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HOUSE OF COMMONS
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CANADA

**HEALTHY MINDS, SAFE COMMUNITIES:
SUPPORTING OUR PUBLIC SAFETY OFFICERS
THROUGH A NATIONAL STRATEGY FOR
OPERATIONAL STRESS INJURIES**

**Report of the Standing Committee on
Public Safety and National Security**

**Robert Oliphant
Chair**

OCTOBER 2016

42nd PARLIAMENT, 1st SESSION

Published under the authority of the Speaker of the House of Commons

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THE STANDING COMMITTEE ON PUBLIC SAFETY AND NATIONAL SECURITY

has the honour to present its

FIFTH REPORT

Pursuant to its mandate under Standing Order 108(2), the Committee has studied the issue of Operational Stress Injuries and Post Traumatic Stress Disorder in public safety officers and first responders and has agreed to report the following:

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STUDY ON OPERATIONAL STRESS INJURIES AND POST-TRAUMATIC STRESS DISORDER IN PUBLIC SAFETY OFFICERS AND FIRST RESPONDERS

EXECUTIVE SUMMARY

Public safety officers are at risk to develop Post-Traumatic Stress Disorder (PTSD) and Operational Stress Injuries (OSIs) after experiencing traumatic events while in the line of duty.¹ All would agree that the well-being of those who help to ensure the safety and security of Canadians is paramount. The House of Commons Standing Committee on Public Safety and National Security (“the Committee”) decided to conduct a study on this issue, invite witnesses, prepare a synthesis of information and make recommendations to the federal government as it begins to build a framework to address OSIs within the public safety officer community.

The Committee’s key recommendations consist of three foundational pieces that will help to ensure that accurate data is collected and then shared nationally so that public safety officers are supported regardless of where they live or work. The Committee has called for the creation of a Canadian Institute for Public Safety Officer Health Research and has asked that a mental health prevalence survey be conducted. Furthermore, the Committee has suggested that an expert working group be formed and be tasked with the elaboration of a national strategy on OSIs, and that this strategy include policies on prevention, screening, education, intervention and treatment.

INTRODUCTION

The work performed by our public safety officers and first responders is essential to the well-being and safety of all Canadians. The House of Commons Standing Committee on Public Safety and National Security (“the Committee”) recognizes and commends the men and women on the front lines for their difficult work and strongly believes that their mental health and wellness is paramount. That is why the Committee finds the prevalence of Operational Stress Injuries (OSIs) within our first responder community to be troubling. Estimates based on available data show that in Canada, between 10 and 35 percent of first responders will develop Post-Traumatic Stress Disorder (PTSD).²

PTSD among public safety officers and first responders is being brought to the forefront as a public safety issue. In his mandate letter, the Minister of Public Safety and Emergency Preparedness, the Honourable Ralph Goodale, was tasked with developing a

1 Government of Canada, [Parliamentary Secretary Michel Picard Chairs a National Roundtable on Post-Traumatic Stress Disorder](#), 29 January 2016; House of Commons, Standing Committee on Public Safety and National Security (SECU), [Evidence](#), 1st Session, 42nd Parliament, 22 March 2016 (Donna Ferguson, Psychologist, Work, Stress and Health Program, Centre for Addiction and Mental Health).

2 SECU, [Evidence](#), 1st Session, 42nd Parliament, 3 May 2016 (Lori MacDonald, Assistant Deputy Minister, Emergency Management and Programs Branch, Department of Public Safety and Emergency Preparedness).

coordinated national action plan on PTSD.³ Public Safety Canada held a Ministerial Roundtable in January 2016 at the University of Regina to study this issue, bringing together over 50 participants including first responders, public safety officers, government officials, academics and not-for-profit organizations.⁴

On 25 February 2016, the Committee agreed to undertake a study on the issue of OSIs and PTSD in public safety officers and first responders.⁵ This is a wide-ranging issue involving and affecting federal departments and agencies involved in border protection, law enforcement, national security activities and corrections, as well as provincial, territorial and municipal governments and the broader emergency response community.

The Committee devoted seven meetings to this issue, hearing from medical experts, representatives from the federal government, public safety officers and first responders, as well as non-governmental organizations.⁶ The numbers and figures in this report were provided by the witnesses and not corroborated or verified by the Committee.

Much can be learned from the strategic initiatives put forward by the Canadian Armed Forces (CAF) and veterans' organizations and previous parliamentary reviews conducted by the Senate Subcommittee on Veterans Affairs⁷, and the House of Commons Standing Committee on National Defence⁸ with respect to OSIs and PTSD. That being said, the Committee recognizes, as did all of its witnesses, the unique nature of the work performed by public safety officers and first responders and their experience with PTSD.

The Committee believes that more can be done in respect of evidence-based research and the sharing of best practices among departments, agencies and organizations. While the Committee is cognizant of the fact that the majority of public safety officers are provincial employees within the tri-services (fire, paramedics and law enforcement), it believes that this does not preclude the importance and need for federal leadership and effective partnerships among all levels of government.

The Committee hopes that this report and the recommendations contained herein will help guide the work of Public Safety Canada as it works toward developing a national

3 Office of the Prime Minister, [Minister of Public Safety and Emergency Preparedness Mandate Letter](#).

4 Government of Canada, "[Parliamentary Secretary Michel Picard Chairs a National Roundtable on Post-Traumatic Stress Disorder](#)", news release, 29 January 2016.

5 SECU, [Minutes of Proceedings](#), 1st Session, 42nd Parliament, 25 February 2016.

6 A list of witnesses and briefs can be found in Appendices A and B.

7 Standing Senate Committee on National Security and Defence, Subcommittee on Veterans Affairs, [Interim Report on the Operational Stress Injuries of Canada's Veterans](#), June 2015.

8 Report of the Standing Committee on National Defence, [Caring for Canada's Ill and Injured Military Personnel](#), 2nd Session, 41st Parliament, June 2014; [Doing Well and Doing Better: Health Services Provided to Canadian Forces Personnel with an Emphasis on Post-Traumatic Stress Disorder](#), 2nd Session, 40th Parliament, June 2009.

plan regarding the assessment, treatment, and long-term care of OSIs in Canada's public safety officer and first responder community.⁹

A. Need to Recognize the Particular Work Environments of Public Safety Officers

All of the witnesses emphasized the importance of recognizing that public safety officers have work environments that are unique. While there is some likeness to the way OSIs affect the CAF and veterans, we must not lose sight of the fact that, in reality, their exposure to trauma is different. According to Dr. Nicholas Carleton, an Associate Professor of the Department of Psychology at the University of Regina, our public safety officers "have unique workplace environments, where trauma exposure is the rule rather than the exception."¹⁰ He went on to explain that the "exposure is different for public safety personnel than for military personnel, not better, not worse, but different. Our public safety personnel are deployed at home in an environment of ongoing uncertainty, often for decades."¹¹

Moreover, it is imperative that we acknowledge and understand that there is a commonality among the various occupations performed by public safety officers but that they all have their own distinctiveness and challenges. The following evidence was provided by the public safety officers themselves and illustrates the complexity of each of their roles and their daily challenges:

We are the first responders in the truest sense. We are paramedics, we are police officers, and we are firefighters behind the walls of Canada's federal prisons.... We are the ones who must often compensate for the lack of nursing staff after hours and on weekends. We are the first responders for suicide attempts and for any medical emergencies.... In the correctional environment, where rates of infectious diseases are higher than any other community in the country, it is our officers' duty to administer CPR to inmates in distress, only a few centimetres away from an inmate's face, usually covered in bodily fluids. We are clearly the forgotten-about public safety officers who are not in the spotlight of the public eye, within a system that most Canadians would prefer to ignore. Unfortunately, the traumatic effects of the work that we do is not often recognized.

Jason Godin, President of the Union of Canadian Correctional Officers,
12 May 2016

9 Government of Canada, "[Parliamentary Secretary Michel Picard Chairs a National Roundtable on Post-Traumatic Stress Disorder](#)", news release, 29 January 2016.

10 SECU, *Evidence*, 1st Session, 42nd Parliament, 22 March 2016 (Nicholas Carleton, Associate Professor, Department of Psychology, University of Regina, as an Individual).

11 Ibid.

We are first on the scene in virtually any emergency, whether it's a structural fire, a highway accident, a serious medical call, a hazardous materials incident, or any other emergency. It's well-known that firefighting is a dangerous and physically demanding occupation and that firefighters suffer high rates of workplace injury and illness. Less known are the mental demands of the occupation, including the effects of being regularly exposed to scenes and images that anyone would find disturbing and difficult to see.

Scott Marks, Assistant to the General President, Canadian Operations,
International Association of Fire Fighters,
12 May 2016

I think the uniqueness oftentimes is that paramedics do develop relationships with their patients. That has an emotional context, too, which oftentimes isn't seen with the fire community.... That's what I refer to as us having a unique relationship. Oftentimes there's an emotional attachment—or maybe detachment, however we want to work it. We are engaged emotionally with our patients in their treatment. We see the ups and downs in terms of our interventions. I think that really does add to the level of complexity, or to what makes so unique the work we do. It's not that we're better than; it's just that it's different.

