

**OACP HR Committee**  
**"Hire to Retire"**  
**Best Practices Wellness Strategy**  
**2025**



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A Police Service's wellness strategy should be dedicated to supporting the overall wellness of employees, retirees and their families. A primary focus should be to help promote and support the psychological wellbeing of all members. There are a wide range of mental health resources, support and information available. The OACP HR Committee, in partnership with other OACP committees and working groups, is pleased to provide you with collective wellness best practices below. we recognize that not all services may be able to implement, but we have provided tips, tricks and sample documentation where possible, to assist. Explore what may work in your Police Service. The purpose of this document is so that you can learn from others and tailor it to your own Service.

## Introduction

A fulsome wellness strategy can be broken down into four main pillars:

1. **EDUCATION & AWARENESS:** Includes onboarding and training (including all current and future leaders)
2. **OUTREACH & SUPPORT:** Includes peer support, chaplaincy, St. Johns Therapy dog program, reintegration, Employee Family & Assistance Program, safeguarding, wellness checks, critical incident response, benefits awareness, and a centralized repository for all available Wellness resources
3. **HEALTH & PERFORMANCE:** Includes PIN testing, ergonomics, and fitness facilities/programming
4. **INITIATIVES AND INNOVATION:** Includes the utilization of technology/apps, partnerships, and an early intervention system

**Goal: To Provide a Psychologically Safe Workplace from Hire to Retirement:**



Beginning before the policing career begins:

## Pre-employment psychological assessments

Psychological assessments can be a crucial component of any selection process where the role will be exposed to trauma.

If concerns are noted in a psychological report, but the candidate has not failed or is not deemed "unsuitable", one suggestion is to flush out any potential psychological concerns in the background investigation (i.e. provide copy of psychological results report to background investigator) to ascertain if the psychological concerns are, in fact, validated.

Recruiters/HR may want to ensure available wellness supports are communicated to applicants before an offer is signed so they know what is in place for them before they even walk in the door! This is especially helpful if applicants have disclosed previous trauma or other wellness concerns.

## Pre-employment physical wellness

The Ontario Police College requires the completion of the physical PREP test as a condition of Basic Constable Training. Achieving Level 7 on a shuttle run can be a good indicator of future success with this mandatory physical requirement.

Shuttle run preparatory/mentoring programs have been successful in some Services, including female-focused sessions. This type of program can provide a comfortable place for potential female applicants to work on their physical fitness in preparation for the shuttle run and OPC PREP test. Please contact [swornrecruitmentoutreach@wrps.on.ca](mailto:swornrecruitmentoutreach@wrps.on.ca) if you want more information on how this program can potentially work in your Service.

## Onboarding

Setting the tone and the importance of wellness is vital at the onset of a career in policing. Below are a number of ideas to implement as a member just starts their career:

**Hosting a Family Support event:** This is an opportunity to showcase wellness supports available to members AND family members. Information can be provided on signs of trauma as close family members are likely the first ones to notice changes in their loved ones. WRPS sample slide deck is available by contacting [molly.kimpel@wrps.on.ca](mailto:molly.kimpel@wrps.on.ca).

**Recruits:** It is important to drive home the importance of wellness at the onset of careers. It is recommended to incorporate key resources and messaging into New Employee Orientation, or during those first few days on the job.

**Pre-OPC Resilience Module:** This content is now available. Module information is available directly from the OACP Psychological Support Services Committee.

**Post-OPC Psychoeducational Brief:** This may be an opportune time to educate new members on how to deal with various significant calls they may be exposed to, what to expect to see and experience during the calls and how to process them in a healthy way. Consider bringing in a clinician to present on this topic.

## Wellness check-ins

Some Services now provide a "check up from the neck up" for members. It is suggested to include wellness staff AND senior leaders in any programming to model the behavior.

Consider sending officers for a wellness check-in early in their career to ensure they have resources when needed. It is ideal if a mental health clinician relationship has started before any emergent need for it.

Reinforcement may be needed to assure members that this is not an assessment, rather an opportunity to connect with a mental health clinician. Confirmation of attendance only should be reiterated.

Virtual/phone appointment options may help with availability.

