

# Understaffing, Long-term Absences and Mental Health Claims at Halifax Regional Police

## An Overview of Issues and Recommendations for Improvement

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**HALIFAX**

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# Introduction

## 1. Board Motion and Background

During its March 21<sup>st</sup> 2022 meeting, the Board of Police Commissioners passed the following motion:

“THAT the Board of Police Commissioners request that the Chief Administrative Officer in collaboration with the Chief Officer of the Halifax Regional Police to, in consultation with and with the approval of the Board of Police Commissioners, direct Human Resources & Corporate Communications to study the issues of understaffing, increased mental health claims, and increased long-term absences within the Halifax Regional Police. The objective of this study would be to present a report to the Board of Police Commission which would outline:

- a) the contributing factors giving rise to these issues; and
- b) recommendations for addressing these issues in the short, medium, and long term.

This report could then inform budget deliberations in future fiscal years.”<sup>1</sup>

## 2. Legislative Authority

Police Act, S.N.S. 2004, c. 31, 2004, c. 31, subsection 55 provides:

55 (1) The function of a board is to provide

- (a) civilian governance on behalf of the council in relation to the enforcement of law, the maintenance of law and order and the prevention of crime in the municipality; and
- (b) the administrative direction, organization and policy required to maintain an adequate, effective and efficient police department,

(3) Without limiting the generality of subsection (1), a board shall

- (f) recommend policies, administrative and organizational direction for the effective management of the police department;

By-Law Number P-100 Respecting The Board Of Police Commissioners For The Halifax Regional Municipality, subsection 8(1) provides:

8. (1) The Board shall provide civilian governance in regards to strategic policy planning and policy driven budget planning for police service delivery within the communities serviced by the Halifax Regional Police and shall carry out an advisory role in respect of police matters within the communities serviced by the Provincial Police Service

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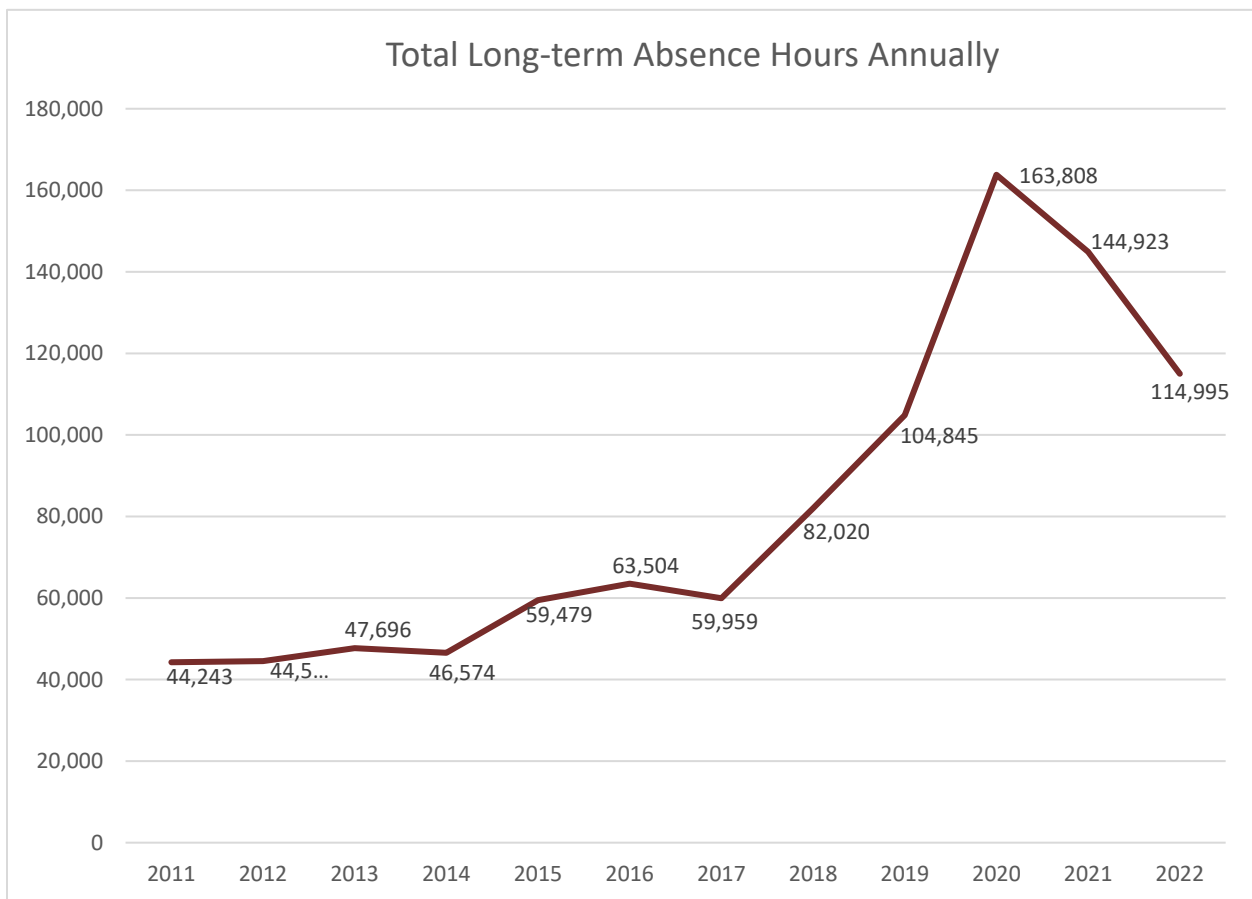
<sup>1</sup> Board of Police Commissioners, “Board of Police Commissioners Minutes” (21 March 2022) at page 2, online (pdf): [www.Halifax.ca](http://www.Halifax.ca) <[March 21, 2022 Board of Police Commissioners Minutes | Halifax.ca](http://www.Halifax.ca)>.

# Part 1: Overview of Issues

## 1. Long-term Absences

Long-term absences, for the purposes of this report, are defined as an absence of thirty days or longer. The data presented in the long-term absence graph below represents all employees of Halifax Regional Police (HRP), which includes sworn police officers and civilian employees, and includes all types of long-term absences. The majority of the long-term absence hours are attributed to sworn police officers.