Pierre Poirier, Executive Director of the Paramedic Association of Canada,
10 May 2016

When we look at Canada's First Nations emergency responders, we must be aware that the people they respond to who need their help are more often than not friends, relatives, or acquaintances. Our First Nation communities are very close-knit communities where everyone tends to know everyone. This definitely adds to the emotional injuries that they will be and are suffering from.

Richard Kent, President of the Aboriginal Firefighters Association
of Canada, 17 May 2016

While the work of correctional officers and the incidents they face on an ongoing basis are more sensational and easy to understand, the complex accumulation of trauma that is faced by parole and program officers is more insidious and difficult to define.... While there's always a risk of physical safety, most of the trauma is a result of the cumulative effect of collecting all the bits and pieces of detailed accounts of trauma and violence related to the offenders. By reading these accounts, the employees we represent become secondary witnesses to rape, abuse, violence, and death. Parole officers, like many of the other jobs performed by USG members who work at the RCMP and in the other agencies, spend most of their days reading detailed accounts of horrific acts committed by a person against their victims. These accounts are full of horrific, graphic content outlining the physical and mental harm done to people, including small children. Then parole officers read victim impact statements and relive the accounts of the offences from the victim's perspective.

David Neufeld, Vice-President, of the Union of Solicitor General Employees,
17 May 2016

B. Need to Adopt Clear and Consistent Terminology for the Term “Public Safety Officer”

The evidence provided by public safety officers and first responders during this study has demonstrated to the Committee the extent to which the question of definitions is a potentially wide-ranging issue touching upon the federal departments and agencies involved in border protection, law enforcement, national security activities, and corrections, as well as provincial and municipal governments and the broader emergency response community. Through their evidence, it has become apparent that there may be other occupations that need to be included in the definition of a public safety officer.

The of the definition that is agreed upon is important as it will ultimately impact access to treatment by the targeted public safety officer and first responder community. In light of this, the Committee has chosen to adopt, for the purposes of its study, a broad definition of the term “public safety officer” which includes a person who fulfils public functions with duties related to public safety. First responders would therefore be included in our definition of a public safety officer. The Committee also considers parole and program officers, dispatch officers, and other personnel who work alongside and support public safety officers as falling within this definition.

Through its Ministerial Roundtable on PTSD, Public Safety Canada has defined the term “public safety officer” as a “broad term that is meant to encompass front-line personnel who ensure the safety and security of Canadians, including tri-services (fire, police and

paramedics), search and rescue personnel, correctional services officers, border services officers, operational intelligence personnel and Indigenous emergency managers.”¹²

The term “public safety officer” does not exist in federal statutes. At the federal level, broader terminology is used. For instance, section 2 of the *Interpretation Act* states that a “public officer” includes “any person in the federal public administration who is authorized by or under an enactment to do or enforce the doing of an act or thing or to exercise a power, or on whom a duty is imposed by or under an enactment.” The term “public officer” is defined in section 2 of the *Criminal Code* (Code). The term “peace officer” is defined in section 2 of the Code in a non-exhaustive manner to include persons employed for the preservation and maintenance of the public peace. The term “public safety officer” exists in Nova Scotia legislation. For instance, it is currently used in provincial motor vehicle legislation. The term “first responder” has been more or less defined in provincial bills and enacted legislation where a diagnosis of PTSD is presumed to be work related (see Appendix C).

Witnesses such as David Neufeld, Vice-President of the Union of Solicitor General Employees, explained that with the exception of correctional officers, there are “approximately 7,000 employees who work in [the] Correctional Service [of] Canada, both within and outside federal prisons. This includes thousands of parole officers, program officers, teachers, aboriginal liaison officers, tradespeople, clerks, case managers, and many others.”¹³ He added that there are “several thousand other public servants including the federal sex offender registry analysts, who are exposed, on a daily basis, to details of the worst kinds of sexual abuse; transcription clerks, whose job it is to read and transcribe statements and files regarding offenders and their crimes on a daily basis”.¹⁴

12 Document provided to the Committee on 3 May 2016, Ministerial Roundtable on Post-traumatic Stress Disorder in Public Safety Officers, 29 January 2016; see also the written response from Public Safety Canada, provided to the Committee on 22 August 2016, in response to a question raised at the meeting of 3 May 2016: “In the context of PTSD, the definition of “public safety officers” encompasses personnel who ensure the safety and security of Canadians, such as:

- Police
- Paramedics
- Fire (including volunteers)
- Royal Canadian Mounted Police
- Correctional Services Officers
- Border Services Officers
- Operational and Intelligence Officers
- Coast Guards
- Search and Rescue personnel (including volunteers)

In the course of consultations with key stakeholders, including the public safety and academic communities, and provinces and territories, Public Safety Canada will also consider the inclusion of other public safety groups, as appropriate, in the context of PTSD.”

13 SECU, [Evidence](#), 1st Session, 42nd Parliament, 17 May 2016 (David Neufeld, Vice-President, Union of Solicitor General Employees).

14 Ibid.

In light of the above, the Committee believes that the definition developed by Public Safety Canada should be broadened in order to include for example dispatch officers, parole officers, program officers and other employees of the Correctional Service of Canada. Furthermore, the Committee would encourage Public Safety Canada as it continues its work on this issue, to not only recognize public safety officers as being the affected group, but to also consider those who work alongside and support them on a daily basis. The Committee therefore makes the following two recommendations:

Recommendation 1

The Committee recommends that Public Safety Canada define the term “public safety officer” broadly to not only include firefighters, police (including members of the Royal Canadian Mounted Police), paramedics, correctional officers, border services officers and Indigenous emergency managers, but to also consider employees of the Correctional Service of Canada (including parole and program officers) and dispatch officers, and that Public Safety Canada acknowledge the unique features of each group.

Recommendation 2

The Committee recommends that Public Safety Canada, in its creation and implementation of a national strategy on Operational Stress Injuries, recognize that other emergency personnel who work alongside and support public safety officers may also be victims of Operational Stress Injuries, and should form a part of the national strategy.

C. Need to Adopt a Clear and Consistent Definition of Operational Stress Injuries

The CAF and veterans’ organizations have laid the groundwork on OSIs and PTSD over the last 15 years.¹⁵ In fact, the term OSI was “devised in Canada in 2001 by Lieutenant Colonel (Retired) Stéphane Grenier, founder of the Operational Stress Injuries Social Support (OSISS) program, as a way to give “mental injuries” the same legitimacy as physical injuries and thereby help to reduce [the] stigma associated with mental health problems.”¹⁶ Dr. Jitender Sareen, Professor of Psychiatry at the University of Manitoba, explained to the Committee that OSIs are currently defined by Veterans Affairs Canada as “any persistent psychological difficulty resulting from operational duties performed while serving in the Canadian Armed Forces or as a member of the Royal Canadian Mounted Police.”¹⁷ Dr. Carleton explained that OSIs would be best defined “as a really broad

15 SECU, [Evidence](#), 1st Session, 42nd Parliament, 10 March 2016, (Jitender Sareen, Professor of Psychiatry, University of Manitoba, as an Individual).

16 Standing Senate Committee on National Security and Defence, Subcommittee on Veterans Affairs, [Interim Report on the Operational Stress Injuries of Canada’s Veterans](#), June 2015, p. 2.

17 SECU, [Evidence](#), 1st Session, 42nd Parliament, 10 March 2016 (Jitender Sareen).

umbrella term that includes a variety of things: post-traumatic stress disorder, certainly, but also depression, substance use, and panic disorder, just to name a few.”¹⁸

There are ongoing discussions and debate in the medical community around PTSD, its diagnosis and its treatment, and there are yet to be agreed-upon clinical practice guidelines in Canada. In their absence, international guidelines are currently being used. This can create inconsistencies the standard of care across the country.

It was explained to the Committee that the main components of PTSD include “experiencing or witnessing a stressful event; re-experiencing symptoms of the event that include nightmares and (or) flashbacks; efforts to avoid situations, places, and people that are reminders of the traumatic event; and hyperarousal symptoms, such as irritability, concentration problems, and sleep disturbances”.¹⁹

PTSD is one of the most well-known OSI[s] associated with military service. According to Dr. Greg Passey [of the British Columbia Operational Stress Injury Clinic], research shows that between 5 and 15% of military personnel returning from military operations are affected by PTSD. The problem with PTSD, he stated, is that the upper part of an individual’s brain, which is usually associated with logical thought, rational behaviour, and language, is “no longer in control.” Instead, the lower part of the brain, which is “tasked with keeping us alive, fighting danger or getting us to run away” (i.e., emotions) takes over.²⁰

Beyond the military context, the Committee heard that “[o]ne in 10 Canadians develops PTSD, but the numbers are twice as high in first responders due to the risk of routine exposure to traumatic stressors.”²¹ This is consistent with the range noted in the introduction that between 10 and 35 percent of first responders will develop PTSD.

