Knowledge Mobilization Update Report

Operating Grant: COVID-19 Mental Health & Substance Use Service Needs and Delivery

Instructions:

The Operating Grant: COVID-19 Mental Health & Substance Use Service Needs and Delivery aims to address the specific mental health and/or substance use crisis response needs resulting from the COVID-19 pandemic and/or the strategies to contain and mitigate its impact.

As outlined in the conditions of funding, funded teams are required to provide knowledge mobilization updates. The purpose of this report is to inform CIHR’s knowledge mobilization efforts, promote the work being done by teams funded in this competition, and better understand the barriers and facilitators that research teams are experiencing.

This final report template has been tailored based on data collected in previous reports in order to facilitate accurate reporting for the projects funded through this competition.

Information recorded in this report may be made available to knowledge users, including policy makers, healthcare and service providers, partners, and the general public, and may be used to facilitate additional CIHR knowledge mobilization activities, and enable linkages between research teams and partners and/or knowledge users.

Please complete this report even if your project is ongoing.


Date: August 22, 2021

Project Title: Traumatic Stress and Mental Health Impacts of the COVID-19 Pandemic on Front-Line Workers in Homeless Services

Nominated Principal Investigator (name and primary affiliation): Jeannette Waegemakers Schiff, PhD, MSW. University of Calgary, Faculty of Social Work
SECTION 1. PROJECT CHARACTERISTICS

1A. Target age range under investigation (check all that apply):

☐ Children (0-11 years old)
☐ Youth (12-18 years old)
☒ Young adults (19-25 years old)
☒ Adults (26-69 years old)
☐ Older adults (70+ years old)

1B. Target/priority population(s) under investigation (check all that apply):

☐ Parents of children (including pregnant women)
☐ Caregivers
☐ Bereaved individuals
☐ Indigenous Peoples and communities
☐ Refugees
☐ Individuals released from correctional settings
☐ LGBTQ2S or 2SGBQM
☐ People who use drugs
☐ Individuals with pre-existing chronic health conditions
☐ Individuals with pre-existing mental illness
☐ Healthcare workers (including trainees)
☐ Public safety personnel
☐ Other (please specify): frontline workers in homelessness services

1C. Methodologies used (check all that apply):

☐ Evaluation of intervention (specify):
  ☒ Qualitative methods (e.g., focus groups, interviews)
  ☒ Cross-sectional survey
  ☐ Longitudinal cohort
  ☐ Systematic review
  ☐ Indigenous approaches
  ☐ Other:
  ☐ Self-guided intervention
  ☐ Workshop or webinar
  ☐ Peer-to-peer support
  ☐ Single session intervention
  ☐ Therapist-assisted intervention
  ☐ Specialized intervention
  ☐ Model of service delivery
  ☐ Other:
1D. Recognizing the potential barriers to research due to the COVID-19 pandemic, and to inform CIHR-led knowledge mobilization activities, please describe the current status of this project:

<table>
<thead>
<tr>
<th>Ethics approval obtained</th>
<th>☒ Yes</th>
<th>☐ No (pending)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data collection (e.g. participant recruitment, cohort development)</td>
<td>☐ Not started</td>
<td>☐ Ongoing</td>
</tr>
<tr>
<td>Data analyses</td>
<td>☐ Not started</td>
<td>☒ Ongoing</td>
</tr>
<tr>
<td>Knowledge mobilization activities (e.g. manuscripts, presentations)</td>
<td>☐ Not started</td>
<td>☒ Ongoing</td>
</tr>
</tbody>
</table>

If the project is not complete, please indicate expected completion date: December 2021

Additional comments (if required): Data collection significantly impacted by waves two and three of the pandemic with shelter staff overwhelmed and unable to participate

1E. What is the geographic location your project is focused on (check all that apply)?

☐ Pan-Canadian
☒ Specific province(s) and/or territory(ies), please list: Alberta, New Brunswick, Ontario
☐ International
☐ Indigenous communities
☐ Other:

SECTION 2: PROJECT RESULTS

2A. Provide a plain language (lay summary) update on the results and key messages of this project to be published on CIHR’s website https://cihr-irsc.gc.ca/e/52079.html (maximum 200 words):

During the second and third waves of the COVID-19 pandemic, we surveyed 500+ homeless sector frontline workers to assess their levels of primary and secondary traumatic stress, current coping strategies, and perceived needs to mitigate work-related stress. We also interviewed 35 organizational leaders (i.e., CEOs and Executive Directors) and compared their responses to the worker survey data. Our preliminary analyses show that frontline worker traumatic stress and burnout both increased significantly from pre-COVID-19 levels, with 54% of frontline workers reporting traumatic stress levels indicative of a PTSD diagnosis. Unexpectedly, staff who were able to work from home (even partially) reported higher rates of PTSD-indicative traumatic stress (56%) and lower levels of satisfaction in helping others than those who worked with clients in person.
Leadership interviews revealed that frontline worker stress is not consistently recognized or proactively prevented. Workers Compensation Board (WSIB) in Ontario reports very few approved claims for stress leave from workers in these organizations, suggesting that psychological injury in the workplace is not readily acknowledged. Our knowledge dissemination strategies highlight risk and protective factors for the development of work-related traumatic stress among frontline homeless sector workers and close gaps in management expectation-worker experiences and mitigate occupational psychological injury.

2B. List up to three key “successes” of your project:

- Documentation of widespread and high rates of psychological injury in workers in homelessness services
- Demonstration of potential impact of managerial supports for staff in mitigating work-related traumatic stress
- Evidence that Workers Compensation Boards are not recognizing psychological injuries in this worker group

2C. How do your results fit (or not fit) with current research addressing this topic (locally, nationally, internationally)? Please describe any unexpected findings from your project.

