Mapping the System:
First Responder Peer Support Team

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April 8th, 2020

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B. Executive Summary:

On February 18, 2016, the Ontario Government introduced Bill 163, Supporting Ontario's First Responder's Act (Post Traumatic Stress Disorder). The Bill sets out changes to the Workplace Safety and Insurance Act (WSIA), 1977, and the Ministry of Labour Act. To meet the criteria, first responding departments including fire, paramedics and police adopted policies and Peer Support Teams outlined in the Legislation. However, PTSD & suicides continue to increase since 2016.

Peer Support is a system of giving and receiving help recognized through key principles of respect, mutual responsibility, and agreement of what is helpful. Hilton & Curtis (2001) identify peer support as understanding another's situation empathetically through the shared experience of emotional and psychological pain (Mead, Hilton & Curtis 2001). Dr. Carleton (2016) stresses the benefits Peer Support Teams may have in containing the increasing rates of suicides and the prevalence of PTSD among first responders. However, since Bill 163 was introduced and peer support teams have been implemented, the rates of PTSD & suicides continue to rise. Peer Support Team need not only to be implemented but to function effectively as well. Given this information, it is more than warranted to say the system is not functioning as effectively as required and further investigation is needed.

First responders will be recruited via emails will require union and management approval. The purpose of this study is to provide direction to both management and unions for the best system and practice of a Peer Support Team through scientific-based means. This study will provide support for the creation of a standardized outline,

including the necessity, benefits, system model, and detailed operations of a stigma-free Peer Support Team model.

C. Research Question & Discussion:

Peer Support Teams are required by the Ontario government under Bill 163, The Supporting Ontario's First Responder's Act. The Bill sets out proposed changes to the Workplace Safety and Insurance Act (WSIA), 1997, and the Ministry of Labour Act. The amendments make first responders diagnosed with post-traumatic stress disorder (PTSD) eligible for Workplace Safety and Insurance Board (WSIB) benefits like those for physical injuries. Additionally, the Act now gives Ontario's Minister of Labour the power to require employers of first responders provide plans to prevent the incidence of PTSD at the workplace.

According to the Bill, this information may be used to assess progress in the future prevention of PTSD, to prepare a report on PTSD prevention plans, and/or for "such other purposes as the Minister considers appropriate." There are no legislated requirements concerning the scope and nature of the employer's prevention plans. These may include considerations such as mental health assistance (staff psychologist) and evaluations where necessary, early intervention (r/e: SAC fact), and confidential help such as peer support teams. The peer support team may assist with annual check-ins, employee assistance plans (E.A.P's), early return-to-work strategies (RTW), and in reporting holistic and science-based support and wellness initiatives.

1. Why do rates of suicide and PTSD among first responders continue to increase? How?

Analyzed literature suggests that increased rates of suicide and PTSD may be the result of mental health stigma among first responders and interruption in the chain of command to deliver messages of help. Mead et al. (2016) suggest participants reported avoiding treatment early on to circumvent the label of "mental illness." This label, which concerns an individual's psychological state, is often perceived negatively in lines of work that involve routine exposure to others' physical emergencies. Interconnected reasons may include self-stigma via bullying, combined with a failure of the message of help to travel up the chain command to decision-makers. Stigma may take shape in the form of bullying, harassment or assault. This paper hopes to address issues and provide an avenue in which operational stress can be reduced in the workplace stigma free

2. Why the suicide and PTSD among first responders continuing to increase?

Interconnected reasons may include stigma (bullying), a failure to report, and the chain of command. The analyzed literature in this paper suggests that the increased rates of suicide and PTSD are a result of mental health stigma among first responders. Mead et al. (2016) suggest participants reported avoiding treatment early on to circumvent the label of "mental illness." This label, which concerns an individual's psychological state, is often perceived negatively in lines of work that involve routine exposure to others' physical emergencies. Stigma may take shape in the form of bullying, harassment or assault. Participants' initially reported experiencing some degree of self-stigma, however, following engagement in the treatment they predominantly resisted these stereotypes (Mead et al., 2016). Mead et al (2016) also suggest that mental illnesses are not

effectively noticed, accepted or treated in the present peer support system or present chain of command. This paper hopes to address this failure and provide an avenue in which operational stress can be more readily be reported in the workplace

3. Why empathy?

Wagner et al. (2019) analyzed the relationship between empathy and mental health concerns among firefighters. Wagner (2019) suggests emotional empathy appears to play a role in predicting mental health symptomatology for emergency responders beyond that of cognitive empathy or emotional disconnection (Wagner, 2019). Emotional empathy is shown to be a positive predictor of traumatic stress symptoms in firefighters (Wagner. 2019). As such, we have chosen to use empathy as a framework within the methodology of this study.

