public safety personnel (PSP) mental health in Ontario

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ABSTRACT

Mental health issues, and more specifically suicide, within the policing community have been a growing concern in recent years. In 2018 alone, there were nine suicides among active and retired police officers in the province of Ontario. At the time, nine suicides in one year were shocking and began to raise focused awareness of mental health challenges facing the profession. In 2021, the Ontario Ministry of the Solicitor General created Mental Health Collaborative Tables comprised of key stakeholders, subject matter experts, public safety personnel (PSP) with lived experience, mental health clinicians, and researchers. The Mental Health Secretariat (MHS) is responsible for supporting the tables. The MHS is accountable to the Deputy Solicitor General and has a mandate to provide a provincial action plan to address mental health issues among PSP. This article explains key observations regarding Ontario's innovative approach to improving mental health supports for PSP and describes the perspective offered by Karen Prokopec, Manager, MHS at Ontario Ministry of the Solicitor General, and her colleague, Zarsanga Popal, Senior Performance Measurement and Evaluation Specialist with the MHS, on the establishment of the MHS.

Key Words Innovation; collective accountability; diversity; inclusion.

INTRODUCTION

It is no secret that mental health issues among public safety personnel (PSP) are greater than in the general public (Carleton et al., 2018). As recognized in recent research, PSP are not just affected by exposure to trauma and human suffering in their work, they also report significant levels of organizational stress (Milliard, 2020). The Mental Health Secretariat of Ontario (MHS) was established in part because of the growing recognition of the stresses that impact PSP in contemporary Canada. The authors interviewed Karen Prokopec, MHS Manager, and her colleague, Zarsanga Popal, Senior Performance Measurement and Evaluation Specialist with the MHS. They offered perspectives on lessons learned in establishing the MHS.

Milliard's (2020) research on peer support found that organizational stressors, including promotional processes, police culture, and unsupportive supervisors, are more prevalent and ongoing compared with the traumatic incidents PSP are routinely exposed to (see also Christmas, 2013). Furthermore, it is up to each PSP leader to decide what types of mental health initiatives, programs, and resources their organization should

adopt, which is problematic for many reasons. While many organizations work with with clinicians and researchers to ensure resources are available, other organizations operate without mental health programming. Some may not fully understand the mental health needs of PSP. Any sustainable solution requires a unique approach that accounts for the underlying issues of PSP organizations as well as collaborative approaches based on accountability at the provincial level.

In 2012, the Ombudsman of Ontario conducted an in-depth systematic investigation into how the Ontario Provincial Police (OPP) were addressing operational stress injuries affecting police officers (Marin, 2012). The report revealed that more officers had died by suicide over the previous 23 years than were killed doing police work (Marin, 2012). The Ombudsman's Report was instrumental as it was the first time a governing body had taken an interest in investigating and reporting on the mental health issues of police officers. The report was also an "eye opener" to all PSP who faced similar challenges. It created awareness of systemic barriers in the policing culture, such as stigma for those reporting having problems, and leadership that had historically prevented

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sustainable change. Fast forward to 2020, and the province of Ontario was seeing an overwhelming number of PSP who were absent from work on Workplace Safety Insurance Board (WSIB) claims for traumatic or chronic mental stress, mostly due to the presumptive legislation passed in 2016. In addition, the notable number of police suicides in 2018 sparked the need not only for change, but also for evidence-based, sustainable solutions to address the myriad of challenges faced by PSP.

There was a realization that we could not expect change through efforts only at the individual level for PSP but also required change at the cultural and leadership levels. There needed to be change at all levels—we needed to make systemic change (Popal, 2022).

Creation of the Mental Health Secretariat (MHS)

In 2019, the Office of the Chief Coroner of Ontario initiated an expert panel review to understand risk patterns and create intervention processes for vulnerable police personnel. The report (*Staying Visible, Staying Connected, for Life*) introduced seven pathways for the prevention and treatment of mental health challenges for police. One of the main themes highlighted throughout the report was the need to create a culture that is open to supporting mental health through sustained access to care, treatment, and recovery for policing. The report concluded with 14 main recommendations, outlining a total of 36 actions and specifications, which reflect a continuing theme of collaboration across the policing community. As a result, in 2020, under the mandate of Ontario's Chief Coroner Dr. Dirk Huyer, the Ministry of the Solicitor General created the MHS.

