

SOLITUDE, SUFFERING & STRESS

A White Paper Series focused on the causes, symptoms and impacts of, as well as solutions to, the global pandemic of mental health injuries in public safety communications



Working in Partnership to Improve
Public Safety Technology

BAPCO WHITE PAPER SERIES

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ABOUT THE AUTHORS



Cindy Sparrow, Director, Consort Strategy Ltd

Cindy is an international consultant, speaker, coach, trainer and writer. During her 24-year career in Emergency Services she worked frontline as a paramedic in ground and flight Emergency Medical Services (EMS); in the 9-1-1 Emergency Communications Centre as a Dispatcher for police, fire and EMS; and from 2006 to 2020 in senior leadership roles within the industry.

Before retiring in March 2020, she served for six years as Deputy Chief with Red Deer Emergency Services (RDES). She remains involved with industry associations and is the Immediate Past President of the Association of Public Safety

Communications Officials Canada (APCO Canada); a former Director with the Alberta E9-1-1 Advisory Association; and is a member of the Canadian NextGen 9-1-1 Coalition; the Collaborative Coalition of International Public Safety (CCIPS).

Cindy's passion is people and is committed to inspiring and facilitating human transformation and creating positive change by empowering and supporting people in realizing excellence. She is the newest Director and Partner of international consulting firm, Consort Strategy Ltd. She leads the North American portfolio and in doing so continues to pursue her passion for helping public safety organizations in developing and fostering innovation in leadership, strategy and business development.



Andrew Chamberlain, Managing Director, Consort Strategy Ltd

Andrew is a former association CEO and now MD of Consort Strategy, a consultancy firm specialising in leadership development, good governance, organization improvement and business growth. For 15 years he held C-suite leadership positions in professional associations and membership bodies across the UK.

He travels internationally to provide specialist support on non-profit governance, strategy,

leadership and management. He is the founder of the Cambridge Governance Symposium; author of the NETpositive Governance™ model; co-host of the bi-monthly podcast *Association Transformation* and the weekly podcast *Good Enough for Jazz* (both available on Apple podcasts).

He is a long-term sufferer and survivor of depression that has resulted from several mental health injuries experienced throughout his professional and personal life. He is a vociferous advocate of mental health awareness and wellbeing, irrespective of professional contexts or social norms.

ABOUT BAPCO

The British Association of Public Safety Communications Officials (BAPCO) is acknowledged as the leading UK-based association for all professionals using or developing public safety technology. It is a growing community whose extensive knowledge and expertise in public safety technology is based on members' collective development, use and delivery of real-life public safety solutions. BAPCO is an independent, member-focused not-for-profit association with charitable status working to improve emergency services and public safety communications and information technology for everybody's benefit.



DISCLAIMER

The opinions and information provided in the white paper are offered in good faith. Whilst we make every attempt to ensure the information contained in this white paper is correct, we are unable to guarantee the accuracy or completeness of any information contained herein.

BAPCO members, their employees and agents will not be responsible for any misinterpretation, misunderstanding or loss, however arising, from the use of, or reliance on this information.

INTRODUCTION

Public safety communications professionals (PSCs), the people who answer 3-digit and other emergency calls from the public, render lifesaving assistance, and deploy emergency resources to a scene, are routinely exposed to trauma through their day-to-day duties. Acutely and cumulatively, this trauma impacts the mental health and well-being of these professionals. Often, their work causes them to suffer mental health injuries, also known as operational stress injuries, which can lead to a multitude of disorders, such as anxiety, depression, vicarious traumatization and compassion fatigue, burnout, substance abuse, post-traumatic stress disorder (PTSD), suicidal ideation, and fatally, suicide.¹

In a 2018 study² of Canadian public safety professionals, more than half of PSC's who responded screened positive for one or more mental health injuries or disorders. It is clearly not a matter of if, but when, a PSC will encounter exposure to trauma, operational stress, and a potential for mental health injury.

Even though the nature of the work sustains an environment predisposed to trauma exposure, a distinct lack of awareness or understanding of mental health injuries endures within the profession; and without adequate training or guidance, it still proves difficult for leadership and management teams, as well as individuals and their colleagues, to identify the warning signs of a developing mental health disorder or injury. Consequently, a PSC's suffering can go undiagnosed, creating longer lasting problems or sometimes permanent harm to their health and well-being. It is imperative therefore that the

symptoms of operational stress and mental health injury are more widely recognised; and a broader understanding of *how* to support colleagues, or *where* to find support for their condition is equally critical if the profession is to succeed in addressing the global pandemic of mental health injuries in public safety communications.

