



Trauma among Psychiatric Workers

A Research and Knowledge Translation Project



Appendix A
Recommendations and Suggested Actions



Appendix A:

A Research and Knowledge Translation Project Recommendations and Suggested Actions

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From “Workplace factors contributing to PTSD in mental health care providers:

Identifying characteristics and building strategies”

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Background

Ontarians are aware of the importance of mental health in the workplace. Indeed, the Mental Health Commission of Canada has identified workplace mental health as a strategic priority. The Commission also recognized that traumatic events sometimes occur in the workplace and have an impact on workers' mental health. Post-traumatic stress disorder (PTSD) is a mental disorder that can occur after a person is exposed to actual or threatened death, serious injury or sexual violation. Among nurses, post-traumatic stress can lead to compassion fatigue, lower quality of healthcare delivery, and lost work time. However, much less is known about the risks faced by psychiatric workers, the people who provide daily treatment and care for people with serious mental disorders. Although most people with mental disorders are not violent and live productive lives in the community, some are prone to violence and may engage in other behaviours that make caring for them stressful. In response, we conducted one of the largest studies of PTSD among psychiatric staff. This research took place at three psychiatric hospitals in Ontario and included forensic and nonforensic inpatient unit staff.

Adopting an "integrated knowledge translation" model of research, we engaged with partners at the Ontario Public Servants Employees Union (OPSEU), the Ontario Nurses Association (ONA), the Registered Nurses' Association of Ontario (RNAO) as well as our hospitals' senior management leaders, prior to starting our research. We held a consultation day in May 2018, when knowledge users were invited to consult on the research questions and initial findings; connect with the research team, partners, and workplace leaders; and create ideas and actions to mitigate the effects of workplace trauma among psychiatric workers. We then shared early research results with our participating hospitals in a presentation broadcast through the Ontario Telehealth Network, as well as newsletters, intranet communications, and a 2-day drop-in focus booth at Waypoint. We solicited feedback and received 127 written comments. Two broad themes that emerged in these forums highlighted the desire for more resources and the barriers faced when accessing help.

In May 2019, we hosted a Knowledge Translation (KT) Planning Day to discuss main themes and findings emerging from our completed research, identify key concerns, and gather ideas for solutions. The event was attended by 28 stakeholders: staff and employer representatives from Waypoint Centre for Mental Health Care, The Royal Ottawa Health Care Group, and Ontario Shores Centre for Mental Health Sciences, as well as representatives from our partner organizations: Public Services Health and Safety Association (PSHSA), OPSEU, ONA, RNAO, the Ontario Ministry of Labour, Training and Skills Development and the Workplace Safety and Insurance Board (WSIB). Again, the desire for more resources to prevent and respond to PTSD, and for increased access to sources of help, were prominent themes identified by our stakeholders. Their recommendations form the basis of this document. Rather than a "to-do" list, we hope that this Appendix will be seen as a visionary document, to inspire psychiatric hospitals and their partners to effect changes in policy and practice that are needed to reduce trauma among psychiatric workers.

Key Research Themes and Findings

We conducted empirical research (collecting original data) as well as literature reviews. We examined PTSD symptoms among psychiatric staff and the role of critical events (defined as violence, threats, and deaths) and chronic stressors (such as constant screaming and physically resisting care) in relation to their mental health. Our survey participants were 761 staff from three psychiatric hospitals in Ontario. We also conducted one-to-one interviews with 24 staff and three focus groups with 16 staff to discuss their own experiences of trauma and help-seeking. The main body of this report provides detailed results from our research.

Key survey findings connected to the recommendations in this appendix are:

- 29% of surveyed psychiatric staff met the screening cutoffs for PTSD, depression, or anxiety
- 46% of those meeting cutoffs reported that they did not have time to seek mental health support
- 30% of those meeting cutoffs felt that getting help might negatively affect their job
- 16% of staff met the screening cutoff for PTSD and 9% met full diagnostic criteria for PTSD
- both critical events and chronic stressors contributed to PTSD symptoms
- only 30% of staff felt well prepared to prevent or respond to critical events
- 83% of staff had not received workplace training in mental health in the past year
- staff who reported less manager-employee trust were at increased risk of PTSD

Themes emerging from our focus groups and qualitative analysis of one-to-one interviews include:

- staff exposed to critical events in the workplace described the need for their experience to be acknowledged, validated and handled sensitively by their employer
- exposed staff described the difficulty of knowing whom to contact, where to go for support, and what leave options are available to them
- participants voiced the need for a regulated mental health professional to provide them guidance, assistance or support in dealing with a traumatic situation

Summary of the 12 Recommendations

Some opportunities were identified that would allow employers to enhance their capacity to support staff, both within existing or limited additional resources. These comprise our first three recommendations, and include roles for regulated health professionals to support employee mental health, for occupational health and safety specialists to provide trauma-informed leadership for staff and managers, and for hospitals, government ministries, employee associations, professional associations, and other stakeholders, to enhance partnerships and resources for solutions to workplace PTSD.

