Advancing Mental Health Supports in Emergency Services

2026 AMO Annual Conference Concurrent Session

Association of Municipalities of Ontario

Troy Cheseboro

Chief Region of Durham Paramedic Services
First Vice-President, Ontario Association of Paramedic Chiefs (OAPC)

Boots on the Ground

Anonymous peer support for First Responders, by First Responders.

Call 24/7: 1-833-677-2668

About us

Boots On The Ground is an anonymous helpline providing confidential and anonymous peer support to First Responders across the province, 24 hours a day, 7 days a week. It is a charitable organization completely run and staffed by volunteers.

Our Mission is to provide anonymous, confidential, caring and compassionate peer support to First Responders across the Province of Ontario.

Vision

Boots On The Ground strives to reduce and eliminate the stigma surrounding mental health within the First Responder community and positively impact as many lives as possible.

Service Delivery Model

- Clinically supervised by Dr. Vivien Lee, ensuring professional oversight and quality of care
- Focused expertise in trauma and PTSD, particularly within the first responder community
- Volunteers bring diverse backgrounds and a wide range of relevant experience

Volunteer Team

One Call can change a life. Maybe even save one. Change a life. Answer the call today.

We´re looking for active and former first responders to volunteer for our peer-to-peer helpline.

A.S.I.S.T

Our volunteers are equipped with LivingWorks' ASIST (Applied Suicide Intervention Skills Training), giving them the practical skills and confidence to recognize and respond to individuals in crisis. This training ensures they can provide compassionate, immediate support when it matters most.

Peer Support

Our volunteers also complete our in-house Peer Support training, equipping them with the skills to listen empathetically, build trust, and offer meaningful, non-judgmental support. This ensures every interaction is grounded in understanding, respect, and genuine human connection.

Compassion Fatigue

Our volunteers receive training on Compassion Fatigue, helping them recognize the emotional impact of supporting others and equipping them with strategies to maintain their own well-being. This ensures they can continue to show up with empathy, resilience, and care for both themselves and those they serve.

FBINAA Resiliency

Our volunteers participate in FBINAA Resiliency Training, building the mental strength and adaptability needed to navigate high-stress situations. This training equips them with practical tools to manage challenges while maintaining focus, balance, and overall well-being.

Therapy Dog Program

Our uniqueness is that we are not governed by any other agency

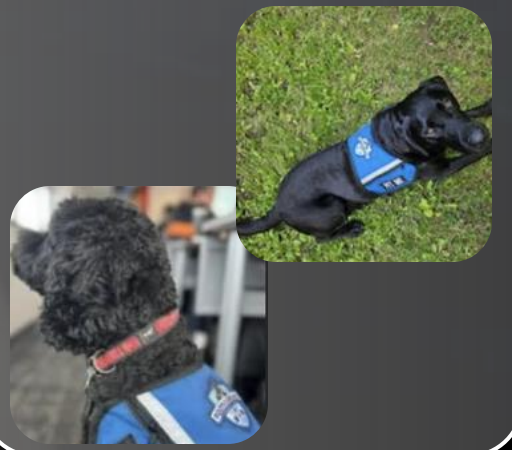
At Boots On The Ground we believe in the healing power of dogs and we believe that a visit from one of our therapy dogs will help your people in many ways!

Jamie & Tucker (RIP)

Lynn & Darby

Erika & Timber

Hank & Blarney



Chaplaincy Program

The Boots On The Ground Chaplaincy Program is dedicated to providing emotional and spiritual support to First Responders, helping them cope with the unique stresses they face, including trauma, loss, and high-pressure situations.

Our Chaplains serve as confidential listeners, offering support regardless of the individual's faith background. They can also help with critical incident stress debriefings and provide guidance during times of personal or professional crisis. Our Chaplains will attend community outreach events and support our members as needed.

Clinician Funding Program

Launched in February 2020, the program supports first responders who lack financial access to psychological care. Callers are connected with a BOTG volunteer, given a choice of pre-approved psychologists, and provided a tracking number. They must initiate contact within one month and complete sessions within six months. Psychologists recommend a treatment plan, typically 5–6 sessions, which are fully reimbursed by BOTG.

Peer to Peer Debriefings

While larger organizations often have internal supports such as wellness programs or Employee Assistance Programs (EAPs), employees may hesitate to use them due to concerns about confidentiality or potential repercussions. This service is not an operational debriefing but an independent support option. Smaller organizations may lack access to similar resources, which is why BOTG expanded this service across Ontario in 2022. First responders can call the 1-833 number, where call takers gather basic information, and a trained BOTG team member follows up to confirm and coordinate support.

Peer Support in Action!

To date, Boots on the Ground has supported:

- 5700+ calls for service
- 56 interventions with actively suicidal callers
- 160 therapy dog visits
- 31 impact group debriefs
- 900+ clinician visits covered
- 20 In person visits

STAY CONNECTED

Stay connected with Boots on the Ground Peer Support; reach out, follow along, and be part of a community that shows up for each other when it matters most. Your support, your voice, and your presence help us make a difference every day.

1-833-677-2668

www.bootsontheground.ca

Advancing Mental Health Supports in Emergency Services:

Psychological Injury & the Workplace

Dr. Megan Edgelow
Queen's University

August 17, 2026

AMO Conference

Ottawa, ON

WORK AND MENTAL HEALTH LAB

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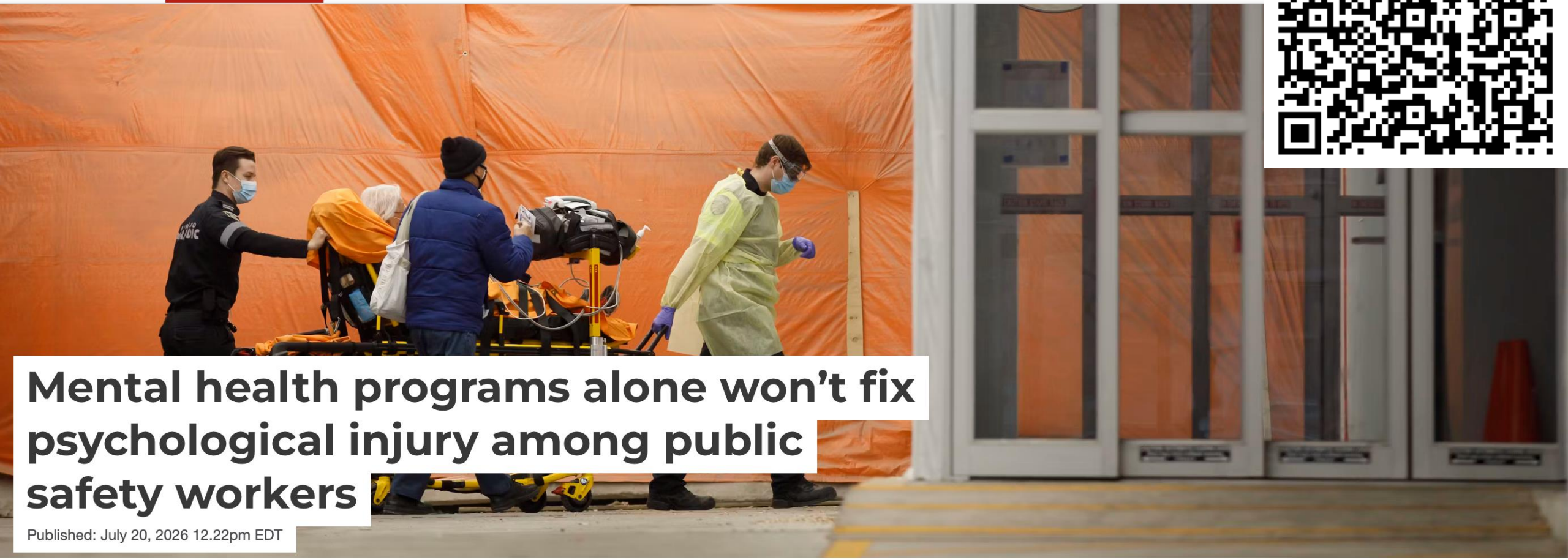
THE CONVERSATION
Academic rigour, journalistic flair



Mental health programs alone won't fix psychological injury among public safety workers

Published: July 20, 2026 12.22pm EDT

Paramedics wheel a patient into the emergency department at Mount Sinai Hospital in Toronto in 2021. The public safety sector includes correctional workers, communicators and dispatchers, firefighters, paramedics and police. THE CANADIAN PRESS/Cole Burston

A recent Ontario Coroner's Review documented 34 deaths by suicide among correctional workers over the past 15 years, with 17 of those deaths occurring since 2020.

Author

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Journal of Occupational Rehabilitation
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Claim Characteristics and Return to Work Outcomes for Ontario Public Safety Personnel with Mental Stress Injury Program Claims, 2014–2023

Megan Edgelow[1] · **Larissa Oliveira**[2] · **Nodir Ataev**[3] · **Nazmul Islam**[4]

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Abstract

Purpose In Canada, rates of psychological injury for public safety personnel (PSP), along with related workers' compensation costs, have been on the rise in the past decade. This study explored approved workers' compensation claims filed by PSP for work-related psychological injuries through the Ontario Workplace Safety and Insurance Board (WSIB) between 2014 and 2023. Specifically, we wanted to understand the variability in demographic and claim characteristics and how return to work (RTW) outcomes compared amongst PSP occupations.

Methods This research employed a descriptive and quantitative analysis to identify trends in claim volumes, injury categories, and patterns in RTW outcomes for communicators, correctional workers, firefighters, paramedics, and police. Results: Claimants were more often male with an average age of 41.3 years and 13 years of work experience at the time of injury. Police and paramedics accounted for over 60% of all claims and significant heterogeneity was observed across all occupations. Cumulative traumatic injury claims were more common than single event claims, and PTSD was the most common category of claim. 93.3% of all claims resulted in time lost from work, the median claim length was 14.4 months (Q1 = 0.8, Q3 = 38.7), and only 35.7% of claimants had a successful RTW outcome documented. The most favorable profile for RTW success was for younger and less experienced workers, with single event or traumatic mental stress claims.

Conclusion Our findings can inform the development of more effective public policies and workers' compensation processes, ultimately contributing to more timely and effective support for PSP who sustain work-related psychological injuries.

Keywords Occupational health · Public safety · First responders · Workers compensation · Posttraumatic stress disorder · Psychological injury

Edgelow, M., Oliveira, L., Ataev, N., & Islam, N. (2025). Claim Characteristics and Return to Work Outcomes for Ontario Public Safety Personnel with Mental Stress Injury Program Claims, 2014–2023. *Journal of Occupational Rehabilitation*, 1-12.

