



In the

# LINE OF DUTY

Investigation into how the Ontario Provincial Police and the Ministry of Community Safety and Correctional Services have addressed operational stress injuries affecting police officers

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## **Ombudsman Report**

**Investigation into how the  
Ontario Provincial Police  
and the  
Ministry of Community Safety  
and Correctional Services  
have addressed  
operational stress injuries  
affecting police officers**

**“In the Line of Duty”**

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Ombudsman of Ontario  
October 2012**



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## Executive Summary

- 1** “Suddenly, on Tuesday, April 10, 2012, in Midland at the age of 45,” begins the obituary for OPP Sergeant Douglas William James Marshall. “Doug” Marshall was a beloved husband, a proud father, an avid runner, a community volunteer – and a veteran police officer struggling with post-traumatic stress disorder (PTSD).
- 2** We don’t know all of the details, all of the gruesome events that haunted his psyche or why he felt that life was simply no longer worth living. We do know that in the summer of 2011, after being exposed to a series of traumatic incidents in the line of duty, including the drowning death of a retired municipal police officer, a suicide and the death of a young child, Sergeant Marshall could no longer function. He was agitated, frustrated and could not organize his thoughts. In October 2011, he was hospitalized, plagued by flashbacks from his past of near death experiences and horrific encounters suffered on the job. After being diagnosed with PTSD and receiving treatment in December 2011, he was back at work by mid-January, 2012. His service weapon was returned two weeks later. Then, on April 10th, while at the Southern Georgian Bay Detachment, Sergeant Marshall took his weapon and turned it on himself. He died of a gunshot wound to the head.
- 3** The Southern Georgian Bay Detachment closed down as Sergeant Marshall’s death was investigated and his family and colleagues grieved.
- 4** The Ontario Provincial Police did not issue a press release about Sergeant Marshall’s suicide. It was not accompanied by the extremely visible police presence that typically accompanies police deaths. But eventually OPP flags were lowered to half-mast in mourning, and fellow officers, including senior officials, attended Sergeant Marshall’s funeral.
- 5** Sergeant Marshall’s death, like a fresh wound, is still too raw to be probed too deeply. However, odds are that his post-traumatic stress disorder was intricately bound to his policing career, and that it was a key factor in his death.
- 6** OPP leaders maintain that police culture has changed, that trauma-induced injuries are no longer seen as a sign of weakness, and that ample support is available for injured officers. But the social taboos surrounding mental illness and suicide are unrelenting. Officers felled by psychological injuries are not lauded as heroes. When they die at their own hands, memorial tributes don’t bear their names along with others lost in the line of duty.



- 7** Sergeant Marshall’s death has become another tragic statistic, added to a chilling unofficial list – kept by the OPP Staff Psychologist – of officers, active and retired, who have taken their lives. The toll now stands at 21 men and two women who have died since 1989, 16 while active OPP members. In fact, Sergeant Marshall’s death was the fourth OPP officer suicide since I began my investigation in March 2011. A fifth followed in May 2012.
- 8** While the research on the risk of suicide in the policing profession is equivocal – with some jurisdictions finding it statistically high, and others below the societal norm – the fact remains that it is far more likely for an officer to die by suicide than as a result of a violent interaction with a criminal. And it is far more likely for officers to kill themselves with their own weapons than to be killed in the line of duty by an unknown assailant.
- 9** We will likely never know the full circumstances surrounding these 23 deaths or the extent to which the policing profession contributed to them. However, it has been recognized by researchers that police officers are vulnerable to operational stress injuries, a broad term for a variety of emotional responses to disturbing events, including post-traumatic stress disorder – a diagnosis that itself renders sufferers at increased risk for suicide.
- 10** Police officers are often exposed to brutal murders, assaults, and shocking accidents; horrific sights, smells, and sounds. They put themselves in the line of fire and risk attack by knives, guns and ramming cars. This is the stuff of nightmares. Sometimes those nightmares stick, and sometimes they accumulate, wearing down even those with the strongest of constitutions.
- 11** We as a society expect our police officers to be tough. After all, their duty is to serve and protect, and we want strong and heroic protectors. But while exposure to trauma is an occupational hazard in policing, emotional resilience differs with the situation and the individual. The same incident may leave some unaffected, while others may experience profound psychological injury. Someone might appear to withstand a series of traumatic events unscathed, but then one triggering incident sends him or her over the edge. And when officers retire from service, they don’t leave their experiences behind them. The cumulative impact of operational stress can result in injury many years after the fact.
- 12** Aside from the human toll associated with operational stress injuries, there are financial costs when a police service loses an officer temporarily or permanently, as a result of injury or, in the worst-case scenario, suicide. It costs the OPP about \$57,000 to get a recruit patrol-ready, and then there is additional investment in education and training over the course of a police career. In the past six years

alone, the OPP has spent close to \$3.5 million in compensating officers for more than 100 claims connected with psychological injuries arising from traumatic workplace incidents. And the number of claims for operational stress injuries appears to be rising. The real rate of such injury is likely much higher than the claims numbers suggest, given the current policy limitations of the workplace injury compensation system and the reluctance of many sufferers to acknowledge problems.

- 13** During this investigation, we were contacted by many courageous officers, active and retired, who have been affected and afflicted by operational stress injuries. A number of themes emerged from their compelling stories. We repeatedly heard that although the OPP has made progress in recent years in addressing operational stress injuries through training and education, the stigma surrounding mental illness is still acute and continues to prevent members from coming forward to get help. Officers known to suffer from operational stress injuries are often isolated, subject to ridicule and ostracism by their peers, and regularly feel unsupported by management, as well as devalued when they return to work in accommodated positions.
- 14** While the OPP provides information and training at different stages of officers' careers, it tends to be ad hoc and not co-ordinated. There is little to no organizational planning and programming to raise awareness and understanding of operational stress injuries within the service. There are also no specific resources, such as lists of professionals familiar with the policing profession and operational stress injuries, available to officers and their families.
- 15** During our investigation, the OPP had only one psychologist on staff – assisted by volunteers who must balance their regular duties – to respond to critical and traumatic incidents to provide officers with aid. The Employee Assistance Program Coordinator was a part-time position until November 2011. We also found that the resources available to combat operational stress injuries are widely divergent. In specialized areas, where officers are exposed to child exploitation and the dangers of undercover work, significant psychological supports are available through “safeguard” programs. However, there is no central co-ordination and no momentum to extend some of the methods and experience learned from these programs to other specialized areas or across the organization. There is little in the way of proactive and preventative psychological supports for front-line officers exposed to cumulative trauma. When officers succumb to operational stress injury and need immediate attention, all too often they are left to rely on limited generalist counselling through the Employee Assistance Program, or waiting to access adequate psychological services in their communities.

- 16** In addition, unlike some police agencies, the OPP does not formally keep track of officer suicides, nor does it conduct “psychological autopsies” to discover the factors leading to the deaths, to better understand and plan for future training and programming. It has no formal suicide prevention program. And, perhaps surprisingly in an organization awash in paramilitary culture, where there are myriad rules and regulations, there is no formal procedure for dealing with member suicides. Without the supports and ceremonies that give comfort to survivors of line-of-duty deaths, supervisors, colleagues, and bereaved family members may be left adrift.
- 17** My investigation focused on the Ontario Provincial Police, which falls within my Office’s mandate. I am not able to investigate municipal police forces. However, they are overseen by the Ministry of Community Safety and Correctional Services, which is within my jurisdiction. In this report, I make **34** recommendations, **28** addressed at the Ontario Provincial Police, focused on effecting a fundamental cultural shift towards eliminating stigma associated with operational stress injuries and member suicide, and improving education, training, supports and services for officers, retirees, and their families. I am calling on the OPP to research and incorporate best practices, and develop and implement a proactive, comprehensive, and co-ordinated psychological wellness program tailored to the unique needs of policing. I am also calling on the OPP to champion this initiative at the highest levels of command, and demonstrate innovative leadership in addressing operational stress injuries and suicide prevention for the benefit of its members.
- 18** For its part, the Ministry of Community Safety and Correctional Services, which has broad oversight of policing in the province, has not seen fit to engage in any research or guidance when it comes to addressing operational stress injuries and suicide prevention. It has left the matter up to individual police services of varying sizes and resources. However, protection of the psychological welfare of police officers is a systemic issue calling for a systemic solution. The officers who put themselves on the line to protect Ontario’s citizens deserve assurance that the province has their backs. I have made six broad recommendations to the Ministry, encouraging it to exercise its authority to undertake research and establish standards to guide police services in implementing education, training, supports and services to protect those who serve.
- 19** Unfortunately, the Commissioner of the OPP did not respond directly to any of the recommendations I made to better support and serve members, former members and their families relating to operational stress injuries and suicide prevention. He appears content to praise existing efforts, rather than make any concrete commitment to improve. The Ministry also failed to make any substantive response to my recommendations. It has not proposed to take any steps to deal

with systemic issues I have identified relating to operational stress injuries and suicide prevention in policing.

- 20** Regrettably, it is the men and women who risk their lives and health in the line of duty who will pay the price for this indifference.

## Investigative Process

- 21** In the spring of 2010, retired Ontario Provincial Police Detective-Inspector Bruce Kruger, who has lived for years with post-traumatic stress disorder, complained to my Office about the lack of training and support for OPP members suffering from problems associated with the stress of police work.
- 22** Mr. Kruger retired from the OPP in 1999, after close to 30 years' service. I assigned the Special Ombudsman Response Team to conduct a preliminary review to determine whether the situation Mr. Kruger described reflected the current environment for OPP members.
- 23** Around this time, the *Toronto Sun* published a series of articles featuring Mr. Kruger's struggles with post-traumatic stress disorder.<sup>1</sup> The articles were extremely critical of the absence of resources and support for officers suffering from this condition. Some Ontario Provincial Police associations also encouraged members who had suffered or were suffering from PTSD to share their experiences with our investigators.
- 24** During our preliminary review of this issue, my office received **34** complaints and submissions from active and retired members of the OPP, all echoing Mr. Kruger's concerns about insufficient organizational awareness, training and education about operational stress injuries, and inadequate supports and services for members suffering from these injuries. While municipal police services do not come within my jurisdiction, **16** municipal police officers also came forward to describe similar problems with their organizations.

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<sup>1</sup> Mark Bonokoski, "Officer Down: The dark demons of policing," *The Toronto Sun* (11 April 2010) P4-5; Mark Bonokoski, "Death on the frontlines," *The Toronto Sun* (11 April 2010) P4-5; Mark Bonokoski, "Inside post-traumatic stress disorder," *The Toronto Sun* (11 April 2010) P5; Mark Bonokoski, "A tragic ending opens doors," *The Toronto Sun* (13 April 2010) P8-9; Mark Bonokoski, "Breaking the code of silence," *The Toronto Sun* (14 April 2010) P8-9; Mark Bonokoski, "Law and disorder: Ontario Ombudsman probing retired OPP inspector's claim that PTSD is being swept under the rug," *The Toronto Sun* (2 May 2010) P4. The first article and links to the others can be found at: [http://www.torontosun.com/news/columnists/mark\\_bonokoski/2010/04/10/13538356.html](http://www.torontosun.com/news/columnists/mark_bonokoski/2010/04/10/13538356.html).

- 25** Based on the information we obtained, I determined that a systemic investigation was warranted.
- 26** On March 16, 2011, I notified the Ontario Provincial Police and the Ministry of Community Safety and Correctional Services (the ministry responsible for policing), that I would be investigating how the Ontario Provincial Police deals administratively with operational stress injuries amongst its members as well as the Ministry’s administrative processes relating to operational stress injuries in police services across Ontario.
- 27** After the investigation was publicly announced, we received an additional **48** complaints and submissions from active and retired OPP members, as well as **14** complaints from members of municipal police services. We also heard from family members of officers. In total, we received **111** complaints and submissions, with almost three-quarters from OPP members.
- 28** The investigation was assigned to a team of nine Special Ombudsman Response Team investigators and three Early Resolution Officers, assisted by Senior Counsel.
- 29** The team conducted **191** interviews. In addition to interviewing **81** complainants, **52** OPP staff were interviewed, including the six regional team leads for the Critical Incident Stress Response Team, the team lead and assistant team lead for the Provincial Trauma Support Team, the OPP’s Staff Psychologist, Employee Assistance Program Coordinator, and staff from the Career Development Bureau. We also interviewed officers from the Provincial Police Academy, as well as a sampling of detachment commanders in regions served by the OPP, as well as regional command staff in three regions, and bureau commanders for the Investigations and Support, Organized Crime Enforcement, Provincial Operations Intelligence and Professional Standards bureaus.
- 30** In addition, investigators also interviewed staff at the Ministry of Community Safety and Correctional Services and the Workplace Safety and Insurance Board, as well as **51** stakeholders, including health service providers, psychologists, psychiatrists, traumatic stress specialists and interest groups. They communicated with staff from other law enforcement agencies to learn about their approaches to dealing with operational stress injuries, including the Royal Canadian Mounted Police, the Toronto Police Service, the Los Angeles Police Department, the Calgary Police Service, Montreal Police Service, Michigan State Police, and the New Jersey Department of Law and Public Safety – and interviewed Lieutenant Colonel Stéphane Grenier, the Canadian Forces’ operational stress injury advisor to the



Chief of Military Personnel. Investigators also contacted provincial government staff from every province for comparative information on provincial policing and operational stress injury issues.

- 31** Invitations were extended to the Ontario Provincial Police Association, the Ontario Provincial Police Veterans' Association, the Police Association of Ontario, the Ontario Association of Police Services Boards, and the Ontario Association of Chiefs of Police to share their comments on the issues we were investigating. We received information from these organizations, with the exception of the Ontario Association of Chiefs of Police, which did not reply.
- 32** In addition to interviews, the team reviewed 13 binders of information from the OPP, along with documents submitted by the Ministry. They also carried out independent research and reviewed a large volume of documents related to police officers and operational stress injuries from external sources, including academic studies and widely read publications in the field<sup>2</sup>, and attended conferences on themes related to the investigation.<sup>3</sup>
- 33** We received excellent co-operation from the Ontario Provincial Police and the Ministry.

## **From Shell Shock to Operational Stress Injury**

- 34** In order to evaluate the adequacy of the measures taken by the OPP and the Ministry in responding to operational stress injuries in policing, it is necessary to understand the evolution of the term “operational stress injury.”
- 35** The first accounts of psychological injury caused by trauma are many centuries old, and typically arose in the context of warfare. Historically, these injuries were known in the military by labels like shell shock, battle fatigue, and combat exhaustion. They are now subsumed under diagnoses such as post-traumatic stress disorder (PTSD), and the more general moniker of “operational stress injury.”
- 36** It was in the military environment that I first became familiar with the effects of operational stress. In my role as Ombudsman for the Department of National Defence and Canadian Forces, I investigated and reported on the systemic

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<sup>2</sup> See Appendix 1 for a bibliography.

<sup>3</sup> “Safety in Our Hands: Helping Our Helpers Stay Healthy” (Conference held by Association of Traumatic Stress Specialists, September 30 - October 2, 2010) Toronto; “At the Breaking Point – Psychological Injuries in the Police Workplace: Why ‘Suck it up’ doesn’t cut it” (Conference held by Canadian Association of Chiefs of Police, September 26-27, 2011), Ottawa.

treatment of military members suffering from post-traumatic stress disorder in 2002.<sup>4</sup>

- 37** Post-traumatic stress disorder results from a combination of environmental, psychological, biological and social processes. The key feature of PTSD is the development of specific symptoms after exposure to an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others, and an emotional response of intense fear, helplessness or horror.<sup>5</sup>
- 38** Individuals vary in their emotional response to traumatic incidents. While many may experience a psychological reaction to trauma, only a small proportion will go on to develop full-blown PTSD.
- 39** The impact of trauma can also accumulate with sequential exposure. While a single traumatic incident might trigger an immediate stress response, the cumulative effect of multiple exposures to trauma or unfixable suffering can result in disablement over the long term.
- 40** Diagnostic symptoms for PTSD include re-experiencing the original trauma through flashbacks or nightmares, avoidance of stimuli associated with the trauma, and increased agitation such as difficulty falling or staying asleep, anger and hypervigilance. For someone to be formally diagnosed with PTSD, he or she must have experienced significant functional impairment and symptoms that have persisted for more than a month.
- 41** Some PTSD cases are acute, lasting less than three months, but most are chronic – with symptoms experienced for longer periods. There are also cases where the onset of symptoms is delayed for months, even years after exposure to trauma. Individuals suffering from PTSD are also at greater risk for suicide. The condition can be extremely debilitating, and while many recover with treatment, a percentage will continue to experience effects of PTSD for years.
- 42** As military Ombudsman, I made 31 recommendations to the Canadian Forces command focused on improving the military experience for those suffering with PTSD and their families, as well as minimizing the mental health risks associated with military service. When I revisited this issue in my December 2002 follow-up

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<sup>4</sup> Canada, *Special Report: Systemic Treatment of CF Members with PTSD* (Ottawa: Department of National Defence and Canadian Forces Ombudsman, February 2002), online: Department of National Defence and Canadian Forces Ombudsman <<http://www.ombudsman.forces.gc.ca/rep-rap/sr-rs/pts-ssp/doc/pts-ssp-eng.pdf>>.

<sup>5</sup> American Psychiatric Association, *DSM-IV - Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: American Psychiatric Association, 2000.

report, I adopted the term “operational stress injury.”<sup>6</sup> I did so because soldiers and their families, as well as professional caregivers, felt that the label “PTSD” did not reflect all of the symptoms and conditions suffered as a result of operational trauma. They preferred “operational stress injury.”

- 43** This term is not a medical diagnosis. It was developed by the military to describe a host of persistent psychological difficulties resulting from activities performed in the line of duty, including anxiety, depression and post-traumatic stress disorder, as well as alcoholism and drug dependency.
- 44** The phrase “operational stress injury” is essentially a cultural characterization, intended to convey that the brain and mind, along with the body, can become injured as a result of operational duties, whether this takes the form of PTSD or other stress-related symptoms. The term has proven much more acceptable in the military than traditional medical labels, and has assisted in destigmatizing mental illness. In fact, the United States Army has requested that the American Psychiatric Association refer to PTSD as an “injury,” arguing that continuing to refer to the condition as a “disorder” could stop soldiers from seeking treatment.<sup>7</sup>
- 45** One of the military’s biggest challenges in preventing, identifying and treating conditions resulting from trauma has been the reluctance of soldiers to come forward for help. The societal stigma attaching to these often hidden illnesses is amplified in the military environment, where physical and mental strength is rewarded and a culture of “suck it up” has traditionally prevailed. Soldiers often fear that if they come forward, their careers and credibility may be irrevocably damaged.
- 46** Like soldiers, police officers are exposed to a variety of life-threatening and horrific situations, and function within a paramilitary culture that promotes physical and mental strength. Accordingly, the term “operational stress injury” is equally fitting to describe the mix of emotional responses to trauma experienced in the policing community.

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<sup>6</sup> The Office of the DND/CF Ombudsman reported on a second follow-up investigation in December 2008, *A Long Road to Recovery: Battling Operational Stress Injuries* < <http://www.ombudsman.forces.gc.ca/sr-er/osi-tso-3-eng.asp> >. On September 17, 2012, the DND/CF Ombudsman released a report on its third follow-up investigation relating to this issue: *Fortitude Under Fatigue: Assessing the Delivery of Care for Operational Stress Injuries that Canadian Forces Members Need and Deserve* <http://www.ombudsman.forces.gc.ca/au-ns/omb/mo/2012/fuf-csf-eng.asp>. The Minister of National Defence recently announced some \$11 million in urgent funding to increase mental health services. < <http://www.ombudsman.forces.gc.ca/rep-rap/sr-rs/fuf-csf/index-eng.asp> >.

<sup>7</sup> Daniel Sagalyn, “Army General Calls for Changing Name of PTSD,” *PBS Newshour* (4 November 2011), online: Public Broadcasting Service <[http://www.pbs.org/newshour/updates/military/july-dec11/stress\\_11-04.html](http://www.pbs.org/newshour/updates/military/july-dec11/stress_11-04.html)>.

## The OPP Casualty List: Operational Stress Injury Sufferers

- 47** In order to understand the impact of operational stress injury within the OPP context, it is useful to consider the firsthand accounts of OPP officers who have actually experienced them.
- 48** We were approached by **78** former and serving OPP members willing to share their personal stories about operational stress injuries. While some struggled with their psychological wounds and returned to the job they love, others found it impossible to go back to the work that traumatized them. Still others only felt the full cumulative impact of operational stress once they retired from policing.
- 49** We were also contacted by officers' spouses and former spouses, who recounted the devastating toll that operational stress injuries have had on their families. All too often, the deterioration of family relationships is part of the collateral damage accompanying operational stress injury.
- 50** Given the cultural taboos associated with psychological injuries, not surprisingly, many of those we interviewed were apprehensive about disclosing their identities, particularly the **50** officers who are still active members of the OPP. In recognition of this, we have anonymized the names of all but two of the officers in this report and used pseudonyms.<sup>8</sup>
- 51** We have not investigated their specific circumstances. However, there was sufficient commonality amongst them to allow us to make some general observations about the perceived state of awareness and response to operational stress injuries within the OPP. Many of them also offered concrete suggestions for improving the education, training, supports and services provided to members.
- 52** The following are only a few of the stories we heard from past and present OPP members.

### Officer Albert

- 53** Officer Albert has been with the OPP for more than two decades. He has been involved in many critical incidents, including fatalities. Officer Albert suffered from nightmares, anxiety attacks, bouts of depression and hypervigilance. He told

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<sup>8</sup> The exceptions are retired Detective-Inspector Bruce Kruger and the late Sergeant Douglas Marshall, whose experiences have been documented in the media.

us that for years, the “suck it up and move on” mentality within the OPP led him to drink heavily rather than to seek help. Eventually, he entered into treatment, but the focus was on his drinking problem, rather than the underlying operational stress.

- 54** While Officer Albert achieved a period of recovery from alcohol issues for nearly 10 years, his symptoms inevitably returned. He began a relentless cycle of sick leaves. On the job, his performance slipped. He was labelled a poor performer and was demoted. After years of sobriety, Officer Albert started drinking again. The situation soon became untenable. He stopped working and plunged into crisis. It was only after he was detained in hospital under the *Mental Health Act* that he was finally diagnosed with post-traumatic stress disorder.
- 55** On an extended medical leave, Officer Albert was separated from his family. He was treated as a pariah and isolated from his former colleagues. His claim for Workplace Safety and Insurance Board (WSIB) benefits was denied, as he could not substantiate the link between his PTSD and his work.
- 56** Fortunately, due to the efforts of a detachment commander, an OPP human resources advisor, the support of his family and his own determination, Officer Albert has been able to return to work.
- 57** His journey is not over. He still operates within a culture where he says stigma around operational stress injuries is ever-present. Officer Albert must ignore the doubters and whispered remarks. As he told us:

You're shunned. Since I've been back to work, I've had some comments made, but I've got to handle it right, let it go in one ear and out the other and just keep pushing ahead. Most of the staff are glad that I'm back and are really supportive, but there is still some that [say] “yea you're supposed to have PTSD, yea right.” I hear that crap... under their breath.

- 58** Officer Albert understands police culture. He has lived within it for many years, and admits it took him a long time to accept that he was injured in the line of duty.
- 59** His story is as close to a success story as there is when it comes to operational stress injury. He has been able to quell the demons and return to the career to which he devoted so much time and so much of himself. His wife, who has shared in his struggles and witnessed his nightmares, believes that the service should keep statistics to assess the success of operational stress injury programs. Based on their own painful experience, Officer Albert and his wife believe that periodic, mandatory psychological assessments would help normalize the existence of



operational stress injuries within the OPP. Both also would like to see more education coupled with early medical intervention. In addition, they believe efforts should be made to maintain regular contact with officers who are on leave to deal with operational stress injuries, to combat the sense of alienation many experience while they are unable to work.

### Officer Beatrice

- 60** Officer Beatrice worked for many years in a specialized unit dealing with victims of violent crime, domestic violence, and sexual assaults. Although the area is challenging, she loved her job. Then one day she volunteered for a high-profile homicide case, which she worked on intensely for two months.
- 61** Officer Beatrice had been exposed to horrors in the past, but this time, the details were particularly gruesome. She couldn't seem to shake the brutal images embedded in her mind. She began to experience insomnia, disassociation, and a feeling of being overwhelmed. The enthusiastic, hard-working officer now found herself frequently calling in sick. At work, all too often she would shut her office door and cry.
- 62** Soon Officer Beatrice could no longer perform the work she had once loved. She went on leave and ended up in hospital. It was only when the crisis peaked that she received a referral to a psychiatrist who diagnosed her with post-traumatic stress disorder. She felt embarrassed, humiliated, and a failure. She didn't want anyone to know why she was on leave. Fortunately, she received treatment that she credits with saving her life, and obtained WSIB benefits for her operational stress injuries.
- 63** Officer Beatrice was able to return gradually to full-time work, but not in the area where she once thrived. She knows too well the price she has already paid for her career in policing, and continues to struggle to maintain balance in her life.
- 64** Officer Beatrice told us she was particularly frustrated by the lack of resources for officers like her. The OPP had no list of referrals for her of community medical resources with experience dealing with trauma, which she believes would have assisted her to obtain help sooner. She strongly believes that annual psychological assessments should also be available for all OPP members, not just for specialty units – and that a confidential online forum for members should be available where they can discuss PTSD. She believes the OPP should keep statistics on operational stress injuries, to raise awareness and help destigmatize them.

## Officer Carl

- 65** Officer Carl has spent more than 20 years in policing, mostly with the OPP. He has worked in different areas and been exposed to multiple traumatic scenarios. He was threatened with knives and guns and had a young girl die in his arms. A colleague was killed, another was almost beaten to death on the job, while a third committed suicide after he retired. After years of getting by, of being “a good cop,” Officer Carl’s world began to crumble under the accumulated weight of stress.
- 66** He became depressed, had panic and insomnia attacks, and began to isolate himself from others. Knowing the stigma attached to mental illness within the police culture, he tried to suppress his symptoms. But it became increasingly harder to hide. In his words:
- Imagine being in a job where if they take your gun away, you’re done. Or if someone even thinks they should take away your gun you’re done. You can’t tell them. You have to take it and just hang on to it as long as you can. I thought I could get through the rest of my career. I really did. I tried like hell. I tried, I cried, I worried about it, I stressed over it. Life was hell for me at home.... There were all those thoughts of “I just can’t do it anymore.”
- 67** One day at work, the dam broke. With his wife’s assistance, Officer Carl sought medical help, and was diagnosed with post-traumatic stress disorder. Like other officers we spoke with, Officer Carl felt isolated – “off on an island” – while on leave. He received WSIB benefits until he was fit to return to accommodated work.
- 68** Officer Carl had difficulty with the process of returning to work, finding it frustrating and inflexible. He tried to get on with the job of being a good cop, but his condition deteriorated and his symptoms reappeared. He went on another medical leave and is now back at work on modified duties.
- 69** Officer Carl believes the OPP could assist its members suffering from operational stress injuries by providing a list of private psychologists, making periodic psychological assessments available for all members, and creating an appeal process for members who disagree with the return-to-work process. He also believes there should be enhanced mandatory operational stress injuries training for all members, involving peers who have recovered from such injuries, and that the

Employee Assistance Program Coordinator’s position should be full-time.<sup>9</sup> He thinks the OPP should keep statistics on operational stress injuries and suicides, and suggested that it also strike a committee to address operational stress injuries, particularly return-to-work issues.

### Officer David

- 70** Officer David has been with the OPP for more than 20 years, but one event overshadows his career. Years ago, he shot and killed a man who attempted to murder two fellow officers. The incident left him with nightmares and hypervigilance symptoms. He also had to face the internal and external investigations that accompany such incidents, as well as a civil lawsuit by the deceased’s family. Fortunately, he had a supportive detachment commander who made the necessary arrangements for him and his wife to see the OPP Staff Psychologist, afforded him time away from work, and encouraged him to file a WSIB claim.
- 71** Soon after the shooting, Officer David was referred to a community psychologist who diagnosed him with post-traumatic stress disorder. However, his treatment was short-lived, and he once again found himself back at work in “suck it up” mode. Memories of the shooting and uncontrollable bouts of crying continued to plague him. But this time, he responded by avoiding his family, burying himself in work, and drinking alcohol to numb the pain and sleep at night.
- 72** After years of struggling for control, he became suicidal and was hospitalized. He went on a long-term leave from work, obtained WSIB benefits, and underwent treatment. Like others in his position who have been steeped in the police culture, he was embarrassed to find himself suffering from mental illness.
- 73** While many of those we spoke to expressed frustration with the return-to-work process and the lack of meaningful work available to individuals recovering from operational stress injury, Officer David was able to return to work successfully, in a rewarding position. He believes the OPP should emphasize that operational stress symptoms are simply “normal reactions to abnormal events,” and should be treated the same as physical injuries. Based on his own experience, Officer David stresses the importance of providing modified work for those returning to policing after battling operational stress injuries.

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<sup>9</sup> The EAP Coordinator was made a full-time position during our investigation, on November 7, 2011.

## Beyond the Blue: Impact on Police Families

- 74** We also spoke with spouses of OPP officers with operational stress injuries, who graphically described the impact that their loved ones' mental states had on them and their children. The spouse of an officer on leave for PTSD had to resort to anti-depressants to cope with what her husband was going through. Another said living with her husband "was like going from chaos, to insanity to craziness. That whole summer, you just never knew from one minute to the other what was going to happen."
- 75** Some officers noted that in the midst of their own suffering, they often pulled away from their families, leaving them in need of support. One said:

My family took a lot of the brunt of my anger and of my sicknesses... Any of my anger or discomfort, I would yell at them, I would blame my wife for everything... The mental stress I had downloaded on my family. They had to carry me and they took the brunt of all my behaviors [at home] and then I would go to work, I put the uniform on and put on a show and made it look like I was okay and continue and make sure no one knew.

## Out of the Blue: Retired Officers

- 76** One of the characteristics of operational stress injuries is that they can surface long after the traumatic events that trigger them. When officers go through a life change, like retirement, they are often susceptible to the onset of operational stress injuries. Unfortunately, given their inactive status, retirees have limited access to the supports available for active members.
- 77** Twelve of the **28** retired OPP officers we spoke to told us they continue to experience problems with operational stress injuries. One said he still has flashbacks from a gruesome plane crash that happened in 1970:

Here we are in 2010 and I have flashbacks of seeing body parts that appeared to have been put through a wood chipper. The chunk of a person's face that looked like it had been surgically removed... and of course the child's sock with a baby's foot inside.

- 78** Another retired officer told us he didn't experience problems until after he had retired, but since then he has suffered from recurrent nightmares and other symptoms of operational stress.

- 79** We heard many compelling stories from retirees who served during a period when there was little to no education or supports for officers with operational stress injuries, and are now left to struggle unaided in the aftermath of their policing careers.
- 80** One of them – Bruce Kruger – has been particularly vocal about the needs of retired officers. His story illustrates the damage that can result when officers are left on their own to cope with psychological pain incurred in the line of duty.

### Retired Detective-Inspector Bruce Kruger

- 81** After almost 30 years on the job, Detective-Inspector Bruce C. Kruger retired from the OPP on December 31, 1999. During his distinguished career, Bruce Kruger held a number of senior positions, including as provincial co-ordinator of the Tactics and Rescue Unit, and detachment commander. He has both the Ontario Police and Canada Medals of Bravery, and received two Commissioner’s Citations for bravery, among other valour certificates and commendations.
- 82** Over the years, retired Detective-Inspector Kruger sacrificed a lot for the work he loved. At one point, he had to take a medical leave for over a year, undergoing four operations to recover the use of his right shoulder after being injured while attempting to arrest a sex offender. There was the time that a vengeful drug dealer destroyed his boat. And then there were the invisible injuries, the depression, the excess drinking, the flashbacks and rage that overwhelmed him – and by extension, his family – for decades.
- 83** Bruce Kruger has witnessed more than his share of traumatic incidents, including suicides, children’s deaths, horrific motor vehicle collisions, and sexual assaults. However, some events have stood out, stayed with him, and fuelled his nightmares.
- 84** In 1977, he was forced to shoot and kill a man who had escaped from a penitentiary and was about to shoot a rookie officer trapped in a cruiser.
- 85** In the summer of 1980, he recovered two bodies from a lake. The incident was particularly jarring, as he knew the victims personally. One was his own son’s six-year-old playmate, and the other was the child’s father, who had died desperately trying to save his only child. Ever since, Bruce Kruger has been haunted by the image of that little boy’s face captured in death.



