Common Mental Health Presentations among Public Safety Personnel

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April 24, 2024

Faculty/Presenter Disclosure

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- **Faculty:** Nadia Aleem, MD, MSc, FRCP; Psychiatrist

- **Relationships with financial sponsors:**
  - **Grants/Research Support:** Workplace Safety and Insurance Board (WSIB)
  - **Speakers Bureau/Honoraria:** Not applicable
  - **Consulting Fees:** WSIB, College of Physicians and Surgeons for Ontario (CPSO), Canadian Medical Protective Association (CMPA)
  - **Patents**: Not applicable
  - **Other:** Employee of Centre for Addiction and Mental Health (CAMH), Trillium Health Partners

Disclosure of Financial Support

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- **This program has received financial support from the Workplace Safety and Insurance Board (WSIB) in the form of an educational grant.**
- **This program has received in-kind support from** – N/A

- **<u>Potential for conflict(s) of interest</u>:**
- None

Mitigating Potential Bias

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- The information presented in this program is based on recent information that is explicitly “evidence-based”.

- This Program and its material is peer reviewed and all the recommendations involving clinical medicine are based on evidence that is accepted within the profession; and all scientific research referred to, reported, or used in this CME/CPD activity in support or justification of patient care recommendations conforms to the generally accepted standards

Learning Objectives

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By the end of this session, participants will be able to:

1. Identify the most common mental health concerns that PSP may present with in healthcare settings
2. Create a framework to distinguish the type and level of care that may be best suited to the PSP seen in treatment

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Diagnosis

- The DSM-I published in 1952
- The DSM-II published in 1968
- The DSM-III published in 1980
- The DSM-IV published in 1994
- The DSM-V published in 2013
- The DSM-V-TR published in 2022-2023

Diagnosis

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- Symptom description format
- Limited description of impairment in functioning
- Post-traumatic stress disorder (PTSD) and adjustment disorder have parameters around causality otherwise does not comment on causation

Limitations

- Cultural limitations
- Overlap in symptoms
- Does not capture complexity
- Does not correspond with treatment

Prevalence

	Total sample
PTSD (PCL-5)	23.2 (1304)
Major depressive disorder (PHQ-9)	26.4 (1419)
Generalized anxiety disorder (GAD-7)	18.6 (975)
Social anxiety disorder (SIPS)	15.2 (783)
Panic disorder (PDSS-SR)	8.9 (439)
Alcohol use disorder (AUDIT)	5.9 (292)
Any other self-reported mood disorder[a]	1.7 (80)
Any positive screen for a mood disorder[b]	29.0 (1460)
Any positive screen for an anxiety disorder[c]	30.3 (1433)
Any positive screen for any mental disorder[d]	44.5 (1998)
Total number of positive screens[d]	
0	58.2 (2495)
1	15.1 (648)
2	8.7 (371)
3 or more	18.0 (771)

Diagnosis and Intervention

Depression vs PTSD vs Adjustment Disorder

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DEPRESSION	PTSD	Adjustment Disorder
Low mood and irritability	Low mood and irritability	Low mood and irritability
Loss of motivation	Loss of motivation	Loss of motivation
Difficulties with sleep	Difficulties with sleep	Difficulties with sleep
Change in view of self/low self esteem/guilt	Change in view of self/low self esteem/guilt	Change in view of self/low self esteem/guilt
Difficulties with Concentration	Difficulties with Concentration	Difficulties with Concentration
Changes in Energy *		Changes in Energy *
Changes in Appetite *		Changes in Appetite *
Hopelessness or suicidal ideation		Hopelessness or suicidal ideation
Anxiety Symptoms*		**Anxiety Symptoms ***

Depression and PTSD

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- Approximately 50% comorbidity rate
- Potentially due to diagnostic overlap (changes with DSM versions)
- Potential differing subtypes

