

**AGENDA – June 15, 2023 (MS Teams)**  
**Start: 9:00 AM; End: 12:45 PM**

9:00 – 9:30	What’s new roundtable
9:30 – 10:00	Presentation: Cortisol Testing (West Riding Consultancy)
10:00 – 10:30	Presentation: Haleo Pilot – Interim Results
10:30 – 10:45	Discussion: June Presentations
<b>10:45 – 11:00</b>	<b>Break</b>
11:00 – 11:10	Updates: <ul style="list-style-type: none"><li>- 2024 Webinar Series</li><li>- Family Resilience Perspectives: Dispatch Video</li></ul>
11:10 – 11:20	Discussion: 2023 UBCM Convention
11:20 – 11:30	Update: Bill 41
11:30 – 12:00	Review: Conference Survey Results
12:00 – 12:30	Discussion: “About Us” + “Reach Out” Pages
12:30 – 12:45	Wrap up & next steps

# Meeting Summary June 15, 2023

## Supporting Mental Health in First Responders

<b>Committee members</b> (highlighted if present at the meeting)	
Bob Parkinson, Ambulance Paramedics of BC	Warren Leeder, Ambulance Paramedics of BC
Dave Fleugel, BC Municipal Chiefs of Police	Ronda McEwen, RCMP
Kuljeet Bains, Canada Border Services Agency	Trudi Rondou, WorkSafeBC
Ralph Kaisers, BC Police Association	Ali Gailus, BC Police Association
Randy Hansen, BC Emergency Health Services	Mike Michalko, BC Emergency Health Services
Steve Farina, BC Professional Fire Fighters Association	Todd Schierling, BC Professional Fire Fighters Association
Scott Young, Fire Chiefs' Association of BC	Phil Lemire, Fire Chiefs' Association of BC
Dave Samson, Greater Vancouver Fire Chiefs	Dave Blakely, RCMP
Trevor Hughes, Ministry of Labour	Diane Ung, E-Comm 9-1-1
Matt Hamlin-Douglas, E-Comm 9-1-1	Terry Murphy, Volunteer Firefighters Association of BC
Donald Grant, Emergency Communications Professionals of BC	Margaret Pereira, Emergency Communications Professionals of BC
<b>Guests</b>	
Amenda Kumar, WorkSafeBC	Mark Mathews, WorkSafeBC
Steven Mah, WorkSafeBC	Nancy Wegman, WorkSafeBC
Kimberly Dyson, WorkSafeBC	Dr. Brian Worth, WorkSafeBC
Dathie Chan, WorkSafeBC	

*\* By agreement of the Committee, the following are rough notes taken and distributed to capture the key discussion points and decisions of each meeting. These are not intended to be formal minutes and have not been vetted by Committee members or guests prior to distribution \**

## Agenda Items

1. What's new roundtable
2. Presentation: Cortisol Testing (West Riding Consultancy)
3. Presentation: Haleo Pilot – Interim Results
4. Discussion: June Presentations
5. Update: 2024 Webinar Series & Family Resilience Perspectives: Dispatcher Video
6. Discussion: 2023 UBCM Convention
7. Update: Bill 41
8. Review: Conference Survey Results
9. Discussion: 'About Us' & 'Reach Out' Pages
10. Wrap up & next steps

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## Agenda Item #2 – Presentation: Cortisol Testing (West Riding Consultancy)

*Presenters: Philip Lancaster, Leanne Walker, Robert Porter*

### Discussion highlights

- Cortisol is a steroid hormone which may act as a risk marker in PTSD' diagnoses. Cortisol has a normal range, meaning you don't want it to be too high or too low. It is found in the adrenal gland, which triggers physiological responses to stress and regulates many things like blood sugar, blood pressure, and metabolism.
- Traditionally, an issue with cortisol testing is the delay in processing time between collecting the sample and viewing the results. The Rapivd lateral flow saliva test is self administered, with results available in ~15 minutes. However, the caveat is that there shouldn't be any eating or drinking for approximately 30 minutes before the test, as this would affect the results. In general though, this is quicker than the ELISA method of testing, which has long been considered the 'gold standard' in the industry, and produces comparable results
- Benefits
  - Inexpensive (\$2 - \$5 per test)
  - Long shelf life in ambient temperature
  - Fast results (~15 minutes)
  - Easily self-administered and non-invasive
  - Minimal training needed to effectively use
  - Can also be used as a preventative method for sickle cell or other inflammatory diseases
- Drawbacks
  - Ethical implications of data sharing (since test results would have to be kept somewhere)
  - Organizational integration (should test taking be supervised? members may feel as though they are being held under a microscope, which can cause anxiety)
  - The impact of testing (i.e. how having to test cortisol can increase cortisol in and of itself)
  - Requires an action plan and support plan to be in place (so there is help available for when someone is consistently stressed)

