

Proactive and Non-Crisis Based Mental Health Education for Police Members

CACP Psychological Services Committee
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Introduction

As police agencies continue to search for methods to support the wellness of their members, a great many educational programs and proactive approaches have emerged, being designed to provide police officers with the information and skills to effectively cope with job-related stressors (www.pspmentalhealth.ca). With budgets and training hours at a premium, police leaders have the difficult task of selecting an approach that best suits the needs of their members that compliments their existing mental health programs and resources. The following document provides leaders with strategies to select and evaluate mental health training and related interventions that align with the broader goals of their service.

Program Types

There are hundreds of mental health training options, approaches, and proactive programs that are proffered as building foundational mental health skills and awareness among police members. Some examples include:

Self-Directed

- CPKN courses (e.g., Mental Health Self-Awareness for First Responders)
- Mindfulness programs focused on tactical breathing and body awareness
- Commercial resiliency trainings offered as online or train the trainer courses

Other Directed

- Non-crisis mental health training programs (e.g., R2MR, Before Operational Stress)
- Safeguard or routine mental health checks with a mental health clinician

Considerations

The extremely competitive and crowded marketplace requires that police leaders carefully assess which programs are the best fit for the unique needs of their agency. Here are a few questions to consider prior to selecting a proactive mental health program:

- What are the specific gaps in mental health knowledge or skills that the program is intended to fill? How would the program compliment your existing mental health strategy?
- Who is the target audience for the program (e.g., supervisors, recruits, experienced officers)?
- What is the anticipated scope and scale of the roll out? How much time is required to complete the program?
- Is the program to be mandatory or offered to interested members only?
- How do the concepts, language, and skills utilized by the program compliment or conflict with our existing mental health resources and messaging?
- Will the program be delivered once or on a recurring basis (e.g., annually)?
- Does the program come with a strong independently peer-reviewed evidence base supporting effectiveness specifically for the stated objective with police members, other first responders, or other public safety personnel?
- How will the program effectiveness specifically for your members be assessed? What measurements will be used to assess the program? How will we know that the program delivers on the promises made by the providers?
- Is the program designed or delivered by a credible source that is credentialed by a recognized independent body (e.g., a professional college) as an expert in the appropriate areas?
- What are the costs and expected returns on investment?

Evaluation

One of the most critical elements when implementing a mental health program, particularly programs intended to be proactive, is how the program will be evaluated. Programs that are not launched with a clear evaluation plan in place run the risk of eroding member trust and providing poor return on investment based on perceptions of ineffective or repetitive content. The following are a set of proposed evaluation criteria for proactive programs that police leaders can use to measure newly implemented initiatives:

- Member Satisfaction
 - Self-report survey at the end of the training on member's impression of the quality and substance of the programming.
 - e.g., Did you find the training/programming helpful?
- Member Knowledge/Skill Retention
 - Pre-training and post-training quizzes or knowledge checks to assess for knowledge or skill acquisition specific to the program.

- e.g., Which of the following is considered a normal physiological reaction to a highly stressful situation?
 - Follow-up quizzes at 3, 6, and/or 12 months post-training to assess for knowledge or skill acquisition retention specific to the program.
- Member Knowledge/Skill Application
 - Pre-training and post-training self-report checks to assess for knowledge or skill acquisition use specific to the program.
 - e.g., How often do you use tactical breathing per week?
 - Follow-up self-reports at 3, 6, and/or 12 months post-training to assess for knowledge or skill acquisition use specific to the program.
- Performance Metrics
 - Long term measurement of performance metrics that can reasonably specifically linked to the training or programming, beginning with a series of baseline measurements before the training is delivered that are repeated after the training is completed.
 - e.g., Member engagement, public complaints, positive peer reviews, productivity
 - Performance metrics should only be measured over a long period of time and with large groups, often years following a training or program was delivered and with many participants, to account for other reasons performance may fluctuate that are unrelated to the training (e.g., changes in family life, environmental factors like COVID and anti-police protests, large scale critical incidents). The program deliveries are necessarily part of large and complex systems, which means no single program delivered a single time can be expected to have a direct, isolated, and sustained impact on any single outcome (e.g., productivity, sick time).

The Strength of Shared Evaluation Criteria

Many of the current programs are very new; as such, there is a lack of large scale, high quality outcome research that leaders can rely on to select the approaches that are most likely to be effective. Some research is beginning to emerge (see for examples: Carleton et al.'s 2018 article for a long term study of the R2MR training; Carleton et al.'s 2020 article comparing across programs; Anderson et al.'s 2020 article on peer support and crisis-focused psychological interventions; weblinks below); however, a significant barrier to understanding more about program effectiveness for police is the absence of coordinated evaluation criteria among police services. Using the same or similar sets of criteria to evaluate the same or

similar programs allows for the collective data gathered across multiple police services to be analyzed to more accurately illustrate the effect of a given program on the mental health knowledge and skills of police officers. The CACP Psychological Services Committee supports the use of a shared set of evaluation criteria for proactive mental health programming such as the ones outlined above to provide much-needed clarity on which approaches are effective and to improve the quality of the programming being delivered to police members.

References and Further Reading

Questions about research or looking for support on evaluations? Reach out to the Academic, Research, and Clinical Network (ARCN): <https://www.cipsrt-icrtsp.ca/en/arc-network>

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