



A Silent Pandemic

THE MENTAL HEALTH CRISIS IN PUBLIC SAFETY COMMUNICATIONS



About Me

Cindy Sparrow, Director Consort Strategy

Cindy has over 24 years experience in frontline and leadership roles in Emergency Services, and recently retired as Deputy Chief with Red Deer Emergency Services.

Aside from her new role as an international consultant in leadership and strategy, she is the Immediate Past President of the Association for Public Safety Communications Officials Canada, and a Director with Alberta E9-1-1 Advisory Association.

She is actively involved in mental health initiatives in the Public Safety Communications industry, and in partnership with BAPCO, has recently co-authored the first two of a four part white paper series on this important issue.



The Mental Health Crisis

- Public Safety Communicators are the first, first responder
- Operational Stress Impacts

In a recent Canadian study:

- **more than 50%** of public safety personnel screened positive for one or more mental health injuries or disorders,
- **over 48%** in the Public Safety Communications sector

This means it's not you, it's
the job!



What's Causing This?

“Unpredictability is a core construct across fear and anxiety disorders and studies support an increased risk of post-traumatic stress disorder resulting from unpredictable adverse events.”

*BAPCO White Paper Volume 1:2020:

Causes of a Silent Pandemic

A Toxic Cocktail of Many Contributors

- High exposure to trauma, high call load
- Minimal downtime to process and regulate emotions between calls
- Working conditions: Shift work, overtime, sedentary for long periods, lack of breaks
- Lack of awareness, training, tools and support to manage operational stress
- Nature of work: constant change, lack of predictability, control, and constant evaluation
- Shame, stigma, and discrimination that keep us quiet.

Recognizing the Signs

Common Mental Health Disorders

- Anxiety
- Depression
- PTSD
- Vicarious Traumatization
- Burnout
- Compassion Fatigue
- Substance Abuse
- Suicidal ideations & Suicide

Mental Health Injuries

- Those closest to us will notice first: coworkers, family/friends, and supervisors.
- Physical, emotional, cognitive, and behavioural changes
- Tools and training for self, peers, and supervisors to recognize signs (not diagnose) and offer support

MENTAL HEALTH CONTINUUM MODEL			
HEALTHY	REACTING	INJURED	ILL
Normal fluctuations in mood Takes things in stride Good sense of humour Consistent performance Physically & socially active Confident in self & others Drinking in moderation	Nervousness, irritability Sadness, overwhelmed Displaced sarcasm Procrastination Forgetfulness Trouble sleeping Low energy Muscle tension, headaches Missing an occasional class or deadline Decreased social activity Drinking regularly or in binges to manage stress	Anxiety, anger Pervasive sadness, tearfulness, hopelessness, worthlessness Negative attitude Difficulty concentrating Trouble making decisions Decreased performance, regularly missing classes/deadlines, or over work Restless, disturbed sleep Avoidance, social withdrawal Increase used of alcohol-hard to control	Excessive anxiety Panic attacks Easily enraged, aggressive Depressed mood, numb Cannot concentrate Inability to make decisions Cannot fall asleep/stay asleep Constant fatigue, illness Absent from social events/classes Suicidal thoughts/intent Unusual sensory experiences (hearing or seeing things) Alcohol or other addiction
Nurture support systems.	Recognize limits, take breaks, identify problems early, seek support.	Tune into own signs of distress. Talk to someone, ask for help. Make self-care a priority. Don't withdraw.	Seek professional care. Follow recommendations.

What Can We Do?

Removing Barriers

Start normalizing conversations. It's ok not to be ok, operational stress is a real and impactful part of the job.

Lift the shame lid and reduce the stigma.



Make a commitment to prioritizing and addressing mental health issues together; strong message and support from leadership, empower frontline staff.



Training, tools, and techniques for managing trauma exposure and recognizing operational stress injuries. A holistic program is key – there are small steps we can take now to get there.



Access to specialized mental health support, programs, and treatment specifically for first responders.



Advocacy & Funding – classification and recognition as first responders means access to better funding and support.



Contact Info & Resources

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British APCO Mental Health Hub

<https://www.bapco.org.uk/mental-health/>

- White Paper Series downloads
- "Response Time" Podcast