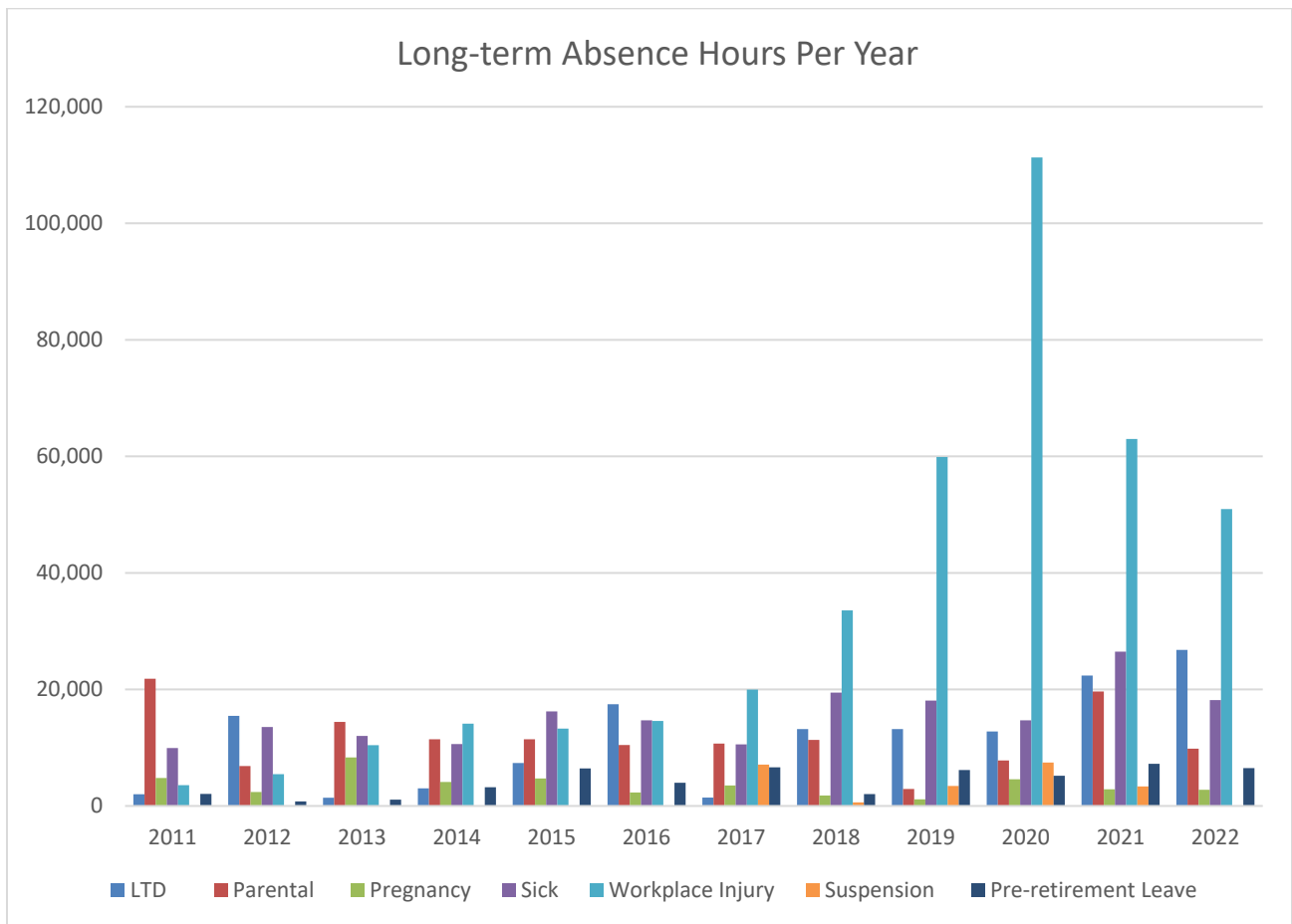
Graph 1: Total Long-term Absence Hours from January 1, 2011 to December 13, 2022



Source: HRM's SAP system, Worker's Compensation Board Claims Data and manually tracked data from Halifax Regional Police Health Specialists.

As shown in Graph 1, long-term absences have increased 259%, from 44,243 hours in 2011 to 114,995 in 2022. Long-term absences for 2022 equates to approximately 55 FTE's (full-time equivalents), up from 21 FTE's in 2011. While some long-term absences do not seem to show any consistent or increasing trend, others show a clear upward trend. The three types of leaves that make up the highest proportion of the overall long-term absence figures are Workplace Injury Leave, Long-term Disability (LTD), and Sick Leave.

Graph 2: Long-term Absence Hours by Type from January 1, 2011 to December 13, 2022



Source: HRM's SAP system, Worker's Compensation Board Claims Data and manually tracked data from Halifax Regional Police Health Specialists.

Note - hours for workplace injury leaves were added manually and include any length of absence, including those under 30 days. The bulk of workplace injury lost time are for more than 30 days.

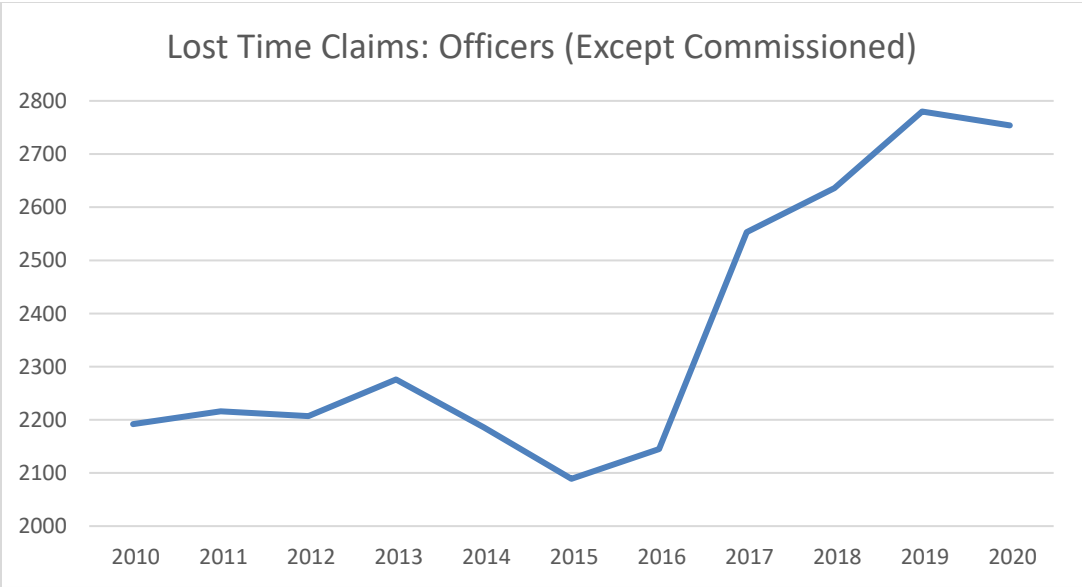
In addition to the long-term absence categories listed in Graph 2, there are two other types of situations that impact the staffing levels at HRP:

1. Those employees who have been temporary accommodated in positions outside of their home position, meaning they are not completing the duties attached to their home position, but are not absent from the workplace. A staff report from November 2022, showed over twenty employees being temporarily accommodated in positions outside of their home positions. It was not possible for the purposes of this report to identify how many of the accommodated employees' home duties were filled by another employee, were redistributed to other employees, or performed by using overtime, so those potential, additional absences were not captured in the long-term absence data represented in Graphs 1 and 2.
2. Those who are seconded to positions outside of Halifax Regional Police. There are currently thirteen sworn officers on secondments to external agencies, which was reported to be a relatively static number year to year.

**A. Workplace Injury Leave**

As seen in Graph 2, long-term absences at HRP due to workplace injury have been increasing over the past ten years. The increase in lost time for workplace injuries is also seen in policing across Canada. Although Graph 3 below represents individual claim numbers as opposed to hours, it still showcases the general increase seen in workplace injuries for police officers, nationally.

Graph 3: Lost Time Claims for Workplace Injuries for Police Officers across Canada



Source: Association of Workers' Compensation Boards of Canada (AWCBC), National Work Injury/Disease Statistics Program (NWISP), September 28, 2022.

In 2022, HRP members missed approximately 51,000 hours due to workplace injury, equating to approximately 24.5 full-time equivalents. Similar to HRP, sharp increases have been reported by other municipal organizations. In 2018, Ottawa Police Services reported that costs for those on illness and injury leave more than doubled between 2015 and 2018, with average time lost for those increasing from 173 hours to 550 hours over the same time period and average FTEs absent due to illness and injury increasing by 65% between 2016 and 2017.<sup>2</sup> A 2021 audit report conducted by the Auditor General of Ontario found that provincial police employees workplace injury leave (WSIB) had risen 364% between 2015 and 2020, with a 267% increase specifically in frontline Constable positions.<sup>3</sup>

Prior to September 2019, all workplace injuries for sworn police officers were covered by an HRP on the job injury program which consisted of full income replacement. In September 2019, HRP returned to the Workers' Compensation Board (WCB) benefits.

