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Before the Frontline: The Canadian National Public Safety Communicator Study

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The term "first responder" as per Public Safety Canada refers to paramedics, firefighters, police officers, and correctional, parole, and probation officer. However, the terminology excludes the other "responders" who serve public health and safety, such as public safety communicators (communicators)—most often communicators are the "first" responder. They also serve as the lifeline to those deployed to the call for service – thus, they have an instrumental and important role in public health and safety, for those deployed and for those calling for help. In the last decade or so, the term public safety personnel (PSP) has emerged to be more inclusive, to encompass all people serving to maintain the safety of Canadians, including traditional first responders as well as communicators, sheriff, coast guard, border services, search and rescue, intelligence officers, etc.[1] Specifically, communicators (e.g., 911, police, fire, and ambulance call-takers and dispatchers, trainers, and emergency telecommunications) have not received genuine recognition as front-line public servants, despite their foundational role and continuous exposure to traumatic or abhorrent descriptions – these exposures can be psychologically or socially traumatizing. Occupational exposure to such places PSP, like communicators, at increased risk of symptoms or diagnoses of mental health disorders when compared to the non-serving public.[2] Internationally, like in Canada, mental health research has predominantly focused on first responders and select other PSP,[3] however, outside of a broad study, we really did not know much about communicator health—especially in Canada.

Carleton et al.[3] conducted one of the first, if not the first, national study of Canadian PSP mental health that included communicators. The team found across all five PSP groups included in the study (i.e., correctional workers, police service workers, communicators, firefighters, and paramedics), the prevalence of mental disorders were significantly higher for communicators than those found among the general Canadian population. From their sample of communicators, they found 33.2% screened positive for major depressive disorder compared to rates of 7% in the general population, and 48.4% of communicators screened positive for at least one mental disorder compared to diagnostic rates of 10.1% in the general population.[4] The high prevalence of mental health disorders

is in part because communicators are regularly exposed to trauma when they receive calls for service.[2] Unfortunately, in the study conducted by Carleton et al.[3], the roles of a communicator (e.g., call-taker, dispatcher, auditor, trainer) were not defined, communicators were only represented by a small number of participants, and participation was not inclusive of all Canadian provinces and territories, suggesting we needed a more reliable and focused study specific to the nuance of the composition of the communicator population. Moreover, given COVID-19 became a global pandemic as declared March 12, 2020, PSP, including communicators, found themselves at an elevated risk. Communicators remained an essential service and, as a result, were required to perform their duties despite lockdowns and other public health measures.

The police, firefighters, and paramedics are visible on the front lines in society. However, communicators, correctional workers, and many other PSP are not. Communicators work in call centres that are not easily visible and closed to public entry, thus they often do not have readily available public contact methods outside of emergency calls (e.g., dialing 911). This is intentional, as the confidentiality of the caller and the safety of the deployed responders must always be protected – as well as of the communicator – but, nonetheless, the exclusion from society leaves many unaware truly of the communicator role and work in public safety. Moreover, connecting researchers to communicators can and should be challenging. Working with any groups interacting with vulnerable populations and doing psychologically demanding jobs is necessarily hard if we are doing our due diligence as a society to protect the vulnerable. Thus, the Association of Public-Safety Communications Officials (APCO) Canada, "a voluntary, not-for-profit organization dedicated to the enhancement of public safety communications",[5] has an incredibly invaluable role connecting researchers and clinicians to their populations. Through APCO Canada's commitment to communicators, as evidenced by its coast to coast to coast current and past

membership, they "are the voice of public safety communicators"[5] in Canada.

Starting in 2020, we formed a research partnership with APCO Canada, with the intention to better understand the overall health of Canadian communicators and to support the recognition of their foundational role in Canada's public health and safety by serving ahead of the frontline with a often hidden role.[6] Thus, to serve in turn the communicator population, we conducted a cross-sectional survey from November 4, 2020 to April 30, 2021 online (during the COVID-19 pandemic) composed of almost 200 questions within 19 sections. We collected demographic and occupational information, prevalence of mental health disorders, data on COVID-19 impacts, and concluded with open-ended questions about organizational culture and other details we did not know to ask that participants wanted to share and that they deemed relevant. The survey was self-administered through an anonymous link provided to the participants when they voluntarily agreed and consented to participate and was available in both French and English. Our ethics approval came from Memorial University of Newfoundland's Health Research Ethics Board.

APCO Canada facilitated the recruitment of participants using their past and present membership email directory. Helped by APCO Canada, our study gained access to Canadian communicators from coast to coast to coast. Potential participants were included in the study if they were a communicator for Canadian police, fire or ambulance services, or as emergency call-taker for a contract service (e.g., OnStar or VOIP). We encouraged snowball sampling, meaning our participants could recruit additional participants through their networks. Participants were also recruited through direct contact (e.g., via contact details found through the internet), social media, oversight organizations, and other public sources. A small number of unions that represented communicators were identified via snowball sampling and agreed to circulate recruitment messages.

In total, 696 Canadian communicators from nine communicator roles (call-taker, dispatcher, director/chief, IT/radio technician, manager/commander, quality assessment/quality improvement, supervisor, trainer, and other) participated in our study. Of the respondents, 669 completed the survey in English (the remaining 27 in French), and participants represented all provinces and territories. Most respondents were from Ontario (n=337) and Alberta (n=93), were call-takers (n=147), dispatchers (n=244) and/or supervisors (n=90) out of nine different potential roles, worked for a municipality (n=318), province (n=115), or federal government (n=97), and employed full-time (n=545). Demographically, the majority were married (n=405), 21-30 years old (n=425), female (n=519), heterosexual (n=554), and identified as a woman (n=516).