There is little work that documents psychological injury in the workplace beyond what is known about firefighters, police and EMTs. This is also the first study to demonstrate that high levels of traumatic stress in the workforce are not reflected in successful psychological injury claims reported by the Ontario Workers Compensation Board. That raises the issue of whether these injuries are not viewed as serious. Our previous work has been supported by one other recent Canadian study that reports high levels of traumatic stress in this group of workers. However, we also demonstrate that convenience samples and wise-spread internet-based recruitment do not produce results with the same accuracy as in-person recruitment and participation when measuring the psychological stress in the workforce. Preliminary results show that those working remotely were more likely to have high traumatic stress levels than those working in-person. We note that our measure is of traumatic stress symptoms and not simply non-specific stress. The reasons for this unexpected finding may be related to the lack of immediate social support when one works remotely. It may be exacerbated by the pressures of working in a confined space with multiple additional stressors. Findings also support the potential to significantly reduce traumatic stress through managerial and organizational supports, and for this effect to be impacted by increasing worker resiliency. Data supporting this association has not previously been reported in the literature. The results support interventions aimed at increased organizational support for workers.

2D. How can the outcomes of this project address the mental health or substance use needs of vulnerable or at-risk populations in an equitable manner?

☒ This was not in the scope of our project.
2E. Over the course of the entire project, briefly list up to three challenges to conducting this research within the COVID-19 context?

- Inability to collect data in-person because of pandemic restrictions. Previous work has shown that in-person data collection enhances participation and reaches more staff, especially those most negatively impacted by stress and burnout.
- During outbreaks staff were too overwhelmed to participate in research and were being approached by multiple researchers with different research questions. This added a burden to shelters that were already overwhelmed.
- REBs increased vigilance of research protocols and data collection procedures in excess of what was perceived as "reasonable."

2F. Briefly list up to three facilitators to conducting this research within the COVID-19 context?

- Using Zoom for interviewers allowed for recording and immediate production of transcripts. This was a large cost and time saving approach. It was best used in interviews where both parties already had an established relationship.
- Using both in person and online data collection methodologies for the same target group allowed us to compare the efficacy and results of these approaches. This has not been previously demonstrated.

2G. Please describe if/how you have leveraged additional funding to support the sustainability and/or ongoing work for your project.

All the shelters operated by the Salvation Army in Toronto joined this study. This enabled us to have a much more robust and representative participation from the GTA. The resultant data positions us to seek funding to test the efficacy of organizational staff supports to mitigate traumatic stress associated with PTSD.

SECTION 3. KNOWLEDGE MOBILIZATION

3A. How were specific stakeholder groups engaged in your project? (e.g., patient partners, health and/or mental health providers, decision makers, knowledge users, etc.)

Decision makers at the provincial level, including two senior administrators in Alberta Health Services and a senior manager of a large organization serving homeless individuals, and a lead in overseeing social services organizations in New Brunswick were recruited as part of the initial dissemination team. Recruitment was facilitated by prior work by the PI and coPIs. This in turn led to engagement of other CEOs, senior organization managers as well as members of provincial parliament in Ontario and a federal MP who are committed to disseminating results to their constituencies. Recruitment was designed to engage stakeholders at all levels of policy making and resource distribution. Engagement of staff in participating agencies was part of the survey strategy and these connections will be utilized to disseminate results to frontline workers.

3B. What is the next important gap or question that needs to be addressed in the COVID-19 recovery context?

What staff support strategies can managers rapidly implement that will significantly mitigate and reduce psychological injury in frontline staff?
3C. Knowledge dissemination plan (complete the following table):

<table>
<thead>
<tr>
<th>Product/Tactic/Strategy</th>
<th>Target audience(s)</th>
<th>Partner organization(s) engaged in (or leading) knowledge dissemination</th>
<th>Timing</th>
<th>Will the product be bilingual (Y/N)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Webinar</td>
<td>Alberta Health Services managers</td>
<td>AHS knowledge brokers</td>
<td>Fall 2021</td>
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<tr>
<td>Webinar</td>
<td>Calgary area services providers</td>
<td>Calgary Homeless Foundation</td>
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<tr>
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<td>Fred Victor, Salvation Army, Toronto Unified services</td>
<td>Fred Victor, Salvation Army, City of Toronto</td>
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<tr>
<td>Multiple Webinars</td>
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<td>Saint John HDC</td>
<td>Fall 2021</td>
<td>n</td>
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<tr>
<td>Webinar</td>
<td>Managers and staff Thunder Bay</td>
<td>Homeless Services Consortium, TB</td>
<td>Fall 2021</td>
<td>n</td>
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<td>Table Cell</td>
<td>Video</td>
<td>Infographics</td>
<td>Reports of study results</td>
<td>Focussed reports for each region/city in the study</td>
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<tr>
<td>Content</td>
<td>Video managers and services providers, nationwide</td>
<td>Infographics managers and services providers, nationwide</td>
<td>Reports of study results All participating organizations</td>
<td>Focussed reports for each region/city in the study All participating organizations</td>
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<tr>
<td>Format</td>
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3D. How could CIHR enhance knowledge mobilization, dissemination, or uptake of knowledge from this project, including tactics outlined in the knowledge dissemination plan (above)?

1. Discussion with CIHR staff about additional knowledge mobilization at the federal level.
2. Assistance in providing informatics and a webinar in French. Lack of a French translation is a serious gap that could not be addressed with project funding.
3. Contacts with provincial health authorities in Ontario and Alberta to present study outcomes, especially as they relate to lack of Workers Compensation (WCB - AB and WISB-ON) supports for those with workplace psychological injuries.