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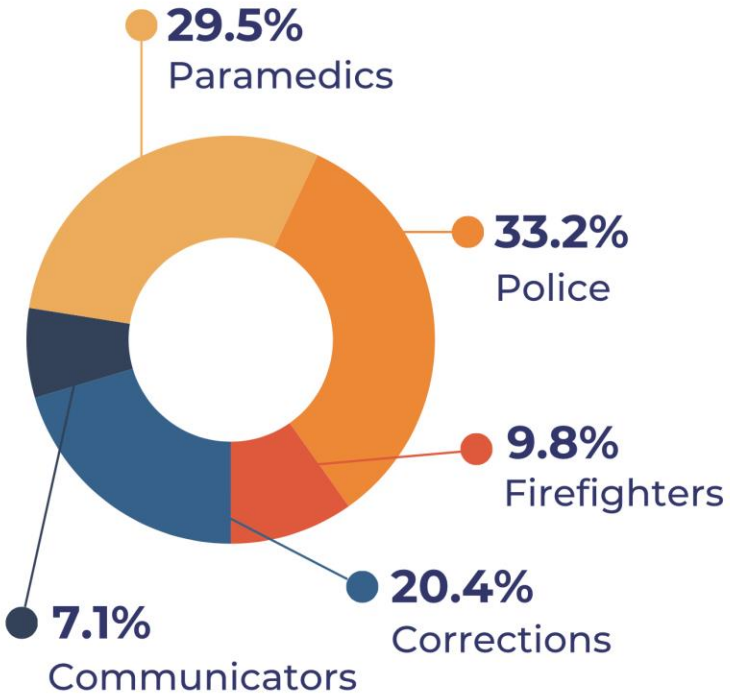
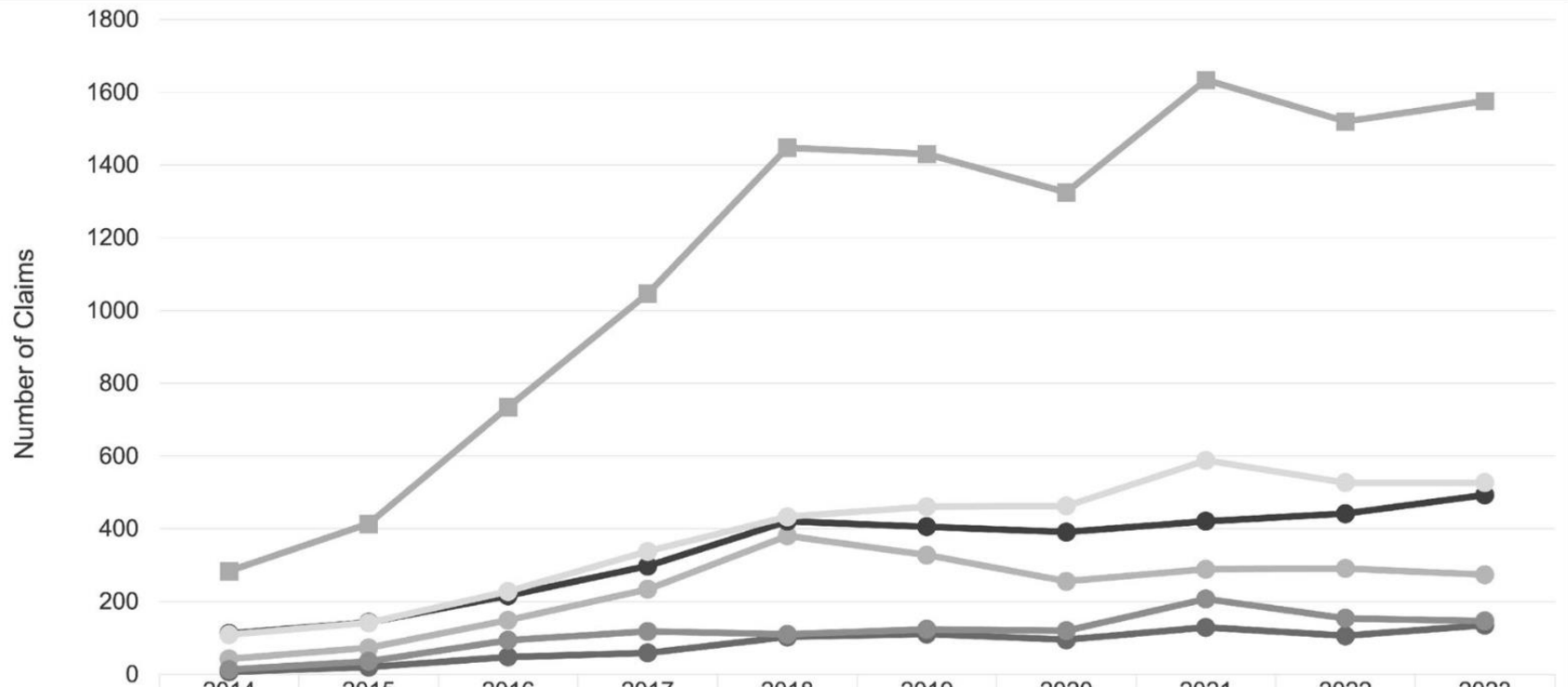


		Occupations					
		Corrections	Communicators	Firefighters	Paramedics	Police	Total (N)
Total Claims (N)		2,307	805	1,109	3,330	3,755	11,306
Sex (N)	Female	33.8% (779)	79.8% (642)*	7.2% (80)	40.6% (1,352)	24.2% (909)	33.3% (3,762)
	Male	66.2% (1528)	20.2% (163)	92.8%* (1,029)	59.4% (1,978)	75.8% (2,846)*	66.7% (7,544)
Average Age at Injury (Years)		42.6	40.5	46.8*	37.6*	43.2	41.3
Average Years of Experience at Injury		12.9	11.5	17.6*	10.3*	15.0	13.0

Demographics

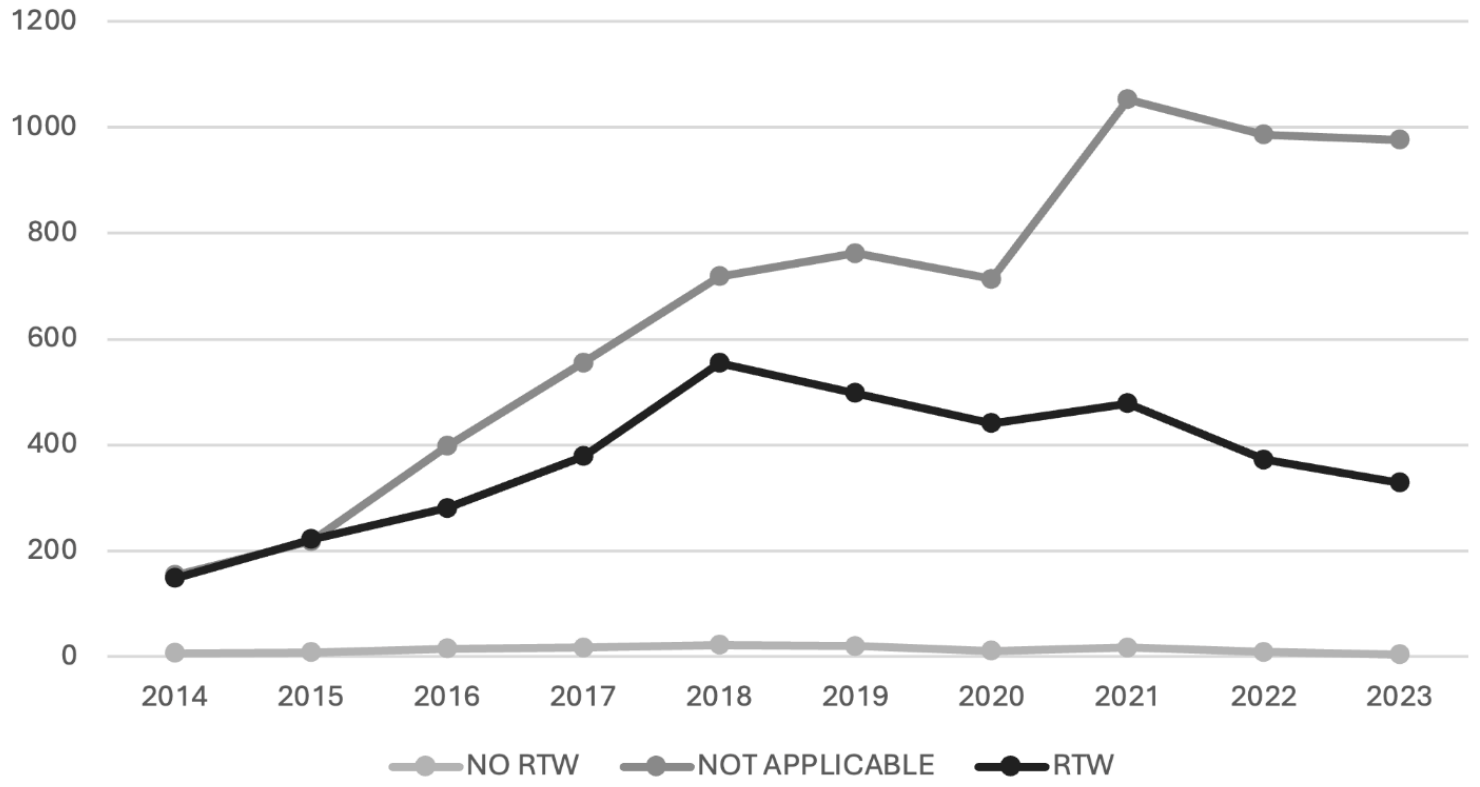
*The result is significant at $p < 0.001$

