"DEEDS NOT WORDS"

# A Year in Review Member Care and Organizational Wellness

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#### Who are we

- Dr. Khan- On site Psychologist
- Dana Johnson- Psychological Services
  Coordinator
- Inspector Sean Sussex
- Danielle Thomas- Reintegration Coordinator\*\*
- Mike Tountas- Peer Support Coordinator
- Kacey Leslie- Wellness Coordinator



# **Big Picture Stuff**

- Wellness Strategy- Kacey
- Peer Support Strategy- Mike
- Re-integration Training- Mike/Danielle/Dan Thompson
- RAWC- Kacey, Mike, Sean, Danielle
- Spouses and Family support- Danielle
- Onboarding employees
- Recruit/New Dispatcher Check-ins





#### **Day-to-Day and one offs**

- One-to-one meetings with members
- Weekly Functional Fitness Class- Kacey
- Weekly meetings with D/C of Executive Branch
- Updated list of clinicians Mike and Danielle
- Members of the OSI Working Group, LPA Members First
- NOK Training
- MBSR Training
- ASIST Training
- BOS Training
- Fundraiser BBQ for members families
- Therapy Dog Visits, St Johns Ambulance (twice a month)
- Parade and Work area visits



# Continued

- Equine Therapy Workshop (Leading Edge Equine)
- Mental Health Week
- Peer Support Facility Dog Proposal
- In Service Presentations
- Research in IA Pro software
- Front Line Supervisor Course
- Coach Officer Training Presentations
- Library in Atrium
- Cot in prayer room
- Assisting other services develop their wellness programs
- Improvements to the Chaplaincy Program
- R2MR Trainers



# Where do we go from here?

- Second Clinician
- On-going resilience training (R2MR and BOS)
- More support to families and spouses
- Trauma Informed Leadership
- Additional civilian position (contingent on acquiring flagging software)
- Financial Wellness Presentations
- Creating more awareness about the programs in place (Social Media, Messaging, Work Area visits)



### What is working well?

- Internal need survey- Many respondents commented on MCOW, Re-Integration, Peer Support as working well
- Year over year, Peer support exceeds 2000 contacts with members, most of which are done proactively
- Awareness of resources (Clinician List on My Source, LPA Website, Wounded Warriors
- For the most part after critical incidents, section peer supporters and leaders are checking in with their people



#### What can we do better?

- Communication- Struggle between Keeping informed vs being overbearing
- Organization- Trying to ensure during the big calls that the same person is overwhelmed by phone calls, texts etc
- Feeling like you cannot get around to Peer related tasks due to primary workload
- Defusing and or Ad Hoc Incident Reviews need to be more available
- No privacy (Dr. Khan's Office/MCOW Office)
- Being more available to members



#### **Changes to Peer Support**

- Team is roughly 77 members
- Co-Ordinator position to rely heavily on available peer supporters
- Will be creating more awareness to Peer supporters during work area visits
- Asking NCO's/Supervisors to consider tasking section peer supporters to reach out when appropriate
- Trying to assess if 77 members is an appropriate number- Some are very active, some not so much



# Myths, Misinformation, Logistical Issues

- Don't get notified when people go off
- "I was off and nobody from MCOW reached out to me"
- Everything is an MCOW issue (Facilities requests)
- No change has happened therefore nobody tried to effect change
- Being on Peer support does not exclude you from check ins with Dr. Khan
- Psychological Screening is a requirement of Peer Support
  - Email from Dana 6 weeks prior
  - One month to complete tests and return consent
  - If the date for the interview does not work, email Dana or go into Psych services
  - We contract the interviews out to external clinician. Charged for missed interviews



#### Quote

- "Never underestimate how much pressure and criticism you will face when you step up to do work that nobody else is willing to do"
- -Chief Matthew Pegg c/o Toronto Fire



# **Talking points**

- Providing support up the chain of command and potential issues
- Not a replacement for clinical intervention
- Confidentiality
- Boundary Setting
- Incivility, Harassment etc
- Contacts refresher
- Members First Committee (LPA)
- Rawc (Resilience and Wellbeing Committee)





# What are you doing for yourself?

- Set limits and boundaries
- Don't Take on too much
- Carve out time for yourself
- Take a break from peer support/Re-integration
- Step Down from those roles
- Tactical Breathing, Grounding Techniques
- Exercise, Meditation
- Book an appointment with a clinician
- Book an appointment with Dr. Khan



# IDEAS OR INITITATIVES

Working on a Peer Support and Reintegration Strategy which covers several topics

- Improvements to how we onboard employees
- Peer Mentoring when people first get hired, seek promotion, lateral transfer, and retire
- Peer Support Facility Dog
- Improvements to the Chaplaincy Program
- Partnerships with many external agencies
- Technology to assist with outreach (IA PRO)
- 12 months of wellness
- Sound proof pods
- Ice baths in changerooms (proposal has been submitted)
- Breaching the gap between sworn and unsworn members (getting away from using civilian



# **Comments/Questions/Concerns**