D. Summary of Research Topic & Discussion of Context:

i) Empathy:

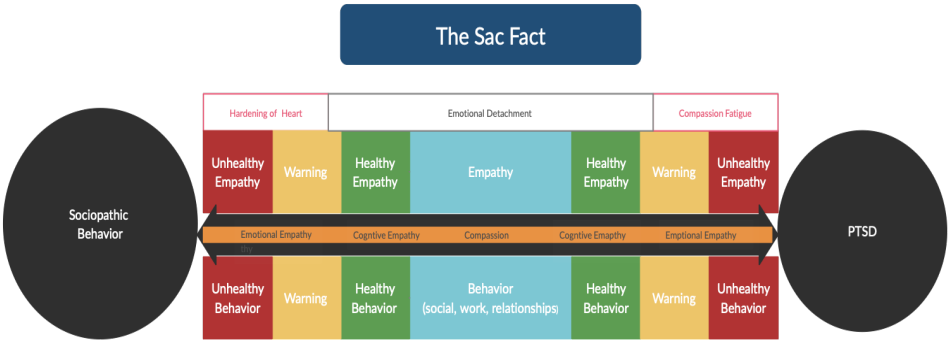
Wagner (2019) provides accurate reasoning for the results in her discussion however does not explore stigma and/or operational systems as causes of change in empathy scales. Wagner (2019) did not account for traumatic medical calls either. Medical responses of traumatic situations for first responders that could affect empathy scales. As such, the rise of medical responses increases the potential of trauma calls which suggests changes in empathy scales suggestive of operational stress.

Forest firefighters do not perform urban rescues and, they do not tend to traumatic medicals situations, if ever. For this reasoning, Wagner's (2019) study is more significant than may be recognized. If medical calls are non-existent for forest firefighters, this

suggests a possible stronger relationship with empathy and urban first responders under the premise that more traumatic stress causes change in empathy scales. Regehr's (2002) study supports high empathy and high trauma relationships. Paramedics who developed an emotional connection with the victim or his or her family, report elevated amounts of traumatic stress. (Regehr, 2002). Suggesting that investigating empathy on an urban first responding environment appears to be necessary.

Further investigations may consider the "SAC Fact". It aims to use empathy & human behavior including social, work and family relationships to help qualify degree of operational stress. Arming peer support team members with the "SAC Fact "(diagram 1) can provide direction and drive policies change to effectively reduce PTSD & suicides and improve rates of early detection. This paper cannot stress enough the significance of early detection, pro-active behavior and immediate and appropriate care. More research is warranted to test the validity of the "SAC fact".