Chart 1: WCB Time Lost Claims Analysis September 1, 2019 to December 28, 2022

WCB Time Lost claims analysis						
		Year				
		2019*	2020	2021	2022*	Total
All Claims	Time Lost Claims	13	51	70	116	250
	Total Weeks	447	1916	777	443	3583
	Average Duration in Weeks	34	38	11	3.7	14
		2019	2020	2021	2022	Total
Psychological injury claims	Time Lost Claims					41
	Total Weeks	229	1469	245	210	2153
	Average Duration in Weeks	115	86	27	16	53
		2019	2020	2021	2022	Total
Physical injury claims	Time Lost Claims	11	31	57	27	126
	Total Weeks	218	439	527	151	1335
	Average Duration in Weeks	20	14	9	6	11
		2019	2020	2021	2022	Total
Covid Claims	Time Lost Claims					78
	Total Weeks					87
	Average Duration in Weeks					1.2

Source: Workers' Compensation Board of Nova Scotia, Claims Data Download, Date of Extraction Dec 28, 2022

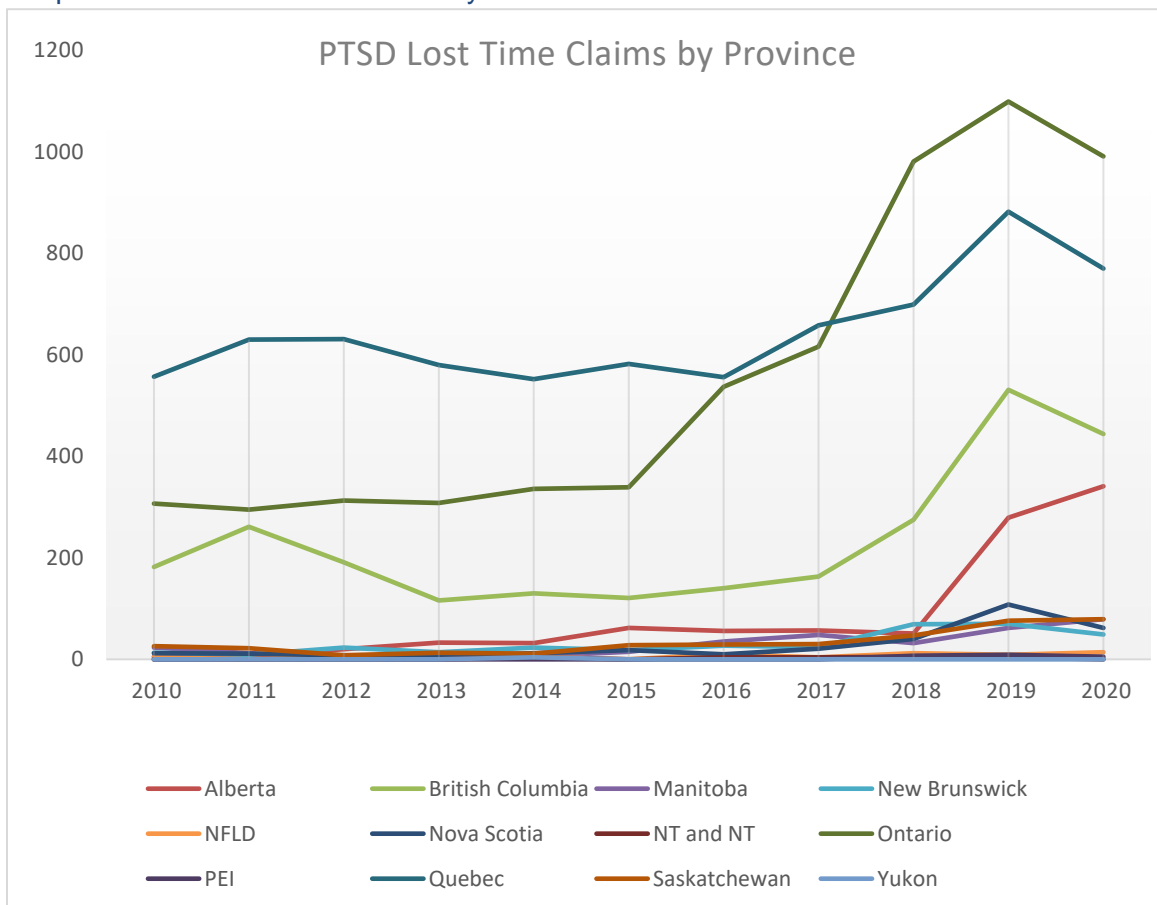
<sup>2</sup> Ottawa Police Services, *Workplace Injuries, Illnesses & Incidents: 2017 Annual Report*, Report to Ottawa Police Services Board (23 April 2018) at pages 5-7.

<sup>3</sup> Office of the Auditor General of Ontario, "Value-for-Money Audit: Ontario Provincial Police" (December 2021) at page 18, online (pdf): [www.auditor.on.ca](http://www.auditor.on.ca) <[Value for Money Audit: Ontario Provincial Police \(auditor.on.ca\)](http://www.auditor.on.ca)>.

## Potential Contributing Factors and Considerations

- a. Presumptive legislation and PTSD – Psychological injury coverage under WCB was introduced in Nova Scotia in 2014. In 2018, further changes were made to introduce presumptive psychological injury coverage. With this change, front-line emergency services responders diagnosed with a psychological injury such as PTSD are presumed to have the psychological injury because of their exposure to traumatic event(s) in carrying out their job duties. Prior to this change in 2018, individuals with a psychological injury such as PTSD not formally linked to their job, may have had lost time in another leave category, for example, sick leave, or, for those undiagnosed cases, may not have taken any substantial time off at all, therefore not appearing anywhere in the long-term absence data.
- b. Psychological Injury National Trends - The increase in psychological injury claims can also be seen across Canada as per Graph 4 below.

Graph 4: PTSD Lost Time Claims by Province



Source: Association of Workers' Compensation Boards of Canada (AWCBC), National Work Injury/Disease Statistics Program (NWISP), September 28, 2022.



The Auditor General of Ontario also found that workplace injury claims were making up an increasingly larger component of total injury claims, with 75% of workplace injury claims for Ontario Provincial Police employees in 2020 being related to exposure to traumatic events leading to a PTSD diagnosis.<sup>4</sup>

- c. Lengthy time away from work for psychological injury claims - A PTSD diagnosis can be very complex and there is no linear path to returning employees to work following time off for a psychological injury. According to data provided by WCB, specific to HRP employees, the average time away from work for a physical injury is eleven weeks versus fifty-three weeks for a psychological injury.
- d. Difficulty in identifying return to work or accommodation options - When an employee returns to work, they will do so either in their home position, in their home position with modifications, or to another set of duties completely. In order to assess what duties the employee is capable of performing, HRP reviews information provided by treatment providers, or a WCB caseworker. With an increase in psychological injuries, HRP is seeing more functional limitations that preclude employees who are returning to the workplace from performing front-line operational duties, or duties that increase the risk they could experience trauma. The limitations make finding a suitable return to work placement within HRP challenging, given the operational and high-risk nature of most positions at HRP. A lack of suitable return to work arrangements could mean that an employee remains off work for longer periods of time.

Another challenge related to returning employees to work, or in finding them a suitable accommodation, was the lack of Job Site Analysis (JSA) for positions at HRP. A JSA is an evaluation of the functional demands of a position, conducted by an Occupational Therapist. Many positions at HRP do not have an updated JSA which should be used to assess whether an employee's functional limitations would allow them to perform that job. When planning a return to work for an employee, in either a full or modified capacity, the JSA is used in the discussions with the treatment provider, employee and employer, to compare the employee's functional abilities and limitations to possible return to work duties. Without a JSA, it is difficult for a treatment provider to compare an employee's abilities to the proposed return to work options, especially where there are cognitive issues at play. Without existing JSAs for each position, HRP has had to rely on external Occupational Therapists which is both timely and costly, or rely on subjective assessments by various Supervisors, leading to inconsistent return to work options for employees and delays in approvals from WCB and treatment providers.

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<sup>4</sup> *Ibid.*

- e. Covid-19 – There is evidence to suggest that the Covid-19 pandemic negatively impacted employee wellbeing<sup>5</sup> thus potentially exacerbating mental health issues that employees may have already been facing. It also made receiving treatment and attaining necessary medical documentation more challenging, thereby potentially extending the length of time employees remained off work.