- 86** And in January 1981, he was horrified to find the body of a friend, a 35-year-old OPP constable, frozen in the snow, three bullet holes between his eyes.
- 87** When these events happened, there was no critical incident response intervention, no counselling or support. Bruce Kruger was left to his own devices to resolve his emotional reaction to operational stress.
- 88** In the 1980s, the OPP began using peers on an informal basis to provide support for officers. But in Bruce Kruger’s case, peer support amounted to a cup of coffee, a half hour to vent, and the advice that he had better keep quiet, since talking about his emotional problems would not be a positive step towards promotion.
- 89** Without treatment, his operational stress injuries festered. His attempts to engage the OPP’s crisis intervention programs, once they were formally established, were unsuccessful – the incidents he was concerned about were so dated. The help he did receive was too little too late. In 1997, he attended a stress management seminar, and in 1998, as the pressure continued to build, he was ordered to attend an anger management course. Still, when he retired in 1999, Bruce Kruger was actively suffering from untreated operational stress injury.
- 90** He tried to get help a number of times through the OPP’s external employee assistance program. But his requests were rejected because program benefits only extend for three months post-retirement. Eventually, he was able to get a referral to a psychiatrist for treatment, but the cumulative impact of his years of policing continued to take its toll. The OPP administrators he contacted advised him there was little that could be done because he was retired, but they did help him file a WSIB claim in 2009.
- 91** In December 2008, Bruce Kruger sent a personal letter to the OPP Commissioner, telling his story and calling for change in the way the OPP supports officers with operational stress injuries, both serving and retired. The letter went unanswered.
- 92** A year later, he complained to our Office about the OPP’s failure to respond. In January 2010, the OPP advised our Office that its silence was an oversight. After acknowledging receipt of his letter, the OPP provided a formal response to him in March 2010. However, after all this time, all he received was a recitation of facts about PTSD and an explanation that the OPP is not privy to confidential information about how many officers suffer from this condition but provides education to its officers as well as critical incident support. The letter also referred him to the Ontario Provincial Police Association so that he might understand its strategy for informing members of available supports.

- 93** Dissatisfied with what he perceived as a bureaucratic brush-off, he approached our Office again, as well as the media, in the spring of 2010. His story was featured in a series of articles in the *Toronto Sun*, highlighting the relationship between operational stress injuries and policing.<sup>10</sup>
- 94** Bruce Kruger has been able to obtain further assistance tailored to his policing experience. However it wasn't the OPP that helped him, but the Canadian Forces. After contacting the military in August 2009, he obtained a number of useful referrals that led to treatment at Homewood Health Centre for PTSD.
- 95** When he approached our Office in the spring of 2010, retired Detective-Inspector Kruger expressed bitter frustration at the lack of information and supports available for OPP members with operational stress injuries. His goal is to see PTSD in policing eradicated through proactive education and supports, as well as adequate assistance provided to those who suffer from operational stress injuries in retirement.

## **End of the Blue Line: OPP Deaths by Suicide**

### *Sergeant Douglas William James Marshall*

- 96** Sergeant Douglas Marshall, a 22-year police officer, committed suicide during the course of our investigation, on April 10, 2012, at the age of 45 – leaving behind his devastated family, his wife Rachael and a teenaged son and daughter. Two months later, we spoke with his widow and her sister, about his struggle with PTSD. Rachael explained that in the summer of 2011, her husband had to respond to a series of traumatic calls, including the suicide of a young adult, the death of a four-year-old child, and the death of a retired municipal police officer who drowned saving a citizen's life. Although he had to choose one incident as a precipitating incident for workplace insurance purposes, she said it was the cumulative impact of these events, as well as earlier exposure to multiple traumatic incidents, that sent him over the edge. Once a man known for his strong personality and commitment to policing, volunteerism, fitness and his family, Sergeant Marshall shut down. He could no longer function. He suffered insomnia and nightmares.
- 97** In mid-September, recognizing he was in trouble, Sergeant Marshall took a few days off work, but his agitation, frustration and inability to sleep persisted. He acted on strange impulses, like waking his son in the middle of the night to ask

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<sup>10</sup> *Supra* note 1.

about his hockey game and whether he needed a ride to school the next day. An avid runner, he missed the annual Terry Fox run for the first time in six years.

- 98** Sergeant Marshall soon found himself hospitalized after police responded to an emergency call he made, saying he feared for his mother's health. He began experiencing flashbacks from earlier crisis situations, including the first time he was involved in a knife fight as a young officer, and a near-drowning when he was in the military reserves.
- 99** He was eventually diagnosed with PTSD and admitted into a specialized program at Homewood Health Centre in October 2011 for treatment. The family credits the efforts of the police association and his fellow officers with helping him through this time, driving him back home on weekends to be with his family, then back again for treatment. He was discharged from Homewood on December 21 and was finalizing arrangements for his return to work. He started back gradually at the Southern Georgian Bay Detachment on an accommodated basis on January 16, 2012. Two weeks back on the job, his gun was returned to him.
- 100** Rachael Marshall told us her husband wanted to get back to work quickly in an effort to appear normal and avoid the stigma he believed his colleagues would associate with his PTSD. He was familiar with police culture and concerned about how he would be treated by his peers once they were aware of his condition. She believes he might have been putting up a positive front to get back to work before he was fully healed.
- 101** Over the April 2012 Easter weekend, Sergeant Marshall became agitated and the family encouraged him to get further medical assistance. By the following Tuesday, he was back at work, where he used his service weapon to end his life.
- 102** More than 300 officers attended Sergeant Marshall's funeral, and many, including senior OPP officials, offered the family support.
- 103** Rachael and her family believe it is important to speak openly about Doug's suicide to emphasize that there was no shame or embarrassment associated with this final act in a life devoted to saving and protecting others. She encouraged the OPP to acknowledge in its communications with its members that Doug had killed himself.
- 104** One of Sergeant Marshall's fellow officers has started a ribbon campaign in his memory, raising funds for the PTSD Association of Canada, and the American Law Enforcement Memorial Run bestowed a posthumous award in his name.

- 105** Rachael Marshall is determined for her husband’s death to hold some meaning. She acknowledges and appreciates the assistance that her husband and her family received from OPP officers, but sees areas requiring improvement.
- 106** For instance, once Sergeant Marshall was discharged from treatment, the family received no help or offers of assistance to find him a psychologist or psychiatrist who could continue with follow-up. The waiting lists for psychologists and psychiatrists were long and priority was given to those who needed immediate assistance. Because he had already been in treatment, he was not considered high-risk.
- 107** While there was some support for the family when he was hospitalized and immediately after his suicide, and detachment staff and OPP chaplains made regular phone calls and visits, there were no preventative or post-treatment supports. The OPP Staff Psychologist met with Rachael and Doug while Doug was in hospital. But before that, when Rachael called him with concerns about her husband’s behaviour, she was told nothing could be done because nothing bad had happened.
- 108** The Marshall family believes there should be additional in-house clinicians at the OPP available to help officers and their families, as well as increased education and training about operational stress injuries. They also believe that officers should be required to attend mandatory meetings with counsellors every two to three years. They feel the return-to-work process must be improved and a more gradual return to duties for all officers diagnosed with PTSD – regardless of severity – should be mandatory, to help relieve the stigma of being off work. They recommended that the return-to-work protocol include assistance with locating community medical services, mandatory counselling at three- and six-month intervals, including family members, and psychological assessment prior to the return of service weapons. They also urged that a trained a police officer and psychologist be involved in assisting with back-to-work plans.

## Suicide Deaths by the Numbers

- 109** Sergeant Marshall is far from the only OPP officer to die through suicide. Although suicides can result from a host of factors unrelated to work life, given the relationship between operational stress injuries – particularly PTSD – and the risk of suicide, it is important to consider what is known about the circumstances of OPP suicides.
- 110** For the past few years, at the request of his bureau commander, the OPP Staff Psychologist kept informal statistics relating to suicides of active and former OPP officers. He obtained historical information for deaths before 2006 from the Ontario Provincial Police Association. From January 1989 through May 2012, there were **23** suicides, involving **16** active and **7** retired officers. All but two were men. Two suicides were committed by hanging, three through drug overdose, one by carbon dioxide poisoning, and one officer jumped to his death, while **13** shot themselves (the method of suicide for the remaining three was unknown). The following chart was prepared based on information from the Staff Psychologist and media reports.

**Chart 1: Analysis of Ontario Provincial Police Suicides, 1989-2012**

Year	Age	Retired	Method	Other
1989	40	No	Gun	
1989	38	No	Gun	
1989	55	Yes	Gun	
1990	31	No	Gun	
1994	78	Yes	Gun	
1996	42	No	Gun	
1996	54	No	Gun	
1996	48	No	Unknown	
1996	44	No	Drug Overdose	
2000	65	Yes	Gun	
2002	51	No	Gun	
2003	73	Yes	Gun	
2004	45	No	Drug Overdose	Critical Incident Stress Response Team involvement
2005	88	Yes	Jumped	
2005	58	Yes	Gun	
2006	37	No	Gun	Critical Incident Stress Response Team involvement
2008	Unknown	No	Drug Overdose	Critical Incident Stress Response Team involvement
2010	38*	No	CO <sub>2</sub> poisoning	Pre-existing health issues
2011	65*	Yes	Unknown	
2011	60*	No	Hanging	Officer faced criminal charges*
2011	46*	No	Hanging	Officer faced criminal charges*
2012	45	No	Gun	Treated for PTSD, was in process of returning to work
2012	48*	No	Unknown	

Source: OPP Staff Psychologist and media reports

\*according to media reports

**111** The OPP Staff Psychologist told us OPP officer suicide is “becoming more and more serious.” He estimated that the OPP suicide rate is approximately 12 per 100,000. He noted that this figure is low when compared to the general population of males between 20 and 55, whose normal suicide rate is 17-21 per 100,000. However, he observed that this is not necessarily a fair comparison, since the general population includes a wide spectrum of vulnerable people, from the unemployed to jail inmates to the physically and mentally disabled – whereas police officers are screened for fitness and psychological wellbeing during recruitment.



- 112** The OPP suicide rate is also relatively high when one looks at the risk of other line-of-duty deaths such as shootings, which the Staff Psychologist advised was roughly 3 per 100,000. However, it is lower than the rate for all OPP accidental deaths, which is 20-22 per 100,000. Over the same 1989-2012 period, **21** OPP officers were killed on duty: 14 were involved in motor vehicle accidents, two were hit by motor vehicles, three were shot, one stabbed and one had a fatal heart attack while investigating a motor vehicle accident.
- 113** Statistically, it is more probable that an OPP officer will commit suicide than be killed by an assailant in the line of duty. It is also quite likely that the officer will use a firearm to accomplish the act.
- 114** The Staff Psychologist told us that both of the active officers who hanged themselves in 2011 had had their firearms taken away by the OPP. Both had also been facing criminal and *Police Services Act* misconduct charges.
- 115** Understanding and awareness of operational stress injuries in policing has evolved in recent years, although the subject is not without controversy. Before discussing the specifics of the programs that the OPP currently has in place to address operational stress injury, it is helpful to consider the existing research on the prevalence and impact of operational stress injury in the policing environment, as well as how other police services have responded to these issues.

## **Statistically Speaking: Effects of Operational Stress in Policing**

- 116** Research relating to the incidence of post-traumatic stress disorder and other stress related conditions associated with policing – as well as the suicide risk – is equivocal. There is no consensus on whether or not police officers are in greater jeopardy of developing operational stress injuries or committing suicide than people in other occupations. There are also substantial variations in the reported police suicide rates for different police services, regions and countries.<sup>11</sup>

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<sup>11</sup> Brian L. Mishara & Normand Martin, “Effects of a Comprehensive Police Suicide Prevention Program” (2012) 33:3 Crisis 162, online: PsyCONTENT <<http://psycontent.metapress.com/content/bt27756867356583/fulltext.pdf>> [Effects of a Comprehensive Police Suicide Prevention Program].

## U.S. Police Services

**117** Psychologist John M. Violanti stands firmly behind the premise that policing is a psychologically dangerous occupation and that law enforcement personnel are more likely than the average person to commit suicide. Violanti argues that police on the whole are a healthy and psychologically tested working group, and should have relatively low suicide rates. He suggests that studies that compare police suicide rates to those of the general population may yield inaccurate results.<sup>12</sup> His view about the risks of policing is shared by Dr. Hans Toch, who has stated, based on studies he completed of two police services in 2001, that policing is the most psychologically dangerous job in the world, with data pointing to “slightly higher than expected mortality rates for illnesses ranging from coronary diseases to cancer,” and stress consequences such as higher divorce rates, marital discord, disruption of family life, alcoholism, suicide, performance anxieties, overachievement, absenteeism, emotional detachment and post-traumatic stress disorder.<sup>13</sup>

**118** In 2009, Violanti and Andrew F. O’Hara reported that there were approximately 141 police suicides across the U.S. in 2008, and seven murder-suicides involving police officers.<sup>14</sup> They found that officers aged 35-39 and those with 10-14 years of service were at higher risk for suicide. In addition, suicides among officers of lower rank (88.7% below sergeant) and using firearms (96.1%) were prevalent. Additional attributes of the police suicides they studied included:

- Behavioral indicators of suicide were missed
- Suicide was blamed on personal problems
- Suicide was dismissed as a surprise or no warning signs reported
- Victim faced criminal charges
- Victim faced departmental investigation

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<sup>12</sup> John M. Violanti, Letter to the Editor, 161:4 *The American Journal of Psychiatry* 766 (April 1, 2004), online: The American Journal of Psychiatry <<http://ajp.psychiatryonline.org/article.aspx?volume=161&page=766>>, responding to a study by Peter M. Marzuk et al., “Suicide Among New York City Police Officers, 1977-1996,” which found the rate of suicide among New York City police officers is equal to or lower than the suicide rate of the city’s resident population.

<sup>13</sup> Hans Toch, *Stress in Policing* (Washington, D.C.: American Psychological Association, 2002), as cited in Ontario Provincial Police, *The Impact of Stress on Officers and the OPP Response* (Orillia: OPP Human Resources Bureau, 2006) at 1, online: Ministry of the Attorney General <[http://www.attorneygeneral.jus.gov.on.ca/inquiries/ipperwash/policy\\_part/projects/pdf/Tab9\\_TheImpactofStressonOfficersandtheOPPResponse.pdf](http://www.attorneygeneral.jus.gov.on.ca/inquiries/ipperwash/policy_part/projects/pdf/Tab9_TheImpactofStressonOfficersandtheOPPResponse.pdf)> [Stress on Officers and the OPP Response].

<sup>14</sup> Andrew F. O’Hara & John M. Violanti, “Police Suicide – A Web Surveillance of National Data,” (2009) 11:1 *International Journal of Emergency Medical Health* 17.

**119** They observed that 64% of suicidal officers showed no noticeable signs or symptoms of distress before taking their lives, and suggested this reflected the police subculture in which officers “feel the need to disguise signs of psychological distress for fear of being perceived as ‘soft’ or weak”.<sup>15</sup>

**120** Similar findings were made by a **New Jersey** task force report on suicide released in 2009, which stated that the stress of law enforcement (including work in correctional facilities), as well as access to firearms puts law enforcement officers at above-average risk for suicide.<sup>16</sup> The report noted:

A number of potential risk factors are unique to law enforcement. Law enforcement officers are regularly exposed to traumatic and stressful events. Additionally, they work long and irregular hours, which can lead to isolation from family members. Negative perceptions of law enforcement officers and discontent with the criminal justice system also play a role in engendering cynicism and a sense of despair among some officers. A culture that emphasizes strength and control can dissuade officers from acknowledging their need for help.<sup>17</sup>

**121** The task force reported that in one study of **New York City Police Department** officers, 94% of suicides were committed using a service weapon. Among the New Jersey law enforcement officer suicides it studied, more than 80% were committed with firearms, compared to approximately one-third of suicides among similarly aged people in the state. In addition, nearly a third of the 55 law enforcement suicides between 2003 and 2007 involved officers who had retired or were on disability. The task force made a number of suggestions for improvement, including that members – as well as retired officers and those on disability – be provided with contact information for local mental health resources.

**122** Police mortality studies also reportedly show that police officers are afflicted with stress-related disease at a higher rate than the general population with elevated rates of arteriosclerotic heart disease, cancer, suicide and homicide.<sup>18</sup> Exposure to trauma in policing has been linked to problems with the cardiovascular and endocrine systems, and associated with alcohol abuse, domestic violence and

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<sup>15</sup> Bruce A. Arrigo & Stacy L. Shipley, *Introduction to Forensic Psychology: Issues and controversies in crime and justice* (St. Louis, MO: Academic Press, 2004) **as cited in** *Police Suicide*, *ibid.* at 21.

<sup>16</sup> USA, *New Jersey Police Suicide Task Force Report*, (Trenton, NJ: Governor’s Task Force on Police Suicide, 2009), online: The State of New Jersey <[http://www.state.nj.us/lps/library/NJPoliceSuicideTaskForceReport-January-30-2009-Final\(r2.3.09\).pdf](http://www.state.nj.us/lps/library/NJPoliceSuicideTaskForceReport-January-30-2009-Final(r2.3.09).pdf)>.

<sup>17</sup> *Ibid.* at 5.

<sup>18</sup> John M. Violanti, “Dying for Work - Stress and health in policing,” *The RCMP Gazette* 72:1 (April 2010) 20, online: RCMP Gazette <<http://www.rcmp-grc.gc.ca/gazette/vol72n1/vol72n1-eng.pdf>>.

discord, and absenteeism.<sup>19</sup> A scientific study of 464 officers from the *Buffalo Police Department*, conducted over a period of five years, was completed in July 2012. It found the daily psychological stresses that police officers experience in their work put them at significantly higher risk than the general population for a host of long-term physical and mental health effects. For instance, shift work is a contributing factor to an increase in metabolic syndrome, a cluster of symptoms that includes abdominal obesity, hypertension, insulin resistance, Type 2 diabetes and stroke. The study also found that officers were at increased risk of developing Hodgkin’s lymphoma and brain cancer after 30 years of service and that suicide rates were more than eight times higher in working officers than they were in officers who had retired or left policing.<sup>20</sup>

**123** The Badge of Life, a group of active and retired police officers, medical professionals and families of officers who have committed suicide from the United States and Canada, cites the following “sobering truth” on its website:

- Police officers died as a result of suicide in 2011: 147
- Police officers died as the result of gunfire in 2011: 65
- Police officers (est.) in U.S. with symptoms of PTSD: 135,000
- For every police suicide, almost 1,000 officers continue to work while suffering the painful symptoms of PTSD<sup>21</sup>

**124** On the other hand, a number of studies have suggested that the psychological risks associated with policing are no greater than those in other occupations.

**125** In 2003, U.S. psychologist Stephen F. Curran observed that based on statistical analyses, law enforcement personnel are 26% less likely to commit suicide (when data is adjusted to reflect a similar demographic profile), are psychologically healthy, and have low rates of alcoholism and divorce when compared to the

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<sup>19</sup> Jeff Morley, “Resilient Employees, Resilient Organizations” (Presentation delivered at *At the Breaking Point, Psychological Injuries in the Police Workplace: Why “Suck it Up” Doesn’t Cut It* - Canadian Association of Chiefs of Police Conference, September 2011) at 14, online: CACP <[http://www.cacp.ca/media/events/efiles/1102/Monday\\_Sept\\_26\\_-\\_1300-1400\\_-\\_Jeff\\_Morley\\_ENGLISH.pdf](http://www.cacp.ca/media/events/efiles/1102/Monday_Sept_26_-_1300-1400_-_Jeff_Morley_ENGLISH.pdf)>.

<sup>20</sup> University of Buffalo, News Release, “Police Officer Stress Creates Significant Health Risks Compared to General Population, Study Finds” (9 July 2012), online: University of Buffalo <<http://www.buffalo.edu/news/13532?print=1>>. Information about the study was to appear in a special edition of the *International Journal of Emergency Mental Health*, according to the news release. The principal researcher for the study was John Violanti, PhD, professor of social and preventative medicine in the University of Buffalo (UB) School of Public Health and Health Professions.

<sup>21</sup> “Badge of Life,” *Police Mental Health Monthly Newsletter* (April 2012). P1, online: Law Enforcement Peer Support Network <<http://www.lepsn.org/bolapril.pdf>>.

general population.<sup>22</sup> Others argue that the actual police suicide rate might be higher than reported because suicides are covered up and reported as deaths from accidents or other causes. However, it has also been noted that the same motivation to conceal suicides applies to the general population, and there is no scientific evidence to support the proposition that underreporting of suicide happens with any greater frequency in the police population.<sup>23</sup>

- 126** It has also been reported that the PTSD rate for officers involved in shootings in the U.S. is only 4-14%, compared to combat veterans, who experience a PTSD rate of approximately 30%.<sup>24</sup> Other researchers have concluded that officers involved in shootings generally cope well, do not suffer high rates of PTSD<sup>25</sup> and when the statistics are adjusted based on demographic profiles, their suicide rate is actually lower than expected.<sup>26</sup>

## Canadian Police Services

- 127** There is limited statistical information available in Canada, and to date, no research has directly linked policing in this country to an increased risk for operational stress injuries or suicide. A study of police in **Quebec** in 2000 found the male police suicide rate was equivalent to that in the general population.<sup>27</sup> Similarly, a 2004 paper noted that studies in 1986, 1996, and 2003 of the **Royal Canadian Mounted Police** (RCMP) determined that for most years, the member suicide rate was lower than the suicide rate for the general population<sup>28</sup>

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<sup>22</sup> Stephen Curran, “Separating Fact From Fiction About Police Stress,” (January/February 2003), 23:1 *Behavioral Health Management* 38.

<sup>23</sup> Michael G. Aamodt, “Reducing Misconceptions and False Beliefs in Police and Criminal Psychology” (2008) 35:10 *Criminal Justice and Behavior* 1231.

<sup>24</sup> Audrey Honig, “Facts refute long-standing myths about law enforcement officers,” (2007) 16:5 *The National Psychologist* 23. Also see Audrey L. Honig & Steven E. Sultan, “Reactions and Resilience under Fire: What an Officer Can Expect,” *The Police Chief* 71:12 (December 2004), online: The Police Chief <[http://www.policechiefmagazine.org/magazine/index.cfm?fuseaction=display\\_arch&article\\_id=469&issue\\_id=122004](http://www.policechiefmagazine.org/magazine/index.cfm?fuseaction=display_arch&article_id=469&issue_id=122004)>.

<sup>25</sup> Alexis Artwohl, “The Impact of Danger and Critical Incidents,” *The Tactical Edge* (National Tactical Officers Association) (Spring 2009) 66.

<sup>26</sup> Michael G. Aamodt & Nicole A. Stalnaker, “Police Officer Suicide: Frequency and officer profiles,” in Donald C. Sheehan & Janet I. Warren, eds., *Suicide and Law Enforcement: A compilation of papers submitted to the Suicide and Law Enforcement Conference, FBI Academy* (Quantico, VA: U.S. Dept. of Justice – FBI, 2001), online: LEOtrainer <<http://www.leotrainer.com/tsuicide.pdf>>.

<sup>27</sup> *Supra* note 12 at 162.

<sup>28</sup> Jennifer R.L. Parsons, “Occupational Health and Safety Issues of Police Officers in Canada, The United States and Europe: A Review Essay,” (Paper, June 2004) at 27, online: SafetyNet – Centre for Occupational Health and Safety Research <<http://www.safetynet.mun.ca/pdfs/Occupational%20H&S.pdf>>.

- 128** However, the RCMP – the largest police force in Canada, with 19,000 regular members – has reportedly seen a dramatic rise in the number of claims for post-traumatic stress disorder. In 2007-2008, there were 162 RCMP claims for PTSD – up from a mere 10 in 1999-2000. By 2011, that figure had almost doubled.<sup>29</sup>
- 129** The **Toronto Police Service**, with almost 10,000 members and volunteers, has done a number of assessments of their health and wellness. In 2003, it conducted a health evidence needs assessment of its entire workforce by examining medical benefit trends in health, drug data and absenteeism. In 2004, it conducted optional, confidential clinics for diabetes and high blood pressure, blood glucose and cholesterol. In 2006, it retained an organization to implement a voluntary service-wide health risk appraisal in the form of a confidential online survey. Organized health sessions were conducted in units that fell below the “healthy” score. A cardio-metabolic study also confirmed some members had chronic diseases brought about by job stress, shift work and poor eating habits. Confidential screening was conducted and the service piloted fitness, back health and fatigue management programs to address problem areas.<sup>30</sup>
- 130** A study conducted in 2010 of the **Ottawa Police Service**’s criminal investigative services group observed that 52% reported high levels of “work role overload.” It also found comparatively high levels of job stress (47%), which was troubling, given the strong link between job stress and burnout, absenteeism, and prescription drug use. The researchers noted that one in three members had missed work in the past six months due to emotional or physical fatigue, and that a significant percentage reported poor mental and physical health. Some 33% had high levels of depressed mood and high risk of burnout, while half said they often suffered from headaches, back pain, insomnia and exhaustion at the end of the workday.<sup>31</sup>

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<sup>29</sup> “Stress disorder on rise in RCMP,” *CBC News* (27 October 2009), online: CBC News <<http://www.cbc.ca/news/canada/story/2009/10/27/rcmp-stress-leave.html>>; Colin Freeze, “Hike in stress-disorder claims by Mounties raises questions for policy makers,” *The Globe and Mail* (8 August 2011), online: The Globe and Mail <<http://www.theglobeandmail.com/news/national/hike-in-stress-disorder-claims-by-mounties-raises-questions-for-policy-makers/article590947/>>. The latter story said nearly 300 RCMP officers had been diagnosed with PTSD in the past year.

<sup>30</sup> Information about the Toronto Police Service (TPS) was obtained through interviews with a deputy chief and human resources director, materials provided by the TPS as well an article by Dan Ransom, “Working towards wellness,” *The RCMP Gazette* 72:1 (April 2010) 16, online: RCMP Gazette <<http://www.rcmp-grc.gc.ca/gazette/vol72n1/vol72n1-eng.pdf>>.

<sup>31</sup> L. Duxbury & C. Higgins, *The Etiology and Reduction of Role Overload in the Investigative Services Group of the Ottawa Police Service* (Ottawa: Ottawa Police Service, 2012) at 46, 103 and 155. For the study, 94 employees, including 11 civilians, participated in focus groups, 233 responded to a survey and 60 volunteered for in-depth interviews in 2010. The full report was not publicly released, but was reported on by a local newspaper: Kelly Roche, “Culture at cop shop eating at morale: Study,” *The Ottawa Sun* (29 February 2012) Online: <<http://www.ottawasun.com/2012/02/29/culture-at-cop-shop-eating-at-morale-study>>.



- 131** The Ottawa study noted that very few criminal investigative services employees had a positive view of the organizational culture:

The data suggests that beliefs in the following norms are common:

- (1) just suck it up and get it done;
- (2) give the work to those who care (the harder you work the more you are given);
- (3) the urgent gets in the way of the important (everything is time-sensitive and high priority);
- (4) the focus is on the work, not the people; and
- (5) the workplace is siloed (we do not work as a team).

... [O]ne in three respondents used strategies that are likely to make the situation worse [rather] than better. More specifically, they either focus their efforts at reducing the emotional and physical impacts of stress by drinking (i.e., 15% of the sample drink frequently, and drink more than a moderate amount of liquor, beer or wine to cope with stress) or by cutting back on sleep in the belief that this will give them more hours in the day to cope with all that they have to do. Over half of the respondents cope by cutting back on sleep.<sup>32</sup>

## Workers' Compensation

- 132** On May 24, 2012, the Alberta government became the first in Canada to introduce legislation that would create a presumption of entitlement to workers' compensation for emergency first responders suffering from PTSD (Bill 1, the *Workers' Compensation Amendment Act, 2012*)<sup>33</sup>. The Police Association of Ontario is of the view that operational stress injuries are a significant problem for officers in this province. In 2009, the Association called for presumptive legislation providing for automatic benefit coverage for officers suffering from PTSD through Ontario's Workplace Safety and Insurance Board (WSIB).

- 133** The WSIB administers Ontario's no-fault workplace insurance for employers and their workers. As part of this system, it provides disability benefits, monitors the quality of health care and assists in the early and safe return to work for workers injured on the job or who contract an occupational disease. The WSIB is entirely funded by employer premiums. Under the insurance scheme, Schedule 1

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<sup>32</sup> *Ibid.* at 65 and 106.

<sup>33</sup> At the time of writing this report, the bill had not proceeded further.

employers pay an annual premium as part of the collective liability insurance principle. However, certain publicly funded, legislated and federally regulated Schedule 2 employers – including the OPP – are individually responsible for paying the full costs of claims filed by officers.

- 134** Entitlement to benefits under Ontario’s *Workplace Safety and Insurance Act* can be a thorny issue for police officers suffering from operational stress injuries, as some may not fit squarely within the limits of WSIB’s traumatic mental stress policy.
- 135** Prior to 1998, there was no statutory provision addressing “stress” as a source of injury. However, the Workers’ Compensation Appeals Tribunal had developed jurisprudence allowing for workers to be compensated for stress-related disabilities, as they would be for any other workplace injury. The scope for compensation was narrowed in 1998, when the legislation was changed to provide that compensation would only be available for mental injury resulting from an acute reaction to a sudden and unexpected traumatic event.
- 136** Today, to qualify for compensation under the policy in Ontario, an officer must experience a sudden and unexpected traumatic event arising out of and in the course of employment that is clearly and precisely identifiable, objectively traumatic, and unexpected in the normal or daily course of his or her employment or work environment.<sup>34</sup> Entitlement can be for an acute reaction within four weeks of the traumatic event. If the reaction occurs later, the evidence must be clear and convincing that it is due to the traumatic event. In addition, entitlement can be for “cumulative effect.” The policy notes:

Due to the nature of their occupation, some workers, over a period of time, may be exposed to multiple, sudden and unexpected traumatic events resulting from criminal acts, harassment, or horrific accidents. If a worker has an acute reaction to the most recent unexpected traumatic event, entitlement may be in order even if the worker may experience these traumatic events as part of the employment and was able to tolerate the past traumatic events. A final reaction to a series of sudden and traumatic events is considered to be the cumulative effect.

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<sup>34</sup> Ontario, Workplace Safety and Insurance Board, *Traumatic Mental Stress, Doc. No. 15-03-02* (12 October 2004), online: WSIB <<http://www.wsib.on.ca/portal/server.pt/community/WSIB/230/OPMDetail/24347?vnextoid=7d12ae75e15d7210VgnVCM10000449c710aRCRD>>.

- 137** From 2007 to 2011, WSIB allowed **2,828** out of **7,029** traumatic mental stress claims for lost time. Of those, **182** were for police officers.<sup>35</sup> Policing is in the top five occupations for which such claims have been allowed in the last five years.
- 138** In August 2010, Joy Angeles, an epidemiologist with the Occupational Disease Policy and Research Branch of the WSIB, prepared a scientific literature review entitled *Police Officers and Post-Traumatic Stress Disorder*. She found that, while policing is generally considered to be a high-risk occupation for the development of PTSD, based on the current published scientific studies there is no direct evidence definitively concluding that police officers are at greater risk for PTSD than other occupations or the general population. However, she also said that since police officers are at increased risk for exposure to traumatic incidents, “they are likely at increased risk of developing PTSD.”<sup>36</sup>
- 139** She also observed that a number of community-based studies indicate PTSD appears to be more prevalent amongst police officers than in the general population.<sup>37</sup>
- 140** As well, she noted that sufferers of PTSD are generally at increased risk for the development of other psychiatric conditions such as depression, other anxiety disorders, and substance abuse,<sup>38</sup> and that PTSD is a risk factor for suicide, suicidal ideation and attempts.<sup>39</sup>
- 141** Regarding the specific risk of suicide among police officers suffering from PTSD, Ms. Angeles commented:

An important factor in explaining suicide is having access to a means of suicide and knowledge of how to attempt suicide by those means. Access to weapons as a means of suicide and training in the use of those weapons

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<sup>35</sup> The WSIB does not record the occupation of individuals whose claims have been denied.

<sup>36</sup> Ontario Workplace Safety and Insurance Board, *Police Officers and Post-Traumatic Stress Disorder* by J. Angeles (Toronto: Occupational Disease Policy & Research Branch, August 2010) at 5 [*Police Officers and PTSD*] at 2. She also notes that about a third of PTSD sufferers will not recover.

<sup>37</sup> Nnamdi Pole, “Predictors of PTSD symptoms in police officers: From childhood to retirement” in Douglas L. Delahanty, ed., *The Psychobiology of Trauma and Resilience Across the Lifespan* (Lanham, Md: Jason Aronson, 2008) **as cited in** *Police Officers and PTSD*, *supra* note 36 at 6.

