Supporting Mental Health Stay-at-Work & Return-to-Work

A PSP Leader's Toolkit

Stay-at-Work | Return-to-Work | Accommodation | PSP | Leaders

20 min read

Introduction

Public safety personnel are routinely exposed to demanding, high-stress, and potentially psychologically traumatic situations. Over time, these experiences can affect mental health and work functioning. Leaders play a crucially important role in recognizing concerns, initiating supportive conversations, and helping workers stay connected to meaningful and safe work. This toolkit provides simple, evidence-informed guidance to help leaders respond early, reduce risk, and promoting safe stay-at-work and return-to-work participation for workers experiencing mental health concerns.

This resource is intended to complement—not replace—clinical care, organizational human resources or disability management processes, union representation, or Workplace Safety and Insurance Board (WSIB) pathways.

Who It's For

- This resource is for leaders in public safety organizations (e.g., police, fire, paramedic services, corrections, communications/dispatch, and other public safety roles) who support workers to remain at work safely or return to work safely after a mental health–related absence or concern.

Purpose

- This is general guidance to help leaders respond early and support safe work participation.
- It is not clinical advice, and it is not a substitute for HR/Disability Management processes, WSIB processes, or medical direction.

PSHSA.ca Public Services Health & Safety Association

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Key Concepts

Mental stress injury

Refers to a diagnosed psychological injury or illness that arises out of and in the course of employment and is caused by work-related traumatic events or substantial work-related stressors, where work-related factors are a significant contributing cause of the condition.

Stay-at-work and Return-to-Work

- **Stay-at-Work (SAW):** A structured process that helps workers continue working while recovering from an injury or illness.
- **Return-to-Work (RTW):** A structured process that supports workers in safely resuming work after an absence due to illness or injury.

Stay-at-work and Return-to-Work Program

A workplace's written plan that supports employees in staying at or returning to suitable work after an injury or illness, based on their abilities.

Accommodation

A legal obligation to adjust the work or workplace to support an employee with a disability. This can include changes to duties, schedules, equipment, or environments.

Disability

According to the OHRC, disability is any physical or mental condition, visible or invisible, including past conditions and situations where someone is perceived to have a disability.

Modified work

A way to fulfill an accommodation. It is a temporary or permanent change to job duties or tasks to align with a worker's functional abilities during recovery.

Post-traumatic Stress Injury (PTSI)

A non-diagnostic, inclusive term used to describe persistent psychological difficulties that may develop following exposure to one or more potentially psychologically traumatic events. PTSI term that recognizes a range of trauma-related mental health injuries, including but not limited to post-traumatic stress disorder (PTSD).

Potentially Psychologically Traumatic Events (PPTEs)

PPTEs are events that may cause psychological distress or injury and involve exposure to actual or threatened death, serious injury, or sexual violence. Exposure may occur through directly experiencing the event, witnessing the event, learning that the event occurred to a close colleague or loved one, or through repeated or extreme exposure to aversive details of traumatic events as part of one's occupational duties.

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What is Stay-at-Work & Return-to-Work?

Stay-at-Work (SAW) and Return-to-Work (RTW) are structured processes that help workers' recover while staying connected to work:

RTW

Happens after an absence due to illness or injury.

SAW

Helps workers continue working during recovery, preventing absences.

Both Processes involve many moving parts

Individual

Health status, injury severity, motivation, personal circumstances.

Workplace

Culture, supervisor support, workplace accommodations, clear roles and policies.

System

Insurance and WSIB processes (for work-related injuries and illnesses), timely care, communication with healthcare providers.

When these pieces work together early, recovery is smoother, less stressful, and workers feel supported.

Workplace Factors that Influence Recovery

Recovery is influenced not only by the worker's health status, but also by the conditions of public safety work and the support available around them. Workplace factors can either support recovery and successful work participation or create additional barriers that delay progress, increase stress, or contribute to recurrence. See **Figure 1** for examples



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Figure 1

Workplace factors that influence recovery

Factor Area	Can support recovery when...	Can hinder recovery when...
Leadership & supervisor support	Respectful, early contact; confidentiality protected; suitable work planned.	Contact is inconsistent, procedural, or fixated on attendance.
Team culture & stigma	Concerns seen as real H&S issues; coworkers support return.	Workers fear judgement, gossip, or doubts about their competence.
Work design & demands	Duties, workload, exposures, and pace matched to recovery needs.	Worker returns to the same demands that caused harm.
Accommodation & suitable work	Modified duties are meaningful, clear, and reviewed over time.	Accommodations are missing, ill-fitting, or treated as a burden.
Communication & coordination	All parties have clear roles and coordinated communication.	Roles are unclear and the worker must keep retelling their story.

