Anderson et al. background research

Effectiveness of psychological programs to mitigate PTSI

- Modest evidence for time-limited reductions in PTSI following participation in *proactive* holistic programs that promote resilience, stress, and emotion regulation among at-risk workers (<u>Di Nota et al. 2021</u>)
- ✓ Peer-support & crisis-focused programs varied greatly difficult to evaluate (<u>Anderson et al. 2020</u>)
- □ Personal resilience skill decay in paramedic students (<u>Vaughan et al. 2020</u>)
 - ✓ Online resilience training program: effective strategy for improving *short-term* personal resilience
 - ✓ Skill decay at 6 or 9 months: requires booster training.
- □ Assessing relative impact of diverse stressors among PSP (Carleton et al. 2020)
 - ✓ Organizational & operational workplace stress might play a larger role on PSP mental health than PPTE
 - ✓ Leadership style, organizational engagement, stigma, sleep, social environment are *modifiable stressors*.

Coping strategy use among PSP

- ✓ PSP managed occupational stress using 3 primary approach coping strategies: education, self-reliance, and treatment (<u>Anderson et al. 2022</u>)
- ✓ Small but non-significant improvements in approach and avoidant coping ($\underline{Di Nota et al. 2021}$)
- □ MH and social support in PSP (Vig et al. 2020)
 - ✓ Perceptions of greater social support decrease likelihood of positive screening for PTSD & MDD

□ Sleep quality & mental disorder symptoms in Canadian PSP (<u>Angehrn et al. 2020</u>)

 \checkmark Sleep appears to be a potentially important factor for PSP mental health.

Anderson et al. background research (2)

□ Mental disorders and suicidal ideation/plans/attempts in Canadian police (Di Nota et al. 2020)

- Positive mental health screens for depression, anxiety (GAD), panic disorder, alcohol abuse and PTSD were associated with increased likelihood for suicidal ideation & plans, but not attempts
- ✓ Civilian police workers reported a *higher* prevalence of suicide attempts relative to sworn officers
- ✓ Attempted death by suicide appears strongly associated with positive screens for PTSD
- Organizational prevention and treatment programs for sworn & civilian workers need to be tailored to address their unique occupational roles & exposures to trauma, and differences in the incidence of MH disorders

□ Online Resilience Training Programs for Nursing & Paramedic Students

- ✓ Self-paced online resilience training program on promoting personal resilience and positive coping styles
- Nursing students: measures of positive coping and anxiety/depression shifted in the expected direction, but these findings were not statistically significant (<u>Stoliker et al. 2021</u>)
- Paramedic students: development of skills to manage workplace trauma can reduce/mitigate the negative impact of exposure to trauma & reduce risk of developing trauma related MH problems (<u>Anderson et al. 2017</u>)
- □ Brief screening tools for use with PSP (Shields et al. 2020)
 - Patient Health Questionnaire-4 (PHQ-4: depression, anxiety), Brief Panic Disorder Screen (PDSS-SR: panic disorder), the Short-Form Posttraumatic Checklist-5 (short-form PCL-5: PTSD), and Alcohol Use Disorders Identification Test-Consumption (AUDIT-C: alcohol use disorder)
- □ Family support for PSP (<u>Cox et al. 2022</u>)
 - Extrafamilial support and resources, including recognition of the roles families fulfill and the need for information and education, are necessary to enhance family resiliency