<sup>38</sup> Evelyn Bromet, Amanda Sonnega & Ronald C. Kessler, “Risk factors for DSM-III-R posttraumatic stress disorder: Findings from the National Comorbidity Survey” (1998) 147:4 *American Journal of Epidemiology* 353 **as cited in** *Police Officers and PTSD*, *supra* note 36 at 7.

<sup>39</sup> J.L. Gradus et al., “Posttraumatic stress disorder and completed suicide” (2010) 171:6 *American Journal of Epidemiology* 721, and Jitender Sareen et al., “Anxiety disorders associated with suicidal ideation and suicide attempts in the National Comorbidity Survey” (2005) 193:7 *The Journal of Nervous and Mental Disease* 450 **as cited in** *Police Officers and PTSD*, *supra* note 36 at 7.

differentiates both veterans and police officers with PTSD from those suffering PTSD from civilian-related traumas.<sup>40</sup>

- 142** Ms. Angeles also noted that compared to civilians with PTSD, police officers were three times more likely to have been exposed to traumatic incidents involving direct assault or death threats with guns or knives.<sup>41</sup> As for cumulative exposure, she reflected:

It has been estimated that in the first year of police service, the average police officer is exposed to around 12 critical incidents; by mid-career, exposure to critical incidents increase to approximately 150 and by post-retirement, police officers have been exposed to an average of 250 duty-related critical incidents during their careers.<sup>42</sup>

- 143** Ontario psychiatrist Dr. Diane Whitney, in a discussion paper on PTSD prepared for the Workplace Safety and Insurance Appeals Tribunal, also observed that PTSD patients are six times more likely to attempt suicide, and that this condition results in more suicide attempts than in all other anxiety disorders.<sup>43</sup>

## Specialized Treatment

- 144** Inevitably, some Ontario police officers will suffer from operational stress injuries, whether or not they go on to develop full-blown PTSD or some other reaction to traumatic events. In fact, there are treatment programs in Ontario specifically designed to meet the needs of individuals in policing and similar occupations involving repeated exposure to trauma. Homewood Health Centre in Guelph runs one of the few in-patient programs in Canada for traumatic stress recovery.
- 145** While Homewood does have mixed group sessions, there are in-depth group sessions exclusively for police and military members. Given the type of training they undergo and nature of their work, including the need to have a heightened

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<sup>40</sup> Jitender Sareen, et al., “Anxiety Disorders and Risk for Suicidal Ideation and Suicide Attempts: A Population Based Longitudinal Study of Adults” (2005) 62:11 *Archives of General Psychiatry* 1249, and Maria Panagioti, Patricia Gooding & Nicholas Tarrier, “Post-traumatic stress disorder and suicidal behavior: A narrative review” (2009) 29:6 *Clinical Psychology Review* 471 **as cited in** Police Officers and PTSD, *supra* note 36 at 8.

<sup>41</sup> Ben Green “Post-traumatic stress disorder in UK police officers” (2004) 20:1 *Current Medical Research and Opinion* 101 **as cited in** Police Officers and PTSD, *supra* note 36 at 9.

<sup>42</sup> *Supra* note 36 at 9.

<sup>43</sup> Diane Whitney, “Post Traumatic Stress Disorder” (Discussion Paper prepared for The Workplace Safety and Insurance Appeals Tribunal, February 2010) at 10, online: WSIAT <[http://wsiat.on.ca/english/mlo/post\\_traumatic.htm](http://wsiat.on.ca/english/mlo/post_traumatic.htm)>.

awareness of their surroundings, police officers can find it hard to communicate outside of their own group about things that have happened in the line of duty, staff there have found.

- 146** They also told us it is common for members of paramilitary organizations to experience frustration and anger as a result of a sense of organizational invalidation of their trauma.
- 147** Homewood staff have observed that stress caused by traumatic events can lead to numerous mental health problems including depression, anxiety and often addiction. In the policing and military world, trauma is expected, and “drinking cultures” rely on alcohol to relieve stress, further aggravating the problem, they advised.
- 148** They explained that the incidence of trauma and addiction within military and paramilitary organizations is double that of the civilian population. Particularly within the policing environment, patients struggle to maintain sobriety, as drinking is often seen as a way of building trust among officers.
- 149** Bellwood Health Services in Toronto runs a concurrent program for trauma and addiction sufferers from hazardous occupations, including policing. The program was designed specifically for the treatment of traumatic stress, operational stress injury and PTSD. Staff there have found it is important when providing trauma treatment services to group individuals who have similar issues and experiences together.
- 150** Bellwood staff told us clients in these professions often have difficulty acknowledging that they are suffering from trauma-related injuries. They said police clients typically have “self-medication” issues and many suffer from alcohol addiction and anxiety because of trauma reactions, but not necessarily full-blown PTSD.

## **Protecting Those Who Serve: Prevention and Coping Strategies**

- 151** There are a number of ways in which police services can reduce the risk of officers incurring operational stress injuries and provide support to members struggling with emotional response to trauma.

## Education and Training

- 152** Today, many police agencies provide some form of education and training relating to operational stress injuries.
- 153** Dr. John Violanti observed in July 2012 that the nature of the policing environment often goes against the goal of improving health:

The police culture doesn't look favorably on people who have problems... Not only are you supposed to be superhuman if you're an officer, but you fear asking for help... If you have heart disease, you may not be allowed to go back on the street... That's a real threat. If you go for mental health counselling, you may not be considered for promotions and you may be shamed by your peers and superiors. In some cases, your gun can be taken away, so there is a real fear of going for help.<sup>44</sup>

- 154** To counteract this culture, the training officers receive must change so they understand signs of stress and how to get them treated, he said, noting that police recruits "need to receive inoculation training against stress." He commented:

If I tell you that the first time you see a dead body or an abused child that it is normal to have feelings of stress, you will be better able to deal with them; exposure to this type of training inoculates you so that when it does happen, you will be better prepared. At the same time, middle and upper management in police departments need to be trained in how to accept officers who ask for help and how to make sure that officers are not afraid to ask for that help.<sup>45</sup>

- 155** Education is key to increasing understanding and awareness of operational stress injuries, signs and symptoms, coping mechanisms and available resources. In 2002, the Canadian military began to deliver education in the form of professional briefings to soldiers during recruit training. Mental health education and training was later expanded to cover the spectrum of military personnel and their families. At present, the Canadian Forces' "Road to Mental Readiness" program consists of multi-stage training addressing various phases of the deployment cycle for members and their families, including how to understand and manage stress reactions.

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<sup>44</sup> *Supra* note 20.

<sup>45</sup> *Ibid.*



- 156** The International Association of Chiefs of Police recommends that police agencies train all personnel in post-traumatic reactions and appropriate ways to respond.<sup>46</sup>
- 157** In the wake of a high-profile murder-suicide involving former and serving senior London Police Service officers in 2007, the Ontario Coroner’s Domestic Violence Death Review Committee<sup>47</sup> as well as an independent review committee established by the police service<sup>48</sup> both emphasized the importance for all police personnel and their families to receive ongoing education on subjects such as suicide, mental health, substance abuse, health and wellness and the aspects unique to police culture including strengths and stressors.
- 158** In her literature review for the WSIB, Ms. Angeles indicated that “stress inoculation” during training and as soon as possible after critical incidents likely minimizes the risk of developing PTSD.<sup>49</sup> While she acknowledged that exposure to critical incidents and trauma in policing cannot be prevented, she said promoting resilience and hardiness early in academy training is recommended.<sup>50</sup>

## Direct Psychological Intervention

- 159** Obtaining timely and appropriate treatment for operational stress injuries can be critical to officers’ welfare. Some police services provide direct psychological services in-house or through contracted health care professionals to assist with the identification and/or treatment of officers at risk of or suffering from operational stress injuries.

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<sup>46</sup> International Association of Chiefs of Police, *Officer-Involved Shooting Guidelines* ratified by IACP Police Psychological Services Section (Denver: IACP, 2009), online: IACP <[http://theiacp.org/psych\\_services\\_section/pdfs/Psych-OfficerInvolvedShooting.pdf](http://theiacp.org/psych_services_section/pdfs/Psych-OfficerInvolvedShooting.pdf)>.

<sup>47</sup> Ontario, Office of the Chief Coroner, *Seventh Annual Report of Domestic Violence Death Review Committee*, 2009. Online: Ministry of Community Safety and Correctional Services <<http://www.mcscs.jus.gov.on.ca/stellent/groups/public/@mcscs/@www/@com/documents/webasset/ec083081.pdf>> [Domestic Violence Death Review Committee Report].

<sup>48</sup> Antoon A. Leenaars, Peter Collins & Deborah Sinclair, *Report to the Police Service and London Community on the Deaths of David Lucio and Kelly Johnson* (Prepared for Chief Murray Faulkner, London Police Service) (London, ON: May 2008), online: CAPB <[http://www.capb.ca/uploads/files/documents/Report\\_London\\_Police\\_Service.pdf](http://www.capb.ca/uploads/files/documents/Report_London_Police_Service.pdf)> [Report to London Police Service].

<sup>49</sup> Sabra S. Inslicht et al., “Family psychiatric history, peritraumatic reactivity, and posttraumatic stress symptoms: a prospective study of police” (2010) 44:1 *Journal of Psychiatric Research* 22 **as cited in** Police Officers and PTSD, *supra* note 36 at 15.

<sup>50</sup> Laurence Miller, “Stress and Resilience in law enforcement training and practice” (2008) 10:2 *International Journal of Emergency Health* 109 **as cited in** Police Officers and PTSD, *supra* note 36 at 15.

- 160** The direct service model is used extensively by the Canadian military, which provides short-term counselling services, crisis intervention and addiction consultation through its medical clinics, and more specialized services through its mental health programs, including individual and group therapy for a variety of mental health concerns. In 1999, the Canadian Forces began to establish specialized clinics called Operational Trauma and Stress Support Centres, providing assessment, and individual and group therapy for members experiencing difficulties arising from operational duties. Veterans Affairs Canada similarly began establishing operational stress injury clinics across Canada in 2001 to facilitate early diagnosis and treatment for individuals suffering from operational stress injuries. These programs are also available to families dealing with the stress arising from military operations. As it was developing its programs, the Canadian Forces commissioned Statistics Canada to conduct a survey of members' mental health and wellbeing to determine the prevalence of selected mental disorders and the burdens they create, and to assess the utilization of mental health services. We were told the survey set a baseline, enabling the Canadian Forces to evaluate the scope of the mental health services required and resources needed.
- 161** Research has shown that officers involved in undercover operations are at increased risk for psychological injury, disciplinary action, and other adverse personal and professional consequences, including engaging in criminal offences, substance abuse, and inappropriate relationships with targets. In 1978, the U.S. Federal Bureau of Investigation (FBI) developed its "Safeguard Program" to address psychiatric/psychological support of officers working undercover. The program relies on mandatory direct psychiatric/psychological assessment and support and has been adapted by a number of police agencies for specialized areas recognized as particularly traumatic for officers. Undercover officers are evaluated at the beginning, midpoint and end of every covert operation, and at regular intervals (typically every six months) in the case of extended operations – or more frequently if there is an increased risk due to the nature of personal stressors or the assignment.<sup>51</sup>
- 162** In its recommendations in the case of the officer-involved murder-suicide in London, Ont. in 2007, the Ontario Coroner's Domestic Violence Death Review Committee stated that "psychologists who are experts in the complexities of emergency services, vicarious trauma and the subculture of policing are essential to garnering trust and removing barriers to access," and that "consistency of access to

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<sup>51</sup>Meredith Krause, "Safeguarding Undercover Employees: A Strategy for Success" 77:8 *FBI Law Enforcement Bulletin* 1 (Washington, DC: Federal Bureau of Investigation, August 2008), online: FBI <<http://www.fbi.gov/stats-services/publications/law-enforcement-bulletin/2008-pdfs/august08leb.pdf>>.

a police psychologist or team of psychologists is paramount to achieving early intervention and prevention.”<sup>52</sup>

- 163** The Badge of Life program proposes that operational stress injury training focus on putting officers in charge of their own mental health, beginning at the academy and every year after with voluntary, confidential “mental health checks” with a therapist of their choice, similar to a yearly dental or physical exam, or flu shot.
- 164** Some police organizations require officers to meet with a mental health professional after traumatic incidents, such as when they have had to use lethal force. In 2009, the International Association of Chiefs of Police issued guidelines that recommend any officer involved in a shooting be required to meet with a mental health professional who is well versed in the law enforcement culture and treatment of traumatized individuals, so he or she can – at a minimum – be provided with basic education and coping skills. (The recommendation is that the meeting be mandatory, but participation voluntary.) The guidelines also say it can be beneficial to include officers’ significant others in the psychological debriefing process. The initial goal of such sessions is to reduce stress, assess and “normalize” any problematic post-incident reactions, and provide education.<sup>53</sup>
- 165** In 2010, the coroner’s jury in the inquest into the death of Trevor Colin Graham, who was fatally shot by a Waterloo Regional Police officer during a robbery, recommended that police services be directed to implement mandatory psychological assessments for officers involved in traumatic events and to offer appropriate support services.
- 166** Dr. Sean O’Brien, a clinical psychologist in Ontario who sees a significant number of officers from various forces in his practice, told us that officers should be required to see a psychologist after experiencing a traumatic incident. Mandating such meetings helps remove the stigma and becomes “like going to see your dentist,” he said. He recalled one case where senior officers referred two young municipal police officers involved in a horrific shooting to him. They both had some disabling PTSD symptoms, but at the end of four weeks in treatment they understood they were having these symptoms as adaptive reactions to stress. The officers learned to respond in a more productive way and were able to assume unrestricted duties very quickly. Dr. O’Brien also said that despite advances in understanding of operational stress, he still sees officers in his practice who “are not coping well.” As he put it:

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<sup>52</sup> Domestic Violence Death Review Committee Report, *supra* note 47 at 27.

<sup>53</sup> *Supra* note 46.

... quite frankly, they're either raging alcoholics or they're getting aggressive at work because of the irritability and the symptoms and so on. It's all preventable.

- 167** Dr. Peter Collins, a forensic psychiatrist with expertise in operational stress injuries who has provided consulting services to the OPP's Behavioral Sciences and Analysis Section for close to two decades, advised us that mandatory meetings with a psychologist after a traumatic incident are beneficial. He noted that although no one can be forced to talk, it gives the officer an opportunity to speak and the clinician a chance to establish therapeutic rapport. He remarked: "I've seen people who've come in [saying], 'I'm only here because I was told to see you' ... and at the end of it they say, 'Well, when can I see you again?'"

## Peer Support Programs

- 168** Peer support programs reflect research showing that social support is an important factor in reducing the effects of psychological trauma, preventing or decreasing the severity of PTSD, counteracting the stigma associated with psychological injuries, and encouraging members to seek treatment.
- 169** In 2010, the Mental Health Commission of Canada launched a nationwide initiative promoting peer support for those suffering with mental illness, including draft standards of practice, pilot projects, research and evaluation, and creation of a nationwide accreditation body. The use of peer-based approaches is founded on the belief that people who have faced, endured and overcome the adversity of mental health conditions can offer beneficial support to others in similar situations.<sup>54</sup>
- 170** The Canadian Forces, in conjunction with Veterans Affairs Canada, has successfully used a peer support model for its active and former members and their families. The Operational Stress Injury Social Support program uses volunteers and paid employees, some of whom are serving military members or veterans who have had deployment-related psychological injuries. It also involves family peer support volunteers who are familiar with operational stress injuries. Lt. Col. Stéphane Grenier, who played a key role in establishing the program, credits peer support with saving his life, after he became afflicted with an operational stress injury as a result of his military service in Rwanda and elsewhere. He said the sharing of personal experience is an extremely important part of training relating to operational stress and "creates emotional resonance" that "galvanizes" learning.

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<sup>54</sup> Mental Health Commission of Canada, "Peer Project", online: Mental Health Commission of Canada <<http://www.mentalhealthcommission.ca/English/Pages/PeerProject.aspx>>.

The military program includes a speakers' bureau that delivers formal mental health and operational stress injury education to Canadian Forces members at military schools and through professional development briefings at the unit level around the country. It is based on research showing that real-life case examples provided by credible sources elicit emotional reactions and produce a strong effect on attitudinal change.<sup>55</sup>

- 171** Police organizations are increasingly relying on peers to provide support for their members in coping with operational stress. In her paper, Ms. Angeles said a compassionate and supportive work environment is considered a protective factor against the development of PTSD.<sup>56</sup> She observed that peer counselling has been promoted as a method to help officers who have psychological or personal problems but are hesitant to seek formal supports.<sup>57</sup>
- 172** It has also been suggested that peer counselling fits well with the traditional police culture, which holds that only an officer can understand another officer and that “you have to have been there to know what it is like.”<sup>58</sup> We spoke to a number of clinical therapists, including U.S. psychologist Dr. Ellen Kirschman, author of the book *I Love a Cop*, who stressed that training for police officers has to come from someone who knows the culture and speaks the language, and that using fellow officers builds necessary credibility. Dr. Kirschman told us:

You have to get some big, bad-ass cop who has had problems to come and say, “Look, I messed my life up not dealing with this, not telling anybody what was bugging me... and I don’t want this to happen to you.”

- 173** In 2011, the psychological services section of the International Association of Chiefs of Police issued peer support guidelines. The guidelines note that to be effective, peer support programs must be promoted at the highest levels within the organization. They provide examples of activities appropriate for trained peer support officers, including hospital visits, career issues support, post-critical incident support, death notification, substance abuse and employee assistance

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<sup>55</sup> Defence Research and Development Canada, *Attitudes and attitude change: Implications for the OSISS Speakers Bureau Programme* by Meghan M. Thompson & Donald R. McCreary (Toronto: Minister of National Defence, 2003) at iv, online: Defence Research and Development Canada < <http://cradpdf.drdc-rddc.gc.ca/PDFS/unc21/p521123.pdf>>.

<sup>56</sup> Shira Maguen, et al., “Routine work environment stress and PTSD symptoms in police officers” (2009) 197:10 *The Journal of Nervous and Mental Disease* 754 **as cited in** *Police Officers and PTSD*, *supra* note 36 at 16.

<sup>57</sup> Frank G. Dowling, Bill Genet & Gene Moynihan, “A confidential peer-based assistance program for police officers” (2005) 56:7 *Psychiatric Services* 870 **as cited in** *Police Officers and PTSD*, *supra* note 36 at 16.

<sup>58</sup> *Supra* note 13 at 7.

referrals, relationship issues support, support for families of injured or ill employees and on-scene support for personnel immediately following critical incidents (in conjunction with mental health professionals). The guidelines recommend that a mental health professional oversee and provide continuous consultation to peer support officers and that use of peer support services be confidential and voluntary.<sup>59</sup>

## Critical Incident Stress Intervention

- 174** A number of police services provide some form of critical incident intervention for members, either on a mandatory or voluntary basis, after they have faced a traumatic experience. In some cases, crisis intervention consists of a mental health professional or peers providing information to involved officers about stress responses and available resources to assist in coping with them. Interventions can also take the form of a group “debrief” session facilitated by peers and/or mental health professionals, where officers discuss what occurred and their emotional responses. The objectives of such sessions are generally to sensitize officers to their reactions after critical incidents and to develop awareness of stress management techniques. Peers use their own experiences and coping skills to show officers that their reactions are normal and help them return to their regular functions.<sup>60</sup> They also act to challenge the stigma attached to seeking help.<sup>61</sup>
- 175** However, critical incident stress intervention has attracted disagreement among experts in recent years. While some advocate mandatory intervention as soon as possible after a traumatic incident, others now suggest that programs focused on “reliving” traumatic incidents, particularly using methods like group debriefings, might actually be detrimental to officers’ mental health.
- 176** One expert in favour of mandatory debriefings is Dr. Ellen Kirschman. She advised us that, in her opinion, when trained peers or culturally competent clinicians conduct debriefings alongside police peers, they work very well.
- 177** Dr. Stephen Curran takes the opposing view. He maintains that traumatic stress debriefings in group settings after a critical incident have not been proven effective

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<sup>59</sup> International Association of Chiefs of Police, *Peer Support Guidelines* ratified by IACP Police Psychological Services Section (Chicago: IACP, 2011) online: IACP <[http://theiacp.org/psych\\_services\\_section/pdfs/Psych-PeerSupportGuidelines.pdf](http://theiacp.org/psych_services_section/pdfs/Psych-PeerSupportGuidelines.pdf)>.

<sup>60</sup> Jeffrey Mitchell & George Everly, *Critical Incident Stress Debriefing* (Ellicott City, MD: Chevron, 1996) **as cited in** Stress on Officers and the OPP Response, *supra* note 13 at 8.

<sup>61</sup> Michael Federico, “Critical Incident Response: Panel Discussion” (Presentation delivered at 19<sup>th</sup> Annual Police Association of Ontario Labour Conference, February/March 2011: Mississauga, ON) [unpublished].



in reducing long-term stress effects, and in fact may produce harmful effects through re-traumatizing the participant, weakening coping mechanisms, and contributing to the development of post-traumatic stress disorder. He noted that a review of single-session group debriefing studies found no reduction in short-term psychological distress – and significantly increased risk of PTSD a year later.<sup>62</sup>

- 178** A 2009 review of the efficacy of single-session psychological debriefing found that it did not prevent the onset of post-traumatic stress disorder nor reduce psychological distress. There was also no evidence that debriefing reduced general psychological morbidity, depression, anxiety, or that it was superior to an educational intervention.<sup>63</sup> In 2010, another review suggested that instead of single-session interventions such as psychological debriefings, there is now some support for the use of trauma-focused cognitive behavioral therapy to treat acute traumatic stress problems.<sup>64</sup>
- 179** A psychiatrist with Homewood Health Centre told us that critical incident “debriefs” may cause more harm than good, as officers could delay their recovery by revisiting traumatic events. She said the better alternative is to let officers know what supports are available to them. An Ontario psychologist with expertise in treating trauma victims, including police officers, also expressed concern that debriefings immediately after critical incidents could re-traumatize officers. Similarly, psychiatrist Dr. Diane Whitney has observed that based on recent research, psychological intervention group debriefs would not be recommended for routine use after traumatic events.<sup>65</sup>

## Employee Assistance Programs

- 180** Police employee assistance programs offer help with personal problems through counselling and referral to appropriate professionals. They are commonly operated two ways – in-house, but structurally and operationally separate to maintain confidentiality; or through external program providers.

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<sup>62</sup> *Supra* note 22. Also see *infra* note 63.

<sup>63</sup> Suzanna C. Rose, et al. “Psychological debriefing for preventing post-traumatic stress disorder,” (2009) 1 *The Cochrane Library*, online: The Cochrane Library <http://www.thecochranelibrary.com/userfiles/ccoch/file/CD000560.pdf>. This is the third update of a review of single-session psychological “debriefing”, first having been undertaken in 1997. It was reprinted in 2009.

<sup>64</sup> Neil P. Roberts, et al. “Early psychological interventions to treat acute stress symptoms,” (2010) 3, *The Cochrane Library*, online: The Cochrane Library <<http://www.thecochranelibrary.com/userfiles/ccoch/file/PTSD/CD007944.pdf>>.

<sup>65</sup> *Supra* note 43 at 9.

- 181** Experts suggest that employee assistance services for police officers are only effective and credible if delivered by people who are familiar with police culture.
- 182** In its report *Developing a Law Enforcement Stress Program for Officers and Their Families – 1996*, the U.S. National Institute of Justice notes that “mental health professionals with no law enforcement background must make special efforts ... to learn about police work and police culture in order to gain credibility with officers...”<sup>66</sup>
- 183** It also states:

Most program practitioners believe that, in addition to possessing sound clinical skills, outside mental health professionals need to be familiar with the demands and requirements of police work, organizational sources of stress, and the law enforcement culture, as demonstrated by actual law enforcement experience as an officer or by an existing client base that includes law enforcement officers.<sup>67</sup>

- 184** It has been suggested that there are certain eccentricities associated with the police culture that discourage officers from obtaining assistance, particularly from professionals unversed in policing. As Dr. Kirschman advised us, it is hard enough for police to seek help – if there is a problem on the first visit, they don’t come back. Accordingly, it is important for any employee assistance provider to be aware of the need to make a good first impression. Dr. Kirschman also stressed: “Mental health people who deal with cops really have to be culturally competent. They have to understand what it is to be a police officer, what a police officer does.”
- 185** Dr. Kirschman cited the successful example of the **San Francisco Police Department**, where the service and the police association ensured providers were trained in what police do. Similarly, the Director of the **San Antonio Police Department’s** Psychological Services Unit surveyed area mental health professionals about their interests, work experience and references and, based on their responses, built a network of service providers with police experience or familiarity with police culture.<sup>68</sup> The Director of the **Erie County Law**

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<sup>66</sup> U.S., Department of Justice, National Institute of Justice, *Developing a Law Enforcement Stress Program for Officers and Their Families* by P. Finn & J. Tomz (Washington, DC: National Institute of Justice, December 1996) at 48-50, online: National Institute of Justice <<https://www.ncjrs.gov/pdffiles/163175.pdf>> [Developing a Law Enforcement Stress Program].

<sup>67</sup> *Ibid.* at 74.

<sup>68</sup> *Ibid.* at 75.

**Enforcement** Employee Assistance Program also researched police experience and qualifications of would-be providers.<sup>69</sup>

- 186** Dr. Alexis Artwohl, co-author of the book *Deadly Force Encounters*, told us in an interview that it is absolutely important for mental health professionals dealing with police to understand police work and language.
- 187** Two psychologists we interviewed who have done work with the OPP also shared this view. One said officers are more willing to see a mental health specialist who has been recommended by police peers and is familiar with the police environment, while the other noted that an understanding of officers' terminology and milieu is essential to quality counselling.
- 188** Psychologist Sean O'Brien also emphasized the importance of understanding police culture when working with officers:

And I can tell you, in working with the police for the last 10-12 years, mental health professionals that are providing services to the police have to understand the police culture inside out. You're not going to get good services from just a generalist. You need someone who understands the inner workings of the police service.

- 189** Dr. O'Brien suggested that police services using external employee assistance service providers bring them in to meet officers and gain an understanding of their culture.
- 190** The independent committee that examined the 2007 police-related murder-suicide in London, Ont. also recommended that the London Police Service prepare a list of senior counsellors in the community with experience in dealing with police officers, to complement the existing employee assistance plan.<sup>70</sup>

## Operational Stress Reduction Strategies in Practice

- 191** There is substantial variation in the approaches taken and services provided by police forces to address operational stress injuries. The extent of supports available to officers often depends on the size, financial resources, and geographical scope of

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<sup>69</sup> *Ibid.*

<sup>70</sup> Report to London Police Service, *supra* note 48.

the service, but may also reflect the degree of understanding of operational stress injuries and level of organizational commitment to minimizing their impact.

## U.S. Examples

- 192** The **New Jersey State Police**, with 2,900 troopers, provides a number of services to members with operational stress, including a list of psychologists, mandatory critical incident stress debriefs, a wellness program, and peer advocacy supports. Troopers are kept from regular duties after a shooting to minimize trauma risks, typically for 30 days. The state also operates a service called “Cop2Cop,” a hotline for officers that is answered by volunteer retired police officers and clinicians who have received training relating to law enforcement.
- 193** It also has its own internal employee assistance service – the Office of Employee Organization Development – which is physically and structurally separate from operational units to provide confidential, easily accessible locations for officers and families seeking help.
- 194** Recruits receive four hours of stress maintenance training. Permanent members have a session on stress, alcohol and critical incidents after two years and refresher training after six, in addition to supervisor and “issue of the day” education sessions.
- 195** The **Michigan State Police**, with approximately 2,000 uniformed members, provides psychological services through its Office of Behavioral Science, which provides diagnosis, therapy, and consultations for members and their families at a location separate from police headquarters. Services include stress reduction, critical incident debriefing, trauma treatment, and chemical dependency assessment. There are two psychologists and two counsellors (one a police sergeant), as well as an external employee assistance program.
- 196** The **Pennsylvania State Police** has an assistance program for all civilian and uniformed personnel, active and retired, and their families. The “MAP” (member assistance program) is a confidential statewide network of peer volunteers, available at all times, who listen and make referrals to appropriate supports. The program has seven full-time personnel, 80 field peer contacts and 45 volunteer chaplains, and serves about 17,000 people (4,300 enlisted, 1,500 civilian and more than 11,000 family members).
- 197** The **Los Angeles Police Department**, with 10,354 members, has a large Behavioral Science Services section headed by a psychologist with the rank of

commanding officer, and 13 staff psychologists. The section spends just under half of its time counselling members. Most officers prefer in-house sessions to those offered by the external employee assistance provider. The section also has two officers on staff, certified as drug and alcohol counsellors. As well, the service has a peer support program with more than 200 volunteers who also assist with critical incident response. When a critical incident occurs, a psychologist and a few volunteers are deployed, along with, at times, a chaplain.

- 198** The **Metro Nashville Police Department** maintains a website designed specifically for officers' families ([www.policefamilies.com](http://www.policefamilies.com)).

## Canadian Examples

- 199** The **RCMP** has about 14 regional psychologists. They do not treat members directly, but refer officers to registered community psychologists. Members are entitled to six sessions with a psychologist as part of their supplemental benefits, and a further six sessions with approval from an RCMP psychologist. The RCMP has also entered into an agreement allowing its members to access treatment through Veterans Affairs Canada's operational stress injury clinics.
- 200** There is also a peer support program staffed by RCMP volunteers, who act as referral agents. At the time of our interview in 2011, work was under way on a "psychological and physical health and safety strategy."
- 201** While some organizations have moved away from providing critical incident debriefings, the RCMP has found them to be helpful and continues to offer voluntary debrief sessions to members. We were told the service is updating its approach to debriefing, based on current research and best practices.
- 202** The RCMP's Operational Health Safety Branch is also developing a process for supervisors to report psychological injuries suffered due to hazardous incidents on the job. In addition, the branch operates a program of ongoing psychological assessments (up to two a year) for employees who regularly encounter trauma at work – including those working overseas and in isolated posts, in undercover, child exploitation and accident reconstruction units, and other areas considered "high-risk."
- 203** In 2010, the RCMP began evaluating a trauma "decompression" project based on military best practices. Participants spend three days in a residential setting, learning how to recognize and cope with trauma and compassion fatigue, with the guidance of trauma psychologists.

- 204** As well, a psychologist with the RCMP told us she was looking into incorporating a psychological component into officers’ three-year health assessments, in an effort to destigmatize meeting with a psychologist and make it part of the normal business of policing.
- 205** The **Calgary Police Service**, with 1,940 uniformed officers, has a Peer Support Unit as well as an employee assistance program. Similar to some U.S. police organizations, it provides direct psychological services through its Psychological Services Section. The section operates in a separate location and is accessible to members as well as their families. It provides clinical services in-house through a consulting psychologist as well as a full-time psychologist who reports directly to the Chief of Police. The section also maintains a list of private psychologists to whom it refers members who prefer that option. There is also a peer support unit, also located away from police headquarters, with about 70 uniformed and civilian volunteers and a full-time co-ordinator who reports to a division superintendent.
- 206** The **Montreal Police Service**, with 4,596 members, runs a psychological counselling service (at a separate location from its other buildings) as part of its employee assistance program. The program offers unlimited free consultations with in-house psychologists. There are three full-time and three part-time psychologists who have gained familiarity with the policing environment. If a member is referred to an external specialist for psychological services, the police association health plan and the employer share the costs, to a maximum of \$1,000. Any counselling expenses beyond this amount are divided evenly between the employee and the service. Employee assistance program services are available to officers up to one year after they retire.
- 207** The **Toronto Police Service (TPS)** has a comprehensive wellness strategy for its members, including nutrition, fitness and fatigue management programs – and conducts a “family wellness day” for new recruits and their families where various issues, including the impact of operational stress, are addressed.
- 208** The TPS also provides mandatory critical incident debriefing (participation is voluntary), stress management training, a peer support network, and multi-faith chaplaincy services.
- 209** New TPS recruits receive information about the potential impact of critical incidents, available resources and the importance of psychological and physical wellness. Supervisors are made aware of how to respond sensitively to members involved in critical incidents. Psychological Services staff also provide training about critical incident stress.