Consideration: Is there an opportunity to partner with the Service's benefits provider to pre-pay for these sessions using the existing benefits plan?

## Ergonomics

Proper fitting equipment and work station set up cannot be overlooked as a key component to member wellness. It is recommended to proactively provide information on proper desk and cruiser set up to all members.

If a member requires an ergonomic consultation, it may be beneficial to include a preliminary self-assessment (see above) and perhaps even a supervisory consultation step before formal ergonomic requests are considered by HR.

Finance departments may want to consider budgeting for ergonomic equipment in each Branch unit budget to "normalize" the need for proper ergonomic equipment so it is not treated as an "additional" expense or cost.

# Safeguarding

Safeguarding members is a program to protect members from exposure to “high psychological risk” roles when they may not have the proper resiliency at the time. Below is a suggested list of positions/roles that may require safeguard assessments (for entry into and exit out of a “high psychological risk” unit):

- Traffic Services
- Forensic Identification
- Special Response
- Intelligence Services Branch:
  - Covert Operations
  - Cybercrime (ICE)
  - Cybercrime (Computer Forensics)
  - Drugs and Firearms
  - Gangs and Hate Crime
  - Human Source Management
  - Mobile Surveillance
  - Offender Management Unit/ROPE
  - Project Team
- Criminal Investigations Branch:
  - General Investigations
  - Major Crime
  - Missing Persons
  - Intimate Partner Violence
  - Polygraph
  - PowerCase
  - Special Victims
  - Senior Support
  - Search Warrant Coordinator
  - Youth Protection Unit
- Executive Office
  - Equity Diversity and Inclusion
  - Public Information
- Street Crimes

For more information, please visit the CACP Psychological Services Committee recommendations:

[safeguardandmandatorymentalhealthchecksreviewandrecommendationsnov2023.pdf](#)

## **Peer Support**

Peer support is an effective way for members to help each other in times of need. It is also important for Senior leaders. York Police Service currently offers training for peer support at the senior leader level.

Continuous/updated training for peer support members is recommended (Trillium Health offers this). A minimum of twice per year may be best practice.

Consider purchasing distinguishing lanyards to clearly identify who peer supporters are to all members of the Service. Visibility is an important aspect of this program.

## **EFAP**

Employee and Family Assistance Programs are often a vital supplement to any available internal wellness supports.

Emphasize to members that this is anonymous and beneficial for short term treatment. Note that clinicians may not be well versed in the specific cumulative trauma that occurs in policing.

It can be helpful to showcase any additional programming that is offered through your EFAP provider (i.e. specialized courses, customized treatment on various topics).

## **List of vetted psychologists**

Consider providing a list of local psychologists if members don't know where to start to look for a mental health clinician. Best practice is to have these psychologists participate in at least one ride-along so they can better understand policing.

It is advantageous to include approximate wait times or how members can get in to see the suggested psychologists earlier if possible.

## **Early Intervention System**

An early intervention framework can identify "high risk" members early on to trigger a wellness check in by their supervisor. For example, a system that can identify that the same member has been exposed to multiple baby deaths can be beneficial to ensure the member feels well supported and/or seeks treatment early on.

It has been recommended by some Services to pilot this on a small scale (i.e. one platoon?) to start.

IAPro is a system that allows for this technology.



## Psychosocial education sessions

Consider inviting a psychologist to “debrief” and normalize reactions after a significant call for service (e.g. officer involved shooting) or a series of significant calls (e.g. Traffic fatalities).

## Members in Crisis

Some members may require intensive mental health treatment. It is recommended to budget for in-patient treatment (e.g. 2025: \$70K) in case a member is in crisis and it is not supported by WSIB. Pre-approved coverage may be available through the Service’s benefits provider as well. Also consider partnerships with other organizations. For example, Homewood is part of the Warrior Health consortium. Each Service may be able to purchase treatment options through Warrior Health’s basket of services.

If the treatment facility is out of province, consider having a trusted colleague accompany the member on the flight to ensure safe arrival.

