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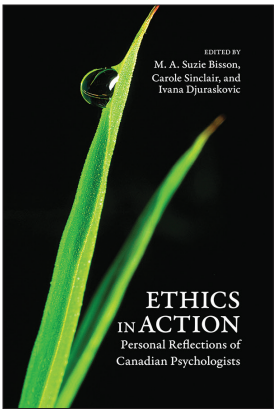

ETHICS IN ACTION: PERSONAL REFLECTIONS OF CANADIAN PSYCHOLOGISTS

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Teamwork Required: Supporting First-Responding Organizations to Become Emotionally and Psychologically Safe Workplaces

Shelley L. Goodwin, M. A. Suzie Bisson, Heather C. Power, Karen White

When reflecting on the career paths you thought about or tried out in your life, what made you decide to choose one occupation over another? When pondering the options, did you seriously consider the possibility that a particular career might lead you to develop a mental health condition? Did you reflect on the possibility that the work environment and its impact on you might eventually lead you to change career trajectory? If you did consider those factors, how much weight did they have in your final decision to pursue (or not) this career? Witnessing violence or the results of violence is part of what first responders do when they report for duty every day and this increases the risk of developing mental health difficulties (Setlack et al., 2020). Understanding this often-ignored career side effect and looking at viable ways to help those on whom we rely during a crisis is what we want to explore in this chapter.

The writing of this chapter is motivated by Principle IV (Responsibility to Society) of the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association [CPA], 2017). This principle speaks to us because it advocates for the development of structures and policies that actively incorporate Principle I (Respect for the Dignity of Persons and Peoples), Principle II (Responsible Caring), and Principle III (Integrity in Relationships) (CPA, 2017). This principle also speaks to us because it recognizes that, for changes to take place, active engagement and collaboration between multiple levels of society and within organizations are essential (CPA, 2017). Our own experiences, when combined with listening to the employment experiences of our clients, family members, and friends, and the recent world events as we write this chapter in the summer of

2020, impel us to add our voices to the need for improving the quality of people's experiences within organizations. Our experiences also motivate us to suggest that organizations can benefit greatly from inviting and collaborating with outside supports that can help improve employees' experiences. In addition to advocacy, we hope that this chapter will encourage readers to reach out, collaborate, and partner with organizations for the purpose of supporting the development and active implementation of policies that focus on fostering an organizational approach where all employees feel respected, physically and emotionally safe, supported, and appreciated. Furthermore, we hope that this chapter will encourage people to speak up and recognize that their voice matters.

Who Are We and Why Is This Chapter Important to Us?

Shelley: After seeing the Royal Canadian Mounted Police (RCMP) Musical Ride perform, my naïve 12-year-old heart was set: I would join the RCMP and ride horses for a career. Five years after joining the RCMP, I was accepted into the Musical Ride and spent three and a half years riding the famed black horses touring North America. During tour (which usually lasted five to six months a year), I realized that I enjoyed helping my peers through challenges related to our being away from our families for extended periods of time. This inspired me to join the RCMP employee assistance program when I transferred off the Ride and moved to the British Columbia (BC) Lower Mainland. Several years later, a retirement offer and graduate school acceptance (within five days of each other!) opened the door to my current career as a psychologist. Today, I have a rural-based private practice where I work primarily with first responders from policing, corrections, paramedicine, active military personnel, and veterans' sectors. My family believes in service to the community and country. For example, my dad was a WWII veteran who lied about his age (15) to serve overseas, while my husband is a former RCMP police dispatcher. Serving those who serve or have served is a firmly ingrained quality and privilege for me. Understanding the risk associated with serving is a daily part of my life, as both my husband and I have been diagnosed with post-traumatic stress disorder (PTSD) related to our police service. However, post-traumatic growth is also equally part of my life.

Suzie: When I joined the military at the age of 17, I was completely ignorant of the possibility that serving one's country could have a detrimental impact on a person's mental health. At that time, the Canadian military was renowned for its peacekeeping role—a reputation earned as a result of its participation in a number of the United Nations' directed missions (Pocuch, 2019). As the years went by, my naïvety started to be replaced by a more realistic understanding of the impact certain work environments can have on a person's mental health. I eventually left the military and became a counselling psychologist with a primary focus

on providing mental health services to people impacted by trauma. Through my work, I have spoken with active military members, Canadian veterans, and people who have served their country of origin as members of the military before immigrating to Canada. I recognize some of the struggles they face; I have seen these same struggles in my colleagues returning from overseas missions, including from Rwanda, Somalia, Bosnia-Herzegovina, and Iraq, among others. As a veteran, being part of the writing process of this chapter was important to me. Military members play an important role in Canadian society and like that of first responders, the nature of their work is unique. Meeting their mental health needs through prevention, timely interventions, and advocacy is a necessity.

