



BRITISH COLUMBIA  
CENTRE ON  
**SUBSTANCE USE**

*Networking researchers, educators & care providers*

# Operational Guidance **Workplace Mental Health and Drug Checking**

## BCCSU Drug Checking Program



DECEMBER 2025

# About the BCCSU Drug Checking Program

The BC Centre on Substance Use (BCCSU) is an academic centre housed within Providence Health Care (PHC) and Providence Research, and is a University of British Columbia (UBC) Faculty of Medicine-affiliated centre focused on substance use and addiction medicine. The BCCSU is supported by the Province of BC with a mission to provide provincial leadership in substance use and addiction research, education, and clinical & operational guidance, and to seamlessly integrate these pillars to help shape a comprehensive, connected system of treatment and care that reaches all British Columbians.

The BCCSU Drug Checking Program supports a network of drug checking services across BC through research, education, training, and practical guidance. In partnership with people who use drugs, service users and providers, health authorities, Indigenous communities, researchers, clinicians and harm reduction experts, we collaborate to share evidence generated from drug checking services across the province, build capacity among technicians and service providers, and develop resources to support service set up and delivery. The BCCSU Drug Checking Program's three main focus areas are:

**Research and Evaluation** – Leading an innovative multidisciplinary program of research, monitoring, and evaluation of drug checking programs in community settings throughout BC. This includes weekly updates to the Drug Sense Dashboard, as well as monthly reports, data reports, and bulletins to share findings from drugs brought for drug checking at partner sites, and to provide a glimpse into the current drug supply.

**Education and Training** – Strengthening the drug checking community through a provincial technician certification program designed to equip drug checking technicians with the necessary knowledge, skills, and hands-on experience to deliver high-quality and consistent drug checking services. A community of practice brings together technicians across the province to share expertise and access drug checking-related resources, supporting knowledge exchange and continued professional development.

**Provincial Operational and Best Practices Guidance** - Developing technical materials, operational guidance, and tools to assist drug checking programs in planning, implementing, and delivering drug checking services. This growing suite of resources includes introductory guidance for communities considering establishing drug checking services, operational and best practice guidance to support service delivery elements, and standard operating procedures to ensure service quality and consistency, and support regulatory compliance.

This document falls under the **Operational Guidance** focus area. BCCSU's suite of [drug checking guidance and standard operating procedures](#) is available on our website.

# Acknowledgements

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The guidance offered in this document would not be possible without the contributions of the drug checking community. The authors give thanks to the many partners who offered their knowledge and expertise. This includes drug checking service providers, members of the provincial drug checking working group, and people with lived and living experience of substance use.

The author gives special thanks to **Vickie Reynolds**, PhD—this document draws extensively from her work on [resisting burnout](#), and its accompanying video series.

The author also gratefully acknowledges the following individuals for their help with enriching this document:

**Jana Baller**, Drug Checking Coordinator, Fraser Health

**David Byres**, Drug Checking Training Coordinator, BC Centre on Substance Use

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## *Land Acknowledgement*

The British Columbia Centre on Substance Use would like to respectfully acknowledge that the land on which we work is the unceded territory of the Coast Salish Peoples, including the territories of the x<sup>w</sup>məθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and səlip lwətał (Tsleil-Waututh) Nations.

We recognize that the ongoing criminalization, institutionalization, and discrimination experienced by people who use drugs disproportionately harms Indigenous peoples and that continuous efforts are needed to dismantle colonial systems of oppression. We are committed to the process of reconciliation with Indigenous peoples and recognize that it requires significant and ongoing changes to the health system.

## *Suggested Citation*

British Columbia Centre on Substance Use [BCCSU] (2025), Workplace Mental Health and Drug Checking. <https://drugcheckingbc.ca/wp-content/uploads/sites/4/2025/12/Workplace-Mental-Health-Drug-Checking.pdf>

## *Feedback*

We love to hear from you! If you have comments, suggestions, or to request drug checking training, please contact us: [drugchecking@bccsu.ubc.ca](mailto:drugchecking@bccsu.ubc.ca)

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## Purpose and Scope

Working at a drug checking program offers staff an opportunity to make a meaningful difference in the lives of those who use the service. However, drug checking services operate in high-intensity environments where staff are regularly exposed to trauma, grief, and systemic challenges. Without adequate organizational support, these conditions can lead to moral distress, emotional fatigue and burn-out.<sup>1</sup>

Drug checking technicians and harm reduction colleagues check drugs in a variety of settings—from temporary outdoor pop-up services at community events and summer festivals, to public health offices, community venues and educational institutions. Drug checking can be integrated with overdose prevention sites and supervised consumption facilities, delivered from the back of a van, or offered through outreach in partnership with a faith community or a rodeo organizer. Whatever the setting, drug checkers offers people an opportunity to find out what is in their drugs—BC’s evolving and highly toxic drug supply presents significant risk to drug users in every part of the province. Drug checking also provides drug users and public health with early warnings when new, toxic adulterants enter the supply.

This guidance document outlines a practical framework for supporting the mental health of drug checking staff, and promoting resilient teams and workplaces. It is grounded in trauma informed principles and organizational ethics, and positions burn-out as an outcome of structural conditions rather than a personal shortcoming.<sup>2, 3</sup>

### Workplaces can be places of both opportunity and risk for mental health

Workplaces that promote good mental health and reduce work stress not only enhance mental and physical health but are also likely to promote resilience by reducing absenteeism, improving work performance and productivity, boosting staff morale and motivation, and minimizing tension and conflict between colleagues.

However, poor working conditions can be a source of excessive stress, heightening the risk of burn-out, developing new mental health conditions or exacerbating existing ones.

Some workers, such as health, humanitarian or emergency workers, are more likely to be exposed to adverse experiences at work. This is partly because of the nature of their work (for example, exposure to potentially traumatic events) but also because of the way their job may be designed. This adversity puts workers at risk of negative impacts to their mental health.

—World Health Organization (2022). *World mental health report: transforming mental health for all.*

<sup>1</sup>Van Denen, J. Harris, I., Feurhlein, B., & Eden, E. (2022). Moral Injury in Substance Use Services. *Current treatment options in psychiatry*. <https://link.springer.com/article/10.1007/s40501-022-00280-4>

<sup>2</sup> Reynolds, V. (2011). Resisting burnout with justice-doing. The Dulwich Centre. <https://dulwichcentre.com.au/resisting-burnout-with-justice-doing-by-vikki-reynolds/>

<sup>3</sup> Matos, M., Rigoni, R., & Darragh, L. (2024). Mental Health Recommendations for Staff Working in Harm Reduction. Correlation – European Harm Reduction Network. [https://correlation-net.org/wp-content/uploads/2024/11/2024\\_C-EHRN\\_Mental-Health-Guidelines.pdf](https://correlation-net.org/wp-content/uploads/2024/11/2024_C-EHRN_Mental-Health-Guidelines.pdf)

By embedding staff wellness into operational planning, supervision, and workplace culture, organizations can strengthen the sustainability and ethical integrity of harm reduction services. Mental health supports should be proactive, integrated into daily workflows, and designed to foster emotional safety and team cohesion.<sup>4</sup>

Developed in the context of Canada’s [National Standard for Psychological Health and Safety in the Workplace](#),<sup>5</sup> this guidance is relevant for all individuals involved in drug checking services, including technicians, other drug checking staff, supervisors, and leadership. It is intended to:

- Promote a workplace culture that prioritizes emotional safety, dignity, and shared responsibility.<sup>6</sup>
- Reduce burn-out through organizational systems that complement individual coping strategies.
- Support ethical engagement by aligning daily operations with trauma-informed and justice-oriented practices.

