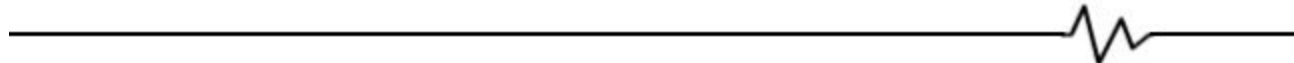


Solution-Focused Research



University
of Regina



Presenter Disclosure

- R. Nicholas Carleton, Ph.D., R.D. Psych.
 - Professor of Psychology
 - Director of the Psychological Trauma and Stress Systems Lab
 - No relationships with commercial interests
 - Friends and family who have served or are serving



Myth Busting

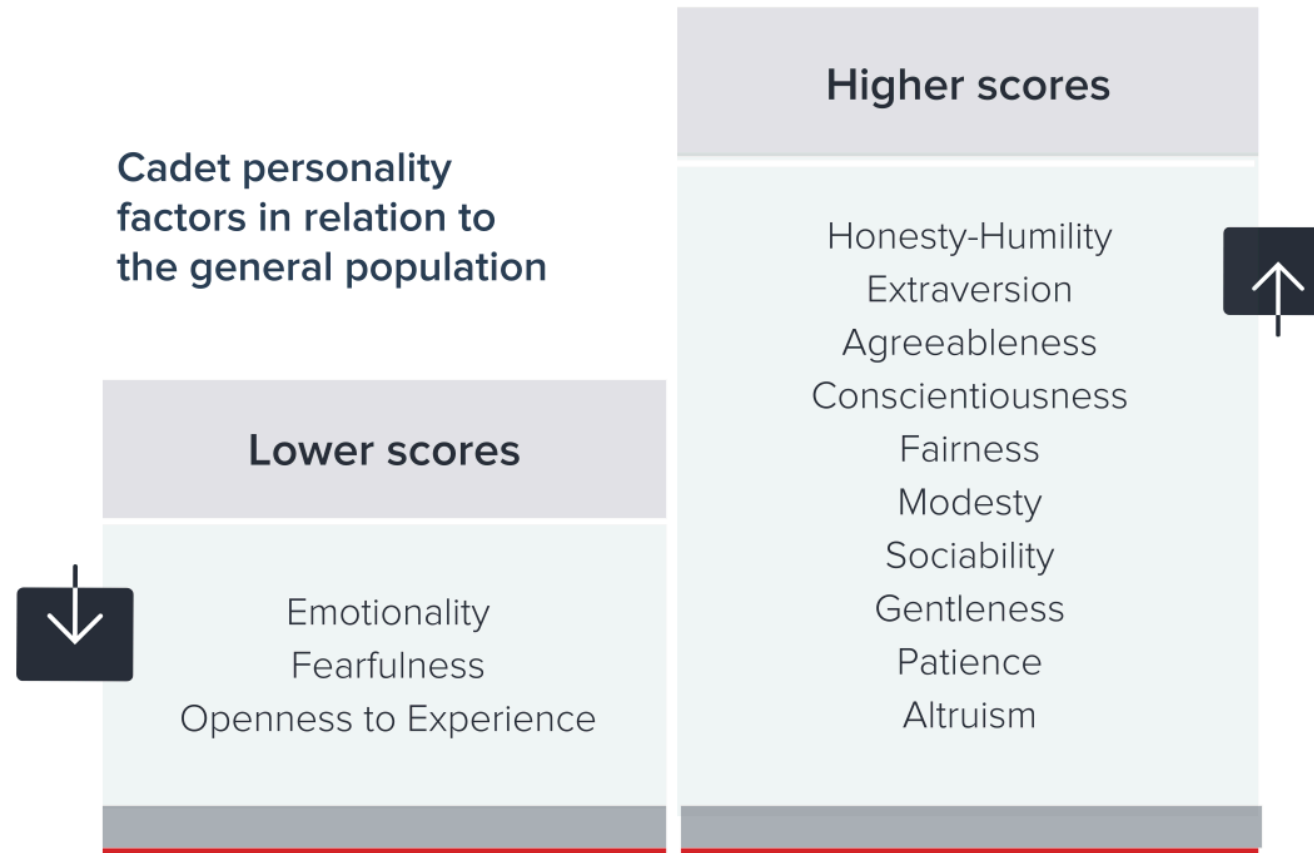
- Relative to the General Public
 - Frequency of exposures to potentially psychologically traumatic events
- Relative to Military
 - Deployment to “unsafe” zone
 - Deployment length
- Relative to each other
 - Protection, Enforcement, Rehabilitation
 - Deployment, Exposure, Responsibility, Certainty
 - Media Engagement
- Relative to History
 - Increasingly required to fulfill multiple roles
- Relative to Movies

Myth Busting

- Canadian police do fantastic work
 - A contextualized assessment of duty-related bodily harm associated with Canadian police services
 - IPCOA Crown referrals **less than 0.08%** of all police occurrences
 - Fatalities of members of the public per police occurrence **less than 0.001%**
 - Only 3 Canadian police convicted of duty-related bodily harm involving use of force exceeding legally-approved standard operating procedures resulting in a fatality
- Police deserve solutions that work as well as they do