- 210** The TPS wellness program also includes a mandatory “enhanced psychological resilience” program delivered by Psychological Services’ two psychologists, consisting of regular one-on-one visits for all members of designated high-risk specialized teams, including: Child Exploitation/Sex Crimes Unit; Technical Crimes Sub-Section/Intelligence Services; Emergency Task Force; Undercover/Intelligence Services and Drug Squad; Forensic Identification Services; Call-Takers/Communications Services, reservists returning from overseas missions and those involved in international policing. The service is looking to expand this program to officers involved with traffic reconstruction.
- 211** There is also a full-time Employee Assistance Program Coordinator who is responsible for co-ordinating peer support and critical incident response and liaises with the service’s external employee assistance provider. However, the service is working towards embedding this function within each unit.
- 212** Crisis response debriefings are led by a mental health professional, assisted by Critical Incident Team peer members. Combined, the TPS has 80 Critical Incident Team and peer support volunteers on call. Their names are also made available so officers can contact them at any time. Their main function is to connect members with services and supports. Retired members can also contact peer support volunteers for assistance.
- 213** The external employee assistance provider is available to provide general support and referrals to all active and retired members. It provides aggregate information to the service about the contacts it receives, categorized by uniformed or civilian employees and their areas of concern (e.g., substance abuse, stress, etc.). Members also receive \$2,000 per year that can be used to obtain external services.

## **An Ounce of Prevention: Police Suicide Prevention Programs**

- 214** While suicide rates among police officers vary, any police suicide can have a devastating impact, sending surviving colleagues “into an emotional tailspin that can take months, if not years, in which to recover.”<sup>71</sup>

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<sup>71</sup> Dell P. Hackett & John M. Violanti, *Police Suicide: Tactics for Prevention* (Springfield, IL: Charles C. Thomas, 2003) as cited in Effects of a Comprehensive Police Suicide Prevention Program, *supra* note 11 at 162-63.



- 215** The Badge of Life organization promotes the use of forensic psychological autopsy in cases of police suicide to identify underlying causes and assist in prevention. The RCMP has a policy providing for post-mortem psychological assessments after suicides and suspected or attempted suicides, to identify stressors and provide data for developing prevention measures. Counselling may also be provided to the member's immediate family, supervisor and coworkers. A follow-up assessment is conducted within three months of an attempted suicide.
- 216** The New Jersey task force report on police suicide included recommendations for monitoring police suicide rates, increasing suicide awareness for new recruits as well as active members, and allowing at-risk officers to relinquish their firearms temporarily on a confidential and non-disciplinary basis.
- 217** While relatively rare, there have been two high-profile murder-suicides in Ontario involving officers that resulted in recommendations for preventive measures.
- 218** On December 23, 2003, 22-year veteran Kingston Police Force officer Ian Nicholson retrieved his service firearm from his locker at the station, went home, fatally shot his wife, and then turned his weapon on himself. The coroner's Domestic Violence Death Review Committee that reviewed this incident in 2005 observed:

Persons working in occupations with access to firearms, such as police, may experience barriers in the workplace to the disclosure of mental health and emotional problems. It is recommended that a change in the organizational culture be initiated to establish a climate conducive to such disclosure, without fear of recrimination or employment restrictions.

- 219** Among the Kingston death review committee's recommendations was that supervised control of firearms be instituted when officers are off duty.
- 220** In June 2007, Kelly Johnson, an acting inspector with the London, Ont. Municipal police, shot and killed herself and retired Superintendent David Lucio, with whom she had been romantically involved.
- 221** In the aftermath of these deaths, the London Police Service struck an independent committee to examine the extent to which the deaths were predictable and preventable and what could be done to reduce the risk of similar incidents. That committee conducted a "psychological autopsy" based on documentary information and witness accounts.

- 222** The independent committee found<sup>72</sup> that factors contributing to the incident included: emotional disturbance, historical stressors, stress, alcohol abuse and the availability of a service pistol. It concluded that the London Police Service could not have predicted or prevented the deaths, but based on its psychological autopsy, recommended improved recruit psychological assessment and officer education and support. The committee suggested the service consider adopting innovative models to assist members, such as that of Calgary Police Service’s Psychological Services Section. It also recommended that London police continue to remove access to firearms for officers off duty because of stress-related illness or mental disturbance, and that policies be developed to control the return of weapons when officers return to work. The committee noted that Ontario police services had not changed their firearms policies after the Kingston murder-suicide in 2003, and said the issue should be studied further.
- 223** Most of the independent committee’s recommendations were echoed by the Ontario Coroner’s Domestic Violence Death Review Committee, which also reviewed the circumstances relating to the 2007 deaths and made a number of recommendations,<sup>73</sup> including that there be “support for provincial and national research and analyses emphasizing the aspects unique to the Canadian police culture, including strengths and stressors.”
- 224** Dr. Peter Collins, one of the members of the independent committee that reviewed the London incident, told us it is valuable to examine all suicides to some degree from the perspective of lessons learned.
- 225** Formal police suicide prevention programs have also been shown to have a significant positive effect on reducing police suicide risk. They have been adopted by a number of services.

## In the U.S.

- 226** The award-winning **California Highway Patrol** suicide prevention program “Not One More!” was introduced after an unprecedented number of officer suicides from 2003 to early 2007. In a five-year period, the patrol lost 13 of some 7,500 uniformed officers and one non-uniformed employee to suicide. This “epidemic” gained national media attention. There was no single defining stressor experienced by the victims. In some cases, they had faced minor disciplinary actions or had personal life problems, while others showed no outward signs of stress. The patrol

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<sup>72</sup> Report to London Police Service, *supra* note 48.

<sup>73</sup> Domestic Violence Death Review Committee Report, *supra* note 47, at 27.

had an employee assistance program and policies to deal with critical incident debriefing in the case of suicide, but no suicide prevention program until executive management made addressing the suicide trend a priority.

- 227** The patrol conducted a review and found that a deep-rooted stigma associated with officers seeking emotional assistance often silenced cries for help, and that coworkers and friends were often left expressing shock and guilt over suicides. “Not One More!” aims to break down barriers preventing officers from seeking mental health resources, steer them to those resources, and help associates and coworkers identify those in need.
- 228** The program is delivered by California Highway Patrol peer support personnel, who receive 32 hours of background training and an additional 16 hours of training and practice in presenting “Not One More!” material.
- 229** When the program was introduced to the patrol, all 11,000 civilian and uniformed employees received six hours of training in how to identify signs and symptoms of suicide and how to intervene confidently and effectively. The course also provided assistance in dealing with the aftermath of suicide, how to identify and cope with personal life stressors and minimize negative impacts. A pocket-sized guide was also created with the help of a state-contracted mental health service provider.
- 230** Suicide prevention training is also part of classes for cadets and all returning members to the patrol.
- 231** In the first two years after the training was implemented, there was an immediate decrease in suicides. In the single case of suicide of an active member in 2009, the individual had been identified as at risk, and the patrol had arranged for support services. Its Office of Employee Assistance and peer support officers also reported a significant increase in calls for aid in accessing peer and mental health support.
- 232** The **Los Angeles Police Department**’s suicide prevention program, called “Know Suicide,” was developed in 2007. At its core is a 90-minute multi-media presentation delivered to every sworn and civilian member, supplemented by training for specific audiences. Supervisors receive additional training that focuses on what action they can take to prevent suicide and minimize its risk factors. Also provided are training by department psychologists, designated bulletin boards containing relevant information including suicide prevention materials, information on the service’s Intranet, wallet cards and dashboard stickers with suicide prevention information, and video messages from those who have had personal experience with suicide. The program materials note: “These individuals are also intended to serve as role models who help address the problem of stigmatization.”

Psychologists also periodically review members at risk as well as any suicides that occur.

## In Canada

- 233** The **Montreal Police Service** implemented a suicide prevention program called “Together for Life” in 1997, after a decade in which it experienced 14 suicides out of 4,178 members.
- 234** The service conducted suicide prevention training for all police personnel in 1998 and again in 2006. It also launched a publicity campaign to inform officers about suicide prevention through articles in police newspapers, large posters in each police unit, and a brochure distributed to all members. The program also operates a telephone crisis helpline for officers, staffed 24/7 by in-house psychologists and others trained in suicide prevention. Its emphasis is on providing rapid response to officers’ needs.
- 235** Since “Together for Life” was implemented, there has been a dramatic (79%) decrease in officer suicides, with only four suicides out of 5,189 officers from 1997-2008. This is substantially lower than the suicide rate for other police forces in Quebec, where no similar suicide prevention programs exist. For the same period, there were 32 suicides among the 9,197 officers in other services.<sup>74</sup>
- 236** Researchers who evaluated the results of the program, supported by a grant from the Minister of Health and Social Services of the Province of Quebec, observed earlier this year:

Suicidal behavior, previously considered to be a culturally acceptable way to deal with a crisis, may no longer be seen as an appropriate way to deal with problems. In the past, officers would joke about “eating their gun” when things got really tough. Now, it appears that officers do not joke about this quite as often, and that they frequently mention available sources for help. Furthermore, part of the emphasis of the training was that a suicide is not an event affecting only the suicidal individual, but also involves and profoundly affects the entire community.<sup>75</sup>

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<sup>74</sup> Effects of a Comprehensive Police Suicide Prevention Program, *supra* note 11 at 166.

<sup>75</sup> *Ibid.* at 167.

**237** Since 1986, the Quebec Coroner’s office has kept statistics on the occupations of persons dying of suicide, which has assisted in evaluating the success of the Montreal Police Service’s program. The Ontario Coroner’s office does not have such a system, and there is no official record of the number of police suicides here.

## The Ontario Provincial Police

**238** The government of Ontario established the Ontario Provincial Police on October 13, 1909. It has grown from about 50 officers to employing some 6,152 uniformed members as well as 1,862 civilians, and 123 in OPP-administered First Nations.<sup>76</sup> It is one of the largest deployed police services in North America, and second-largest in Canada.<sup>77</sup>

**239** The OPP is responsible for providing front-line policing services to 322 municipalities and operates out of 166 detachments, five regional headquarters, one divisional headquarters, and a general headquarters located in Orillia.

**240** The OPP is also responsible for traffic safety on provincial roadways, waterways and trails totalling almost one million square kilometres of land and just under 95,000 square kilometres of waterways.

**241** In addition, the OPP provides leadership on joint-force and multi-jurisdictional provincial law enforcement initiatives, such as the Provincial Strategy Against the Sexual Abuse and Exploitation of Children on the Internet, the Ontario Sex Offender Registry, and the Provincial Asset Forfeiture Unit.<sup>78</sup>

**242** The OPP Commissioner is appointed by Cabinet and has general control and administration of the OPP subject to the direction of the Minister of Community Safety and Correctional Services.

**243** While operational stress injuries are not new to policing, it is only in the last few decades that police services began to recognize their damaging impact and institute programs to address them.

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<sup>76</sup> Ontario, Ontario Provincial Police, *2010 Annual Report* (Orillia, ON: OPP Strategic Initiatives Office, 2011) at 72, online: OPP <<http://www.opp.ca/ecms/files/250258838.6.pdf>>.

<sup>77</sup> The OPP’s 2010 Annual Report gives the number of uniformed officers as 6,152 while the TPS 2011 Annual Statistical Report says it has 5,629 uniformed officers. (See Toronto Police Service, *2011 Annual Statistical Report* (Toronto, ON: Toronto Police Service, 2011) at 6, online: Toronto Police Service <<http://www.torontopolice.on.ca/publications/files/reports/2011statsreport.pdf>>).

<sup>78</sup> *Supra* note 75 at 7.

- 244** The OPP’s awareness and response to the issue of operational stress has evolved gradually over time.

## History of OPP Response to Officer Stress

- 245** In July 2006, the OPP’s Human Resources bureau prepared a paper entitled “The Impact of Stress on Officers and the OPP Response,” which canvassed the history of the OPP’s response to operational stress. It noted that until the 1980s, the OPP did not have any programming specifically addressing operational stress. However, from 1980 to 1990, the then OPP Staff Psychologist administered an *ad hoc* program that included post-incident support for officers involved in critical incidents such as shootings or use of lethal force. He met with involved officers to provide general information on stress and determine their suitability for returning to full duties. An informal team of officers assisted by meeting with their peers and following up with them when required. However, there was no ongoing counselling available for officers.
- 246** In 1990, a new Staff Psychologist was hired and a more structured process was implemented, where he would go to critical incident scenes to provide assistance to officers around the province. Still, no ongoing counselling was provided.
- 247** In 1991, the OPP established peer support and trauma support teams, comprised of some 20 volunteer members who provided one-on-one support, but referred officers to community resources for clinical treatment. Officers had to pay for any resources they used.
- 248** In 1995, it created the Employee Assistance Program Review Committee – including representatives from each region and the Ontario Provincial Police Association – to review existing employee support services and recommend changes. The result was an employer-sponsored service designed to support employees and their dependents in finding help for psychological issues, family problems, substance abuse or health concerns. By 2001, all of the committee’s recommendations had been implemented and the OPP had a program of external counselling, education and peer teams, in accordance with International Association of Chiefs of Police guidelines on officer-involved shootings and peer support.
- 249** In its July 2006 paper, the Human Resources Bureau noted that the OPP had implemented a multi-faceted program to address everyday and critical incident stress and that the bureau was designated to lead the response as part of the service’s commitment to create and sustain a positive working environment.

**250** The paper reviewed the literature relating to stress in policing, referencing the psychological dangers of police work, acute stress reactions to critical incidents and the cumulative impact of continued exposure to traumatic events. It observed that in the past, assistance was often delayed until officers displayed behaviors such as excessive drinking, domestic violence or suicide. It stressed that this had changed, noting the work of the internal peer support teams and stress management training that was conducted for officers in 2003, 2005 and 2006.

**251** The authors of the paper make a strong statement about the obligation of police organizations to support officers in dealing with stress and the OPP's commitment to do so:

Police organizations have a legal and moral responsibility to offer stress and trauma support to police officers. Every organization has a legal duty of care to provide a safe working environment for employees, as dictated by occupational health and safety policy legislation. This responsibility extends to protecting employees from psychological harm. However, the very nature of policing implies that it may be impossible for police officers to avoid exposure to potentially stressful events. Consequently, police organizations have a responsibility to minimize the adverse impact of such events and protect police officers from additional injury.

“Regardless of the legal responsibility to do so, there is a moral obligation to minimize the impact of policing on the police officers who serve and protect the community.”<sup>79</sup>

**252** In conclusion, they reinforce the OPP's commitment to meeting best practices so that the organization can fulfill its duty of care to all employees.

**253** Like other employers, the OPP is required to comply with legislation related to human rights, health and safety as well as accessibility.

**254** Today, OPP officers receive education and training on issues relating to operational stress at a number of points in their careers. The OPP also has a number of programs in place that address aspects of emotional response to operational stress.

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<sup>79</sup> Stress on Officers and the OPP Response, *supra* note 14 at 4. The quotation at the end of this passage is from Charity Plaxton-Hennings, “Law Enforcement Organizational Behavior and the Occurrence of Post-Traumatic Stress Symptomology in Law Enforcement Personnel Following a Critical Incident,” (2004) 19:2 *Journal of Police and Criminal Psychology* 53.



## Existing OPP Programs

### ***Education and Training***

- 255** The OPP’s Career Development Bureau includes the Human Resources Section and the Provincial Police Academy, which offers full-time and in-service training programs. Within the Human Resources Section is Staffing and Program Development, which is responsible for co-ordination of employee assistance programs, and the Psychological Services Section.
- 256** The Provincial Police Academy trains 200-300 new recruits a year and is responsible for providing annual mandatory in-service or “block” training to serving members.
- 257** There are five OPP regions and each has a Staff Development and Training Officer.

### *New Recruits*

- 258** OPP recruits spend one week of orientation training at the Provincial Police Academy before attending 12 weeks of constable basic training at the Ontario Police College in Aylmer, which is run by the Ministry of Community Safety and Correctional Services. The college trains 1,300 recruits and 8,500 senior students annually from police services across the province.<sup>80</sup> On successful completion of the college course, OPP recruits return for five more weeks at the academy. Graduates are placed with an OPP detachment, where they are on probation for 12 months. The price tag for the OPP of rendering an OPP recruit “patrol ready” is approximately \$57,200.
- 259** When recruits first arrive at the academy, they receive training on health and wellness, focusing on physiological aspects of stress and the importance of physical fitness as well as the services available through the Employee Assistance Program.
- 260** An Ontario Police College instructor advised us that recruits receive some general instruction on stress and policing as well as critical incident stress management. Recruits also receive a study guide prepared by the Physical Fitness department, titled *Stress Management for Law Enforcement Officers*, and the *Tema Conter Memorial Trust Stress Management Guide*.

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<sup>80</sup> See biography for Bill Stephens, A/Director, Ontario Police College (last accessed: 7 August 2012), online: Canadian Police Knowledge Network <<http://www.cpkn.ca/board>>.

- 261** When recruits return to the academy after police college, they receive information about mental capacity and what behavioural scientist Kevin Gilmartin calls the “hypervigilance biological rollercoaster,” as part of training on officer safety. They are given Dr. Gilmartin’s book, *Emotional Survival for Law Enforcement*,<sup>81</sup> in which he provides a biologically-based explanation for officer fatigue and offers guidance for those in policing. The “emotional survival module” of their training course is 90 minutes.
- 262** The academy is moving to an approach where topics such as stress response are integrated and discussed throughout training, rather than as a stand-alone topic. Peer support team members have sometimes taken part in academy exercises to discuss the impact of stress on the mind and body and convey personal stories about response to trauma. The academy emphasizes physical and mental health and coping strategies, particularly physical fitness. Human Resources personnel, as well as the OPP Staff Psychologist, have conducted presentations for recruits on topics such as the Employee Assistance Program, PTSD, anxiety and substance abuse. In addition, recruits are given a selection of brochures about the Critical Incident Stress Response and Trauma Response teams, the Employee Assistance Program, and tips to cope with stress.
- 263** The academy also hosts a half-day family event where families of recruits can obtain information about the Employee Assistance Program, crisis intervention counselling, and signs of operational stress. We were advised that families are told: “Watch your loved one. Look for those signs because this is a stressful occupation and you don’t see it in yourself, but others might and that’s the first indication.” Relatives of recruits are also encouraged to read Dr. Gilmartin’s book.
- 264** Once academy graduates join a detachment, they may also receive additional information about the Employee Assistance Program and critical incident support as part of their regional orientation.

### Block Training

- 265** Block training is 3-4 days of yearly mandatory training for all serving OPP members who have use-of-force equipment. It is co-ordinated through the Provincial Police Academy. The number of block training days and topics covered vary by region, and the curriculum changes annually. Some years, block training in some regions has included critical incidents, stress response and wellness.

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<sup>81</sup> Kevin M. Gilmartin, *Emotional Survival for Law Enforcement: A Guide for Officers and Their Families* (Tuscon, AZ: E-S Press, 2002).

### Additional Courses

- 266** OPP members can take additional courses that address issues relating to mental health. Training on critical incident stress and the Employee Assistance Program is included in such academy courses as Incident Commander, Crisis Negotiator, Emergency Response Team, Tactical Rescue, and Supervisors and Coach Officers. For instance, the two-hour session for incident commanders covers topics such as cumulative stress, on-scene and post-scene symptoms, degree of impact, post-traumatic stress disorder, interventions and debriefing. The Professional Standards Investigator course also covers topics related to manifestations of police stress. As well, the regional crisis negotiation teams undergo training twice a year, and often review issues such as operational stress injuries during training. The Criminal Behaviour Analysis Section also regularly receives training on issues relating to mental health.
- 267** The In-Service Training Unit, in conjunction with the Training Standards and Design Unit, delivers monthly shift and field briefings to front-line field officers that sometimes address topics relating to mental health. Since 1999, there have been 31 operational field briefings that have specifically addressed mental health issues.
- 268** The Provincial Police Academy also offers a mental health training course that trains participants to recognize the signs and symptoms of a person experiencing mental illness.
- 269** In addition, the OPP Staff Psychologist conducted dozens of sessions for OPP members at conferences and other gatherings, on topics such as suicide, post-traumatic stress disorder and other issues related to operational stress injury.
- 270** Peer members of the Trauma Support teams have also taken part in a variety of presentations relating to operational stress.
- 271** The mostly civilian Provincial Communications Operations Section has also conducted sessions relating to stress and trauma, including quarterly training for staff that includes strategies for dealing with stress.
- 272** While stress management is integrated into some of the courses offered to police officers through the Ontario Police College, the OPP generally does not use the college for training post-recruitment. Some officers occasionally take part in training relating to stress management conducted by external providers.

## Supervisor/Management Training

- 273** Stress in policing is one of the topics covered in some of the supervisor and management training courses available through the Provincial Police Academy. Human Resources also provides management training on accommodating disabilities, including hidden mental health disabilities and the “flags” to look for such as behavioral changes, chronic absences and excessive overtime.

## **Wellness Initiatives**

- 274** The OPP’s 2010 Annual Report states the organization places a high value on wellness and healthy living, a safe and healthy workplace and supportive workplace culture. It notes that in 2010, many regions and bureaus planned wellness awareness sessions on topics, such as stress and PTSD, healthy eating, mental health in the workplace, managing conflict in the workplace and managing workplace stress. It also notes that a General Headquarters “health and safety/wellness day” took place. The Communications and Technology Services Bureau’s wellness committee also produced monthly tip sheets and provided regular awareness sessions for members working in the Provincial Communications Centres.
- 275** “Wellness days” have also been used by some detachments to address topics such as mental illness and stress in the workplace, but there is no co-ordinated or consistent approach to provision of this type of training within or across regions. While in some cases guest speakers have been engaged to discuss topics such as the “biological rollercoaster,” and mental illness, we were told that in one detachment the wellness day would simply be a “feel-good” social event, such as a barbecue.

## **Publications**

- 276** Brochures are available for officers that include information about the Critical Incident Stress Response and Trauma Support teams, the Employee Assistance Program, and tips to cope with stress.
- 277** The OPP is also developing a 40-minute DVD for all members and recruits entitled “Our Mental Health,” to raise awareness, reduce stigma and encourage dialogue about mental health and address issues such as PTSD and suicide. It is expected to feature members who have experience with these issues, as well as the Staff Psychologist and the Employee Assistance Program Coordinator. Although the

DVD was approved in November 2010, it was still in the works at the time this report was written.

### ***Accommodations for Officers with Operational Stress Injuries***

**278** The OPP has also prepared a number of documents to assist managers in identifying and accommodating physical, mental and learning disabilities. For instance, the guide “Accommodating Hidden Disabilities @ work, A Best Practice Guide for Managers,” dated April 3, 2006, says:

As a manager, you have a responsibility both to the employee and the organization to take action if you suspect that an employee has a hidden disability that is having an adverse impact on his or her work performance.

The earlier you accept the possibility that an employee may have a hidden disability, the earlier you may be able to provide the employee with an opportunity to get the supports, professional help, and workplace accommodation they need so that they can continue working productively.

**279** A January 2008 document entitled “Effective Employment Accommodation for Employees With Mental Health Issues” outlines the costs of mental illness, the need for affected employees to have an early return to work, the signs of mental illness and how managers can approach employees about it.

**280** The OPP uses the Ontario Public Service’s attendance management program. This system identifies employees whose use of short-term sickness credits exceeds a specified threshold (in 2011, it was nine days). Managers have the discretion to place employees who have frequent absences on a formal attendance plan, setting attendance goals and providing supports to improve their attendance. Absences related to disabilities as defined under the *Human Rights Code* are managed through an accommodation plan.

**281** In accordance with its obligations as an employer, the OPP provides accommodated work for officers with disabilities, including operational stress injuries, if medical restrictions prevent them from undertaking full duties. Officers returning to modified work are often assigned to a Differential Response Unit (there are several, of different sizes, throughout the province). These units deal with calls that do not require a response by a front-line officer and their assignments primarily involve phone and desk work.

## ***Benefit Entitlement***

- 282** OPP members may also receive benefits for operational stress injuries such as PTSD through the employer’s group insurance benefits plan and the Workplace Safety and Insurance Board of Ontario.
- 283** Under the province’s group insurance benefits, coverage is generally available for psychotherapy to a maximum of \$1,500 a year and \$50 per half hour of individual psychotherapy or testing.

## ***External Employee Assistance Program***

- 284** Before 2004, the OPP contracted on its own with an external provider to administer its Employee Assistance Program (EAP) for members and their families. An external provider was chosen for reasons of confidentiality. Since 2004, employee assistance program services have been provided under the same general contract covering all Ontario Public Service employees. Under the EAP, all employees and their families are entitled to a variety of free supports. Short-term counselling is provided for a wide range of problems, such as family and marital relationships, stress, emotional and personal concerns, substance abuse, bereavement, crisis intervention, child care, elder care, and legal and financial issues. For those who leave the OPP, the EAP is available for three months after their departure.
- 285** Up to six counselling sessions are provided, and there is some discretion to extend sessions beyond that cutoff. Counsellors can also refer clients to external resources. The EAP counsellors have masters’ degrees in a relevant field (e.g., social work, counselling), and with rare exceptions, a minimum of five years’ post-masters-degree experience. The provider also relies on a network of 43 psychologists, 20 at the doctorate level. The counsellors do not diagnose clients or carry out assessments. While they do deal with clients suffering from PTSD, they do so from a short-term counselling perspective. Employees who require long-term support are referred to other resources.
- 286** The external EAP provider also serves about 14 Ontario police agencies directly, and six through “umbrella contracts” similar to its arrangement with the Ontario Public Service and the OPP.
- 287** Officials from the external EAP provider stressed to our investigators that although its counsellors are generalists, they can ask enough questions to understand the nature of the policing experience. They also indicated that it is more important to

understand personal dynamics and how stress affects different personality types than police culture.

- 288** The external EAP provider produces general statistical information about client contacts, including the category of issue involved, such as anxiety, stress, work relationships or conflict. It also provides statistics on external referrals. However, it does not keep records on whether clients are from the OPP or if their concerns involve operational stress relating to policing.

### ***Operational Injury Social Support Coordinator (Proposed)***

- 289** In June 2012, we learned for the first time that the OPP had prepared a business case in August 2011 to support the creation of a new full-time position of Operational Injury Social Support Coordinator – and make the Employee Assistance Plan Coordinator a full-time position as well. We reviewed this document. Its executive summary states:

The organization has recently participated in an Ontario Ombudsman’s investigation into complaints about how the OPP deals with OSI, including the culture and administration of OSI within the organization.

Establishing and maintaining proactive programs/services that support OSI and crisis management is a priority for Ontario Public Service (OPS) and OPP.

- 290** The business case refers to the fact that the OPP must comply with requirements related to human rights, health and safety and accessibility under the Ontario *Human Rights Code*, the *Occupational Health and Safety Act*, the *Workplace Safety and Insurance Act*, and the *Accessibility for Ontarians with Disabilities Act*. It observes that the organization was dependent on one skilled specialist (who has other responsibilities) to assist with illness, injury and employment accommodation, and that with limited resources, the focus was on the most serious of cases. As well, it argues that increased organizational attention to operational stress injuries and accommodation will significantly affect the OPP’s ability to respond effectively and meet the various legislative requirements in future.
- 291** Given the potential consequences of failure to comply with occupational health and safety legislation and policies (e.g., fines, discipline), the document notes:

This discrepancy and the potential implications of non-compliance make it compelling from an organizational perspective to ensure that strategic



emphasis is placed on prevention and early intervention, including building organizational capacity for training, prevention, and case management. These proactive organizational efforts are necessary to minimize the need for costly complaints under the *[Human Rights] Code*, investigations and litigation.

- 292** It also states that “increased activity and organizational attention to these issues has resulted in an unmanageable workload for existing resources, putting OPP executives, managers and employees in a position of unacceptable risk.”
- 293** The business case supports integration of three programs: Illness, injury and employment accommodation; health, safety and wellness; and workplace safety and insurance. It also refers to the introduction of an “Operational Stress Injury Social Support Program” that would establish, develop and improve social support programs for affected members and their families and provide related education and training in the OPP community.
- 294** The business case recommends establishing one permanent position as a full-time Operational Injury Social Support Coordinator, responsible for developing family peer support networks across the province, liaising with community resources specifically dealing with operational stress injuries, organizing support groups and providing technical support to ensure benefits and entitlements of members and their families are implemented expeditiously. The proposed position would also be responsible for co-ordinating programs related to illness, injury and employment accommodation, operational stress injuries and other mental health issues. However, while the business case was prepared in the summer of 2011 and the recommendation to create the position was apparently approved, at the time this report was written, no concrete action had yet been taken to fill it.

### ***Internal Peer Teams***

- 295** In its 2006 paper, the Human Resources Bureau noted that if officers feel “isolated, unsupported, and unempowered” after traumatic events, the most common positive strategies to cope include talking with friends, peers and mental health counsellors.<sup>82</sup> It also stated that, consistent with academic research:

When a referral comes from a trusted peer, many officers are more likely to take advantage of counselling services than if they had to make an

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<sup>82</sup> *Supra* note 78, as cited in Stress on Officers and the OPP Response, *supra* note 13 at 8.

appointment on their own or follow the suggestion of a family member or clinician.<sup>83</sup>

**296** At the time of our investigation, the OPP had five regional Critical Incident Stress Response teams and one team for the Highway Safety Division, made up of officer peer volunteers. There is also a provincial Trauma Support team made up of officer peer volunteers. As the OPP described them in its August 2011 business case for the creation of a full-time Operational Injury Social Support Coordinator and EAP Coordinator, peer team members are not trained counsellors, “but offer a safe and trusting opportunity for officers and their families to discuss emotional issues with someone they trust and who can understand their struggles, particularly as they are shaped by the policing profession.”

**297** The OPP has acknowledged that “the very nature of policing implies a higher exposure to potentially stressful events in the course of their duties” and that “the degree to which a uniform member may be affected by these stressful events depends on the degree of support or lack of support they receive.” In the business case, it stated:

Intervention during the hours immediately following a critical incident is crucial. Left unmanaged, it may result in a:

- Decrease in individual performance/productivity;
- Increased rate of absenteeism;
- Increased rate of suicide;
- Decrease in member/public safety;
- Decreased ability for members’ to cope;
- Decrease in members’ morale, job satisfaction and engagement;
- and
- Decrease in member wellbeing (personally and professionally).

**298** Team members must complete a group crisis intervention course offered by the International Critical Incident Stress Foundation, and they are encouraged to take the Foundation’s course in individual crisis intervention and peer support as well. They also attend an annual workshop on relevant topics and are trained on suicide intervention. In order to be a member of the Trauma Support team, officers must themselves have experienced a traumatic incident.

**299** OPP orders define a “critical incident” as including a death of an employee (on or off duty), a near-death experience, disaster, multi-casualty accident or any highly emotional work-related event.

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<sup>83</sup> *Supra* note 13 at 7.

- 300** When an employee is involved in a critical incident, the member in charge at the scene is required to contact the Critical Incident Stress Response team leader in their region. The team leader will then select and contact a responder or contact the trauma support program leader to respond to the critical incident. The responder is to proceed to the appointed location to provide support, assistance and stress-management information to any employee involved.
- 301** Each region has a Critical Incident Stress Response team, composed of officers who volunteer on a 24/7 basis. When notified, team members go to the incident scene to provide support and assistance. It is then determined if a critical incident stress debriefing is required. OPP orders note that such a debriefing is a confidential group meeting, facilitated by the OPP Staff Psychologist or an external service provider, assisted by one or more Critical Incident Stress Response team members. This type of meeting provides those directly involved in critical incidents with an opportunity to discuss their thoughts and feelings about the incident and its impact on them and learn to manage the emotional aftermath.
- 302** The OPP Staff Psychologist advised us the focus of the Critical Incident Stress Response teams is to help officers put in perspective what they have experienced, understand what normal reactions are and how to discuss such events, and to inform them of the services available. Team members are also expected to follow up later with officers who participated in debriefing sessions to see how they are doing.
- 303** Under OPP orders, a “traumatic incident” is defined as a situation where an employee has been threatened with a weapon, suffered an assault that endangered his or her life or has had to use lethal force in the line of duty.
- 304** In the case of traumatic incidents, the member in charge at the scene is required to contact the regional Critical Incident Stress Response team leader, who is to contact the Trauma Support team leader, who informs the Staff Psychologist that a traumatic incident has occurred. A trauma support peer then contacts the officer directly involved to offer support, facilitate his or her emotional expression in a supportive environment and provide stress-management information.
- 305** The Trauma Support team will attend at the scene of the incident to provide support and assistance to the members involved. A trauma support debriefing, similar to a critical incident stress debriefing, may be held to ensure support and assistance is available to all employees involved.