Karen: I started my firefighting career with five other amazing women in the fire service at a time when women were just starting to enter the fire service. Shelley and I worked together in Richmond, BC, and we spent many night shifts discussing the challenges of being a woman in a non-traditional career, and the challenges of the first-responder culture both in policing and firefighting. I loved the thrill of responding to calls and the opportunity to push my physical abilities. I was raised in a family where my father, who was a construction superintendent in Vancouver, never differentiated people based on their gender. He saw people as capable or not capable, hard working or not. I worked for 5 years at Vancouver International Airport Fire Rescue Services and 10 years at Richmond Fire Rescue Department. The challenging environment helped me to see that I wanted to help other first responders. While working full time, I completed my undergraduate degree at Simon Fraser University in their Leadership Development Program for Justice and Safety Professionals. I then pursued my graduate studies at Royal Roads University in their Leadership and Training in Public Safety master's degree program. I am now pursing my Bachelor of Social work degree at Dalhousie University. Currently, I am employed at the North Vancouver RCMP Crisis Intervention Unit/Victim Services and have spent the last ten years working in crisis intervention. My commitment to promoting ethical, accessible, and relevant mental health services drives my desire to be part of this writing team. My life partner is also a firefighter; so, on many levels, this work is personal to me and I am passionate about it.

Heather: I began my career as a psychologist with a particular interest in learning more about the underpinnings of "abnormal behaviour." I wanted to know why some individuals experience mental illness and others do not. What protects some individuals, and not others? Through my work as a psychologist treating individuals experiencing a variety of mental health challenges in their lives, it has become increasingly apparent to me that "abnormal behaviour" is often, in fact, quite normal when you consider the particular context of each person's individual experiences. I have treated first responders who question why they have developed mental health symptoms and who judge themselves harshly

for this. In my experience, it is when individuals begin to see that their symptoms actually make sense based on what has happened to them that they can accept their conditions and begin the process of healing. I feel privileged to be able to help other helpers who contribute to the well-being of so many people and to our society as a whole.

In this chapter, we use our experiences working in organizations recognized for their first-responding activities to advocate for more intentional collaboration (i.e., prevention and intervention) between mental health providers and first-responding organizations. We also chose to include publicly known stories available through open sources to highlight common threads among first responders' experiences. Speaking up can be both rewarding and challenging. Speaking up can also lead to unintended and disempowering repercussions. In writing this chapter, we seek to be a voice for those who are not yet ready to use their own.

Who Are the First Responders?

A significant portion of first responders' work consists of resolving situations that involve time pressure—sensitive situations where information is quickly changing, and where there is a possibility that people can get hurt or die. According to the Mental Health Commission of Canada (MHCC), first-responder occupations include firefighters, paramedics, police officers, border services officers, corrections personnel, emergency dispatchers, public safety officers, and emergency response managers (Kirschman et al., 2014; MHCC, n.d.). In addition to these professions, we chose to include military personnel based on their peacekeeping and combat responsibilities; their medical, rescue, and civic emergency response responsibilities (e.g., responding to large-scale fires, flooding, pandemics, and ice storms); and the similarity of the organizational structure to those of the other occupations listed above.

Organizational Structure, Culture, and Mental Health Stigma

To be able to do their work effectively, first-responding organizations tend to have an organizational structure that enforces a predominantly top-down approach whereby personnel need to follow relatively strict chains of command and processes, and where teamwork is essential. The personnel's level of influence on the organization's goal-setting and decision-making processes is based on each person's hierarchical position. This type of structure helps to bring consistency and predictability when responding to unpredictable, emotionally charged, and dangerous situations.

The mindset of the organization as it relates to mental health influences the extent to which the staff is comfortable openly expressing and accessing support for their mental health struggles. This influence is further compounded by the person's own perspective on mental health and how they think that expressing their struggles might influence their career. For instance, some military members choose to not seek support even though they are aware that they might be suffering from post-traumatic stress (S. Bisson, personal communication, December 2018). From their perspective, trying to avoid receiving a PTSD diagnosis, for instance, makes sense, because such a diagnosis might limit their chance for promotion, undermine their ability to serve, redirect their career trajectory (e.g., a member working in a combat unit might be redirected to a non-combat occupation and/or medically released from the organization), and/or alter their sense of identity. In work environments where teamwork and mental toughness are crucial, a team may not want to work with a member struggling with mental health issues (e.g., a person suffering from flashbacks) out of concern it might endanger the safety of the rest of the team. In organizations such as the military, where everyone has something in common with everyone else, (e.g., boot camp experiences, common acquaintances, a uniform, and a shared identity), being able to fit in and demonstrate one's value to the team is viewed as highly preferable. This tendency to avoid or even deny mental health issues reduces the chances of being teased, harassed, bullied, and/or left out. Therefore, keeping one's mental health struggles hidden as long as possible is, at times, perilously viewed as the best option.