Distinguishing by Stressor

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- Depression: not defined
- Adjustment: must be present but not defined
- PTSD : very clearly defined as actual or threatened death, serious injury, or sexual violence. Stressful events not involving an immediate threat to life or physical injury such as psychosocial stressors are not considered trauma in this definition.
- Chronic vs Acute

Diagnostic Complexity

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- Trauma exposure does not equate to a PTSD diagnosis
- Cannot predict based on type or volume of exposure
- Many other stressors contributing to illness (moral injury, burnout, organizational betrayal)

Diagnosis and Intervention

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- Lack of clarity of diagnosis can lead to a mismatch in treatment
- Assumption that main outcome of trauma exposure is PTSD
- Can be tempting to push a diagnosis to get access to care

Diagnoses that Lie Outside of DSM

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- Burnout
- Organizational Betrayal
- Moral Injury

Burnout

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Burnout is a state of emotional, physical and mental exhaustion caused by excessive and prolonged stress

Rates of Burnout

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81%
of workers reported experiencing burnout

35%
indicated very serious or extreme burnout symptoms

46%*
cited high workload as a contributor to burnout

Causes of Burnout

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- Negative culture/environment
- High levels of change/demand
- Lack of meaning from work
- Lack of support
- Lack of resources to do work
- High workload
- Discord with meaning and purpose
- Lack of sense of accomplishment, reward or sense of purpose

Symptoms of Burnout

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- Low mood
- Detached or disinterested in work
- High levels of anger or cynicism, pessimism
- Losing interest in activities at and outside of work
- Limitations in stress tolerance
- Difficulties with concentration
- Feeling less effective at work

Moral Injury

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- A moral injury can occur in response to acting or witnessing behaviours that go against an individual's values and moral beliefs.
- In order for moral injury to occur, the individual must feel like a transgression occurred and that they or someone else crossed a line with respect to their moral beliefs

Moral Injury

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- Guilt, shame, disgust and anger are some of the hallmark reactions of moral injury
  - Guilt: "I did something bad."
  - Shame: "I am bad because of what I did."
  - Disgust may occur as a response to memories of an act of perpetration
  - Anger may occur in response to a loss or feeling betrayed
  - The inability to forgive oneself can lead to engaging in self-sabotaging behaviours

Sanctuary Trauma or Organizational Betrayal

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- ***Institutional betrayal*** refers to institutions causing harm to those who depend on those institutions i.e. where the institution (and those in charge) fail to intervene and prevent or respond supportively to challenges within the institution, where an individual expects some degree of fair treatment or protection.

- ***Sanctuary trauma*** is a psychologically traumatic event that "occurs when an individual who suffered a severe stressor next encounters what was expected to be a supportive and protective environment and discovers only more trauma."

- ***Institutional betrayal*** and ***sanctuary trauma*** both involve actions that bring up feelings of vulnerability, helplessness, fear, and shame, and both occur in environments or institutions that we expected to be safe—such as families, schools, workplaces, governments, hospitals, the military, and religious institutions.

- The difference between the two concepts is that ***institutional betrayal*** focuses on the failure of the institution, whereas ***sanctuary trauma*** focuses on the experience of the individual who expected the institution to be a safe place or sanctuary

Level of Care

Framework for Level of Care

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- Functioning vs Severity
  - Level of functioning is usually a more significant indicator
  - When possible rehabilitative functioning is best addressed and re-established in the home/work environment
- Psychosocial supports/ability
  - Are there supports for care?
  - Is the environment conducive to recovery?
  - *hopelessness/suicidal ideation
- Preference/comfort