## Reintegration

Reintegration is designed to be a peer driven, communicative and interactive process with the aim of effectively returning members to work; or preventing absences by increasing confidence through controlled exposures to certain situations. The pace of return is determined by the member, while goal setting and progress are continually encouraged and monitored. Reintegration should be adapted to accommodate any work environment. It is strongly recommended that there is regular consultation with a psychologist experienced in prolonged exposure therapy as reintegration is based on principles of exposure therapy.

Recommended Structure:

Reintegration follows two definitive streams: **Short Term** (< 5mos.) and **Long Term** (> 5mos.). These are based on the length of absences, type of absence and anticipated time to return. The streams are also determined with information from the member, medical practitioners, Abilities Management and the Reintegration Coordinator.

Criteria for Mandatory Reintegration Participation:

1. Lethal Force Incidents
2. Critical Injury Incidents
3. Return to Work from Long Term Absence (occupational stress, maternity leave etc.)

Criteria for Optional Reintegration Participation”

1. Critical / Traumatic Incidents
2. Short Term Absence with/without medical
3. An occurrence or workplace incident that is impactful to the member

N.B. A member may progress/regress through the reintegration process as needed and at a pace dictated by them. The following section is an overview and is not meant to be a training document of the reintegration process.

#### Recommended Process:



## Long Term Reintegration

Both the long term and short-term programs share similar structure and content and are delineated by two major factors:

- Length of program.
- Integration and oversight of medical providers in both the development and progress reporting of reintegration plans.

Members will be required to provide consent to the Service, specifically the Occupational Health Nurse/Abilities Management Specialist in order to share information pertinent to the member's return to work. A non-exhaustive list of area roles and responsibilities is included below. Given the ability to customize the reintegration process, areas should remain flexible in their approach to the program.

### HR/Abilities Management:

- Responsible for notifying Wellness/OHN of a member's intent to return to the workplace.
- Communicate current contact information and dates of availability for member to meet with Reintegration team for Phase 1 intake.
- Ensure consent is obtained from participating member and provide timely updates/communication with relevant medical providers in regards to progress and next steps as delegated by medical oversight.
- Confirm required precautions, capabilities and limitations to inform the steps and pace of the plan.
- Abilities Management may facilitate preliminary steps such as on site exposure therapy in collaboration with the member and the healthcare team in order to prepare the member for reintegration.

### Reintegration Coordinator:

- Responsible for the overall administration, scheduling and coordination of the reintegration program.
- Identify and pair appropriate Peer Support Team members trained in reintegration with members who are entering the process.
- Conduct/Participate in both Phase 1 short and long-term intake interviews, and glean information from returning member to assist in program design.
- Review and report progress to member's supervisor where appropriate.

## Training Branch:

- Responsible for the design of materials to be assigned in Phase 4 of reintegration.
- Testing for any mandated requalification.
- Update and communicate availability of training areas (e.g. firearms range) to the Reintegration Coordinator
- Report results of completed materials back to Human Resources/Abilities Management.
- Peer Support Team:
  - Assigned members will participate in Phase 1 – 3 processes.
  - Peer Support members shall be available as a resource throughout the process, and report progress to the Wellness Sergeant or Abilities Management after each reintegration session.
- Ensure follow-up outreach is completed with members throughout and following reintegration.

## Spiritual Care Provider

Spiritual Care or chaplaincy has a long history within the policing profession. Spiritual resources supplement more formal psychological services in their ability to provide ongoing internal support to members, while also providing comfort to their families through challenging periods of time. It is vital, that along with the rest of the Service, a Chaplaincy program is modernized to reflect the needs of our diverse workforce.

Chaplaincy remains a highly used wellness resource within policing. It is reported as the second highest Service offered resource for American police services with staffing between 1001-3000 members. Chaplaincy also ranks second (out of ten other resources) based on member feedback, regarding effectiveness of agency provided wellness services; ranking only behind peer support and ahead of Employee Family Assistance Plans and Annual Mental Health Check-Ups. <sup>1</sup>

A Chaplaincy program is not only an additional resource added to create a full suite of wellness supports, but also a step towards fulfilling recommendation 131 from The Honourable Epstein's Missing and Missed Independent Review: "...ensure the Service's Wellness Unit is adequately resourced to build competencies within the unit to provide culturally specific wellness resources and support to diverse members of the Service." <sup>2</sup>

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<sup>1</sup> Drew, J. M., & Martin, S. (2023). Mental health and wellness initiatives supporting United States law enforcement personnel: The current state-of-play. *Journal of Community Safety and Well-Being*, 8(Suppl 1), S12–S22. <https://doi.org/10.35502/jcswb.298>

<sup>2</sup> Epstein, G. Hon, April 13, 2021, Missing and Missed – the Report of the Independent Civilian Review into Missing Person Investigations.