- 306** In 2010, the Critical Incident Stress Response teams were activated 198 times, including for initial responses and follow-up interventions, and Trauma Support 27 times. In 2011, the Critical Incident Stress Response teams were activated 199 times, with Trauma Support responding on 25 occasions. In 2012 (up to April 30), the Critical Incident Stress Response teams have been deployed 71 times and Trauma Support 4 times.
- 307** In January 2012, the OPP undertook recruitment efforts to attract new peer members for the Critical Incident Support Response and Trauma Support teams. As of June 2012, there were about 40 volunteer Critical Incident Support Response team members and 11 Trauma Support peer officers serving 6,100 uniformed officers.

### ***OPP Internal Employee Assistance Program Coordinator***

- 308** The internal co-ordinator for the Employee Assistance Program (EAP) – a staff sergeant in the Career Development Bureau – is responsible for the recruitment, deployment, and training of the Critical Incident Stress Response and Trauma Support teams. She also co-ordinates recruitment and training for the Peer Advocacy Resource Team, some 22 peer volunteers who support the Provincial Communications Centre, which is primarily staffed by civilians. At the outset of our investigation, this was a part-time assignment, with the staff sergeant balancing peer team co-ordination with staffing responsibilities.
- 309** A number of OPP officials we interviewed told us the internal peer teams are on continuous call and co-ordination of their activities is extremely demanding. Many suggested that the internal EAP Coordinator’s role be a full-time position. In July 2011, an OPP superintendent sent an email to the Director of Human Resources observing that the critical incident stress response program was inconsistently applied across the province, and suffered from a lack of co-ordination. He encouraged development of a better co-ordinated program and stressed the need for full-time management with regional co-operation.
- 310** However, some supervisory Human Resources officials we spoke to maintained that separating the EAP Coordinator’s job functions was unnecessary, and that there were inadequate resources to support this. We subsequently learned that the EAP Coordinator position was made full-time in on November 7, 2011. The business case to support this change (the same one that also supported creating the as-yet-unstaffed position of full-time Operational Injury Social Support Coordinator) was prepared in August 2011 by the manager of Staffing and Program Development, to whom the EAP Coordinator began reporting in June 2011. The

document notes that the EAP Coordinator's role had evolved to the point where EAP responsibilities comprised 80% of her work.

- 311** In contrast to what we had heard earlier from some Human Resources supervisors, the business case identifies several risks associated with the EAP Coordinator position being only part-time:

The program is vulnerable in its current state due to the potential for burnout of the current part-time EAP Coordinator and/or volunteer team members, due to:

- An increase in callouts;
- An increase in individual/family assistance and support;
- Varying levels of commitment by volunteer team members (i.e. work/life balance);
- Inconsistency of training provided which requires more time spent, guiding, coaching and mentoring to ensure volunteer members are providing an effective level of support;
- Varying experience levels of volunteer team members creating the need to provide ongoing guidance, coaching, mentoring; and
- The very nature of events is physically and emotionally draining on the volunteer members who are providing support to others on an ongoing basis.

- 312** The business case argues that these factors could hurt the quality of support for members, and that there was a real need to build the capacity of the existing teams and build a new team in the central region, where none existed:

The OPP has a legal and moral responsibility to minimize the adverse impact of such events and provide a safe working environment.

- 313** It proposes reallocation of a position to establish the EAP Coordinator as a dedicated, full-time provincial role, citing the need for someone to lead the program and develop innovative and proactive approaches that support the wellbeing of OPP members. It also notes the potential benefits:

Increasing the awareness and profile of the program in the OPP will help to improve members' perception of seeking help at critical/stressful times earlier to minimize negative impacts, furthermore, it may also help to increase the recruitment intake thereby increasing the strength of peer teams.

- 314** After the business case proposal was accepted and her position was made full-time, the EAP Coordinator obtained training to enable her to instruct peer members, which has improved the consistency and timeliness of volunteer training.

### ***OPP Safeguard Program***

- 315** Modelled on the FBI program of the same name, the OPP began a pilot Safeguard Program in 2003 to address concerns with the psychological welfare of undercover officers, after a number of troubling incidents involving officers in the Drug Enforcement Section, including criminal behavior and misconduct and an officer suicide. The program became permanent, expanded, and today is used for officers in covert operations throughout the organization as well as the Child Sexual Exploitation Section. Officers in these specialized units receive additional training and education about stress responses to operational trauma.
- 316** The program represents a proactive approach to supporting members involved in specialized assignments. According to the OPP, it ensures they have the appropriate skills and abilities to withstand the stresses of their work, provides support during and after assignments, reduces the potential of embarrassing criminal and civil actions against members and the OPP, and improves the quality of criminal investigations.
- 317** The Safeguard Program applies to all covert operations, which are co-ordinated through a joint management team, comprised of representatives from Organized Crime Enforcement, Provincial Operations Intelligence and the Investigation and Support bureaus. Since the program was introduced, some officers have been removed from undercover work, and some not selected for covert assignments because of issues identified through psychological screening.
- 318** At present, there are about 40 active members in the OPP undercover pool, with more than 100 trained to carry out covert assignments. Officers are seconded for undercover work from various areas of the organization.
- 319** Under the Safeguard Program for undercover officers, there is an initial psychological assessment to determine suitability. Those who pass the assessment take a course in advanced undercover techniques. The program is not embedded within Police Orders, meaning compliance is not technically mandatory for members. However, we were advised that in practice, it applies to all undercover assignments that last more than three months, involve continuous or regular street-level work, or when “heavy interaction” is anticipated or has occurred. Officers also have a debriefing assessment at the end of their assignments. The assessments

are carried out by a consulting psychologist, who also occasionally meets with undercover officers who have emotional difficulties due to stressful incidents on the job.

- 320** The Child Sexual Exploitation Section (CSES) has had a Safeguard Program since 2005. In 2009, it developed Standard Operating Procedures based, in part, on information from other police services, mental health practitioners from the Centre for Addiction and Mental Health in Toronto and from research on the effects of work exposure to child pornography. The OPP consulted with the Ontario Provincial Police Association, and in 2011, the program was imbedded in Police Orders, making it mandatory for all members of the section.
- 321** The program for CSES officers includes psychological assessment, testing, education about warning signs and strategies to address them. Officers considering working in the CSES are psychologically screened to determine their suitability. Initial assignments to the section are temporary, and officers undergo another assessment after 90 days on the job. All personnel in the CSES undergo annual psychological assessments. Those who leave are given an exit assessment, and a further follow-up takes place within a year. For a year after they leave, members have the option to seek counselling.
- 322** The same external consulting psychologist who works with undercover officers also conducts the CSES assessments. The sessions are generally a couple of hours long and review what is going on in the member's life, professionally and personally. The psychologist retains the notes of the assessment and the OPP receives a one-page document indicating a positive or negative assessment, or that the member is suitable for assignment but needs temporary accommodation.
- 323** All CSES managers have to attend awareness and training sessions with a consulting psychologist to promote awareness of the psychological implications of their work, ways to minimize the effects of work-related stress, and signs of difficulties. They are also given a required reading list that is regularly updated. The Standard Operating Procedures for the program note:
- Due to the unusual nature of the work, it is helpful for managers to cultivate a culture whereby staff can talk openly about situations or feelings, safe in the knowledge that the content will be treated sensitively and confidentially.
- 324** The CSES is also involved with the provincially funded Provincial Strategy to Protect Children from Sexual Abuse and Exploitation on the Internet. There are about 56 investigators representing 18 other law enforcement agencies connected



with this initiative. It is up to the individual police services involved with the provincial strategy to decide whether or not to provide the Safeguard Program to their officers.

- 325** Forensic psychiatrist Dr. Peter Collins told us the mandatory nature of the Safeguard Program helps combat the stigma of having to see a psychologist. Requiring officers to meet with a psychologist provides an opportunity for a therapeutic rapport to be established, which could result in diagnosis, he said. He noted that the only downside is the risk of pathologizing normal behaviour, if the clinician is not skilled in this area.
- 326** A senior official involved in the development of the Standard Operating Procedures for the CSES Safeguard Program also emphasized to us that a key benefit of making it mandatory is that it tends to demystify and normalize psychological assessment:

It is culturally accepted within the section that you go for your meeting with the shrink, so to speak. You go once a year. There's no stigma attached to that. It's part of the job and it builds a culture where that's an acceptable thing. And by doing so and having the mandatory reading for the supervisor that we've listed as well in our SOP [Standing Operating Procedures], allows our folks to recognize the signs and symptoms if there is some kind of occupational stress injury occurring.

- 327** The cost of the program is well worth it, he added, noting that it can have long-lasting benefits.

### ***Job Rotation***

- 328** The OPP's Career Development Bureau is in the process of designing a job rotation policy that would help limit a member's exposure to scenes and events that might cause emotional hardship. In January 2012, we were advised that consultation about the program with the Ontario Provincial Police Association was in the final stages.

### ***Stress Test – Pilot Project***

- 329** In 2010 and 2011, the OPP conducted pilot projects involving a “police stress test” in the Technical Traffic Collision Investigator/Reconstruction Unit. Dr. Donald McCreary of the Department of National Defence developed the test, and the OPP received permission to use it and post it to its Intranet. The test measures two

dimensions of stress and gives three scores – for organizational, operational and general stress. Officers involved with this pilot fill out the test online four times a year, using a personal identification number for anonymity. The test takes about 10 minutes to complete and it is automatically scored. Participants receive confidential information about their mental health and stress levels. Aggregate data is also collected, and a global score for organizational, operational and overall stress is given to each regional manager. Over time, the manager can use these scores to understand the kind of stress experienced by officers and whether stress reduction strategies are effective.

- 330** The first pilot project involving 55 officers was conducted in the fall of 2010. In 2011, 62 officers across all regions completed the online test. In addition, 27 officers used the test between the first and second pilot projects.
- 331** The OPP Staff Psychologist reported on the results of the testing in November 2011. The general stress level for all regions remained in the average range, while the Central Region (which we were told had experienced a number of management changes) and the Highway Safety Division showed higher levels of all three measures of stress. The Staff Psychologist suggested these two regions might need specific attention and additional resources or strategies to deal with increasing stress levels.
- 332** He also recommended the test be adopted as part of the units' approach to mental health, and that it be expanded to other specialized units. As well, he recommended a second pilot project focusing on a yearly survey of PTSD-like symptoms, using the same approach.
- 333** At the time of our interviews with the OPP Staff Psychologist, he said he hoped to administer the project again to the Provincial Liaison Team, whose members meet with citizens who are planning protest demonstrations. He thought it could be used by all specialized teams in future. He also envisioned a web page where officers could communicate anonymously with him as well as Critical Incident Stress Response and Trauma Support team peer members. He noted that members might not have PTSD, but they could have symptoms like nightmares, which can be quite debilitating. Gathering information anonymously would tell the organization the extent of the problem and allow the organization to develop programs and strategies to address it, he said.
- 334** One inspector whose officers participated in the pilot project was very positive about the results. He told us anonymity is an important feature. He described one officer, who, after going through the survey and using its self-analysis tool, decided to retire from the program. Although the officer was still healthy, he recognized

that it was time to leave. The inspector said he has heard many positive comments from members about the stress test, and he found the anonymized information about trends was very useful for him as a manager. He said he would like to see the program become a “permanent fixture.”

## Workplace Safety and Insurance Claims

- 335** Clearly, the OPP has come a long way from the days when no education or supports were provided for members experiencing operational stress. It would be useful to review its statistics on operational stress injuries in order to assess how effective the OPP’s efforts have been. However, the external Employee Assistance Program provider does not provide the OPP with specific information about the nature of contacts received from OPP officers or their families. The OPP has no means to track officers, active or retired, suffering from operational stress injuries. What do exist are records of claims to the Workplace Safety and Insurance Board (WSIB) under its traumatic mental stress policy. Some OPP officers and former officers suffering from operational stress injuries qualify for benefits under the policy, including health care treatment such as specialized psychological trauma programs, and compensation for drug costs and loss of earnings.
- 336** The OPP’s Human Resources Advisor, who oversees WSIB claim tracking, told us PTSD occurrences and claims have increased in recent years. A former human resources director indicated that operational stress injury is the fifth most common reason for OPP claims to the WSIB, noting “it’s definitely on our radar.” The organization is looking at ways to reduce claims through initiatives such as peer support, she said.
- 337** In response to our investigation, the OPP prepared a statistical report on operational stress injuries for the years 2006-2011. Using the Ontario Public Service Workplace Safety and Insurance Management System database, which tracks workplace injuries and illnesses, the OPP analyzed the data from those six years to identify possible cases of operational stress injury.
- 338** The database was searched for “mental disorder or syndrome,” which includes anxiety, stress, neurotic disorders, post-traumatic stress, panic, depressive states and burnout. The OPP identified **269** traumatic incidents for this time period, at a cost (in terms of workplace safety and insurance benefits) of close to **\$3.5** million. The following chart illustrates the results.

**Chart 2: Operational Stress Injury Incidents Among OPP Members, 2006-2011**

Year	Incidents					Days Lost (based on 8-hour day)	Workplace Safety and Insurance costs***
	Total	Hazard (No injury)*	Health care needed**	Time off needed	Recurrence s		
2006	31	1	3	23	4	3,928	\$1,556,431
2007	27	1	3	19	4	5,662	602,558
2008	26	1	2	16	7	2,854	448,382
2009	54	18	4	19	13	3,813	489,671
2010	81	40	7	25	9	3,224	320,395
2011	50	1	7	25	17	2,586	64,759
<b>TOTAL</b>	<b>269</b>	<b>62</b>	<b>26</b>	<b>127</b>	<b>54</b>	<b>2,2067</b>	<b>\$3,482,196</b>

\*incidents reported that may have resulted in OSI symptoms but did not result in health care or lost time from work

\*\*incidents where medical attention sought but no lost time from work

\*\*\*includes costs associated with WSIB-approved claim, but doesn't include the Schedule 2 administration fee. Recurrence costs are added to the original incident from the earlier year.

Source: Ontario Provincial Police

**339** The OPP's analysis notes that only the incidents that resulted in health care and/or lost time were actually reported to the WSIB for a determination of benefit entitlement under its traumatic mental stress policy. In six years, there were **207** formal claims relating to operational stress injuries, **101** were approved by the WSIB, while **7** were still pending. There were **62** incidents recorded that were not reported to the WSIB.

**340** These claims are outlined in the next chart.

**Chart 3: Ontario Provincial Police Member Claims to Workplace Safety and Insurance Board for Operational Stress Injuries, 2006-2011**

<b>2006</b>	Approved	Denied	Abandoned	Pending
Health Care Claim	3	0	0	0
Lost Time Claim	11	7	5	0
Recurrence Claim	2	2	0	0
Totals	<b>16</b>	<b>9</b>	<b>5</b>	<b>0</b>
Claim total: <b>30</b>				
<b>2007</b>	Approved	Denied	Abandoned	Pending
Health Care Claim	0	1	2	0
Lost Time Claim	9	5	5	0
Recurrence Claim	3	1	0	0
Totals	<b>12</b>	<b>7</b>	<b>7</b>	<b>0</b>
Claim total: <b>26</b>				
<b>2008</b>	Approved	Denied	Abandoned	Pending
Health Care Claim	1	0	1	0
Lost Time Claim	4	9	3	0
Recurrence Claim	5	1	1	0
Totals	<b>10</b>	<b>10</b>	<b>5</b>	<b>0</b>
Claim total: <b>25</b>				
<b>2009</b>	Approved	Denied	Abandoned	Pending
Health Care Claim	3	0	1	0
Lost Time Claim	11	3	5	0
Recurrence Claim	12	0	1	0
Totals	<b>26</b>	<b>3</b>	<b>7</b>	<b>0</b>
Claim total: <b>36</b>				
<b>2010</b>	Approved	Denied	Abandoned	Pending
Health Care Claim	3	3	1	0
Lost Time Claim	9	9	7	0
Recurrence Claim	6	2	1	0
Totals	<b>18</b>	<b>14</b>	<b>9</b>	<b>0</b>
Claim total: <b>41</b>				
<b>2011</b>	Approved	Denied	Abandoned	Pending
Health Care Claim	0	2	3	2
Lost Time Claim	9	11	2	3
Recurrence Claim	10	3	2	2
Totals	<b>19</b>	<b>16</b>	<b>7</b>	<b>7</b>
Claim total: <b>49</b>				
<b>TOTAL 2007</b>	<b>101</b>	<b>59</b>	<b>40</b>	<b>7</b>

## “Suck It Up, Buttercup”: Stigma and Operational Stress Injuries

- 341** Undoubtedly, the OPP is much more aware today of the importance of ensuring the psychological welfare of its members than it was decades ago, when Bruce Kruger began his policing life. In the summer of 2011, Commissioner Chris Lewis wrote a “Commissioner’s Communiqué” in the OPP’s internal magazine in which he discussed the organization’s change in attitude toward operational stress injuries:

When I started in policing over 32 years ago, the profession had a culture that often viewed any expression of emotional or psychological pain as a weakness. Cops were to be tough. If they dared go to a supervisor or colleague with such a problem, they may have been told to “suck it up.” Sadly, an environment of a reluctance to self-identify was alive and well.

Thankfully, that’s no longer the case. We have learned much about post-traumatic stress disorder (PTSD) during the last three decades and policing has come to terms with how it affects our profession. Police officers occasionally witness horrific sights and conditions. At times, our officers are forced to take a life and many of our staff have suffered from the loss of a colleague. We need to support them in their return to a state of well-being.

- 342** Commissioner Lewis urged any employee with operational stress injuries to contact the Employee Assistance Program, reminded them that there is no shame in looking after their psychological health, and cautioned others to be aware of their colleagues’ wellbeing. He also promoted personalized wellness programs and exercise as stress reducers.
- 343** In May 2012, Commissioner Lewis was quoted in a media article as making similar remarks. He observed that the OPP now encourages “our people to come forward” and not to “be ashamed to ... get help.”<sup>84</sup> He reportedly explained that help is provided to officers involved in critical incidents immediately:

We have officers who are trained to deal with it and we have a full-time psychologist in the OPP. They’re debriefed right away and offered ongoing support. There are relentless follow-ups with our officers... They know who to call and we reach out to them if they don’t call.

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<sup>84</sup> Nicole Million, “Seeking help no cause for shame, says OPP boss,” *Simcoe.com* (4 May 2012), online: [simcoe.com <http://www.simcoe.com/news/article/1349192--seeking-help-no-cause-for-shame-says-opp-boss>](http://www.simcoe.com/news/article/1349192--seeking-help-no-cause-for-shame-says-opp-boss).

- 344** He was also quoted as saying the stigma attached to mental health difficulties has eased significantly and the OPP as an organization was well past seeing requests for help as expressions of weakness: “[S]ome people will never want help – but we offer it and we explain all the options to them so they know they’re not alone.”
- 345** Unfortunately, based on the evidence obtained in our investigation, it does not appear that the Commissioner’s vision of an enlightened OPP culture, supportive of those suffering from emotional responses to operational trauma, has actually filtered through the organization and translated into reality.

### ***Survival of the Fittest: The OPP “Eating its Own”***

- 346** A predominant theme arising from our interviews with OPP officials, particularly those who have experienced operational stress injuries, is that stigma relating to psychological illness is still very much entrenched and pervasive within the OPP ranks. We heard strikingly similar stories from serving officers and those long retired, about persistent negative perceptions of operational stress injuries.
- 347** A certain degree of discomfort about mental health issues is not particularly surprising. Although some progress has been made in recent years, misunderstanding of mental illness remains a societal affliction. Those who suffer psychological difficulties are often wrongly perceived as weak, inferior, damaged, and sometimes dangerous. These misconceptions can be magnified in the police context, where strength, resilience, and control are especially valued and officers are expected to come to the rescue in emergency situations, and have each other’s backs in crises.
- 348** It is a difficult balance. Police officers are trained to assert control and cope with disaster. At the same time, they need to be educated, understand and discuss operational stress injuries to minimize their impact. As one staff development and training officer put it to us:

You are supposed to be this tough, unfeeling, cool, collected officer all the time. You’re in the public. You’re dealing with something that’s really horrific. It’s not supposed to bother you. But it does. And it bothers some people more than others. The reason I don’t show my emotions when I’m out on the street in front of the public is because I’m not supposed to do that as a police officer. So right there, it is stigma management in my head. So is there a stigma attached to mental illness? Absolutely there is, and it’s not just policing. There is a stigma associated



to mental illness in any employment. But you don't want to be seen as being weak. And that is the perception. One in four of us will suffer some form of mental illness in our life. That's what we are trying to educate. ... We're trying to reduce the stigma, but its there. Sure, there is a stigma attached to it. More so probably in this profession than others because we're supposed to be tough, you know, we're supposed to have it together...

- 349** He also said the OPP is doing a lot better, but the stigma is still there: “It is the elephant in the room.”
- 350** We interviewed many officers who felt betrayed by OPP management and experienced alienation from their peers when their operational stress injuries were exposed. They emphasized that the police culture encourages strength, and that any sign of weakness is shunned, and those suffering from operational stress injuries are quickly shunted to the sidelines. One officer said this goes back to early training, when he was told, “if you have one person out of the group who has a problem or an ‘injured wing’... your main focus is on the others.... The unit has to move forward. If somebody gets left behind, the unit moves forward.”
- 351** The serving and former officers we spoke with often used some variation of the phrase “eating their own rather than helping their own,” to describe the OPP’s attitude towards those suffering from operational stress injuries, reminiscent of a Darwinian “survival of the fittest” view. One detachment commander acknowledged that when it comes to stress related injuries, “we kind of eat our own.” When officers become injured, he said, their friends on the job abandon them and engage in an internal dialogue along the lines of: “You’re kind of dead wood. You’re the walking wounded now. I’m going to do real police work.”
- 352** An officer who retired in 2009 recalled that when he returned to work after being seriously injured, he was actually referred to as “deadwood” by a staff sergeant. Another superior told the 25-year veteran to pick out a pair of coveralls – he would be washing police cars in the garage for the rest of his career because he couldn’t do frontline duties.

### ***What You Can’t See, You Suspect***

- 353** Operational stress injuries are often difficult for officers’ colleagues to recognize and accept because they are invisible. As one officer who has PTSD told us:

I don't have a scar. I don't have a limp. I don't have something to show people that I have a serious injury. And PTSD without a doubt is a serious injury.

**354** Some officers explained that when colleagues return from stress-related leaves and must be accommodated through special arrangements, it can hurt morale, with other staff resenting having to take on extra night shifts or otherwise absorb larger workloads. While fellow officers can understand that someone who gets shot or breaks a bone on the job requires treatment, time off and accommodation, a different mindset often applies in cases of operational stress injuries.

**355** A number of OPP officials we interviewed noted that there is considerable suspicion surrounding staff who are on stress-related leave. We heard that it is not uncommon for colleagues to refer to such officers as having visited “Dr. Summersoff” or otherwise express doubt about their bona fides. One detachment commander observed that skepticism is inherent in policing:

This whole stigma thing, it really does come down to ... we're always, as cops, questioning whether or not it's legitimate... that's what we do for a living, right?

**356** He also recalled that in the case of one officer with a drinking problem, the office talk was all about how the officer blamed everything on PTSD. He was seen as taking “the easy way out.” He said officers tend to be suspicious that colleagues who are off work for lengthy periods might be abusing the system, no different from so-called “sore back jacks” who feign injury to get compensation.

**357** A bureau commander remembered joking with a human resources advisor that PTSD is “like the bad back of this millennium. And the bad back has always been an issue for police, where you get a guy who's got a bad back and he's out building decks...”

**358** A trainer from the Provincial Police Academy told us that 20 years ago, police officers would drink alcohol to cope with stress, while today they are more likely to use the Employee Assistance Program and participate in critical incident debriefings. He observed that acute critical incident stress has gained wider acceptance amongst officers, but that they still struggle to understand long-term cumulative stress. He routinely asked students in the course he taught for sergeants what they would think if they saw one of their members jogging when he was on stress leave. The typical response was that the officer must be “faking” his illness. He said he would instruct them that in fact, exercise reduces stress and is a recommended way to regulate it.

## ***"Suck It Up and Move On - I Have!"***

- 359** Even those in the grip of negative stress responses have difficulty coming to terms with their reactions. One OPP officer whose husband is an officer with post-traumatic stress disorder described the OPP environment as “horrific” for dealing with anything relating to mental illness. Police are the first to be called for help, but the last to admit when they need it themselves, she said. Many witnesses in our investigation used the phrase “suck it up” to describe a culture in which officers continue to be encouraged to ignore psychological pain.
- 360** One of the characteristics of operational stress injuries is that the same incidents do not trigger the same response in everyone. Officers who experience the same traumatic event are not equally affected. Supervisors or peers who have lived through difficult experiences themselves and “toughed it out” often have little sympathy for those who are unable to do likewise.
- 361** One officer who complained to us recalled that when he sat in front of his staff sergeant, delivering his medical note with shaking hands to support a leave for an operational stress injury, the response he got was, “Well, we’ve both seen shit, we’ve been through shit, suck it up.” A retired detective superintendent echoed this sentiment when he wrote in response to an online post by Bruce Kruger, calling for officers to contact us for our investigation. He wrote that in his career he had guns pointed at him and was “at numerous horrific fatal accident scenes and homicide scenes, including the vicious stabbing of children,” but he dealt with the job he signed on for. There “are other issues in one’s life that can be easily blamed on PTSD for whatever reason,” he said. “Maybe the team from the [Ombudsman’s Office] should talk to those in the organization who have sucked it up and got on with their lives.”

## ***Blue Wall of Silence, Revisited***

- 362** The “blue wall of silence” – the sense of loyalty and fear of reprisal that compels officers not to speak out against their colleagues – may also play a role in the failure to effectively identify and treat operational stress injuries in policing. In April 2010, the husband of an OPP constable who took her own life after a long struggle with a psychiatric disorder wrote to the former OPP Commissioner. At his wife’s funeral, officers who had worked with her had told him they were aware of the difficulty she had been experiencing at work, but in a misguided effort to protect her, they had kept their concerns to themselves. He wrote:

...her safety, that of her fellow officers and the public makes it imperative that there is more proactivity when dealing with people in this situation. This might include regular and ongoing interviews with her co-workers and more importantly implementing the organizational and cultural changes that would allow these officers to feel more comfortable coming forward. [...]

The pieces of the puzzle were all there, albeit scattered and difficult to assemble. But families, supervisors, colleagues and the OPP as an organization need to work together more closely to achieve better outcomes going forward.

**363** In speaking with our investigators, he speculated about why his wife’s coworkers remained silent:

They just didn’t want to rat her out... In that culture that was how they thought they could help her the best – and that’s the problem, right? They thought they could help her the best, because they cared about her and they thought they could help her the best by not saying anything...

### ***Fear of Career Suicide: Suffering in Silence***

**364** Some longer-serving officers told us the OPP culture has changed over time and there is now greater recognition that officers need to acknowledge and seek professional treatment for operational stress injuries. However, many officers said there is still a palpable fear of acknowledging such injuries, and self-treatment through recreational drinking in particular is still very much part of the policing experience.

**365** Aside from the devastating impact that negative attitudes about operational stress injuries can have on those who suffer from them, there is the danger that others will hide their suffering out of fear of exposure, increasing the risk of harm. In the military context, it has been noted that:

... it often takes years for traumatized soldiers to present for care. There are many reasons for this. Shame, isolation, and institutional stigmatizing of mental illness are compelling counter-forces to the urge to seek help. Recent research has shown that the fear of stigma is one of the principal reasons why soldiers do not seek treatment, even when they recognize that they are suffering from psychological problems. In contrast to this, the

literature tells us that early intervention is a critical factor in decreasing the sequelae of PTSD and other mental disorders.<sup>85</sup>

- 366** One OPP officer told us he personally knows of colleagues who haven't reached out for help because they are scared they will be transferred or have their guns taken away. He said he was guilty in the past of looking at officers with mental health problems differently, but his view changed when a close friend suffered from PTSD.
- 367** We heard from many officers that fear of "career suicide" continues to be a strong incentive to remain silent about operational stress injuries. Said one:

It was pointed out as I went through my career that if you had a problem, you didn't want management – anybody – to find out because you would get blackballed. You wouldn't get promoted. You wouldn't be able to go to any special units. You'd be labelled and then you'd be ostracized... Unfortunately, that's how the stigma is and I still think it is there.

- 368** One detachment commander expressed a similar view: "If someone's diagnosed with a mental illness, they're labelled and there goes their career development." Another indicated that things have improved in recent years, but acknowledged that there is still stigma attached to those who take stress leave, noting: "Would I want to book off because of stress? Not really."
- 369** Another detachment commander said he urged a member to consult the OPP Staff Psychologist after he was involved in a fatal shooting, but the officer worried that it would hamper his chances of being assigned to a specialized team.
- 370** The OPP's Staff Psychologist wrote about the effect of this stigma on officers in an internal document prepared in February 2010 in connection with Bruce Kruger's letter to the OPP:

... I still often find young officers who, according to me, have many symptoms of PTSD, refusing to engage in the process. Despite my best effort at encouraging them to seek help, to make a claim, despite the repeated calls of TST members, the officers refuse to make a claim and be

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<sup>85</sup> Alexandra Heber, et al., "Combining Clinical Treatment and Peer Support: A Unique Approach to Overcoming Stigma and Delivering Care," in *Human Dimensions in Military Operations – Military Leaders' Strategies for Addressing Stress and Psychological Support* (Paper prepared for the NATO Research and Technology Organization Human Factors and Medicine Panel Symposium, April 2006) (Neuilly-sur-Seine, France: RTO) at 23-1, online: The Defense Technical Information Centre <<http://www.dtic.mil/cgi-bin/GetTRDoc?AD=ADA472725&Location=U2&doc=GetTRDoc.pdf>>.

properly diagnosed and treated, for fear of repercussion on their career if anybody ever found out. Despite the reassurance of the information shared with these officers of the confidential nature of any information received by the Career Development Bureau, the fear persists, and year after year they refuse to seek help. They are left with three options, pay out of pocket for an assessment with a competent and certified mental health practitioner, ask their medical doctor for a referral at a center for such disorders (Homewood, Ottawa anxiety disorder clinic are examples) or suffer in silence. Many still take the last option...

... as a psychologist I am frustrated with the issue of PTSD and other mental health disorders. I meet, talk to and share the pain of many officers who suffer in silence, not only from the fear of being found out but from diverse conditions.

**371** He also observed:

Furthermore, the reaction of other employees and some managers to knowing that a fellow employee has this diagnosis may not be very enlightened or compassionate and may reflect more the police culture than the police family. Stigma still exists when dealing not only with PTSD but with depression, anxiety disorders and other mood disorders.

**372** On a positive note, the Staff Psychologist wrote that there has been a great deal of change, more requests for his help and that of the peer teams, and more responsive and informed management. When we interviewed him, he expressed the view that the police culture has shifted in a positive direction. He noted that some peer support members who have experienced traumatic incidents and been very open about it, had still been promoted. He also felt the talks he gives to officers help to chip away at the culture. He suggested publicizing stories to reduce stigma, such as the case of one officer who had what he described as “wild” symptoms of PTSD and was hospitalized – but successfully returned to work after receiving treatment.

**373** Still, he acknowledged that the stigma around operational stress injuries has not disappeared. He recalled an officer who showed “the bells and whistles, all the symptoms of PTSD” but refused help because he feared others would find out, since his supervisor would have to sign the claim form. Even when the psychologist arranged to have the officer seen by a psychologist in another province, he refused:

He called me and he said, “I understand, but I’m terrified that somehow, this will come out” ... and to this day he’s still suffering and every now

and then we hear from him and we start the offering again and he says no. I said, “you understand your performance is decreasing because of this. This will affect your family.” [He replied,] “yes, but I’m in a position of authority and if this gets known, it’s the end of my career.”

**374** The OPP’s attempts to respond to operational stress injuries through education and programming will not be successful unless it is able to effect a fundamental change in cultural perceptions of such injuries. This is a significant challenge and will likely require comprehensive review of its existing initiatives, as well as research and implementation of best practices in this area. Based on the evidence obtained in my investigation, I am recommending immediate consideration of several issues as part of that review.

#### **Recommendation 1:**

**The Ontario Provincial Police should take additional steps to reduce the stigma associated with operational stress injuries existing within its organization, including:**

- **conducting a comprehensive review of its education, training, peer support, employee assistance and other programming related to these injuries**
- **consulting with experts, police stakeholders, the Canadian Forces, Veterans Affairs Canada, and other police organizations**
- **researching best practices relating to addressing operational stress injuries in policing; and**
- **developing and implementing a comprehensive and co-ordinated program relating to operational stress injuries.**

### Education and Training Co-ordination

**375** Serving and former officers who have experienced the ravaging effects of operational stress injuries on their lives, their careers and their families, are perhaps the best placed to suggest improvements to the OPP’s policies and practices. One of the key suggestions we heard from them was that education and training relating to operational stress injuries be increased, particularly to help managers recognize symptoms.