Myth Busting



Myth Busting

- Exposure to more PPTTE types than the general population, but fewer than serving police
 - A relationship may exist between more frequent PPTTE exposures and choosing policing as a career

Group	Exposure rate (out of 17)
 General population	2.31
 Cadets	5.81
 RCMP	13.40
 Public safety personnel (PSP)	11.08

Type of PPTTE	Exposure rate in cadets (%)
Physical assault	58.2
Serious transportation accident	52.2
Serious accident at work, home or during recreational activity	45.2
Sudden accidental death	41.6

Myth Busting

- Shell Shock (WWI: 1914-1918)
 - An individual weakness not found in “good” units – Lord Gort
 - Psychologically healthy men would not develop shell shock – Lord Moran
 - A “*manifestation of childishness and femininity*” or “*cowardice*” – MacPhail

Myth Busting

- Shell Shock (WWI: 1914-1918)
 - Shell Concussion “W”
 - Similar symptoms to Shell Shock; sufficient evidence of exposure or of a “real” injury
 - Shell Shock “S”
 - An emotional injury; no evidence of sufficient exposure or of a “real” injury
 - Hysteria, Neurasthenia, Malingering

Myth Busting

- Shell Shock (WWI: 1914-1918)
 - Heavy focus on
 - Identifying malingering
 - Identifying pre-existing conditions
 - Demanding proof that a “reasonable person” would similarly be overwhelmed
 - Not Yet Diagnosed (Nervous)
 - Used to avoid Shell Shock diagnosis (temporarily banned)

Myth Busting

- Shell Shock (WWI: 1914-1918)
 - Treatments administered as close to the “Front” as possible
 - Rest, Massage, Electroshock
 - Induce the “*to face his illness in a manly way*” – Medical superintendent, York military hospital
 - Hypnosis or Psychoanalysis (Talking Cure) only if necessary
 - Freud advocated Shell Shock was psychological in origin, different from other neuroses, and required psychoanalysis

Myth Busting

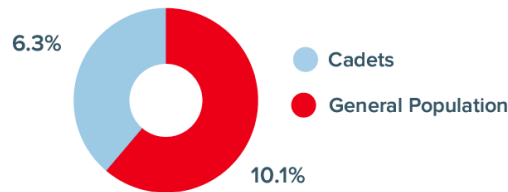
- Shell Shock (WWI: 1914-1918)
 - Prevention Attempts
 - Numerous tests to identify patterns associated with intellectual and emotional function
 - Army Alpha, Army Beta, Personality Assessments, Emotional Dysfunction
 - Not able to discriminate based on susceptibility, despite being accepted as a preliminary screen by the Surgeon General

Myth Busting

- Combat Stress Reaction (aka Combat Fatigue) (WWII: 1939-1945)
 - Replaced Shell Shock, Considered acute
 - Fatigue, anxiety, panic attacks, depression, difficulty concentrating, headaches, muscle pains, heart palpitations, shaking, sleep difficulties, nightmares, hypervigilance, startle, personality changes
 - All soldiers were expected to have a nervous break after 240 days of continuous combat
 - A significant departure from biological to environmental considerations

Myth Busting

- Mental Health and Suicidal Behaviours



Based on clinical interviews, participants were less likely to screen positively for any CURRENT mental disorder compared to current rates among the general population.

Cadets' suicidal thoughts and behaviours compared to serving RCMP and the general population

	Cadets (past month)	RCMP (lifetime)	General population (lifetime)
Suicidal ideation	1.6%	25.7%	11.8%
Planning	0%	11.2%	4.0%
Attempts	0%	2.4%	3.1–3.5%

- Comparable to, or better than, the general population at pre-training
- Improves at pre-deployment
- Decays after 1 year of service

Myth Busting

- Mental Health Risk and Resilience

Cadet scores - lower risk and higher resiliency



Resiliency

Associated with mental health strength

Risk variables

Associated with mental health challenges

Anxiety sensitivity
Fear of negative evaluation
Pain anxiety
Illness and injury sensitivity
Intolerance of uncertainty
State anger



Mental Health Challenges

- 1/3 to 2/3 of currently serving police screen positive for one or more mental disorders
 - e.g., PTSD, Major Depressive Disorder, Generalized Anxiety Disorder, Panic Disorder, Alcohol Use Disorder
- Appeared to increase from 2017 to 2023
- Increased risk for suicidal ideation, planning, and attempts
- Workplace injuries from various occupational stressors

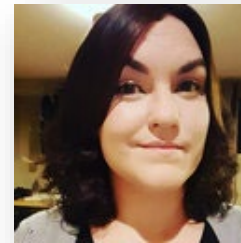


Mental Health Challenges

- Mental health impacts of service begin to accumulate as early as the first year of service among new RCMP members
 - Positive screens for one or more mental health disorder(s) increased to 15.0% compared to pre-deployment assessments (7.2%)
 - Higher than the Canadian general public (10.1%)
 - Lower than longer-serving RCMP members (64.7%)