Year of Claim Registration (2014 – 2023)

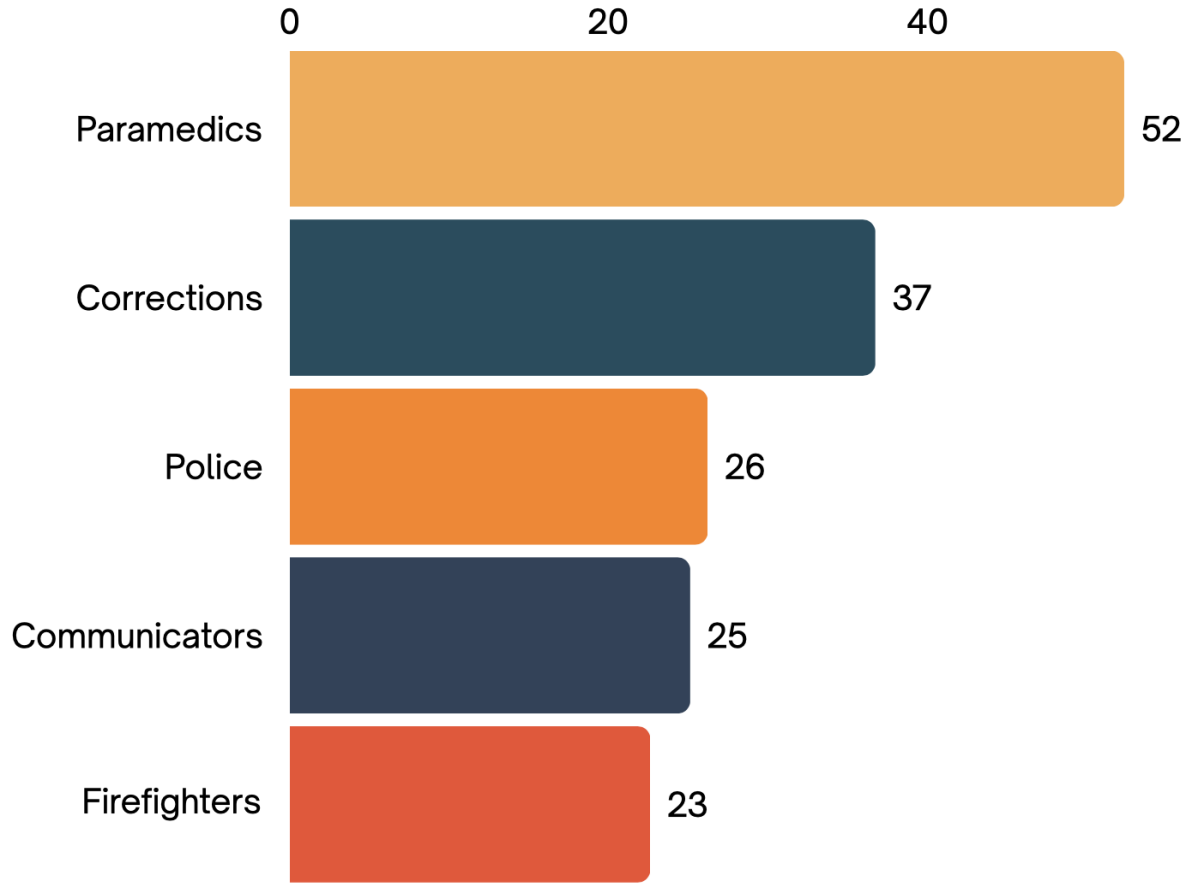


	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Communicator	7	20	48	59	103	111	95	129	106	135
Corrections	43	73	149	234	381	328	256	289	291	274
Firefighters	13	36	94	118	110	124	120	207	154	147
Paramedics	112	143	216	298	421	406	391	421	442	493
Police	109	142	228	338	433	461	463	588	527	527
Total	284	414	735	1047	1448	1430	1325	1634	1520	1576

Return to Work Trends



RTW SUCCESS RATES (%)



Total PSP Psychological Injury WSIB Claim Costs 2014-2023 = $1.4 billion

	Communicators	Corrections	Firefighters	Paramedics	Police	Total
WSIB TOTAL						
Total cost of claims **share of all costs**	**$114.6 M** **8%**	**$292.5 M** **21%**	**$150.0 M** **11%**	**$268.0 M** **19%**	**$578.9 M** **41%**	**$1.40 B** **100%**
WHERE THE MONEY WENT						
Wage replacement (CBA+LOE) % of that group's total	$93.6 M 82%	$242.7 M 83%	$124.8 M 83%	$214.4 M 80%	$490.1 M 85%	$1.17 B 83%
Health care + drug usage % of that group's total	$21.0 M 18%	$49.7 M 17%	$25.1 M 17%	$53.6 M 20%	$88.9 M 15%	$238.4 M 17%
HEALTH CARE DETAILS						
Psychological services % of health care spend	$13.1 M 63%	$35.0 M 71%	$18.2 M 73%	$36.0 M 67%	$62.8 M 71%	$165.1 M 70%
Occupational therapy	$7.8 M	$14.3 M	$6.7 M	$17.3 M	$25.3 M	$71.4 M
Physical services	$36 K	$205 K	$72 K	$124 K	$446 K	$884 K
Medication	$74 K	$238 K	$113 K	$256 K	$276 K	$958 K
WAGE REPLACEMENT DETAILS						
Loss of earnings (LOE)	$33.3 M	$166.2 M	$39.9 M	$179.8 M	$113.4 M	$532.5 M
Cost of benefits adjustment (CBA) CBA as % of wage replacement	$60.3 M 65%	$76.5 M 32%	$85.0 M 68%	$34.6 M 16%	$376.7 M 77%	$633.1 M 54%
HOW MUCH DOES A TYPICAL CLAIM COST?						
Health care per claim (median, IQR)	$16,000 $7,300–$36,000	$13,000 $2,200–$31,000	$14,300 $6,500–$30,100	$6,000 $0–$19,500	$14,600 $5,500–$31,800	$11,700 $3,000–$28,700
Loss of earnings per claim (median, IQR)	$49,100 $8,800–$144,400	$68,300 $11,900–$147,600	$71,300 $15,300–$170,100	$40,900 $4,100–$118,100	$76,100 $17,800–$182,500	$56,200 $8,600–$145,700
CBA per claim (median, IQR)	$43,000 $600–$108,600	$17,000 $0–$55,200	$35,400 $0–$124,600	$300 $0–$5,000	$59,300 $1,600–$162,500	$9,600 $0–$75,200
Typical cost per claim	**$108,100**	**$98,300**	**$121,000**	**$47,200**	**$150,000**	**$77,500**