## B. Long Term Disability

The Long-Term Disability (LTD) hours in 2022 were the highest on record, with employees missing 26,786 hours of work while on LTD. While there have been spikes and valleys over the reporting period years, the general trend is upward for LTD absences.

A trend being seen across the country is an increase in mental health-related LTD claims. The Mental Health Commission of Canada, Manulife and Sunlife are all reporting at least 30% of long-term disability claims are for mental health disabilities, with a significant increase in submitted claims for mental health reasons<sup>6</sup>. This aligns with data coming from Canada's Labour Force Survey which shows that the proportion of employed Canadians with a mental health-related disability increased by 2.3% between 2019 and 2021.<sup>7</sup> Many point to the Covid-19 pandemic as contributing to this increase but it also coincides with a growing acceptance of mental health challenges in society. This information is provided due to the connection with the mental health portion of this report, and to help provide some context for future planning in terms of long-term disability absences due to mental health disabilities.

## C. Sick Leave

As seen in Graph 2, sick leave is the third most significant long-term absence and has been increasing over the past ten years. In 2021, there was a sharp increase. Part of this increase can be explained by the increase in LTD claims. Most HRP employees applying for LTD must

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<sup>5</sup> Sean Campeau & Linda Duxbury, *Police Wellbeing During Times of COVID-19* (Carleton University, 13 May 2021) at page 71, online (pdf): <<https://newsroom.carleton.ca/wp-content/uploads/PoliceCOVIDSurveyReportRCMPV1-Final.pdf>>.

<sup>6</sup> Mental Health Commission of Canada, "Workplace Mental Health" (2023), online: [mentalhealthcommission.ca](https://mentalhealthcommission.ca) <[Workplace Mental Health - Mental Health Commission of Canada](https://mentalhealthcommission.ca/workplace-mental-health)>; Manulife, "Growing number of young Canadians suffering with mental illness and diabetes, according to Manulife data" (17 November 2022), online: [www.manulife.ca](https://www.manulife.ca) <[Concerning health trends among younger Canadians | Manulife](https://www.manulife.ca/concerning-health-trends-among-younger-canadians)>; Sunlife, "Changing Times: evolving the approach to disability management" (28 October 2021), online: [www.sunlife.ca](https://www.sunlife.ca) <[Changing Times: Evolving The Approach To Disability Management | Workplace Benefits And Retirement Services \(sunlife.ca\)](https://www.sunlife.ca/changing-times-evolving-the-approach-to-disability-management)>.

<sup>7</sup> Statistics Canada, *Mental health-related disability rises among employed Canadians during pandemic, 2021*, Catalogue no. 11-001-X (Ottawa: Statistics Canada, 4 March 2022) at page 1, online (pdf): [www150.statcan.gc.ca](https://www150.statcan.gc.ca) <[Mental health-related disability rises among employed Canadians during pandemic, 2021 \(statcan.gc.ca\)](https://www150.statcan.gc.ca/mental-health-related-disability-rises-among-employed-canadians-during-pandemic-2021)>.

serve a 120-calendar day waiting period before moving to LTD, meaning that they have to use sick leave for 120 days prior to beginning their long-term disability leave.

Burnout is another potential reason for increase long-term sick leave absences which will be addressed in the Understaffing section below.

## 2. Mental Health Claims

While mental health encompasses a much wider array of issues than just PTSD, it is difficult to locate data that would accurately reflect the mental health picture amongst employees at HRP. For example, employees may use sick leave in the short term to deal with mental health issues and are not required to inform HRP of the nature of their illness. Another potential indicator, which has been included below, is the usage of HRP's Employee and Family Assistance Program (EFAP). This data does not lead to any definitive conclusions with respect to mental health claims but does raise points for consideration.

The other data identified was that of workplace injury claims for psychological injuries, which have comprised a substantial proportion of lost time over the past several years. The introduction of the presumptive legislation in 2018 was a recognition that front-line emergency responders are at a much higher risk of developing PTSD than the general population. Some studies have put the lifetime prevalence rate of PTSD for police somewhere between 8 and 32%<sup>8</sup> while the prevalence in the general Canadian population appears to be somewhere between 1.7% on the low end<sup>9</sup> and, more recently, between 5-8% on the high end<sup>10</sup>.

### A. EFAP Referrals

The Employee Family and Assistance Program (EFAP) is one way in which employees can reach out for assistance with a variety of issues. Referrals made through EFAP do not constitute mental health claims but do involve a significant mental health component and as such, related data was considered relevant for the purposes of this report.

EFAP at HRP is currently led by two EFAP Coordinators who are employees of HRP. There is also a group of HRP employees who are trained as peer support volunteers and who assist with

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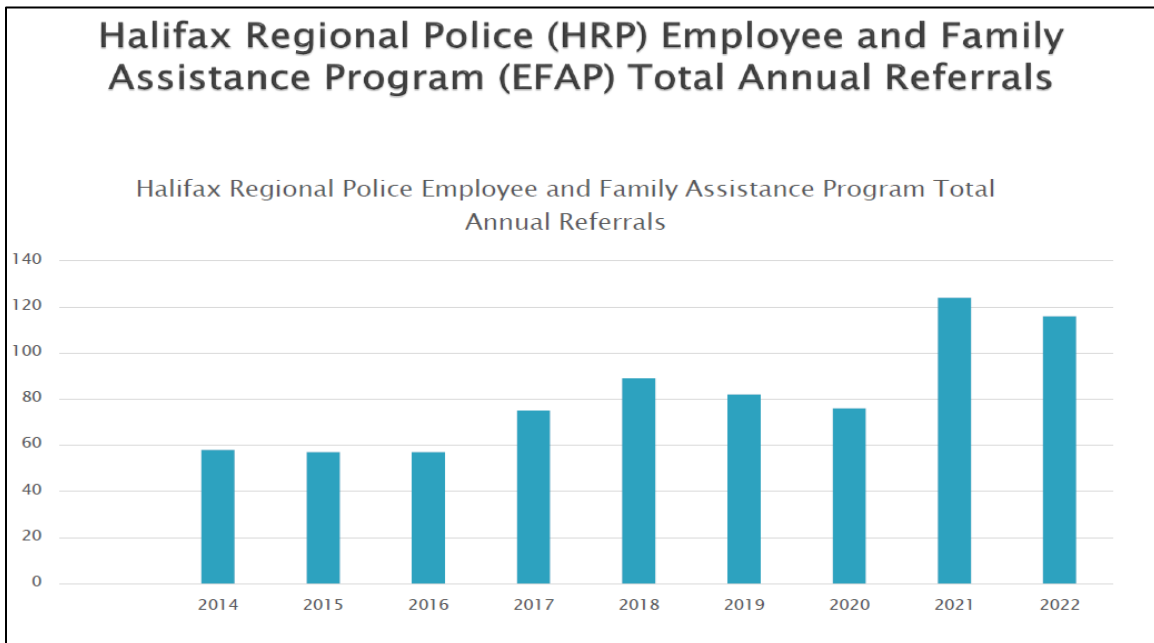
<sup>8</sup> Georgi Boichev, Harminder Guliani & Stuart Wilson, "On the economics of post-traumatic stress disorder among first responders in Canada" (2016) 1:2 *Journal of Community Safety & Well-Being* 26 at 27 (Figure 2).

<sup>9</sup> *Ibid* (Figure 1).