Suicide rates amongst first responders are also high. Between April 29 and December 31, 2014, 27 first responders died by suicide. As of March 2015, 40 first responders have died by suicide in Canada. This is a growing and urgent problem that we must address.²²

Louise Bradley, President and Chief Executive Officer of the Mental Health Commission of Canada, stressed the importance of recognizing that “the mental health concerns of public safety officers are not limited to PTSD. They include a range of problems, from depression and somatic and psychosomatic complaints to chronic fatigue and difficulties with alcohol and other substances [and that] the suicide rate is approximately 30% higher than [in] comparison groups.”²³ Tom Stamatakis, President of the Canadian Police Association noted that “[w]hile suicide is obviously the most severe of

18 SECU, [Evidence](#), 1st Session, 42nd Parliament, 22 March 2016 (Nicholas Carleton).

19 Jitender Sareen, MD, FRCPC, “Posttraumatic Stress Disorder in Adults: Impact, Comorbidity, Risk Factors, and Treatment”, *The Canadian Journal of Psychiatry*, Vol. 59, No. 9, September 2014, pp. 460–467 (Reference document provided to the Committee by Dr. Sareen, 10 March 2016).

20 Standing Senate Committee on National Security and Defence, Subcommittee on Veterans Affairs, [Interim Report on the Operational Stress Injuries of Canada’s Veterans](#), June 2015.

21 SECU, [Evidence](#), 1st Session, 42nd Parliament, 22 March 2016 (Donna Ferguson).

22 Ibid

23 SECU, [Evidence](#), 1st Session, 42nd Parliament, 10 March 2016 (Louise Bradley, President and Chief Executive Officer, Mental Health Commission of Canada).

the consequences that can be suffered, it's far from the only one.”²⁴ Dr. Donna Ferguson, a psychologist at the Centre for Addiction and Mental Health, explained that “PTSD causes a disturbance in social and occupational functioning and in other areas of life.”²⁵ Marital problems, as noted by Ms. Bradley, are twice as prevalent among public safety officers and first responders.²⁶

Part of the difficulty in this discussion, though, is that there is no single cause for operational stress injuries or PTSD in the first responder community. For some it's a question of a single traumatic event, which is often followed by intense analysis by supervisors, media, and the general public, all with the benefit of hindsight and time, while for others it is built up over years of exposure to some of the worst circumstances. It's almost impossible to predict and extremely difficult to prevent.²⁷

The traumatic events likely to be associated with the development of OSIs and PTSD differ among military personnel, public safety officers and first responders. Lori MacDonald, Assistant Deputy Minister of the Emergency Management and Programs Branch of Public Safety Canada, stressed the importance of understanding that “[w]hile the biological underpinnings of operational stress injuries may be similar to those in the Canadian Armed Forces, public safety officers operate in a different environment, often near the communities where they live” and that they are repeatedly exposed to traumatic events over the entirety of their careers.²⁸ The distinction among occupations was best illustrated by Dr. Carleton who explained:

When we deploy our military to Afghanistan, for example, we're taking them from a safe zone and we are deploying them to an unsafe zone, and then we are bringing them back to a safe zone. There's an important distinction between that framing and what we do with our public safety personnel or our first responders; we deploy them, effectively, to an unsafe zone for 25 or 30 years. They're in a constant state of uncertainty. On day one they might be out for a coffee with someone, and on day two they might be responsible for arresting that person, resuscitating that person, or rehabilitating that person. We're really deploying them to their own communities, which makes for a very different form of exposure.²⁹

It was explained to the Committee that PTSD is a formal diagnosis, whereas OSI is not. Dr. Alice Aiken, Director of the Canadian Institute for Military and Veteran Health Research, urged the Committee to “think beyond just post-traumatic stress disorder and encompass all mental health”³⁰:

24 SECU, [Evidence](#), 1st Session, 42nd Parliament, 10 March 2016 (Tom Stamatakis, President, Canadian Police Association).

25 SECU, [Evidence](#), 1st Session, 42nd Parliament, 22 March 2016 (Donna Ferguson).

26 SECU, [Evidence](#), 1st Session, 42nd Parliament, 10 March 2016 (Louise Bradley).

27 Ibid. (Tom Stamatakis).

28 SECU, [Evidence](#), 1st Session, 42nd Parliament, 3 May 2016 (Lori MacDonald, Assistant Deputy Minister, Emergency Management and Programs Branch, Department of Public Safety and Emergency Preparedness).

29 SECU, [Evidence](#), 1st Session, 42nd Parliament, 22 March 2016 (Nicholas Carleton).

30 SECU, [Evidence](#), 1st Session, 42nd Parliament, 5 May 2016 (Alice Aiken, Director, Canadian Institute for Military and Veteran Health Research).

What the research is telling us is that often a childhood history of trauma can predispose somebody to developing post-traumatic stress disorder. There may be underlying mental health issues that come out because of operational issues. I would say that operational stress injury is more encompassing. It allows for pre-existence of the condition or for a work-related cause. I think it's definitely more encompassing, and it's not a diagnosis.³¹

In the course of our study, the terms OSI and PTSD were discussed interchangeably, but a shift towards using OSI is emerging within the public safety officer community. In fact, to adopt the term OSI would respond to the request of many witnesses who appeared before the Committee and spoke of the negative stigma attached to the term PTSD. As noted by Deputy Commissioner Daniel Dubeau, Chief Human Resources Officer for the RCMP:

For post-traumatic stress disorder, we do not use that terminology in our force. We avoid that terminology. We call it an “injury”. It's an operational stress injury, and we have to stop calling it a disorder. It's an injury, because otherwise it's a stigma.³²

In fact, many participants at the Ministerial Roundtable also “vocally supported the desire to switch away from the term PTSD, which is believed to contribute to the negative stigma, towards a more inclusive term of operational stress injuries”.³³

As Public Safety Canada looks into properly defining the issue and developing a national plan regarding the assessment, treatment, and long-term care of Canada's public safety officers affected by OSIs, the Committee encourages the Department to consider the following recommendations:

Recommendation 3

The Committee recommends that Public Safety Canada consider Post-Traumatic Stress Disorder as falling within the broader health issue of Operational Stress Injuries and that it be defined as a persistent, psychological difficulty resulting from operational duties performed while serving as a public safety officer, along with other mental health problems such as depression and substance abuse.

Recommendation 4

The Committee recommends that Public Safety Canada work in collaboration with Veterans Affairs Canada, National Defence and the Canadian Armed Forces and Health Canada, to create a clear, consistent, and comprehensive definition of Operational Stress Injuries that encompasses both diagnosed illnesses and other conditions, and that this definition be developed in collaboration with medical experts and according to international standards.

31 Ibid.

32 SECU, [Evidence](#), 1st Session, 42nd Parliament, 10 May 2016 (Daniel Dubeau, Deputy Commissioner, Chief Human Resources Officer, Royal Canadian Mounted Police).

33 Document provided to the Committee on 3 May 2016, Ministerial Roundtable on Post-traumatic Stress Disorder in Public Safety Officers, 29 January 2016.

D. Need for Data Collection

The research and data concerning PTSD within the military context is 15 years ahead of what is available with respect to public safety officers. One of the reasons for this gap could be attributable to the very culture in which public safety officers and first responders operate. Dr. Ferguson explained that “mental illness is a very difficult topic for people to discuss” but even more so for “first responders whose occupation requires them to be constantly stoic.”³⁴

First responders are part of a culture that frowns upon weakness. There is a belief that the job comes first and their lives, feelings, and families come second. The expectation comes with a great deal of pressure on individuals who see demise, destruction, death, and carnage on a regular basis.³⁵

Witnesses explained that stigma is a deterrent to self-identification. “People know it's personal, private information and they don't want it known.”³⁶ In turn, very little is known about this issue, including the incidence and prevalence of OSIs among public safety officers. Dr. Sareen explained that despite the increase in awareness of OSIs affecting public safety officers, “we do not have good Canadian information on the prevalence, prevention, and treatment of these conditions in our unique Canadian environment.”³⁷ He went on to state that [m]uch of what we know comes from the U.S. and other countries.”³⁸ His evidence was corroborated by other witnesses. For instance, the International Association of Fire Fighters, in their evidence before the Committee, explained that there is a gap in the health and wellness statistics for firefighters as compared with what exists in the United States.³⁹

Many of the witnesses who appeared before the Committee expressed concern over the lack of data and research regarding OSIs and PTSD with respect to Canadian public safety officers. Although the Committee did receive some statistical information, it was very difficult to draw a representative picture or conclusions from the information provided. Nevertheless, public safety officers provided the following statistics gathered by various surveys from across the country:

- The Province of Ontario has approximately 8,000 paramedics, with “some studies predicting that PTSD or OSI affects 22% of them” and an estimate that “over 1,700 of them are suffering from operational stress injuries;”⁴⁰

34 SECU, [Evidence](#), 1st Session, 42nd Parliament, 22 March 2016 (Donna Ferguson).

35 Ibid.

36 SECU, [Evidence](#), 1st Session, 42nd Parliament, 3 May 2016 (Lori MacDonald).

37 SECU, [Evidence](#), 1st Session, 42nd Parliament, 10 March 2016 (Jitender Sareen).

38 Ibid.

39 SECU, [Evidence](#), 1st Session, 42nd Parliament, 12 May 2016 (Scott Marks, Assistant to the General President, Canadian Operations, International Association of Fire Fighters).