Remaining recommendations are organized in three categories of PTSD risk factors. *Pre-traumatic factors* recognize risk factors existing prior to critical incident exposure; our recommendations address the environmental, educational, cultural, and other workplace factors that could enhance prevention and preparedness. *Peri-traumatic factors* concern critical events and immediate responses; our recommendations address trauma-informed debriefing and support. *Post-traumatic factors* concern ongoing supports and after-effects; our recommendations address return-to-work and WSIB procedures.

We urge collaboration among psychiatric hospitals' senior leadership, staff and unions, government ministries and agencies, and other stakeholders, understanding there is a role for everyone in preventing workplace trauma. At the same time, we suggest key actors and leaders who are well positioned to provide oversight for each recommendation. Designating a responsible person or team, and determining measures for monitoring, evaluating, and reporting achievements, are important implementation steps.

Building Capacity

This section recommends psychiatric hospitals, in collaboration with stakeholders, enhance internal and external capacity to optimize overarching implementation of all proposed opportunities.

Recommendation 1

Each psychiatric hospital designate a regulated health professional to serve employee mental health

In our survey, 29% of psychiatric staff met the screening cutoffs for PTSD, depression, or anxiety; 46% of those staff reported that they did not have time to seek mental health support because of work, childcare, etc. Participants voiced the need for a regulated health professional who can provide guidance, assistance or support in dealing with a traumatic situation.

OPPORTUNITIES	SUGGESTED ACTIONS
A) Hospital senior leaders with oversight for occupational health and safety establish a role for a regulated health professional to provide employee mental health care.	1. Establish a role for the regulated mental health professional with competencies in screening for trauma-related and stressor-related mental disorders, counselling staff in crisis following workplace critical events, and referring staff as needed to mental health providers in the community who are qualified to assess and treat PTSD. 2. Establish a role for the regulated mental health professional to assist with trauma-informed return-to-work procedures. 3. Establish a role for the regulated mental health professional to assist with interventions intended to reduce workplace PTSD.
B) Hospital senior leaders with oversight for occupational health and safety ensure that professional(s) in the designated employee mental health role have and maintain the necessary competencies, experience, interest, and training to screen, support, and refer staff.	1. Designate a regulated health professional who has expertise in trauma-related and stressor-related disorders. 2. Designate a regulated health professional who is eligible to perform the controlled act of psychotherapy and has training and experience in supporting and counseling staff after a critical event. 3. Ensure the professional maintains expertise in empirical research and outcome evaluations of first-stage interventions for trauma-related and stressor-related disorders and in trauma-informed return-to-work procedures, and is given the time necessary to do so.
C) Hospital senior leaders with oversight for infrastructure services and information technology services provide physical space and technology to facilitate in-person and off-site access to the employee mental health service.	1. Create a business plan for ensuring resources to sustain this role, including advocating for additional funds as needed. 2. Provide a quiet, confidential, and accessible space for workers to meet with the employee mental health professional. 3. Provide a telephone and online mental health service for employees to access outside of their working shift hours. 4. Communicate to all staff the measures for, and limits to, protecting anonymity and confidentiality for staff accessing the employee mental health services.

Recommendation 2

Each psychiatric hospital designate an occupational health and safety lead for workplace trauma

Our interview participants who had been exposed to a workplace critical event described the need for their experiences and mental health needs to be acknowledged, validated, and handled sensitively by their employer.