### Q&A

- Steve: Is there a minimum amount to buy? How does the pricing vary?
  - Robert: The price point would come down depending on market requirements. It would fall into the \$2 - \$5 regardless, but it may be on the cheaper end if we're making the tests in large quantities. We can always sort out distribution deals for bulk volume buying
- Trudi: How quickly can cortisol be impacted? Do you see a direct correlation between cortisol and stress levels?
  - Robert: We see cortisol impacted fairly fast.
  - Phil: Our main focus is being able to empower people to monitor their own stress in a safe environment. Once that part is figured out, then we can look at how to integrate that organizationally in a way that people don't feel as though they are being watched by their employer. It's not just about stress, and instead being part of a larger health and wellness program
- Donald: Would cortisol testing be appropriate in helping determine what an appropriate volume of calls to take would be? Would you expect to see a difference in someone who takes less calls during their shifts?
  - Robert: I would say yes – Heart rate would be a good second metric to look at in conjunction with cortisol. That way you would have a better idea if stress levels are going up and down, or if they're remaining consistently high throughout a shift.

## Agenda Item #3 – Presentation: Haleo Pilot – Interim Results

*Presenter: Julien Heon*

### Discussion highlights

- Julien: Still have a few people in the program, but 22 have completed the program. Will be sharing some stats and testimonials, but I wanted to get feedback from the group first.
  - Donald: The most feedback I got was about the screener, and a lot of our members were alarmed at how many issues were identified that they weren't previously willing to address. Though I know some folks had issues following through on the program, it was well received, and looking forward to the results.
- Interim Results (based on 22 completed programs)
  - 121 consults
  - 4.3 / 5 overall satisfaction rating of the program
  - 80% had moderate or severe anxiety or depression symptoms
  - 75% of participants that had moderate or severe anxiety or depression symptoms had no more clinically significant symptoms
  - 75% of participants were in a nightmare or shiftwork program
  - 75% of participants stopped or reduced their medication
  - 80% of participants have no more clinically significant symptoms of insomnia
  - 100% of participants experienced reduced symptoms overall (in varying degrees)

### Q&A

- Trudi: Just to confirm, a final report will be coming to the committee once the 3 additional participants have completed program, is that correct?
  - Julien: Yes – that's right

## Agenda Item #4 – Discussion: June Presentations

### Discussion highlights

#### **RE: Cortisol Testing (West Riding Consultancy)**

- Matt: Would be interested in this, even though people may not be crazy about splitting their breaks into smaller bits (which would be needed in order to do testing)
- Dave Samson: I find this really interesting as well – especially from an upstream care lens
- Bob: Exciting, and I think there's lots to do in this space
- Steve: Exciting to see this information and its application with treatment
- Bob: Great they addressed the drawbacks as well, since it's important to address and discuss the ethical implications

#### **RE: Haleo Sleep Pilot**

- Donald: Ended up picking our most resistant members to participate in this – out of all of them just one of them backed out due to personal circumstances, but in general it was great because these folks would not have gone to a psychologist or traditional counsellor otherwise. I think that's the most significant thing that came out of this pilot, and will be trying to push this so we have access going forward
- Matt: And for some of those people, it may not even be stigma, but more convenience and accessibility in general

- Bob: It's nice to consider where we started with this committee, and how we're now getting quality stuff like this, and not just from someone trying to jump into the market of mental health