Although the original idea and recommendations from the expert panel's report revealed a much-needed change within the policing realm (Ontario Chief Coroner's Report, 2019), after further consultation, it was quickly recognized that other public safety sectors, namely corrections, emergency health services, and fire, should also be included. The COVID-19 pandemic initially slowed the government's response to many of the recommendations of the expert panel's report and the creation of the MHS, but it also provided an opportunity to be methodical and ensure voices from all public safety sectors were included in the early stages of its work. The idea was to bring together a team that could align the work of many previously disconnected efforts and build greater stability and sustainability in this space by bringing experts to the table. Further, it was critical that the work balance the needs of stakeholders, ensuring equitability across services and public safety sectors. In the words of the manager of the MHS, "Like making soup, there were many ingredients that needed to be blended together. Bringing diverse perspectives from stakeholders and the experts in the field together was important, but remaining open to adding other ingredients to make the soup better was critical" (Prokopec, 2022).

Among the first actions from *Staying Visible Staying Connected for Life* taken by Ontario was to implement the recommendation for the formation of an Ontario Police Members Mental Health Collaborative (OPMMHC) to serve as a standing body that would initiate, guide, monitor, and report on an urgent and comprehensive plan of action in Ontario. In February 2021, recognizing that the mental health challenges faced by police are also more prevalent across other public safety sectors, Ontario announced the creation of concurrent tables for corrections, emergency health services, fire, as well

as police, leveraging the report's recommendation on structure and governance. The Mental Health Collaborative Tables (MHCT) are comprised of key stakeholders, subject matter experts, public safety personnel (PSP) with lived experience, mental health clinicians, and researchers.

Greeno et al. (2022) explained through their Global Studies 2020–2022 research that "wellness" was identified as an immediate priority for sector-wide unification under the Canadian Policing Initiative. They questioned who would be tasked to further develop parameters, priorities, and opportunities. The MHS provides an example of an approach that can begin to tackle some of the mental health issues faced by PSP through initiatives such as addressing access to trauma-informed mental health professionals; developing comprehensive mental health and wellness strategies and best practice guidelines; promoting knowledge mobilization; and addressing stigma in organizational culture.

The priorities of the MHS's 5-year strategic plan start with building a common understanding of the issues facing PSP, building a coalition amongst partners in the field, taking tangible action, building a stronger evidence base to support decision-making, and then ensuring sustainable implementation of programs and services. There were several documents that guided the work of the MHS, with the first step being alignment with Ontario's broader mental health and addictions strategy: Roadmap to Wellness. It emphasized that PSP have unique needs, and that service-specific supports are effective given the unique culture of each occupation (Ontario Minister of Health, 2020). Second, the Ontario Chief Coroner's Report (2019) identified gaps, overlaps, and service deficiencies that, if addressed, would improve the effectiveness, efficiency, and universal accessibility of mental health supports to police service members across the province. Third, the creation of MHCTs brought together key partners across the sectors to identify gaps, barriers, and opportunities in accessing currently available mental health programs as well as identifying priorities for the way forward. Fourth, a Joint Knowledge Sub-Committee, Key Government Partners, and an Inclusion Advisory Table were created to offer a lens through which priorities can be reviewed and considered to ensure the implementation meets the needs of PSP. In addition, programs are coordinated and integrated to reflect the broad diversity of the sector and emerging best practices. Fifth, a budget initiative sought approval for funding to support proposed initiatives. Sixth, an Executive Mental Health Steering Committee was created.

MHS Manager Karen Prokopec commented that great care was taken to ensure the MHS was established with collaboration and representative voices from each public safety sector. Prokopec advised, "We developed a very robust, some might say overly robust governance structure, but every time I look at it, I don't see any components we could remove from that structure without missing something" (Prokopec, 2022).

Mental Health Collaborative Tables (MHCTs)

The MHCTs for corrections, emergency health services, fire, and police meet a minimum of four times per year. They are comprised of unions/associations, employers, municipal representatives, other key stakeholders, PSP with lived experience, mental health clinicians, and researchers. The tables advise on strategies, initiatives, and innovations to improve

mental health supports for PSP in Ontario. The MHCTs inform and support the development and implementation of Ontario's Mental Health Action Plan (MHS, 2021).

Executive Mental Health Steering Committee (EMHSC)

As a decision-making body, the EMHSC addresses the priorities stemming from the MHCTs and the Mental Health Action Plan (MHS, 2021) to support the mental health and wellness needs of PSP across Ontario. The committee is made up of executives from across the Ministry of the Solicitor General, Ministry of Health, Ministry of Children, Community and Social Services, and Treasury Board Secretariat. The Deputy Minister, the Commissioner of the OPP, and the Chief Coroner regularly attend these meetings and recognize their priority, thereby creating trust with the other sectors and stakeholders.