PLOS Mental Health

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RESEARCH ARTICLE

Ontario public safety personnel experiences of workplace mental wellness supports

Megan Edgelow, Yeganeh Mousavi, Alexa Paemurd, Nazmul Islam, Larissa Oliveira, Grace Moffat

Published: June 8, 2026 • https://doi.org/10.1371/journal.pmen.0000558

Abstract

In Canada, the rates and costs of psychological injury for public safety personnel (PSP) have been rising for the past decade. Public safety organizations often support the mental wellness of their employees with individually focused interventions, neglecting the impact of organizational factors. This study aimed to understand the mental wellness and organizational experiences of PSP in the province of Ontario, Canada, including border services officers, communicators, correctional workers, firefighters, paramedics, and police officers. This cross-sectional convergent mixed methods study included an online survey (June-December 2024) and follow-up virtual semi-structured interviews (January-February 2025). Quantitative and qualitative data were analyzed using descriptive statistics and framework analysis, respectively. The 644 survey participants showed a low to moderate risk of serious mental illness, an above average risk of work-related stress, and a low to average level of work engagement on

Edgelow, M., Mousavi, Y., Paemurd, A., Islam, N., Oliveira, L., & Moffat, G. (2026). Ontario public safety personnel experiences of workplace mental wellness supports. *PLOS Mental Health*, *3*(6), e0000558.

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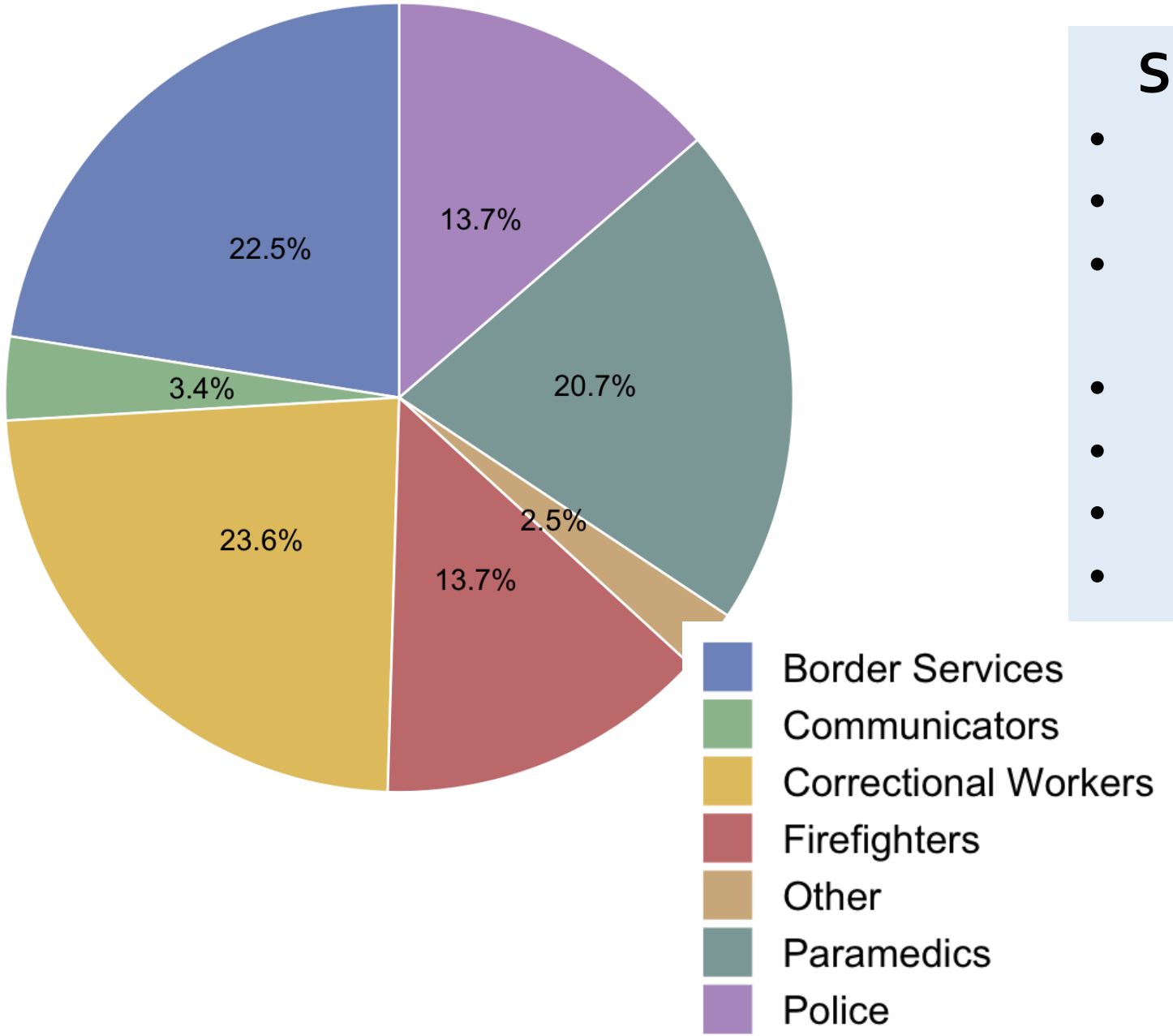


Survey demographics

- 644 survey participants
- Average age: 41 years
- Average experience: 14 years
- 47% (n = 300) women
- 52% (n = 337) men
- 86% (n = 551) white
- 89% (n = 571) straight