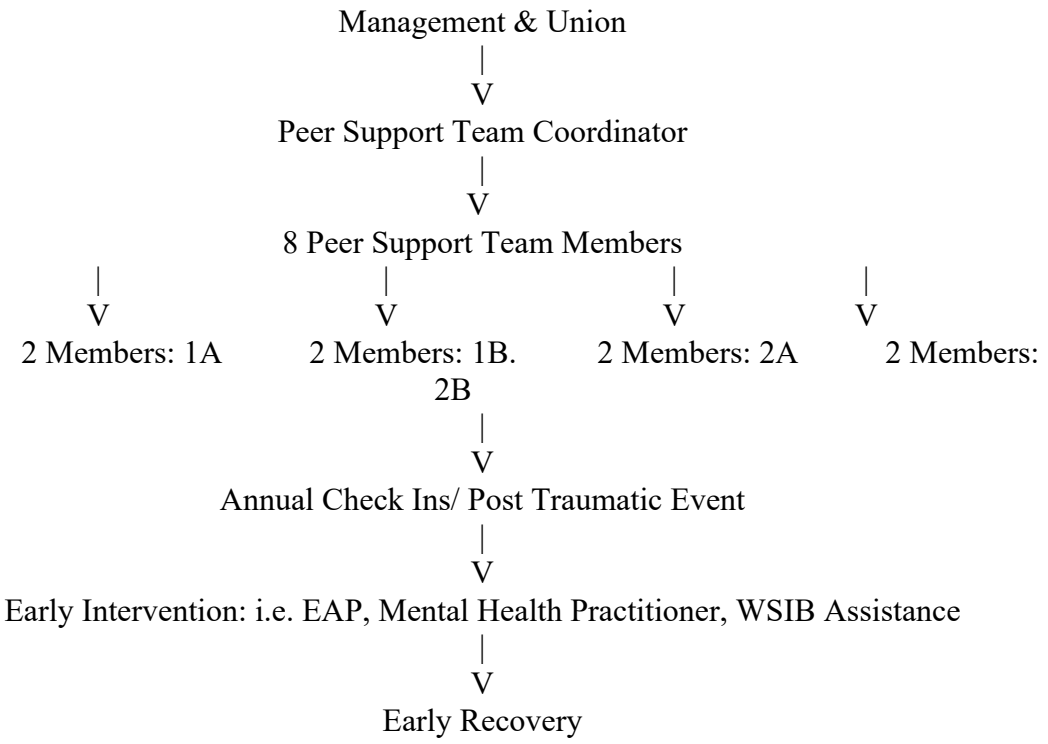
- **Diagram 1**



ii) Chain of Command

Below is the model of a Peer Support Systems Management Template that works in theory but suffers due to a interruption in the chain of command (i.e. not aware of severity) before it gets to decision maker (stigma), or blockage (failure to report), which prevents full efficiency. Hooyer (2010) iillustrated an 'epidemic of suicide' linked to PTSD among United States military service personnel. Current research identifies 'self-stigma as the barrier to care' and dominant thinking surrounding interventions focuses on overcoming self stigma to obtain mental health services (Hooyer, 2010). As such, it is warranted to investigate in greater detail as this system model is used by some of the biggest department in Canada. **(diagram 2.)**

Peer Support Team Model



E. Literature Review:

Dolan et al (2018) recommend a need for further study to evaluate particular to interventions to first responders. Results show symptoms of substance abuse disorder, depression, anxiety, panic, acute stress disorder and PTSD were evident in the interview and as evidence (Dolan, 2018). Dolan (2018) supports a need for pre-incident psychological preparation and formal post-incident psychological support. The Blue Papers by Dr. Nicholas Carleton of the University of Regina found equivalent results. Paramedics had higher levels of PTSD (Carleton, 2016). Fire Fighters had higher levels of social anxiety disorder (SAD) and alcoholism (Carleton, 2016). At the time, Carleton did not specific empathy to have an association with PTSD. However, current literature suggests that emotional empathy is significantly associated with PTSD and other mental health symptomatology in firefighters (Wager, 2019).

Given elevated level of traumatic exposure and elevated levels of resulting mental health distress in this population, social intervention should be immediate and policy change are needed to reduce the continuous rise of PTSD & suicides. This includes educational and therapeutic interventions that focus on strategies to enhance cognitive empathy, while at the same time managing risk presented by emotional empathy (Wagner, 2019). Wagner (2019) suggests enhancing resilience in the emergency service community. Wagner et al (2019) provided the first look at the relationship between empathy and PTSD among forest firefighters.

Wagner (2019), suggests emotional empathy appears to play a role in predicting mental health symptomatology for emergency responders beyond that of cognitive empathy or emotional disconnection (Wagner 2019). The premise of this study is to possibly to identify first responders who have a meaningful relationship between

empathy and PTSD, and the same time, look further stigma's relationship to this connection including chain of command.