Mental Health Challenges

- Updating national prevalence numbers for municipal police, provincial police, self-administered Indigenous police service, and firefighters
- Coming soon – participation was extended



Dr. Katie
Andrews



Dr. Andrée-Ann
Deschênes



Dr. Nick A.
Jones



Dr. Joy
MacDermid



Occupational Stressors

Potentially Psychologically Traumatic

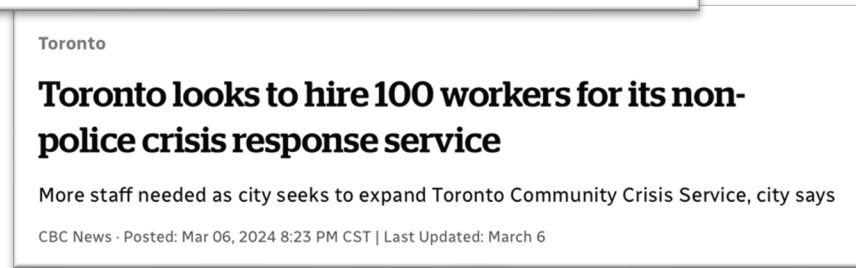
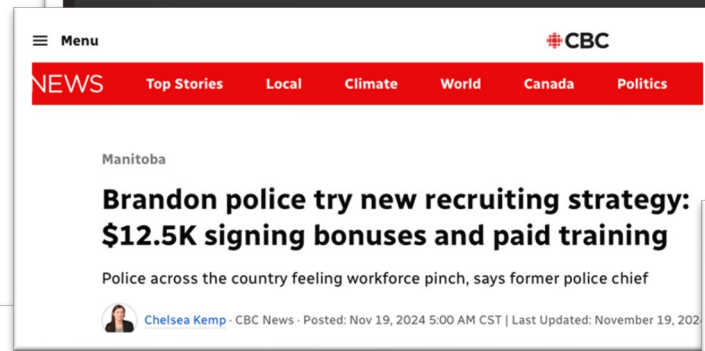
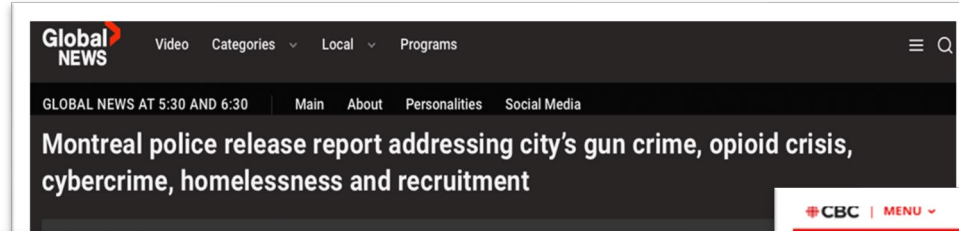
Life threatening natural disaster
Fire or explosion
Serious transportation accident
Exposure to toxic substance
Physical assault
Assault with a weapon
Sexual assault
Other unwanted sexual experiences
Combat
Life threatening illness or injury
Severe human suffering
Sudden violent death
Sudden accidental death
Serious injury, harm, or death you caused

Operational and Organizational

Staff shortages
Fatigue (e.g., shift work, over-time)
Lack of resources
Negative comments from the public
Constant change in policy/legislation
Feeling like you are always on the job
Bureaucratic red tape
Upholding a “higher image” in public
Friends/family feel the effects of your job
Social life limits (e.g., who your friends are, where you socialize)
Lack of understanding from family and friends about your work
Work-related activities on days off (e.g., court, community events)
The feeling that different rules apply to different people (e.g., favoritism)
Unequal sharing of work responsibilities

Other Stressors

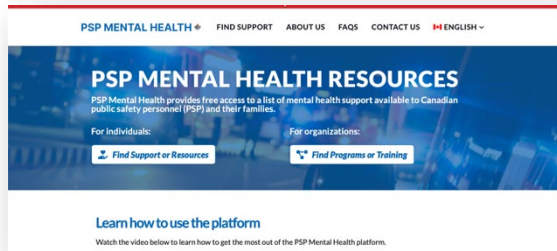
- Stigma
- Media
- COVID-19
- Opioid Epidemic
- Burnout
- Recruitment
- Retention



Mental Health Programming

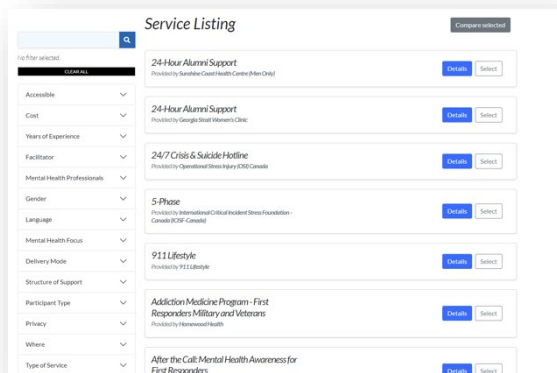
- Provincial Presumptive Legislation
 - Started in Alberta, 2016
- The new Quebec legislation below has led additional colleagues in Quebec to reach out for updates regarding the MHM System and ERST, which appear well-suited to help address the legislation.
 - Sections 58, 59, and 60
 - <https://www.legisquebec.gouv.qc.ca/fr/document/lc/s-2.1?langCont=en>

