


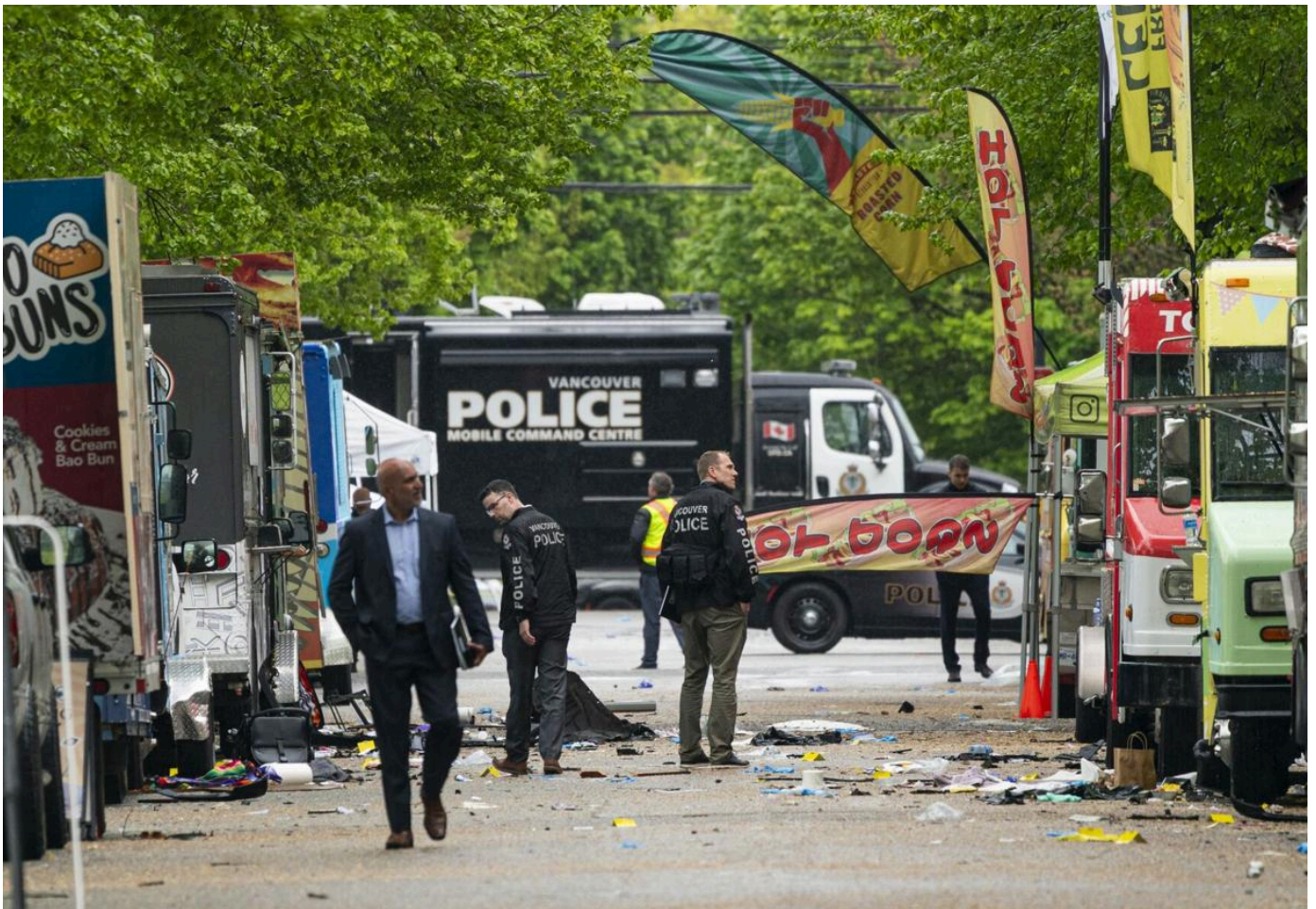


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CONTRIBUTORS

# Opinion | We are failing our first responders when they are in need

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Vancouver Police detectives walk along where a car drove through a crowd killing multiple people on the weekend in Vancouver on Monday.

Rich Lam The Canadian Press

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By Derek Sienko Contributor

Derek Sienko is the chief mental health officer and CEO of Diversified Rehabilitation Group in Kelowna, B.C.

Like so many across British Columbia, where I live, and across this country, my heart aches. It aches for the lives that were lost and the loved ones they left behind by the Lapu Lapu Day tragedy on Saturday. It aches for the broader Filipino community, here and abroad.