OPPORTUNITIES	SUGGESTED ACTIONS
A) Hospital senior leaders with oversight for occupational health and safety establish a role for an occupational health and safety trauma lead who maintains current knowledge and expertise in workplace trauma-related disorders.	1. Establish a role for the occupational health and safety trauma lead in monitoring workplace policies and practices intended to reduce workplace critical exposures and PTSD (and those with indirect implications for workplace PTSD), and updating policies and practices on the basis of current empirical evidence. 2. Establish a role for the occupational health and safety trauma lead in developing, providing, and evaluating training and education for staff, managers, and other occupational health and safety officers on trauma-related disorders and interventions that are based on empirical research and outcome evaluations. 3. Establish a role for the occupational health and safety trauma lead in reviewing and interpreting the empirical research literature on workplace trauma, working with researchers or others with expertise in synthesizing literature as needed. 4. Establish a role for the occupational health and safety trauma lead in evaluating the effects of interventions intended to reduce workplace critical exposures using key organizational performance measures (e.g., sick time, use of Employee/Family Assistance Program [EFAP]). 5. Establish a role for the occupational health and safety trauma lead in monitoring critical event operational debriefs for alignment with trauma-informed practices.
B) Hospital senior leaders with oversight for occupational health and safety ensure that occupational health and safety officers in the designated role have and maintain the necessary competencies, experience, interest, and training to address and support mental health needs in return-to-work policies and procedures.	1. Designate an officer to communicate regularly with employees seeking mental health assistance during their time away from work and to monitor their progress when they return. 2. Designate an officer to establish a trauma-informed therapeutic return to work process by collaborating with employees to support their individualized, graduated goals for coping with triggers.
C) Hospital senior leaders with oversight for occupational health and safety explore resources for the occupational health and safety lead for workplace trauma.	1. Create a business plan for ensuring resources to sustain this role, including advocating for additional funds as needed.

Recommendation 3

Psychiatric hospitals optimize their participation in inter-ministerial and stakeholder collaborations to build their capacity to find and enact solutions to workplace PTSD

Our project received valuable guidance, support, and input from our stakeholders, and witnessed outstanding collaboration among employers, government and provincial agencies, and professional and employee associations during our consultation and knowledge transfer planning days. Continuing this collaboration during post-project activities will enhance the long-term impact of this work.

OPPORTUNITIES	SUGGESTED ACTIONS
A) Ontario Ministry of Health and Long-term Care (MOHLTC) and Ontario Ministry of Labour, Training and Skills Development (MOL) executives whose portfolios include workplace violence or mental health establish collaborations with hospital senior leaders, unions, WSIB, PSHSA, and professional associations, to communicate about solutions to workplace PTSD.	1. Establish partnerships of senior hospital leaders and employee unions to engage in a collaborative / inter-ministerial approach to advocating with the MOHLTC, MOL, and WSIB for increased resources for employee mental health care and trauma-informed occupational health and safety. 2. Leverage established communication protocols to connect with relevant government branches. 3. Build on existing networking events (such as round table discussions, workshops, webinars, and presentations) to strengthen relationships with unions such as the ONA, OPSEU, CUPE, SEIU, and the Ontario Federation of Labour.
B) Hospital senior leaders and union leaders engage in collaboration among stakeholder groups to act as one voice to advocate for evidence-based practices, influence policy, and co-create methods for PTSD prevention and reduction.	1. Collaborate at each hospital through Joint Health and Safety Committees (JHSC) to develop and adopt policy changes that recognize and support solutions to workplace PTSD. 2. Strongly promote and advocate for prevention of critical events, and the use of debriefing methods and PTSD treatments validated in empirical research and outcome evaluations, through regular education and training in partnership with PSHSA and other Provincial partners. 3. Create a collaborative action plan for advocating with Provincial ministries and agencies to increase psychiatric staff access to independent mental health professionals who are eligible to perform the controlled acts of diagnosis and psychotherapy and who are trained to assess and treat PTSD. 4. Increase availability of prevention and treatment options for staff through developing a business case to acquire the needed resources (e.g., budget and time).
C) Hospital senior leaders and union leaders advocate for and participate in developing core curriculum and training standards in PTSD.	1. Advocate with the Ontario College of Nurses and other colleges to create PTSD continuing education (CE) and training standards for PTSD prevention and reduction among psychiatric staff. 2. Implement and evaluate CE in PTSD.

Pre-Trauma Stage

Although most research focuses on the effects of traumatic events, there is growing recognition of factors existing prior-to-event exposure that may influence the development of PTSD. Some pre-traumatic factors are: previous trauma exposure, mental health concerns, individual traits and cognitions, ongoing stress, and inadequate training for traumatic events. Various studies have outlined the importance of targeting these risk factors for PTSD, and many of the recommendations we received focused on the pre-existing workplace environment.