Joint Knowledge Sub-Committee (JKSC)

Primarily a collaborative body comprised of mental health clinicians, researchers, and active PSP, the JKSC shares information to support key priorities identified by the MHCTs. They assess, interpret, and adapt best practices in mental health for PSP that align with identified priorities. The sub-committee gathers and consolidates research findings to better understand gaps, priorities, and opportunities, synthesizes available evidence to generate recommendations, and ensures the delivery of effective knowledge mobilization techniques. The JKSC informs the creation of program-specific task teams and meets every 6 weeks. To date, task teams to study peer support, family programs, and stigma, and to develop an Ontario.ca resource portal, have been convened.

Inclusion Advisory Table (IAT)

The IAT provides leadership and guidance on anti-racism, diversity, and equity in public safety sectors with the goal of ensuring that the mental health needs of racialized and minoritized PSP are met. Co-chaired by the MHS and executive leaders who represent racialized and minoritized groups, this table meets bi-monthly to hear from real experiences of PSP which they use as a platform to encourage discussion and identify key points for change.

Key Government Partners Tables (KGPTs)

The KGPTs support system-wide implementation of priorities stemming from the MHCTs and the Mental Health Action Plan (MHS, 2021) to ensure the delivery of coordinated and integrated mental health and wellness supports for PSP across Ontario. Members at this table include decision-makers from the Ministry of the Solicitor General, the Ministry of Health, the Workplace Safety and Insurance Board, the Association of Municipalities of Ontario, and the Ministry of Labour, Immigration, Training and Skills Development Prevention Office.

PSP Mental Health Working Group (PSP MHWG)

The PSP MHWG provides a platform for a broad range of public safety sectors to discuss how to enhance and support existing mental health programs and supports for PSP across the Ontario Public Service. This working group meets bi-monthly and includes corrections, emergency health services, fire, and police but also youth justice employees, animal welfare investigators, coroners, emergency management personnel, and

forensic scientists and pathologists. A key focus of the working group is to share best practices, gaps, possible collaborative initiatives, and steps to culture change in an effort to reduce the stigma associated with mental health and help-seeking. The group has created an internal-to-government intranet page to support knowledge mobilization across public safety sectors in the Ontario Public Service.

Early Success and Learnings of MHS

Although the work of the MHS continues, some noteworthy milestones have been reached.

Diversity and Inclusivity

First and foremost, the MHS has created spaces where the collective mental health needs of PSP are being discussed and addressed. There is a recognition of diversity and inclusivity. The MHS created the IAT based on research and conversations with organizations such as the Association for Black Law Enforcement (ABLE). As the work of the MHS and MHCTs has evolved, there is growing (anecdotal) recognition that racialized and minoritized PSP face a greater likelihood of mental injury.

Through the membership of the IAT, it was acknowledged that this was the first time that diverse and marginalized PSP had a platform to discuss their experiences—experiences that often put them in positions where they needed to consider their roles both in the community and in their public safety organization. In 2022, the first author had the honour of being asked to speak at the IAT on “Gender in the PSP Context” alongside women from police, corrections, and fire. Being in a space of shared similar experiences solidified awareness and understanding of the complex needs of PSP when it comes to mental health.

The work of the MHS has been innovative and fluid. Not everything is laid out line-by-line. There was nothing in the expert panel's report that addresses the needs of marginalized and diverse PSP, but we felt it was important to explore. We realized that although the profession is the same, marginalized and diverse groups have very different experiences within it—these experiences can affect one's mental health (Popal, 2022).

Utilization of Technology

The MHS has had a unique opportunity to operate across public safety sectors, other provincial ministries, and municipal and First Nations public safety services because of its mandate to better align and build equity in mental health supports for PSP. An example of significant progress in this area came from the introduction of the PeerConnect application across Ontario. Originally the Peer Connect app was to be implemented for Corrections to support the roll out of their Peer Support Program. However, through COVID-19, an opportunity for funding to support a one-year pilot allowed for the expansion of the PeerConnect app to also include police, fire, and paramedics. The MHS is demonstrating its ability to work to address the mental health and wellness of PSP by working across various groups to deliver much-needed programming.