## Agenda Item #5 – Update: 2024 Webinar Series & Family Resilience Perspectives: Dispatcher Video

### Discussion highlights

#### 2024 Webinar Series

- Kickoff meeting was held June 6, where we came up with a scope and brainstormed topics. Some themes that came up were Return to Work, self-stigma as a barrier to mental health, and organizational barriers / systemic stigma
  - Steve: Self stigma is interesting, since we surveyed our folks and found that lots of our CISM/Peer supporters saying they would not feel comfortable reaching out in a crisis
  - Bob: We're seeing the same on our side too – They won't self-refer
- Format will be an interactive webinar with a live audience Q&A component to it, the details of which are still being worked out.
- Next meeting is scheduled for June 29, and we're meeting every ~3 weeks.
- Timeline: Organized and finalized by 2023 Q4, delivery of webinar in 2024 Q1. Aim is to deliver the webinar 2024 Q1. Will be including some marketing messaging as well regarding the registration and promotion of the webinar leading up to 2024.
- Steve: Would love to see a workshop or something that applies what we're doing, since we've done webinars before and I feel we're a bit past it

#### Dispatcher Video

- Review of the Family Resilience Perspectives Series, which is intended to help facilitate family nights, featuring different first responders from each discipline.
- Have had a couple meetings where we've finalized questions, scope, and have identified a speaker to represent dispatch (Rajwant Kump)
- Timeline: Introduction and dry run on June 22, Recording scheduled for June 29. Aiming to have video published and on the BCFRMHC website by the end of the year (before 2024 Q1)
  - Donald: I'm excited, and the timing is great with our fall hiring surge

## Agenda Item #6 – Discussion: 2023 UBCM Convention

### Discussion highlights

- The 2023 UBCM Convention is being held September 20 – 21, where we have secured a booth - Looking for volunteers to help work the booth
- Timeslots (not including set up or tear down time for the booth)
  - Wednesday Sept 20: 10:30 AM – 5:00 PM
  - Thursday Sept 21: 10:00 AM – 3:00 PM
- Volunteers (either from current or previous meeting): Dave Samson, Donald Grant, Scott Young, Dave Fleugel, Ali Gailus, Amenda Kumar, Steven Mah
- Trudi: Proposing cancelling the September meeting, since this convention would pose a scheduling conflict. This means after the next meeting in July, the meeting after that would be in October – Are we okay with this? (no objections) – Mark to cancel September meeting
- Trudi: Our team will come up with a scheduler to help sort out shifts and reach out to the volunteers.

## Agenda Item #7 – Update: Bill 41

**Link:** [Bill 41 News Release](#)

### Discussion highlights

- Trevor: What's key here is the effective date (Jan 1, 2024) – Includes both the employer's duty to return workers to pre-injury occupation as best as possible, and the workers obligation to cooperate with that process and participate in it.
- Trevor: WSBC will be working on the policy supporting those new legislative changes to agencies understand their requirements
- Trudi: It would be a good idea to have someone from our policy team to come in to talk about Bill 41 once it's effective – Brought forward for discussion to January 2024

## Agenda Item #8 – Review: Conference Survey Results

**Attachments:** Follow up survey results, Insights conversations results

### Discussion highlights

- Review: The 2023 conference had a three tiered evaluation model:
  - I. Initial survey (immediately following conference)
  - II. Follow up survey (3mo since conference)
  - III. Insights conversations (~4mo since conference)
- This agenda item is intended to review the results from the follow up survey and insights conversation (items II and III above)

### Follow up Survey

- Format: Survey link sent to all attending delegates from April 26 – May 10 (~3 months since the conference ended) – 55 respondents total
- 98% of respondents had an excellent, very good, or good overall experience with the conference
- 89% found the conference positively impacted their ability to discuss and apply mental health learning in the workplace
- 67% of respondents still have some contact with those they met at the conference (either frequently or infrequently)
- 78% made changes to personal life changes based on the conference (examples include going to a counsellor, setting boundaries, and making self-care a priority)
- 82% made changes to workplace based on the conference (examples include signing up for awareness programs, more discussion, and trying to get psychologists for staff)
- 73% identified self-stigma as a barrier to mental health, followed by knowledge about resources and treatment (60% of respondents)
- Most popular breakout streams were leadership and treatment

### Insights Conversations

- Format: 30 minutes 1-on-1 telephone or Teams calls from June 5 – 12 to gather more detailed feedback on the conference and changes made (personal or work related) based on attendance at the conference – 9 respondents total