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Leadership Decision Making Process in SAW/RTW

Best practice for accommodations and modified work decision making emphasizes that work must be safe, suitable, and within the injured or ill worker's functional abilities. The primary goal is to support a return to the employee's pre-disability job, with or without accommodation, in alignment with WSIB and the Ontario Human Rights Code. The process is shown as a series of four practical steps in the figure below, starting with:

1. **Assessing whether the employee can perform their original job**
2. **Considering job modifications within the same role.**
3. **Consider alternative existing roles that match functional abilities of the worker.**
4. **Consider other roles with modifications**

Primary Goals

The primary goal is to return the worker to their **pre-disability job**, with or without accommodation (WSIB, OHRC).

At every step, the test is the same: the work must be **safe, suitable,** and within the worker's **functional abilities**.

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7 Principles of Return-to-Work

There are Seven Principles that support positive RTW outcomes, highlighted below (IWH, 2014):

1. **Commitment to Health and Safety:** The workplace has a strong commitment to health and safety, which is demonstrated by the behaviours of the workplace parties.
2. **Offer of Modified Work:** The employer makes an offer of modified work (also known as work accommodation) to injured/ill workers so they can return early and safely to work activities suitable to their abilities.
3. **Plan Supports for Returning Worker and Co-Workers:** RTW planners ensure that the plan supports the returning worker without disadvantaging co-workers and supervisors.
4. **Trained Supervisors:** Supervisors are trained in work disability prevention and included in RTW planning.
5. **Early and Considerate Contact:** The employer makes early and considerate contact with injured/ill workers.
6. **Clear Responsibilities:** Someone has the responsibility to coordinate RTW.
7. **Ongoing Communication:** Employers and health-care providers communicate with each other about the workplace demands as needed, and with the worker's consent.

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Prevention & Early Intervention: How Public Safety Leaders can Help

Early intervention reduces escalation and improves the chances of safe work participation and recovery. Leaders can:

A. Notice early indicators

Leaders may notice changes in work functioning rather than through disclosure. Common early indicators can include changes in attendance, concentration, irritability/conflict, withdrawal, or difficulty with routine tasks.

B. Start a supportive conversation

A practical approach is to focus on work impact and support, not diagnosis — e.g., "I've noticed X at work. How can we support you to succeed safely?". Apply communication strategies such as:

- **Active Listening**
- **Brave Spaces**
- **Inclusive Language**

C. Connect to supports quickly

WSIB notes that for work-related mental stress claims, they will work with the worker, provider, and employer, and may provide supports such as therapy and return-to-work help if approved.

In public safety settings, leader actions may also include connecting workers to internal pathways (peer support, EAP/EFAP, critical incident supports) consistent with organizational practice.

D. Make reporting and help-seeking easier

Confidential and accessible reporting pathways and early, respectful responses support early intervention and reduce barriers to care.



After a potentially psychologically traumatic event. . .

Psychological injury or illness may occur after experiencing a potentially traumatic event, leader-enabled interventions can help mitigate impacts.

Such interventions can include:

- Allowing appropriate **time** away from duties, temporary reassignment, or decompression time when needed after high-impact events.
- Providing or reinforcing **access** to stigma-free counselling/clinical supports (EAP/EFAP or other).
- Offering structured **post-event supports** consistent with organizational protocols (e.g., coordinated check-ins, resource connection, peer support pathway).
- Providing ongoing **education** about stress reactions and symptom management so workers recognize what's happening and what helps.

Note: The goal is not "one-size-fits-all." Engagement and individualized fit are emphasized in accommodation guidance.

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SAW/RTW Leader Do's and Don'ts

1. Communication & Engagement

Do	Don't
Make contact only when it is reasonably required to support SAW/RTW.	Contact a worker on leave without a clear purpose or need.
Consider OHRC guidance before reaching out (nature/length of leave, worker's preferences, reason for contact, timing, and whether more info is truly needed)	Ignore the worker's preferred level of contact or reach out more often than necessary.
Use supportive, inclusive, non-pressuring language.	Use language that feels intrusive, dismissive, or that pressures the worker to return before they are ready.
Maintain open communication during recovery.	Go silent, or reach out in ways that could be seen as harassing or coercive.

2. Privacy & Medical Information

Do	Don't
Focus on functional abilities and job demands.	Ask for diagnosis, treatment details, or personal health information.
Respect confidentiality and share only what is needed to implement accommodations.	Overshare information with colleagues who do not require it.

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3. SAW/RTW Planning & Accommodations

See Appendix A for accommodation options that support mental health for public safety personnel (PSP)

Do	Don't
Set clear expectations: duties, hours, boundaries, and review dates.	Create accommodation plans without follow-up or monitoring ("set and forget").
Provide meaningful, suitable modified duties based on functional abilities.	Assign work that is mismatched, punitive, or meaningless.
Maintain regular check-ins and adjust plans proactively.	Treat SAW/RTW as a compliance or paperwork exercise.
Coordinate with HR, disability management, and WSIB when applicable.	Make assumptions about claim decisions or work-relatedness.