Mental Health Programming



Extensive Programming, Minimal Research

- www.pspmentalhealth.ca
 - Irrespective of evidence base
- Peer Support and Crisis-Focused Psychological Interventions
 - Limited strength of evidence
- Single-session resiliency interventions
 - Small, temporary changes in mental health symptoms, resilience, work engagement, mental health knowledge, mental health stigma
- The trouble with training...
 - Skills grow and decay based on intentional practice and ongoing use
- **Data Security and Evaluation Concerns**
 - Growing questions about data and absent ongoing evaluations

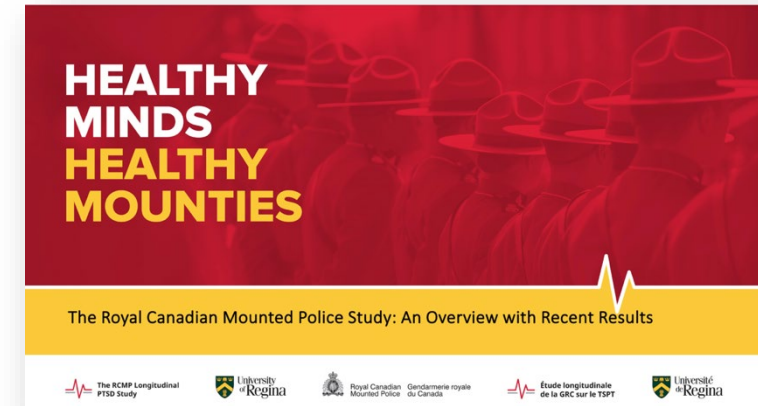


What does this mean?

- The mental health and wellbeing challenges police experience are **a direct result of their work** and service to communities, and therefore our **collective responsibility**.
- **Exposures to potentially psychologically traumatic events are unavoidable** and unmodifiable occupational stressors.
- Mental health support strategies must shift towards tools, policies, and practices that **mitigate traumatic exposures on mental health outcomes**.

Mental Health Solutions

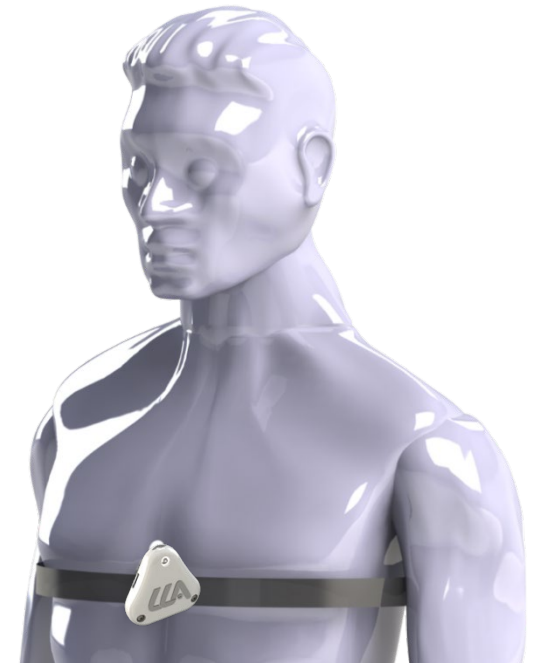
- Large-scale investment in developing state-of-the-art infrastructure
 - Biometric evaluations
 - Ongoing mental health self-monitoring, screening
 - Evidence-based Emotional Resilience Skills Training program (ERST) for proactive support and mental health maintenance
- Tools and training support positive proactive mental health activities and skills, as well as early intervention



www.rcmpstudy.ca

Biometrics

Your heart as a physical indicator of physical health and mental health



Biometrics

Be careful about "biopsychology"

Clinical Neuropsychiatry (2025) 22, 3, 169-184

INVITED PAPER

POLYVAGAL THEORY: CURRENT STATUS, CLINICAL APPLICATIONS,
AND FUTURE DIRECTIONS

Stephen W. Porges

Clinical Neuropsychiatry (2026) 23, 1, 100-112

COMMENTARY

WHY THE POLYVAGAL THEORY IS UNTENABLE

AN INTERNATIONAL EXPERT EVALUATION OF THE POLYVAGAL THEORY AND COMMENTARY UPON PORGES,
S.W. (2025). POLYVAGAL THEORY: CURRENT STATUS, CLINICAL APPLICATIONS, AND FUTURE DIRECTIONS.
CLIN. NEUROPSYCHIATRY, 22(3), 169-184.