40 SECU, [Evidence](#), 1st Session, 42nd Parliament, 10 May 2016 (Randy Mellow, President, Paramedic Chiefs of Canada).

- A survey conducted by the Vancouver Police Union estimates “that more than 30% of [its] members meet the criteria to be clinically diagnosed with PTSD” and that similar surveys “conducted in other major police services across Canada by the Canadian Police Association have shown similar results.”⁴¹
- “As an example, we know from some surveys we've done that about 36% of male correctional officers have identified as having post-traumatic stress disorder. At the lower end we have about 7% of police officers, but numbers vary, depending on the study or the survey that's been done.”⁴²
- “... [F]irefighters are vulnerable to or more susceptible to PTSD, as [they] are repeatedly subjected to traumatic circumstances within the communities in which we live. While statistics surrounding PTSD and first responders are limited, it has been said that up to 15% to 20% of firefighters suffer from PTSD.”⁴³

The Committee agrees with its witnesses that accurate data on the prevalence, prevention, and treatment of OSIs among public safety officers is needed. As noted by Dr. Sareen, “you can't guide policy if you don't have an accurate number.”⁴⁴ The lack of data in the Committee's opinion supports the creation of a mental health prevalence survey among the public safety officer population. Moreover, data concerning prevalence, prevention and treatment should be collected nationally and coordinated through a central institute.

E. Other Specific Research Needs

1. Repetitive Trauma and Suicides

The Committee's study has also shed a light on the need for more research and data on repetitive trauma exposure and suicide. We have learned that with public safety officers, it is difficult to determine the exact number of suicides that have occurred, and how many of them were “work related”. For example, Don Head, Commissioner of the Correctional Service of Canada, explained to the Committee that last year alone, 27 employees or former employees either committed suicide or attempted to commit suicide.⁴⁵ Of the 12 who committed suicide, 7 were current employees. When asked if a causal link to their work experience could be drawn, he, like other witnesses, explained that it could not be definitively declared in every case.

41 SECU, [Evidence](#), 1st Session, 42nd Parliament, 10 March 2016 (Tom Stamatakis).

42 SECU, [Evidence](#), 1st Session, 42nd Parliament, 3 May 2016 (Lori MacDonald).

43 SECU, [Evidence](#), 1st Session, 42nd Parliament, 12 May 2016 (Scott Marks).

44 SECU, [Evidence](#), 1st Session, 42nd Parliament, 10 March 2016 (Jitender Sareen).

45 SECU, [Evidence](#), 1st Session, 42nd Parliament, 10 May 2016 (Don Head, Commissioner, Correctional Service of Canada).

The Committee also heard that, in an effort to raise awareness suicide reporting should be done in conjunction with existing media guidelines, so that it does not “glorify” the issue and lead others down the same path. Dr. Ferguson explained to the Committee that when preparing for media interviews following a suicide thought needs to be given on how to “promote, understand, and educate on the issue of PTSD, or mental illness and suicides” and noted that the situation needs to be approached carefully.⁴⁶

The Committee believes that the lack of available research and data on repetitive trauma exposure and suicide supports the need for a mental health prevalence survey in order to better ascertain the patterns, causes and effects of PTSD within the public safety officer community, including the impact of repetitive trauma exposure.

2. Use of Substances as a Form of Temporary Symptom Relief

The Committee heard that individuals affected by PTSD sometimes use illicit drugs, alcoholic substances or medicinal marijuana as a form of immediate and temporary relief of their symptoms. Dr. Paul Frewen, a professor and psychologist at the University of Western Ontario, explained that recreational drugs are used by individuals to self-medicate because of the effects they have on a person’s nervous system. They “have various dissociative qualities, ... such as the suppression of memory and distress in the immediate short term.”⁴⁷

The use of medicinal marijuana as a form of symptom relief was also discussed. Witnesses such as Dr. Aiken and Dr. Zul Merali, President and Chief Executive Officer of The Royal’s Institute of Mental Health Research, explained that there are no large-scale studies on medicinal marijuana. He expressed his opinion that, as it currently stands, it is “a temporary symptom relief that people are looking for in the absence of a proper cure.”⁴⁸ When he appeared before the Committee, Dr. Sareen explained that the evidence shows “that marijuana use can actually worsen PTSD symptoms” and that “none of the practice guidelines support the use of medical marijuana for PTSD.”⁴⁹

Dr. Sareen added that it would be important “to carefully study the impact of marijuana and medical marijuana in PTSD, not just in short-term outcomes but long-term outcomes”⁵⁰. Furthermore, as noted by Dr. Judith Pizarro Andersen, Director of the Health Adaptation Research on Trauma Lab of the University of Toronto, future research in this area should ensure that data collection regarding its use as a form of treatment should be

46 SECU, [Evidence](#), 1st Session, 42nd Parliament, 22 March 2016 (Donna Ferguson).

47 SECU, [Evidence](#), 1st Session, 42nd Parliament, 5 May 2016 (Paul Frewen, Professor, Psychologist, Department of Psychiatry, University of Western Ontario, As an individual).

48 SECU, [Evidence](#), 1st Session, 42nd Parliament, 5 May 2016 (Zul Merali, President and Chief Executive Officer, Royal’s Institute of Mental Health Research and The Canadian Depression Research and Intervention Network, as an Individual).

49 SECU, [Evidence](#), 1st Session, 42nd Parliament, 10 March 2016 (Jitender Sareen).

50 Ibid.

based on objective biological data. “If we want to know if marijuana treats the symptoms, we can't just rely on self-reports.”⁵¹

F. Need for a Comprehensive Research Strategy on Prevention, Education, Screening, Intervention and Treatment

The effects of PTSD can be pervasive. They not only affect the individual but can also have an impact on co-workers, families and friends. Ms. MacDonald used the following analogy in her evidence before the Committee:

When someone is suffering from post-traumatic stress disorder, not just one person is impacted. It's also the people around them. If you throw a rock into the water, you have this big ripple effect. Often you see that in people who are suffering from post-traumatic stress disorder; it affects their wife, their children, or whoever that happens to be. So prevention also has to include people who are in that surrounding community.⁵²

Consequently, prevention strategies should not just be specific to the individual in question but should be part of a support continuum and include those who could potentially be impacted.⁵³

Co-workers for instance, should not be required to carry an extra workload when a colleague is affected by PTSD and is on leave. The employee, on the other hand, would need to be reassured that colleagues will not be left short-handed because they now have to work twice as hard because of a vacancy in the work unit.⁵⁴

Witnesses noted that within the workplace, prevention and education are key. Positive work environments should be fostered and employers should be encouraged to provide systematic training⁵⁵ and peer support. According to Dr. Jakov Shlik, Clinical Director, Operational Stress Injury Clinic of the Royal Ottawa Health Care Group, peer support is extremely helpful and in great need of “empowerment”.⁵⁶

Dr. Ruth Lanius, a professor of Psychiatry at Western University, explained that in respect of education, it should be a “top-down approach”.⁵⁷ Employers, like employees, should be educated about the consequences of the job which can then lead an employee to self-identify and to early intervention.

51 SECU, [Evidence](#), 1st Session, 42nd Parliament, 22 March 2016, 1215 (Judith Pizarro Andersen, Assistant Professor, Department of Psychology and Affiliated Faculty of Medicine; Director, Health Adaptation Research on Trauma Lab, University of Toronto, as an Individual).

52 SECU, [Evidence](#), 1st Session, 42nd Parliament, 3 May 2016 (Lori MacDonald).

53 Ibid.

54 SECU, [Evidence](#), 1st Session, 42nd Parliament, 10 March 2016 (Tom Stamatakis).

55 Ibid. (Jitender Sareen).

56 Ibid. (Jakov Shlik, Clinical Director, Operational Stress Injury Clinic, Royal Ottawa Health Care Group).

57 SECU, [Evidence](#), 1st Session, 42nd Parliament, 3 May 2016 (Ruth Lanius, Professor of Psychiatry, Western University of Canada).

Enrollment screening for mental health issues at the time of recruitment was also discussed during the study. Screening could potentially help to identify individuals that are predisposed to developing PTSD. Once identified, a support continuum could then be implemented in order to help the individual build resilience. The Committee heard the United Kingdom conducted a large-scale study on military personnel who were specifically screened for their “likelihood” to develop PTSD using various screening tools such as instances of childhood trauma. Those that were identified were not allowed to deploy with their unit. Those that were kept back were nevertheless found to be more likely to develop PTSD because they were separated from their unit.⁵⁸

Another witness spoke of biological screening devices for employees at the time of recruitment in order to identify individuals who are more at risk. For instance, testing conducted on some individuals showed that they were exhibiting extreme stress responses throughout their entire day, not only putting them at risk for developing an OSI, but other health problems as well. It was explained to the Committee that the use of biological screening devices for employees at recruitment is still the subject of debate. “[Y]ou get into ethical concerns for not allowing someone to have a job because their heart rate and so forth are very elevated.”⁵⁹

I think maybe if we didn't do that at recruitment, we could do it in the early forms of training. You could see if you could personalize interventions to get that physiology down. If you couldn't then it might be recommended that the person take a different course of employment maybe within the police agency but not in front-line service.⁶⁰

It was explained that, in order to know if research and technology could help indicate a predisposition, a longitudinal study would need to be conducted in which evidence from biological, psychological, brain-imaging biomarkers could be collected over a number of years in order to ascertain their accuracy in determining who and who did not develop PTSD.⁶¹

Screening an individual in order to identify whether or not they are predisposed to developing a mental health issue raises ethical and privacy considerations in the Committee's opinion. While the overall intention would be to help the identified individuals build resilience through targeted interventions, education and training, the Committee did not hear sufficient evidence to make a recommendation in that respect. Nevertheless, the Committee believes that more research on this issue is warranted.