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THE BOTTOM LINE

Leaders of control rooms and public safety communications centres across the world are tasked with running efficient and effective operations, providing excellent service, minimizing risk, and maximizing financial performance. In addition to a pragmatic approach to control room or centre management, they must also take the measures necessary to care for their team by providing a safe and healthy workplace, nurturing a high performing team (which is agile and responsive to the ever-changing work of public safety communications), and sustaining a positive workplace culture in which PSCs can thrive.

This is no small feat when considering the many competing priorities that they manage. Preserving their innate duty of care to the PSCs within their teams and organizations can prove challenging when they have to balance this against their (often) immeasurable responsibility to the callers who require assistance; and (because control rooms and centres are funded through Government support), with their (albeit indirect) accountability to the public in their localities.

38.8 million working days were lost across the UK due to work-related ill health in 2019-20, costing the UK economy nearly £2.4 billion, of which 17.9 million were lost across the workforce because of stress, depression or anxiety. On average, each person suffering from stress, depression and anxiety took 21.6 days off work³. There is no valid data pertaining to mental-health related absence for PSCs in the UK and therefore we have no way of calculating the financial impacts of mental health injuries amongst PSCs but, given the wider statistics that *are* available for the UK workforce, it is safe to surmise that mental health injuries have a significant negative impact on the bottom line and control rooms and centre budgets.

For frontline field responders, there is *some* data available, albeit outdated and its collation and presentation are inconsistent. In 2018-19, nearly 54,000 days were lost in the Ambulance Service⁴; in 2015-16, 41,000 shifts were lost in the Fire & Rescue Service⁵; and with regards to the Police Force, whilst no central source of data is available, a BBC Freedom of Information Request revealed that 365,000 working days were lost in

2018-19⁶.

Whilst these statistics tell us nothing specifically about public safety communications, given the sheer size and scope of the data, it is reasonable to assume that it translates to our industry, especially given what we do know about the impact of mental health injuries that are suffered amongst PSCs.



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RECRUITMENT AND INDUCTION

With little available in terms of post-secondary training programs for PSCs, the large majority of control rooms are responsible for creating and delivering their own in-house training programs, tailored to their specific technology and processes. Many however do not include a robust mental health and operational stress training component. Additionally, because there are often candidates who have little or no exposure to a control room environment, leaders and their HR teams are left to try their best to recruit suitable candidates; and those candidates are increasingly early careerists who have strong technological skills, and are comfortable navigating change, but may not have fully developed the life skills that are so necessary for managing the operational stress and trauma that they will inevitably experience at some point during the early years of the career. Consequently, many recruits struggle to successfully navigate the first year of employment in their new career; and centres report a 25-30% attrition rate in new recruits, while some report even higher, at upwards of 50%.

Continually hiring and training new recruits is an obvious financial burden and it has a significant operational impact on centres and control rooms. Most induction programs have, at minimum, a six to 12-week intensive training period before a new recruit is ready to work without direct supervision, but training does not stop at that point and new recruits are still learning at high speed for the first 12 months. This can be a positive experience with the proper support and mentorship; however, in many cases, without an explicit focus on mental health and well-being, unacceptably high attrition rates persist, and more importantly, individuals continue to suffer.

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ABSENTEEISM

Mental health injuries in PSCs occur at alarming rates; over 48% of these professionals screened positive for one or more mental health injuries in a 2018 study.⁷ The regular and constant exposure to stress and trauma creates chronic operational stress which in turn has immediate and long term impacts on PSCs and the control rooms in which they work. With operational stress exposure comes a physical, mental and emotional toll and left without access to adequate tools to address these problems, in the first instance they most often materialize as employee illness and absenteeism.

Employer impacts

Injury, illness and absenteeism carry a cost to the employer (see above), the employee, and the work environment. The employer covers the cost of wages for absent employees, whilst also paying other PSCs for additional hours to cover absence. As there are typically minimum staffing requirements in control rooms, positions cannot be left unfilled, otherwise call volume could be overwhelming to remaining on duty staff, call answer and dispatch times could grow longer, and callers may not receive the assistance as quickly as they normally would. Mental health injuries can be reduced with the proper supports, thereby reducing absenteeism. As absenteeism increases cost and risk and has the potential to reduce performance, this is a call to action for centre leaders and government to invest in the necessary tools and support for addressing operational stress and mental health injuries in PSCs.