Stigma on oneself is the internalization of negative societal stereotypes about those with mental illnesses (Bonfils, 2018). Bonfils (2018) suggests a significant level of self-stigma exists among veterans with PTSD. Examples of this in first responding would be firefighters' fear of being labelled as "crazy" forcing them to work harder or just give up. Workplace judgement and self-stigma are due to harassing and assaulting behavior. The field has yet to examine the prevalence and correlates of self-stigma in post-traumatic stress disorder (PTSD) (Kelsey 2018).

Finally, Ghallagher (2016) demonstrates social control in the military and VA system. By interviewing, questioning and journaling, this multi-dimensional approach hopes to further evaluate and answer major questions surrounding first responders' use of their Peer Support Teams (Ghallahger, 2016) The amendments do trigger labour relations considerations. The notion of early intervention and early reporting of possible PTSD claims may mean that Employers need to revisit the effectiveness of how their peer support is functioning as the national statistics is a function of the system.

Further analysis of the peer support programs, Dr. Carleton (2016) mentioned in the study include an array of practices used by different first responder agencies, some of which emphasize the mitigation of certain operational stressors; workplace phenomena that increases chances of acquiring psychological challenges like PTSD, depression, and anxiety among other factors (Carleton, 2016). Example, "Together for Life" is a peer support program for the Montreal Police force that specifically deals with suicide prevention among members of the police force. The premise of the program is to have

personnel trained in suicide prevention attend to a hotline for police officers that are struggling with their own suicidal tendencies (Carlton, 2016). This type of program is exemplary of the kind of standardized programs set in place for first responder agencies as it serves to permanently provide support for any personnel that encounter these types of problems. However, PTSD and suicide continue to increase across all departments in Canada.

As PTSD and suicides are increasing, much work has gone into determining and preventing this statistic from rising. However, the system working in parts is not functioning efficiently overall and has yet to be discussed. This paper hopes to provide some light on how to effectively improve the identifying and acknowledgement of mental illnesses, through pro-active care, recognizing forms of stigma (i.e. bullying) and ineffective management including union and union employees. Also, we suggest the definition criteria for PTSD may need to include harassment and bullying.

Since most departments introduced different original system, for peer support it would be beneficial to standardize mapping system as a national policy. Making collecting data and updates efficient, easing the stress and tension between union and corporations over sick days attendance and over time consumption. The development and implementation of Prevention Plans represents an opportunity for Employers and Associations to work together to develop positive Employee Mental Health strategies, reducing sick days.

G. **Methodology:**

a. Participants:

Participants will include Peer Support Teams, 6 Peer Support Teams (300 first responder's peers) from that identify as Canadian Fire, Police and/or Paramedic. Each department will be represented by 100 participants. We will contact the unions and management for recruitment. Prior to study, all participants will be allowed to read all the terms of the study. Introduction & information session will last an hour. Each game will last an hour. Privacy will be protected by assessment numbers.

b. Systems Mapping the Peer Support Initiative

To systems map the Peer Support system to make it more efficient we will play a game with 6 Peer Support Teams (Brampton, Oakville, Toronto, Mississauga Burlington, Hamilton, Markham). The game will b, as a group to design a Peer Support System Map and incorporate the below in 5-13 step. Each team will have as much as they want. At the end, the systems of how each individual group will record. Once all 6 teams have been complete. The 6 systems will be combined into One using u the Peer Support Coordinators from each individual department. The final system will be presented once completed. This will give front line grass root designed plan of how the Peer Support System can work more effectively.

c. System Mapping Key Factors of Improvement

As per Acaroglu (2017), will key on 6 factors of improvement and design. Each team will be given the article to read and review prior to the game commencing. All questions will be answered prior to and post game. Upon completion the designing the

Peer Support team will provide reasoning on how the system matches each factor:

Interconnectedness

- Interconnectedness
- Synthesis
- Emergence
- Feedback Loops
- Causality
- Systems Mapping

Steps to the Systems Mapping Game:

1. Each Peer Support Team will be shown a video of system mapping: https://www.youtube.com/watch?=h6FhY__v1h0&feature=youtu.be

2. The team will be given one pen and one big piece of paper with 100 cue cards.

3. The game will be completed when the team designs a system loop diagram with 5-13 steps.

4. Each team will describe how they incorporated all 6 points into their design.

5. Data will be recorded taking a picture of each final product

d. Creating the Standardized System map for First Responders.