In addition to their uniform, first responders have a distinct culture (Jones, 1995; Kirschman, 1997). This includes a language that involves frequent use of acronyms and calling each other "my brother or sister in uniform" to differentiate them from the siblings in their family of origin. Similarly, the nature of first responding is such that people working as different kinds of first responders tend to know one another (e.g., police officers, paramedics, and firefighters may respond to the same call). This is how Shelley (RCMP officer) and Karen (firefighter) became friends. As a result, first responders tend to form a community with strong connections, including making time to socialize together outside of work. They tend to welcome other first responders more easily than those from outside the first-responder world. As such, when those who are not first responders attempt to become part of the conversation, they can be left behind and excluded (Kirschman et al., 2014). Often, the explanation for sticking together is "they get me," which brings a perceived inherent sense of safety and security. "Having each other's back" is a life-or-death belief that is indoctrinated into each person during training. It is this loyalty and belief that carries a protective element, but that also can be distressing when there are "real and perceived breaches in these relationships" (Whelan, 2016, p. 13). For example, if those relationships are impacted such as when someone experiences a mental health difficulty and they

are excluded or feel excluded from the group, the impact of that exclusion and isolation can be that much more difficult.

Not only do first responders have their own language, their perspective on life is also culturally specific and constantly reinforced by their work experiences. Being part of a first-responder organization is unlike any other experience. This is why retirement for military members, for instance, and adjustment back to civilian life can be so challenging (Cathcart, 2017). Being part of a first-responding organization also makes it easier to recognize one another (e.g., after retirement or when dressed in civilian clothes), even though we never met before. For example, Suzie and Shelley have experienced recognizing former military members and first responders because of their footwear. Regardless of the weather, their shoes/boots almost always meet the military's standard for shininess!

Recognizing that mental health stigma continues to be prevalent in first-responding organizations and that it often prevents many from seeking help (Chapman, et al., 2014) is important. Understanding why first responders and military members are reticent to trust a mental health professional is imperative. They tend to see a mental health professional primarily as part of the hiring process, when involved in critical incidents, before and/or after deployments, and for fitness-for-duty evaluations. These are circumstances under which, if they are not performing well, their careers may be at risk. This leads to the perception of needing to be cautious and at times suspicious around mental health professionals.

Health services for military members, for instance, are paid for by the federal government and are provided by military personnel (e.g., physicians, dentists, psychiatrists, social workers) or contracted civilians (e.g., psychologists). For example, psychosocial support is provided by military social workers, addiction counsellors, and nurses, and does not require a referral from a military physician (Jetly, 2018). To access the services of a psychologist or a psychiatrist however, a military member must obtain a medical referral from a military physician (Jetly, 2018). There may be times when a military member independently seeks the support of a mental health professional who is not connected with the military. When this occurs, military members are responsible for the costs of the visits (by virtue of being attached to the federal government, they do not have a provincial health care card) and need to use their own time (i.e., not during work hours).

Another important source of mental health support for military members comes from military chaplains. Sharing one's concerns with a chaplain can be viewed as a less intimidating and a first step towards obtaining needed mental health support. Military chaplains can be found on every military base and are responsible for the pastoral and spiritual care of military members and their families. Military chaplains are soldiers with officer rankings who understand the culture and the lifestyle. They are regularly sent abroad to connect with Canadian

troops, especially during critical incidents. They are often the ones who inform a soldier's next of kin when critical injuries or a death has occurred. While some chaplains have extensive training in psychology, they are not required to have it. When needed, they can refer military members to a military social worker or a military physician for additional support. There are also times when a military chaplain will receive a referral to support a military member (Jetly, 2018). This happens, for instance, when spiritual care is needed to address the impact of trauma that has injured a person at a soul level (psychotherapy is helpful with cognitions and emotions but there are times when the psychological injury impacts a service member at a much deeper level than the mind and heart).

