

7. Joint Ownership and Collaborative Action

Our police and mental health ecosystem model shown earlier in Figure 3 illustrates both the scope of resources and capacities that currently exist to lend support to positive outcomes in police member mental health, as well as the complexity and potential for fragmentation that currently exists across this system (see Sidebar above). We also noted earlier the range of promising initiatives and policy considerations that are underway to bring improvement to the level and quality of services at every stage of prevention, intervention and postvention. Our deliberations led us to some concern that if left unchanged, continued fragmentation may undermine much of this promise.

Policing as a system must adopt a no-wrong-door mindset in order to ensure that every member and family affected by mental health issues, at their earliest presentation, faces no barriers in seeking out, accessing, and affording the care and treatment they require. To fully achieve this, policing must act as the unified system that it is in the eyes of its members.

We recognize recent collaborative undertakings among the OPP, its associations and its not-for-profit partners as one promising model, but little will change if that same approach is not replicated across the remaining police services that serve Ontario communities. Similarly, we were encouraged by collaborative discussions described by the OACP and PAO, and by TPA with its employer partner the Toronto Police Service. We also recognize that member mental health has become a priority agenda item for the Ontario Association of Police Service Boards (OAPSB), as it has nationally with the CACP, the Canadian Association for Police Governance (CAPG) and the Canadian Police Association (CPA). But, in our view there is a growing risk of lost effectiveness and efficiency from an emerging patchwork of bilateral and multilateral initiatives taking shape, without the full involvement of all parts of the ecosystem moving in common directions.

In Ontario, we believe the Ministry of the Solicitor General, guided by this report to the Ontario Chief Coroner, is best positioned to provide the essential leadership and mobilization to achieve a whole-of-system approach. We address this opportunity as the first of our recommendations for action in our Appendix A.

Part 4: A Much Broader Legacy

Taken collectively, these seven pathways encompass a range of opportunities for a whole-of-system solution to a very real problem in policing that extends well beyond and well ahead of any specific occurrences of death by suicide.

We hope that police and association executives, boards, and mental health service providers will embrace these opportunities and work together on the specific actions we propose below. We believe a new policing culture can emerge where the full cycle of prevention, recognition, appropriate disclosure, care and treatment, recovery and reintegration can occur with greater openness, greater success, and without repercussion to anyone facing mental health challenges whether due to operational or organizational stressors, or from any other cause inside or outside of work.

And, we hope that every police member, sworn and civilian, will bring the same courage that they bring every day in service of others, to embrace and thrive in this new and more open culture. We hope that current and future members will remain visible so that others can assist them, and will remain fully connected to their families and friends as well as to the calling they have chosen. We know it is a calling they value, for life.

Finally, we hope the foregoing discussion and the 14 specific recommendations that follow below will inspire the comprehensive and collaborative action on police member mental health that is urgently required in Ontario.

Part Five: Our Recommendations for Action

1. The Policing Services Division of the Ministry of the Solicitor General (PSD-MSG) will lead the development of an Ontario Police Members Mental Health Collaborative (OPMMHC) as a standing body accountable to the Deputy Solicitor General, to meet quarterly on a continuing basis and to operate under the following initial terms of reference:
 - a) OPMMHC will be comprised of qualified volunteer representatives from police service boards, police service executive management, police associations, police supervisors (sworn and civilian), police members with lived experience, police family members with lived experience, police psychologists and other mental health providers with expertise in policing, researchers, peer support groups, and insurance and benefits providers;
 - b) OPMMHC will be co-chaired by one representative of police executive management and one police association executive;
 - c) OPMMHC will serve in a steering and coordinating role to identify and act to resolve gaps, overlaps and service deficiencies in order to improve the effectiveness, efficiency and universal accessibility of mental health supports to police service members across the province;
 - d) OPMMHC will establish and disseminate appropriate benchmarking tools and metrics, establish implementation timelines, report semi-annually on progress of recommendations in this report and from other sources, and execute other initiatives as OPMMHC members may determine;
 - e) OPMMHC will develop an agenda of priority research topics for policing in Ontario, including encouraging the development of a police specific interpretation of the CF-modified Mann model for suicide prevention depicted in Figure 1 of this report, incorporating any additional factors and interconnections addressed within this report.
 - f) MSG will provide administrative support and base funding sufficient to sustain the meetings of the OPMMHC;
 - g) OPMMHC projects will be otherwise staffed and resourced through in-kind contributions from the participating members;
 - h) and, other terms of reference as PSD-MSG and the participating OPMMHC stakeholders may determine.
2. The OPMMHC, once established, will lead the development of a Communications Sub-committee (OPMMHC-Comms) dedicated to the design and ongoing execution of a broad campaign aimed at normalizing mental health challenges, reducing stigmatizing behaviours and assumptions, achieving healthier identity and work life balance, and building awareness of supports, treatments and recovery outcomes in all police services, police academies, and police-related program units in Ontario Community Colleges and Universities;
 - a) OPMMHC-Comms will be staffed on an in-kind, part-time basis by Ontario police services, and supported by PSD-MSG with additional funding on a project-by-project basis, as required;