<sup>10</sup> In 2022, Statistics Canada shared its findings from the 2021 Mental Health and Stressful Events Survey and reported that 5% of Canadians reported a PTSD diagnosis while 8% met the criteria for probable PTSD: Statistics Canada, *Survey on Mental Health and Stressful Events, August to December 2021*, Catalogue no. 11-001-X (Ottawa: Statistics Canada, 20 May 2022) at page 1, online (pdf): [www150.statcan.gc.ca](http://www150.statcan.gc.ca) <[Survey on Mental Health and Stressful Events, August to December 2021 \(statcan.gc.ca\)](https://www150.statcan.gc.ca/n/pub/11-001-x/2022001/article/00001-eng.htm)>.

the program. There was no data available on calls made to EFAP, however, EFAP Coordinators have tracked the reasons that employees who called EFAP were then referred on to a treatment provider.

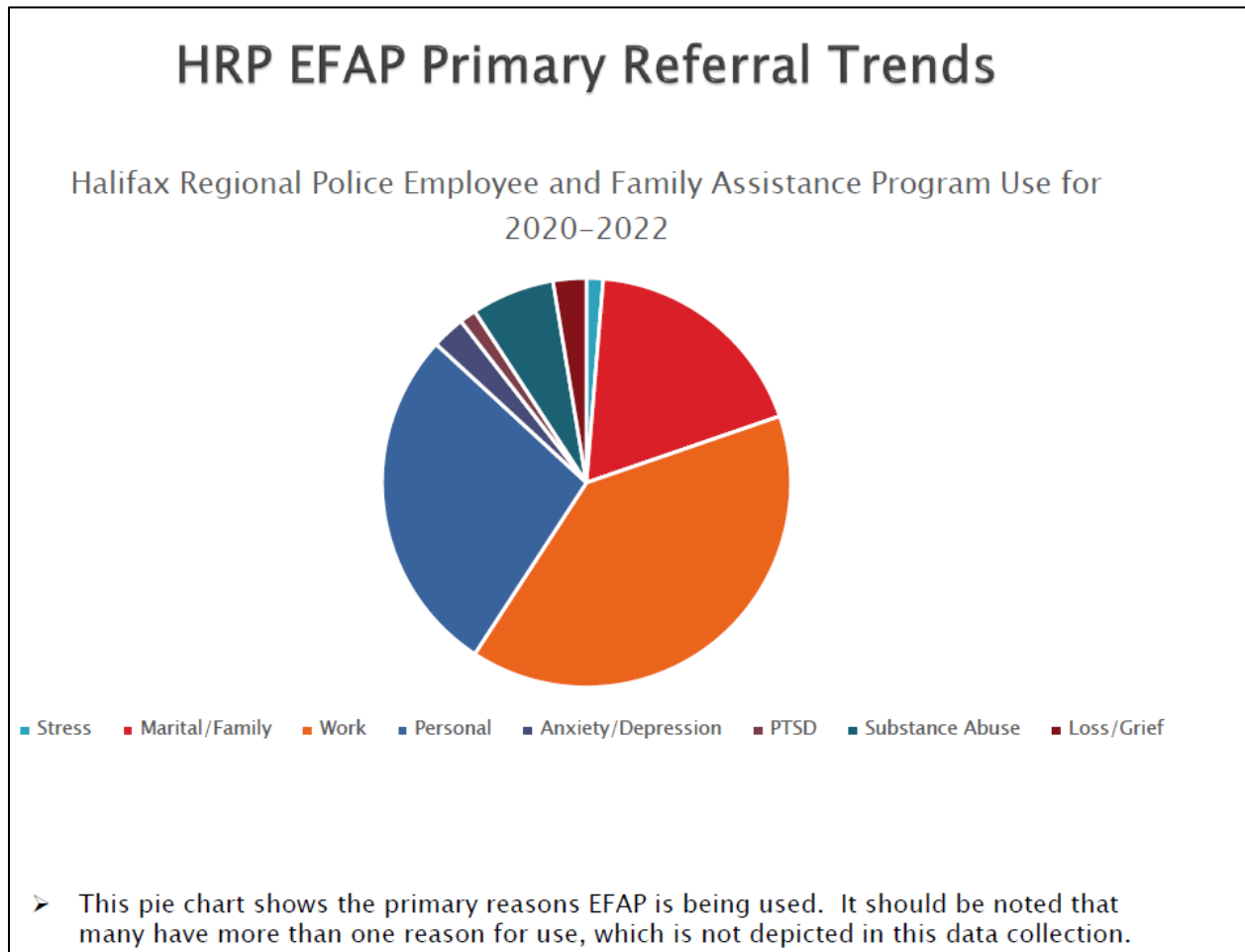
Graph 5: EFAP Annual Referrals



Source: HRP Employee Family Assistance Program

Generally, and as indicated in the Graph 5, EFAP annual referrals have been increasing since 2016. These referrals may be for HRP employees or their family members. There was no data available to explain generally why more people are reaching out now than before, but there was data provided that further breaks down the specific reasons for referrals.

Graph 6: Pie Chart for EFAP Referral Trends for Employees Only



Source: HRP Employee Family Assistance Program

As seen in the Graph 6, work has become the largest reason for referral for employees. Other data provided by EFAP showed referrals for work-related reasons comprised 13.8% of the total referrals for 2014, with it constituting 46.6% all referrals between 2020 and 2022 at 46.6%.

#### B. PTSD – WCB Claims

As indicated in the previous section, there has been a sharp increase in the amount of WCB claims for psychological injuries such as PTSD at HRP, as well as a national increase amongst police officers across Canada. While some factors, such as new legislation, and Covid-19, were already mentioned above, there are other potential contributing factors that focus on the mental health aspect.

Further, when looking at any claim numbers for employees who are reaching out to anyone regarding mental health issues, it is important to recognize that these numbers are likely lower than the actual number of employees experiencing mental health issues. According to one study

involving police officers from thirty-one different police agencies across Canada, only 24% of respondents stated that they would report a mental health condition to their employer/service provider without fear of career or social repercussions.<sup>11</sup> Assuming this study is representative of the impact of ongoing stigma of mental health reporting, it is unlikely that EFAP data or WCB injury claim data is truly representative of employee mental health issues at HRP.

### Potential Contributing Factors

Without other confirmed data it is difficult to ascertain the precise reasons that mental health claims (WCB psychological injury claims) are increasing. This issue has been touched upon by various studies and researchers, although there does not appear to be any definitive, peer-reviewed studies that point to exactly why psychological injury claims are going up amongst police in Canada. A number of potential contributing factors have been suggested, some of which are included below, although they are also connected to other long-term absences, as well as short-term absences indicated in the Understaffing section of this report.

- a. **Burnout** – Burnout has been identified as contributing to an increase in mental health issues, including PTSD<sup>12</sup>, and absenteeism issues amongst police officers<sup>13</sup>.

Burnout has many definitions but according to the Canadian Psychological Association, refers to, “a group of signs and symptoms that consistently occur together and are caused by chronic workplace stress.”<sup>14</sup> In the Canadian Police Association’s, Police Wellbeing During Times of COVID-19 Report, 10% of survey respondents indicated a high level of burnout at work, and 25% reported moderate levels.<sup>15</sup>

The impacts of burnout can be exacerbated when staffing shortages create further challenges for employees, both in terms of working additional overtime to fill in, or by taking on additional duties to ensure operations are not disrupted, overlapping with the next potential factor.

- b. **Overworked Employees** – Data was not collected or analyzed to assess how many paid hours employees were working for the purposes of this report, however, it was cited as a

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<sup>11</sup> Lesley J Bikos, “It’s all window dressing:” Canadian police officers’ perceptions of mental health stigma in their workplace” (2020), ahead-of-print, *Policing: An International Journal* at page 10 <<https://doi.org/10.1108/PIJPSM-07-2020-0126>>.

<sup>12</sup> Devon L L Polaschek & Anna Sutton, “Evaluating Return-to-Work Programmes after Critical Incidents: a Review of the Evidence” (2022) 37 *Journal of Police and Criminal Psychology* 726 at page 731 <<https://doi.org/10.1007/s11896-022-09536-4>>.

