

“PUBLIC AGENDA”

TO: Darlene Brander, Chairperson
Board of Police Commissioners

FROM: Chief Troy Cooper
Office of the Chief

DATE: 2019 September 09

SUBJECT: Progress of the Mental Health Strategy

FILE #: 2,014

ISSUE:

The Saskatoon Police Service hired an in-house Clinical Psychologist in September 2018 on a temporary 1-year contract to assist in the coordination of the Service’s Mental Health Strategy to ensure members maintain optimal mental health. Along with coordinating the overall strategy, the Clinical Psychologist was also hired to conduct mandatory psychological assessments for members working in high risk units (HRUs) or teams. More than 90 members work in the identified HRUs. The in-house Clinical Psychologist’s contract was extended to December 31, 2019; however, the Service requires a permanent full-time Clinical Psychologist to continue and expand the programs included in the Mental Health Strategy.

RECOMMENDATION:

This report be received as information.

BACKGROUND:

The Service’s Mental Health Strategy has been discussed in previous submissions to the Board of Police Commissioners, including a presentation to the Board in February 2018. This Strategy will not be reiterated here in detail; however, a few aspects of it bear repeating. Specifically, yearly mandatory assessments were proposed for members working in high risk units (HRUs) or teams such as the Internet Child Exploitation Unit, Forensic Identification Unit, Collision Analyst Detail, Sex Crime and Child Abuse Unit, Homicide/Violent Crime Unit, etc. It was recognized that the nature of this work exposes employees to a number of potentially traumatic events or stressors that could negatively impact their mental health and wellbeing. The Service expressed a desire to deal with this issue in a proactive manner and guard against the development of, and suffering from occupational stress injuries (OSI) or symptoms of other mental disorders.

It was suggested that if an internal psychologist was hired, gaps in the Service’s Mental Health Strategy could be filled or covered off (e.g., following up with members involved in traumatic incidents; coordinating with EFAP professionals; liaising with Critical Incident Stress

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Management (CISM) Team Leaders and providing additional consultation in the area of mental health; providing ongoing, consistent, proactive and educational support for members and their families; and evaluating the impact of the overall Mental Health Strategy).

DISCUSSION:

Following the hire of an in-house Clinical Psychologist, a review of the existing policy as well as best practices was conducted. To help inform the development of the mental wellness program within the Service, the Clinical Psychologist consulted with researchers and police agencies across Canada in addition to the available research literature to help determine what psychological wellness programs exist across police services in Canada and how those programs were structured. The implementation of a Safeguard Program was subsequently proposed.

Safeguard Programs are designed with the aim of protecting or safeguarding the psychological health and wellbeing of members (sworn and civilian) who have a high likelihood of exposure to potentially traumatizing situations or content in the course of their regular duties. As such, this type of program tends to be preventative and proactive in its approach. This program was adopted rather than a “fit for duty” approach since the latter tends to be reactionary, narrow in focus, and only initiated once a problem has been identified.

To date, the Clinical Psychologist has met with 94 SPS sworn members working in HRUs as part of the Safeguard Program. Members participating in the Program have an average of 15.89 years of service (range: 6 to 31) and are 43 years old (range: 27 to 61). Seventy four of the Program participants are male, while 20 are female. On average, initial Safeguard assessments were 2.31 hours in duration. A database to track usage of the Safeguard Program was developed and a survey was sent out to the program participants to elicit feedback on the program.

The survey closes on July 31, 2019; however, some of the preliminary survey results are outlined below. Further evaluation of the program is pending.

Fifty-two of the eligible 94 members participating in the Safeguard Program completed the survey, to date (response rate: 55%). Of the respondents, 96% reported feeling satisfied that the Service had implemented a Safeguard Program and 75% found their mandatory assessment to be beneficial to their mental health and overall wellness. Further, 65% said being mandated to participate in the program helped to reduce their anxiety and/or perceived stigma of attending their Safeguard appointment, while 30% of respondents said they would not have met with the Clinical Psychologist had they not been mandated to do so. The majority of respondents (98%) also said they would recommend the program to other members in the service and 69% said they would contact the Clinical Psychologist more frequently than once per year (as required by the Safeguard Program) if they were experiencing stress and required support. Three quarters of the respondents also felt the Safeguard Program should be available to more units or teams with the Service, with recommendations ranging from including the entire Service, all of Patrol, Special Constables, members with five or more years of service, or all special teams (e.g., Search and Rescue, Crisis Negotiators, etc.).