Recommendation 4

Psychiatric hospitals engage in primary prevention to reduce staff exposure to critical events

Direct exposure to critical events, such as assaults and threats, were a key factor in PTSD symptoms and contributed to the increased risk of PTSD among forensic inpatient unit staff in our survey.

OPPORTUNITIES	SUGGESTED ACTIONS
A) Ontario MOHLTC and MOL fund psychiatric hospitals to identify, implement, and evaluate practices to reduce exposure to critical events that are supported by empirical research and outcome evaluations.	1. MOHLTC and MOL, in partnership with PSHSA and researchers at psychiatric hospitals and research institutes, conduct regular systematic literature reviews of interventions to prevent violence and other critical events in psychiatric hospitals. 2. Conduct empirical research (including original data collection) on effective prevention and early intervention practices to reduce critical events while maintaining compassionate psychiatric care, using rigorous research designs. 3. Implement and evaluate interventions and practices that are shown through empirical research to reduce critical events. 4. Research, implement, and evaluate empirically validated practices to reduce exposure to chronic stressors faced by psychiatric workers that may contribute to PTSD.
B) Hospital senior leaders responsible for professional practice build the capacity for regularly reviewing the research literature and related procedures for reducing critical events.	1. Provide opportunities for professional practice leads to develop skills to review and interpret clinical research literature. 2. Designate hospital personnel such as an educator, researcher, knowledge translation specialist, or librarian to duties including systematic and scoping literature reviews.
C) Hospital senior leaders responsible for clinical services implement, monitor, and evaluate efforts to reduce exposure to critical events.	1. Regularly review policies and procedures related to staff training, identification of environmental and individual risks, environmental controls and behavioural prevention, to ensure consistency with current empirical research and optimized compassionate care. 2. Conduct process and outcome evaluations of efforts to reduce exposure to critical events.

Recommendation 5

Psychiatric hospitals increase staff ability to prevent and safely respond to workplace critical events

Only 30% of psychiatric staff in our survey said they felt very or extremely prepared to prevent or respond to physical violence and other workplace critical events.

OPPORTUNITIES	SUGGESTED ACTIONS
A) Hospital senior leaders with responsibility for clinical services strengthen staff's ability to prepare for and prevent critical events by the routine use of empirically validated risk assessment tools to capture patient's potential for violence, self-harm or suicide.	1. Upon admission, screen every new patient for suicide risk, inpatient violence risk, and risk of seclusion using tools empirically validated for these purposes. 2. At each patient's clinical case conference, review suicide and violence risk to indicate current risk for violence. 3. Establish risk management policies and procedures that are based on empirical research and outcome evaluations. 4. Regularly review and evaluate risk assessment and risk management practices in view of the current empirical research. 5. Conduct research into the development and validity of standardized risk assessment tools and interventions in the psychiatric hospital setting.
B) Hospital senior leaders with responsibility for professional practice and security increase the breadth of nonviolent crisis intervention training with an emphasis on de-escalation.	1. Upon onboarding, and at least every year, provide staff with general crisis intervention training that includes a primary focus on de-escalation skills. 2. Ensure direct care staff are provided with the time and resources to practice de-escalation at frequent intervals between trainings. 3. Evaluate the outcomes of training on staff's preparedness to prevent physical violence and other workplace critical events.
C) Hospital senior leaders with responsibility for professional practice and security increase the regularity of nonviolent crisis intervention training and between-training practice.	1. Upon onboarding, and at least every year, provide direct care staff with specialist training to respond to potential critical events (e.g., handling sharp weapons). 2. Ensure direct care staff are provided with the time and resources to practice safe physical intervention techniques at frequent intervals between trainings. 3. Evaluate the outcomes of training on staff's preparedness to safely respond to physical violence and other workplace critical events, avoiding injuries while maintaining compassionate care.

Recommendation 6

Psychiatric hospitals increase staff education and support regarding workplace characteristics

83% of psychiatric staff in our survey said they have not received workplace training in mental health, or their last mental health training was more than a year ago. Chronic stressors in the course of providing patient care contributed to PTSD symptoms.