Handley, K. Dr., April 3, 2020, York Regional Police Wellness Strategy 2020–2025

The addition of a Chaplain(s) also provides increased outreach capacity as well as spiritual support for all members, including Senior Leadership.

### Spirituality vs. Religion

Current Chaplaincy programs have a clear delineation between religion and spirituality. Chaplains act as a spiritual support for members and their families; and while they may be aligned with a religious institution outside of the workplace, they work within a broader general sphere of spiritual understanding and provide guidance through moral, ethical and existential<sup>3</sup> crises.

### Alignment

Outreach assigned to the Chaplain can develop organically through ride-alongs and frontline contact, or they may be offered as a specific resource for more complex or long-term situations

### Suggested Volunteer Requirements

Appointed Chaplains could be requested to volunteer a minimum 5 hours per week, the timing of which will be flexible to their demands outside of the Police Service.

Chaplains will be required to attend annual training as mandated by the Canadian Police Chaplain Association (CPCA).

### Governance

The CPCA provides governance, certification and training to police chaplains to ensure that expectations of the role are clear. The CPCA also recognizes the necessity of spiritual diversity, and has a dedicated network of members who practice and possess knowledge across a diverse range of beliefs, and can be accessed by any member if needed. This ensures that although not all religious groups can be represented through any one Chaplaincy program, that access to the information sought is available.

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<sup>3</sup> Handley, K. Dr., April 3, 2020, York Regional Police Wellness Strategy 2020-2025

## Chaplain Roles (per CPCA)<sup>4</sup>

- Provide sacramental ministries (marriage, initiation, funeral)
- Offer spiritual guidance
- Counsel police officers, peace officers, civilian members of the services and the families of those who serve.
- Provide referral to available support services as needed
- Visit and support sick and injured personnel and family members
- Offer and/or assist in crisis response, defusing, and critical incident debriefing
- Aid victims
- Assist at suicide incidents
- Educate in areas such as stress management, ethics, family life, addictions, etc.
- Serve as liaisons with other faiths and clergy in the community
- Provide informed responses to spiritual questions
- Advise agency leadership on the morale and spiritual well-being of members
- Offer prayers at ceremonial functions
- Lead the provisioning of the faith/quiet spaces in the divisions/for the service.

### Police Chaplain – Reflective of the Community

Many major Ontario police services have a well-staffed Chaplaincy program with diverse spiritual representation.

Input in determining a phased approach to onboarding should ideally be completed in a working group comprised of members from Wellness, Human Resources and Equity, Diversity, Inclusion units.



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<sup>4</sup> <https://www.canadianpolicechaplainassociation.com/>

## Therapy Dog Program

St. Johns Therapy dog program may be able to offer a partnership to support members, in addition to victims of crime. WRPS has therapy dogs attend each of the divisions visiting our members throughout the day on prescheduled dates. This has been a tremendous success, and the feedback has been amazing. Please contact WRPS for more information.

## Leverage Technology

Where possible, it is recommended to leverage free/funded technology or create an in house app so members have wellness resource information at their fingertips. Consider creating a Wellness specific intranet site for easy access to all available resources.

## Internal wellness messaging

Consider providing brief, digestible snippets of wellness information messaged through your Service's internal communication channels. Sample topics can include PIN test information, psychological benefits information, heat stress information, tick and lyme disease prevention, scent sensitivity awareness, etc.

## Connections with Members Off Work

Members may need to feel connected to the workplace even if on a protected leave. It is recommended to ensure a regular connection by an active leader in the service to absent members, even if it is a coffee meet outside work facilities, in civilian clothes.