The intended audience for this guidance includes both frontline and administrative staff at drug checking services, recognizing that mental health is a collective responsibility. Many of the stressors experienced by drug checking staff are also faced by other workers involved in client-facing harm reduction services. Organizations that integrate drug checking work with or alongside other harm reduction services have an opportunity to incorporate many of the workplace mental health approaches outlined here to support the entire harm reduction team.

### What is Burn-out?

“Burn-out is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed—it is *not* classified as a medical condition. Burn-out is characterized by three dimensions:

- Feelings of energy depletion or exhaustion;
- Increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job
- Reduced professional efficacy.

Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life.”

—World Health Organization, (2019). QD85—problems related to employment or unemployment. In [International statistical classification of diseases and related health problems \(11th Ed.\)](#)

<sup>4</sup> Hayes, K., (2023). Healing Justice Lineages: Collective Care and Safety. *Truthout*. <https://truthout.org/audio/we-need-collective-healing-not-commodified-self-care/>

<sup>5</sup> The National Standard for Psychological Health and Safety in the Workplace: Assembling the Pieces. Mental Health Commission of Canada (n.d.) [C4HC Toolkit Asset 36 ATP-HC EN.pdf](#). The standard and accompanying toolkit aim to support the psychological health of employees through building healthy, respectful, inclusive, safe and productive workplaces.

<sup>6</sup> Hayes (2023)

This guidance is not intended to be a rigid protocol but a flexible framework that can be adapted based on staff input, on the ground experience, and evolving service needs. Organizations wishing to strengthen workplace mental health for drug checking teams and other staff can draw on the information and concepts presented here to tailor their own action plan.

That said, making practical progress towards a workplace culture that prioritizes emotional safety, dignity, and shared responsibility can sometimes seem daunting for organizations both large and small. Canada’s national standard on psychological health in the workplace identifies four basic implementation building blocks all organizations can consider:



To help drug checking organizations get started, the appendix in the final section of this guidance includes a checklist that outlines practical implementation steps in each of these four areas, offers additional tools and templates for leaders, supervisors and teams to consider, and provides links to further resources.

## Core Principles

The following principles provide a foundation for embedding staff mental health supports into the operational structure of drug checking services—principles for guiding leadership, supervision, training, and workplace culture, and informing policies, procedures, and practice.<sup>7</sup>

### Promote Collective Ethics<sup>8, 9</sup>

- Prioritize service user and community needs in all aspects of service delivery.
- Promote dignity, connection, and mutual respect among staff.
- Acknowledge and respond to ethical distress as a valid reaction to structural challenges.
- Recognize burn-out as a result of systemic pressures, not individual shortcomings.

"Creating an environment where employees feel supported and valued not only improves their well-being but also strengthens organizations"

--[Canadian Centre for Occupational Health and Safety](#)

### Ensure Collective Care<sup>10,11, 12</sup>

- Encourage team-based approaches to wellness and support to complement self-care.
- Create opportunities for staff to process grief, stress, and emotional impacts together.
- Recognize and affirm acts of care, advocacy, and support within the team.

### Champion Trauma-Informed Organizational Culture<sup>13, 14</sup>

- Ensure physical and emotional safety for both staff and service users.
- Apply trauma-informed principles of safety, trust, choice, collaboration, and empowerment in supervision, training, and workplace policies.
- Provide clear response procedures for trauma exposure, ethical distress, and burn-out.

<sup>7</sup> Hayes (2023)

<sup>8</sup> Reynolds (2011)

<sup>9</sup> Matos, Rigoni & Darragh (2024)

<sup>10</sup> SAMHSA, (2022). Addressing Burnout in the Behavioral Health Workforce through Organizational Strategies. <https://ncadd-ra.org/wp-content/uploads/2023/07/26-SAMHSA-Guide-to-Addressing-Burnout-in-the-Behavioral-Health-Workforce-through-Organizational-Strategies.pdf>

<sup>11</sup> Matos, Rigoni & Darragh (2024)

<sup>12</sup> Hayes, (2023)

<sup>13</sup> SAMHSA. (2014). A Practical Guide for Implementing a Trauma-Informed Approach. <https://archive.org/details/tr-inf-care>

<sup>14</sup> Matos, Rigoni & Darragh (2024)

These principles are intended to be actionable and measurable. They are referenced throughout this document to support consistent implementation across all levels of the organization.

## Understanding Drug Checking Stressors

This document outlines a framework for promoting workplace mental health at drug checking services by recognizing and addressing stressors that can lead to burn-out and other negative mental health outcomes among individuals, teams and workplaces. The framework focuses on

seven interconnected areas of responsibility. Each section includes practical strategies to help organizations support staff emotionally, ethically, and structurally. By embedding these practices into core operations, drug checking programs can foster team cohesion, reduce burn-out risk, and sustain the long-term integrity of harm reduction work.<sup>15,16</sup>

### Workplace mental health is important

Promoting mental health in the workplace can benefit workers, teams and employers by improving:

- teamwork
- productivity
- mood
- staff satisfaction
- staff retention

Promoting mental health also makes sense because it decreases:

- short- or long-term medical leave brought on by workplace conditions
- workplace injuries and accidents caused by the inability to focus due to stress and other mental concerns
- missed work due to:
  - stress
  - exhaustion
  - situational depression
- the inability of teams to successfully complete work
- the need to replace staff

*--Public Health Agency of Canada (2024)*

### Drug Checking—Specific Stressors

Drug checking services present some unique stressors that differ from other harm reduction roles. These challenges are technical, relational, and systemic, and can contribute to burn-out, ethical distress, and emotional fatigue. Recognizing and addressing these stressors is essential for supporting the well-being of technicians and other drug checking staff, and for sustaining service delivery.

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<sup>15</sup> SAMHSA (2022)

<sup>16</sup> Matos, Rigoni, & Darragh (2024)

## Technical and Operational Stressors

- Rapid shifts in the drug supply makes it difficult to feel confident in one’s knowledge or ability to provide accurate information. Technicians may feel they are constantly catching up to new trends, substances, and risks.<sup>17, 18</sup>
- Sudden increases in toxic drug events or unusual symptoms can create urgency and emotional strain, especially when the cause is unknown or unconfirmed.
- Equipment limitations may lead to frustration or feeling that client needs cannot be met.<sup>19</sup>
- Equipment failure or lack of access to advanced tools can hinder service delivery and contribute to moral distress.
- Newly developed technology may be deployed only after the drug supply has already shifted, reducing its relevance or effectiveness.<sup>20</sup>
- Chaotic environments (e.g., drop-in spaces, outreach settings) can compromise concentration while undertaking complex analytical work.
- Multi-instrument demands require technicians to operate and interpret results from several technologies.<sup>21</sup>
- Technicians hired primarily for their technical skills may have limited prior exposure to harm reduction settings, and limited prior experience working with clients at a public, walk-in service.
- As a new type of job in an innovative service model, the technician role may not be well-understood by non-technical colleagues or management.
- Some staffing models may mean the technician is working alone or at a site where other staff are unfamiliar with the service.