OPPORTUNITIES	SUGGESTED ACTIONS
A) Hospital senior leaders with responsibility for clinical services and professional practice ensure nurses and allied health professionals receive detailed, onsite training on mental disorders and their treatment.	1. At onboarding, and at least every 5 years, provide all nursing staff with education in mental disorders and evidence-based treatments. 2. At onboarding, and at least every 5 years, offer education in mental disorders and treatments to allied health staff. 3. Provide frequent information sessions, training, and supervision in order to maintain staff skills in providing empirically supported psychotherapeutic and behavioural interventions. 4. Include information sessions and training on suicide-prevention techniques that are informed by empirical research.
B) Hospital senior leaders with responsibility for professional practice and human resources review mentoring programs to ensure they provide accurate and realistic information about job demands and successful adaptation into the workplace.	1. Include accurate and realistic information about job demands and expectations in job specifications, while avoiding stigmatizing persons with mental illness. 2. Provide mentorships, or extend the breadth and duration of existing mentorship programs, for new staff, staff taking on new roles, and staff transitioning to a new inpatient unit. 3. Ensure mentors and preceptors are carefully selected and receive ongoing training, supervision, constructive feedback, and protected time for mentoring activities.
C) Hospital senior leaders with responsibility for professional practice and organizational development provide education on topics relevant to managing workload and self-care.	1. Starting in orientation, and at regular intervals, provide comprehensive information about PTSD signs and symptoms and the available employer-provided and community supports for trauma-related disorders. 2. Work with unions to educate and inform members about PTSD, including their rights and relevant legislation through training and education (e.g., workshops, online education, video testimonials, educational materials, and member meetings). 3. Offer education on time management, technology stress, stress management, compassion fatigue, and self-care that is accessible to all direct care staff. 4. Identify indicators of successful training, including effects on culture of safety, and evaluate outcomes at regular intervals. 5. Explore methods for assigning tasks based on the particular strengths and abilities of individuals, while ensuring equity throughout the process.

Recommendation 7

Psychiatric hospital leaders and staff collaborate to improve organizational culture regarding workplace mental health and to reduce stigma

30% of psychiatric staff in our survey who met the screening cutoffs for PTSD, depression, or anxiety were concerned that getting treatment or counselling might have a negative effect on their job. Staff who reported less manager-employee trust were at increased risk of PTSD. Our interview participants were concerned about anonymity and potential breaches of confidentiality when accessing services or taking time off work to do so. Other research shows that staff's sense of support affects how they react to workplace critical events.

OPPORTUNITIES	SUGGESTED ACTIONS
A) Hospital senior leaders responsible for human resources and clinical services, clinical managers, and union leaders, work collaboratively to weigh the impact of team changes on team cohesiveness and workplace wellbeing when planning changes to teams and schedules.	1. Identify and consistently implement human resource and organizational development methods that have been demonstrated to enhance and sustain team cohesiveness among inpatient unit teams. 2. Consider annual team-building days, wellness retreats, and individual and group check-ins on team wellbeing. 3. Ensure consistency between work units in human resource activities including scheduling, shift changes, overtime, process for vacation assignment, etc.
B) Hospital senior leaders responsible for human resources and professional practice, clinical managers, and union leaders, work collaboratively to identify practices for increasing organizational trust between workers and managers.	1. Identify, implement, and evaluate human resource and organizational development practices that have been demonstrated to increase organizational trust amongst staff and management.
C) Hospital senior leaders responsible for clinical services, professional practice, and security, and clinical managers, and union leaders, take steps to make staff mental health as important as physical safety in the workplace.	1. Have a standing agenda item on workplace mental health at team meetings. 2. Discuss workplace mental health at every JHSC meeting, and ask about workplace mental health along with physical safety at all JHSC rounds.
D) Hospital senior leaders, clinical managers, and union leaders collaborate to establish a culture that is conducive to supporting employees' mental health, reducing stigma, and normalizing help seeking.	1. Seek out and listen to the voices of people with lived experience of workplace-related mental disorders. 2. Help reduce stigma by identifying and dispelling myths about PTSD and other mental disorders through educational materials, workshops, e-learning, and presentations. 3. Provide routine training for managers and senior leaders to increase knowledge of PTSD and other mental disorders, and supportive methods for approaching staff members whose mental health they are concerned about.

Recommendation 7 Continued

E) Hospital senior leaders responsible for human resources in collaboration with WSIB and unions to create videos of people with lived experience detailing how they successfully managed their recovery.

1. Include stories of recognizing signs and symptoms, accessing treatment, making WSIB claims, and returning to work.

2. Seek out and explore other opportunities to hear the stories of people with lived experience and their suggestions for solutions.