And it aches, inescapably, for the first responders who showed up to help and sometimes could make a difference and sometimes couldn't and whose lives will be irrevocably changed by this awful event.

And I am holding my breath and hoping beyond hope that they and their families get the support they need.

At our Okanagan treatment facility for first responders with psychological injuries, we have been preparing in recent weeks for a public awareness campaign about the suffering of first responders across Canada and the barriers to treatment they continue to face.

To think these problems will be solved in time to help all those who were exposed to the trauma of this event is wishful thinking, but I recognize this is a critical time for this conversation.

Many years ago, while working in the public health care system, I had the privilege of serving people with acquired brain injuries. Early into the job, I noticed something strange: We were getting referrals for stroke survivors who were being cared for in residential treatment programs designed for people with acute mental illness.

One day, I asked one of those stroke survivors a routine question: "What can I do to help?" I'll never forget her reply.

"I don't want to be in a place where people hear voices," she said. "I don't belong here."

Years later, as I shifted my clinical focus, I was alarmed to see our first responders being failed in the same way, with cookie-cutter approaches to treatment that not only overlooked their unique circumstances and needs but that, quite simply, didn't make sense. Little has changed since.

Placing aside what the 911 dispatchers, police officers, paramedics and firefighters who responded to Saturday's calls witnessed, let's consider what our first responders face on a regular basis.

Suicides. Neglected children. Unrelenting exposures to severe human suffering. All compounded by a constant state of uncertainty, sleep deprivation, and an expectation that they are always at their best for colleagues who count on them not only to succeed but survive.

A [2018 study](#) found nearly 45 per cent of public safety personnel in Canada screen positive for psychological injuries, compared to 10 per cent of the general public. More recent [research suggests](#) the situation is worsening.

And yet, like those stroke survivors who were sent to mental health facilities, our injured first responders are often sent for treatment that is not tailored to their needs. If they're deemed injured enough to merit a residential program, many of them — including those without addictions — end up in addiction programs.

The other commonly chosen option: day programs. At the end of each day, they are sent back to their family lives that need their own repair. While driving to and from the program each day, many encounter the very sights and sounds that are linked to their trauma. Those treated at out-of-town day programs are sent back to the isolation of their hotel rooms.

First responders are often treated alongside members of the general public whose experiences are much different than theirs. They may even encounter someone they'd investigated for criminal activity (this actually happens).

Following “treatment,” injured employees return to work without proper plans in place for reintegration and continued support. [A recent study](#) found that many injured Ontario police officers felt the return-to-work process was designed for injuries to the body and not to the mind. Several had heard colleagues refer to those with psychological injuries as “broken toys.” I've heard similar sentiments here in B.C.

A decade ago, a federal [Standing Committee](#) learned about the importance of not leaving first responders short-handed when their injured colleagues are off work. This persisting problem is compounding the harm to our first responders and our communities. Hard data is difficult to come by, but it can be found.

A [2021 audit](#) of Ontario Provincial Police found that detachments across the province were increasingly understaffed with front-line officers, with rapidly increasing costs related to officer WSIB claims (\$42.7 million in 2020 alone) “largely due” to post-traumatic stress injuries.

As a result, “despite increasing reported incidents of crime and calls for service,” OPP provided 28 per cent fewer patrol hours that year than it had four years earlier. The more understaffed detachments were found to have solved fewer crimes.

[In Ottawa](#), the direct costs of workplace injuries and illnesses for police officers more than doubled between 2015 and 2017, from \$2.6 million to \$5.4 million. Never mind the indirect costs (estimated in the Ottawa report to be up to five times greater than direct costs).

Similar costs spikes have been observed across the country, including [in Halifax](#), where long-term police absences increased 259 per cent over the span of a decade, from the equivalent of 21 vacant full-time positions in 2011, to 55 in 2022.

More than six years ago, the federal government announced an [action plan](#) to address this growing problem, noting, “Canada must do a better job of addressing post-traumatic stress injuries and the mental wellness of public safety officers.”

Consultations were held. Investments were made. And progress, albeit slow, is happening, including in our province.

But we must do better.

Treatment must be tailored to the unique needs of first responders. It must be holistic. It must be grounded in evidence.

Treatment providers, employers and human resources personnel must start listening and talking to each other, to the injured employee, and to that employee’s family members.

We must show up for our first responders as they have shown up for us, for to fail our helpers is to fail us all.

Opinion articles are based on the author’s interpretations and judgments of facts, data and events. More details