What is important for mental health therapists to understand is that in addition to the nature of the first responders' and military members' profession, the system in which they work also influences the manner in which mental health services are sought and received. This includes understanding that their work is unlike what is often portrayed in the media, television shows, or movies. It also includes an ability to support the individuality of first responders within a culture that promotes unity. It is necessary to understand that first responders frequently come into contact with mental health clinicians only when there has been a critical incident or when they are being investigated for fitness for duty, and that these factors increase their suspiciousness (Bohl, 1995). When mental health professionals are too curious about calls, too judgemental of their actions, too distressed by gory details, or ask too many questions that are perceived as irrelevant, first responders are less likely to trust them. If the initial contact with a mental health professional does not go well, the first responder may quickly close the door to any further contact. According to Kirschman, Kamena, and Fay (2014), it is difficult for first responders to seek help and takes "very little to turn them off" (p. 5). Kirshman et al. go on to state that the single most noted error clinicians tend to make when working with this employment group is not understanding what first responders do, "why they do it, and the culture in which they operate" (p.5). Finally, they also note that those who work with police (i.e., uniformed officers and contracted civilians in supporting roles such as dispatchers and surveillance monitoring) are "entering a closed culture with high levels of distrust for outsiders" (p. 5). Furthermore, first responders are trained to assess situations quickly, identify the influencers, and follow their intuition regarding people's actions and intentions. Their training becomes the foundation upon which they live life. Accordingly, they tend to be as proficient as the mental health professionals at reading verbal and nonverbal messages. They may be able to assess the mental health professional before the first two questions have been asked. Their opinions are formed quickly, and decisions are made quickly and decisively, with rarely an opportunity for a second chance (Jones, 1995; Kirschman et al., 2014; Wester & Lyubelsky, 2005). "Cops have 'shit detectors' that are miles

wide; it's what keeps them safe. They are trained and rewarded to look for what is wrong or out of place before they look for what is right or good . . . Reading people is their stock in trade" (Kirschman et al., 2014, pp. 14–15). This becomes relevant from the very first moment you meet a first responder because "from the minute you open your office door they'll be sizing you up, looking to see if they can trust you, if you can tolerate what they have to say" (pp.14–15). In fact, Shelley would argue this evaluation is occurring when they call to arrange an appointment for mental health services. If there is no trust, quite simply, there is no second session. Moreover, by virtue of being a relatively tight-knit community, first responders may share with their colleagues their experience with a mental health professional. This can impact the manner in which subsequent first responders present themselves to that professional. Needless to say, understanding this is key for those who wish to work successfully with first responders.

Changing the Culture and the Stigma

Over the last decade or so, evidence of the extent of mental health challenges faced by first responders has grown rapidly, and many are speaking out collectively. Nicholas Hennink, a Moose Jaw (Saskatchewan) paramedic with 16 years of experience who struggles with PTSD, started *Project Warrior* in an effort to reduce the mental health stigma that impacts first responders (Canadian Broadcasting Corporation [CBC], 2018, December 23). After 35 years of service, a recently retired firefighter, Cammie Laird from Clearwater County, Alberta, is advocating for more provincially funded mental health support for first responders (CBC, 2019, January 5). Dave McLellan, an Ontario police officer with 30 years of experience, created *Boots on the Ground*, a mental health help line for first responders, as a result of seeing too many of his colleagues suffer (CBC, 2018, December 2). Ontario chief coroner Dr. Dirk Huyer reported that nine police officers died by suicide in 2018, and he sought to assemble a team for the purpose of understanding what is happening and offering recommendations that would support police officers' mental health (CBC, 2019, January 4). Retired Senator and General Roméo Dallaire is widely recognized for having spoken openly about his mental health struggles as a result of his United Nations mission during the genocide in Rwanda. He has advocated tirelessly for more mental health support being made readily available to military members. The spouses and parents of military members also are speaking out and asking for support to help them learn about mental health so that they, in turn, can help their loved ones (e.g., CBC, 2014, March 4, 2014). These are just a few examples of people using their voices to influence change.

Using Our Voices to Affect Women's Experiences

Originally, first-responding organizations were comprised exclusively of men. In the 1970s, this slowly began to change. The RCMP began to accept women into their ranks in 1974 and by 2016 women made up 21.6% of personnel (RCMP, n.d.). The Canadian average for women in policing is now 21% (Statistics Canada, n.d.). In paramedicine, the numbers are higher, at around 30% (Severson, n.d.). The Canadian Armed Forces have permitted women to be employed for over 100 years. However, it was only in 1985, after the enactment of the *Canadian Human Rights Ac*t and the *Canadian Charter of Rights and Freedoms*, that comprehensive integration occurred. Today, women in the Canadian Armed Forces make up almost 16% of all personnel (Government of Canada, 2019). The first-responding organization that has the lowest representation of women is firefighters. Despite hiring women since the late 1980s, women make up only 4% of all firefighters in Canada (Statistics Canada, 2017). Introducing women into these first-responding organizations, which have their own culture of machismo, has created a much-needed social structure change. The process has been slow, and it is only recently that discussions are occurring regarding the harassment, bullying, and gender-based discrimination that has been and is continuing to be experienced by women in these professions.