<sup>17</sup> British Columbia Centre on Substance Use. (2023). *All about Drug Checking: The People behind the Machines* <https://www.bccsu.ca/blog/2023/07/26/all-about-drug-checking-the-people-behind-the-machines/>

<sup>18</sup> Unachukwu, I.C., Abrams, M.P., Dolan, A. *et al.* (2023). “The new normal has become a nonstop crisis”: a qualitative study of burn-out among Philadelphia’s harm reduction and substance use disorder treatment workers during the COVID-19 pandemic. *Harm Reduction Journal* 20, (32). <https://doi.org/10.1186/s12954-023-00752-7>

<sup>19</sup> Carroll, J.J., Mackin, S., Schmidt, C., McKenzie, M., & Green, T.C. (2022). The Bronze Age of drug checking: barriers and facilitators to implementing advanced drug checking amidst police violence and COVID-19. *Harm Reduction Journal*, 19(9). <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-022-00590-z>

<sup>20</sup> Gozdziński, L., Wallace, B., & Hore, D. (2023) Point-of-care community drug checking technologies: an insider look at the scientific principles and practical considerations. *Harm Reduction Journal* 20, (39). <https://doi.org/10.1186/s12954-023-00764-3>

<sup>21</sup> Gozdziński, Wallace & Hore (2023)

## Relational and Ethical Stressors

- Working with clients experiencing grief, fear, or trauma.
- Feeling responsible for entire communities, especially when a technician is the only drug checker available locally.<sup>22, 23</sup>
- Managing interactions with angry or confrontational individuals, including service users, family members, or members of the public.
- Fear of reputational harm due to public misunderstanding or negative sentiment toward drug checking services.
- Task-shifting and role ambiguity when technicians are asked to take on responsibilities for which they have not been trained.

## Personal and Boundary-Related Stressors

- For those with living or lived experience of substance use, navigating personal substance use while supporting service users experiencing substance-related harms can raise complex emotional and ethical challenges.
- Complex regulatory frameworks require consistent attention to specific requirements in what can sometimes be distracting or turbulent service settings.
- Practicing in an emerging field can mean limited professional recognition.<sup>24</sup>

### Stressors & Burn-out in Drug Checking Work

The World Health Organization defines burn-out as a “result of chronic workplace stress that has not been successfully managed”. Burn-out is a prolonged state of emotional, physical, and ethical fatigue that can occur when staff are exposed to high-stress environments without adequate organizational support. In drug checking services, burn-out is often linked to the emotional demands of harm reduction work, repeated exposure to trauma, and ethical challenges when systems cannot fully meet the needs of communities being served.

Drug-checking staff may experience burn-out through:

- Emotional exhaustion from repeated exposure to toxic drug poisonings, grief, and systemic inequities.
- Moral distress when unable to act in alignment with their values due to policy constraints or resource limitations.
- Depersonalization or emotional withdrawal as a coping mechanism in response to chronic stress.
- Loss of meaning or purpose, especially when their efforts feel unsupported or they feel ineffective in their roles.

Burn-out should not be interpreted as a lack of resilience or personal failure. It is a predictable outcome when organizations do not provide the structural conditions necessary for ethical and sustainable engagement—when burn-out is framed as an individual issue, it can lead to isolation and stigma. When understood as a systemic concern, it creates opportunities for collective care, trauma-informed leadership, and organizational change.

--See also Pazer, S. (2025). Burnout among social workers: structural causes, coping strategies, and organizational interventions. *International Journal of Arts and Humanities*.

[https://www.researchgate.net/publication/392197869\\_Burnout\\_among\\_social\\_workers\\_structural\\_causes\\_coping\\_strategies\\_and\\_organizational\\_interventions](https://www.researchgate.net/publication/392197869_Burnout_among_social_workers_structural_causes_coping_strategies_and_organizational_interventions)

<sup>22</sup> British Columbia Centre on Substance Use (2023)

<sup>23</sup> Unachukwu, Abrams, Dolan *et al.* (2023)

<sup>24</sup> Carroll, Mackin, Schmidt, McKenzie & Green (2022)

- Lack of control over unpredictable work environments can contribute to chronic stress.<sup>25</sup>
- Encountering issues and problems that are systemic in nature and not easily amenable to individual or organizational influence—working within health systems can be exhausting when faced with resource constraints and changing public policy.
- Being housed and having regularly paid employment while working with service users who are unhoused, unemployed and/or lack support networks may leave some harm reduction workers feeling uneasy and self-conscious.<sup>26</sup>

By acknowledging these stressors in supervision, training, and organizational planning, staff can be supported to develop strategies to manage these challenges, while organizations ensure that policies and protocols are responsive to the realities of drug checking work.

## Seven Organizational Responsibilities

Supporting the mental health of drug checking staff requires more than individual coping strategies—it requires coordinated action across organizational systems. This section introduces a framework for embedding trauma-informed and staff wellness practices into daily operations, governance, and service delivery.

The seven sections that follow outline key areas of responsibility for leadership, supervisors, and program teams. Together, they form a practical roadmap for building a workplace that prioritizes staff well-being, protects emotional safety, and supports ethical engagement.<sup>27</sup>

### 1: Leadership and Governance

Organizational leadership plays a central role in shaping the mental health culture of drug checking services. Leaders are responsible for integrating trauma-informed workplace wellness approaches into strategic planning, policy development, and daily operations. This includes modeling supportive behaviors, allocating resources, and establishing systems of accountability.<sup>28</sup>

Leaders can support mentally healthy workplaces by approaching burn-out and ethical distress as organizational risks rather than individual shortcomings. Assessing and addressing these risks

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<sup>25</sup> Unachukwu, Abrams, Dolan *et al.* (2023)

<sup>26</sup> Understanding, Recognizing and Addressing Privilege: Learning in colour (n.d.). Faculty of Social Sciences, McMaster University. <https://learning-in-colour.mcmaster.ca/peers-and-allies/understanding-recognizing-addressing-privilege>

<sup>27</sup> Hayes (2023)

<sup>28</sup> SAMHSA (2014)

requires sustained attention across governance, budgeting, and supervision structures. See Appendix A for a baseline organizational readiness assessment tool.

## Key Responsibilities

### *Strategic Integration*

- Embed mental health and burn-out prevention into strategic planning documents, operational frameworks, and organizational values.
- Treat staff wellness as a priority.
- Conduct baseline assessments to evaluate readiness for trauma-informed approaches.

29, 30

### *Resource Allocation*

- Support staff wellness initiatives, including debriefing with colleagues, supervision, and reflective practice spaces, and facilitate connections to existing external resources such as employee and family assistance programs, and the mobile response team.<sup>31</sup>
- Provide ongoing training in trauma-informed care and burn-out prevention.
- Ensure mental health supports are accessible, culturally safe, and respond to staff need.

### *Policies and Protocols*

- Engage with decision-makers to align service delivery with staff wellness goals.
- Champion policies that promote harm reduction and workforce mental health.<sup>32</sup>
- Develop organizational protocols to reduce moral distress and support staff well-being.
- Work with staff to identify and mitigate physical safety issues—beyond compliance with occupational safety requirements this demonstrates commitment to staff well-being.

## Modeling Supportive Leadership

Leaders can model the behaviors they expect across the organization by:

- Sharing personal reflections on ethical challenges and emotional impacts of the work, while being careful to maintain an environment of emotional safety for all.
- Engaging in regular dialogue about justice, trauma, and collective care.<sup>33</sup>
- Being available to staff during times of crisis, transition, or ethical distress.