Mr. Stamatakis noted that not all solutions to PTSD among the public safety officer population need to come from the federal government. He explained, that we should “not forget the role that organizational policy and practices play in this issue.”⁶² Witnesses explained that organizational stressors can co-exist in the workplace and although they are

58 SECU, [Evidence](#), 1st Session, 42nd Parliament, 5 May 2016 (Alice Aiken).

59 SECU, [Evidence](#), 1st Session, 42nd Parliament, 22 March 2016, 1215 (Judith Pizarro Andersen).

60 Ibid.

61 SECU, [Evidence](#), 1st Session, 42nd Parliament, 5 May 2016 (Zul Merali).

62 SECU, [Evidence](#), 1st Session, 42nd Parliament, 10 March 2016 (Tom Stamatakis).

distinct from a traumatic event, they are nonetheless exacerbating factors. They gave the following examples:

- in the correctional setting: shift work and conflicting workplace roles such as ensuring security versus caregiving;⁶³
- in law enforcement: working an excessive number of hours on a weekly basis such as putting in between 10 to 20 additional hours in addition to a 40-hour work week;⁶⁴
- in the firefighting profession: the composition of the emergency service itself can be a challenge; there are full-time departments but there are also composite and volunteer departments. In some cases, the volunteer departments lack the resources to properly administer support programs, and a lack of personnel as one might imagine rules out the possibility of peer support.⁶⁵
- in the paramedic profession: the aging of the population being served is creating an increase in demand, both in terms of the rise in calls and the higher level of care required; and paramedic work being “one of the most legislated professions or regulated professions in comparison to the first responder community”.⁶⁶

The Committee is encouraged to hear that the police sector is trying to introduce a different approach to some of these organizational structures which have been said to be exacerbating factors. That being said, the Committee feels that more can be done. OSIs and PTSD should be prevented to the extent that it is possible collectively through well thought out policies and strategies. We should also ensure that our public safety officers are diagnosed early, and that those who are touched are fully supported in order to remain productive and successful in both their careers and personal lives.

As explained by Randy Mellow, President of the Paramedic Chiefs of Canada, there should be a support continuum, geared towards the overall wellness of the individual.⁶⁷ Such a continuum should include initial recruitment education, resiliency training, as well as other programs ranging from exposure response to retirement training or returning to the workforce as a non-first responder.

The evidence brought forth by the witnesses supports the need for a comprehensive research strategy aimed at prevention, education, screening and treatment

63 SECU, [Evidence](#), 1st Session, 42nd Parliament, 12 May 2016 (Jason Godin, President, Union of Canadian Correctional Officers).

64 SECU, [Evidence](#), 1st Session, 42nd Parliament, 10 March 2016 (Tom Stamatakis).

65 SECU, [Evidence](#), 1st Session, 42nd Parliament, 12 May 2016 (Paul Boissonneault, President, Fire Chief, County of Brant Fire Department, Canadian Association of Fire Chiefs).

66 SECU, [Evidence](#), 1st Session, 42nd Parliament, 10 May 2016 (Randy Mellow).

67 Ibid.

interventions. Such a strategy, in the Committee's opinion, has the potential of enhancing the lives of public safety officers, their co-workers and their families. Research could be conducted at the national level and then disseminated within the public safety officer community and made available to all jurisdictions with responsibility for public safety.

The Committee's study has also highlighted the need for cost estimates and the economic burden of this condition. It was noted that Canada does not have accurate estimates on the costs of OSIs to the system. Much of what we know comes from other countries that have calculated the health care costs to be significant; large amounts are being paid out in disability payments.⁶⁸ This may be due to the fact that "[p]eople often suffer, they are off on disability, they don't have timely access to psychological treatment and medical treatment, they fear going back to work because they might have difficulties performing, and then they are on disability and can't get back to work."⁶⁹

VIA Rail Canada Inc. has been proactive in this regard, and has significantly reduced its number of disability claims stemming from locomotive engineers involved in critical incidents. Critical incidents can include suicides or level crossing accidents. Marc Beaulieu, Chief Transportation and Safety Officer, explained that engineers are sometimes required to offer on-site care and supervision while waiting for help to arrive. VIA Rail worked with the Mental Health Commission of Canada and adopted the national standard for psychological health and safety in the workplace, a set of voluntary guidelines promoting employee psychological health. Therapeutic support and a protocol for an immediate and mandatory leave of absence following critical incidents are also being provided to employees. An additional two days of leave were added and can be used without justification. Jose Pastor, Chief of Staff, Office of the President at VIA Rail Canada Inc., explained that although the number of critical incidents has remained stable, the number of disability claims and their duration has been significantly reduced, especially in the last couple of years.⁷⁰

Other financial considerations like the loss of productivity and the costs of chronic health conditions associated with OSIs could also be examined. For instance, Ms. Bradley noted that psychological injuries are "costing Canada over \$51 billion a year in lost productivity",⁷¹ while Dr. Pizzaro Andersen explained that OSIs and PTSD are associated with significant health costs, physical disease, and early mortality. In fact "officers are two and three times more likely to develop chronic health conditions, such as cardiovascular disease, diabetes, and even cancer, when compared to the general population."⁷²

Future estimates could also include treatment costing. Research conducted by the U.S. Department of Veterans Affairs data shows "that the cost of health care for treating a

68 SECU, [Evidence](#), 1st Session, 42nd Parliament, 10 March 2016, 1110 (Jitender Sareen).

69 Ibid.

70 SECU, [Evidence](#), 1st Session, 42nd Parliament, 17 May 2016 (Jose Pastor, Chief of Staff, Office of the President, VIA Rail Canada Inc.).

71 SECU, [Evidence](#), 1st Session, 42nd Parliament, 10 March 2016 (Louise Bradley).

72 SECU, [Evidence](#), 1st Session, 42nd Parliament, 22 March 2016, 1215 (Judith Pizarro Andersen).

first responder with PTSD is almost five times higher than it is for treating a first responder without PTSD, due to the costs of comorbid physical and mental health treatment.”⁷³

G. Need for a Canadian Institute for Public Safety Officer Health Research, an Expert Working Group and an Advisory Council that will Collect Data, Research, Foster collaboration and Disseminate Information Across the Country

1. Creation of the Canadian Institute for Public Safety Officer Health Research

The Committee has identified throughout its report the need for data collection, a comprehensive research strategy, a mental health prevalence survey and recognition of the particular work environments of public safety officers. A mechanism is therefore required to undertake such critical tasks and to ensure that they be carried out at a national level. The Committee’s key recommendation to achieve this objective is a proposal to create the Canadian Institute for Public Safety Officer Health Research.

The Committee believes that this newly created institute could follow the same model as the Canadian Institute for Military and Veteran Health Research (CIMVHR),⁷⁴ but witness testimony suggested that it be kept as a separate institute for public safety officers. There seems to be a clear consensus stemming from the Ministerial Roundtable that public safety officers should be treated distinctly from armed forces. Furthermore, as noted by Dr. Aiken, “[f]irst responders don’t see themselves as military and veterans, and military and veterans don’t see themselves as first responders. They understand there is an overlap, but they don’t see it as exactly parallel.”⁷⁵

Recommendation 5

The Committee therefore recommends that the federal government work in collaboration with the Canadian Institute for Military and Veteran Health Research to establish a new Canadian Institute for Public Safety Officer Health Research.

i. Mission and Mandate

In its mission statement, the newly created institute should seek to enhance the mental health and wellness of our Canadian public safety officers through evidence-based research, practices, policies and programs.

73 Ibid.

74 Canadian Institute for Military and Veteran Health Research (CIMVHR), [About Us](#); CIMVHR seeks “to enhance the lives of Canadian military personnel, Veterans and their families by harnessing the national capacity for research.” Their health is “maximized through world-class research resulting in evidence-informed practices, policies and programs.”

75 SECU, [Evidence](#), 1st Session, 42nd Parliament, 5 May 2016 (Alice Aiken).

As part of its mandate, the institute should foster a comprehensive research strategy and harness collaboration by engaging federal, provincial and territorial governments. Witnesses who appeared before the Committee envisioned the institute as a foundational piece, desperately needed to build resilience and bring support to our public safety officers. It is believed that through its foundational work, the institute will bring together federal, provincial and municipal research and data that have been fragmented and unintentionally isolated.⁷⁶

The institute should first be tasked with conducting a mental health prevalence survey among the public safety officer population. This will ensure that the much needed data on prevalence, prevention and treatment of our public safety officers will be collected and coordinated nationally, then stored in a central repository where it can be easily accessed. The Committee hopes that the survey will help to obtain an accurate number with respect to the prevalence rates of OSIs among public safety officers. As it currently stands, the range is between 10% and 40%.⁷⁷ Accurate data collection will help to guide future practices, policies and programs in this area.

Recommendation 6

The Committee therefore recommends that the newly created Canadian Institute for Public Safety Officer Health Research work in collaboration with Statistics Canada to organize a national mental health prevalence survey in order to study the patterns, causes, and effects of health and disease conditions in the defined population of public safety officers, such as the impact of repetitive trauma exposure.