Most recently, the MHS launched a portal for members and families to access mental health resources within the Ontario.ca website. The information on the portal can be service-specific for larger services and/or general access for

all provincial services. The portal was launched following the work of a task team that included communications leads from public safety sectors, persons with lived experience, and psychologists who work with PSP in their practice. The MHS' role in facilitating discussions with subject matter experts is leading to many of their successes.

Stigma Reduction

Work is currently underway to design and execute a broad campaign aimed at normalizing mental health challenges to reduce stigmatizing behaviours. The goal is to achieve a healthier identity and work–life balance, building awareness of supports, treatments, and recovery outcomes in all PSP sectors. The MHS recognizes that great work is happening across the country. For this initiative, the MHS connected with representatives from the provinces of British Columbia, Saskatchewan, and Nova Scotia to learn from their experiences, and build on them to support a “made in Ontario” program.

Peer Support

The MHS has also organized focus groups for peer support. These groups consisted of PSP that represent front-line, leadership, and the organization. The purpose of the focus groups was to gather evidence to support the creation of a best practice guideline for PSP organizations.

Building a Strong Foundation: Implications for the Rest of Canada

As one of its major projects, the MHS is working towards an evaluation process for mental health programming, training, and resources. The Evaluation Advisory Table (EAT) will create an evaluation process that will provide credible and independent evaluation and implementation advice to inform government and the broader public sector. The goals of EAT are to support the development of evaluation criteria for programs and ensure consistency in evaluation across mental health initiatives, support informed decision-making, and increase understanding of return-on-investments for mental health services and supports. Members selected for the EAT will be representative of all public safety sectors, possess a wide range of skills and experience (including areas of evaluation, research, academia, performance measurement, program planning, budget, and costing), and include members of racialized and minority communities.

In collaboration with the Canadian Institute for Public Safety Research and Treatment (CIPSRT), the MHS is working to create a “Mental Health Needs Framework.” The JKSC recognized that no framework currently exists to identify best-in-class mental health services and supports along the career pathway (new hire to retirement) for PSP and their families. The JKSC proposed an investment in developing a framework. The committee acknowledged that while various services and supports are available, there is a notable lack of awareness of the specialized and tailored services that are most effective for this population. Consequently, public safety organizations often use anecdotal data to fund various mental health services and supports due to the lack of existing evidence to validate appropriate services and supports.

Through the establishment of a Mental Health Needs Framework, the MHS and local public safety services will be better positioned to implement effective programming that

addresses the unique and diverse needs of PSP. In addition to addressing the most needed programming, the framework will support value-for-money investments across a continuum of needed services. Karen Prokopec described the initiative as follows:

We're working on a Mental Health Needs framework. I believe it will be important for supporting services by providing public safety organizations with the type of programming they should invest in to best support their PSP. The journey of PSP through their careers is not ubiquitous, so what they might need at the recruitment stage versus the retirement stage is quite different, and we believe this framework will set that out. (Prokopec, 2022)

Going forward, Prokopec and Popal described the constellation of services and programs supported by the MHS as having momentum in a positive direction and fulfilling the goal of collective accountability. Notably, Prokopec described how she is continually impressed by the commitment of senior leaders from all the sectors, showing up at meetings, engaging and supporting development of these resources for PSP. She also acknowledged that there is a long way to go, stating, “There's a lot of table setting that still needs to happen and I think foundational elements like evaluation and needs assessment are really important” (Prokopec, 2022).

CONCLUSION

The power and efficacy of collaboration have become conventional wisdom in public governance. Achieving it, however, is another matter. Many initiatives have failed, due to territorialism and the challenge of sharing information. Ontario's MHS seems to be overcoming many of these obstacles, perhaps because the end-goal of improving the mental health and wellness of PSP is so critical. Some factors that seem to clearly play into its success thus far include support at the highest levels, a focus on inclusiveness and equity, and a strong emphasis on the front line. Zarsanga Popal of the MHS described the high engagement at all levels, which likely accounts for the team's successes to date: “There is great expectation across the province because it's the first time a model like this, where everybody is getting together to talk about PSP mental health collectively, has been created—people want something positive to come out of this” (Popal, 2022).

Police and the broader PSP community are part of Canada's social fabric and play a critical role in protecting our communities. A significantly high suicide rate has become a call to action. We owe it to PSP to do what we can to support them. Ontario is taking a positive step to increase awareness and acknowledge the cost of mental injuries to PSP, their families, and the organizations in which they work. Ontario's MHS is advancing approaches and innovative practices that can be a template for the rest of Canada.

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CONFLICT OF INTEREST DISCLOSURES

The authors have no conflicts of interest to declare.

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