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Additional comments provided by survey respondents on the Safeguard Program are listed below:

“This is long overdue. I hope it will assist with removing the stigma, and that all members will get the opportunity to access the program.”

“Excellent initiative. This program was long over due and should be mandatory at every Police Service.”

“This is a great program that I believe will prevent members from developing mental health issues or at least catch them early....The Service should be commended for having the foresight to implement this program. Thank you.”

In December 2018, the Clinical Psychologist submitted an outline proposing multiple prevention, intervention, and evaluation strategies to help strengthen the Service's Mental Health Strategy. Much of the strategies suggested were generated from consultation with members within the Service as well as with other psychologists working in police services across Canada. Such program expansion ideas included involvement in pre-employment psychological screening of applicants (currently contracted out), expansion of the Safeguard Program to include other HRUs within the Service, regular education sessions on mental health and wellness, pre-inquest preparatory sessions, mandatory involvement with subject and witness officers involved in an officer involved shooting or serious injury or death incident, the piloting of an Early Career Program for new recruits, and evaluation of aspects of the existing Mental Health Strategy (i.e., the Safeguard Program and the CISM program). The piloting on an Early Career Program was approved and subsequently initiated in December 2018. This program focuses on providing targeted wellness and resiliency education and strategies for new recruits over the course of their first year of employment (i.e., pre- and post-field training, as well as after 12 months of employment). Two classes of recruits (14 members) are currently participating in this program. Evaluation of the program is pending. Policy was also amended in late March 2019 defining a role for the Clinical Psychologist following critical incidents such as an officer involved shooting or serious injury or death incident.

Over the past year, the Clinical Psychologist has been educating members about the program and spoke at in-service training for Patrol and Criminal Investigations members this past spring. The Clinical Psychologist has also met with members not included in the Safeguard Program following critical incidents to offer support and strategies to cope. Several other members not included in the Safeguard Program have also voluntarily contacted the Clinical Psychologist to meet to seek support and discuss a variety of mental health issues and life stressors.

In an effort to evaluate the overall Mental Health Strategy, the Clinical Psychologist developed a Critical Incident Stress Management (CISM) form and database to track usage of the CISM program. The Clinical Psychologist also attended two CISM debriefs. Provincial experts in CISM programs and public safety research have also been consulted to assist in the formal evaluation of the resident CISM program. This program evaluation is currently underway. Further to the ongoing program evaluation efforts, the Clinical Psychologist has consulted and liaised with researchers involved in the Canadian Institute for Public Safety Research and

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Training (CIPSRT) regarding the development of a database for SPS personnel to better track the incidence of OSI and time lost. The Clinical Psychologist was also invited to sit on the Mental Health Review Subcommittee of CIPSRT. This committee, consisting of mental health experts from across Canada, is currently drafting a series of questions to help Canadian public safety personnel (PSP), including police officers, assess the experience and provision of mental health services being offered by psychologists or other mental health professionals across Canada claiming to provide clinical services to the PSP population. The Clinical Psychologist has also consulted with various organizations, including Wounded Warriors Canada, to discuss a potential partnership with the Service.

BUDGET IMPACT:


The cost to move to a full time mental health model is minimized due to the fact that funds currently exist within budget for yearly psychological assessments by a contractor.

CONCLUSION:

In order to meet one of SPS goals of maintaining optimal physical and mental health of the Saskatoon Police Service employees as outlined in the 2015-2019 Business Plan, having a permanent full-time Clinical Psychologist position is critical in reducing the number of long-term illness and injury related absences, while also improving the day-to-day functioning of members. The initiatives developed by the Clinical Psychologist will aid with the overall long-term mental health and wellness of SPS employees by providing support to members, while also helping to manage risk. Investing in the Service's members' mental health and wellness will lead to decreased work-related stress, decrease work time lost due to injury, and collectively more productive and capable members while on duty.

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 Deputy Chief, Support Services

Submitted by: 

 Troy Cooper
 Chief of Police

Dated: _____
 September 11, 2019