As we know that the effects of PTSD can be pervasive, the Committee believes that more can be done in respect of prevention, education, screening, intervention and the treatment of those affected. It would be important that the institute, as part of its mandate, develop a comprehensive research strategy geared towards these five pillars. Such a strategy has the potential, in the Committee's opinion, of providing a continuum of support aimed at the overall wellness of our public safety officers and their families. It should also help to foster positive work environments for those affected by OSIs and those that work with them on a daily basis.

As previously stated, enrolment screening for mental health issues at the time of recruitment has the potential of identifying individuals that would be predisposed to developing OSIs. Once identified, a support continuum could then be implemented in order to help the individual build resilience. That being said, the Committee feels that this raises ethical and privacy considerations and did not hear sufficient evidence to make a specific recommendation in this respect. Nevertheless, the Committee believes that more research on this issue is warranted and would ask the institute, as it creates and implements its comprehensive research strategy, to examine this issue and the ethical concerns of using technology to determine predispositions when screening for public safety roles.

76 SECU, [Evidence](#), 1st Session, 42nd Parliament, 10 May 2016 (Randy Mellow).

77 SECU, [Evidence](#), 1st Session, 42nd Parliament, 10 March 2016 (Jitender Sareen).

For instance, it was explained that a longitudinal study could help indicate whether or not technology would prove useful in identifying predispositions to developing OSIs.⁷⁸

Recommendation 7

The Committee recommends that the Canadian Institute for Public Safety Officer Health Research create a comprehensive research strategy aimed at enhancing the lives of public safety officers and their families by harnessing the national capacity for research, investigating the nature of Operational Stress Injuries (OSIs) and developing prevention, screening, education, intervention and treatment measures by conducting scientific studies on OSIs among public safety officers, such as the examination of the use of technology that is used to determine biological predispositions when screening for public safety roles.

Another area that in the Committee's opinion would need particular attention is the use of medicinal marijuana by affected individuals as a form of symptom relief. As previously noted, there are no large scale studies on the use of medicinal marijuana as a treatment for PTSD. The Committee was told that it is being used as a temporary measure of symptom relief in the absence of a proper cure.⁷⁹ Dr. Sareen told the Committee that it would be important "to carefully study the impact of marijuana and medical marijuana in PTSD, not just in short-term outcomes but long-term outcomes"⁸⁰. The Committee therefore believes that the institute should consider conducting a comprehensive review of all the literature on the use of medicinal marijuana as a form of treatment for OSIs.

Recommendation 8

The Committee recommends that the Canadian Institute for Public Safety Officer Health Research include in its research strategy a comprehensive overview of all the literature with respect to the use of medicinal marijuana for Operational Stress Injuries and Post-Traumatic Stress Disorder.

2. Creation of an Expert Working Group

The Committee agrees with its witnesses that discussions going forward should be centred on the needs of public safety officers. Mr. Stamatakis explained it well when he said that for a new project to have credibility among those who need it most, "it must be driven by those with a serious understanding of the particular culture and environment that is unique to the first responder community".⁸¹ A sure way of achieving this objective would

78 SECU, [Evidence](#), 1st Session, 42nd Parliament, 5 May 2016 (Zul Merali).

79 Ibid.

80 SECU, [Evidence](#), 1st Session, 42nd Parliament, 10 March 2016 (Jitender Sareen).

81 Ibid. (Tom Stamatakis).

be for Public Safety Canada to create an expert working group representing various public safety officer organizations, academia, stakeholders, individual public safety officers who are suffering and/or have suffered from OSIs and PTSD and governments as well as representatives from various provinces, territories and First Nations. The work of the expert working group would be conducted in parallel with the work of the Canadian Institute for Public Safety Officer Health Research, with the intention that the two be complementary. The working group will therefore work collaboratively with Public Safety Canada and the institute in order to facilitate pan-Canadian access to best practices and research advancements.

Recommendation 9

The Committee recommends that Public Safety Canada, in collaboration with Health Canada and the Canadian Institute for Military and Veteran Health Research, immediately form an expert working group on Operational Stress Injuries (OSIs) to share best practices, advancements, collection, dissemination on information and data on OSIs. The membership should represent a variety of workplace contexts, such as stakeholders from various Public Safety Officer organizations, academia stakeholders, individual public safety officers who are suffering and/or have suffered from OSIs and Post Traumatic Stress Disorder and governments, as well as representatives from various provinces, territories and First Nations.

i. Key Activities of the Expert Working Group

Public Safety Canada has already been tasked with developing a national action plan on PTSD. In doing so, it is set to work with Canadian provinces and territories as well as the Minister of Health. Since Public Safety Canada has already established relationships within the public safety officer community and other levels of government, the Committee believes that the newly created expert working group should be tasked with elaborating a national strategy on OSIs. The strategy should include policies on prevention, screening, education, intervention and treatment. Such a strategy, in the Committee's opinion, is needed to ensure the safety of Canadians and the well-being of Canada's public safety officers.

Recommendation 10

The Committee recommends that the expert working group on Operational Stress Injuries (OSIs) have as the first part of its mandate the elaboration of a national strategy on OSIs, and that this strategy include policies on prevention, screening, education, intervention and treatment. The Committee also recommends that the expert working group make recommendations for funding these elements, and submit to the Minister of Public Safety and Emergency Preparedness an evaluation of the costs associated with financing the national strategy on OSIs and the social and financial cost of not taking those measures.

As previously stated, the issue of enrolment screening for a predisposition to developing an OSI raises both ethical and privacy considerations. That being said, the Committee believes that the expert working group, like the institute, should study this issue. More precisely, the Committee would like the expert working group in its elaboration of a national strategy on OSIs to review the enrollment screening of public safety officers, any potential disclosure obligations at enrollment and the associated ethical concerns related to the screening of applicants.

Recommendation 11

The Committee recommends that the expert working group on Operational Stress Injuries (OSIs) examine the issue of recruitment in its elaboration of a national strategy on OSIs by reviewing screening for mental health issues, the disclosure of information at enrollment and the associated ethical concerns that surround the screening of applicants.

Witnesses emphasized the importance of recognizing that the public safety culture and environment can lead to stigmatization. Public safety officers have work environments that are unique; the very culture in which public safety officers operate requires them to be constantly stoic.⁸² They are part of a culture that frowns upon weakness.⁸³ The Committee believes that the expert working group on OSIs in the elaboration of its national strategy should look at possible solutions in order to bring about culture change.

Recommendation 12

The Committee recommends that the expert working group on Operational Stress Injuries (OSIs) include in the educational and training measures of its national strategy possible solutions in order to bring about culture change regarding mental health in order to reduce the stigma associated with OSIs.

The dissemination of information among federal, provincial and territorial counterparts is therefore critical as it would allow public safety officers to identify the programming that best fits their needs. A successful initiative in one community may not be suitable to smaller or more remote regions. Furthermore, the Committee agrees with Mr. Boissonneault that “all first responders from coast to coast to coast deserve to have the same availabilities provided to them regardless of location, region, or local circumstance.”⁸⁴

It is important to consider community demographics when trying to find an appropriate solution. Ms. Bradley told the Committee that issues that are “occurring,

82 SECU, [Evidence](#), 1st Session, 42nd Parliament, 22 March 2016 (Donna Ferguson).

83 Ibid.

84 SECU, [Evidence](#), 1st Session, 42nd Parliament, 12 May 2016 (Paul Boissonneault).

for example, in the Northwest Territories are going to be quite different from those in Toronto.”⁸⁵

Furthermore, “Aboriginal peoples in Canada are more likely than non-Aboriginal people to experience traumatic events in their lifetimes”.⁸⁶ Consequently, “they are at increased risk of developing PTSD as a result of historical, collective and individual trauma, compounded by stressful current living conditions resulting from high levels of poverty and abuse.”⁸⁷

Mr. Kent explained to the Committee that further research is needed to “investigate cultural factors fostering resilience in order to understand the complex interactions between risk and resilience in Aboriginal communities”.⁸⁸ He went on to note that interventions honouring Aboriginal holistic values and traditions are more likely to succeed. The Committee agrees that it is “crucial that more culturally appropriate services are made available to Aboriginal peoples in all communities across Canada.”⁸⁹

The Committee believes that specific adaptations should be made to the national strategy on OSIs and future policies on prevention, screening, education, intervention and treatment in order to address the special needs of Indigenous communities. This can be achieved, in the Committee’s opinion, through the work of the expert working group.

Recommendation 13

The Committee therefore recommends that the expert working group on Operational Stress Injuries recognize the special needs in prevention, screening, education, intervention and treatment for small, rural, isolated and/or First Nations communities.

Chief Jennifer Evans of the Peel Regional Police also spoke of a need for training material to pass from the federal government, such as the Canadian military, to provincial and municipal agencies that could benefit from them. She noted that the Road to Mental Readiness (R2MR) program was brought to the attention of police agencies through the Canadian Mental Health Association that acted as a “conduit” to transfer the knowledge.⁹⁰

Witnesses also noted that the dissemination of information should include studies showing the efficacy of such programming. For example, R2MR, a training program geared towards reducing stigma and increasing resiliency originally developed by the

85 SECU, [Evidence](#), 1st Session, 42nd Parliament, 10 March 2016 (Louise Bradley).

86 SECU, [Evidence](#), 1st Session, 42nd Parliament, 17 May 2016 (Richard Kent, President, Aboriginal Firefighters Association of Canada); and Sherry Bellamy, MSc, BSc and Cindy Hardy, PhD, R.Psych., [Post-Traumatic Stress Disorder in Aboriginal People in Canada: Review of Risk Factors, the Current State of Knowledge and Directions for Further Research](#).