**376** At present, recruits receive some training on stress management at the Ontario Police College and the Provincial Police Academy. The subject is sometimes discussed as part of the annual “block training” provided to officers, or when they are promoted to supervisory positions or take specialized or management courses.



It is occasionally offered on an ad hoc basis at conferences, operational shift briefings, and at the regional and detachment level. When critical or traumatic incidents occur, those debriefed by the Critical Incident Stress Response and Trauma Support teams also receive information about operational stress injuries. The Staff Psychologist and members of the peer teams deliver a variety of presentations on the subject, too, but the psychologist acknowledged to us that while some training is planned, some is rather “haphazard.”

- 377** Several of the OPP members we interviewed, including senior officers, were unclear on what training on operational stress injuries was provided and by whom.
- 378** Some OPP regions have used “wellness days” and similar initiatives to address operational stress injuries, but others use these events simply as social occasions.
- 379** The OPP does not co-ordinate or track its operational stress injury training and education organizationally or regionally. There is no consistency in the amount or type of training received in different regions, and there is no OPP-wide standard for it.
- 380** Some of the officers we interviewed, including some in senior positions, expressed the view that the service would benefit from consistent, expanded and/or more co-ordinated education and training in this area. Some noted that training in “resiliency strategies” is provided to specialized units such as the Child Sexual Exploitation Section, and suggested that members would benefit from such training being more broadly available.
- 381** One inspector stressed the importance of education in reducing the stigma associated with operational stress injuries. He remarked that members need to understand that an operational stress injury is a “viable, understandable injury. And it’s that education piece that we need to get people to accept ... it is an injury, it’s not a copout.” He told us education is better now than in the past, but there is still room for improvement, including an organized education package.
- 382** The approved (but still unstaffed, as of the writing of this report) new position of Operational Injury Social Support Coordinator will apparently have some role with respect to education about operational stress injuries, but the specifics are still unclear.
- 383** The OPP should review the education and training initiatives now provided for its members on operational stress injuries, with a view to developing and implementing a comprehensive, consistent, and co-ordinated program, which

should include keeping track of presentations, courses and other means of delivering information about operational stress injuries.

**Recommendation 2:**

**The Ontario Provincial Police should develop and implement a comprehensive, consistent, and co-ordinated education and training program for its members with regard to operational stress injuries, including keeping track of all presentations, courses and other educational and training initiatives.**

***Families Need Support, Too***

**384** Although families often bear the brunt of operational stress injuries, families are conspicuously absent from the OPP’s education and training efforts relating to operational stress. The Ontario Police Academy’s half-day session for families is a start, but far from the proactive, multi-stage education and training program provided for officers and families through the Canadian Forces or even the family website maintained by the Metro Nashville Police Department.

**385** The International Association of Chiefs of Police suggests that law enforcement agencies offer services for families, including group discussions among officers and their spouses, orientation programs and frequent family events. It has stated:

The financial cost of implementing these programs is not large, but the return benefits to the officer, the family, the department and the community can be immense in stimulating positive public relations, reducing stress, promoting marital harmony, and improving job performance.<sup>86</sup>

**386** The significance of educating family members about operational stress injuries can’t be underestimated, and, as two committees considering the London, Ont. police murder-suicide noted, families should receive ongoing education on such matters as suicide, mental health, substance abuse, health and wellness and the unique strengths and stressors associated with police culture.

**387** The OPP should build on this advice with education, training and outreach programs for families.

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<sup>86</sup> International Association of Chiefs of Police, “Police Work and Family Life,” *IACP Training Key*, Vol. 15, No. 339 (Alexandria, VA: IACP, 1987) **as cited in** *Developing a Law Enforcement Stress Program*, *supra* note 66 at 138.

### **Recommendation 3:**

**The Ontario Provincial Police should develop and implement education, training and outreach programs relating to operational stress injuries, designed for family members of officers.**

#### ***Building On Peer Experience***

**388** It is widely recognized that fellow officers who have experienced operational stress injuries provide substantial credibility and can serve as catalysts to understanding when they are part of education and training programs.

**389** The Provincial Police Academy has, at times, invited officers who have been involved in critical incidents to participate in the training provided for recruits. They introduce recruits to real-life stories of trauma and recount their coping strategies for emotional survival. There have also occasionally been opportunities available for some OPP members to attend presentations by individuals from the OPP, the broader policing community or the military, who have coped with traumatic incidents and operational stress.

**390** For instance, in March 2011, the OPP's Aboriginal Policing Bureau invited a former First Nations police officer who had left due to stress to give a presentation about his experience. The wife of an OPP member with PTSD heard the presentation. She told us she believes strongly that such lectures should be mandated for all members.

**391** Several of the officers we interviewed said they felt presentations by peers from other police forces and the military who shared their operational stress injury stories were very effective.

**392** As one inspector put it:

You can talk in textbook language. You can tell people about the policy, but man, it really speaks volumes when you have two officers there who, for all intents and purposes, should be dead – who tell about their story, not only their story about the shooting and what happened, but what happened afterwards and the support that was or was not there.

**393** While peer officers sometimes take part in the training programs and presentations offered by the OPP, there is no consistency, regularity or overall co-ordination of

these efforts. The Canadian military has effectively integrated peers into education and training programs for active and retired officers as well as their families, through its speakers' bureau. The OPP is missing an opportunity to strategically use the credibility and experience of peer officers to reinforce its education and training initiatives relating to operational stress.

**Recommendation 4:**

**The Ontario Provincial Police should expand the use of peer presenters in its education and training efforts related to operational stress injuries.**

## Limits to Employee Assistance Program

**394** While the OPP's external Employee Assistance Program provides short-term counselling services and referrals to officers and their families on a variety of matters, there are limitations to this service due to its generalist and short-term nature, its broad client base, lack of client tracking and restrictions on its use.

### ***Keeping things on Track: Lack of Statistical Reporting***

**395** There is no record available to the OPP of how many of its officers and family members have contacted the external Employee Assistance Program, whether those contacts involve operational stress injuries, or what the outcomes were. The EAP provider asks all clients if they would like to participate in a satisfaction survey, but there isn't even a way to track how many responses to that survey relate to the OPP.

**396** While confidentiality of counselling through the external provider should be protected at all times, generic statistical information about contacts in connection with OPP operational stress injuries could prove invaluable in helping the OPP target areas of need.

**397** The OPP should work with its external EAP provider and stakeholders to remedy this. Such information is essential in developing programming to help affected officers and their families.

## Recommendation 5:

**The Ontario Provincial Police should work with its external Employee Assistance Program provider, in consultation with police stakeholders, to establish a confidential means of statistically tracking OPP client contacts relating to operational stress injuries.**

### ***"You've Never Walked in My Shoes": Limits to Generalist Approach***

- 398** Multiple professionals in the field of mental health have stressed that it is important for anyone counselling police officers and their families to be familiar with policing. If professionals with direct experience in this milieu are not retained, it is recommended that counsellors make special efforts to learn about police work to gain cultural competency and credibility.
- 399** It has been observed by various experts that police officers are often uncomfortable with consulting mental health professionals who do not have a sense of what it means to be a cop. In recognition of this, specialized treatment programs for operational stress injuries have been designed for individuals from these backgrounds.
- 400** We spoke with several OPP officers who confirmed that, at present, members are often reluctant to deal with generalist counsellors through the external Employee Assistance Program provider. One peer team member told us that his team has provided direct referrals to the OPP Staff Psychologist for help rather than referring officers to speak "...to somebody with a master's in social work that's doing family counselling in Barrie." We were also told that some peer support members provide officers with direct referrals to community psychological resources instead of suggesting they contact the generalist Employee Assistance Program.
- 401** As one Trauma Support team member told us, "In the police community there is a sense that unless you've sort of walked in my shoes or at least been around in my shoes, you may not entirely understand the situation." He noted:

If you're an employee in ... the Ministry of Education, regardless of what job you do for the Ministry... it's extremely different than what a police officer does and is expected to do in the course of their career. So to have sort of a one-size-fits-all service provider probably isn't the best option."

- 402** We spoke with one senior officer who had contacted the external Employee Assistance Provider when he was experiencing difficulties after an injury and leave of absence, and the death of a close friend. He met with a therapist a couple of times, and found it helpful. He didn't feel it was necessary to speak with someone familiar with police work. However, a detachment commander told us the general Ontario Public Service employee assistance programs don't fit the "24/7" policing world. And another acknowledged that while the external provider is helpful with a variety of problems, when it comes to work-related stress injuries, officers need someone who deals with and understands them and their needs, and is familiar with the police culture.
- 403** Forensic psychiatrist Dr. Peter Collins told us that although it is not part of the work he does for the OPP, he regularly gets calls from officers wishing to see him, rather than an EAP counsellor. He acknowledged that it is beneficial if a counsellor understands police culture.
- 404** A community therapist who routinely treats police clients also advised us that speaking with someone who understands the culture is important to them. She had spoken with many officers who complained about therapists interrupting them to ask what various things meant.
- 405** Some of the officers who approached us to discuss their experiences with operational stress injuries described unproductive and discouraging contacts with the external Employee Assistance Program because of its ignorance of policing realities.

### Officer Edward

- 406** Officer Edward has had a long policing career, most recently with the OPP. He has investigated homicides and sexual assaults and received many commendations – even an award for saving a life. He was able to withstand the strain of repeated exposure to multiple traumatic incidents, until he was involved in a near-fatal car crash. That event sent him into a cycle of depression and excess drinking. He told us that when he screwed up the courage to approach his superior about what he was going through, he was told to “suck it up.” And when he told the external EAP provider he was scared, depressed and didn't want to leave his house, he says he was told to “try some yoga.” Eventually, he was able to find a community psychologist who diagnosed him with post-traumatic stress disorder. He continues to be off work and under treatment.

### Officer Frank

**407** Officer Frank had been with the OPP more than 10 years when the multiple scenes of suicide, drowning, highway fatalities, and post-mortems became overwhelming for him. After his first child was born, a moment of joy turned into a moment of horror when he suddenly experienced a flashback to a morgue table where he had witnessed a child's autopsy six years earlier. During a vacation, he began suffering from insomnia, and reached a point where he thought of suicide. While he was on a medical leave, an inspector dropped by his house and referred him to the Employee Assistance Program. He sought help from the external provider, but told us he found it totally inadequate to his needs:

I had one meeting with them. Right off the bat they told me, "Just so you're aware, this is a short-term thing. You're limited to five appointments." So I'm thinking, five? How the hell are they going to fix this in five? So I've already in my mind written it off.

**408** After attending two sessions that he felt weren't helpful in the least, Officer Frank found a community psychiatrist. He believes the services provided by the external EAP provider are insufficient for dealing with operational stress injuries, and that the OPP should provide a list of appropriate community resources for officers suffering from these conditions.

### Retired Detachment Commander George

**409** About six years ago, while Detachment Commander George was still working, he began to experience anxiety, racing heartbeat, tremors, insomnia and flashbacks on the job. The countless scenes of horrific crimes, multiple fatal vehicle crashes, death notifications, and assorted human tragedies he had witnessed took a cumulative toll. News of officers killed in the line of duty, and seeing the bodies of dead children (in one case several in the same household), were particularly traumatic.

**410** The policing milieu, with its high demands and aversion to showing weakness, added to the strain. Detachment Commander George explained that in this pressurized environment, admitting to having an operational stress injury meant the end of career progression. He had seen officers with operational stress injuries get labelled and shunned as news of their condition spread throughout the workplace and the community.



- 411** He contacted the external EAP provider twice for assistance. Although he found it helpful to talk to someone, he did not feel that the service was qualified to address his specific concerns. He said officers are generally reluctant to talk to the EAP provider because they don't want to deal with someone who is unfamiliar with police culture and hasn't been through what they have experienced.
- 412** It was only when he retired that he decided to seek counselling. While he acknowledged there are some OPP superiors who do reach out and try to help their officers, he believes additional resources are necessary. He said OPP members generally distrust the EAP, and should have access to external medical support.

### *Rachael Marshall*

- 413** Families of officers may also feel the need to discuss problems related to operational stress injuries with professionals who are familiar with police culture. Rachael Marshall contacted the external EAP provider shortly after her husband Doug's suicide. She was referred to a Vancouver-based counsellor, to whom she spoke by phone – and who in her view, lacked any experience in dealing with PTSD. She participated in two phone appointments, and after being advised to engage in “breathing exercises,” which were not useful so close to her husband's death, she abandoned any further attempt to obtain help through this resource. Her family sought assistance through her family doctor and continues to use the social workers attached to that doctor's office.

### ***Improving the Assistance Program***

- 414** After an officer has found the courage to reach out for help for a psychological injury, it is important to gain his or her trust immediately. As one officer told us:

Look, we're talking about police officers here. Not great at asking [for help], right? So when [you] actually come, reach out your hand to ask for help, you're in a place where you are actually ready to receive it, and if you don't get it at that time, your chances then of reaching out again diminish.

- 415** Even a bungled initial intake call can discourage officers from getting the assistance they need. One officer we spoke to was frustrated by the external EAP provider when its dispatcher spent an inordinate amount of time trying to find his OPP employer in her client database – he said he had to instruct her to look under the listing for the Ministry.

- 416** The OPP Staff Psychologist expressed the view that the external Employee Assistance Program is an important safety valve and helpful for coping with general stress issues, but it simply does not have the expertise for the complexity of PTSD. He said he had to work very hard to earn the trust of OPP members, doing ride-alongs, going to the firing range, and even going underwater with the Underwater Search and Recovery Unit. He felt that it is crucial to be familiar with police culture in order to work with police.
- 417** He also noted that he was involved in a number of “debriefing” sessions for officers related to an officer’s suicide in May 2012. Officers in those sessions repeatedly told him the EAP was unresponsive to their need for face-to-face meetings. Some who had called the provider, desperate to meet with a therapist, were told they could get phone or email counselling right away but would have to wait five days for an in-person meeting.
- 418** Based on the information obtained in our investigation, it appears that the services provided by the generalist Employee Assistance Program are not meeting the needs of officers coping with operational stress injuries, or those of their families. Accordingly, I am recommending that the OPP create a system allowing for immediate referrals for officers and their families to professionals with expertise in treating operational stress injuries. This system should be developed in consultation with police stakeholders, as well as organizations that provide specialized supports, such as the Canadian Forces, which has established operational trauma and stress support centres, and Veterans Affairs Canada, which runs operational stress injury clinics.

#### **Recommendation 6:**

**The Ontario Provincial Police should consult with police stakeholders as well as organizations that provide specialized supports for those suffering from operational stress injuries, with a view to creating a system allowing for immediate referrals for officers and their families to professionals with expertise in treating operational stress injuries.**

#### ***Therapy Rationing***

- 419** The short-term nature of the external Employee Assistance Program’s services is also an issue. As one detachment commander noted, the program is not designed for police officers, and its six-session limit isn’t enough to address the emotional “baggage” they carry. Clinicians from Homewood Health Centre’s traumatic stress recovery program also expressed concern about problems with continuity of care,

when there are limited sessions available through the EAP and officers must seek help elsewhere.

- 420** An Ontario psychologist who specializes in treating clients for trauma said the limited number of sessions offered by generalist employee assistance programs is insufficient to deal with PTSD and similar issues that require thorough initial assessment, sometimes lasting five sessions. She said several officers have told her they find such programs useless.
- 421** Given the nature of operational stress injuries, it appears that the short-term counselling available through the OPP's external Employee Assistance Program fails to meet the pressing needs of officers at risk of or suffering from such conditions. Accordingly, the OPP should develop a plan, in consultation with stakeholders, that addresses this.

**Recommendation 7:**

**The Ontario Provincial Police should, in consultation with police stakeholders, develop a plan to allow officers access to longer-term specialized support for operational stress injuries, absent the restrictions of the existing Employee Assistance Program.**

***Lack of Community Referrals***

- 422** One of the recommendations by the independent committee that considered the 2007 London, Ont. murder-suicide was that a list of senior counsellors with experience dealing with police officers should be made readily available to complement existing employee assistance programs. Several police services provide referrals to available psychological resources, including Calgary, which maintains a list of private psychologists, and the Royal Canadian Mounted Police.
- 423** The OPP Staff Psychologist noted that it would be impractical for a provincial force like the OPP to maintain such a list, given its size and geography. However, he said in some cases he has provided names of mental health professionals in specific communities upon request.
- 424** Still, many OPP officers, including several with operational stress injuries, told us a list of community resources would be helpful. Forensic psychiatrist Dr. Peter Collins also agreed that it is important to ensure that officers have access to a list of counsellors with experience in dealing with police, to complement the external EAP.

- 425** Based on the evidence gathered in our investigation, I am recommending that the OPP consult with the EAP provider, mental health professionals and other police organizations such as the RCMP, with a view to creating a list of mental health resources that could be made available to officers and family members in need of services beyond the scope of the EAP.

**Recommendation 8:**

**The Ontario Provincial Police should consult with the Employee Assistance Provider, mental health professionals as well as other police organizations and create a community referral list of mental health resources.**

***Operational Stress Injuries Don't Retire: Assistance for Retirees***

- 426** One of the characteristics of operational stress injuries is that their onset is often delayed. Officers can exhibit symptoms years after experiencing trauma. We spoke with many retired officers, including Bruce Kruger, whose operational stress injuries manifested themselves or became more extreme post-retirement.
- 427** The limit under the OPP's external EAP provider for assistance post-retirement is three months. A former director of the Human Resources Section acknowledged to us that perhaps the OPP could do better for retired officers, and several retired officers told us the program's services should be extended. The Ontario Provincial Police Association as well as OPP human resources officials also confirmed that they have heard from retired officers who are frustrated with the three-month limit.
- 428** Veterans Affairs Canada recognizes that military members can suffer from the effects of their service well after they retire, and provides specialized supports to retirees and their families through operational stress injury clinics. The OPP should ensure that retired officers who suffer from operational stress injuries have access to ongoing specialized supports. The three-month EAP limit does not reflect the reality of operational stress injuries, which are often chronic, cumulative in nature, and might not even become evident until after retirement. Officers who have devoted themselves to serving and protecting the public should be provided with the necessary supports to address the impact of operational stress injuries they incurred as a result of their service.
- 429** The OPP should develop a plan that better provides for the needs of retired officers with operational stress injuries.

## Recommendation 9:

**The Ontario Provincial Police should, in consultation with police stakeholders, develop a plan to provide retired officers with ongoing access to specialized supports for operational stress injuries.**

## Inconsistency in Availability of Psychological Services

**430** The Canadian Forces and some police services, including Calgary and Montreal, provide psychological services directly to their members. The OPP does not have a general psychological services program, but officers are entitled to some funding for them under the OPP benefit plan, and treatment may also be available for operational stress injuries through the Workplace Safety and Insurance Board. In addition, we found that informal psychological supports and funding for psychological services are also sometimes available through the OPP. Unfortunately, access to such services tends to be *ad hoc* and inconsistent across the organization.

### ***The "Dog on Roller Skates": The OPP Staff Psychologist***

- 431** Prior to and during our investigation, the OPP had one Staff Psychologist. We interviewed him a number of times about his work and his role, before he left the OPP in the summer of 2012. In July 2012, we were advised that the Staff Psychologist's job description was being updated and we obtained a job description under the new title of "Manager, Psychological Services Section." Notwithstanding these developments, in my view, the detailed and candid information provided by the Staff Psychologist remains an extremely valuable guide to the services the OPP is providing and where it needs to improve.
- 432** The Staff Psychologist told us he would occasionally meet with OPP members and their families, upon request, to discuss psychological concerns and provide referrals where appropriate, but he did not diagnose or treat officers with operational stress injuries. Moreover, this informal consultation was not part of his official role, which was primarily focused on assessing recruits and members for specialty teams.
- 433** He also assisted with the Critical Incident Stress Response and Trauma Support teams and was involved in various mental health initiatives, such as the stress test pilot project.

- 434** He advised us that he responded to calls from across the province, in tandem with the peer teams, and spent considerable time travelling. Because of competing demands, he was often unable to arrive at incident scenes within the expected time frame. He told us of one period when he had to deal with an officer who shot someone, two officer suicides, and a slew of critical incidents at opposite ends of the province, all occurring in close succession.
- 435** A number of crisis and trauma response team members, as well as OPP managers, told us the service needs at least one more psychologist to deal with the volume of calls. While many admired the Staff Psychologist for his stamina and commitment to respond to multiple incidents throughout the province, they recognized that the workload was exhausting for one person. One Trauma Team member described the psychologist as “a dog on roller skates.” A detachment commander acknowledged that the psychologist was “stretched,” while a regional commander described him as “overburdened at times.”
- 436** The Staff Psychologist also observed that if the number of critical and traumatic incidents continues to rise, additional mental health resources will be required. We understand that an outside psychologist was retained in April 2011 to assist with a debriefing in an OPP suicide case.
- 437** In April and May 2012, according to the Staff Psychologist, he logged about 19,000 km in an OPP car, responding to critical and traumatic incidents across the province.
- 438** He told our investigators that he viewed himself as being on call to assist any of the 6,100 uniformed and 2,000 civilian members of the OPP, and to respond to critical and traumatic incidents whenever they arise. He noted that he had never been told otherwise, and he had even been asked to help other police services.
- 439** His supervisors, however, took a different view of his responsibilities. Senior Human Resources officials we interviewed told us that any services the Staff Psychologist provided beyond assessing recruits and members for selection for specialty teams were incidental to his core function. They felt the psychologist was able to meet the official requirements of the position, and said they had no plans to supplement the OPP’s in-house psychological services.
- 440** Notwithstanding this apparent disconnect, and regardless of whether or not it was in his job description, the Staff Psychologist dealt regularly with officers in the aftermath of crisis situations and when they sought him out. There appears to be a need, in practice, for some form of internal resource to, at a minimum, provide

advice and connect officers and family members with psychological services in their communities. This role should be formalized, and officers and their families made aware of this resource.

- 441** We were advised in May 2012 that Standing Operating Procedures were being developed for engagement of the Peer Teams and the Staff Psychologist “as an education/communication mechanism for the organization.” The revised job description we reviewed in July 2012 for the “Manager, Psychological Services Section” refers to the incumbent being involved in “development and implementation of an organization[al] mental health strategy aimed at identifying and supporting the psychological requirements of members,” as well as “consultation and training to management and executive staff and [attending] severe critical and traumatic incidents and assist[ing] with debriefs.” There should also be official recognition of the function that the Staff Psychologist has served in assisting members and acting as a referral resource. The OPP should conduct further review of the Staff Psychologist’s actual activities, identify any additional gaps in the current position description, and revise it to reflect the actual scope of this position.
- 442** Given the size of the OPP and the demands experienced by its Staff Psychologist, it does not appear that the organization is sufficiently resourced to meet the needs of officers and their families, particularly in responding to critical and traumatic incidents. It is somewhat incredible that the OPP would rely on just one psychologist to serve thousands of members. The OPP should adequately resource this function, through addition of mental health professionals, or find an appropriate alternative.

**Recommendation 10:**

**The Ontario Provincial Police should review the activities of the Staff Psychologist to identify gaps in the position description and revise it to reflect the actual scope of this position.**

**Recommendation 11:**

**The Ontario Provincial Police should adequately resource the Psychological Services Section through addition of mental health professionals, or find an appropriate alternative to the present system.**



## ***Bending the Rules***

- 443** Some officers have been able to get psychological services directly through the OPP, but availability of this support varies across regions.
- 444** In some cases, OPP regions have paid for individual psychiatric or psychological treatment for members, but this practice is not technically sanctioned by the OPP. One regional commander told us that in the past few years he has paid for three or four officers identified by the Critical Incident Stress Response team to see a psychologist. In his view, they needed additional counselling, and it simply became a question of who would pay:

My view was it was not something that we would debate; the employee needs it, so let's just get it arranged. So we paid the bills internally. I think there was follow up with WSI later on to see if we could recover it. But the point at the moment was that it just could not be an issue... You can't policy-black-and-white every possibility. Sometimes you just need to move forward with what's needed.

- 445** Many of the OPP officers we spoke to, including managers, said additional psychological services are required. They noted that the available supports for operational stress injuries are primarily reactive – they apply when a problem has already emerged, and they are limited. A number of OPP officials suggested that the available services be expanded. One inspector said:

If you made it so that you have the resources within the organization [so] that we had this cadre of psychologists that ... understood what we do, I think it would be better – more easily accepted – and would be something that would just be a matter of course.

- 446** The Staff Psychologist told us that embedding Psychological Services in the Career Development Bureau also inhibited officers from coming forward for help, for fear it will hurt their careers. He noted that some research recommends that psychological services fall directly under the Commissioner/Chief of Police, which is the case with the Calgary Police Service – and be physically separate from other services offered by the organization, similar to the setup in the Calgary, Montreal and Michigan State Police Services.
- 447** Ready access to direct psychological support should not depend on the region an officer happens to work in and its willingness to bend the rules. The OPP should follow a well-researched, organized and consistent approach to the issue of funding

psychological services for members, including providing direct access through outside consultants or a separate, enhanced Psychological Services Section.

- 448** In engaging in this exercise, the OPP does not have to reinvent the wheel. It should consult with the Canadian Forces and Veterans Affairs Canada, which have extensive experience in the area of identifying and treating individuals for operational stress injuries, as well as other police organizations with direct psychological service programs, such as the Calgary Police Service, the Montreal Police Service, the Los Angeles Police Department, and Michigan State Police Service. The OPP should consult broadly and pursue partnerships with other organizations in an effort to develop a program that best serves its members.

**Recommendation 12:**

**The OPP should, in consultation with police stakeholders, the Canadian Forces, Veterans Affairs Canada and other police organizations, provide direct access for its members to psychological services, through retaining outside consultants, pursuing partnerships with other organizations or creating a physically separate, enhanced Psychological Services Section.**

***Psychological Safeguarding for Specialty Areas***

- 449** The Safeguard Program for specialized areas of the OPP is another exception to the OPP's general practice of not providing direct psychological service to members. Safeguard is a proactive intervention model that uses education and periodic psychological assessment to screen members and support their wellbeing in areas of policing that are known to be particularly emotionally charged.
- 450** Many of the officers we interviewed who had suffered from operational stress injuries supported expansion of the Safeguard Program, particularly to areas regularly exposed to critical incidents. A number of senior OPP officials and an Ontario psychologist familiar with the program shared this view.
- 451** In particular, forensic identification officers and members of the Technical Traffic Collision Investigator/Reconstruction Unit were identified as good candidates for the program. One of the officers involved in developing the Standing Operating Procedures for the program in the Child Sexual Exploitation Section described a recent case that Forensic Identification and Technical Services officers had to process, where two drivers were killed on the highway after a truck broke down. The officers were at the scene where the victims had to be carried away in 23

separate bags. “I think of that kind of work and I do worry, what are we doing for them?” he said. “Are they okay?”

- 452** Forensic psychiatrist Dr. Peter Collins, also noted that accident reconstructionists and forensic identification officers have been known to have issues with cumulative stress. The section manager of the Forensic Identification and Photographic Services Section confirmed that the officers in this area are exposed to a lot of “gruesome” scenes. He indicated that there was discussion in 2011 about starting a Safeguard Program in the section, but logistically it could be difficult to implement, as the section has 13 units and dozens of members throughout the province. However, he said making psychological evaluation mandatory, on an annual or semi-annual basis might assist in overcoming officers’ reluctance to see a psychologist. He noted that a few years ago, the Ministry instituted regular technical certification of his officers and, while there was “a lot of grumbling” at first, certification is now “an accepted fact.” He sees the potential for the same to apply if a Safeguard Program were brought in:

We spend a lot of time and money on every one of our officers ... I mean, from the time they join, there’s a huge investment in what we put into them and what we expect of them... Definitely [expanding Safeguard] is something that would be a positive thing.

- 453** We were advised earlier this year that the OPP is considering expanding the Safeguard Program to members involved with the witness protection program, whose work can also be extremely difficult and stressful.
- 454** By all accounts, the OPP’s Safeguard Program for specialized units has been successful. It makes sense to build on this success and export it into other high-risk areas. At present, two separate Safeguard Programs operate under different procedures. While the operational requirements of different areas need to be taken into consideration, the programs should all be entrenched in police orders, and overseen and co-ordinated at a higher level within the organization.
- 455** The OPP should also conduct a service-wide functional assessment to identify units whose work regularly exposes them to traumatic events, and which might benefit from expansion of the Safeguard Program. It should expand the Safeguard Program to include these units, consulting with the Ontario Provincial Police Association – as it did with the latest iteration of the Safeguard Program – and other stakeholders.

- 456** The OPP could continue to deliver the Safeguard Program through retaining external consultants. However, as noted in Recommendation 12, it could also consider creating an expanded Psychological Services Section to assist with this.

**Recommendation 13:**

**The Ontario Provincial Police should create a unified and co-ordinated Safeguard Program, entrenched in police orders.**

**Recommendation 14:**

**The Ontario Provincial Police should conduct a service-wide functional assessment to identify units whose work regularly exposes them to traumatic events and, in consultation with police stakeholders, expand the Safeguard Program to include these units.**

***Additional Safeguards, Checks and Balances***

- 457** Several OPP officers and managers told our investigators there should be some form of “safeguarding” or mandatory periodic psychological assessment available to officers across the organization. Officers suffering from operational stress injuries, as well as their family members, were particularly supportive of such an initiative.
- 458** The OPP Staff Psychologist expressed the view that, rather than individual programs developing as silos, “safeguarding” should be incorporated as part of a general approach towards policing. He observed that while specialized officers get this attention, front-line officers are often more at risk of being shot, run over or attacked with a knife.
- 459** One manager, who said the Safeguard Program in the Child Sexual Exploitation Section reduced stigma associated with emotional response to trauma and improved support for members, suggested that psychological assessments and support programs be made available to all front-line officers. He noted that during a budget meeting where the costs of such assessments to the CSES were being discussed, he had observed:

It’s a no-brainer, right? It’s money well spent, well invested to serve the interests of the well being of our members.... I think that’s a culture we

need to build within the organization as well... So if it's \$400 or \$500 for an assessment to make sure they are well, etc.; that they are coping, how much do we pay an employee in any given week?

- 460** The idea of adopting a service-wide Safeguard Program requiring regular psychological assessment for all officers is not without controversy. Aside from the programs for specialized areas, the Ontario Provincial Police Association does not currently promote mandatory psychological assessments of its members, on the basis that they already go through psychological testing when they are recruited. Rather than support a mandatory program, the Badge of Life organization recommends regular “wellness” checkups of officers, but emphasizes that these should be voluntary.
- 461** We heard mixed views from supervisory OPP officers as to whether mandatory psychological assessments would be beneficial. Some felt an evaluation requirement would not be effective unless officers’ participation was voluntary; others thought the OPP should adopt a more preventive strategy to deal with operational stress injuries, noting that a mandatory requirement to meet with a psychologist normalizes the situation and reduces the stigma.
- 462** A senior officer noted that he was required to attend mandatory sessions before and after he was deployed in missions overseas. He said mandatory psychological assessment might work if officers were told what to expect. A regional commander told us his personal view was that it would be a fantastic idea for officers to periodically meet with a psychologist.
- 463** One staff development and training manager we interviewed supported the idea of periodic wellness checks with a psychologist every three to five years. As with the Safeguard Program, he said, a policy entrenching mental wellness checkups and applying the requirement to everyone would eliminate the stigma.
- 464** While the OPP Staff Psychologist suggested it would be helpful as a preventive measure for members to see a police psychologist every year, and it is a good model for a municipal service, he noted it was not possible for the OPP, given its limited resources versus the number of officers and vast territory.
- 465** The idea of incorporating expanded educational and psychological evaluation components as part of a comprehensive wellness strategy for all OPP officers has much merit. The Safeguard Program has proven effective in specialized areas in destigmatizing emotional response to trauma and normalizing reliance on psychological supports. The OPP should incorporate the Safeguard Program’s enhanced educational and psychological assessment features into a broad-based

organizational program, whether as part of the existing program or as part of a mental wellness education and checkup initiative.

- 466** Unlike the existing Safeguard Program, where officers are screened for entry into specialized areas and can transfer to other areas if the work no longer suits them, a generalized mandatory assessment program would likely be far more contentious. It could very well incite fear amongst officers that a negative evaluation would end their careers. I also recognize that key police stakeholders will likely be opposed to it. Under the circumstances, any preventive program of this nature would have to be well researched and developed in consultation with police stakeholders. It would have to carefully balance the interests of the organization and those of individual officers. It would need to protect officer confidentiality, and be clearly directed at enabling them to carry on in their work with minimum risk to their health.
- 467** While the Psychological Services Section as presently constituted is not adequate to the task of implementing a program of organization-wide mandatory assessment, the OPP should, in consultation with police stakeholders, make enhanced education and mental wellness checkups a routine part of service for all members, either through the Safeguard approach or other appropriate means.