As a firefighter, Karen worked at a fire hall in Richmond, BC in the late 1990s. In this hall, one female firefighter who was experiencing workplace harassment and discrimination committed suicide. In 2015, Karen left firefighting, and currently works as a civilian in the policing services. Karen chose not to remain silent and was interviewed, along with other female firefighters by the CBC's *The Fifth Estate* (2015, December 6) in their investigative reporting episode that focused on the cross-Canada issue of gender-based discrimination, harassment, bullying, and sexual assaults in firefighting organizations. This documentary described the profession of firefighting in Canada as being hostile, unsafe, toxic, and unwelcoming to women. The public response was primarily empathetic to the women. Responsibly addressing the toxic nature of a work environment, which can be hidden in back rooms and behind closed doors, can bring visibility to the problem. National television is one vehicle for doing so. Although Karen was aware of the potential of negative feedback and adverse interactions that might be directed at her from past and current co-workers, she believes that her decision to participate in the interview reflected a clear responsibility to speak out and to be accountable to women as a social group and to society as a whole. Through this experience, she met other women firefighters in the country who were struggling with similar challenges and issues. In addition to bullying and harassment, this included PTSD, depression, suicidal ideation, anxiety, and other mental health issues that rose out of being first responders.

When Shelley left the Nanaimo, BC detachment for the RCMP Musical Ride, she was replaced by an eager, young, dedicated recruit named Janet Merlo. Twenty-five years later, Janet would go on to be one of the two named complainants of the Merlo-Davidson gender-based class action lawsuit against the RCMP (Merlo, 2013). When it was announced, Shelley wanted to show solidarity with her fellow female members and joined the class action lawsuit. However, she was uncertain how visible she wanted to be in her participation. Not only was Shelley seeing members in her private practice who were talking about this lawsuit, but she also was talking with troop mates (i.e., colleagues she went through training with) and friends who had previously worked for the RCMP about joining this action. Not all were in favour of joining the lawsuit. From those who were no longer working in the RCMP, Shelley frequently heard comments like, "Yeah, it was bad, but it is over"; "It was so long ago"; or "I can't do anything about it, they would just do it more." From those still working, Shelley would hear things like, "It's only a couple of members who are mean, and I just try to avoid them"; "If I join that lawsuit, someone might find out and it would just make it worse, because I will get labelled as a trouble maker"; or "Not a chance I'm going to say anything, because I would like to get promoted someday."

Shelley realized that showing solidarity could mean quietly joining, but not saying anything about it. Or it also could mean being willing to tell people that she had joined, although she realized this was likely to open her up to negative personal and professional consequences. As she was in private practice located in a small rural community and a large portion of her clients were first responders, there was a chance that Shelley could lose some of her clients if they found out that she had joined this lawsuit, thus impacting her (and her family's) financial well-being. Knowing the position she held in the community where overlapping relationships are a reality, and the ability to leverage that position to bring support and validity to those who have experienced, or are experiencing, discrimination, Shelley decided to be forthcoming and tell her personal friends, colleagues, and, if asked, her clients as well. Her decision was made after taking into consideration Principle I (Respect for the Dignity of Persons and Peoples), Principle II (Responsible Caring), Principle III (Responsibility to Society) and Principle IV (Responsibility to Society). Further, being aware of the research literature related to gender-based discrimination, Shelley was able to use this to strengthen her resolve to be honest. She also wanted to promote growth and healing in an organization she still is proud of, even though it is going through serious growing pains. In this way, Shelley was able to be forthright with herself and others by recognizing the time, perseverance, and patience that was required, while also deciding what was the best use of her time, energy, and talents.

This lawsuit was not the only one. Women in the Canadian Armed Forces have been successful in obtaining a Federal Court approved settlement on 25

November 2019, as a result of a Canadian Armed Forces–Department of National Defence sexual misconduct class action lawsuit (see https://www.caf-dndsexualmisconductclassaction.ca/). While helpful to raise awareness, lawsuits do not address organizational culture and stigma. Ongoing support is equally needed and important for everyone who attempts to make social issues visible. Sadly, not everyone is able to openly speak up yet.

The Role of Media

The media has been helping by reporting more frequently on the issues and the tragedies impacting first responders. On 17 December 2018, CBC reported that Corporal Nolan Caribou, an infantry reservist, completed suicide on 18 November 2017. He had been experiencing bullying and harassment and, despite having asked for support from his superiors a year prior, no action had been taken. The media also reported that the Merlo-Davidson class action suit was bigger that predicted, pointing to the pervasiveness of harassment in the RCMP (CBC, November 20, 2018). Further, CBC (2018, October 25) interviewed Calgary police officers who shared that they were overworked, understaffed, and demoralized, and that their needs were being ignored. These are just a few examples of highly problematic work environments; however, they tell a poignant story and highlight some of the challenges faced by first responders.

Through the support of the media, the general public can become more acutely aware of the concerns impacting first responders. The reactions of the public can influence first-responding organizations and related governmental funders to become more serious in their efforts to support these important societal services and the people who provide them. Moreover, media exposure serves to support first responders and their family members (who read the articles or watch the programs) by breaking down the isolation they may feel as a result of their mental health struggles and helping them identify to whom they can turn for hope and support.