<sup>13</sup> Despoina Fragkou, Petros Galanis & Theodoros A Katsoulas, “Risk factors for stress among police officers: A systematic literature review” (2021) 68 *Department of Nursing, National and Kapodistrian University of Athens, Athens, Greece* 1255 at page 1256.

<sup>14</sup> Canadian Psychological Association, “Psychology Works” Fact Sheet: Workplace Burnout” (2 July 2021), online: [cpa.ca](http://cpa.ca) <[“Psychology Works” Fact Sheet: Workplace Burnout - Canadian Psychological Association \(cpa.ca\)](http://cpa.ca)>.

<sup>15</sup> Campeau & Duxbury, *supra* note 7 at page 36.

potential stressor by respondents in the Canadian Police Association's, Police Wellbeing During Times of COVID-19 Report.<sup>16</sup>

Further, general overtime hours can be difficult to draw conclusions from. There may have been special projects or events, abnormally lengthy and complicated criminal investigations or other anomalies that contribute to high general overtime figures, but those high overall figures do not necessarily mean that the average employee is working excessive hours.

One subset of overtime worked at HRP is Extra Duty. Extra Duty is essentially contracted police work, requested by, and paid for by, external organizations. Working Extra Duty is voluntary and falls outside of a Police Officer's regular working hours or duties.

Chart 2: Extra Duty Earnings by Fiscal Year

2016-17	2017-18	2018-19	2019-2020	2020-21	2021-22	2022-2023*
\$610,7341	\$749,511	\$735,047	\$828,353	\$259,716	\$585,201	\$1,253,340

Source: HRP Payroll SAP

\*figure includes earnings for hours reported up to January 11, 2022

As evidenced by the information in Chart 2, employee earnings for Extra Duty work were high in the 2022-2023 fiscal year. As the Extra Duty rate continues to increase though, it can be challenging to compare earnings, year over year. As per the Collective Agreement between HRM and the Halifax Regional Police Association, the Extra Duty rate is set by HRP (the Union). On November 1, 2022, the Union amended the rate so that it moved from 1.5 times the existing rate to double. While it does not account for the total increase in the current fiscal year, it is a factor. Extra Duty worked can also be measured in hours. Hours provided by the Accountant Administrator for HRP showed that 7,521 hours of Extra Duty were worked in 2021, compared to 13,726 from January 1 to November 19 of 2022. There is an obvious increase in Extra Duty hours worked in 2022, although there were less Extra Duty requests for 2021 due to the impact of Covid-19.

Another potential workload indicator was found in HRM's 2022 Engagement Survey. It found that 58% of HRP employees who responded indicated that they could effectively deal with assigned work. This was down from 70% in 2018 and less than the HRM overall response at 74%.<sup>17</sup>

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<sup>16</sup> *Ibid* at page 67.

<sup>17</sup> Narrative Research, "2022 EMPLOYEE ENGAGEMENT STUDY", Final prepared for: Halifax Regional Municipality (April 2022) at pages 41, 44, online (pdf): [www.halifax.ca](http://www.halifax.ca) <[HRM 2022 Employee Engagement Report - Final \(halifax.ca\)](#)> [2022 HRM Employee Engagement Survey].

- c. Job-related Stressors – Various studies and research has shown that job-related stressors amongst police officers can contribute to an increase in poor mental health. These stressors include job pressure and demand, lack of support, and long working hours to name a few.<sup>18</sup>
- d. Lack of early detection – Aside from self-referrals, post critical incident and safeguarding assessments, Halifax Regional Police does not have a program that identifies early warning signs for various mental health disorders. In a review of literature including twenty-nine cross-sectional studies examining stressors amongst police officers, the key finding was that health surveillance and ongoing mental health assessment was necessary to identify those at high risk of developing mental health disorders, including post-traumatic stress disorders, and to promote quality of life amongst employees.<sup>19</sup>

The RCMP is currently conducting a 10-year longitudinal study that will examine PTSD amongst RCMP Officers and the impacts of a proactive system of mental health and training. This may help guide other police agencies, including HRP, in early detection and preventative measures.<sup>20</sup>

- e. Morale and Engagement – Results of HRM’s Employee Engagement Survey 2022 showed that HRP employee’s overall employee engagement decreased from 66% in 2018 to 51% in 2022. 29% indicated that their morale at work is generally positive, compared to 58% in 2018 and compared to 57% across HRM.<sup>21</sup>

### 3. Understaffing

There is no precise set of data identified that would indicate whether Halifax Regional Police is ‘understaffed’. There are various sets of data that help to explain absenteeism levels or vacancies, but as to whether a department or unit is appropriately staffed depends on more than just how many FTEs there are in that department. It depends on a variety of factors including how many vacancies, long-term absences and short-term absences there are, the operational demands at that particular point in time as well as whether duties can be reassigned to other areas.

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<sup>18</sup> Fragkou et al, *supra* note 13 at page 1256.

<sup>19</sup> *Ibid.*

<sup>20</sup> University of Regina, “The RCMP Longitudinal PTSD Study”, online: [www.rcmpstudy.ca](http://www.rcmpstudy.ca) <[About the Study | The RCMP Longitudinal PTSD Study \(rcmpstudy.ca\)](#)>. See also: R. Nicholas Carleton et al, “Mental Disorder Symptoms among Public Safety Personnel in Canada” (2018) 63:1 *The Canadian Journal of Psychiatry* 54.

<sup>21</sup> 2022 HRM Employee Engagement Survey, *supra* note 17 at pages 33, 35; Corporate Research Associates, “Halifax Regional Municipality 2018 Employee Engagement Study” (July 2018) at page 31, online (pdf): [www.halifax.ca](http://www.halifax.ca) <[HRM 2018 Employee Engagement Report - Final \(halifax.ca\)](#)> [2022 HRM Employee Engagement Survey].



For Patrol, the Watch Commander of the day has discretion in determining whether available staffing levels are sufficient to meet the service demands of the Patrol Division. If they are not, the Watch Commander can move staff around within the service areas or they can choose to choose to call employees in for overtime, either in advance for planned or forecasted absences, or last minute, if sick usage or other types of absences are higher than expected. Overtime reports are available, but the reason an employee is called in for overtime is not tracked.

In the Criminal Investigation Divisions (CID), long-term and short-term absences are generally not backfilled. It means that absences in that division are absorbed by other employees having to take on extra duties. HRP management reported that they generally do not call people in for shifts in CID solely because they have a number of absences on a particular shift. They will, however, call Detective Constables in for overtime if there is an incident, or if there is work that needs to be done. Even when there is an incident that requires additional staff, it does not necessarily correspond with the number of Detective Constables that are absent, but rather it involves assessing the situation(s) and determining the appropriate and immediate staffing needs. Therefore, the overtime reports are not exactly indicative of understaffing issues in CID either. Further, Detective Constables require specialized training to conduct investigations, so while a Detective Constable could be called in for a Patrol shift, a Patrol Officer could not generally be called in to backfill a CID shift.