- Data collection will give 6 models (300 Fire fighters). Final system map for Peer Support Teams will developed off the six models collected as data.

H. Ethics:

The ethical practices of the experiment and protection of our participants' privacy are top priorities of the experimenter. The purpose of the experiment is to find better ways to protect first responders and we plan to fully protect first responders through the entire experimenter process. The participants in the trial will be fully informed on what we require of them. There will be use of a consent form for the participants to sign to make sure that the participants are fully aware and fully consenting to participate in the experiment.

Secondly, the participants will be informed that at any point, for any reason they may drop out of the experiment with all their information remaining completely anonymous and without any form of negative repercussion. Additionally, it is important that our participants feel completely free without repercussion, which removes any and all chances for the participants' superiors to get a hold of the information and use it against our volunteers. It is important for us as researchers trying to help improve conditions for first responders that they trust that we are doing just that. As such, or our experiment to work it must follow these ethical guidelines.

J. Appendix:

Peer Support System:

1. Requirements:

- Members will be selected via resume submission, interview and reference checks.
- Team will consist of members from a variety of ranks and experience levels.
- Trained to a standard level, with continuous education/certifications will be CCISF & Manners (see budget)
    - http://www.ccisf.info
        - 2-3 day course (TBA: representative certify in-house)
        - 2 day course (February seminar)
- Support for and attending other courses and seminars would benefit the Peer Support Teams continuous learning objective. (See budget)
        - Manners, Mental Health First Aid
    - http://www.cvent.com/events/2017-canadian-critical-incident-stress-congress-and-training/event-summary-4647d9b92761470da7d4f712d73bd911.aspx
        - Critical Incident Stress Canadian Congress
    - http://toronto.cmha.ca/programs_services/suicide-prevention-trainings/#.WE4WJncZOgQ
        - Applied Suicide Intervention Training (ASIST

2. Selection Process :

- Post for specific shift/department hiring.
- Resume, interview, references.
- Credibility & respect as a team member are key.
- Code of Conduct & 2-year Commitment form signed (see forms).
- Confidentiality cannot be stressed enough.

3. Availability:

- Peers can be contacted at any time (at work or home).
- Station lists posted thought all departments, union websites & Fire Stations.
- City Intranet and Local site.
- A list of all Peer Support Team Members and their phones numbers will be listed in every hall. Peer Support Team members will be available 24 hours a day

4. Activation :

- Peer Support Team members will activate to crews post a Traumatic Incident.
- Educating everyone on how to connect with a peer.
- SOG's for Peer Activation; Defusing, Debriefing (see SOG)

5. What Peer Support Can Offer:

- Peers provide one on one support.
- Critical Incident defusing.

- Arrange debriefing with Trauma Counsellor though our EAP.
- Assisted referrals to professional Mental Psychologist.
- Liaise with EAP.
- Recruits-education.
- Station visits- education.

6. Statistics & Budget:

- Keep records on # of conversations (1 on 1).
- # Of defusing/debriefings.
- Track training/certifications.
- Budget for certifications, conferences, training.
- Preplan for additional members.
- Host certification/event to create income.

7. Ressources :

- CCISF www.ccisf.info
- MHCC, CAMH
- EFAP provider- Morneau Shepell
- Selected Psychologist Providers List
- Chaplain

8. Peer Support Team Commitment Form

In order to be accepted as a Peer Support Team member, the following information will be considered:

1. The Applicant understands that if accepted to the Peer Support Team, he/she will abide by the Critical Incident Policy (3-11) and the Peer Support Team's Code of Conduct.
2. Peers will commit to a minimum of 4 meetings a year, in order to keep skills current.
3. Peers will commit to a minimum of 2 years to the team.

Code of Conduct

1. Peer Support Team members shall protect the confidentiality of all information acquired from any employee with whom they have contact, in relation to duties performed while in the capacity of the team. Such information will remain confidential and will not be revealed to any third party unless the employee completes a signed release form. There are, however, exceptions to the rule of confidentiality. Team members have a responsibility to make each client aware of this policy. These exceptions would include:
    - Information on child abuse.
    - If the person presents an imminent perceived threat to self or others.