- b) The normalization campaign will be available for province-wide roll out by December 31, 2020.
3. The OPMMHC, once established, will lead the development of a Knowledge Translation Sub-committee (OPMMHC-Education) dedicated to accessing, interpreting, adapting and disseminating best practice education and training resources for mental health and suicide prevention to all identified end-users (including police members, leadership, families, peer supporters, clinicians and the general public) from available sources, including universities, governmental and non-governmental organizations such as the Canadian Institute for Public Safety Research and Treatment, the Canadian Institute for Military and Veteran Health Research, the Public Health Agency of Canada's PTSD Secretariat, Veterans Affairs Canada, the Department of National Defence, and other police professional organizations and stakeholder groups;
- a) The Knowledge Translation Sub-committee will be well developed and materials will be rolling out province-wide by December 31, 2020. There will also be provisions for measuring application and retention of new knowledge by the end-users, continuous improvement, and updating of materials as needed.
4. OPMMHC will work with Ontario police services, peer support agencies, insurers and clinical providers to establish clear guidelines for the qualifications and standards necessary to provide clinical care and peer support services to police members.
5. OPMMHC will produce by January 1, 2021 a single, consolidated and living referral source outlining the availability of suitably qualified care providers and treatment options in all regions of the province.
6. OPMMHC will work with all partners to advance a no-wrong-door policy across the province, with a view to reducing administrative and funding barriers to members in need of immediate access and care.
7. PSD-MSG will direct all police services in Ontario to develop and implement a comprehensive mental health (MH) and wellness strategy by June 30, 2021;
- a) Comprehensive MH strategies will include local normalization initiatives; provisions for ensuring access for their members to suitable evidence based and qualified prevention, self-care, intervention, and postvention supports;
- b) Comprehensive MH strategies will also include training and education initiatives, as informed by OPMMHC-Education, designed to meet the needs of recruits, members, coach officers, supervisors, managers, human resources specialists, peer support providers, mental health professionals, and families;
- c) Comprehensive MH strategy elements may be provided directly by a police service, through partnerships with other police services, and/or in partnership with third party providers, as required;
- d) Comprehensive MH strategies will provide for engagement of family members in learning and discussion sessions and other activities related to police member mental well-being during the recruitment process, at critical transition points (as defined in this report), and periodically throughout policing careers;
- e) Comprehensive MH strategies will include the establishment of specific competencies and performance expectations, related to maintaining and supporting mental wellness and/or responding to mental health issues, for all members in general, and specifically for supervising members, and will be incorporated into promotion, performance management, and recognition systems by December 31, 2021.