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<sup>29</sup> SAMHSA (2014)

<sup>30</sup> SAMHSA (2023). Trauma-Informed Approaches and Programs. <https://www.samhsa.gov/mental-health/trauma-violence/trauma-informed-approaches-programs>

<sup>31</sup> Health Emergency Management BC's Mobile Response Team (MRT) provides immediate, short-term psychosocial support, education, and consultation to organizations, frontline workers and first responders impacted by the provincial toxic drug public health emergency. This confidential and cost-free service can be accessed via phone, online, or in-person. For more information, call 1-888-686-3022 or email [MRT@phsa.ca](mailto:MRT@phsa.ca)

<sup>32</sup> Matos, Rigoni, & Darragh (2024)

<sup>33</sup> Hayes (2023)

Leaders can also normalize conversations about grief, trauma, and ethical pain<sup>34</sup>, creating a culture where these experiences are validated rather than suppressed.

## Creating Accountability Structures

To ensure sustainability and accountability, leadership can:

- Establish regular feedback loops with staff, including anonymous surveys and participatory policy reviews.
- Include mental health metrics in program evaluations and strategic reporting.
- Involve staff with lived and living experience in decision-making processes.

The response in this scenario example demonstrates ethical leadership rooted in the three principles – it promotes collective ethics and care, and is rooted in trauma-informed practice.

<sup>35, 36, 37</sup>

### Scenario Example: Leadership Response to Staff Burn-out Risk

A drug checking technician team reports increased emotional exhaustion following a series of toxic drug poisoning-related service encounters. Leadership responds by initiating a trauma-informed debriefing process, and hosting a reflective dialogue session where staff can share their experiences and co-create solutions.

## 2: Workplace Culture

Workplace culture refers to the shared values, behaviors, and relationships that shape the staff experience. In drug checking services, a supportive culture is essential to promoting ethical, sustainable engagement and addressing the stressors that can lead to individual and team burn-out. Extra effort may be needed to ensure technicians and staff who work alone in outreach or other settings benefit from a supportive workplace culture. This section outlines practical strategies for embedding trauma-informed and collective care principles into daily operations.

A trauma-informed, justice-oriented workplace culture is built on:

- Recognizing that staff are interconnected and contribute to each other's well-being.
- Ensuring that all staff feel respected, valued, and safe to express emotional and ethical concerns.
- Validating staff who raise concerns about unjust systems or practices.

<sup>34</sup> The concept of ethical pain recognizes that pain is a complex human experience that affects all dimensions of a person's life, not just the physical. It includes the suffering caused by stigma, loneliness, and guilt.

<sup>35</sup> Reynolds (2011)

<sup>36</sup> Reynolds, V., (2019) *Zone of Fabulousness Workbook: Resisting Burnout & Shouldering Each Other's Pain*. Association for Family and Systemic Therapy. <https://vikkireynolds.ca/resisting-burnout/>

<sup>37</sup> Hayes (2023)

## Key Practices for Cultivating a Supportive Culture

### *Normalize Mental Health Conversations*

- Provide training for staff and supervisors on facilitating trauma-informed conversations.<sup>38</sup>
- Integrate ‘temperature checks’ into team meetings, and include mental health check-ins during one on one supervision.
- Encourage open dialogue about the emotional impacts of the work.

### *Validate Emotional Responses*

- Acknowledge that exposure to trauma and structural violence can lead to grief, anger, and ethical pain.
- Avoid framing emotional responses as personal shortcomings.
- Provide space for staff to process emotions without fear of judgment or reprisal.

### *Promote Collective Care*

- Encourage mutual support through shared responsibilities, debriefing with colleagues, and collaborative problem-solving.
- Where settings integrate multiple services, help all staff become familiar with drug checking, and the role it plays in the overall response to the toxic drug crisis.
- Celebrate acts of care and resistance, such as speaking out against injustice or supporting a colleague in distress.
- Avoid over-reliance on individual coping strategies; emphasize systemic solutions.<sup>39</sup>

## Building Community within the Workplace

Isolation and depersonalization are common precursors to burn-out. To counteract this, organizations can:

- Foster inclusive environments where staff feel connected and seen; extra effort may be needed to engage outreach staff or those who sometimes work alone.
- Create practices that build community (e.g., shared meals, storytelling circles, and reflective sessions), and include staff who work apart from other team members.
- Encourage cross-role collaboration to promote shared understanding.
- Support informal wellness practices that contribute to emotional safety, such as allowing pets in the workplace where appropriate.
- Recognize and celebrate staff camaraderie as a protective factor against burn-out.
- Build processes to ensure timely and fair acknowledgement of individual and team work efforts.

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<sup>38</sup> SAMHSA (2014)

<sup>39</sup> Paser, (2025)

## Provincial Collaboration and Networks

Technicians report that working with colleagues within a provincial network enhances their sense of connection and professional confidence. To support this, organizations can:

- Facilitate opportunities for technicians to collaborate across sites
- Prioritize technician participation in knowledge-sharing and joint problem-solving through communities of practice, like the BC Drug Checking Technicians Working Group.
- Recognize provincial collaboration as a key contributor to technician well-being and service quality.
- Support the participation of people with lived and living experience in knowledge-sharing and problem-solving activities
- Facilitate access to provincial gatherings such as the provincial drug checking symposiums, which technicians identify as a key source of connection, learning, and emotional support.
- Where feasible, support technician participation in initiatives such as pop-up drug checking at community events or festival-based drug checking, which can offer the opportunity to work alongside colleagues from other services and strengthen professional relationships.

## Sustaining Culture through Feedback

Workplace culture must be continuously nurtured and evaluated. Organizations can:

- Conduct regular culture assessments through anonymous surveys and facilitated discussions.
- Include cultural indicators in program evaluations (e.g., staff sense of belonging, emotional safety).
- Involve staff in shaping cultural practices and policies.

The approach described in this scenario example responds to individual concern while fostering a workplace culture where ethical pain is acknowledged and addressed collectively.

### Scenario Example: Responding to Ethical Pain

A technician expresses feelings of isolation, and disconnection from non-drug checking colleagues who do not always understand the work. Rather than dismissing the concern, the technician is allocated time to participate in the provincial community of practice, and is supported to take advantage of opportunities for learning with others, such as symposiums and virtual conferences. Meanwhile, the team holds a reflective session to explore the ethical tension, validate the technician's experience, and discuss potential strategies for strengthening workplace culture in ways that include all staff.

## 3: Supervision and Support

Supervision is a core organizational function that supports staff in navigating demands of drug checking work. In trauma-exposed environments, supervision should be structured, reflective,

and grounded in principles of staff wellness and ethical engagement.<sup>40</sup> Beyond supervision, team and program leaders can foster workplace environments where regular, sincere recognition for individual contributions and team efforts creates a positive culture where team members feel valued. This section outlines how supervision and support from colleagues can be implemented to reduce burn-out, validate emotional responses, and promote sustainable service delivery.

## Core Functions of Supervision

### *Ethical Reflection*

- Create space for staff to explore ethical dilemmas and moral distress.
- Use structured tools like SBAR (Situation, Background, Assessment, and Recommendation) to guide decision-making and debriefing. See sample tools and templates in Appendix A.
- Normalize ethical tension as a valid and expected part of harm reduction work.

### *Emotional Support*

- Normalize conversations about grief, trauma, and burn-out.
- Encourage supervisors to model openness and vulnerability.
- Provide access to supervision or peer networks for additional support. (See Appendix A for a sample mental health check-in form)
- Recognize and appreciate efforts in ways that show staff their well-being is a priority—this can include a simple thank you in a team meeting.