It may be beneficial to give agency to the member off work as to who they'd like to hear from. Consider sending a newsletter or organizational updates in some format to members off work so they can stay connected. The form used by WRPS is available by contacting [molly.kimpel@wrps.on.ca](mailto:molly.kimpel@wrps.on.ca).

While away from work, members appreciate inclusion (even if they need to decline), in awards/ ceremonies and celebrations to maintain a feeling of connection.



## Leveraging Partnerships

**Warrior Health (warriorhealth.ca)** is a free, completely anonymous platform for all police professionals including police professionals' family members and retired police professionals:

- Free, confidential, and anonymous access to digital mental health resources designed for PSP roles, including police officers, firefighters, paramedics, correctional workers, and emergency dispatchers
- Evidence-based tools and resources for PSP and their families, including internet-based cognitive behavioural therapy (iCBT), self-screening tools, educational content and a 24/7 Service Hub for live support by phone
- Access to over one hundred organizational programs curated for the public safety community, providing education, training, peer support and leadership resources to support the mental health needs of Ontario's Public Safety Organizations.

This website can be advertised on any internal Wellness site and/or other internal communication channels.

## WSIB Best Practices

There is an OACP WSIB working group devoted to improving WSIB processes and practices for members and Police Service organizations. Please see contact information at the end of this document for more information.

## Flexible work arrangements

Flexible work arrangements such as remote work or compressed work weeks can provide balance to work/life for certain police professionals. It is important to ensure clear expectations are in place (i.e. secure work area remotely, ability to recall, operational coverage, etc.)

Continuous evaluation (e.g. at least twice annually) of arrangements in place is recommended.

It is also important to ensure supervisors have the confidence and tools to manage a hybrid work environment.

## Physical wellness

Consider providing physical fitness classes at lunch time, and/or PIN incentives such as time off or a raffle for fitness related prizes (e.g. high end water bottle, fitness watch, etc)



## Life Challenges

EFAP can help members navigate through life challenges that undoubtedly affect them at work as well:

- Menopause – this is an emerging topic in the workplace; UK resources are available through the OACP HR Committee.
- Elder Care – check with your EFAP provider for possible resources offered
- Child Care – check your EFAP provider for possible resources offered

Consider adding an offshoot “help wanted” site on your Service’s intranet for members to share possible local child and elder care resources.

Member wellness can be supported by processes that facilitate smooth and timely access to special leaves including ESA protected leaves such as compassionate care leave.

## Financial Wellness

Financial wellbeing plays a crucial role in overall stress levels and mental health. Consider offering resources such as financial literacy programs, budgeting tools, or access to financial advisors.

## Association involvement/engagement

It is recommended to involve your Association(s) as much as possible with any new wellness initiatives and programming (e.g. annual wellness checks) to ensure alignment and potential for a smoother rollout.

Associations can also facilitate access to supports such as discounted gym membership fees, expedited health access, etc. Information should be readily shared by the Service to the members.

## Engagement surveys

It is recommended to incorporate wellness-related questions into any organizational engagement/culture assessments to properly evaluate the perceived impacts of wellness programming.

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## Professional Development

Professional and personal growth also contribute significantly to long-term wellness, as people often feel most fulfilled when they are learning, developing and seeing progress in their careers. This could include mentorship programs, skills development programming and workshops, or career coaching.

## Culture of Resilience

Member support is not the sole responsibility of a wellness position or a wellness team. It is an "all member" responsibility. Supervisors and managers do not always need to rely on the wellness team in the immediate aftermath of a critical incident. Supervisors should be checking in with members themselves and encourage members to engage in their own activities to support their resilience (i.e. exercise, time to decompress with loved ones, spending social time with colleagues, etc.). Organizations should foster a culture of support but also empower members to take control of and responsibility for their own health and wellness.

## Retirement

It is recommended that HR conducts exit interviews with members to gain important knowledge and suggestions for improvement for future members.

Consider using a transfer of knowledge document to capture corporate knowledge (*please [contact molly.kimpel@wrps.on.ca](mailto:molly.kimpel@wrps.on.ca) for WRPS example*)

EFAP may provide content/courses related to the retirement transition.

## Contacts

For more information on any of the content in this document, please contact:

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