Demonstrating Responsibility to Society

Principle IV of the *Code* clearly acknowledges that we as a profession have a responsibility to society—not just to individual clients, but to the community, the country, and society as a whole. As psychologists, we have a wealth of information about mental well-being, and one of the missions of psychology organizations is to share this knowledge in as many ways as possible (American Psychological Association [APA], n.d.; CPA, n.d.).

The Power of Teaming-up!

The many examples mentioned so far show that there is an urgent need to address the culture within first-responding organizations. This culture is reflected not only in organizational policies, but also dependent on the influencers within the organization. In trying to understand the culture, we need to consider relevant influential factors relating to power, position, and privilege within the organization. Specifically, whose voice can be heard the most? Whose words do people tend to pay more attention to, and why? How accessible are established processes for those experiencing victimization? What are the consequences for those who courageously speak up? What are the repercussions for those who are responsible for the victimization? Pondering on these questions can help to shed light on how organizational cultures are fostered over time and how they can be improved.

Sitting in a meeting in Ottawa, Shelley heard about an Alberta initiative to increase psychologists' knowledge about the culture within paramedicine. At the time, Heather and Shelley were both on the executive of the Association of Psychologists of Nova Scotia (APNS). They have a passion for advocating for our profession and the people they serve, and saw an opportunity, as highlighted in Principle IV, to partner with others and to use evidenced-based psychological knowledge to promote systemic change. They approached their colleagues on the executive of the APNS about working on this collaborative project. With the support of these colleagues, Shelley reached out to the provincial paramedic organization, Emergency Health Services (EHS), which provides emergency services to Nova Scotians with their fleet of ambulances, a Life Flight helicopter, and a fixed wing aircraft. When Shelley reached out to them, EHS was increasing its organization's response to employee wellness, including developing a Peer-to-Peer team (P2P). The idea of peer support was made popular during the 1980s as it was part of the new model of critical incident stress management (Everly & Mitchell, 1997). More recently, the MHCC defined peer support as "a supportive relationship between people who have a lived experience in common . . . the experience that individuals or groups have in common is in relation to a mental health challenge or illness. This common experience might be related to their own mental health or that of a loved one" (Sunderland et al., 2013, p. 7). The goal is for employees to receive support from peers who have received training in how to support those who are experiencing a mental health issue. Through their shared lived experience, there is an opportunity for deeper connection and understanding and as a result opportunity for health and recovery.

Within EHS, P2P teams consist of paramedics who have been trained to provide mental health awareness, knowledge, and emotional support to their peers. After hearing of Shelley's idea to increase Nova Scotian psychologists' understanding of the culture within paramedicine, EHS saw this as an ideal

opportunity to increase psychologists' understanding of its organization and also a way to build a province-wide roster of trained clinicians that can be used for referrals when a paramedic needs mental health services. It also allowed for an ideal partnership within the mental health community (once again, in line with Principle IV), in which the members of different professions with similar objectives could offer reciprocal education and training of benefit to each other and to the public.

A day-long workshop for psychologists was created. Although Heather and Shelley are not providing the training directly, they were part of the organization of and the initial impetus for this initiative. The workshop includes a two-hour training session, presented by a paramedic, on paramedic culture in the morning, while the afternoon is spent discussing the diagnosis and treatment of PTSD in paramedics specifically. The afternoon session is provided by a psychologist who has extensive experience in first-responder trauma symptom expression. The workshop is limited to 20 people so that the experiential aspect can be managed. The experiential component includes three different training experiences that foster the psychologists' understanding of paramedics as a profession, including listening to recorded radio transmissions and trying to get the necessary information from the transmission in high stress situations. Another involves being in the back of an ambulance that is driving quickly and around corners, with each participant attempting to thread small beads on a string, which simulates starting an IV on a patient. The final activity involves small groups of four or five individuals placed in the back of the ambulance and having a list of tasks to complete, simulating the cramped space in which paramedics must provide emergent patient care. Currently, approximately 60 psychologists have been trained in the culture of paramedicine in Nova Scotia during the past three years and the organizing committee currently is looking at other learning opportunities now that pandemic restrictions permit this type of gathering. EHS is one partner in a "tri-service" with police and fire agencies in the metro Halifax/Dartmouth area. Using this already established partnership, the committee is looking at taking the next step, which is to train psychologists in the culture of these other first-responding organizations. In this way, Heather and Shelley are helping to organize the training of psychologists, but also helping to increase first responders' understanding of the culture of psychology, as there is a great deal of intermingling between the professions during these training days. This mutually respectful relationship allows for the transfer of knowledge, and for respect for each professional identity and way of operating, with the goal of enhancing both professions. The approach of psychologists being part of P2P teams and, for those departments who have more financial resources, having psychologists employed by first-responder departments is becoming more common (Chamberlin, 2019). In an effort to address the need for continuing education, increased competency

levels, and further scientific rigour in training within the mental health profession and the first-responder community, Shelley is now in the beginning stages of planning, with collaborating partners, a two-day Atlantic conference focusing on resiliency and post-traumatic growth.