### *Social Justice*<sup>41</sup>

- Recognize that drug checking staff are often exposed to the same structural violence as the communities they serve.<sup>42</sup>
- Frame supervision as a space for solidarity and appreciation, not just performance management.
- Support staff in advocating for systemic change within and beyond the organization.

## Support Networks

Besides formal supervision, collegial support networks for technicians and other staff, including those with lived and living experience can play a key role in sustaining overall staff well-being.<sup>43</sup>

Organizations can:

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<sup>40</sup> Matos, Rigoni, & Darragh (2024)

<sup>41</sup> Reynolds (2011)

<sup>42</sup> Matos, Rigoni, & Darragh (2024)

<sup>43</sup> Evans, T., Burns C., Essex R. et al., (2023). A systematic scoping review on the evidence behind debriefing practices for the wellbeing/emotional outcomes of healthcare workers. *Frontiers in Psychiatry*.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC10080145/>

- Facilitate regular staff-led debriefing sessions among colleagues.
- Encourage informal check-ins and mutual care practices.
- Provide training on how to offer and receive collegial support ethically and effectively.
- Implement strategies to encourage team members to recognize one another for their efforts—such as establishing a dedicated chat channel or praise wall.
- Promote access to provincial technician networks for collaborative problem-solving.
- Support technician attendance at provincial symposiums, community events and festivals, which offer valuable opportunities for connection with colleagues and shared learning.

The approach used in the scenario example reinforces a culture of collective care and ethical reflection.<sup>44</sup>

### Scenario Example: Debriefing After a Traumatic Event

A technician has a first experience witnessing a service user experience severe toxic drug poisoning, and the accompanying staff response. During the next team meeting, a colleague leads a debriefing circle using the SBAR framework. The team discusses the emotional impact, ethical tensions, and systemic factors involved. The technician is supported in accessing additional supervision and time to reflect.

## Supervisor Responsibilities

Supervisors must be prepared to:

- Recognize signs of burn-out, ethical distress, and trauma exposure.
- Respond with empathy and connect staff to appropriate supports.
- Help staff establish boundaries to serve as safeguards for both themselves and service users, and ensure equitable, effective relationships
- Advocate for staff needs within organizational structures.

Supervision should be documented and evaluated regularly to ensure it meets staff needs and aligns with trauma-informed principles.

Supervisors should ensure staff are aware of employee assistance programs where available directly through the organization—as well as external supports available to the sector. This is especially important when a rapid response is needed—including help with addressing the impacts that workplace trauma can have on work groups or entire teams. For example, Health Emergency Management BC’s [Mobile Response Team](#) can offer BC workplaces responding to the toxic drug emergency short-term psychosocial supports and consultation.<sup>45</sup> More immediately, staff with urgent mental health needs can contact [310 mental health support](#) toll free at 310-6789 (no area code) 24/7—this confidential service offers emotional support,

<sup>44</sup> Hayes (2023)

<sup>45</sup> See <https://www.phsa.ca/our-services/programs-services/health-emergency-management-bc/provincial-psychosocial-services/mobile-response-team>

information on appropriate referral options, and a wide range of support relating to mental health concerns.

## 4: Training and Development

Training is a key component of a trauma-informed workplace. It equips staff with the knowledge, skills, and tools to engage ethically, sustainably, and safely in drug checking services. Effective training helps staff recognize stressors, and work together to:

- Address systemic burn-out contributors
- Navigate ethical dilemmas
- Foster collective care.<sup>46</sup>

While provincial technician training provides trainees with a solid foundation in technical and harm reduction skills, supplementary training that responds to the unique nature of different service settings can strengthen capacity for working together effectively. This section outlines expectations for onboarding, ongoing education, and reflective learning practices that support staff mental health and ethical engagement.

### Areas for Supplementary Training

#### *Trauma-Informed Care*

- Understand the principles of trauma-informed practice: safety, trust, choice, collaboration, and empowerment.
- Recognize signs of trauma in both service users and colleagues.
- Provide strategies to reduce re-traumatization and promote emotional safety.

#### *Collective Ethics & Justice-Oriented Practice*

- Define ethical distress and its relationship to systemic barriers.
- Offer tools for navigating ethical tension in service delivery.
- Encourage staff to reflect on values, boundaries, and relational accountability.<sup>47</sup>

#### *Burn-out Resistance*

- Frame burn-out as a systemic issue, not a personal failure.<sup>48</sup>
- Identify early signs of burn-out and ethical distress.
- Practice strategies for emotional regulation, boundary-setting<sup>49</sup>, and mutual support.

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<sup>46</sup> SAMHSA (2014)

<sup>47</sup> Reynolds (2011)

<sup>48</sup> Paser, (2025)

<sup>49</sup> Boundary-setting can help create some emotional distance from traumatic client experiences, reduce anxiety about handling difficult situations, and prevent emotional exhaustion from over-involvement. Boundary-setting can also help technicians and other harm reduction workers recognize when issues and problems are systemic in nature, and understand both the opportunities and limits associated with their own scope of influence and control.

## Onboarding Practices

New staff should be introduced to mental health supports and collective care expectations from the outset. Onboarding approaches can include:<sup>50</sup>

- Orientation to trauma-informed values and organizational commitments.
- Introduction to support networks and supervision structures.
- Clear guidance on how to access mental health resources and time-off policies.

## Ongoing Learning & Reflective Practice

Effective training is continuous and responsive to staff needs.

Organizations can:

- Offer regular workshops and refreshers on trauma-informed care and ethical engagement.
- Facilitate reflective practice sessions to explore emotional and ethical impacts of the work.
- Invite staff to co-create training content based on their actual experiences and emerging challenges.

The moral dimension of pain is a significant workplace experience that requires a thoughtful response. The approach described in this scenario example validates emotional responses, and reinforces the importance of collective ethics for the team.

### Reflective Practice Prompts

These prompts can be used in team sessions or individual reflection to explore emotional and ethical dimensions of drug checking work.

- What ethical tensions have I encountered recently?
- How did I respond emotionally, and what support did I receive?
- What does collective care look like in my team?
- What structural barriers are impacting my well-being?

### Scenario Example: Training on Ethical Pain

A new technician expresses discomfort following a drug check—she experienced a distressed older service user loudly describe to all within earshot a painful family matter involving an abusive relative. In supervision, the technician learns about the moral dimension of pain and how it relates to systemic barriers. She is invited to a reflective training session where team members share experiences and strategies for navigating similar situations.

## Avoiding Disconnection and Enmeshment

Training can help staff maintain healthy boundaries while remaining emotionally present. This includes:

- Recognizing signs of emotional withdrawal or disconnection as potential indicators of burn-out<sup>51</sup>
- Identifying when over-identification or enmeshment may compromise sustainability.
- Practicing relational ethics that balance empathy with personal care and safety.

<sup>50</sup> Hayes (2023)

<sup>51</sup> Matos, Rigoni, & Darragh (2024)

The Canadian Mental Health Association—BC Division has developed a [manager’s guide for helping staff set healthy boundaries](#), including a [manager’s quick reference checklist](#). See Appendix A for a list of key reflective questions on boundary setting for staff, teams and supervisors.

## Ethical Relationships

Staff should be trained to build ethical relationships with both clients and colleagues. This includes:

- Respecting autonomy and confidentiality.
- Navigating power dynamics with humility and transparency.
- Engaging in relational accountability and repair when harm occurs.