Employee impacts

All employees are impacted by illness and absenteeism, i.e. not just those who are suffering with a mental health injury but also those who shoulder the burden of covering extra shifts. For those who are suffering and absent from work, whilst employee benefits and labour contract agreements vary among control rooms and centres, if PSCs are provided wage relief while absent due to sickness, it is often at a reduced rate, and only for a relatively short term. For example, in the UK, if a PSC's employer does not offer a sick pay scheme ('occupational scheme') then the PSC will qualify for Statutory Sick Pay (SSP), the rate of which is £95.85 per week for up to 28 weeks. This equates to a significant reduction of pay and thus presents a potentially significant barrier for a PSC who must balance their need for time off

with their need to pay their bills, which in and of itself compounds an individual's stress and suffering.

In many control rooms, stigma and shame associated with medical leave due to mental health issues still persist in creating barriers for PSCs to address their mental health problems¹. For a long time, workplace culture has been one that supports the misguided notion that because a PSC wilfully entered into the profession, they should be able to "handle it" without having (needing to show signs of) work-related stress. Thankfully this damaging fallacy is fading amongst the profession, but there is still much work to be done to combat these erroneous beliefs because recent research demonstrates that a large majority of co-workers still believe that colleagues who take time off to heal from mental health injuries are somehow "playing the system"⁸. This attitude can be exacerbated by those who feel "left behind", i.e. those who must cover an absentee's workload to ensure call-standards are maintained. Unwanted overtime, additional shifts, the loss of breaks, extended shifts and increased workload can build resentment amongst colleagues, fuelling a tainted perspective of mental health and a workplace culture that can make reaching out for help unfeasible.

To be clear, cumulative stress cannot be completely eradicated from a public safety communications career, nor can illness and absenteeism. However, when control rooms and PSCs are equipped with the awareness, training, tools and support to effectively manage the impacts of stress, they may experience less illness and lower absenteeism over the long term.

SHORT STAFFING AS A VICIOUS CYCLE

Short staffing invariably becomes a self-fulfilling prophecy, whereby the perpetual cycle of injury and illness, absenteeism, increased hours and workload, exposure to stress and trauma, lack of adequate rest and recovery between shifts, and the lack of training, tools, and support to manage it all, generates more injury, illness, and absenteeism. This creates an environment disposed to a vicious cycle of stress and injury that go untreated and have long term impacts on physical and mental health, well-being and success.

These cycles partly explain why control rooms and centres have a higher rate of turnover than average occupations. PSCs leave the profession for myriad reasons: they did not complete induction training; the demands of the job (shift work, created imbalance in work/home) were too high; they did not fully understand the stress and demands of the work and therefore decided it was not for them; or sadly, they have sustained a mental health injury. The latter is truly a tragedy for the employee; and for the organization and the wider industry it is equally sad but it is also a stinging indictment of workplace culture and leadership. PSCs who are medically required to leave their careers due to mental health injuries, or leave because they feel there is not a better option for them, never get to fully realise their career potential, which in turn has long term impacts on self-confidence, feelings of self-worth and overall feeling successful in life.



COPING & COSTS TO WELL BEING

Emotional Labour

Emotional labour is defined as *“the work performed by any service employee who is required, as part of his or her job, to display specific sets of emotions (both verbal and non-verbal) with the aim of inducing particular feelings and responses among those for whom the service is being provided.”*⁹ PSCs are required to suppress and control their own emotions during emergency call taking and dispatch, in order to keep the caller calm and cooperative, obtain information about the emergency, and instruct the caller to provide vital assistance to others until responders arrive. The demeanour PSCs must show on the outside is often in contrast to the emotion they feel mentally, physically and physiologically during many of the calls they manage. They are able to (temporarily) compartmentalise the emotional reaction they may be experiencing in relation to the call, allowing them to be high functioning in stress and trauma. Developing this skill is necessary in the work they do; however, it can be problematic. There are long term impacts to PSCs if they do not have the space or tools for emotionally regulating after stressful calls. As we know from Volumes 1 and 2, PSCs in average sized control rooms have about 6 seconds between calls to try to emotionally regulate.² This is not adequate time to process the trauma and emotion and return to the state necessary before answering another call.