4. Safety & Restrictions

Do	Don't
Use time-limited, reviewable plans for safety-sensitive tasks.	Continue full duties when functional limitations may impact safety.
Treat restrictions as safety controls that protect the worker and team.	Treat restrictions as judgments about the worker's character or capability.
Reinforce the worker's value and dignity throughout the process.	Question the worker's pace of recovery or the legitimacy of their limitations.

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Supervisor/Leader Check-in Questions

These questions support collaborative, participatory stay-at-work (SAW) and return-to-work (RTW) practices. They align with the principle that accommodation plans should focus on specific work-related impacts, be individualized, and involve the worker, along with relevant professionals and care providers, as part of an ongoing RTW process.
Leaders should ask open-ended, non-judgemental questions and revisit them regularly as needs change.

Examples of supportive check-in questions include:

What parts of your job feel most manageable right now, and which feel more challenging?

Are there specific work conditions that make symptoms better or worse (e.g., noise, shift length, unpredictability, particular tasks)?

What adjustments would help you work safely and effectively this week?

What feels realistic right now in terms of workload, pace and responsibilities?

What should we monitor together, and when should we check back on this plan?

These conversations should focus on functional abilities and work impact, not medical diagnoses, and should reinforce that accommodations are flexible and can be adjusted as recovery progresses.

Resources for Leaders

Leaders are encouraged to explore organizational and external policies, programs, and resource toolkits designed to strengthen psychological safety and promote injury prevention and wellbeing across your team.

Access resources for leaders here

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APPENDIX A

Accommodation Options that Support Mental Health

Overview

This appendix summarizes accommodation options that have been shown to support Public Safety Personnel (PSP) experiencing psychological injuries, including post-traumatic stress injuries (PTSI) and other mental stress injuries.

Section 1

The first section highlights what Ontario PSP themselves identified as the most helpful accommodations during return to work (RTW) (Edgelow et al., 2023). These insights show that PSP generally prefer adjustments that make work manageable—not full removal from duties. Fatigue reduction, schedule control, and exposure management emerge as the strongest themes.

Section 2

The second section provides a detailed accommodation chart adapted for PSP contexts from Workplace Strategies for Mental Health (2025). The accommodation options outlined are in consideration for workers experiencing PTSI or Mental Stress Injury symptoms. These strategies typically require little to no cost and can support workers who remain at work, are returning, or are reintegrating after time away.



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Section 1
Accommodation Summary — Using a Participatory Approach

What Ontario PSP Find to be Most Helpful During Return to Work

These insights come from a study of Ontario PSP's experiences returning to work after psychological injuries (Edgelow et al., 2023) and highlight the importance of a participatory and collaborative approach to accommodation that involves the worker. Overall, PSP most often expressed benefit from adjustments that reduce workload intensity, increase schedule predictability, and limit cognitive or exposure demands — not from being removed from work entirely.

Common Accommodation Types for PSP Returning After Psychological Injury

Based on Edgelow et al., 2023

Accommodation Category	Examples	Why These Help
Most Common and Helpful Accommodations	• Reduced work hours • Flexible shift options • Fewer night shifts	Fatigue management and predictable scheduling are central to safe, effective and sustainable RTW for PSP with psychological injuries.
Moderately Common Accommodations	• More frequent breaks • Limits on types of calls or situations attended • Adjusted roles or duties • Change of station or post	These support pacing, reduce cumulative exposure, and lower cognitive load. They also help minimize environmental or situational triggers during early or transitional RTW phases.
Less Common but Important Accommodations	• Reduced number of day shifts • Use of service animals • Reducing cognitively distracting demands (e.g., minimizing radio/ phone interactions, providing quiet space for documentation, limiting unnecessary computer notifications)	These requests reflect individual differences in sensory load, attention, and emotional regulation. Even if less frequently requested, they can be critical for certain workers' safe and successful RTW.

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What This Means for Leaders

Across all categories, the findings suggest

Stay Connected

PSP often want to stay connected to work, with manageable adjustments — not full removal.

Reduce Fatigue

Fatigue reduction, schedule flexibility, and exposure control are key drivers of successful RTW.

Don't Paint all Workers with the Same Brush

Even less common accommodations may be essential for workers experiencing cognitive overload or heightened vigilance.

Be Person-Centred

A menu-based, person-centred approach supports safer, more effective, and more sustainable RTW than a one-size-fits-all model.



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Section 2

Workers Experiencing PTSI or Mental Stress Injury Symptoms

The following table is adapted for PSP contexts from Workplace Strategies for Mental Health (2025). These accommodations can support workers experiencing symptoms while promoting safety, dignity, and operational functionality.