## 5: Emergency Protocols

Drug checking staff often work in environments where exposure to trauma, ethical distress, and crisis situations is common, or in unpredictable outreach settings. To protect staff well-being and reduce long-term harm, organizations are advised to develop and implement clear, accessible, and stigma-free emergency protocols.<sup>52,53</sup>

These protocols should support staff to step away from work when needed, access appropriate supports, and return to work safely and sustainably.

### Recognizing Early Signs of Ethical Distress

Staff may experience ethical distress when they are unable to act in alignment with their values due to systemic constraints. Early signs include:

- Emotional exhaustion or irritability
- Difficulty concentrating or making decisions
- Withdrawal from colleagues or clients
- Feelings of guilt, shame, or helplessness
- Physical symptoms such as headaches or fatigue

Training for staff and supervisors should help them to recognize these signs, and to respond proactively.

### Accessing Crisis Mental Health Support

Emergency protocols should include:

- A clear process for stepping away from work during a mental health crisis
- Access to collegial support and supervision, and when needed, referral to external supports such as employee and family assistance

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<sup>52</sup> Matos, Rigoni, & Darragh (2024)

<sup>53</sup> Paser, (2025)

- Confidentiality protections for staff seeking support
- Follow-up procedures to ensure ongoing care and recovery

## Debriefing after Traumatic Events

Trauma-informed debriefing allows staff to process emotional and ethical impacts in a supportive environment. Debriefing should:

- Be offered promptly after a traumatic event
- Be facilitated by trained staff members or supervisors
- Include space for emotional expression, ethical reflection, and collective care <sup>54</sup>
- Be documented (with consent) to inform organizational learning

The response in this scenario example describes a trauma-informed approach to crisis support. See Appendix A for a sample debriefing circle exercise. Teams may wish to request psychosocial support, education, and consultation from Health Emergency Management BC's [Mobile Response Team](#).<sup>55</sup>

**Scenario Example: Handling a client disclosure**  
A technician becomes visibly distressed following an interaction with an upset service user who discloses a traumatic experience. The technician is supported in stepping away from their shift, accessing collegial support, and attending a follow-up supervision session. The team holds a debriefing circle to reflect on the event and discuss systemic contributors to distress.

## Written Protocols for Emergency Response<sup>56</sup>

Organizations benefit from developing written protocols that include:

- Steps for identifying and responding to mental health emergencies
- Roles and responsibilities of staff, supervisors, and leaders
- Specific protocols for staff working alone, or in outreach settings
- Contact information for internal and external mental health supports
- Guidelines for documentation and follow-up

Protocols should be co-developed with staff and reviewed regularly to ensure relevance, accessibility, and cultural safety.

## 6: Workload and Scheduling

Workload and scheduling practices are key determinants of staff well-being.<sup>57</sup> In drug checking services, where emotional labor and trauma exposure are common, poorly managed workloads

<sup>54</sup> Hayes (2023)

<sup>55</sup> See <https://www.phsa.ca/our-services/programs-services/health-emergency-management-bc/provincial-psychosocial-services/mobile-response-team>

<sup>56</sup> WorkSafeBC. Emergency Planning & Response. <https://www.worksafefbc.com/en/health-safety/create-manage/emergency-planning-response>

<sup>57</sup>Shyft Technologies (2025). Scheduling Ethics: When Business Needs Conflict With Employee Wellbeing. <https://www.myshyft.com/blog/scheduling-ethics/>

can contribute to chronic stress, ethical distress and burn-out.<sup>58</sup> This section outlines operational strategies to support sustainable staffing, promote recovery, and reduce the risk of moral injury.

## Operational Strategies

- Ensure staff have protected time for breaks during shifts, including space for decompression.
- Build in recovery periods after high-intensity events.
- Rotate staff through different roles or responsibilities to promote skill diversity and reduce emotional fatigue.
- Develop coverage plans that allow staff to step away without burdening colleagues or compromising service delivery. This includes the availability of temporary coverage for technicians who cannot leave their equipment unattended when not working in a lockable room.
- Coordinate with outreach & satellite settings: ensure shifts are scheduled when partner organization staff who are aware of the service are available to provide the technician with support and backup when needed
- Wherever possible, minimize isolation by scheduling a technician and another harm reduction worker for the same setting and hours.

## Embedding Respite and Time Off into Organizational Culture

Work breaks and vacation must be normalized and celebrated in the workplace, recognizing that they can alleviate stressors that contribute to serious problems for individuals and teams. This includes:

### Key Principles of Ethical Scheduling

#### *Collective Care to Complement Individual Resilience*

- Avoid framing resilience as only a personal trait; instead, build systems that reduce chronic stress.
- Recognize overwork and emotional stress as organizational risks.
- Design schedules to reflect collective staff well-being responsibilities.

#### *Flexibility and Responsiveness*

- Offer flexible scheduling options to accommodate emotional recovery, caregiving responsibilities, and mental health needs.
- Allow staff to adjust shifts without stigma or punitive consequences.
- Ensure that time-off policies are accessible, clearly communicated, and responsive to stressors that contribute to burn-out risk.

#### *Monitoring and Adjustment*

- Regularly assess team workloads to identify imbalances or risks.
- Use feedback mechanisms (e.g., surveys, check-ins) to evaluate the impact of scheduling on staff well-being.
- Adjust staffing models to reflect seasonal, emotional, or crisis-related fluctuations in service demand.

<sup>58</sup> Matos, Rigoni, & Darragh (2024)

- Encouraging staff to take regular time off, even when not in crisis.
- Celebrating rest as a collective value during meetings and team reflections.
- Modeling the importance of time away at all levels of leadership.

The response in this scenario example demonstrates scheduling that prioritizes emotional safety and sustainability.

### Scenario Example: Responsive Scheduling After a Crisis

A technician experiences emotional distress after supporting a grieving service user. The supervisor suggests time away, adjusts the technician’s upcoming shifts, and ensures support from colleagues is available. The team collaboratively covers the technician’s responsibilities, reinforcing a culture of collective care. (Hayes, 2023)

## 7: Building in Feedback and Evaluation

Feedback and evaluation are essential tools for improving workplace culture, strengthening staff supports, and ensuring accountability in trauma-informed service delivery. In drug checking services, gathering input from staff about mental health, burn-out, and organizational practices helps identify gaps, assess effectiveness, and guide improvements.<sup>59</sup>

This section outlines practical mechanisms for collecting, analyzing, and responding to staff feedback, with an emphasis on participatory approaches and continuous learning.

### Core Principles of Ethical Evaluation

#### *Participatory Design*

- Involve staff in designing feedback tools and evaluation frameworks.
- Ensure feedback mechanisms are designed so staff are able to provide input while managing the demands of their frontline work.
- Use inclusive formats that promote safety, honesty, and accessibility.
- Centre lived experience—staff with lived and living experience of substance use, trauma, or systemic oppression bring critical insights to evaluation processes.

#### *Continuous Improvement*

- Treat feedback as an ongoing process, not a one-time event.
- Use results to inform policy revisions, training updates, and resource allocation.
- Share evaluation findings transparently with staff and leadership.

#### *Accountability and Repair*

- Respond to feedback with clear actions and timelines.
- Acknowledge when harm has occurred and outline steps for repair.
- Create structures for follow-up and dialogue to ensure staff feel heard and valued.

<sup>59</sup> Matos, Rigoni, & Darragh (2024)

## Feedback Mechanisms

Organizations can implement a variety of tools to gather staff input, including:

- Anonymous surveys—regular assessments of staff well-being, burn-out risk, and organizational culture.<sup>60</sup>
- Facilitated discussions that explore emotional and ethical impacts of the work.
- Suggestion boxes—physical or digital spaces for ongoing input.
- Exit interviews with departing staff to identify systemic issues.