Recommendation 8

Psychiatric hospitals create a psychologically healthy workplace for all staff with an emphasis on workplace trauma prevention

Chronic stressors faced by psychiatric workers were significantly correlated with their symptoms of PTSD, depression, and anxiety. Many of our interview and focus groups' participants highly valued the role of peer support, especially from other staff who understand their workplace culture and challenges. Many wished to share their stories of trauma and recovery to benefit their colleagues.

OPPORTUNITIES	SUGGESTED ACTIONS
A) Hospital senior leaders responsible for human resources increase workplace wellness activities that show commitment to the emotional and physical health of all employees.	1. Provide on-unit wellness activities and/or provide for off-unit breaks so that shift workers can participate. 2. Offer opportunities for individuals and groups to participate in relaxation and stress-management activities (e.g., meditation, gentle yoga, stretching, lunchtime walks). 3. Monitor the reach of workplace wellness activities and evaluate their effectiveness. 4. Offer self-administered annual staff mental health check-ups.
B) Hospital senior leaders responsible for human resources provide increased mental health support to all employees.	1. Negotiate with Employee/Family Assistance Program (EFAP) providers for reduced wait times and longer-term care after the short-term limited sessions for staff needing further mental health support. 2. Negotiate with EFAP providers for increased access to services for part-time and casual staff. 3. Regularly remind staff of the option for on-site meetings with EFAP service providers, where available. 4. Explore options for on-site, independent psychological services for staff, identify needed resources and partnerships, and create feasibility and business plans for these services.
C) Hospital senior leaders responsible for human resources and professional practice provide training to clinical managers in workplace mental health.	1. Upon onboarding to a management position or transfer to management of a new unit, provide training in workplace mental health, related mental health disorders (e.g., PTSD, depression, anxiety, substance use), workplace mental health policies and procedures, and trauma-informed methods for responding to individual staff members' mental health concerns. 2. Identify managers' needs for ongoing information, guidance, and support as they provide support to their staff.

Recommendation 8 Continued

D) Hospital senior leaders responsible for human resources and professional practice leverage the wisdom of people with lived experience of workplace trauma to promote mental health in the workplace.	1. Develop peer support programs for supporting staff exposed to critical events, chronic workplace stressors, and cumulative stress in the workplace. 2. Ensure existing or new peer supporters receive formal training, mentorship, and certification where applicable. 3. Utilize peer support programs and team-building exercises to increase trust and cohesiveness among team members and promote and sustain a culture of wellness. 4. Create a recognized role for staff peer supporters on inpatient units. 5. Explore the need and potential benefits for staff peer supporters in outpatient psychiatric services. 6. Work with unions and staff peer supporters to provide an environment in which staff feel supported in communicating their mental health concerns to managers. 7. Review PTSD prevention plans in place for emergency medical services and other public safety personnel and consider developing a similar plan for psychiatric hospital staff.
E) Hospital senior leaders responsible for human resources to research, implement, and evaluate options for optimizing the mental health of long-serving direct-care staff, in collaboration with employee unions.	1. Explore and negotiate increased opportunities for long-service direct-care staff to serve in non-direct service positions. 2. Explore and negotiate increased retirement opportunities for long-service direct-care staff.

Peri-Trauma Stage

Peri-traumatic factors are those variables that are experienced during the traumatic event and can impact the development of PTSD. Some peri-traumatic risk factors are: severity of trauma, perceived threat to life, physical trauma, and the presence of torture, sexual assault or physical assault. Addressing peri-trauma variables can mitigate the adverse impact of experiencing a traumatic event.

Recommendation 9

Psychiatric hospitals implement critical event operational debriefing methods that are based on the best available outcome research

Staff felt that operational debriefings were not consistently implemented and were often used to criticize staff rather than to support them.

OPPORTUNITIES	SUGGESTED ACTIONS
A) Hospital senior leaders with responsibility for clinical services and professional practice, security, and JHSC, while maintaining compliance with relevant legislation following critical events, ensure that methods used to operationally debrief critical events are current and effective.	1. Routinely scope literature for updates on empirical research and outcome evaluations related to trauma-informed operational debriefing practices. 2. Review incident reports, medical records, and case conferences to monitor the operational debriefing practices being used. 3. Consult with subject-matter experts to ensure hospital procedures adhere to the best practices in operational debriefing.
B) Hospital senior leaders with responsibility for clinical services and professional practice, security and JHSC ensure that debriefing techniques that have been shown to be potentially harmful are not used.	1. Ensure that operational debriefing methods are selected and developed with the guidance of a mental health professional trained in current empirically supported, trauma-informed debriefing methods. 2. Offer both group and individual debriefing. 3. Where possible, avoid compulsory operational debriefing of staff who have been adversely affected by a critical incident, and provide additional trauma-prevention services as needed.