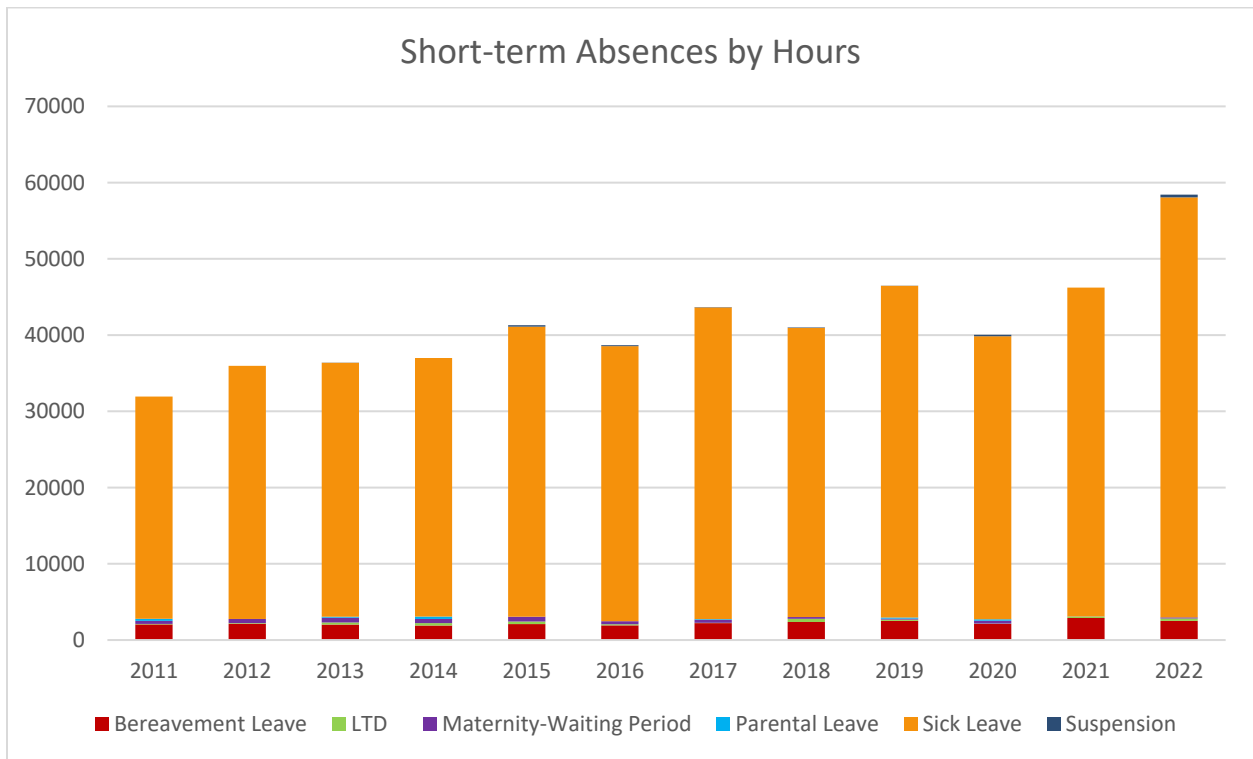
#### **A. Long term absences**

The primary driver of understaffing issues lies with long-term absences, which has already been detailed above. There has been very little growth in the number of FTE's assigned to HRP in recent, but a large increase in long-term absences.

#### **B. Short-term absences**

In addition to long-term absences, HRP has to factor in short-term absences for staffing purposes. Short-term absences for the purposes of this report were defined as any leave of less than thirty days, with the exception of workplace injuries which have all been included in the long-term absence data reported above in Graph 1.

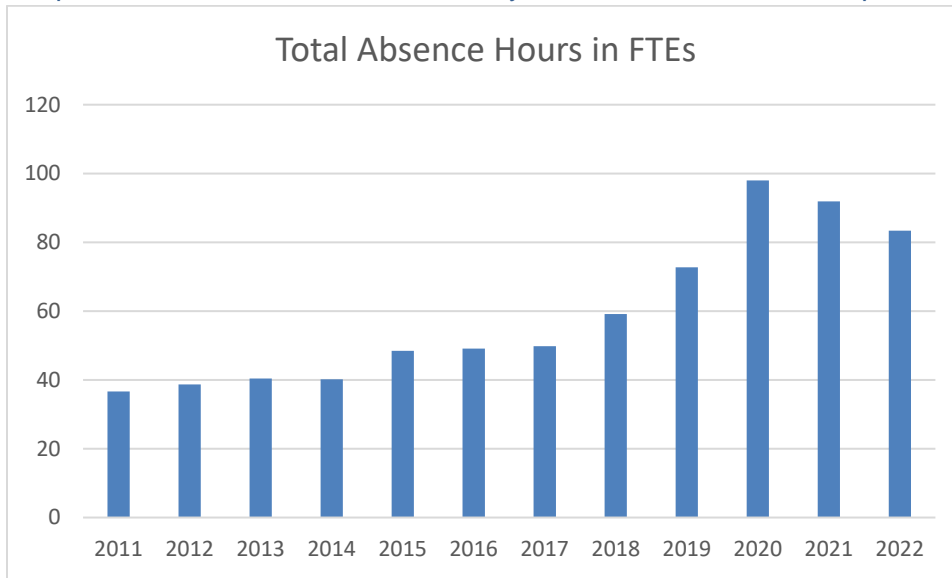
Graph 7: Short-term absences Annually by hours and Type



Source: HRM's SAP system, Data retrieved December 19, 2022.

When you take the figures from short-term absences and add them to the long-term absences, it amounts to employees missing approximately 173,411 hours in 2022, which is roughly the equivalent of 83 FTEs, a significant increase since 2011, as seen in Graph 8.

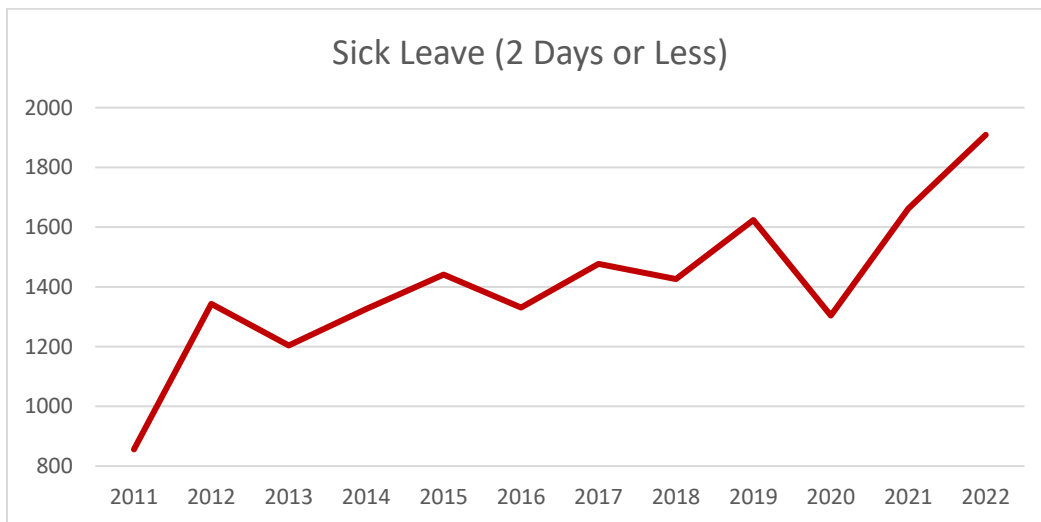
Graph 8: Total Absence Hours Annually converted to Full-Time Equivalents



Source: HRM's SAP system, Data retrieved December 19, 2022.

Sick leave makes up the largest portion of short-term absences. It is likely that absences due to Covid-19 are responsible for a significant portion of sick leave between 2020-2022, especially for sick leave of a week/cycle or longer. However, the pandemic is unlikely completely responsible for an increase in sick leaves of two consecutive days or less, due to most sick leaves associated with Covid-19 being a week or longer. As evidenced in Graph 9, there is a notable increase in sick leave usage for single or double days. This graph represents occurrences where an employee has used a single, or two sick days in a row.

Graph 9: Occurrences of Sick Leave of one or two consecutive days



Source: HRM's SAP system, Data retrieved December 19, 2022.

Employees using sick leave are usually not referred to, or contacted by, a Health Specialist at HRP until they have been absent for at least a week or work cycle, therefore, there was no central source to discern very short-term sick usage reasons. However, some research has suggested that short-term sick leave can be a method used by Police Officers as a means of addressing police fatigue or sleep deprivation, with increased absences seen by those who are working shift work and/or long work hours.<sup>22</sup>

Short-term sick leave could also be indicative of some of the mental health factors identified in the previous section, although there was no data available to assess whether that is the case at HRP.