Paul Grossman, Gareth L. Ackland, Andrew M. Allen, Gary G. Berntson, Lindsea C. Booth, Gordon M. Burghardt,
Julie Buron, Vladimir Dinets, J. Sean Doody, Mathias Dutschmann, David G.S. Farmer, James P. Fisher, Alexander
V. Gourine, Michael J. Joyner, John M. Karemaker, Sahib S. Khalsa, Edward G. Lakatta, Cleo A.C. Leite, Vaughan
G. Macefield, Benedito H. Machado, Robin M. McAllen, Clément Menuet, David Mendelowitz, Davi J.A. Moraes,
Winfried Neuhuber, Matteo M. Ottaviani, David J. Paterson, Julian F. Paton, Peter R. Pellegrino, Rohit Ramchandra,
Julia Shanks, James S. Schwaber, Kalyanam Shivkumar, K. Michael Spyer, Edwin W. Taylor, J. Andrew Taylor,
Tobias Wang, Song T. Yao, Irving H. Zucker

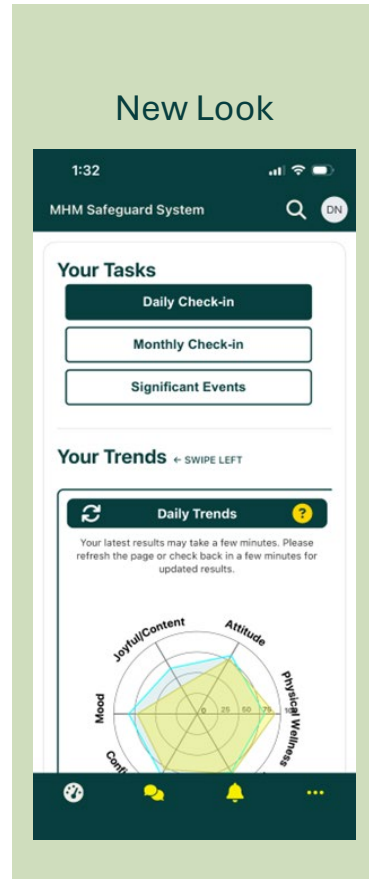
MHM Safeguard System

- Milestone Check-ins
 - 90 minutes in length
 - Once per year (creates milestone records)
- Monthly Check-ins
 - 20 minutes in length
- Daily Check-ins
 - ~60 seconds in length
- Significant Events Log
 - ~60 seconds in length

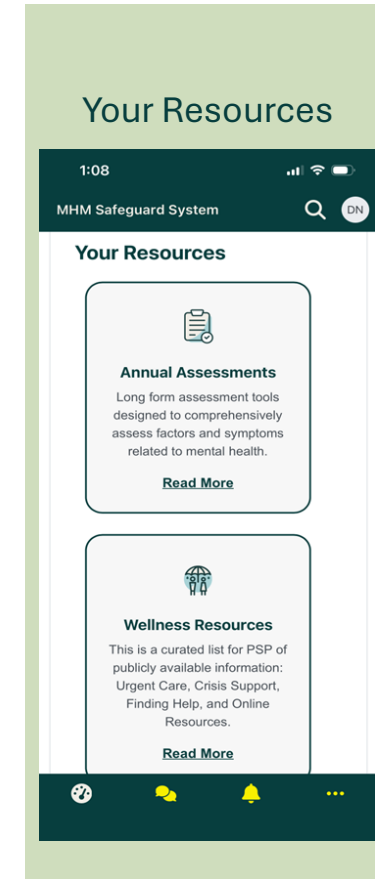
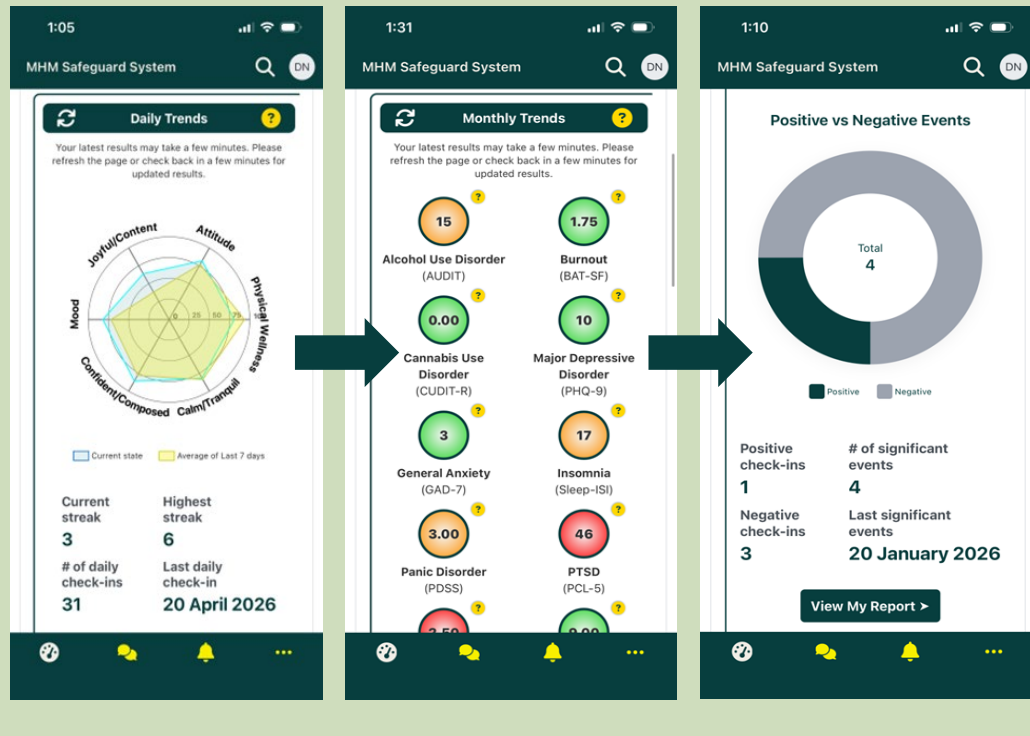
MHM Safeguard System