The response to feedback described in this scenario example demonstrates ethical accountability and engagement.

### Scenario Example: Responding to Evaluation Feedback

A staff survey reveals high levels of emotional exhaustion and ethical distress. Leadership responds by hosting a town hall, increasing access to supervision, and revising workload policies. Staff are invited to co-design a new wellness initiative.

## Including Mental Health Metrics in Program Evaluation

Workplace mental health can be integrated into program evaluations. This could include:

- Tracking staff retention, sick leave, and stressors that can contribute to burn-out.
- Assessing the impact of trauma-informed practices on staff well-being.
- Evaluating the effectiveness of supervision, training, and emergency protocols.

## Closing the Loop

Feedback should inform action. Organizations can close the loop by:

- Engaging staff—including those with lived and living experience—in reviewing feedback and discussing options for making improvements
- Communicating how feedback was used to make changes.
- Celebrating staff contributions to organizational growth.
- Maintaining open channels for ongoing dialogue and co-creation.

# Implementation Building Blocks—Next Steps

The importance of promoting workplace mental health and preventing burnout has received widespread national and international attention over the last decade. However, implementing practical change at the organizational level can be challenging, especially in smaller workplaces such as many harm reduction programs and drug checking projects which operate without

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<sup>60</sup>Akyra (2023). Addressing Employee Burnout: The Role of Engagement Surveys in Prevention & Intervention <https://akyra.com.au/addressing-employee-burnout-the-role-of-engagement-surveys/>

dedicated human resources capacity. Organizations of all sizes face common challenges which must be considered in order to successfully implement changes. These can include:

- Leadership discomfort with time needed, especially when resources are constrained
- Organizational culture that resists change
- A workplace history of prioritizing productivity or response to urgency over safety considerations, or a history of emphasizing risk aversion
- Work models that include outreach or remotely delivered services that can hinder equitable employee access to existing supports and information

Appendix A provides an implementation checklist and accompanying tools to help leaders, supervisors and teams navigate these issues, and take practical steps to initiate change.

## Appendix A: Implementation Tools

### Checklist

[Canada’s National Standard for Psychological Safety in the Workplace – Assembling the Pieces](#) is summarized here as a checklist to support a practical four-step implementation process:

<b>Workplace Mental Health Implementation Checklist for Drug-Checking Services</b>	
<i>Activity</i>	<i>Tracking</i>
<b>1. Establish organizational commitment</b>	
✓ Develop a written leadership commitment to improving workplace mental health	
✓ Identify a leader who will lead and champion a change process	
✓ Communicate organizational commitment to staff, volunteers and other stakeholders	
✓ Discuss with staff the importance of promoting workplace mental health from both the individual and organizational perspective	
✓ Develop a high level change agenda informed by engagement with staff to understand their ideas for workplace-specific objectives that could lead to improvements	
✓ Assign responsibilities for fine tuning the change agenda, & developing and implementing an action plan. In larger organizations could include a team	
<b>2. Identify opportunities to make a difference</b>	
✓ Evaluate your organization’s current state and define its specific workplace needs to prioritize requirements and focus on areas that can most help staff and the organization	
✓ Where possible, gather and analyze data from existing administrative sources and directly from staff to help identify gaps and opportunities	
✓ Choose your data collection tools. To complement additional tools offered below, <a href="#">Guarding Minds at Work</a> has developed a comprehensive suite of data collection resources, some of which can be easily adapted for use in specific organizations	
✓ Analyze the data collected with three questions in mind: <ul style="list-style-type: none"> <li>○ What does the data tell us?</li> <li>○ What have we been doing well?</li> <li>○ Where do we see opportunities for improvement?</li> </ul>	

3. Develop an action plan	
✓ Using the information gleaned in stage 2, fine tune an action plan that outlines overall goals and specific objectives that capture opportunities for making a difference	
✓ Be realistic about available resources and efforts required—it is best to choose a small number of achievable objectives and experience success	
4. Implement the action plan and evaluate progress	
✓ While some “quick wins” may be achievable over a relatively short period, organizational change can take time—consider implementing the overall plan over a longer time frame	
✓ To support implementation, develop a mechanism to track progress, and regularly review the findings among leadership, staff and stakeholders	
✓ Evaluate impact by measuring short and longer term outcomes	
✓ Use evaluation results to inform continuous improvements	

## Baseline Assessment for Trauma-Informed Readiness

The information has been adapted from [A Practical Guide for Implementing a Trauma-Informed Approach](#), developed by the United States Substance Use and Mental Health Services Administration ([SAMSA](#)). Other helpful workplace tools and courses have been developed by [EQUIP Health](#),<sup>61</sup> including [Rate Your Organization on Trauma-and-Violence-Informed Care](#) and [Rate Your Organization: A Discussion Tool--Harm Reduction and Reducing Substance Use Stigma](#).

The approach described here provides a structured framework for evaluating an organization's readiness to implement trauma-informed approaches. It is designed to help leadership and staff identify existing strengths, gaps, and opportunities for growth across key domains such as policy, culture, supervision, and staff support.

### Organizational Self-Assessment Tool

This tool can be completed by leadership and key staff to help assess the following areas:

Assessing trauma-informed readiness: key questions	
Area	Key question
Leadership Commitment	Are trauma-informed values modeled and prioritized?
Policy Alignment	Do current policies support emotional safety and collective care?

<sup>61</sup>EQUIP Health Care—a University of British Columbia, University of Northern BC, and Western University collaboration—is a research and implementation program that involves interventions designed to enhance organizational capacity for providing equity-oriented health care, particularly for those who experience significant health and social inequities. <https://equiphealthcare.ca>

<b>Staff Training</b>	Have staff received training in trauma-informed care and ethical reflection?
<b>Supervision Structures</b>	Are supervision practices reflective and supportive?
<b>Feedback Mechanisms</b>	Is staff input regularly gathered and acted upon?
<b>Physical Environment</b>	Does the workspace promote safety, dignity, and accessibility?

### Staff Survey

The following key questions can inform development of an anonymous survey designed to gather staff perspectives on organizational culture, emotional safety, and access to support:

<b>Gathering staff perspectives: key questions</b>	
	<b>Key question</b>
	Do you feel emotionally safe in your workplace?
	Have you experienced burn-out or moral distress?
	Do you trust leadership to respond to staff concerns?
	Are mental health supports accessible and culturally safe?
	What changes would improve your well-being at work?

### Focus Groups or Listening Sessions

Facilitated conversations with staff to explore their workplace experiences, identify barriers to trauma-informed practice, and co-create solutions. These sessions should be voluntary, confidential, and inclusive of diverse perspectives.

### Document Review

A review of organizational documents to assess alignment with trauma-informed principles—including policies, training materials, supervision protocols, strategic plans, and evaluation frameworks—can help identify gaps, and opportunities to embed trauma-informed values.

## Readiness Scoring or Mapping

A visual or numerical summary of assessment findings across domains. This may include a traffic light system (green/yellow/red), radar charts, or readiness scores to highlight priority areas for action. This mapping supports strategic planning and helps track progress over time.

## Sample Templates

Templates can serve as practical supports for supervision, staff-led debriefing, emotional check-ins, and ethical reflection in trauma-exposed drug checking environments. These resources can be adapted to fit the needs and workflows of different teams and settings.