What We Have Learned So Far

To date, we have prepared the quantitative data and are currently analyzing the statistical data for publication and reporting. However, in the meantime, we have been focused on context – the whys and how's – rather than the how many, which means we have been analyzing qualitative data collected through the survey. We have learned about the occupational experiences of communicators during the COVID-19 pandemic,[7] the implications of leadership behaviours on communicators,[8] and the effects of organizational culture[9] on communicator mental health and wellbeing. We also have studied barriers to communicators seeking mental health help.[10]

We found, in brief, communicators believed their leadership have a substantial role in their overall wellbeing. Specifically, supervisors and managers were thought to contribute to negative perceptions of organizational culture, particularly when viewed as unsupportive, inconsistent, ineffective, abusive, or sometimes even toxic. Resultantly, many communicators in such situations felt devalued, and attributed their worsening mental health to how leaders treated them.[8] Fewer respondents, but still a sizable group, reported

having supportive leadership, who were encouraging, and possessing strong communication skills. Thus, leadership is fundamental to communicator wellness but varying vastly across all call centres. Leadership, we learned, can change the culture and job experience.

When we looked at how organizational culture shaped communicator mental health and wellness, we found six dominant determining factors: how communicators interpreted their organization, their management/supervisors, the climate of work or morale which aligned with staffing challenges, feelings of division and exclusion, relationships and interactions with colleagues, and gender.[9] Communicators were equally divided, approximately half held positive or negative interpretations of their overall organization. Correspondingly, their interpretations positively or negatively affected mental health (positive workspace improved wellness and vice versa). Likewise, people who appreciated their management and supervisors were more positive about their wellness. We caveat, rather sadly, more respondents held negative views toward their leadership than positive. Respondent were harmed by staffing challenges and low morale, with many communicators reporting experience with understaffing, favouritism, and increased levels of responsibility, leaving them less healthy. Their physical division from other services, as well as the civilian versus sworn divide (most communicators are civilians), and their exclusion from decision-making and debriefs, emerged as factors that could negatively affect wellbeing and health more broadly. Colleagues emerged as both a potential positive and negative factor (i.e., a protective and risk factor for negative wellness) specifically at the individual level rather than at the organizational level. Finally, gender was mentioned by few communicators, largely a small sample of women who expressed being mistreated by predominantly male leadership but also by direct woman peers.

Knowing many occupational variables affect communicator health, we wanted to learn about what barriers stop communicators from seeking help for their mental health. We found barriers to access; self-denial; consequences of seeking help; lack of knowledge; personal feelings; stigma and culture; and support impacted health seeking.[10] Respondents were challenged by pragmatic barriers to access (e.g., finding resources), and that denial of a known problem, a lack of awareness of mental health disorders (i.e., not knowing they have such), or personal feelings prevented one from acknowledgement that they needed help for their mental health. Basically, if a communicator did not know or did not admit to being mentally unwell, they would not seek treatment. However, even when communicators did know they needed help, stigma and cultural values prevented help-seeking behaviours, which were exacerbated by perceptions of negative repercussions at work if they sought help (e.g., being deemed unsuitable for promotion). Finally, the theme of support emerged, basically, when a communicator has a strong informal support network, they were unlike to seek external or formal help. Yet, when the communicator had a weak or unsupportive network, they still were unlike to seek help because of a lack of confidence in help-seeking. Thus, to summarize, despite the strength of their support network, communicators are rather unlikely to seek formal help or treatment either because they leaned on their network (and did not feel other support was required) or because they did not feel comfortable accessing support without a network to encourage and support the process.

Since our data collection occurred during the COVID-19 pandemic, we also studied the pandemic's implications for communicators, as essential service providers, who were thus mandated to keep working. The pandemic increased communicator stress levels, both operationally and organizationally. Communicators also felt responsible for ensuring the health of those deployed, but they found citizens calling for service were not always honest or transparent about their COVID status. Thus, the time was complicated. Most importantly, communicators stayed at work in call centres while

the world was locked down and continued to support public health and safety.

What the Near Future Holds

The future remains exciting! We continue to analyze qualitative data, focusing on organization and operational stress, the positives of working as a communicator, and effects of the job on interpretations of the world and overall health and wellness. We are also writing about the collateral consequences of the job on families, the interpersonal relationships of communicators, and the realities around communicators and suicidality (a heavy but necessary topic to examine). Quantitatively, we are in the final stages of preparing an article on the prevalence of mental health disorders and suicidality among our communicator sample and will have more to follow looking at trauma exposure, operational and organizational stress, support seeking behaviours, and interpretations of stigma. The work, we hope will be used by services to better the positions of communicators and to support communicators in being socially, physically, and mentally healthy. Moreover, we will not stop once this is analyzed. There is more work happening in the field that will be impactful. We are part of ethnographic work intended to help the researchers of today and the future absorb the lived reality of the work to better help serve the communicator population (i.e., Ricciardelli and Howe). And in the prairies and western Canada, a new bridgehead for research into communicators has developed lead by Cassiano. Thus, the field is growing, and the future looks brighter than years prior. We thank communicators for their service and hope our work finds an audience with the services who

employe communicators, their unions, and the services they dispatch, to strive for positive effect.

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