- Mental Health Monitoring
 - Daily self-monitoring - **as little as 2 times per week (more is better)**
 - Associated with **decreased severity of mental health symptoms** (i.e., GAD, MDD, PTSD)
 - Monthly self-monitoring - **as little as 1 every 2-3 months (more is better)**
 - Associated with **decreased severity of mental health symptoms** (i.e., GAD, MDD, PTSD)
 - Other results
 - Cost-effective, readily-accessible
 - Complimentary with PSPNET and other evidence-based treatments
 - Initial evidence of early self-referrals
 - The self-monitoring helps **mitigate the effects of PPTe exposures on the development of PTSD symptoms**

MHM Safeguard System



Swipe left in the 'Your Trends' section to navigate between daily, monthly, and significant event reports:



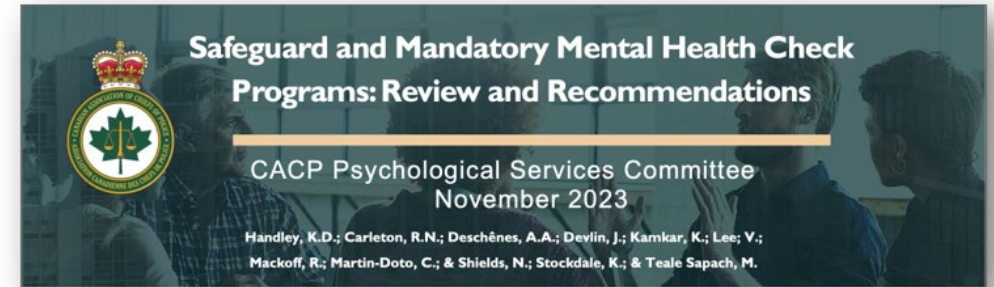
MHM Safeguard System

- Independent electronic mental health records stored safely within the University system
- Use the trend reports to take control and stay ahead of mental health challenges
- Tailored feedback so you can address injuries early
- Regular and effective self-monitoring can reduce psychologically traumatic event exposure impacts on changes in PTSD symptoms by up to 50%



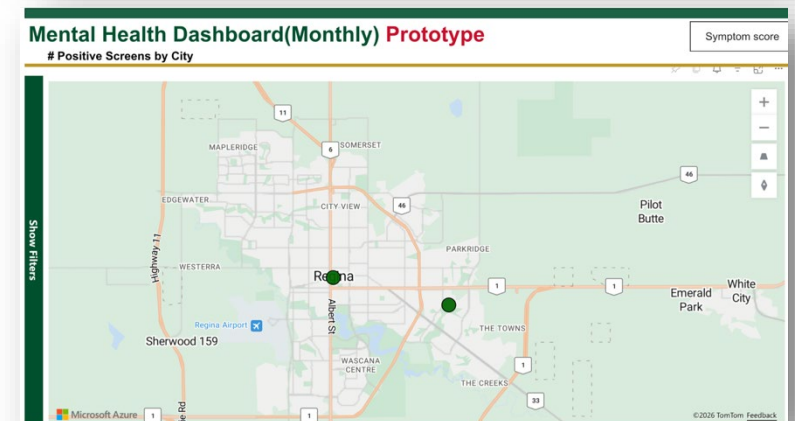
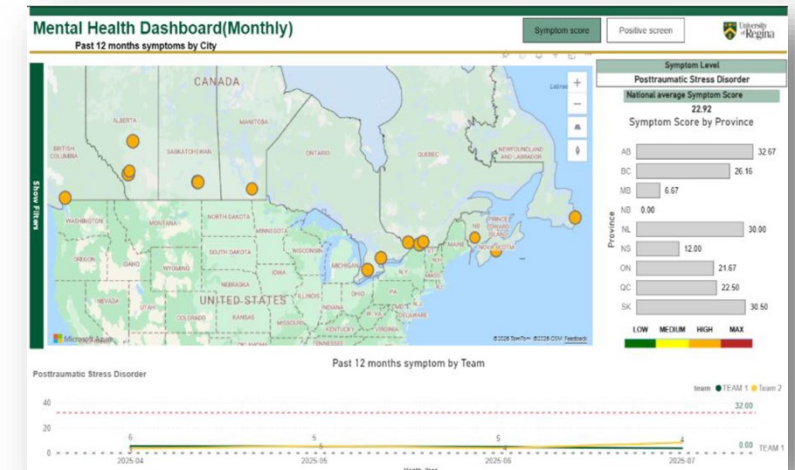
MHM Safeguard System