Survey Check Box and Open-Text Responses

SERVICES	RESPONSES	
	Total: 591	
Internal Peer Support Services	Offered 83.25% (492)	Accessed 38.41% (189)
		Intend to use 28.86% (142)
		Do not intend to use 32.72% (161)
	Not offered 10.15% (60)	
	Unsure 6.60% (39)	
External Peer Support Services	Aware/accessed 15.40% (91)	
	Not aware/not accessed 84.60% (500)	
Critical Incident Debriefing	Offered 62.10% (367)	Accessed 35.97% (132)
		Intend to use 42.78% (157)
		Do not intend to use 21.25% (78)
	Not offered 24.87% (147)	
	Unsure 13.03% (77)	
External Mental Health Support Service (e.g. EAP)	Offered 60.58% (358)	Accessed 35.75% (128)
		Intend to use 36.87% (132)
		Do not intend to use 27.37% (98)
	Not offered 20.64% (122)	
	Unsure 18.78% (111)	
Internal (On-site) Mental Health Support Services	Offered 27.75% (164)	Accessed 18.90% (31)
		Intend to use 50.61% (83)
		Do not intend to use 30.49% (50)
	Not offered 56.01% (331)	
	Unsure 16.24% (96)	
Access to Informational Resources and Training	Offered 66.84% (395)	Accessed 49.37% (195)
		Intend to use 30.63% (121)
		Do not intend to use 20.00% (79)
	Not offered 19.97% (118)	
	Unsure 13.20% (78)	
Extended Health Benefits	Offered 77.16% (456)	Accessed 63.16% (288)
		Intend to use 29.39% (134)
		Do not intend to use 7.46% (34)
	Not offered 14.04% (83)	
	Unsure 8.80% (52)	
Flexibility in Work Schedule When Needed	Offered 46.53% (275)	
	Not offered 45.52% (269)	
	Unsure 7.95% (47)	

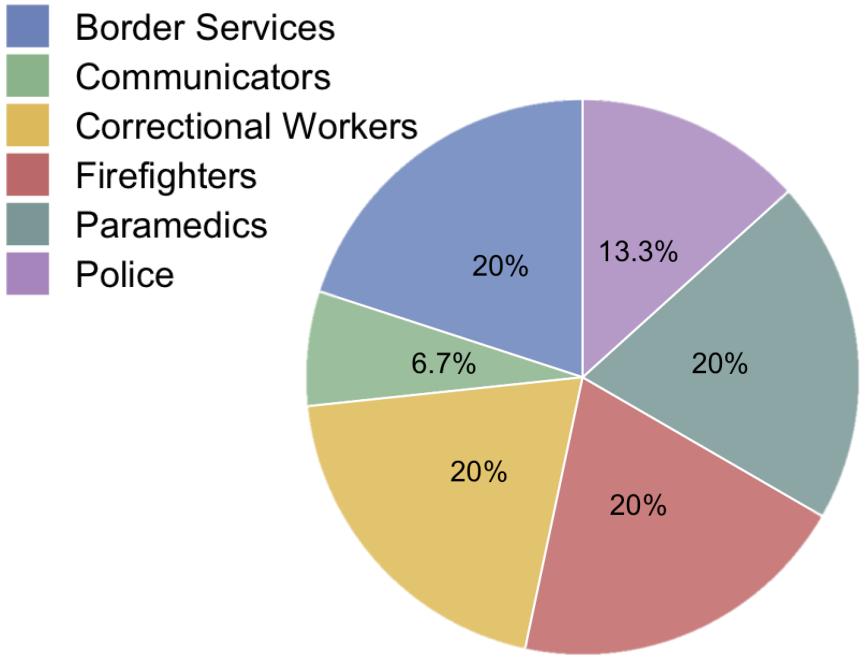
Survey Open-Text Responses for Programs: Usefulness, Trust & Confidentiality

- *"Most people at our organization avoid the peer support at all cost because its run mostly by management and we are afraid of being penalized for discussing what happened and how we feel."* -Paramedic
- One firefighter reported EAPs as, *"…garbage, one hour counselling with no follow up,"* while one police participant stated that an internal mental wellness program *"Appeared to be a management exercise, no real value."*
- A police participant reported not trusting internal services *"to maintain confidentiality and to not suffer repercussions as a result of speaking up,"* and a firefighter participant described management approaches as *"largely performative and virtue signaling on mental health, even using it to get promoted but not actually willing to engage in initiatives that are being requested by employees or that will actually affect change."*
- A paramedic noted *"a loss of trust between our internal support team and the front line workers over multiple breaches of privacy,"* and a border services officer characterized informational resources as *"very basic and essentially to ensure the employer 'checks boxes' to show they are doing the minimum."*

Interview Findings

Demographics

- 15 participants
- Average age: 46 years
- Average experience: 17 years
- 53% women, 47% men
- 100% white, 93% straight



Key issues

- Unclear communication of change at work
- Heavy employer reliance on email
- Difficulty with regular access to computers, time to check email
- Chronic understaffing (communicators, corrections and paramedics)
- Role conflict, disconnect with management, limited knowledge of mental health resources, insufficient equipment
- Employer social events poorly executed

Chronic stressors identified

- Low staffing levels
- Low control at work
- Conflict between supervisors/co-workers

Needs identified

- Greater funding for wellness benefits/supports
- Tailored mental health training and resources

Workplace Mental Health Supports Summary

- Concerns about confidentiality existed, and intention for use was mixed for:
  - Internal peer support programs, reactive/debriefing programs, internal mental health support programs
- External support programs like EAPs had concerns (e.g., low perceived usefulness and low intention for use)
- Training and informational resources had mixed awareness and uptake:
  - Digital information and asynchronous training had low perceptions of accessibility and usefulness
  - Training should be tailored to the profession and context to avoid being seen as a "tick box" exercise
  - Preference for in person training and tangible informational resources
- Extended health benefits were popular, with high intention for use:
  - Participants wanted higher maximums for psychological supports
  - Participants liked having choice and developing relationships with community-based providers
  - Part-time workers with no access to extended health benefits wanted access (and may be making WSIB claims in the absence of these benefits)

What can employers do?

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Mental health of public safety personnel: Developing a model of operational, organizational, and personal factors in public safety organizations

Megan Edgelow*, Agnieszka Fecica, Caroline Kohlen and Kirandeep Tandal

School of Rehabilitation Therapy, Queen's University, Kingston, ON, Canada

The work of public safety personnel (PSP) such as police officers, firefighters, correctional officers, and paramedics, as well as other PSP, makes them vulnerable to psychological injuries, which can have profound impacts on their families and the communities they serve. A multitude of complex operational, organizational, and personal factors contribute to the mental health of PSP; however, to date the approach of the research community has been largely to explore the impacts of these factors separately or within single PSP professions. To date, PSP employers have predominantly focused on addressing the personal aspects of PSP mental health through resiliency and stress management interventions. However, the increasing number of psychological injuries among PSPs and the compounding stressors of the COVID-19 pandemic demonstrate a need for a new approach to the study of PSP mental health. The following paper discusses the importance of adopting a broader conceptual approach to the study of PSP mental health and proposes a novel model that highlights the need to consider the combined impacts of operational, organizational, and personal factors on PSP mental health. The **TR**i-**O**perational-**O**rganizational-**P**ersonal Factor Model (TROOP) depicts these key factors as three large pieces of a larger puzzle that is PSP mental health. The TROOP gives working language for public safety organizations, leaders, and researchers to broadly consider the mental health impacts of public safety work.