2. Team members must be respectful of all individuals and their right to determine their own health goals and behaviors. Team members must not behave in any manner that would discredit the Team and the trust placed in the Team.

3. Team members will always be ethical and respect the personal boundaries between themselves and all personnel receiving crisis support.

4. Team members will be an impartial and neutral support for the client and will not mediate any management, union and employee conflicts.

5. Team members are not required to provide crisis support for any personnel with whom they are not personally comfortable.

6. Peer Support Team members do not assume the role of Counsellor or Therapist.

7. Peer Support Team members will recognize his or her own limitations in meeting individual needs and have available adequate consultation and referral resources.

8. Peer Support Team members will continue to learn and expand their knowledge of crisis intervention theory and techniques.

Name of Peer Team Member: _____

Signature: _____

Date: _____

Witness: _____

9. Job Description

- Providing immediate crisis intervention.
- To listen and support fellow colleagues.
- Refer and/or assist individuals to EAP (Employee Assistance Program) when necessary.
- Providing, where necessary, information and support to family members.

a. Ideally, a Peer should meet the following profile:

- Good listener, sensitive to the problems of others.
- Willing to be available to colleagues in their time of need.
- **Respected and trusted** by Colleagues & understands the importance of confidentiality.
- Has a social and empathetic capacity.

b. Team Responsibility:

- Provide basic on-scene support services to individuals who are showing signs of distress during an incident.
- Recognize the signs and symptoms of potential stress problems in Colleagues.
- Often initiate the 'first contact' with those who are showing signs of distress after exposure to a critical incident.
- Provide peer support as needed & maintain a state of readiness for calls at any time.
- Call for assistance when their training and resources are exceeded.
- As part of a Committee, everyone is responsible to support their team, and behave in a manner conducive to the Peer Support Team.
- Remain informed, trained and current in their area of expertise (this includes, but not limited to, attendance of initial training seminars, quarterly meetings and additional conferences or seminars).
- Function only within the limits of their training

Code of Conduct

- Maintain & abide by the standards of their certification and training requirements relevant to their team membership role.
- Work cooperatively with other Peer members, acknowledging that the Peer Support Team is a team and teamwork is critical to the success of the organization and the benefit of our fellow Coworkers.
- Agree to maintain strict confidentiality regarding statements made by participants during all crisis intervention services except those that involve harming oneself or others, abuse and neglect.
- Understand that any violation of confidentiality may result in immediate termination as a Peer Support Team Member.
- If the behaviour or action of a Peer Support Team Member is questionable, the individual is to undergo a peer review.

10. Peer Support Team Standard Operating Guide Lines

Step 1 *Notification*	After immediate medical attention, first aid, etc. has been given; management and Peer Support Team Coordinator are notified of the critical incident.
Step 2 *Information Gathering*	The Coordinator (or first Peer contacted), in consultation with those involved: • Identifies all individuals affected by the incident (e.g. number of people involved, sequence of events, names of people involved, outcome of the incident) • Calls the Peer Support Team Coordinator to relay the information. • Peer Support Team Coordinator will let the rest of the team know of what occurred. Given the unpredictable nature of and the sensitivity surrounding a critical incident, an employee may call the EAP Coordinator/Counsellor or the External Service Provider anytime and from anywhere.
Step 3 *Response*	If the call is directed to the Peer Support Team Coordinator: • The Coordinator assesses and activates the appropriate response level. • In the event that an EAP counsellor is required, the Coordinator is responsible for this authorization (with approval from PC)
Step 4 *Coordination*	The Coordinator (or designate) begins to: • Coordinate the services required to meet the needs of the incident. • Liaises with management. In the unlikely event that management is inaccessible in the aftermath of an incident; every attempt is made to continue to contact management while the CIS response is mobilized.
Step 5 *Logistical Information*	The Peer Support Team Coordinator confirms the following information with the on shift PC: • Nature of the critical incident • Location of the incident • Number of employees involved in the incident • Availability of an EAP trauma specialist or counsellor • Defusing logistics if required • Debriefing logistics. • Services will be provided in such a way that they will not interfere with operational requirements (if defusing is required, according to Policy 3-