- Conference Strengths
  - Connectivity (networking opportunities and events)
  - Speakers (lived experience speakers, keynote speakers, Mike Harnett on sleep)
  - Logistics (conference program pacing and layout, good topical variety, use of breaks, engagement through Menti polls)
- Conference Improvements
  - Topics (having more upstream care topics)
  - Logistics (involving non-profits like Beyond the Blue, being able to attend all breakout sessions instead of having to choose one or the other)
- The conference did not significantly change attitudes around mental health, since many were already engrained in the world of first responder mental health. Rather, the conference served as a reminder of the importance of the work already being done at an organizational and individual level
- Changes made because of the conference include switching to zero percent beer, pushing for bi-annual mental health check-ins with a psychiatrist in the workplace, and putting more intentional positivity into self-talk

## Agenda Item #9 – Discussion: 'About Us' & 'Reach Out' Pages

### Discussion highlights

- Mark: It was previously mentioned that the 'About Us' and 'Reach Out' pages be updated on the website. Looking for your feedback and suggestions on how we can update these pages.

#### About Us

- Listing goals in chronological order (newest first) and in the case of goals that were tied to created resources, hyperlinking to those resources directly on the page
  - Steve: We should go back to goals of committee and ask ourselves if we've hit the mark, and if we've gotten the word out enough?
  - Bob: We should revisit the completion of our originally set goals at the July meeting, since I'm not sure that we've completed them as we intended – Marked for discussion at July meeting
- Adding a photo of the committee members from the conference
- Adding BC Government and WorkSafeBC to the membership section

#### Reach Out

- Steve: Having first responder support network modules appear first, and adding Wounded Warriors to the section
- Bob: Honour house isn't really a mental health support necessarily – Maybe we need to look at recategorizing some of the sub-headings on this page
- Donald: Regarding the First Responder Support Network – We've had some issues with providers being at capacity and not taking new referrals
- Bob: Just did contract with CSA standard on check ins and there's a video out and cheat sheets for psychosocial check-ins
  - Trudi: Maybe that's something we can have added – Mark to follow up
- Dave Samson: Maybe we should look at dividing things into upstream and downstream to make sure we're addressing both issues at the same time, since it's important to be looking at both



### General Discussion

- Bob: Need to change our focus to be more upstream then downstream, including preparing people in the academy/institutions about the realities of first responder work, and having timely resource support available for them if they need it
- Dave Samson: We could potentially do educational sessions involving everyone (HR, WSBC, employers, workers) to discuss best practices in an attempt to get everyone within an organization on the same page. Possibly collaborating with Tanya Houghton's team on this – Mark to follow up
- Bob: We may need to educate people on how to navigate the system (possibly a video resource) – but the other thing is that maybe we need to bring those people who *are* concerned about claims costs into the fold on this as well

## Agenda Item #10 – Wrap Up & Next Steps

### Discussion highlights

- Trudi: Looking for suggestions for July presentations, nothing confirmed as of right now
  - Steve: Maybe we can have Mike Roberts and Matt Johnston to present on the rollout of the OAT program at the July meeting
  - Trudi: Sure – Mark to follow up
- Reminder that next meeting (July 20) will be the last meeting until October

## Summary of Action Items and Key Decisions

- Mark extended to September to support BCFRMHC
- Marketing Message #5 to be sent out Friday, June 16 on RtW resources
- 2023 UBCM Convention: Looking for volunteers to work the booth on Sept 20 – 21. Please email [info@bcfirstrespondersmentalhealth.com](mailto:info@bcfirstrespondersmentalhealth.com) if you are interested in volunteering
- September 21 meeting **cancelled**
- Website feedback: Please send any additional feedback you have on the [About Us](#) or [Reach Out](#) pages by June 30 to [info@bcfirstrespondersmentalhealth.com](mailto:info@bcfirstrespondersmentalhealth.com)
- Mark to reach out to BCMSA (Mike Roberts & Matt Johnston) about presenting on Occupational Awareness Training rollout at July meeting

### Brought Forward for Discussion:

- Review of original committee goals – July
- Bill 41 (with WSBC policy team) – January

**Next meeting:** July 20, 2023