KEYWORDS

occupational health, public safety, organizational factors, mental health, public safety personnel

Edgelow, M., Fecica, A., Kohlen, C., & Tandal, K. (2023). Mental health of public safety personnel: Developing a model of operational, organizational, and personal factors in public safety organizations. *Frontiers in Public Health*, *11*, 1140983.

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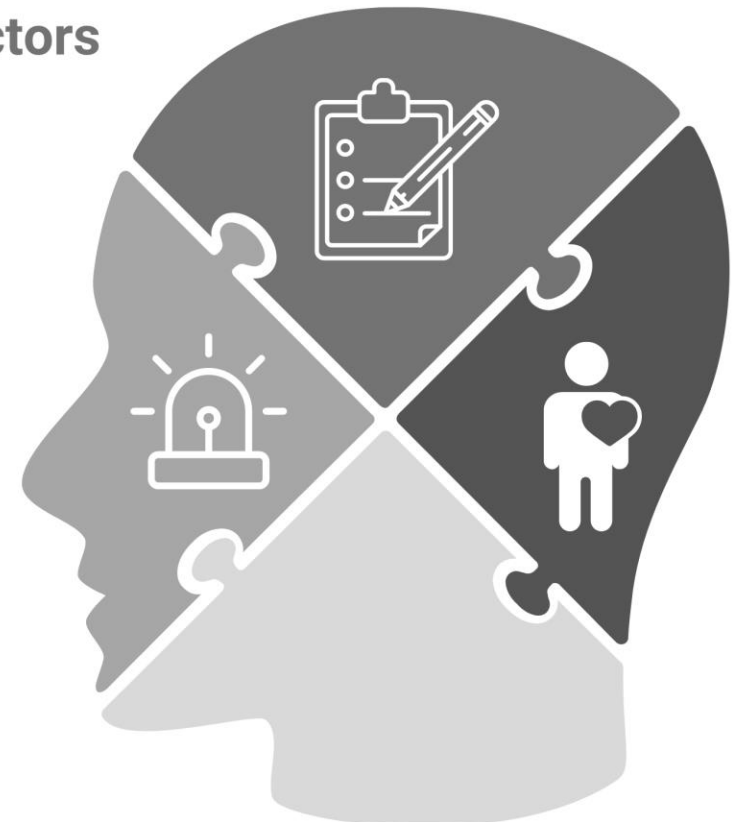
Tri-**O**perational-**O**rganizational-**P**ersonal Factors Model (TROOP)

Organizational Factors

Context of the work

Operational Factors

Content of the work



Personal Factors

The individual, their family, and community

Workplace Psychological Health and Safety: A guide to support worker well-being (PSHSA)

PREVENTION

Hazard Recognition and Control

- Organizational Psychosocial factors assessed
- Job Specific psychological factors are identified
- Job Demands are identified
- JHSC monthly inspections include psychological hazards
- Safe work plan and procedures are developed and communicated for job tasks at risk of causing psychological harm

Training and Education

- General Mental Health Awareness training provided
- Workplace-specific psychological health and safety training is provided on policies and procedures
- JHSC is trained on psychological health and safety
- Training provided specific to psychological hazards on the job
- Leaders are trained in roles and responsibilities for psychological health and safety

INTERVENTION

Incident Reporting and Investigation

- Psychological incidents included in hazard and incident reporting
- Formal process in place for investigation of psychological incidents and injuries

Incident Response

- Serious incident plan developed and communicated
- Crisis response plan developed and communicated
- Supervisors respond appropriately to psychological incidents

Workplace Supports

- Community supports identified and communicated
- Employee and Family Assistance Program is in place
- On-site supports in place such as:
- Peer Support program
- Organizational psychologist

RECOVERY

Post-incident Response

- Informal and/or formal de-briefing process developed and communicated
  - initiation of EFAP
  - initiation of Peer Support / other

Return to work and Stay at Work

- RTW/SAW process for psychological injury/illness is established and communicated
- Workplace stakeholders trained on R&R and RTW process
- Suitable work is identified and provided in-line with worker cognitive/psychological ability

System-level Approaches to Preventing and Managing Work-related Psychological Injuries

(Smith,2026)

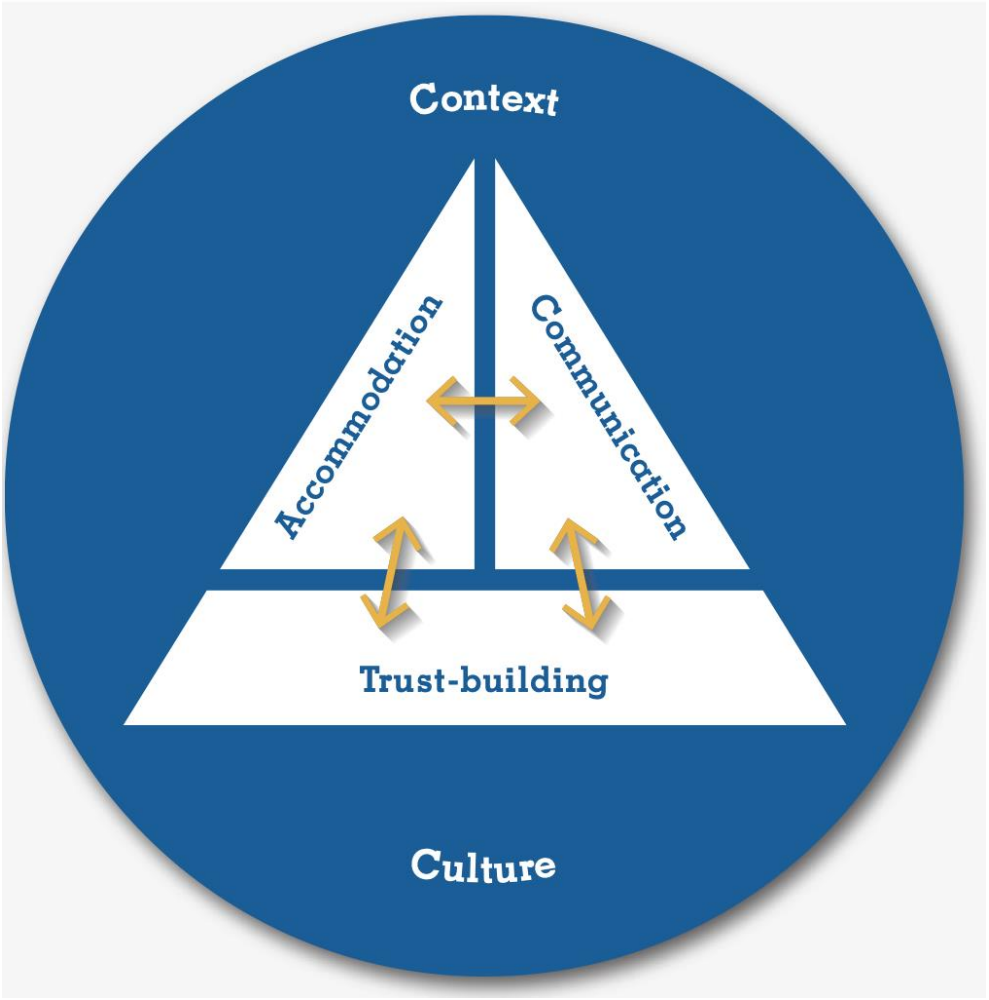
- Modified environmental scan across 22 jurisdictions in Canada and Australia
- *A shift in focus from individual-level strategies to approaches that address broader organizational factors, such as job design, leadership, and workplace culture.*
- Some specific changes for <u>injured workers</u>:

1. Increased efforts to connect injured workers to mental heath supports as soon as possible.
2. Recognition that the claims adjudication and management process for psychological injuries requires different skills and approaches from those for physical injuries.
3. The need for increased communication and collaboration between parties in the return-to-work and recovery space, with an emphasis on healthcare providers and workplaces working together on reasonable and effective accommodations.

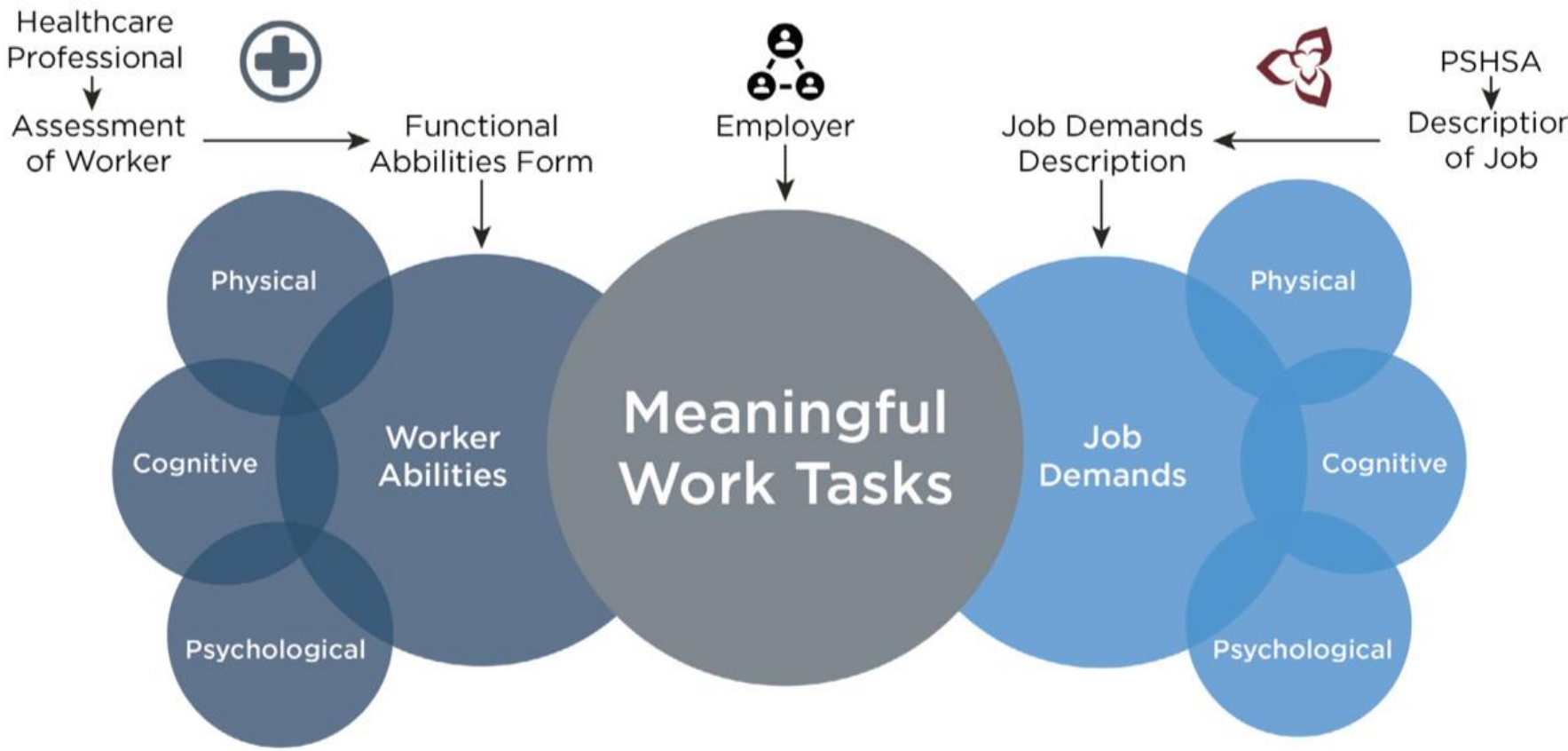
RTW: What Can Employers Do?

Van Eerd et al., 2024

RTW in Policing: Time to ACT (Accommodation, Communication, Trust-building)



Workplace Psychological Health and Safety: A guide to support worker well-being (PSHSA)



Organizational Factors Amenable to Change

Supervisor and co-worker support

- Training for psychological safety, cultural competence

Leadership style

- Leadership development, employee-centric approaches

Stigma and workplace culture

- Access to useful mental health resources, stigma reduction initiatives, anti-harassment policies

Work support and flexibility

- Adequate staffing for burnout prevention, a culture of rest and breaks, decompression policies for critical incidents, flexibility in scheduling

Built environment

- Ensuring physical safety, making updates to improve ergonomics, lighting, amount of windows/daylight, spaces for breaks and exercise

Summary

1. PSP workers' compensation claims have increased ~400% since 2016 presumptive PTSD legislation in Ontario
   - RTW rates are currently low (~30%) and are highest for paramedics (~50%)
2. Ontario PSP have access to employer funded mental health supports, but report greatest intention for use and positive experiences with extended health benefits
   - Want to be able to make choices about supports
   - Confidentiality and trust concerns with internal supports
3. Ontario PSP do want to return to work after a psychological injury but have difficulty accessing accommodations and feeling supported
4. Employers should consider offering choices in mental health supports, clear and early return to work processes, and managing organizational factors within the workplace

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