- Safeguard – ***not*** Fitness for Duty
- Facilitating earlier access to evidence-based care
- Evidence-informed recommendations that prioritize your privacy while making real-time improvements possible



MHM Safeguard System

- Supports systematic data collection, regular reporting, potentiating unprecedented insights while protecting user privacy
- Real time tactical and strategic mental health information
- Helps to balance individual, organizational, and government responsibilities
- Provides data to inform and iteratively improve recruitment, support, and retention efforts



MHM Safeguard System

- Regular self-monitoring and periodic health screening appears broadly beneficial, **consistent with Safeguard recommendations** and contemporary expectations from modern police
- Potential Benefits For:
 - Frontline members and Families
 - Associations
 - Chiefs and Executives
 - Clinicians
 - Insurers
 - Governments
 - Communities

MHM Safeguard System

- Anticipated Cost Benefits
 - Previous research assessing the impact of regular mental health screening found workplace salary savings at 6 months at the federal median wage was \$3440 USD (95% CI, \$2730-\$4151) with positive ROI across all wage groups.
 - Actual savings in Canada are likely to vary because of differences in health care system resourcing for mental health.

MHM Safeguard System

- Additional Potential Benefits
 - Reduce the overall research burden on police
 - Accelerate evidence-based decision-making and solutions through iterative research evaluations inherent to the system
 - Increase standardization of metrics
 - Facilitate national Canadian norms and therein future standards
 - Facilitate coordination among research teams
 - **Support recruitment and retention**
- Complimentary with other evidence-based solutions



ERST

Emootional **R**esilience **S**kills **T**raining (ERST V3.0)

- Based on the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders
 - Robustly evidenced as a very effective treatment
 - Preliminary support for proactively reducing PTSIs
 - Required component of the RCMP Cadet Training Program

ERST

Emootional **R**esilience **S**kills **T**raining (ERST V3.0)

- Facilitators reported clear opportunities to incorporate ERST into:
 - Applied Police Sciences
 - Firearms
 - Police Driving
 - Police Defensive Tactics
 - Fitness
 - Drill and Department

ERST

Emootional **R**esilience **S**kills **T**raining (ERST V3.0)

- Most Facilitators found ERST helpful for:
 - 1) improving their own mental health and the mental health of team members
 - 2) managing emotions
 - 3) reducing mental health stigma
 - 4) increasing mental health knowledge
 - 5) preparing to respond to PTSI
 - 6) responding to people experiencing a mental health challenge

ERST

Emootional
Resilience

Skills

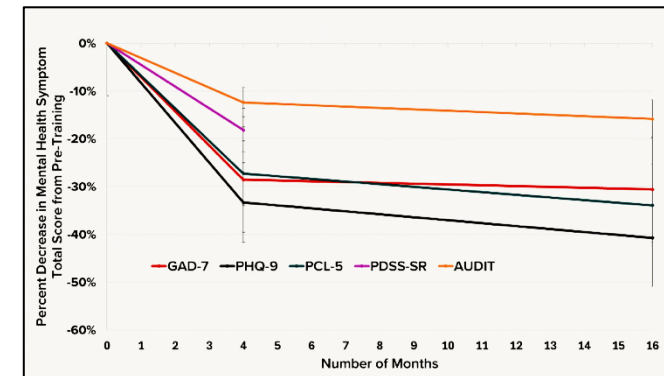
Training

(ERST V3.0)

- Can be fully integrated into training and broadly deployed with train-the-trainer solutions
- Ongoing efforts to manage skill decay
- Skills require PRACTICE

Mental Health Solutions

- The MHM and ERST have been successfully adapted for diverse currently-serving PSP
- Now being broadly deployed to other PSP thanks to unprecedented collaborations



Scaling the MHM Safeguard System

Province	Organizations	# of Participants	Sector	Status
Saskatchewan	Saskatchewan WCB	N/A	N/A	Cost funding partner
Saskatchewan	CANOPS	10	Public Safety Communicators	Contracting (Spring 2026)
Saskatchewan	Regina Police Service	185	Police	March – April 2026 Onboarding
Saskatchewan	Saskatchewan Marshals Service	100	Police	Onboarded July 2025
New Brunswick	WorkSafe New Brunswick	200	Paramedics	March 2026 – May 2026 Onboarding
Ontario	UCCM Anishnaabe Police	50	Police	Onboarded February 2026
Saskatchewan	Yorkton Fire	23	Fire	Contracting