Recommendation 10

Psychiatric hospitals ensure that trauma-prevention services are offered to all staff who witness, respond to, or are exposed to the details of a critical event

42% of psychiatric staff in our survey said they needed help related to trauma or other mental health problems related to workplace trauma, and this perceived need was positively correlated with PTSD and depression symptoms. This result justifies efforts to increase the availability of effective supports to help staff cope with the immediate aftermath of workplace exposures.

OPPORTUNITIES	SUGGESTED ACTIONS
A) Hospital senior leaders with responsibility for safety and security, and clinical program managers, deploy trauma incident support teams in response to all critical events to begin the process of recovery.	1. Create a designated team at each psychiatric hospital to support staff exposed to potentially traumatic incidents. 2. Ensure that trauma support team members maintain current training in evidence-based trauma-informed debriefing techniques, aspects of resilient environments, PTSD screening, the effectiveness and potential harms of traumatic-event psychological debriefing methods, and practices for referring individuals at risk of PTSD for further mental health support. 3. Ensure procedures for notifying the trauma support team of every critical event involving assault, threat of serious physical harm, or death. 4. Ensure all staff members exposed to a critical event are offered both group and individual support, and given the time, privacy, and manager support to attend. 5. Place the onus on managers rather than staff to request trauma support, but permit individuals to opt out of support meetings if desired. 6. Provide all staff with information on the policies and procedures around deployment of the team. 7. Have an up-to-date handbook available to staff and managers, with information on quick tips when affected by a critical event, including PTSD signs, symptoms, preventative tips, and treatment options.
B) Hospital senior leaders with responsibility for human resources expand employer-provided services for staff at risk of PTSD, including Employee/Family Assistant Programs (EFAP).	1. Negotiate with EFAP providers for more comprehensive coverage to make trauma-informed care available through EFAP including practitioners who are qualified and trained to assess and treat PTSD using practices supported through empirical research. 2. Promote EFAP contact information on incident report sheets and incident reporting portal front pages. 3. When promoting EFAP, communicate how confidentiality is protected and what information is and is not relayed to the employer.

Post-Trauma Stage

Post-trauma refers to the time period after a traumatic event occurs, usually 2 days to 3 months post trauma. Post-traumatic risk factors can include ongoing life stress and work stress, burnout, poor coping skills, grief, negative social support or lack of positive support, and loss of resources. Our recommendations address ongoing supports for staff, return-to-work and WSIB procedures.

Recommendation 11

Psychiatric hospitals provide trauma-informed support for staff exposed to critical events, including during the return-to-work process

16% of staff met the cutoff for self-report screening on the PTSD Checklist and 9% met full diagnostic criteria for PTSD. Empirically supported interventions for PTSD include: psychoeducation and coping skills, followed by individual cognitive and behavioural treatments if symptoms do not resolve. Trauma-informed support is essential for managing avoidance and arousal symptoms, as is access to regulated mental health professionals qualified to assess and treat PTSD.

OPPORTUNITIES	SUGGESTED ACTIONS
A) Hospital senior leaders responsible for human resources provide routine check-ins with a traumatic incident support team following all critical incidents at regular intervals.	1. Offer exposed staff 1:1 support within days of exposure to critical event, and then at 1-month or later follow-ups. 2. Continue to offer exposed staff support at these intervals even if support was declined at earlier intervals. 3. Offer exposed staff self-report screening assessments to establish PTSD symptom endorsement and degree of impairment within days of exposure to critical event, and then at 1-month or later follow-ups in order to monitor symptoms.
B) Hospital senior leaders with responsibility for human resources, health and safety, and workplace wellness increase awareness of PTSD symptoms and reduce the stigma of help-seeking for PTSD.	1. Use multiple means of communication and education to inform staff that acute stress is a normal reaction to critical events, and that recovery is possible, given the right mental health support and other resources. 2. Promote a model of resilience that includes all the structural and environmental elements, not solely individual resilience. 3. Promote the message that self-help may be insufficient and that intervention is needed for recovery from persistent PTSD symptoms.
C) Hospital senior leaders with responsibility for human resources, and clinical managers facilitate staff access to community services for people at risk of PTSD.	1. Maintain a list of qualified mental health professionals with training and experience in providing PTSD prevention and interventions for PTSD, leveraging the role of designated employee mental health service professionals as needed. 2. Become a community leader in providing the training needed for mental health professionals to conduct PTSD treatments that are supported through empirical research and outcome evaluations, leveraging the role of designated occupational health and safety trauma leads as needed. 3. Ensure that staff have the time off to attend PTSD treatment services when needed.