The chart on the following page can be utilized by the Manager, Supervisor and Return to Work Coordinator to identify types of accommodations that can be used. This chart is aligned to specific PTSI signs and symptoms and how they can manifest themselves at work.

Accommodations Chart for Workers Experiencing PTSI or Mental Stress Injury Symptoms

Signs and Symptoms	What This Could Look Like at Work	Impact on Job Tasks	Potential Accommodations (PSP-informed)
Triggered memories, emotions, or physical stress responses	• Intense distress or strong physical reactions • Unexpected breaks • Reduced concentration or focus • Increased errors in routine tasks • Difficulty completing complex tasks under pressure • Reduced organization or memory	• Difficulty tolerating certain tasks, calls, locations, or environments • Difficulty meeting deadlines or working under time pressure • Performance below expectations for training/experience • Difficulty multitasking or maintaining situational awareness	**Communication and supervision supports** • Provide clear, written instructions and task priorities to reduce cognitive load • Use brief, scheduled check-ins (e.g., 10 minutes weekly or more often during transitions) to address issues early • Deliver feedback privately and predictably, focusing on observable behaviours and supports rather than intent **Work environment adjustments** • Identify and reduce environmental triggers where possible • Allow work to be completed in a psychologically safe or quieter space • Reduce avoidable distractions (e.g., sound-proofed areas, white noise, uninterrupted work periods) **Workload and task supports** • Break complex tasks into steps and reduce multi-tasking demands • Provide memory aids (checklists, schedulers, written or auditory cues) • Set realistic, achievable goals with regular supervisor or mentor check-ins • Temporarily restrict tasks with immediate safety risk if concentration lapses may occur

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Accommodations Chart for Workers Experiencing PTSI or Mental Stress Injury Symptoms Continued

Signs and Symptoms	What This Could Look Like at Work	Impact on Job Tasks	Potential Accommodations (PSP-informed)
Avoidance of trauma-related reminders	• Inconsistent attendance • Lateness, leaving early, extended breaks • Social withdrawal or disengagement • Avoiding specific calls, locations, people, or equipment • Expressions of guilt, worry, low mood, or distress	• Difficulty reliably attending work or completing assigned duties • Refusal or reluctance to work in certain areas or perform certain tasks • Reduced participation in team activities, training, or briefings • Reduced motivation and productivity • Interpersonal strain when pushed into new or triggering roles	**Workload, duties, and exposure adjustments** • Temporarily modify duties to reduce exposure to high-intensity, triggering, or cumulative-trauma tasks when operationally feasible • Reallocate non-essential or discretionary tasks during recovery periods • Support gradual re-exposure to tasks over time, where appropriate and planned **Scheduling adjustments** • Allow flexible scheduling, modified start/end times, or reduced hours to support treatment and recovery routines • Provide predictable scheduling or temporary changes to shift rotation to stabilize sleep and functioning **Support and privacy measures** • Consider requests for privacy in work location or task assignment • Allow brief calls to clinicians or peer supports as needed • Provide awareness guidance to supervisors and coworkers, where appropriate, to reduce misunderstanding and stigma

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Signs and Symptoms	What This Could Look Like at Work	Impact on Job Tasks	Potential Accommodations (PSP-informed)
Hyper-arousal and heightened stress response	• Excessive focus on safety risks or hazards • Exaggerated startle response to noise or sudden approach • Increased irritability or conflict with coworkers or supervisors • Excessive fatigue or appearing overtired • Increased reliance on substances to cope	• Frequent safety-related complaints • Preference to work with specific people, crews, or locations • Complaints from coworkers or the public • Risk of impairment, poor judgment, or unsafe behaviour	**Communication, supervision, and structure** • Assign a consistent supervisor or mentor as a point of contact for guidance and questions • Provide clear, goal-oriented workloads with defined expectations • Encourage stepping away from escalating or frustrating situations before conflict occurs • Ask a mentor or supervisor to provide early, respectful feedback if behaviour becomes inappropriate or unsafe **Scheduling and duty controls** • Allow the worker to remain on a consistent schedule or stable crew where possible • Provide a quiet space to rest during breaks if needed • Temporarily restrict safety-sensitive duties while the worker is actively seeking support for substance-related concerns
Reduced confidence or difficulty re-integrating after absence	• Hesitancy performing tasks previously managed well • Over-checking work or seeking reassurance • Difficulty re-engaging with team routines	• Slower task completion • Reduced independence or decision-making confidence	**Supportive resources and skill-building** • Provide access to peer support pathways as a connector to additional supports • Use coaching or mentoring to rebuild confidence, clarify expectations, and support skill re-engagement • Pair the worker with a supportive team member during phased or gradual RTW • Reinforce strengths and progress during check-ins

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