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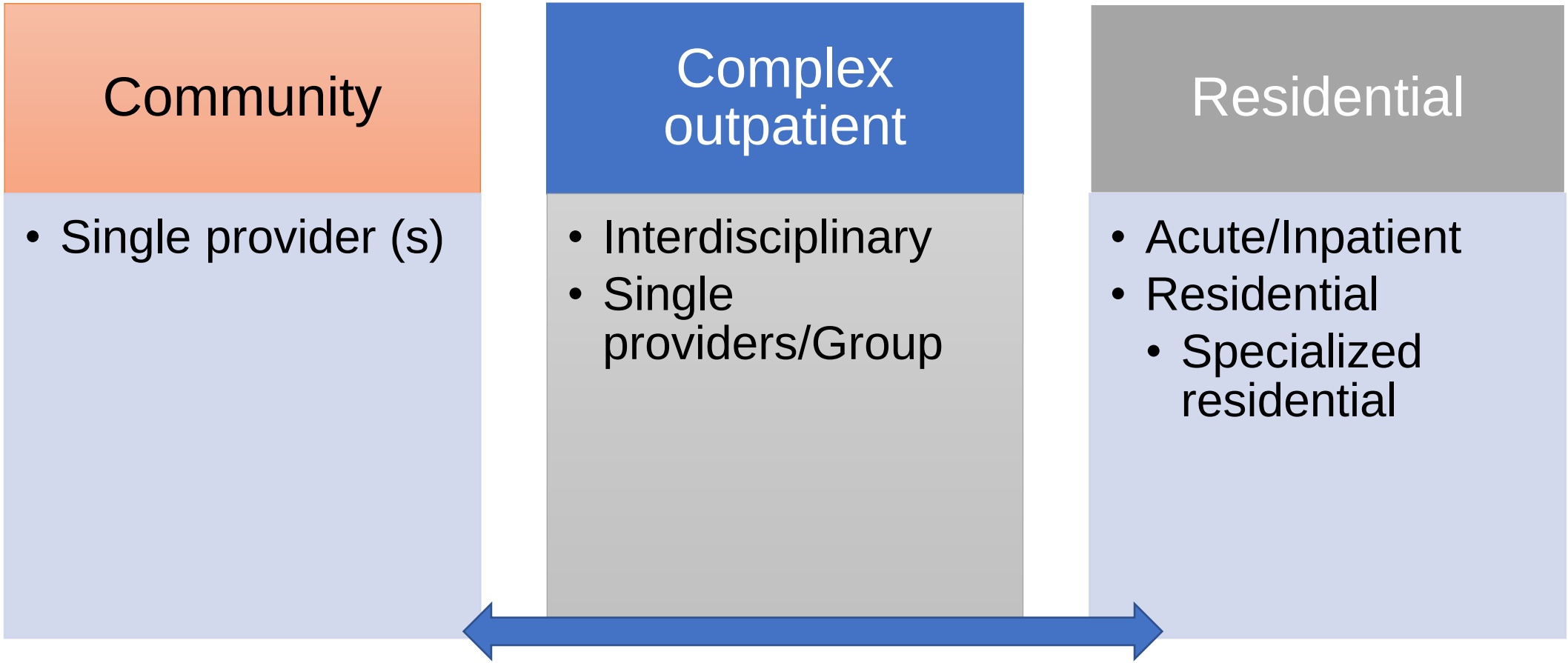
Levels of Care



Level of Care

- Treatment matching can be challenging
  - Underreporting/stigma
  - Access to complex care
    - Capacity
    - Funding

- Regular Evaluation and Re-evaluation – requires nimble systems of care

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Access

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Access to Care

Diagnosis Dependent

- Ontario Health Insurance Plan (OHIP), WSIB

Employer Dependent

- Employee Assistance Program (EAP)

Related to Workplace Injury (Attribution)

- WSIB

Limitations

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- Availability of diagnosis
- Time-limited care
- Lack of specialized services
- Capacity

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Take Home Messages

- Diagnosis is complex even if trauma is clear: Mood and anxiety disorders higher prevalence than PTSD

- Tend to present with high complexity including high levels of substance use, particularly alcohol

- Treatment matching to suit complexity can be challenging and require careful attention to:
  - Providing the correct diagnosis and matching intervention
  - Determining the correct level of care
  - Supporting access to treatment

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Contact for Questions

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