#### **Recommendation 15:**

**The Ontario Provincial Police should, in consultation with police stakeholders, research and implement a comprehensive, proactive and preventive “Safeguard” or enhanced education and mental wellness checkup program, available to all its members.**

### **Proactive Disclosure: Operational Stress Injury Survey**

- 468** A number of officers with operational stress injuries suggested to us that the OPP should keep statistics on operational stress injuries to gain better understanding of the scope of the problem. The OPP Staff Psychologist also acknowledged that this would help the organization in designing preventive measures. The recent police stress test pilot project enabled OPP managers in the Technical Traffic Collision Investigator/Reconstruction Unit to gain insight into the stress levels in a specific area. Similar confidential and anonymous surveying of the entire organization in relation to operational stress injuries would assist in establishing a baseline for psychological services and aid in planning future supports.

- 469** In developing a survey, the OPP should consult with medical experts familiar with operational stress injuries, other police organizations, as well as the Canadian Forces, which conducted a survey while developing its own programs for operational stress injuries.

**Recommendation 16:**

**The Ontario Provincial Police should conduct a confidential survey of all its officers on operational stress injuries, which it should develop in consultation with medical experts, the Canadian Forces and other police organizations.**

## Keeping a Record of Crisis and Trauma: WSIB Claims

- 470** At present, the OPP's Workplace Safety and Insurance Board compensation experience does not reveal the full extent of operational stress injuries in its ranks. While some officers experience acute reactions shortly after an event, resulting in an immediate compensation claim, others might experience delayed onset of operational stress injury, often as part of a cumulative series of traumatic events.
- 471** During our investigation, it became clear that the OPP's practices for recording critical and traumatic incidents for WSIB claim purposes were inconsistent and incomplete. The OPP's statistical report indicates that compensation claims are not submitted when an officer does not miss time off work or require medical care or modified duties, as a result of an incident. However, a manager with the WSIB's traumatic mental stress unit advised that if there is a "cluster" claim or incident affecting multiple officers, some police services, including the OPP, are proactive and send information – whether or not they have received any medical information about the officers. In such cases, the WSIB contacts the officers, and even if they don't respond or wish to continue with a claim, the information is retained for possible future reference.
- 472** A mental health clinician who works with a municipal police service explained to us that the service automatically files "injured on duty" forms for officers involved in events such as baby deaths, suicides and traffic deaths, even if they are not experiencing any issues at the time of the incident – just in case they choose to file a WSIB claim in future.
- 473** Based on our interviews with OPP officials, it appears that the practice of reporting claims relating to traumatic incidents to WSIB varies significantly across the organization. One detachment commander said it was standard protocol in his region to take all officers involved in a critical or traumatic incident to hospital



even if they are adamant they are well, and that WSIB forms are always filed “because I know for a fact that when we go back to WSI in 5 years or 3 years and say, ‘this officer needs some help,’ we need to have something on file.”

- 474** The OPP’s Employee Assistance Program Coordinator told us she encourages members to put in WSIB forms to document critical incidents. We also reviewed a number of claims records for 2009 and 2010 confirming that “no-injury” claims had been filed with the WSIB on behalf of OPP officers and communications operators relating to such critical incidents as the death of small child in a fire, a high-risk takedown, fatal shootings and an officer suicide. In one case, involving the shooting death of an officer 37 claims were filed with the WSIB mental stress team on behalf of OPP officers and communications operators, 35 involving “no injury.”
- 475** Meanwhile, OPP supervisory personnel in some regions told us that they never file claims in these circumstances.
- 476** The Ontario Provincial Police Association has suggested to the OPP that it should track traumatic incidents to streamline the process when members later make claims for operational stress injuries. This approach has merit, and would be a substantial improvement over the present inconsistent practice.
- 477** The OPP is a “Schedule 2” employer, meaning it is responsible for paying the full costs of claims filed by officers. Unfortunately, this arrangement may lead some officers to believe that OPP administrators challenge claims to keep compensation costs down. During our investigation, a number of officers said they had to “fight” with the OPP while pursuing their WSIB claims for operational stress injuries. Many also experienced significant frustration and added stress in attempting to establish a claim through the WSIB. The OPP could minimize perceptions of conflict and assist officers with the WSIB process by keeping accurate and comprehensive records of officers involved in critical and traumatic incidents for future reference.
- 478** The OPP should also ensure that it follows a consistent and proactive practice for reporting claims to the WSIB, in consultation with that organization, protecting the interests of its officers in case of future claims.

**Recommendation 17:**

**The Ontario Provincial Police should keep a comprehensive record of critical and traumatic incidents and the officers involved, and follow a consistent and proactive practice, in consultation with the Workplace Safety and Insurance**

**Board, relating to filing claims for such incidents, even where injuries are not immediately apparent.**

## Leveraging the Peer Support Program

- 479** The positive benefits of using peers, particularly those who have themselves experienced emotional responses to trauma, to provide support, encouragement and hope to fellow sufferers, has been widely promoted by mental health professionals. Peers bring credibility to mental health initiatives and can assist in reducing the stigma associated with seeking help for psychological injuries. As the OPP Staff Psychologist also noted, offering peer support can also lead to an increase in officer resilience to injury.
- 480** The OPP's existing peer teams are made up of dedicated officers who devote time aside from their regular duties to assist their colleagues in intense and difficult situations. OPP peers are a valuable resource that should be used wisely. However, the OPP's present peer team approach is limited in a number of respects.

### ***Better Use of Positive Peer Pressure***

- 481** Peer team members are expected to follow up with officers who attend post-incident intervention sessions. However, we were told there is no specific process allowing peer team members to keep track of those officers. The Staff Psychologist also acknowledged that while one further contact might be initiated with affected officers, the peer teams have so many demands on their time that they have difficulty sustaining any long-term communication with officers.
- 482** One officer we interviewed, who had been seriously injured by a drunk driver, said a peer volunteer visited him in hospital and told him he would follow up after he was discharged, this never happened. A few months after the incident, he experienced fatigue, anger, violent dreams, cold sweats and irritability. It was only through his own efforts and the help of his lawyer that he was able to find a psychologist to help him with these symptoms.
- 483** Another officer who suffered serious injuries in an accident at a traffic stop was off work for a substantial period of time. Although he participated in an initial crisis debriefing, he said there was no further contact from a peer officer.
- 484** Both these officers felt that more sustained contact with peer volunteers would have assisted them with their struggles with operational stress injuries.

- 485** According to OPP policy, managers are required to maintain contact with employees who are absent because of injury or illness. However, as one detachment commander candidly acknowledged, the longer a member is away, the less often contacts occur. In his words, it is as if they have “drifted off, and you would think they’re retired.” He suggested it would be helpful to have better direction on this issue.
- 486** Many officers on leave recuperating from operational stress injuries feel cut off from the organization. A number of members in this situation spoke to us about the isolation they experienced as they lost touch with their colleagues. One described himself as a “pariah.”
- 487** At present, particularly in light of the demands on their limited resources, the internal peer teams’ primary focus is on providing support for officers in the immediate aftermath of a critical or traumatic incident. While some follow-up contacts do occur, there is insufficient emphasis on maintaining regular contact with officers at risk of or suffering from operational stress injuries. This is a significant gap in the existing peer program.

**Recommendation 18:**

**The Ontario Provincial Police should take steps to ensure that its internal peer teams provide more consistent follow-up with officers after critical and traumatic incidents, and that peers are encouraged to maintain contact with officers who are on leave from work due to operational stress injuries.**

***Family Peers***

- 488** The International Association of Chiefs of Police recommends that police services offer counselling, post-shooting incident support and debriefing for family members.<sup>87</sup> While family members have occasionally contacted OPP peer team members or the Staff Psychologist for assistance, there is no organized program of peer support for the families of officers.
- 489** In a March 5, 1999 email, the former OPP Employee Assistance Program Coordinator questioned whether the organization was doing enough for family members of officers, and suggested that a family volunteer peer support program be

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<sup>87</sup> *Supra* note 46.

considered. More than a decade later, the OPP has no dedicated peer support program for family members.

- 490** A detachment commander we interviewed remarked on the limited services available for OPP family members as compared to Canadian Forces families. He told us:

I would say the one thing I think the military is starting to do and pay more attention [to] is ... the family aspect of it. I think we have a trauma team that goes and will meet with the officer and certainly ... if an officer is killed, we spend an enormous amount of time with the family. But short of that, if the officer is involved in a traumatic incident, we are not sending a package to the spouse to say “Here is what your spouse or loved one was involved in, and here is what you can expect.”... I think that one aspect where we’re a little bit weak is with the family and letting the families know, even generically, letting the families know, here is what you can expect. Even when they first join, sending a package to the families saying “Here is what you can expect now that your wife, husband, significant other is a police officer. These are things they are going to be exposed to, here are some of the stresses of the job, what to expect and here are signs of problems.”

- 491** The OPP’s internal peer programs should include regular family support outreach. Given the demand on peer resources, the OPP should work towards organizing a network of family peers, similar to Canadian Force’s Family Peer Support Volunteer program. It appears that the OPP’s proposed new Operational Injury Social Support Coordinator position will have a role in developing family peer support networks across the province, as well as organizing support groups. However, it has been over a year since the business case supporting this initiative was put forward, and little to no action has resulted. The OPP should pursue this initiative as soon as possible.

**Recommendation 19:**

**The Ontario Provincial Police should develop the proposed family peer support program, including recruitment of family peers, as soon as possible.**

## ***Expanding the Circle: Including Retired Peers***

- 492** We were advised that if a retired officer happened to call the OPP Staff Psychologist or a peer officer, they would try to provide some assistance. But the service still lacks a peer assistance program for retired officers, even though research has shown officers continue to be at risk post-retirement of developing operational stress injuries arising from their accumulated police experience.
- 493** One of the Critical Incident Support Response team leads we interviewed said the OPP should be doing more for retirees, noting: “The baggage doesn’t go away just because you’re retired.” He said he would personally be receptive to acting as a resource for retired members and thought it would also be useful if retired members could be part of the peer teams.
- 494** The OPP should take the initiative in establishing peer supports for retired officers. It should also leverage the experience and credibility of retired officers to supplement its peer resources. Retired members with years of policing experience who have suffered from operational stress injuries could provide a valuable and credible addition to the OPP’s peer teams. In the Canadian Forces’ peer support program, retired members volunteer their time to provide support to active and retired members. Retired members have also been used in other innovative ways, such as to help staff the New Jersey State police 24-hour hotline for officers.

### **Recommendation 20:**

**The Ontario Provincial Police should establish a peer support program for retired officers, and recruit volunteer retired members for use in its peer support programs for active and retired officers.**

## ***Critical and Traumatic Incident Intervention, Revisited***

- 495** Peers are a key component to any successful program of support relating to operational stress injuries. Unfortunately, the demands on OPP peer officers vastly outstrip the supply.
- 496** OPP peer volunteers are primarily used to support officers in the immediate aftermath of critical and traumatic incidents. They are on 24-hour call and are expected to mobilize and arrive on site within 48 to 72 hours. However, officers involved with the program are still expected to carry out their regular duties.

- 497** One of the drawbacks to this model is that it is extremely resource-intensive. The OPP EAP Coordinator advised us that it is hard to attract a sufficient number of officers for the internal peer teams to allow for rapid response to incidents across the province.
- 498** One OPP Superintendent told us he was concerned about the limited number of peer team volunteers in his region. When a member committed suicide there, he said it was difficult to deploy enough peers in response.
- 499** While some OPP members told us the crisis intervention program is working well, some peer team members questioned the organizational support for the program, given its volunteer status. The ability of officers to meet their peer support obligations sometimes conflicts with their regular duties. We heard from one senior manager who openly factors in the peer support role when assessing the performance of the peer support officer who reports to him. But we were also told that there are occasions when managers will refuse permission for officers to attend to their peer support responsibilities.
- 500** One team member was concerned that the volunteer program could be difficult to sustain in future. He suggested that consideration be given to creating a full-time position in each region, perhaps matched with other compatible responsibilities. He spoke candidly of the challenges of serving on the team:

At some point, either because of fatigue or attrition or whatever, you're going to run out of people who do it. ... I'm at a stage in my career where because of my responsibilities in my position, I find it really difficult to be on call with the [team] and still be able to manage my own workload.

- 501** Several OPP witnesses said it would be beneficial to have full-time team leads in each region. One OPP manager we spoke to also supported the idea of creating permanent peer response team positions.
- 502** Now that the OPP has made the internal EAP Coordinator's position full-time, additional time may be available for recruitment and training for peers. However, with some **50** peer volunteers for **6,152** uniform members, the OPP's peer support is significantly behind that of other services. For instance, the Toronto Police Service has **80** critical incident/peer supporters for approximately **5,600** uniform members, while the Calgary Police Service has about **70** peer team members serving approximately **1,900** members. Ontario's Ministry of Community Safety and Correctional Services (responsible for the OPP) has established Critical Incident Stress Management teams for correctional officers, led by psychologists, social workers, nurses and other Ministry volunteers. That program relies on **82**

peer volunteers, dispersed throughout the province to support some **3,795** correctional officers and operational managers.

- 503** As the number of critical and traumatic incidents continues to increase, the ability of peer members to respond to incidents in a timely manner could be compromised, along with its ability to maintain follow-up contact with officers.
- 504** Adding retired and family peer volunteers to the roster might help, but a more significant reorientation of the peer team function may be called for.
- 505** During our investigation, it also became clear that there is inconsistency in the internal peer support team callout and debriefing practices. We heard that some OPP supervisors hesitate in calling in the teams unless the officers express an interest, perhaps out of concern for the stigma surrounding trauma response. A staff development and training officer in one region acknowledged there are times when a supervisor at a critical incident will simply ask members at the scene whether they want the teams brought in. A detachment commander told us the team is usually called in based on staff feedback. Another detachment commander noted: “With our job, we’re doing traumatic things every day. So you can’t be calling the trauma support every day... you’ve got to kind of pick and choose...”
- 506** There were also conflicting views among officers we interviewed about whether traumatic incident debriefings should be compulsory or voluntary, as they are at present. Some felt that debriefings should be mandatory, particularly in horrific cases or those involving children, and that this would normalize and destigmatize the process. Others thought debriefings should continue to be voluntary, and that forcing participation would be counterproductive. Detachment commanders also varied in their views; one was under the impression that debriefings were already mandatory.
- 507** The OPP Staff Psychologist said the purpose of debriefings is to offer education and support. They also bind the group together, allowing them to talk about the event and discover that they share similar reactions, decreasing the stigma. He explained that OPP debriefings are not mandatory because of the research indicating that mandatory debriefings are less effective and possibly harmful.
- 508** Reflecting on his experience with the OPP just prior to his departure from the service, the Staff Psychologist told us the organization’s reliance on the critical incident stress debriefing model has become a problem. Given its finite resources, he believed the OPP would likely continue to struggle to meet the demands of timely crisis response and might be better off building a comprehensive wellness program.



- 509** While it may be beneficial for peer volunteers to provide information to officers experiencing a critical or traumatic incident about stress responses, coping tips, employee assistance program and community resources, the OPP might need to re-evaluate and replace its traditional method of crisis intervention.
- 510** In addition to the strain on its peer-based resources and the Staff Psychologist, given the existing medical literature, there is a larger question regarding the utility of a critical incident psychological debriefing model. Experts are now warning that this process can actually re-traumatize officers and precipitate development of operational stress injuries.
- 511** The OPP should consult experts on this and amend its strategies to better reflect current best practices.
- 512** Beyond assistance for critical and traumatic incidents, in order to provide structured and consistent supports for officers, retirees and their families, the OPP should also consider supplementing the pool of volunteer peers with some permanent peer positions. Formalizing the peer program in this manner would provide more organizational credibility to assist volunteer recruitment, as well as reinforce program stability and durability.

**Recommendation 21:**

**The Ontario Provincial Police should consult experts on operational stress injuries, and review and amend its critical and traumatic incident intervention strategies to better reflect current best practices.**

**Recommendation 22:**

**The Ontario Provincial Police should consider developing permanent peer positions for its internal peer support teams.**

## There Are No Quick Fixes: Addressing Cumulative Operational Stress

- 513** It may well be that by refocusing its peer resources, the OPP can develop a more effective and balanced psychological support program. At present, the OPP relies heavily on the crisis and trauma intervention teams to provide a quick fix to ward off operational stress injuries. One regional commander described them as “the fail

safe.” However, it has been recognized that there is often a substantial delay between traumatic incidents and the onset of operational stress injuries. Deploying officers to address potential acute reaction to a critical incident does not meet the needs of those whose injuries are delayed or develop over time as a result of multiple exposures to trauma.

- 514** In her email of March 5, 1999, the then OPP Employee Assistance Program Coordinator referred to the effects of cumulative traumas, and remarked on the absence of programs to address them:

This is one area that we have done/are doing very little [about] as far as I know. Ongoing information needs to be made available... to ensure employees recognize the effects of cumulative stress from critical incidents [that] they may experience in their work many times a year (car accidents, hostage situations, injuries, etc.). [...]

The more proactive we are, the more preventive measures we have in place, and the more follow-up assistance we can offer – the fewer the number of cases will end up as complex accommodation issues.

- 515** Unfortunately, not much has changed in the intervening years.
- 516** Many of the OPP officers we interviewed, including four detachment commanders, spoke of the significant impact of cumulative stress. Some knew officers personally who had experienced operational stress response, not as a result of a specific incident, but because of a gradual buildup of stressful exposures.
- 517** An emotional connection to an event can often tip the balance. Some officers with operational stress injuries told us they managed the accumulated load of exposure to trauma well – up to the point when they made a personal link to an incident. For one officer, it was seeing his young daughter wearing pyjamas with little lambs on them – the same pyjamas he had seen on the body of a young girl he had carried out of a ditch a week earlier, after a fatal car accident. After that, his flashbacks began.
- 518** By failing to address cumulative operational stress injuries, the OPP’s present approach to operational stress injuries is incomplete and deficient.
- 519** Canadian Forces Lieutenant Colonel Stéphane Grenier has observed that police organizations can develop a false sense of security when they establish a critical incident stress management team without considering the entire spectrum of mental

health. He observed in his interview with us that crisis response does not target those who have not been shot at; those who may be “suffering in silence.”

- 520** The RCMP’s Director General of Occupational Health and Safety described cumulative stress as “water torture... that steady drip on your head that over time affects some people.” He told us that as important as critical incident stress teams are, “it’s the day-to-day grind that is going to carry down the vast majority of people.”
- 521** The OPP EAP Coordinator advised us that she is reviewing the military program, which is more proactive than reactive, with a view to improving what the OPP does for members with operational stress injuries.
- 522** The OPP needs to explore a variety of options to address the needs of its members in dealing with operational stress injuries. Providing increased access to direct psychological services through expanding the Safeguard Program or creating a similar program for front-line officers, retaining additional consultants or establishing internal capacity through an expanded Psychological Services Section would help. The OPP should also consider innovative approaches like establishing interactive online resources and 24-hour helplines staffed by active and retired volunteers. It should also research comprehensive general wellness programs that have been implemented by some services, such as the Toronto Police Service.

**Recommendation 23:**

**The Ontario Provincial Police should research and implement innovative approaches to address the full range of member needs relating to operational stress injuries, including interactive online resources, helplines, and comprehensive wellness programs.**

## Breaking the Taboo: Suicide Prevention Programs

- 523** One feature that is glaringly absent from the OPP’s present efforts is a formal suicide prevention program. Research has shown a connection between operational stress injuries and suicide. In particular, those diagnosed with PTSD are statistically at greater risk for killing themselves. Not all officers who commit suicide are affected by operational stress injuries. However, police suicide can in itself serve as a critical event precipitating emotional response. Suicides can engender intense reaction amongst fellow officers, including feelings of anger, guilt and hopelessness.

- 524** The OPP Staff Psychologist told us he had faced increasing calls to assist suicidal officers in the past few years. In a two-day period in October 2009, he was involved in three cases where officers were suicidal. Two had been involved in internal investigations relating to their conduct. In all three cases, he had worked with managers to have the officers' weapons taken away. While the service's overall suicide rate is low in comparison to the general population, he felt its focus should be on decreasing suicide numbers. He noted he had trained the internal peer teams in suicide intervention, but they were not trained in prevention.
- 525** Some OPP officials, including a detachment commander, observed that the rate of suicide in the OPP was "below the norm in policing." However, the Staff Psychologist characterized the statistics as "alarming." Quite frankly, I agree. One suicide of an OPP officer is too many. The 23 deaths that have occurred since 1989 are nothing short of tragic. The fact that six have occurred in just over two years is extremely troubling.
- 526** The Staff Psychologist told us he had met with the psychologists in the Montreal Police Service suicide prevention program, and they had expressed a willingness to assist the OPP in developing its own suicide prevention strategy. He said he had encouraged the OPP to develop a similar suicide awareness program. Unfortunately, adopting a suicide prevention strategy has not been a priority for the organization.
- 527** In the OPP Staff Psychologist's view, suicide prevention training should start at the top, from the Commissioner assuring officers that they will not lose their jobs or be denied a promotion if they have to be hospitalized for suicidal ideation, to the organization talking openly about suicide. He observed that one of the biggest barriers was the reluctance of officers to actually recognize and talk about suicide as a policing reality.
- 528** The lack of education, training and formal supports around suicide have left OPP managers on their own when they suspect officers under their command are having difficulties. The Staff Psychologist told us detachment commanders didn't know what to do about suicidal officers, and there was no common approach across the service. In a presentation he prepared on the topic of police suicide, he noted, "every year we get calls for potentially suicidal officers; no one knows much what to do."
- 529** He said training to remove some of the misconceptions and dispel the myths attached to suicide is important. Suicide is not necessarily a selfish act, he pointed out, citing the example of an officer who had killed himself and left behind a young

family. The Staff Psychologist's understanding was that the officer had come to believe sincerely that it would be better for his family if he were no longer there.

- 530** An OPP manager told us he has had to arrange for peer intervention and the removal of officers' firearms on a number of occasions. He lamented that the stigma around mental health issues – and, by extension, suicide – compounds the problem; suicide is “unwritten” and “unspoken” in the policing environment. He said the suicides of two of his colleagues went largely unmarked by the OPP:

Those officers, in my opinion, are tragedies of police work, just as much as the officer that was shot and killed at an incident. And those officers' names aren't on any honour wall anywhere. And it goes with that whole stigma around suicide... It is a tragedy to me that those officers who have succumbed to that are still unrecognized, and that's a tough thing.

- 531** He said the OPP is still not at a point where the full impact of operational stress injuries is recognized:

The day that we have [a suicide], and I pray to God that we don't have another one, but the day that we do have one... and people understand what happened and that it was an illness and we put that member's name up on the wall of remembrance at [headquarters], then we're there. But we're not there yet.

- 532** Reluctance to confront officers who display troubling behaviour can lead to signs of serious operational stress injuries being overlooked. One OPP supervisor we interviewed spoke candidly about the tragic circumstances that led him to change his management approach to discussing personal problems with officers:

I've had people commit suicide, on this job – in particular [a member] that I gave shit to on a Friday, him and [another member] at work. [He] had been losing weight progressively through time; there was mood changes and everything else; all of which I missed the cues, and he left on a Friday morning after I caught them participating in something they shouldn't have been doing and he went and shot himself that weekend. ... I learned from that. I said, you know you have to look at it, because you can look in the mirror and you can blame yourself all you want. Did we miss the signs and all the things that were there? Absolutely...

So I had to look forward and I made a commitment to myself at that point – never again would I ever hesitate for embarrassment or any other reason to confront anyone in this organization that I felt was having issues, and

I'm very blunt. I ask people, "Are you going to kill yourself?" I've asked that question several times since then, with no shame or embarrassment, and no concern whatsoever for asking it....

- 533** The prospect of criminal or *Police Services Act* charges being laid is a significant stressor for officers. In recognition of this, in some regions when the OPP's Professional Standards Bureau is investigating an officer and about to lay charges, they will call in the Peer Support teams to provide help. But this is not a consistent practice across the service. A preventative program could ensure that officers are provided with additional supports when facing situations known to increase personal stress.
- 534** Similarly, given the propensity of police officers to use their service revolvers to kill themselves, and the calls by death reviews to restrict access to weapons for officers under stress, the OPP should adopt preventive policies. For example, officers suffering emotional responses could be allowed to relinquish their weapons temporarily in a confidential, non-disciplinary manner, and the circumstances under which weapons can be returned after members have been off work for stress-related reasons could be clearly defined. Tragically, Sergeant Marshall's family was left wondering if perhaps his weapon was returned too soon.
- 535** During our investigation, we learned that in 2010, the OPP reviewed some of the circumstances surrounding an officer suicide in which details about the officer's history of psychiatric problems were revealed after her death. However, the organization does not generally conduct "psychological autopsies" after officer suicides. The OPP does not even have "official" statistics on member suicides. The information we obtained from the OPP Staff Psychologist was collected on an informal basis and has many gaps. As he told us, collecting data on member suicides could help upper management develop policies and programs, as well as underscore how serious the problem is.
- 536** The OPP Staff Psychologist told us he had advised his superiors about the RCMP practice of conducting post-suicide psychological reviews. Still, no steps were taken to introduce a requirement for forensic investigation of OPP officer suicides. After Sergeant Marshall's death, the Staff Psychologist suggested a psychological autopsy, but as of the writing of this report, there had been no formal evaluation of this suicide, or another that occurred in May 2012.
- 537** As forensic psychiatrist Dr. Peter Collins has noted, it is valuable to examine all suicides from a perspective of lessons learned. In failing to carefully analyze the events surrounding member suicides, the OPP is missing out on an opportunity to uncover root causes and develop suicide prevention strategies.

- 538** The OPP should adopt a practice of conducting comprehensive psychological autopsies after member suicides, retaining external consultants as necessary. In addition, it should research common stressors relating to member suicide, and adopt best practices to address them, including considering peer support for members facing criminal charges and developing firearms policies that are respectful of members at risk of harming themselves.
- 539** Organizations such as the Montreal Police Service have had significant success with suicide prevention programs, and psychologists from the Montreal program have indicated a willingness to assist the OPP in developing its own. It is incumbent on the OPP to develop and implement a comprehensive suicide prevention strategy. It should champion this initiative at the highest levels of the organization, as a priority.

**Recommendation 24:**

**As a priority, the Ontario Provincial Police should consult police stakeholders, experts in the field and other organizations that have implemented suicide prevention programs, research best practices, and develop and implement a comprehensive suicide prevention program, which should include:**

- **consideration of stressors in the policing context;**
- **adoption of policies on the relinquishing, removal and return of service-issued firearms;**
- **collection of statistics on suicides of active and retired members;**  
**and**
- **psychological autopsies of officer suicides.**

## Suicide By the Book: The Need for Protocol

- 540** There is an OPP manual on police funerals, and instructions on what to do if an officer dies of natural causes or in the line of duty. But OPP police orders, protocols and guidelines are silent on member suicide. Families of officers killed in the line of duty receive a bereavement binder. On the anniversary of a line-of-duty death, senior OPP officials traditionally contact the deceased's family. But there is no specific guidance, ritual or ceremonial observance designated for those bereaved through suicide.



**541** Psychologist John M. Violanti has argued that survivors of police suicide – family members, co-workers, friends – may be at greater risk for psychological distress and trauma than their civilian counterparts. He recommends that police organizations adopt a suicide protocol that is as detailed as it would be for a line-of-duty death, covering notifications to the family and co-workers, media involvement, the designation of department spokespersons, ensuring respect for family feelings, and dealing publicly with the emotional impact of the death. He also urges that controversial issues be addressed, such as whether there should be an honor guard, officers in uniform or a patrol car parade.<sup>88</sup>

**542** Until recently, there were no OPP notifications sent out about the circumstances of deaths by suicide, or about funeral arrangements. Even when notices are issued, the word “suicide” is usually avoided. One officer’s death in June 2011 was included in two lines of a news release about long weekend tragedies, but there was no mention of the circumstances of the death – much less that it was by suicide – and no reference to funeral arrangements. The OPP Staff Psychologist told us:

There’s such a taboo around suicide around here, nobody talks.... Next time, what I expect the Commissioner to say is we lost a member to a tragedy: He committed suicide. We need to be able to say it... We need to come into the 21<sup>st</sup> century and be able to use the word “suicide” and acknowledge that these things happen.

**543** While the internal peer teams are deployed to assist members with situations involving officer suicide, and may offer support to family survivors, the OPP should consider formalizing the supports available to family members in these situations, and ensure that there is clear guidance for OPP management and peers.

**544** It should develop, in consultation with police stakeholders, a detailed protocol to address police suicides that is respectful of the emotional needs of police colleagues and family survivors, and includes consideration of such matters as peer support, communications within the service, with family members and the media, funeral arrangements and memorial observances. Given the fact that a significant number of members commit suicide after they leave the service, the needs of retirees and their families should also be considered in any such protocol.

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<sup>88</sup> John M. Violanti, “Police Suicide: In Harm’s Way II”, (PowerPoint Presentation, 2005), online: Police Suicide: The Enemy Within <<http://www.leotrainer.com/suicidestpete.pdf>>.

## Recommendation 25:

**The Ontario Provincial Police should develop a protocol to address the suicide of active and retired members that ensures respect and support for colleagues and family members.**

## Back to the Blue Line: Returning to Work and Accommodated Placements

- 545** Police work is often very physically and mentally demanding. It is common for officers returning from an absence relating to physical and mental injuries to require a break from front-line duties. The OPP has policies and processes in place for accommodating officers, including those with operational stress injuries. However, many of the officers we spoke to said the modified work that was available to them was not rewarding or meaningful.
- 546** Many of the managers we interviewed explained that accommodation can be challenging, whether officers' injuries are physical or mental. This is particularly true in smaller detachments. In the last quarter of 2010, the OPP was accommodating 397 members.
- 547** We were also told that able-bodied officers often resent those assigned to Differential Response Units (DRUs), and there is considerable stigma attached to working in them. Those assigned to these units are often perceived as slackers and malingerers. We heard the DRU is commonly referred to derogatively as the "dumb and retarded unit," the "bad back unit," "the walking wounded," "the penalty box," "the land of broken toys" and "the broken wing club." In describing the DRU's status among members, the Staff Psychologist said: "Lift your feet and look at the dirt under." However, he acknowledged that the stigma attaching to the DRU was no longer as severe as it once was.
- 548** A number of senior OPP officers stressed the DRUs' valuable work in saving time and resources for front-line officers. While aware of their negative reputation, some senior managers said the OPP needed to do a better job of communicating the importance of DRU work. One regional commander suggested that a name change might help, and another told us he has made correcting the stigma associated with the DRU a priority in his region.
- 549** Some officers requiring modified duties have been assigned to non-policing work within the Ontario Public Service. However, we were advised that sometimes

officers are reluctant to give up the prestige associated with police work to engage in these alternative placements.

**550** Officers also told us they found the return-to-work process particularly stressful. They suggested the OPP provide some form of appeal process or establish an advisory group to address return-to-work issues. The stigma surrounding operational stress injuries makes returning to work particularly daunting for officers. Engaging a medical consultant to liaise directly with an officer's health care providers on a confidential basis to ensure open exchange of information and proper tailoring of accommodation, might assist officers in making smoother transitions to active duty.

**551** Accordingly, the OPP should review its accommodation practices and research and implement best practices to improve the back-to-work process.

#### **Recommendation 26:**

**The Ontario Provincial Police should review its accommodation practices, in light of the needs of officers suffering from operational stress injuries, research and implement best practices that seek to reduce the stigma associated with accommodations, and improve the transition back to active duty.**

## Looking Forward

**552** Commissioner Lewis welcomed my investigation and wrote in his Summer 2011 "Commissioner's Communiqué" that while he feels the OPP has made "significant progress, if there are things we can still do better, we shall." I am encouraged by the Commissioner's positive attitude towards my investigation. While the OPP has certainly moved well beyond where it was as an organization 30 years ago in addressing operational stress injuries, it is far from where it needs to be in 2012. There are clearly additional steps that the OPP can and must take to provide improved support for its members. The cultural change the Commissioner has spoken of must become a reality, not just a goal. In order for the organization to move forward and tackle the debilitating stigma associated with operational stress injuries, fundamental change must be inspired and led from the top.