	11, it will occur back at the station; involved crew will be out of service during this time; stand by truck will be in the area and not in station)
Step 6 *Organization*	The Peer Support Team Coordinator or designate coordinates the CISM response which may include on-site support and: • Contacts and directs our EAP for immediate response to the incident; • Organizes a defusing or debriefing at a location agreed upon (usually at a fire station, or if large group GWMTC) with the supervisor (when appropriate); • Coordinates the external provider involvement, if and when necessary; • Provides follow up with PC to confirm with them what has been arranged. • Connect with Local VP

Step 7A **Defusing**	**Step 7B** **If Defusing is NOT Possible**
Shift Lead, in consultation with on shift peers: • Ensures that a defusing takes place • before the end of the day with the individuals most directly involved in the incident and/or most affected by the incident. • Facilitates defusing of affected employees and provides follow-up support following a defusing.	Shift Lead: • • Notifies the supervisor of their CIS response to the incident. • Establishes contact with all those involved in the incident. • Conducts one-on-one or other appropriate CISM intervention to minimize secondary trauma to those involved in the critical incident. • Provides follow up support to employees after • any CISM intervention.
Step 8A **Debriefing**	**Step 8B**

Peer Support Team Coordinator coordinates the following: • That a debriefing takes place within the ideal time frame of 24-72 hours post-incident. • That designated peers notifies individuals of time and location. Peers: • Provides feedback on previous defusing to the EAP Counsellor or Contracted Counsellor prior to the debriefing. • Assists the EAP Counsellor or Contracted Counsellor in the debriefing process. • Provides follow-up support to employees after a debriefing. Along with designated Peers, the EAP or Contracted Counsellor facilitates debriefing of affected employees.	Employees will be given the phone number to contact the EAP – Morneau Shepell
Step 9 *Report and follow-up*	Peer will contact Co-Coordinator to provide statistics (incident type, services provided) • On shift peers to follow up with crews or individuals involved • Monitors Employees' behaviours in the workplace over the next few months to determine if additional intervention is required. • Refers employees who experience delayed stress signs to the EAP for assistance.
Step 10	Peer Support Team Coordinator: • Conducts a separate follow up contact with management and peers, approximately one month after initial debriefing.

11. Invitation to Debriefing

Peer Support Team Standard Operating Guide Lines

To
Date:

Following the (date of) (describe critical incident), it is not uncommon for an event such as this to cause strong emotional reactions in individuals. Depending on the person, these can range from feelings of sadness and shock to concern and even anxiety about our own loved ones. A Critical Incident Stress Debriefing will be offered on (date) at (time) at (location).

What is a Critical Incident Stress Debriefing?

A Critical incident is any situation that creates unusually strong emotional reactions in an individual, which may interfere with that person's ability to function during or after the incident. A critical incident may be a major disaster or a smaller event and has the potential of causing critical incident stress.

A Debriefing is a structured and confidential group meeting or discussions about a traumatic event or a series of events. The CISD is designed to lessen the psychological impact of a traumatic event and serves as an opportunity to assist those who may require additional support. A debriefing is conducted ideally between 24 to 72 hours after the event (later if circumstances require.) It is usually 1-2 hours in length and is conducted by trained Mental Health Professionals, through our EAP. Peer Team Members may also be present. The CISM gives participants the opportunity to learn the facts, describe their thoughts and reactions to the traumatic event with the support of peers. Common reactions to critical incidents are reviewed, appropriate coping mechanisms, and support and follow-up services, e.g. EAP.

Your attendance to the CISM is voluntary and confidential.

If you choose not to attend or have further questions we would like to remind you of the support services available to you. Please feel free to access any one of them. Through the Employee Assistance Program, you may contact a referral agent, Shepell/FGI (1-800-268-5211), or any Peers on your Peer Support Team (Please refer to the Local 1212 site or our Intranet site, under WFI for phone numbers).