In addition to the emotion they feel, there are also physiological impacts such as increased heart rate, elevated blood pressure, and a cocktail of stress hormones released into the system. This cumulative stress combination creates physical issues such as weight gain, headaches, and increased illness, and contributes to anxiety, depression, and burnout. It can also lead to negative coping mechanisms such as substance abuse, risk taking behaviour and contribute to conflict in work and personal relationships.

Relationships

Aside from health and financial impacts, we know that families and loved ones can also be directly and deeply affected by a PSC's mental health injury, manifesting as worry and concern amongst family members, and placing strain on relationships with loved ones.

Unprocessed emotion from operational stress, and a lack of support, can also create behaviours in PSCs that disrupt their lives outside of work. Utilising emotional labour techniques for work has the risk of becoming a more permanent behaviour for PSCs where it is applied to other elements of their life. They can apply the “emergency operating mode” of compartmentalising emotions during stressful or traumatic life situations so they do not have to feel them as deeply, as immediately, or eventually, at all.

PSCs have reported avoidance type behaviour in their personal lives in correlation to the stress they feel from the work they perform. Often, after stressful shifts and/or difficult calls, they report feeling too exhausted to engage in conversation with friends and family, ignoring phone calls, leaving text messages unanswered, and declining to attend social outings. Over the course of a career, and without taking measures to address operational stress and mental health injuries, they found this to increase over time.¹⁰

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CALL TO ACTION

The industry and wider society can no longer turn a blind eye to the impacts on PSCs of their day-to-day operational duties. Research demonstrates that this issue is not about individuals' ability to "handle" the job but rather it is continuous exposure to trauma in the work environment which fuels the silent pandemic of mental health injuries within the industry. In their study, Carleton et al (2018) assert that nearly 50% of PSCs screened positive for a mental health injury or disorder due to the demands of their work. Our profession is experiencing a mental health injury crisis of global proportions, and it is time for the industry, civic leaders, and our governments, to address the causes and impacts of, and solutions to this mental health crisis.

“ 50% of PSCs screened positive for a **mental health injury or disorder** due to the demands of their work. ”



OTHER TITLES IN THIS SERIES

Subsequent titles in this series address the symptoms and impacts of and solutions to the pandemic of mental health injuries in public safety communications, providing the industry with insights on understanding and tackling a global contagion that risks significantly undermining the success, value and impact of public safety communications and this vital profession:

No 01:2020: Causes of a silent pandemic (published August 2020)

No 02:2020: The warning signs (published September 2020)

No 04:2020: Realising good cognitive health (published November 2020)

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Dr Stephen Czarnuch, Assistant Professor, Memorial University of Newfoundland

Stephen's PhD focused on human tracking, ambient intelligence and automated task assistance systems, designing systems to support the loss of cognition associated with dementia in a real-world, home environment. In 2015 he joined Memorial University as an assistant professor, jointly appointed to the Department of Electrical Engineering and the Discipline of Emergency Medicine in the Faculty of Medicine. He is a Scholar in Residence at the Canadian Institute for Public Safety Research and Treatment and as such is part of the team pioneering Canadian research into the causes and responses to public safety personnel trauma.

Dr Michelle Lilly, Associate Professor, Northern Illinois University

Michelle is a licensed clinical psychologist in Illinois and is trained in evidence-based treatments for PTSD, depression, anxiety, and other conditions, and has experience in delivering training and intervention at both individual and group levels. She has studied the physical and mental health of public safety professionals over the past decade and is among the first to publish data on the mental and physical health of 9-1-1 professionals. In 2019 she has received State funding to support the development and distribution of her Saving Blue Lives training on PTSD, suicide, peer support, and resilience.

Monica Million, Executive Director, Colorado 9-1-1 Resource Center

Monica has worked in the 9-1-1 industry for 18 years. She began her career as a 9-1-1 Telecommunicator, worked her way to the Center Training Officer, Supervisor and ultimately the Operations Manager of the Grand Junction Regional Communication Center. She holds the Emergency Number Professional Certification and has a BA from California State University, Long Beach. She is the Immediate Past President of the US National Emergency Number Association (NENA); a founding member of the Collaborative Coalition of International Public Safety (CCIPS); and the driving force behind NENA's Continuum Initiative, a comprehensive approach to promoting wellness in the 9-1-1 industry.