87 Ibid.

88 Ibid.

89 Ibid.

90 SECU, [Evidence](#), 1st Session, 42nd Parliament, 12 May 2016 (Jennifer Evans, Chief, Peel Regional Police Service, Member, Canadian Association of Chiefs of Police).

Department of National Defence, is currently being used by the RCMP and is being deployed to both the provincial and correctional settings. Although the Committee heard positive things about this type of programming, not all witnesses were convinced of its efficacy in the absence of randomized, control trial, evidence-based studies.⁹¹

This evidence, in the Committee's opinion, supports the need for a forum in which different governmental and non-governmental organizations could share best practices and successful grass roots initiatives. The forum should act as a conduit in which to transfer the knowledge gained in a certain region or sector.

The Committee agrees with Mr. Boissonneault, who told the Committee that "there needs to be an advisory group that helps disseminate the information and then provides it nationally."⁹² The Committee would like the advisory committee to support the work of the expert working group in the sharing of best practices and the collection and dissemination of information on OSIs. The Committee hopes that the coordinating functions and collaborative role of the expert working group and the advisory council will help to ensure that best practices and successful grass roots initiatives are shared nationally.

Recommendation 14

The Committee therefore recommends that the federal government form an advisory council on Operational Stress Injuries (OSIs) in order to support the expert working group on OSIs, that the membership of this council represent a variety of workplace contexts, including stakeholders from the various public safety officer organizations, academia and governments, as well as representing various provinces, territories and First Nations.

H. Need for the Study of Presumptive Legislation for Federal Employees

Some of the witnesses who appeared before the Committee commented on the fact that several Canadian provinces are advancing or have adopted presumptive legislation with respect to police officers and other first responders that automatically applies after they receive a PTSD diagnosis.⁹³ These witnesses noted that in the absence of such legislation, "first responders have had to prove that their work-related traumatic events directly contributed to their PTSD symptoms and diagnosis, which has made it difficult for them to access timely, appropriate care."⁹⁴ Jason Godin emphasized the benefits of provincial presumptive legislation, noting that he believes the federal

91 SECU, [Evidence](#), 1st Session, 42nd Parliament, 22 March 2016, 1215 (Judith Pizarro Andersen). "This committee will be considering the available and proposed interventions with limited training dollars, so it's critical to clarify what we mean by an Evidence-based resilience intervention. Large-scale resilience-building programs, originally developed for military personnel, such as the road to mental readiness, have been rolled out in some police organizations. However, there are no randomized, control trial, evidence-based studies showing the efficacy of this for preventing OSI and PTSD among first responders."

92 SECU, [Evidence](#), 1st Session, 42nd Parliament, 12 May 2016 (Paul Boissonneault).

93 See Appendix C.

94 SECU, [Evidence](#), 1st Session, 42nd Parliament, 22 March 2016 (Donna Ferguson).

government could have a role to play in ensuring that federal employees “are subject to the same presumption, independent of the province of employment” and that “[e]mployee assistance programs also need to be reinforced and adapted to our members’ heightened-risk reality in order to help them and their families get on with their lives.”⁹⁵

The basis for federal employees seeking compensation from the Workers’ Compensation Boards (WCBs) is the *Government Employees Compensation Act*. WCBs currently manage the occupational claims of federal peace officers working within the Correctional Service of Canada and the Canadian Border Services Agency.⁹⁶

Pursuant to section 4 of the Act, eligibility, rates of compensation and conditions are the same as those provided under the law of the province where the employee is usually employed and are determined by the same board, officers or authority as is or are established by the law of the province for determining compensation. As such, different benefits regimes apply, depending on the type of work and the province in which the work is performed.

The power of provincial WCBs is delegated to them by the Act. It should be noted that this Act currently does not apply to members of the regular force of the Canadian Forces or of the Royal Canadian Mounted Police (see section 3 of the Act). Richard Kent also reminded the Committee that provincial legislation does not apply to Indigenous communities and commented that a federal framework could possibly rectify this gap.

Provincial and territorial WCBs are leaders in providing care to injured workers with acknowledged expertise. They follow modern case management practices focused on early interventions and a safe and timely return to work. WCBs are also experienced in dealing with provincial and municipal police service organizations and other first responder groups such as firefighters and paramedics.⁹⁷

In light of the above:

Recommendation 15

The Committee recommends that the federal government explore the possibility of introducing legislative measures that would include a presumption of Operational Stress Injuries for public safety officers for whom workplace safety and compensation falls under federal jurisdiction.

95 SECU, [Evidence](#), 1st Session, 42nd Parliament, 12 May 2016 (Jason Godin).

96 Written response provided to the Committee on 20 April 2016 by the Royal Canadian Mounted Police (RCMP) entitled “Royal Canadian Mounted Police Responses to Questions Posed/Issues Raised at SECU, April 12th and April 14th, 2016 Re: Bill C-7: Coverage under the *Government Employees Compensation Act*”.

97 Ibid.

Recommendation 16

As access to care for public safety officers and first responders varies by provinces and territories, the Committee recommends that the federal government acknowledge the provinces that have already adopted legislative measures that include a presumption of OSIs for first responders of these respective jurisdictions, study those legislative measures and invite the provinces and territories where this is not the case to consider this type of public policy.

CONCLUSION

The Committee would like to thank all of its witnesses, including both experts working in the field of PTSD and OSI research and treatment as well as public safety officers and the organizations which represent and support them, for their evidence. Through their testimony, the Committee was able to gain a better appreciation of the particular culture and work environments of public safety officers, “where exposure to trauma is the rule rather than the exception”.⁹⁸

Beyond its thanks, the Committee also expresses its deep respect for the on-going work, commitment and courage of public safety officers working in every jurisdiction in Canada, keeping Canadians safe. While this report focusses on the role of the federal government in this regard, witnesses were clear about their expectations for all levels of government to act quickly to improve the health and well-being of public safety officers and thus help all Canadians to live in safety and security.

Although this review has been limited in scope, the Committee hopes that this report will assist Public Safety Canada as it works to develop a coordinated national action plan on the assessment, treatment and long-term care of Canada’s public safety officers.

98 SECU, [Evidence](#), 42nd Parliament, 1st Session, 22 March 2016 (Nicholas Carleton).

LIST OF RECOMMENDATIONS

Recommendation 1

The Committee recommends that Public Safety Canada define the term “public safety officer” broadly to not only include firefighters, police (including members of the Royal Canadian Mounted Police), paramedics, correctional officers, border services officers and Indigenous emergency managers, but to also consider employees of the Correctional Service of Canada (including parole and program officers) and dispatch officers, and that Public Safety Canada acknowledge the unique features of each group..... 7

Recommendation 2

The Committee recommends that Public Safety Canada, in its creation and implementation of a national strategy on Operational Stress Injuries, recognize that other emergency personnel who work alongside and support public safety officers may also be victims of Operational Stress Injuries, and should form a part of the national strategy 7

Recommendation 3

The Committee recommends that Public Safety Canada consider Post-Traumatic Stress Disorder as falling within the broader health issue of Operational Stress Injuries and that it be defined as a persistent, psychological difficulty resulting from operational duties performed while serving as a public safety officer, along with other mental health problems such as depression and substance abuse. 10

Recommendation 4

The Committee recommends that Public Safety Canada work in collaboration with Veterans Affairs Canada, National Defence and the Canadian Armed Forces and Health Canada, to create a clear, consistent, and comprehensive definition of Operational Stress Injuries that encompasses both diagnosed illnesses and other conditions, and that this definition be developed in collaboration with medical experts and according to international standards..... 10

Recommendation 5

The Committee therefore recommends that the federal government work in collaboration with the Canadian Institute for Military and Veteran Health Research to establish a new Canadian Institute for Public Safety Officer Health Research. 18

Recommendation 6

The Committee therefore recommends that the newly created Canadian Institute for Public Safety Officer Health Research work in collaboration with Statistics Canada to organize a national mental health prevalence survey in order to study the patterns, causes, and effects of health and disease conditions in the defined population of public safety officers, such as the impact of repetitive trauma exposure. 19

Recommendation 7

The Committee recommends that the Canadian Institute for Public Safety Officer Health Research create a comprehensive research strategy aimed at enhancing the lives of public safety officers and their families by harnessing the national capacity for research, investigating the nature of Operational Stress Injuries (OSIs) and developing prevention, screening, education, intervention and treatment measures by conducting scientific studies on OSIs among public safety officers, such as the examination of the use of technology that is used to determine biological predispositions when screening for public safety roles. 20

Recommendation 8

The Committee recommends that the Canadian Institute for Public Safety Officer Health Research include in its research strategy a comprehensive overview of all the literature with respect to the use of medicinal marijuana for Operational Stress Injuries and Post-Traumatic Stress Disorder. 20