For those interested in increasing their familiarity with first-responder cultures we suggest exploring training opportunities both online and in person. Training opportunities can also be found through internship experiences (organized and self-generated experiences) and through private practices catering specifically to first-responder populations. Choosing internships and employment opportunities that enhance your connection to clients from first-responding organizations and to perhaps more knowledgeable colleagues can help to further develop your knowledge on best practices and first-hand experience. For instance, there are Operational Stress Clinics located throughout the country and the Department of National Defence is frequently recruiting for mental health positions on military bases. Contacting the department or the division health services officer of a first-responding organization to explore referral processes may also be an option. Further, independent reading resources are readily available (e.g., Gilmartin, 2018; Kirschman, 2014; Stone, 1999; Whelan, 2016), including the work of Carlton and colleagues (2018) from the University of Regina who offer ongoing, informative and rigorous research-based publication on the subject. Lastly, in addition to remembering the importance of presenting in a professional manner (e.g., being on time, culturally aware, and treating individuals who present from a different culture with humility) and avoiding asking impertinent questions about crime scenes or investigations, having knowledge and training in the recommended treatment modalities of the issues most commonly encountered by first responders is essential (e.g., the APA practice guidelines for PTSD treatment [APA, 2017]).

In keeping with Principle IV, there is a responsibility to be sensitive to the challenges faced by society and a willingness to use psychological knowledge to effect positive social change (de la Sablonnière, 2017; Wester & Lyubelsky, 2005). This responsibility includes working towards eradicating mental health stigma within first-responding organizations, providing sustainable, preventative, and timely interventions to all first responders working in rural and urban areas, and addressing the particular challenges faced by women and people from minority groups within first-responding organizations. Although there are many people within first-responding organizations who are trying to effect positive change, they often lack the position of power to invoke change at the higher level of management—receiving additional support from the field of psychology would help validate the needed change process and bring much-needed accountability to first-responding organizations by having professionals inside the organizations who are knowledgeable in organizational structures, well prepared in the

research that supports these organizational changes, committed to healthy work practices, and able to identify and change existing problematic trends. Having a psychologist who is knowledgeable and willing to advocate for these changes within the management structure can help facilitate the change that is needed.

Early in her career, Karen was able to identify areas within the fire service that needed urgent change. From her personal experience, interest, and academic studies (which allowed her to delve into the research literature), she was able to identify several topics that needed attention. These included leadership, altering the organizational culture, increasing the critical mass of women, mentoring women firefighters to support their rise to senior fire service ranks, establishing professional codes of conduct, educating and training to prevent bullying and harassment, and strengthening policies and procedures that support these initiatives. Karen had a district chief who mentored her and encouraged her to develop professionally as much as possible, and to attempt to rise to the ranks of senior management so that organizational change could happen. Unfortunately, she learned that this would not be enough to evoke the necessary healthy changes.

Prior to Karen's departure from the department, she met with senior fire management and the city's human resource designate. She discussed with them the organizational culture and environment, and that it was too toxic for her to continue her career as a firefighter. She provided examples of how women currently employed in the service were suffering due to the organizational culture. By this point, Karen had realized she needed to make a change and shift her focus to her own mental wellness by removing herself from the toxic work environment and pursuing academic studies. This became a turning point in her career; yet her passion for improving the availability of appropriate mental health services within the fire service, as well as accessible services outside of the organization, continued. In doing this, Karen realized that she could be a stronger advocate for women firefighters if she was no longer in the fire service and was able to speak freely about the challenges without fear of repercussion from her firefighter colleagues.

Karen has since worked with the International Association of Fire Fighters union to assist with implementing mandatory anti-harassment and bullying training; she also works with senior management on issues affecting women and the need for change. As a result of CBC *Fifth Estate*'s (2015, November 6) reporting, the public placed pressure on the city to operate like any other industry with respect to accepting diversity and working towards positive progressive change (Canadian Television News, 2019, December 12). Since being called to account in the media and the community they served, the Richmond fire department has been able to achieve most of the goals that were unachievable when Karen was working there. They have hired a female deputy chief as well as a manager who, as part of her portfolio, has the objectives of increasing diversity (not just women

but visible minorities) and creating policies that reflect the demographics of the department. Some of the significant changes include: mandatory harassment and bullying training has become a yearly event; a code of conduct has been created; mentoring women for senior roles occurs; debriefing and defusing sessions after call outs have been increased; and there is increased access to mental health services to all employees at no cost. Karen is encouraged that in 2020 the department has 21 women and ethnically diverse firefighters. This impressive organizational change occurred by working collaboratively with an external team highly knowledgeable in organizational culture change, the psychological needs of organizations that are changing, and the mental health needs of first responders.