### C. Retirements and Resignations

The chart below represents retirements, resignations, and terminations at Halifax Regional Police from 2011-2022. There are no clear trends in retirements or resignations although 2021 and 2022 saw high numbers of each.

In May 2022, HRM launched an online exit interview program. The link to this interview is sent to all employees, including outgoing employees at HRP to complete. There has been little uptake in the completion of this form to date, so it was not useful in trying to establish widespread reasons for resignation.

Chart 3: Resignations, Terminations and Retirements at HRP

	Resignations & Terminations	Retirements	Resignations & Terminations	Retirements	Total
	Sworn		Civilian		
2011					23
2012					15
2013					27
2014					17
2015					42
2016					26
2017					33
2018					24
2019					28
2020					34
2021					38
2022					33

Source: HRM, Human Resources & Corporate Communications

<sup>22</sup> Samantha Riedy et al, "Fatigue and short-term unplanned absences among police officers" (2020) 443:3 *Policing* 483 at page 488 (page 6).

*Source: HRM, Human Resources & Corporate Communications*

With 29 combined resignations/terminations and retirements of sworn officers in 2022, the upcoming cadet class of 27, which is scheduled to graduate in July of 2023, will not fill existing sworn officer vacancies and will need to be supplemented with Experienced Officer hiring.

## **Part 2: Current Efforts**

There are a number of things that HRP is currently doing that are targeted at decreasing mental health claims and long-term absences.

### **A. Safeguarding program**

The Safeguarding program involves sending employees who are in positions with a high risk to experience trauma to an annual assessment with a psychologist. Currently, about forty-five employees per year participate, including Detectives in Sexual Assault or Homicide. The psychologist then provides a report to HRP which either confirms that the employee is functioning appropriately and is safe to continue working, or flags treatment needs such as counselling or time off work. These assessments are contracted out to a private psychologist.

### **B. Critical Incident Stress Management (CISM)**

The CISM program is run by the Employee Family Assistance Program Coordinators. CISM involves a debrief following a critical incident, either in group or individual format. It is offered to all employees who may have been involved in or witnessed a critical incident, however, participation is voluntary. In the session, the Coordinator will help to normalize some feelings they participants may be having, as well as warn them about potential things they could experience, and who to call if they do.

### **C. Post Critical Incident Check-in**

Employees who were directly involved in a critical incident will attend an assessment with a psychologist six weeks after the incident. The psychologist will perform the same assessment as they do with the Safeguarding program.

### **D. Peer support program**

This program is run by the EFAP Coordinators. It is a network of peer support volunteers, all of whom are HRP employees who have taken the required mental health training. These volunteers are available to talk at any time, with two 24-hour cell phones always staffed. Employees can call to discuss a variety of issues, in a confidential capacity.

## E. Return to work

Many of the employees diagnosed with PTSD will have temporary limitations when they initially return to work. Often, these limitations include limiting exposure to traumatic or violent situations. It is difficult to find a position at HRP, especially for multiple employees at a time, that can meet these limitations. However, due to a shuffling of duties and resources during Covid-19, some work previously done by Patrol Constables started to be done by other HRP employees, including that of staffing the non-emergency call back line. While this may not be an appropriate long-term or permanent accommodation for a returning Police Officer, [REDACTED]. The feasibility of having others perform this work has been identified as temporary option to date and has not been deemed appropriate for every returning employee.

## F. Reintegration Program

In the Spring of 2021, HRP began the process of initiating a Reintegration Program to assist employees in returning to work. Like many programs in Canada, HRP's program takes guidance from the Edmonton Police Services Reintegration Program. The Edmonton Police Services Reintegration Program is delivered by peers. Peer-based or peer-led interventions, that included peer-group debriefings, which have been reported to produce significant reductions in trauma-related absenteeism.<sup>23</sup> While Edmonton's Reintegration program has two streams, short and long-term, HRP's program to date, has only focused on reintegration of employees who have had a longer absence from work following an injury.

The program at HRP has one full-time Reintegration Officer and approximately eight other employees who have received the Reintegration training and assist with the program. The latter group of employees are assisting with the program on top of their normal duties which has been noted as a challenge at times by some involved in the program in terms of balancing priorities. Given that the program is still in its infancy, it is difficult to assess its effectiveness to date. While no specific evaluation of the program to date was available, individuals involved reported that some initial challenges with the program have been fixed, such as ensuring the Reintegration Officer was solely dedicated to the Reintegration Program, rather than juggling it along with other duties.

According to data presented by the Reintegration Officer and Wellness Specialist at HRP, eleven employees have gone through the program at HRP, with [REDACTED] back to full duties with

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<sup>23</sup> Chelsea Jones et al, "Peers supporting reintegration after occupational stress injuries: A qualitative analysis of a workplace reintegration facilitator training program developed by municipal police for public safety personnel" (2021) 95:1 *The Police Journal: Theory, Practice and Principles* <<https://doi.org/10.1177/0032258X211030896>>.

no restrictions, ■■■ returning to their home position with some modifications and ■■■ doing another type of modified work.

### **G. More Health Staff**

In late 2021, a second Health Specialist was hired at HRP for a temporary period of time. This has allowed for more communication with employees and treatment providers as well as enhanced recommendations on return-to-work options. With approximately 900 employees and a large, complex caseload of health files, it brings the HRP Health Specialists' caseloads more in line with that of other Health Specialists at Halifax Regional Municipality.

# Part 3: Recommendations

## 1. Short to Medium

### A. Data Collection

- i. Systematically and consistently collect data on when staff are being called in to fill regular shifts or when/if any services have to be modified to deal with staffing shortages.
- ii. Work with payroll to ensure there are appropriate coding mechanisms for all types of leave and then ensure coding is being used appropriately by HRP.
- iii. Track data on illness and injury leaves with respect to time away from the workplace, time in temporary return to work positions, time from date of injury until full return to non-modified duties, as well as other timeline data related to the reintegration program.

### B. Workforce Planning

Develop a workforce plan for cadet classes and Experienced Officer recruitment that addresses upcoming vacancies, including anticipated long-term absences.

### C. Reintegration Program

- i. Assess effectiveness of Reintegration Program after it has been in place for one year.
- ii. Ensure program has the ongoing support required to be effective, including relevant staff and expertise.
- iii. Ensure employees are aware of the program and how to access it.

### D. Return to Work

- i. Formalize a return-to-work framework or program with measurable outcomes for success.
- ii. Ensure the appropriate resources, including JSAs, are available to identify appropriate return to work options for employees.
- iii. Identify meaningful return to work options for employees attempting a return to work.

### E. Assess existing data

- i. Examine existing short-term sick usage for differences in demographics, types of shifts worked (for example, the 12-hour Watches), correlations with overtime,



common shifts missed, or other notable patterns to help inform the types of supports and resources that should be made available to employees.

- ii. Examine the total amount of time worked by employees, including overtime and extra duty to determine if there is a correlation between time worked and sick leaves usage and available staffing resources.

#### **F. Feedback Mechanisms**

- i. Encourage employees who are leaving HRP to complete exit interview surveys.
- ii. Conduct employee surveys to identify factors in sick leave usage, and potential burnout and morale issues.

## **2. Medium to Long Term**

#### **A. Focus on Prevention**

- i. Develop a mental health strategy, inclusive of an early detection mechanism.
- ii. Ensure managers are knowledgeable and supportive of wellness initiatives and communicate accordingly with employees.

#### **B. Examine Data**

- i. Examine staffing data, specifically how and when we are calling in employees to cover regular shifts and factor into workforce planning.
- ii. Examine data available on illness and injury absences, in conjunction with a return to work and reintegration program to determine whether adjustments need to be made.

#### **C. Attendance Support**

Provide early intervention and support for employees on sick leave

[www.halifax.ca](http://www.halifax.ca).