Recommendation 12

Psychiatric hospitals work with unions and the Workplace Safety and Insurance Board (WSIB) to create a user-friendly, transparent, and consistent process for WSIB claims

Our interview participants who had been exposed to a workplace critical event described the difficulty of understanding whom to contact, where to go for support, and what leave options are available to them. WSIB delegates at our stakeholder knowledge translation planning day were sympathetic to these concerns.

OPPORTUNITIES	SUGGESTED ACTIONS
A) Hospital senior leaders responsible for human resources in collaboration with WSIB, unions, and other partners, create a user-friendly, transparent and consistent process for the WSIB claims process.	1. Hold roundtable discussions and regular meetings with relevant stakeholders (e.g., employers, WSIB, unions, Ontario Hospital Association, persons with lived experience of workplace trauma) to improve communication of needs and generate solutions. 2. Develop online education for navigating WSIB and occupational health procedures. 3. Evaluate how the WSIB process is perceived by claimants and consider ways to clarify the emphasis on the situation rather than individual claimants. 4. Provide increased support and facilitation for staff to assist with claims “in decision” process, claims that are denied, and expediting the appeal process. 5. Regularly review, update, and evaluate the process.
B) Hospital clinical managers and supervisors maintain current practical knowledge of the WSIB claims process and related hospital procedures.	1. Undertake regular training for managers and supervisors on the WSIB process, from initial claim to return to unmodified work, including off-hours procedures and hospital-specific contact persons. 2. Regularly test JHSC members’ practical knowledge through tests and mock exercises that include supporting an employee through the WSIB claims process and related hospital procedures.
C) Hospital senior leaders responsible for human resources, in collaboration with WSIB and unions, create a user-friendly, web-based virtual navigation tool to guide psychiatric staff through the processes and procedures required following exposure to a critical event.	1. Create a flowchart of all the processes and procedures, with input and feedback from stakeholders (e.g., WSIB, staff with lived experience of critical events). 2. Incorporate into the flowchart the steps covered by relevant hospital policies and procedures. 3. Incorporate into the flowchart services available through employer-provided wellness and EFAP programs, and how to access them. 4. Incorporate into the flowchart services available through the community, and how to access them.

Trauma among Psychiatric Workers Publications

Hilton, N. Z., Ham, E., Rodrigues, N. C., Kirsh, B., Chapovalov, O., & Seto, M. C. (2019). Contribution of critical events and chronic stressors to PTSD symptoms among psychiatric workers. *Psychiatric Services*. Advance online publication, 4 Dec 2019. <https://doi.org/10.1176/appi.ps.201900226>

Hilton, N. Z., Ricciardelli, R. Shewmake, J., Rodrigues, N. C., Seto, M. C., & Ham, E. (2021). Perceptions of workplace violence and workplace stress: A mixed methods study of trauma among psychiatric workers. *Issues in Mental Health Nursing*, Advance online publication, 09 April 2021. <https://doi.org/10.1080/01612840.2021.1899350>.

Rodrigues, N. C., Ham, E., Hilton, N. Z., & Seto, M. C. (2020). Workplace characteristics of forensic and nonforensic psychiatric units associated with posttraumatic stress disorder (PTSD) symptoms. *Psychological Services, American Psychological Association*. Advance online publication, Jan 2020. <https://doi.org/10.1037/ser0000405>

Rodrigues, N. C., Ham, E., Kirsh, B., Seto, M. C., & Hilton, N. Z. (2021). Mental health experiences of support and help-seeking following workplace violence: A qualitative study. *Nursing and Health Sciences*. Advance online publication. <https://doi.org/10.1111/nhs.12816>

Seto, M. C., Rodrigues, N. C., Ham, E., Kirsh, B., & Hilton, N. Z. (2020). Prevalence of mental health disorders and help seeking in psychiatric staff. *Canadian Journal of Psychiatry*, 65(8)577-583. <https://doi.org/10.1177/0706743720916356>

<https://www.traumaamongpsychiatricworkers.net/>

https://www.waypointcentre.ca/UserFiles/Servers/Server_9960/File/Research/Recommendations.pdf

Further Information

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