First responders can suffer significant psychological health consequences from their work, especially when they try, but are unable, to affect needed change in their organizations. Sometimes they have to give up their careers because of these consequences. When this happens, accessing all available resources is important. This not only includes emotional, physical, and social supports, but also financial.

The Disability Tax Credit (DTC) is a non-refundable federal tax credit given to people who have a disability. The intent of the DTC is to provide greater tax equity for those who may incur more expenses as a result of having a disability. In 2006, changes were made to the federal legislation that made it more difficult for those with a mental health diagnosis to receive this tax credit. The groups that brought this to light included veterans' groups who were finding that veterans who had previously qualified for the DTC were now being denied the tax credit because of the increasingly restrictive criteria. The CPA, as part of a mental health alliance group, wrote letters to government agencies to draw attention to this discrimination and request that a review be initiated. Shelley sits on the Professional Affairs Committee of the CPA and supported this letter writing initiative.

Interprofessional committee work, like the work of the CPA noted above, allows us to share our psychological knowledge with others. This can be done on many levels. Although the example above points to an opportunity at a national level, provincial and local initiatives also exist for engaging in activities that further develop and enhance the psychological resources available for first responders, such as sitting on panels, committees, and being part of working groups. In Nova Scotia there is a multi-agency group that is tasked with identifying resources that can be shared with first responders who experience a psychological injury. The group includes representatives from groups of first responders. It also includes health professionals (e.g., primary care providers), government representatives, and representatives from the Workers Compensation Board. Psychology's knowledge and skills are keenly sought by such groups, and we have an opportunity to develop and disseminate such knowledge to first-responding organizations and to be a collaborating partner when we engage in this way. This

is an area for which we can invoke change and, thus, it is worth our time and effort to help.

Conclusion

It seems that the potential for psychological injuries is inherent in the challenging nature of some occupations. The work of first responders is no exception. A number of elements contribute to the particular difficulties faced by first responders, including exposure to traumatic events, a high level of responsibility in addressing life and death situations, significant organizational challenges, and concerns about the impact of stigma in disclosing and addressing the mental health issues that arise. Although many gains have been made in addressing these issues, much work still needs to be done to bring awareness and understanding of these challenges and to promote evidence-based improvements in the quality of life for first responders.

The field of psychology can help address some of the mental health issues faced by first responders. As a profession, we have an ethical responsibility not only to the individual clients whom we treat, but also more broadly to society as a whole. The mental well-being of our first responders is very important to the well-being of all citizens given that they are the people everyone else turns to in times of great need. In addition to offering direct services to address mental health symptoms experienced by first responders, psychologists can use their expertise to address challenges in the culture of first-responding organizations. It is this latter point that has been the focus of this chapter. Further, this approach to better serve our first responders can involve engaging in initiatives to reduce stigma; offering education and training opportunities within our profession and to other professions regarding ways to minimize psychological injuries, effectively addressing such injuries when they do arise; working directly with first responders in a mutually respectful and collaborative way in order to promote positive workplace cultures; and advocating to government and industry for larger-scale changes. The future is ripe with possibility for improving the psychological well-being of our first responders, our workplaces, and our society as a whole. We are excited to be part of it.

Questions for Reflection

1. Crimes against children are heartbreaking and first responders see the results of these crimes first-hand. How would you advocate and promote the use of psychological research to provide intervention strategies to support the mental health of

the first responders whose work involves responding to and/or investigating these crimes?

2. Each type of first-responder occupation has its own culture, and psychologists have a responsibility to be culturally competent. What are some of the ways to acquire competence regarding first responders' cultures?
3. A police officer, who is a veteran, notices that many of the homeless individuals that he meets on the street are also veterans and are struggling with mental health issues[1]. As a psychologist, you are asked for help. Using Principle IV as a framework, what ideas can you offer?
4. You are a psychologist invited by a correctional service organization to help address the low morale that has been plaguing employees. Keeping Principle IV in mind, where do you start?

NOTE

1 When he was a member of the Calgary Police Service Mountain Bike Unit, veteran of the Canadian Armed Forces, Detective John Langford, noticed that many of the homeless individuals he met on the street were veterans. He worked with Veterans Affairs Canada to help the homeless veterans he met connect with case workers who could help them access services. Through his advocacy work, the Calgary Homeless Foundation purchased a 16-unit condominium with 24/7 on-site support specifically for homeless veterans. During an award ceremony where he was recognized for his work, Langford stated "What I sincerely hope you can take away . . . is the knowledge that it's not always easy to fit back into society for some of those men and women in uniform, especially when they've given so much of themselves to make the world a better place" (CBC, 2012, May 9).

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