Recommendation 9

The Committee recommends that Public Safety Canada, in collaboration with Health Canada and the Canadian Institute for Military and Veteran Health Research, immediately form an expert working group on Operational Stress Injuries (OSIs) to share best practices, advancements, collection, dissemination on information and data on OSIs. The membership should represent a variety of workplace contexts, such as stakeholders from various Public Safety Officer organizations, academia stakeholders, individual public safety officers who are suffering and/or have suffered from OSIs and Post Traumatic Stress Disorder and governments, as well as representatives from various provinces, territories and First Nations. 21

Recommendation 10

The Committee recommends that the expert working group on Operational Stress Injuries (OSIs) have as the first part of its mandate the elaboration of a national strategy on OSIs, and that this strategy include policies on prevention, screening, education, intervention and treatment. The Committee also recommends that the expert working group make recommendations for funding these elements, and submit to the Minister of Public Safety and Emergency Preparedness an evaluation of the costs associated with financing the national strategy on OSIs and the social and financial cost of not taking those measures. 21

Recommendation 11

The Committee recommends that the expert working group on Operational Stress Injuries (OSIs) examine the issue of recruitment in its elaboration of a national strategy on OSIs by reviewing screening for mental health issues, the disclosure of information at enrollment and the associated ethical concerns that surround the screening of applicants..... 22

Recommendation 12

The Committee recommends that the expert working group on Operational Stress Injuries (OSIs) include in the educational and training measures of its national strategy possible solutions in order to bring about culture change regarding mental health in order to reduce the stigma associated with OSIs. 22

Recommendation 13

The Committee therefore recommends that the expert working group on Operational Stress Injuries recognize the special needs in prevention, screening, education, intervention and treatment for small, rural, isolated and/or First Nations communities..... 23

Recommendation 14

The Committee therefore recommends that the federal government form an advisory council on Operational Stress Injuries (OSIs) in order to support the expert working group on OSIs, that the membership of this council represent a variety of workplace contexts, including stakeholders from the various public safety officer organizations, academia and governments, as well as representing various provinces, territories and First Nations. 24

Recommendation 15

The Committee recommends that the federal government explore the possibility of introducing legislative measures that would include a presumption of Operational Stress Injuries for public safety officers for whom workplace safety and compensation falls under federal jurisdiction..... 25

Recommendation 16

As access to care for public safety officers and first responders varies by provinces and territories, the Committee recommends that the federal government acknowledge the provinces that have already adopted legislative measures that include a presumption of OSIs for first responders of these respective jurisdictions, study those legislative measures and invite the provinces and territories where this is not the case to consider this type of public policy. 26

APPENDIX A LIST OF WITNESSES

Organizations and Individuals	Date	Meeting
<p>As an individual Jitender Sareen, Professor of Psychiatry, University of Manitoba</p>	2016/03/10	7
<p>Canadian Police Association Tom Stamatakis, President</p>		
<p>Mental Health Commission of Canada Louise Bradley, President and Chief Executive Officer</p>		
<p>Mood Disorders Society of Canada Phil Upshall, National Executive Director</p>		
<p>Royal Ottawa Health Care Group Jakov Shlik, Clinical Director, Operational Stress Injury Clinic</p>		
<p>As an individual R. Nicholas Carleton, Associate Professor, Department of Psychology, University of Regina Judith Pizarro Andersen, Assistant Professor, Department of Psychology and Affiliated Faculty of Medicine; Director, Health Adaptation Research on Trauma Lab, University of Toronto</p>	2016/03/22	8
<p>Centre for Addiction and Mental Health Donna Ferguson, Psychologist, Work, Stress and Health Program</p>		
<p>Veterans Transition Network Mike Dadson, Executive and Clinical Director</p>		
<p>As an individual Ruth Lanus, Professor of Psychiatry, Western University</p>	2016/05/03	13
<p>Department of Public Safety and Emergency Preparedness Michael DeJong, Senior Director, Policy and Outreach Directorate Lori MacDonald, Assistant Deputy Minister, Emergency Management and Programs Branch</p>		
<p>As an individual Paul Frewen, Professor, Psychologist, Department of Psychiatry, University of Western Ontario Zul Merali, President and Chief Executive Officer, Royal's Institute of Mental Health Research and The Canadian Depression Research and Intervention Network</p>	2016/05/05	14

Organizations and Individuals	Date	Meeting
Canadian Institute for Military and Veteran Health Research Alice Aiken, Director	2016/05/05	14
Correctional Service of Canada Don Head, Commissioner	2016/05/10	15
Paramedic Association of Canada Pierre Poirier, Executive Director		
Paramedic Chiefs of Canada Paul J. Charbonneau, Past President Randy Mellow, President		
Royal Canadian Mounted Police Sylvie Chateaufort, Director General, Occupational Health and Safety Branch Daniel Dubeau, Deputy Commissioner, Chief Human Resources Officer Steven White, Assistant Commissioner, Workforce Programs and Services		
Canadian Association of Chiefs of Police Jennifer Evans, Member, Peel Regional Police Service Steve Schnitzer, Chair, Human Resources and Learning Committee	2016/05/12	16
Canadian Association of Fire Chiefs Paul Boissonneault, President, Fire Chief, County of Brant Fire Department		
International Association of Fire Fighters Scott Marks, Assistant to the General President, Canadian Operations		
Union of Canadian Correctional Officers Jason Godin, President Gord Robertson, Vice-President		
Aboriginal Firefighters Association of Canada Richard Kent, President	2016/05/17	17
Union of Solicitor General Employees David Neufeld, Vice-President Stanley Stapleton, National President		
VIA Rail Canada Inc. Marc Beaulieu, Chief, Transportation and Safety Officer Jose Pastor, Chief of Staff, Office of the President		

APPENDIX B LIST OF BRIEFS

Organizations and Individuals

Badge of Life Canada

City of Burlington Fire Department

Gregory, Darren

Mood Disorders Society of Canada

Pizarro Andersen, Judith

Royal Ottawa Health Care Group

Tapley, Daniel

Union Canadian Correctional Officers

APPENDIX C

The table below summarizes the types of mental health claims recognized by jurisdiction as well as PTSD presumption clauses by jurisdiction (in force and proposed). Please note that there is entitlement for PTSD across provincial jurisdictions as an ‘acute reaction to a traumatic event’ or a ‘cumulative reaction to a series of traumatic events’.

Province	Acute reaction to a traumatic event	Cumulative reaction to traumatic events	Gradual onset/ chronic stress	PTSD Presumption Clauses	Responder Definition
BC	Yes	Yes	Yes	<p>Bill-M203 introduced February 23, 2016.</p> <p>The provincial government is reviewing the bill and awaiting recommendations from a WorkSafeBC Steering Committee established in December 2015.</p>	<p>First responders</p> <ul style="list-style-type: none"> • Police officers • Emergency Medical Assistants • firefighters • sheriffs • corrections officers • 9-1-1 communications officers
AB	Yes	Yes	Yes	In force since December 2012.	<p>First emergency responders:</p> <ul style="list-style-type: none"> • Police officers • emergency medical technicians • firefighters • peace officers
SK	Yes	Yes	Yes	No	n/a

Province	Acute reaction to a traumatic event	Cumulative reaction to traumatic events	Gradual onset/ chronic stress	PTSD Presumption Clauses	Province
MB	Yes	Yes	No	In force since January 2016.	All occupations
ON	Yes	Yes	No	Bill-163 passed in April 2016. Changes come into force upon Royal Assent.	First responders and other workers: <ul style="list-style-type: none"> • police officers • full-time firefighters • part-time firefighters • volunteer firefighters • fire investigators • members of an emergency response team • paramedics • emergency medical attendants • ambulance service managers • workers in a correctional institution • workers in a place of secure custody or place of secure temporary detention • workers involved in dispatch
QC	Yes	No	Yes	No	n/a

Province	Acute reaction to a traumatic event	Cumulative reaction to traumatic events	Gradual onset/ chronic stress	PTSD Presumption Clauses	Province
NB	Yes	No	No	Bill-39 introduced April, 1 2016. Second reading took place April 6, 2016.	Emergency response workers <ul style="list-style-type: none"> • police officers • firefighters • paramedics
NS	Yes	Yes	No	Bill-11 introduced (first and second readings) in October 2014. The government is monitoring other jurisdictions, conducting research and expected to make an announcement later in 2016.	Emergency responders: <ul style="list-style-type: none"> • police officers • child and family services agents • medical practitioners • correctional services employees • firefighters • dispatchers • registered nurses • registered pre-hospital first responders • social workers
PE	Yes	Yes	No	No	n/a
NL	Yes	No	No	No	n/a

Source: Table prepared from information in the written response provided to the Committee on 20 April 2016 by the RCMP entitled *Royal Canadian Mounted Police Responses to Questions Posed/Issues Raised at SECU, April 12th and April 14th, 2016 Re: Bill C-7: Coverage under the Government Employees Compensation Act.*

REQUEST FOR GOVERNMENT RESPONSE

Pursuant to Standing Order 109, the Committee requests that the government table a comprehensive response to this Report.

A copy of the relevant *Minutes of Proceedings* ([Meetings Nos. 7, 8, 13, 14, 15, 16, 17, 18, 21, 22, 23, 24, 25 and 26](#)) is tabled.

Respectfully submitted,

Robert Oliphant
Chair