Ian Thompson, Chief Executive, British APCO

Ian was appointed Chief Executive Officer in December 2016 after retiring from a successful 30-year career in the police. Previously a volunteer member of the BAPCO Executive Committee for a number of years, Ian has a strong background in public safety critical communications and IT from his time in the police service. He has changed the focus of the association from blue light critical communications to a more inclusive membership from across all areas of public safety technology. He is a founding member of the Collaborative Coalition of International Public Safety (CCIPS) and a leading figure in defining international conversations about mental health injuries and wellbeing in public safety communications.

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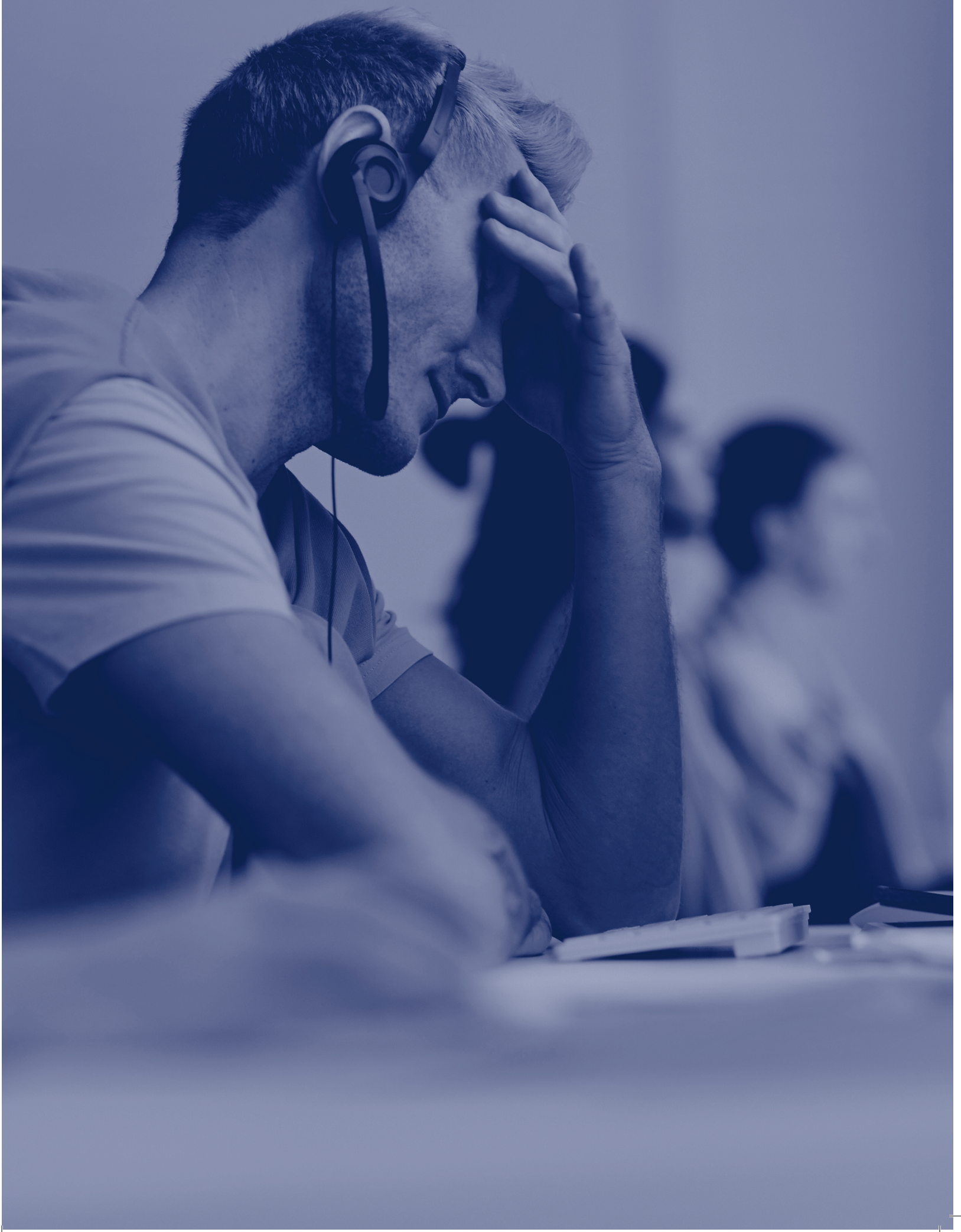
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+44 (0)3303 327173

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