Yours truly,

Your Peer Support Team

12. Budget (8 members)

Budget for Peer Support Team	**2017**	**2018**	**2019**	**2020**	**2021**
Symposium	750	750	1500	1500	1500
Manners Certification	2385		530		530
ASIST course	1150	1150	800	400	200
CCISF registration	260		275		275
ICISF conference	3000		3000		3000
Certification of peers CCISF	600			600	
CCISF conference	1500	3000	1500	3000	1500
CCISF refresher			1500		2000
Additional courses		500	500	500	500
Total $ spent	**9,645**	**5,400**	**9,605**	**6,000**	**9,505**

13. Peer Support TeamYear End Report

Team now consists of 24 members from a variety of ranks. Our representation within our department covers suppression (all four shifts), senior management, and training, communications and fire prevention.

Standards within our team:

- Members of the Canadian Critical Incident Stress Foundation (CCISF) with certifications in Individual and Group Crisis Intervention
- Several certified members with MANERS Psychological First Aid and ASIST (Applied Suicide Intervention Training)
- A liaise with Pearson Critical Incident Team
- Two team member sits on the Ontario Critical Incident Advisory Council
- A liaise with our EAP provider Sheppell-fgi
- All members have signed a Code of Conduct and Team Commitment form

Future Accomplishments:

- 6 new Peer Support Team members were certified with CCISF standard
- 2 team members certified with MANERS psychological first aid
- Team members attended various educational symposiums on Resiliency, PTSD and trauma
- Visited all departments and stations to educate coworkers on EAP, access to resources, where to find information and how to activate the team or connect individual members
- Educated staff regarding the filling out of incident/accident forms for trauma
- Provided more links for outreach via our Intranet and Local website
- Assisted 4 Municipal Fire Departments in creating their own Peer Support Teams with activation protocols, training, and introducing mental health into the fire service
- Offered Peer Support to 6 fire departments due to tragedies
- Provided an information day for new recruits and their spouses about Peer Support and EAP
- Taught new recruits about Mental Health in the Workplace

- The Team visited Homewood Treatment Centre and listened to a variety of lectures on mental health
- Continued our quarterly meetings for the Team
- Updated Emergency Activation Binder for Peer Support Team; placed at GWMMFES Peer Support Team Coördinaten

J. Recruitment Consent Letter

Ryerson University
350 Victoria Street
Toronto, Ontario
M5B 2K3
Group9@ryerson.ca

Consent to Participate in this Research study

Mapping the System:
First Responding Peer Support Teams

Coordinator Stephen Sacchitiello

Brief Description

You are being asked to participate in this study about getting a better understanding of the mental health and the mental health environment of the workplace in first responding job sites. You will be asked to participate in the study :

Steps to the Systems Mapping Game

1. Each Peer Support Team will be shown a video of system mapping: https://www.youtube.com/watch?=h6FhY__v1h0&feature=youtu.be

2. The team will be given one pen and one big piece of paper with 100 cue cards.

3. The game will be completed when the team designs a system loop diagram with 5-13 steps.

4. Each team will describe how they incorporated all 6 points into their design.

5. Data will be recorded.

Potential Risks or Discomforts

We understand that your mental health is very personal which makes it much harder to talk about, but we will be keeping everything you say anonymous and out of the hands of any superiors. This process can be mentally draining and mentally exhausting to have to remember and write about so keep that in mind.

Benefits
The purpose of the study is to ultimately benefit all first responders and to help them fight burning out and to live a healthier and longer life. Mental health is a no-go zone in many first responding workplaces and this is an issue that you by participating will help us solve. This experiment can also be an outlet for you to better understand and improve your own mental health.

Confidentiality
Everything conducted in this experiment will be kept confidentially and away from any superior as well as other participants. The questionnaires will require no name just the circling of bubbles and your journals are not to be shared with anyone but the researchers. You may choose to share your contribution but that will be 100% your choice.

Participant Withdrawal

You may withdraw from the experiment at any time for any reason and all your information will be kept anonymous no matter what. If the experiment is overwhelming or painful we fully understand if you have to stop, or if you don't have enough time any reason is acceptable, just give the researchers and email or tell them in person.

Your Rights

At any time for any reason consent can be withdrawn without any researcher or workplace repercussion

Signature of Participant

_____

Signature of Researcher(s)

_____

Date of Signing _____