8. OPMMHC will assist and guide police services in establishing web-based Members and Families Mental Health Portals, service-specific for larger services and/or general access for all services, to make available information and resources to support open and informed conversations about mental health and well-being. Portals will be established and accessible to all services by June 30, 2021.
9. OPMMHC will guide the development of best practice guidelines for managing all mental health related accommodations and return-to-work (A-RTW) decision processes by December 31, 2021;
 - a) A-RTW processes will include collaboration among management, human resource specialists, members, families, associations, insurers and third party clinical advisors, with clear roles and responsibilities established for each;
 - b) A-RTW processes will include specific guidelines for maintaining supportive connections with accommodated members and those who are absent from work, and with their families when permitted.
10. OPMMHC will guide the development of best practice guidelines for managing all high-risk 'hand-off' support processes by December 31, 2021;
 - a) Hand-off processes will apply to any situation involving or with the potential to involve Police Service Act charges, criminal charges, removal of use-of-force options, or member identification and negative attention from mainstream or social media;
 - b) Hand-off processes will include specific guidelines for maintaining supportive connections with accommodated members who are absent from work, and with their families when permitted.
11. PSD-MSG will encourage more police services in Ontario to hire mental health professionals to the extent affordable on their own, or in partnership with neighbouring police services.
12. The Ontario Association of Chiefs of Police (OACP) will be encouraged by this report to establish a provincial parallel to the CACP's Psychologist Sub-committee to facilitate greater cooperation, capacity, and the development of Ontario-specific best practices.
13. PSD-MSG will encourage more police services in Ontario to adopt, if they have not already, police mental health partnerships along the lines of COAST, PACT and similar models across Canada, and Project ECHO in the USA, in order to improve relationships and interactions between police and persons with mental health issues in the community, and to further normalize member awareness and knowledge about mental health prevention, treatment and recovery.
14. The Office of the Chief Coroner (OCC), in partnership with others as required, will seek to establish policy in Ontario that requires all coroners to report and share information on any death by suicide of a first responder, including police, and to initiate a death review committee in all such cases;
 - a) The OCC will lead the development of a suitable system for capturing data from all such deaths by suicide and resulting death reviews;
 - b) The OCC will lead the design and development of analytic tools, through consultation with OPMMHC and others, to learn from cumulative deaths by suicide with a view to identifying opportunities for continuous improvement in the first responder mental health ecosystem.

Appendix: Members of the Chief Coroner's Expert Panel

Dr. Lori Gray

Dr. Gray is a clinical, forensic, and rehabilitation psychologist whose focus has been best practices and progressive approaches in early intervention and comprehensive care through her work with multiple emergency services and peer support programs. She is currently based out of private practice in Barrie, ON and works with first responders and emergency services across Ontario. Her background includes diverse experience as the psychologist for one of the largest paramedic services in Canada, Centre for Addiction and Mental Health, Detroit Receiving Hospital, Ministry of the Attorney General, Correctional Service of Canada, and postsecondary teaching.

Dr. Gray has received the Future Pioneers of Psychology Award from the American Psychological Association, Early Career Achievement Award from the Canadian Psychological Association Traumatic Stress Section, Odyssey Early Career Achievement Award and GLAD Award for Teaching and Mentorship from the University of Windsor, among other awards from agencies including the International Society for Traumatic Stress Studies, Canadian Psychological Association, and Social Sciences and Humanities Research Council of Canada.

Dr. Simon Hatcher

Dr. Hatcher is a psychiatrist and researcher at The Ottawa Hospital Research Institute. He trained in psychiatry in the UK before working in New Zealand for twenty years and moved to Canada in 2012. He has been the principal investigator on several large randomized controlled trials of treatments for suicidal people. Clinically, he runs a First Responder Clinic at The Ottawa Hospital and has received research funding to investigate the preferences of First Responders for mental health care and to test different ways of screening for mental disorders in first responders.

Dr. Hatcher is a member of the Canadian Institute for Public Safety Research and Treatment (CIPSRT).

Lieutenant Colonel (Ret) Alexandra Heber

Dr. Heber is the first Chief Psychiatrist of Veterans Affairs Canada (VAC), and an Assistant Professor of Psychiatry at the University of Ottawa. She was the VAC lead author on the CAF- VAC Joint Suicide Prevention Strategy. She has over 30 years' experience working in Mental Health. Dr. Heber served in the Canadian Armed Forces (CAF) and was deployed to Afghanistan as Psychiatrist in Charge of the CAF Mental Health Services for Task Force Afghanistan. Her military experience included a decade as Clinical Leader of Military Mental Health in Ottawa, then the establishment of the Section of Clinical Programs for CAF Headquarters, where she oversaw 30 CAF mental health clinics across Canada.

She has presented and published nationally and internationally on Post Traumatic Stress Disorder and suicide prevention in military, veteran, and first-responder populations. Her research interests include: suicide prevention, the military-civilian transition experience, and the role of peer support in military and paramilitary

organizations. She has authored 2 online courses on PTSD and trauma-informed care, one for Canadian physicians and one for the Newfoundland and Labrador Health Authorities, and she has authored a number of reports for the Justice Department, Government of Canada, on cases involving torture and PTSD.

Dr. Heber works on developing strong collaborative relationships among government, academics, research institutes, clinicians, military and public safety organizations, families and those with lived experience. She has received the Veterans Affairs Canada Leadership Award, the Canadian Armed Forces Chief of Defence Staff Commendation, the Queen Elizabeth II Diamond Jubilee Medal and the General Service Medal, South-West Asia.