**553** The approval of a full-time Operational Injury Social Support Coordinator position is a start (although it remained unstaffed at the time this report was written), but the role is not sufficiently defined or overarching to encompass the breadth of the required changes. What the OPP needs is a comprehensive, proactive preventative

wellness program, including enhanced education, training, and supports relating to operational stress injuries and suicide. Some aspects of this program will undoubtedly be challenging. Some may well be controversial, and there will inevitably be resistance to change. In order to have traction, this initiative must be championed by a senior-level officer with the status, credibility, and experience to drive it. The leader must have clear authority and the skills necessary to retain and consult experts, make necessary connections at senior levels of government, the military and other police organizations, to establish advisory committees of stakeholders, and to arrange program partnerships as opportunities arise.

**Recommendation 27:**

**The Ontario Provincial Police should select a senior-level officer to lead the research, development and implementation of a comprehensive proactive preventive wellness program, including enhanced education, training, and supports relating to operational stress injuries and suicide.**

**Recommendation 28:**

**The Ontario Provincial Police should report back to my Office at quarterly intervals on its progress in implementing my recommendations until such time as I am satisfied that adequate steps have been taken to address them.**

## **The Ministry of Community Safety and Correctional Services**

- 554** The OPP is only one of many police services operating in Ontario. It is not alone in its need to ensure that adequate supports and programs are in place to assist officers with operational stress injuries. There are approximately 30,000 police officers and about 58 police services provincially. The Ministry of Community Safety and Correctional Services has a broad mandate with respect to policing.
- 555** The Ministry is responsible under the *Police Services Act* for developing and promoting programs to enhance professional police practices, standards and training; developing, maintaining and managing programs and statistical records; and conducting research studies.
- 556** It is also responsible for providing police services boards, community policing advisory committees and municipal chiefs of police with information and advice

about the management and operation of police forces, techniques in handling special problems, and issuing directives and guidelines on policy matters. In addition, the Ministry operates the Ontario Police College.

- 557** The *Police Services Act* and its regulations set out standards for police services. The Ministry's Policing Standards Section has developed best practices guidelines to assist police services in meeting their statutory obligations. The *Policing Standards Manual* (published in 2000) sets out the Ministry's position on various policy matters and provides information and advice on management and operation of police services. The manual is advisory in nature; ultimately it is up to the local chiefs of police, police services boards, and municipalities to determine how they will meet policing requirements. The Ministry's Police Quality Assurance Unit is responsible for auditing and inspecting police services to ensure compliance with the Act and regulations.
- 558** The Ministry also chairs a Police Services Advisory Committee, which includes representation from police associations and meets three to four times a year. The committee discusses proposed guideline amendments.
- 559** While the prevalence of operational stress injuries in policing and the potentially devastating effects on officers have garnered increasing public attention, the Ministry has not conducted any research or otherwise directly addressed the issue of operational stress injuries in policing. Despite the breadth of its authority, as set out in the *Police Services Act*, the Ministry officials we interviewed said issues such as training on and prevention of operational stress injuries were matters of day-to-day labour relations more appropriately left to individual police services. Although certain specialized areas of policing are particularly high-risk for operational stress injuries – for example, those dealing with child sexual exploitation – there are no provincial standards for psychological assessment or supports for those working in these areas.
- 560** A York Regional Police officer wrote in a 2010 academic research paper that Ontario's provincial strategy to protect children from sexual abuse and exploitation on the Internet does not allocate any resources for the psychological wellbeing and assistance of investigators involved in implementing it, nor are there any mandatory safeguard provisions in the Provincial Adequacy Standards or in the police services regulations (O. Reg. 3/99).<sup>89</sup>
- 561** No provincial government in Canada has provided any specific guidance to police services about the supports that should be in place to address operational stress

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<sup>89</sup> Beth Milliard, *Project S.A.F.E.T.Y. A Leadership Strategy for Promoting the Psychological Well-Being of Police Officers*, (M.A. (Leadership) Thesis, University of Guelph, 2010) [unpublished].

injuries. However, Alberta has established a provincial standard requiring police services to have an employee assistance program that includes, at minimum, policies required to effectively deal with critical incident stress, anger management, substance abuse and physical and mental wellness. British Columbia has also issued a standard requiring that police services have a written policy establishing and describing the department's employee assistance program and post-critical incident stress counselling program.

- 562** It is not uncommon for police services today to have some form of critical incident response or general employee assistance program available. However, the degree to which such programs are consistent, based on best practices, and able to serve the unique needs of the policing community is unknown, and the Ministry has not addressed this issue.
- 563** On April 14, 2011, the Ministry responded to the recommendations made by the Domestic Violence Death Review Committee report on the murder-suicide involving the officers in London, Ont. For the most part, the Ministry viewed the committee's recommendations as beyond its role, or already addressed through other means. For instance, regarding a recommendation that police services should develop progressive initiatives focused on vicarious trauma and stress management and proactively deliver them, the Ministry noted that the intent of the recommendation was already in place under the *Police Services Act*. It noted that chiefs of police are responsible for administering police forces in accordance with the objectives, priorities and policies established by their police services boards, and they have to provide accommodation of mental and physical disabilities. It also pointed to the 90-minute session on critical incident stress management and stress management that all recruits receive as part of their basic constable training at the Ontario Police College.
- 564** As for the committee's recommendation that officers should have increased access to mental health services, the Ministry characterized this as primarily the responsibility of individual police chiefs.
- 565** While the Ministry distributed the recommendations to all police chiefs in the province, it did not engage in any follow-up.
- 566** One of the initiatives the Ministry mentioned in its response to the committee was a partnership between Emergency Management Ontario and the Tema Conter Memorial Trust, which assists emergency responders and military personnel with work-related emotional trauma.<sup>90</sup> The Ministry noted that these organizations

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<sup>90</sup> The Trust provides one-on-one support to first responders who contact it, and will refer first responders seeking assistance to psychologists or social workers.

would host a committee of stakeholders that would conduct a survey to determine what critical incident management programs exist in Ontario. Since that time, in 2010 and again in 2012, the trust and Emergency Management Ontario conducted surveys of first responders (emergency medical services, police and firefighters), in an attempt to obtain a full inventory of critical incident stress management programs in Ontario. Unfortunately, the response rate was low and mainly from fire departments. Only 23 of Ontario's 58 police services replied to the 2012 survey. Of those that did reply, at least four had no critical incident stress management intervention program. Of those that indicated in the 2010 survey that they had such a program, about half said they did not train or certify their facilitators.<sup>91</sup>

- 567** The Tema Conter Memorial Trust's report recognized the debate regarding the benefits of post-incident interventions. The trust's Executive Director emphasized to us that proper critical incident stress management involves multiple components, including pre-incident training on signs and symptoms of PTSD. Based on the survey results, he said there appeared to be no shared understanding of what constitutes critical incident stress management amongst first responders, and many programs lack important elements such as pre-incident training. He noted the problem appears to be that most first responders have simply established the programs as a "checklist" item to demonstrate that they offer some form of intervention. He said the trust hopes to develop best practices for critical incident stress management in future.
- 568** In reaction to the Police Association of Ontario's 2009 call for presumptive legislation on PTSD, in June 2010, the Ontario Association of Chiefs of Police called on the province to strike a formal working group of police stakeholders to explore issues relating to any proposed legislative amendments, work with government officials and the medical community to develop an appropriate diagnostic tool specifically for police personnel with PTSD, and develop an awareness campaign on the subject.
- 569** In 2011, the Ministry facilitated the creation of a working group of stakeholder representatives from the Ontario Provincial Police Association, the Commissioned Officers Association, Toronto Police Association, Ontario Association of Police Service Boards, Ontario Association of Chiefs of Police, the Police Association of Ontario, the WSIB and the Centre for Addiction and Mental Health. We were advised that the working group had held two meetings (most recently in February 2012) and planned to meet again this year, and that its focus is education and

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<sup>91</sup> Jonathan Birinyi & Jelena Ivanova, *A Preliminary Inventory of Critical Incident Trauma Intervention Capabilities within the Province of Ontario* (Toronto: York University, 2011), amended by Suzanne Brown & Ayesha Syed (2012).



awareness with regard to PTSD in policing. While this is a positive initiative, its progress has been slow.

## **Municipal Police and Operational Stress Injuries: Officers Down**

- 570** Although our investigation focused on the OPP’s response to operational stress injuries, we also considered the stories of municipal police officers. We heard from **28** municipal officers and their family members about their experience with operational stress injuries. Most of the officers were still serving. They came from police services across the province.
- 571** It stands to reason that officers employed in municipal police services would experience similar traumas and operational stress responses to OPP members.
- 572** In *Crack in the Armor*,<sup>92</sup> Jimmy Bremner, a former team leader with the Toronto Police Service’s elite Emergency Task Force, provides compelling insights into the world of policing, the trauma he was exposed to on the job, his struggle with post-traumatic stress disorder, which led to suicide attempts and an impaired-driving conviction, and finally, his recovery, once he entered treatment in 2005. His descriptions of the stigma surrounding mental illness and the fear of showing weakness in the police context continue to be relevant:

In my time with the police service, I have witnessed horrible scenes of violence and brutality – dead or dying people of all ages, and homicides and suicides of all descriptions. The worst calls were the bloody ones and the suicides. The public doesn’t know all that goes on in the night – the domestics that turn ugly, the hostages, the suicides. But I kept my feelings to myself, determined not to show any weakness. We hide by thinking, “It’s part of the job,” as if this somehow makes the brutality OK.<sup>93</sup>

- 573** Those observations were echoed by the municipal police officers who contacted us about their personal struggles with operational stress injuries. We also heard from family members who had witnessed firsthand how the stress of policing devastated their loved ones.

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<sup>92</sup> Jimmy Bremner with Connie Adair, *Crack in the Armor: A Police Officer’s Guide to Surviving Post Traumatic Stress Disorder* (Toronto: Bremner Associates Inc., 2010).

<sup>93</sup> *Ibid.* at 9.

## Officer Henry

**574** We spoke with the widow of Officer Henry, a veteran municipal police sergeant who committed suicide in 2009 after a long and painful struggle with a variety of injuries, including PTSD. Officer Henry had written a private memoir on his home computer that he entitled “Over the Blue Wall.” In it, he wrote about the cumulative impact of incidents from his policing career, including a particularly jarring suicide and attempted murder of a young child, which haunted him:

Everything from picking up people’s parts from under subway trains, to kids’ pieces from under cars, to checking dead and suicide victims for identification or evidence... I had seen and done it all, and like a good policeman, putting personal feelings up on the emotional shelf where it belonged, to be dealt with later, much later, when that time would be... no one, including me, knew...

**575** Officer Henry did seek professional help and engaged in treatment for PTSD. In 2005, while he was on leave and receiving WSIB benefits, he was shocked and devastated to learn that his employer was challenging his claim. Following his doctor’s recommendations, and after a prolonged period in which he remained shut in his bedroom, Officer Henry had begun to engage in community activities. This prompted a unit commander to write to the WSIB, urging that his benefits be retracted and his case be reviewed for fraud. The unit commander’s letter ended with a disturbing observation about the legitimacy of operational stress injuries:

We also respectfully point out that this case once more illustrates the urgent need for review of entitlement for traumatic mental stress benefits, and demands that the WSIB stop wasting the taxpayers’ money in this fashion.

**576** Officer Henry’s widow told us her husband successfully grieved the employer’s action. But the cumulative effect of his experiences was too much for him, and he finally escaped his pain by ending his life.

## Officer Ian

**577** Officer Ian has been in policing for more than 20 years and has been repeatedly exposed to traumatic events. He received several citations for bravery and was considered an exemplary officer throughout his career. A few years ago, he began to experience insomnia, weight loss, flashbacks, anxiety and suicidal thoughts. He eventually received WSIB benefits related to his operational stress injuries.

- 578** Unfortunately, Officer Ian’s attempt to return to work was unsuccessful. While back at work, he felt alienated from some of his peers. He feared that they doubted the legitimacy of his condition, which fuelled further suicidal thoughts. Soon he could no longer cope, and went on leave again. He was still on leave when he spoke with us.
- 579** Officer Ian told us he believes that making enhanced in-service training about operational stress injuries mandatory for officers every few years would be helpful. He also suggested that officers in specialty units who deal with particularly traumatic incidents (such as sexual assault and child pornography cases) should undergo mandatory periodic psychological assessment – and their terms of service in such units should be limited.

### Officer Jay

- 580** For Officer Jay, being a cop was his dream job. But after three years, he began to experience panic attacks, insomnia, and nightmares. He kept his symptoms secret, afraid to show weakness. Social drinking was part of the culture where he worked, and he quickly turned to alcohol and prescription drugs to keep the nightmares at bay.
- 581** Although he had been exposed to traumatic events in the line of duty, Officer Jay had never been part of a critical incident stress debriefing. Over time, his performance plummeted. Soon he faced misconduct charges. At his supervisor’s insistence, Officer Jay contacted an external employee assistance provider and attended a less than satisfactory counselling session. He later entered into specialized treatment for PTSD.
- 582** Officer Jay was frustrated with the return-to-work process, which left him stuck at a desk. He believes police supervisors should be trained to recognize symptoms of operational stress injuries, and members should be ordered to attend mandatory psychological assessments if necessary. He told us he thought compulsory psychological assessments would assist in removing the stigma associated with operational stress injuries and help officers who may not even be aware that they are experiencing symptoms.

# Adjusting the Focus on Operational Stress Injuries

**583** While the Ministry has chosen not to deal directly with issues relating to operational stress injuries in policing, it is well within the scope of its legislated responsibilities to gather statistical information, research best practices and develop provincial standards on related education, training, supports and suicide prevention. It is unlikely that all police services will have the resources to fully engage in these activities, even as part of stakeholder networks. And operational stress injuries are not a problem unique to individual police services. They are a systemic problem, requiring a systemic approach and a systemic solution. The Ministry needs to adjust its focus and broaden its view of its role in this area.

## Determining the Scope of the Problem

**584** Given its broad mandate and oversight, the Ministry is well placed to assist in compiling much-needed data on operational stress injuries among Ontario police. Following the Canadian Forces' example, the Ministry should develop and implement a provincewide confidential survey and other means to help identify how many Ontario officers have experienced operational stress injuries. The Ministry should work with police stakeholders, including the Ontario Provincial Police – which I have recommended should undertake its own member survey.

### Recommendation 29:

**The Ministry of Community Safety and Correctional Services should, in conjunction with police stakeholders, develop and implement a provincewide confidential survey, and other means to help identify how many Ontario police officers, active and retired, are suffering or have suffered from operational stress injuries.**

**585** In addition, The Ministry should attempt to gather statistics on the number of police suicides and work with the Office of the Chief Coroner to record the number of officer suicides in future.

### Recommendation 30:

**The Ministry of Community Safety and Correctional Services should attempt to establish historical information on the number of police suicides in Ontario**

**and should work with the Office of the Chief Coroner to develop a means of capturing information on suicides of active and retired police officers.**

## Setting the Standard for Officer Education, Training and Support

- 586** Provincial data on operational stress injuries and suicides among police officers can be used in developing provincewide education, training and prevention program standards, as well as evaluating the effectiveness of such programs.
- 587** The Ministry should canvass police services across the province to obtain comprehensive information on their education, training, services and support programs relating to operational stress injuries and suicide prevention. To date, attempts to gather information on critical incident stress management have proven ineffective, as police services have not generally engaged in the process. The Ministry has the ability to require police co-operation and participation in this initiative.

### **Recommendation 31:**

**The Ministry of Community Safety and Correctional Services should require all police services in Ontario to provide information about the education, training, supports, services and other measures they employ to address operational stress injuries and suicide prevention.**

- 588** A 90-minute lesson during recruit training at the Ontario Police College is completely inadequate when it comes to addressing operational stress injuries. Regular training, education and supports are required. The Ministry should research best practices for education, training, supports and services relating to operational stress injuries and suicide prevention, and develop and issue province-wide standards for police services, in consultation with police stakeholders. It should consult with police and military organizations in Canada and elsewhere, confer with medical experts and review the available medical research. The Ministry may wish to co-ordinate its efforts with the Ontario Provincial Police, as I have recommended that it undertake similar research.

### **Recommendation 32:**

**The Ministry of Community Safety and Correctional Services should conduct research on best practices for education, training, supports and services relating to operational stress injuries and suicide prevention, and**

**develop provincewide standards for police services based on such practices, in consultation with police stakeholders. In conducting research and developing standards, the Ministry should:**

- **Consult with police and military organizations in Canada as well as other jurisdictions, which have implemented programs relating to operational stress injuries and suicide prevention; and**
- **Confer with medical experts in the field and review medical research relating to these issues.**

**589** In addition, the Ministry should seek creative ways to address these issues, including exploring the possibility of pooling resources with the Canadian military and other police organizations such as the RCMP.

#### **Recommendation 33:**

**The Ministry of Community Safety and Correctional Services should explore the possibility of sharing and pooling knowledge and resources, in partnership with the Canadian Forces and other police organizations, and seek creative approaches to supports for operational stress injuries and proactive suicide prevention strategies.**

#### **Recommendation 34:**

**The Ministry of Community Safety and Correctional Services should report back to my Office at quarterly intervals on its progress in implementing my recommendations until such time as I am satisfied that adequate steps have been taken to address them.**

## **Conclusion**

### **The Ontario Provincial Police**

**590** While the Ontario Provincial Police, as an organization, has taken some steps to address education, training, supports and services relating to operational stress injuries, it is my opinion that its failure to have comprehensive, consistent and co-ordinated operational stress injury and suicide prevention programs reflecting current research and best practices is unreasonable and wrong, in accordance with s. 21(1)(b) and (d) of the *Ombudsman Act*.

- 591** The men and women of the OPP, who place their lives and health on the line to protect the citizens of Ontario, deserve the best when it comes to mitigating the impacts of operational stress injuries, and reducing the risks of officer suicides.
- 592** At the highest level, the OPP must recognize this need, champion cultural change to combat stigma associated with operational stress injury, and lead the implementation of comprehensive policies, practices and programs addressing such injuries and suicide prevention.

## The Ministry of Community Safety and Correctional Services

- 593** It is no longer adequate for the Ministry of Community Safety and Correctional Services to stand by, dismissing education, training, supports and services relating to operational stress injuries and suicide prevention as outside its mandate. It is my opinion that the Ministry's failure to take initiative and develop and implement police standards in this area is unreasonable and wrong, in accordance with s. 21(1)(b) (d) of the *Ombudsman Act*.
- 594** The Ministry should use its authority to conduct research and guide Ontario police services in establishing comprehensive education, training, support and prevention programs relating to operational stress injuries and officer suicide.
- 595** It is incumbent on the Ministry to undertake efforts to protect officers in this province who place their psychological welfare at risk in the line of duty.

## Recommendations

Accordingly, I am making the following recommendations:

### The Ontario Provincial Police

#### Recommendation 1:

**The Ontario Provincial Police should take additional steps to reduce the stigma associated with operational stress injuries existing within its organization, including:**

- **conducting a comprehensive review of its education, training, peer support, employee assistance and other programming related to these injuries**



- consulting with experts, police stakeholders, the Canadian Forces, Veterans Affairs Canada, and other police organizations
- researching best practices relating to addressing operational stress injuries in policing; and
- developing and implementing a comprehensive and co-ordinated program relating to operational stress injuries.

Subsection 21(3)(g) *Ombudsman Act*

**Recommendation 2:**

**The Ontario Provincial Police should develop and implement a comprehensive, consistent, and co-ordinated education and training program for its members with regard to operational stress injuries, including keeping track of all presentations, courses and other educational and training initiatives.**

Subsection 21(3)(g) *Ombudsman Act*

**Recommendation 3:**

**The Ontario Provincial Police should develop and implement education, training and outreach programs relating to operational stress injuries, designed for family members of officers.**

Subsection 21(3)(g) *Ombudsman Act*

**Recommendation 4:**

**The Ontario Provincial Police should expand the use of peer presenters in its education and training efforts related to operational stress injuries.**

Subsection 21(3)(g) *Ombudsman Act*

**Recommendation 5:**

**The Ontario Provincial Police should work with its external Employee Assistance Program provider, in consultation with police stakeholders, to establish a confidential means of statistically tracking OPP client contacts relating to operational stress injuries.**

Subsection 21(3)(g) *Ombudsman Act*

**Recommendation 6:**

**The Ontario Provincial Police should consult with police stakeholders as well as organizations that provide specialized supports for those suffering from operational stress injuries, with a view to creating a system allowing for immediate referrals for officers and their families to professionals with expertise in treating operational stress injuries.**

Subsection 21(3)(g) *Ombudsman Act*

**Recommendation 7:**

**The Ontario Provincial Police should, in consultation with police stakeholders, develop a plan to allow officers access to longer-term specialized support for operational stress injuries, absent the restrictions of the existing Employee Assistance Program.**

Subsection 21(3)(g) *Ombudsman Act*

**Recommendation 8:**

**The Ontario Provincial Police should consult with the Employee Assistance Provider, mental health professionals as well as other police organizations and create a community referral list of mental health resources.**

Subsection 21(3)(g) *Ombudsman Act*

**Recommendation 9:**

**The Ontario Provincial Police should, in consultation with police stakeholders, develop a plan to provide retired officers with ongoing access to specialized supports for operational stress injuries.**

Subsection 21(3)(g) *Ombudsman Act*

**Recommendation 10:**

**The Ontario Provincial Police should review the activities of the Staff Psychologist to identify gaps in the position description and revise it to reflect the actual scope of this position.**

Subsection 21(3)(g) *Ombudsman Act*

**Recommendation 11:**

**The Ontario Provincial Police should adequately resource the Psychological Services Section through addition of mental health professionals, or find an appropriate alternative to the present system.**

Subsection 21(3)(g) *Ombudsman Act*

**Recommendation 12:**

**The OPP should, in consultation with police stakeholders, the Canadian Forces, Veterans Affairs Canada and other police organizations, provide direct access for its members to psychological services, through retaining outside consultants, pursuing partnerships with other organizations or creating a physically separate, enhanced Psychological Services Section.**

Subsection 21(3)(g) *Ombudsman Act*

**Recommendation 13:**

**The Ontario Provincial Police should create a unified and co-ordinated Safeguard Program, entrenched in police orders.**

Subsection 21(3)(g) *Ombudsman Act*

**Recommendation 14:**

**The Ontario Provincial Police should conduct a service-wide functional assessment to identify units whose work regularly exposes them to traumatic events and, in consultation with police stakeholders, expand the Safeguard Program to include these units.**

Subsection 21(3)(g) *Ombudsman Act*

**Recommendation 15:**

**The Ontario Provincial Police should, in consultation with police stakeholders, research and implement a comprehensive, proactive and preventive “Safeguard” or enhanced education and mental wellness checkup program, available to all its members.**

Subsection 21(3)(g) *Ombudsman Act*

**Recommendation 16:**

**The Ontario Provincial Police should conduct a confidential survey of all its officers on operational stress injuries, which it should develop in consultation with medical experts, the Canadian Forces and other police organizations.**

Subsection 21(3)(g) *Ombudsman Act*

**Recommendation 17:**

**The Ontario Provincial Police should keep a comprehensive record of critical and traumatic incidents and the officers involved, and follow a consistent and proactive practice, in consultation with the Workplace Safety and Insurance Board, relating to filing claims for such incidents, even where injuries are not immediately apparent.**

Subsection 21(3)(g) *Ombudsman Act*

**Recommendation 18:**

**The Ontario Provincial Police should take steps to ensure that its internal peer teams provide more consistent follow-up with officers after critical and traumatic incidents, and that peers are encouraged to maintain contact with officers who are on leave from work due to operational stress injuries.**

Subsection 21(3)(g) *Ombudsman Act*

**Recommendation 19:**

**The Ontario Provincial Police should develop the proposed family peer support program, including recruitment of family peers, as soon as possible.**

Subsection 21(3)(g) *Ombudsman Act*

**Recommendation 20:**

**The Ontario Provincial Police should establish a peer support program for retired officers, and recruit volunteer retired members for use in its peer support programs for active and retired officers.**

Subsection 21(3)(g) *Ombudsman Act*

**Recommendation 21:**

**The Ontario Provincial Police should consult experts on operational stress injuries, and review and amend its critical and traumatic incident intervention strategies to better reflect current best practices.**

Subsection 21(3)(g) *Ombudsman Act*

**Recommendation 22:**

**The Ontario Provincial Police should consider developing permanent peer positions for its internal peer support teams.**

Subsection 21(3)(g) *Ombudsman Act*

**Recommendation 23:**

**The Ontario Provincial Police should research and implement innovative approaches to address the full range of member needs relating to operational stress injuries, including interactive online resources, helplines, and comprehensive wellness programs.**

Subsection 21(3)(g) *Ombudsman Act*

**Recommendation 24:**

**As a priority, the Ontario Provincial Police should consult police stakeholders, experts in the field and other organizations that have implemented suicide prevention programs, research best practices, and develop and implement a comprehensive suicide prevention program, which should include:**

- **consideration of stressors in the policing context;**
- **adoption of policies on the relinquishing, removal and return of service-issued firearms;**
- **collection of statistics on suicides of active and retired members; and**
- **psychological autopsies of officer suicides.**

Subsection 21(3)(g) *Ombudsman Act*

**Recommendation 25:**

**The Ontario Provincial Police should develop a protocol to address the suicide of active and retired members that ensures respect and support for colleagues and family members.**

Subsection 21(3)(g) *Ombudsman Act*

**Recommendation 26:**

**The Ontario Provincial Police should review its accommodation practices, in light of the needs of officers suffering from operational stress injuries, research and implement best practices that seek to reduce the stigma associated with accommodations, and improve the transition back to active duty.**

Subsection 21(3)(g) *Ombudsman Act*

**Recommendation 27:**

**The Ontario Provincial Police should select a senior-level officer to lead the research, development and implementation of a comprehensive proactive preventive wellness program, including enhanced education, training, and supports relating to operational stress injuries and suicide.**

Subsection 21(3)(g) *Ombudsman Act*

**Recommendation 28:**

**The Ontario Provincial Police should report back to my Office at quarterly intervals on its progress in implementing my recommendations until such time as I am satisfied that adequate steps have been taken to address them.**

Subsection 21(3)(g) *Ombudsman Act*

**The Ministry of Community Safety and Correctional Services**

**Recommendation 29:**

**The Ministry of Community Safety and Correctional Services should, in conjunction with police stakeholders, develop and implement a provincewide confidential survey, and other means to help identify how many Ontario**

**police officers, active and retired, are suffering or have suffered from operational stress injuries.**

Subsection 21(3)(g) *Ombudsman Act*

**Recommendation 30:**

**The Ministry of Community Safety and Correctional Services should attempt to establish historical information on the number of police suicides in Ontario and should work with the Office of the Chief Coroner to develop a means of capturing information on suicides of active and retired police officers.**

Subsection 21(3)(g) *Ombudsman Act*

**Recommendation 31:**

**The Ministry of Community Safety and Correctional Services should require all police services in Ontario to provide information about the education, training, supports, services and other measures they employ to address operational stress injuries and suicide prevention.**

Subsection 21(3)(g) *Ombudsman Act*

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**The Ministry of Community Safety and Correctional Services should conduct research on best practices for education, training, supports and services relating to operational stress injuries and suicide prevention, and develop provincewide standards for police services based on such practices, in consultation with police stakeholders. In conducting research and developing standards, the Ministry should:**

- **Consult with police and military organizations in Canada as well as other jurisdictions, which have implemented programs relating to operational stress injuries and suicide prevention; and**
- **Confer with medical experts in the field and review medical research relating to these issues.**

Subsection 21(3)(g) *Ombudsman Act*



**Recommendation 33:**

**The Ministry of Community Safety and Correctional Services should explore the possibility of sharing and pooling knowledge and resources, in partnership with the Canadian Forces and other police organizations, and seek creative approaches to supports for operational stress injuries and proactive suicide prevention strategies.**

Subsection 21(3)(g) *Ombudsman Act*

**Recommendation 34:**

**The Ministry of Community Safety and Correctional Services should report back to my Office at quarterly intervals on its progress in implementing my recommendations until such time as I am satisfied that adequate steps have been taken to address them.**

Subsection 21(3)(g) *Ombudsman Act*

## Responses

### Response from the Ontario Provincial Police

- 596** The Ontario Provincial Police was provided with an opportunity to review my preliminary findings, conclusion and recommendations. On September 28, 2012, we received the Commissioner's response. This information was taken into consideration in preparing my final report.
- 597** In his response, the Commissioner expressed pride in the work that the OPP has already undertaken to address the impacts of operational stress injuries, but made no concrete commitment to implementing any of my specific recommendations. He said many of my recommendations were already under consideration or in place, and commented: "I am committed to continuing to move the yardstick in strengthening existing programs and examining new ideas to better support our members." But he gave no firm assurance that any of the improvements I detailed would be undertaken, or that he would provide updates to my Office on the OPP's progress. In fact, I was extremely disappointed to find that the Commissioner had chosen not to address any of my 28 recommendations directly.
- 598** In large measure, the Commissioner's response consisted of review of and praise for the OPP's existing programs. On a positive note, he said processes were under way to recruit 34 uniform volunteers and 12 commissioned officers for peer support positions. However, I was surprised by his statement that OPP program leaders already "constantly communicate" with other agencies about programs for operational stress injuries. This practice was certainly not in evidence during our investigation. In support of his comment, the Commissioner gave the example of a meeting about best practices that took place between the RCMP and the OPP's Provincial EAP Coordinator on May 2012, just as I was completing the preliminary draft of this report.
- 599** The Commissioner also emphasized the psychological resources now available to members. He indicated that in addition to a full-time Staff Psychologist, the OPP employs one psychologist and one psychiatrist on a contract basis, and retains other psychologists and counsellors on an as-needed basis in response to critical and traumatic incidents. Finally, he noted that all OPP members have access to psychologists within their communities through the Employee Assistance Program.
- 600** I found the Commissioner's comments about psychological resources particularly puzzling. As my report documents, the demands on the Staff Psychologist far outstrip the ability to meet them. The Staff Psychologist is also not involved in providing members with diagnosis or treatment for operational stress injuries. And

the contract psychologist retained by the OPP is solely involved with administration of the Safeguard program for covert operations and the Child Sexual Exploitation Unit. As for the psychiatrist the OPP retains on contract, our investigators were told this person provides services to the Behavioral Sciences and Analysis Section – not to OPP members who need help with operational stress injuries. The present drawbacks of the OPP’s critical and traumatic incident response practices are discussed at length in my report. As many officers and their families have attested, there are significant limitations to the psychological services available in the community through the Employee Assistance Program.

**601** Under the circumstances, these concluding remarks by the Commissioner rang quite hollow:

Thank you for bringing to the public’s attention some of the challenges faced daily by the men and women of the Ontario Provincial Police and highlighting the tremendous work that we are doing to support our members. I share with you a commitment to ensuring that each and every one of our members receives the support that they need to have healthy lives and full and productive careers.

**602** I certainly echo the Commissioner’s interest in ensuring the health of OPP members, but I believe he has missed the point – the many deficiencies highlighted by my report and the need for the improvements I have recommended. I recognize the OPP has come a long way since some 30-plus years ago, when no supports or services were available to its members. However, in my view, the organization is far from providing what its members, former members and their families need today to deal with operational stress injuries and prevent suicide. It has also not escaped my notice that the recent initiatives undertaken or proposed by the OPP appear to be reactive and prompted by my investigation.

**603** After reading the Commissioner’s missive, I am left with the distinct impression that my report has been politely dismissed and relegated to a shelf to collect dust. I am extremely concerned by the lack of any concrete pledge on the part of the OPP to consider my recommendations seriously and to implement necessary reforms.

## Response from the Ministry of Community Safety and Correctional Services

- 604** The Ministry of Community Safety and Correctional Services was also provided an opportunity to review my preliminary findings, conclusion and recommendations. The Ministry responded on September 10, 2012. I addressed six recommendations to the Ministry. It thanked me for the opportunity to review this information, but did not provide any substantive response to any of them.
- 605** In fact, the Ministry failed to identify any proposed steps, commitment or interest towards conducting research or implementing any standards or other reforms relating to operational stress injuries and suicide prevention in policing.
- 606** While the Ministry's response is consistent with its historical disinterest in providing guidance to police services when it comes to operational stress injuries, in my view its apparent indifference is a shameful disservice to police stakeholders.
- 607** The responses by the OPP and the Ministry to this report and recommendations amount to what I perceive as a bureaucratic brushoff. Sadly, it is the men and women who put their lives on the line in carrying out their policing duties who will suffer if the serious issues identified in this investigation are not addressed.



André Marin  
Ombudsman of Ontario



## **Appendix 1: Selected Bibliography**





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