Province	Pending Policing Organizations/Sectors
Alberta	Calgary Police Service
Alberta	Edmonton Police Service
Massachusetts (USA)	State Police Training
Ontario	Ontario Provincial Police
Ontario	Toronto Police Service
Ontario	Barrie Police Service
Ontario	Peel Police Service
Ontario	York Police Service
Ontario	Gatineau
Saskatchewan	Moose Jaw Police Service
Australia	Police Care UK

Province/State/Country	Pending Other Organizations	Sector(s)
Alberta	Edmonton Fire & Rescue Services	Fire
Australia	Black Dog Institute	Public Safety Personnel
Manitoba	SafeWork Manitoba	Transit/Police/Fire
Saskatchewan	Saskatchewan Health Authority	Paramedics
Saskatchewan	Saskatchewan - Medavie West	Paramedics
Saskatchewan	Saskatoon Fire Department	Fire
Saskatchewan	Saskatchewan Ministry of Corrections	Corrections
Nova Scotia	WCB Nova Scotia	Public Safety Personnel
New Zealand	St. John's Ambulance	Paramedics



Scaling the MHM Safeguard System

- 2025-2028 – ERST and MHM Integration Research Pilots
 - Saskatchewan Police College
 - Saskatchewan Marshals Service
 - Regina Police Service
 - Regina Fire and Protective Services
 - Saskatchewan Health Authority
 - Winnipeg Community Safety Team
- 2026-2028 – MHM Deployment Pilots Launched
 - WorkSafe New Brunswick
 - WorkSafe New Brunswick Coroners
 - Ambulance New Brunswick
 - Moncton Fire
- 2025-2028 – ERST Deployment Pilots Launched
 - Ottawa Fire
 - Ottawa Paramedics
 - Ottawa Police
- 2026 – ERST Essentials Launched
 - WorkSafe Manitoba

Scaling the MHM Safeguard System

Province/ Country	Pending or in Talks
Alberta	Calgary Fire Service
Alberta	Calgary Police Service
Alberta	Edmonton Police Service
Alberta	Edmonton Fire & Rescue Services
Canada	Border Services Canada
Canada	Corrections Services Canada
Manitoba	SafeWork Manitoba
New Brunswick	Police Care UK
New Zealand	St. John's Ambulance
Nova Scotia	WCB Nova Scotia
Ontario	Ontario Provincial Police
Ontario	Toronto Police Service

Province/ Country	Pending or in Talks
Ontario	Barrie Police Service
Ontario	Peel Police Service
Ontario	York Police Service
Ontario	Gatineau Police
Saskatchewan	Moose Jaw Police Service
Saskatchewan	Saskatchewan Health Authority
Saskatchewan	Saskatchewan - Medavie West
Saskatchewan	Saskatchewan Ministry of Corrections
Saskatchewan	CANOPS Public Safety Communicators
Saskatchewan	Saskatoon Fire Department
United Kingdom	Police Care UK

Scaling the MHM Safeguard System

- Exciting MHM research pilot scaling update coming soon
- PSP organizations from **New Zealand** are working on pathways for adopting ERST and the MHM research pilots in 2026 or 2027
- **Australian** and **United Kingdom Police** colleagues are starting similar efforts
- Discussions have started with the **Massachusetts State Police** training program to replicate ERST and MHM
- Canada is well-positioned as an international leader in the area

Specific Recommendations

- Subject matter expertise is crucial
- Evidence-based practices are crucial
- Carefully consider tailored clinical assessments, treatments, training, interventions, and recommendations
 - Registered and licensed regulated professionals



Specific Recommendations

- Expanded Research Pilots
 - Mental Health Monitoring (MHM) Safeguard System
 - Emotional Resilience Skills Training (ERST)
- Broad support for PSPNET and PSPNET Families



www.PSPNET.ca



Specific Recommendations

- PSPNET Update
 - Internet-delivered Cognitive Behaviour Therapy (ICBT)
 - Therapist-Guided Funding – we need your help
 - NB, NS, ON, PEI, QC, SK
 - Provincial Renewals
 - QC Police
 - Martin Fiset and François Lemay
 - AB, MB, NL
 - Currently in contracting discussions
 - BC, Territories
 - Currently in talks



www.PSPNET.ca



Specific Recommendations

- Federal Proposal - June 17, 2025
 - ERST National Master Training Rollout – up to 540 ERST Trainers nationally over 3 years) for all police and other PSP as part of a national transformation effort – independently sustainable thereafter
 - MHM System infrastructure supports to immediately reduce research pilot access barriers for all police and other PSP



Summary

- We need ongoing collaborations that support “cradle to grave” evidence-based solutions and systems
 - Individual, family, organizational, systemic
- Regina Police Service and Regina Police Association are now municipal world leaders, with many others rapidly following to fully implement ERST and/or MHM
 - Chief Davies, Deputy Chiefs Marshall & Stevely, President Glas, President Ward
 - Brent Lustig – Astounding Logistics Planning
- We need tangible evolutions to support all police







Thank you!

Making Differences Together, One Person and One Solution at a Time

Learn more