Dr. Stephanie Barone McKenny

Dr. McKenny is a police psychologist with the Los Angeles Police Department (LAPD) and provides consultation to several elite units including SWAT, Air Support Division, Criminal Gang Homicide Division, and undercover agents. She has worked with law enforcement personnel at the international, national, state, county, local, and university levels. Dr. McKenny is also a nationally certified sports psychologist and clinical trauma professional who applies peak performance skills in designing and implementing officer wellness programs, including the Mother of All Suicide Prevention Campaigns (which led to 25 months of 0 suicides at LAPD), the Resilience Task Force, the Substance Abuse Task Force, the Smart Detective, the annual Heart of LAPD Walk, and the pending Tactical Relief Checks.

As the spouse of a Navy Captain and the sister of a Lt. Colonel, Dr. McKenny understands at a very personal level the demands and sacrifices that police members make every day, and also the demands and daily sacrifice of their spouses, children, and extended family.

Serving Police Member

This panel member is a currently active police sergeant who has served as a police officer in Ontario for over 30 years. His career includes over 25 years of front-line uniform policing assignments as well as six years of administrative and corporate experience.

While often described by others as a “high performer” and “go-to guy”, this member also describes himself as “someone who has suffered in silence for over 15 years while enduring the profession’s unrelenting exposure to critical incidents and traumas”. He is committed to leveraging his lived experience to create a legacy of preventing police suicides by improving police culture, eliminating stigma, and promoting mental wellness and resilience.

His fellow panel members are thankful for the courage and insight this member brought to our deliberations. His name is withheld here solely out of respect for his and his family’s privacy.

Angela Slobodian

Ms. Slobodian is the Acting Director of Wellness at the Ottawa Police Service (OPS). As a registered nurse she has worked in hospitals and in public health. In 1994 she moved from her native Nova Scotia to Belleville, Ontario to begin work as an Occupational Health Nurse at a global telecommunications company, and this began her interest and passion in occupational health. She completed her diploma in Occupational Health Nursing and received her certification in 2002. She left the private sector company in 2009 as Director of North American Health Operations, moving to the Ottawa Police Service as Manager of Health, Safety and Lifestyles. As a nurse she has always had a commitment to health promotion and illness prevention.

The opportunity came to lead the development of a Wellness program at Ottawa Police, and Ms. Slobodian was pleased to take the lead. She currently has responsibility for the Health and Safety team and for the Peer Support and Resiliency program and OPS.

Clive Weighill, C.O.M.

Chief Weighill (retired) is a veteran of policing in Saskatchewan. He served as the Chief of Police for the Saskatoon Police Service from 2006 to 2017 following his 31 years of service with the Regina Police Service, leaving that service at the rank of Deputy Chief. In September 2018, Mr. Weighill became the Chief Coroner for the Saskatchewan Coroners Service.

During his policing career Mr. Weighill worked in Patrol, Communications, Crime Prevention, Commercial Crime, Property Crime, Drugs, Vice, Planning and Research and Senior Administration. He also served as the President of the Canadian Association of Chiefs of Police (CACP) from 2014 to 2016. He is the recipient of the Police Exemplary Service Medal and Bar, the Saskatchewan Protective Services Medal, the Saskatchewan Centennial Medal, the Queen's Diamond Jubilee Medal, the Lieutenant Governor's Gold Medal for Excellence in Public Administration in Saskatchewan, and he is a Commander of the Order of Merit of the Police Forces.

Norman E. Taylor - Panel Moderator and Lead Writer

Mr. Taylor has served Canada's policing community for over 25 years in his combined roles as an independent policy advisor, educator, researcher and author. Since 2014, he has organized and executed three national conferences on policing and mental health issues in partnership with the Canadian Association of Chiefs of Police (CACP) and the Mental Health Commission of Canada. In his capacity as co-founder and Program Director of the CACP Executive Global Studies Program, he has led global research studies on policing interfaces with the mental health system, and on some of the unique patterns and behaviours that shape the internal culture of policing. Mr. Taylor also provides strategic advisory and educational services to many police services, communities, and at all government levels across Canada and in the USA.

Mr. Taylor is a recipient of the Queen Elizabeth Diamond Jubilee Medal on nomination by the CACP, the Premier of Saskatchewan's Award for Excellence in Public Service: Innovation, and in 2018 he was proud to be named an Honourary Commissioned Officer in the Ontario Provincial Police.