### SBAR Supervision Template

The Situation, Background, Assessment and Recommendation (SBAR) framework is widely used in healthcare;<sup>62</sup> it uses a structured approach to identify the risks and benefits of a situation, facilitating quick, effective information-sharing to support supervision and ethical decision-making. It helps staff articulate concerns, assess risks, and propose actions in a clear and consistent format.<sup>63</sup>

SBAR: Prompts for Supervisors	
Section	Prompt
S – Situation	What is happening? Describe the event or concern.
B – Background	What context is relevant (e.g., policies, history, relationships)?
A – Assessment	What are the risks, benefits, and ethical considerations?
R – Recommendation	What action is proposed or needed?

### Staff-Led Debriefing Circle Guide

Trauma-informed debriefing after emotionally intense events fosters emotional processing, ethical reflection, and mutual support among colleagues:

<sup>62</sup> SBAR was developed by the U.S. Navy for concise communication in high-pressure situations, and adopted by the health sector in the early 2000s to improve communication across disciplines. It has become a widely used tool worldwide to ensure crucial information is communicated clearly and concisely within and across health teams.

<sup>63</sup> Additional information about using the SBAR approach in drug checking services is available in BSSCU’s Guidance on Third Party Drug Checking.

Sample agenda for a staff-led debriefing circle	
Opening	Set a tone of safety and confidentiality
Check-In	Invite participants to share how they are feeling
Reflection	Discuss the event, emotional impacts, and ethical tensions
Support	Identify needs, resources, and follow-up actions
Closing	End with grounding or affirming practices

Debriefing circles have been adopted in various health service settings, such as palliative care, where they are promoted by organizations such as [Ontario’s Palliative Care in Long Term Care Alliance](#). Additional open access information and infographics related to debriefing circles in health service settings are available from the [Centre for Medical Simulation](#).

### Mental Health Check-In Form

This form can be used by supervisors or team leads during meetings or one-on-one check-ins to support emotional well-being and identify emerging needs.

Mental Health Check In: Prompts for Supervisors	
Prompt	Response
How are you feeling emotionally today?	
Any recent experiences of ethical distress or burn-out?	
What support would be helpful right now?	
Any feedback on workplace culture or team dynamics?	

### Boundary-setting: Key questions for supervisors and staff

Supervisors should actively foster a culture of reflection among technicians and other members of the harm reduction team, encouraging staff to regularly examine their motivations and decisions. Adapted from the Canadian Mental Health Association—BC Division’s [People Working Well](#) toolkit, the following key questions can be incorporated into regular team debriefs and supervision sessions:

## Boundary-setting: key questions for supervisors and team members

<b>Why?</b>	Why am I sharing this information?
<b>Whose needs?</b>	Is this about the client's needs or my own?
<b>Consistency?</b>	Would I make this same decision with every client?
<b>Perception?</b>	How would this look to an outside observer?
<b>Appropriateness?</b>	Is this part of my job or should I redirect to another resource?

## Additional Resources

Resource Name	Description	Link
Building Trauma-Informed Organizations— Justice Institute of BC	Training for frontline workers and supervisors.	<a href="https://www.jibc.ca/course/building-trauma-informed-organization">https://www.jibc.ca/course/building-trauma-informed-organization</a>
Canadian Mental Health Association— BC Division: People Working Well	Supporting staff in setting healthy boundaries: A guide for employers & managers	<a href="https://peopleworkingwellbc.ca/learning-hub/community-social-services/supporting-staff-in-setting-healthy-boundaries-a-guide-for-employers-managers/">https://peopleworkingwellbc.ca/learning-hub/community-social-services/supporting-staff-in-setting-healthy-boundaries-a-guide-for-employers-managers/</a>
CATIE Harm Reduction Fundamentals Toolkit	Free online training and toolkit for service providers working with people who use drugs.	<a href="https://www.catie.ca/harmreduction">https://www.catie.ca/harmreduction</a>
EQUIP Health Care: Equipping Health & Social Services for Equity	EQUIP helps build organizational capacity for providing equity-oriented health care, particularly for those who experience health and social inequities.	<a href="https://equiphealthcare.ca">https://equiphealthcare.ca</a>

Healing Justice Lineages (Truthout)	Audio and article exploring collective healing and resistance to commodified self-care.	<a href="https://truthout.org/audio/we-need-collective-healing-not-commodified-self-care/">https://truthout.org/audio/we-need-collective-healing-not-commodified-self-care/</a>
Interior Health Harm Reduction Manual	Guide to trauma-informed harm reduction practices for frontline staff.	<a href="https://www.interiorhealth.ca/sites/default/files/PDFS/guide-to-harm-reduction-manual.pdf">https://www.interiorhealth.ca/sites/default/files/PDFS/guide-to-harm-reduction-manual.pdf</a>
Mental Health First Aid (MHCC)	Training to recognize and respond to mental health crises.	<a href="https://openingminds.org/">https://openingminds.org/</a>
Mental Health Recommendations for Harm Reduction Staff (Correlation Network)	Evidence-based guidance for supporting staff mental health in harm reduction settings.	<a href="https://correlation-net.org/2024/11/27/mental-health-recommendations-for-staff-working-in-harm-reduction/">https://correlation-net.org/2024/11/27/mental-health-recommendations-for-staff-working-in-harm-reduction/</a>
Mobile Response Team (MRT), Emergency Health Management BC	Short term psychosocial support, education, and consultation to organizations and staff working within British Columbia’s toxic drug public health emergency, including people impacted by critical incidents during their work.	<a href="https://www.phsa.ca/our-services/programs-services/health-emergency-management-bc/provincial-psychosocial-services/mobile-response-team">https://www.phsa.ca/our-services/programs-services/health-emergency-management-bc/provincial-psychosocial-services/mobile-response-team</a>  To request Mobile Response Team services, email <a href="mailto:MRT@phsa.ca">MRT@phsa.ca</a>
Trauma-Informed Organizational Toolkit (AIR)	Guide for embedding trauma-informed principles into organizational culture.	<a href="https://www.air.org/sites/default/files/downloads/report/Trauma-Informed%20Organizational%20Toolkit%200.pdf">https://www.air.org/sites/default/files/downloads/report/Trauma-Informed Organizational Toolkit 0.pdf</a>
Workplace Health and Well-being Resource – Canadian Centre for Occupational Health	Employer tools for creating and implementing a Comprehensive Workplace Health and Safety (CWHS) Program	<a href="https://www.ccohs.ca/oshanswers/psychosocial/wh/mentalhealth_work.html">https://www.ccohs.ca/oshanswers/psychosocial/wh/mentalhealth_work.html</a>
Workplace Strategies for Mental Health	Free online resources that can help Canadian employers turn knowledge into action This resource includes a helpful tool for supporting staff to set healthy workplace boundaries.	<a href="https://www.workplacestrategiesformentalhealth.com/">https://www.workplacestrategiesformentalhealth.com/</a>  <a href="https://www.workplacestrategiesformentalhealth.com/resources/setting-healthy-boundaries-at-work">https://www.workplacestrategiesformentalhealth.com/resources/setting-healthy-boundaries-at-work</a>
Zone of Fabulousness Workbook (Vicki Reynolds)	Reflective prompts and exercises for ethical reflection and emotional processing.	<a href="https://vikkireynolds.ca/wp-content/uploads/2020/01/zof_digital.pdf">https://vikkireynolds.ca/wp-content/uploads/2020/01/zof_digital.pdf</a>