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Telecommunicators & Mental Health

Taking Care of the People Who Protect the Public

BY DOROTHY CAVE



If you've ever worked in a comm center, you know exactly what a frequent flyer is. Urban Dictionary defines the frequent flyer as "an individual who repeatedly calls 9-1-1 for minor issues." Now that you have a smile on your face thinking about the people who call your agency—some make your day and some make you want to scream—let's delve a little deeper into the subject of mental health and the telecommunicator.

What types of people call the comm center? Some could be labeled as

possible Post Traumatic Stress Disorder (PTSD), suicidal or mentally ill. Some telecommunicators use more colorful phrases to describe these callers. But what happens when a caller's mental health disorder becomes problematic for our own telecommunicators?

Calls to 9-1-1 vary from one ring to the next. The next call you take could be from a suicidal person, or a homeless man who is depressed and has been self-medicating with alcohol and marijuana. It could be a mother who couldn't cope any longer with the voices in her head that told her to kill her children, so she called 9-1-1 and now you have to hear when, where and how she killed them. It could be a man calling to tell you that he just killed his wife and he's next, then—bam!—you hear the gunshot.

centers for many years likely know the mantra of "pick yourself up, dust off and answer the next call." This mentality is still alive and kicking in some comm centers today, but for the most part we now understand that we have to get away from that mindset and help our people stay stable and healthy.

When handling trauma in the comm center, there are two major questions to answer: Why do calls affect people, and how do we keep our employees healthy even after a tough call?

According to Dr. Lilly's study, 16% of calltakers say the worst type of call they deal with involves unexpected child injury or deaths. A very large number of agencies around the country conduct emergency medical dispatch (EMD)—this is where you are likely to hear a mother

"32% of 9-1-1 calls create high stress in calltakers & telecommunicators"

Most often we hear about PTSD because we have soldiers coming back from war who suffer from it. Sometimes it's only after a lengthy conversation that you find out about the PTSD diagnosis, perhaps after you've already spent two hours on the phone with them trying to determine their location and all the while trying to talk them off the brink. These calls may come infrequently or they may come back-to-back, but for some, even one of these calls is just too many to hear.

TELECOMMUNICATOR TRAUMA

Remember that calltakers and telecommunicators are just as susceptible to mental illnesses and issues as the callers themselves. Now, let's talk about why this is true.

According to a Northern Illinois University study conducted by Dr. Michelle Lilly, 32% of 9-1-1 calls received can create high stress in calltakers and telecommunicators. Studies such as this should make the industry question and address the potential for mental health issues among our own ranks.

Those who have worked in comm

screaming that her baby is not breathing or is blue and cold. If the calltaker on this type of call is a new mother herself, how might this affect her? She is now the one walking the hysterical mother through Infant CPR—how does she feel if the baby doesn't make it? Can this type of call start her down the path for a mental breakdown? Can this create the perfect conditions for the calltaker to eventually be diagnosed with PTSD?

The answer to those questions is an unequivocal "yes." It's also a big reason why comm center leaders must have the proper training to recognize the symptoms of possible PTSD in their employees.

About 13% of the calltakers and telecommunicators in the study advised that suicide callers were the next type of call most likely to affect them. The biggest stressor in this type of call is not knowing whether the person is going to take their life while on the phone. Calltakers are tasked with keeping these people on the phone—talking to them about anything and everything until help arrives. What happens to the calltaker when help does not arrive on time and the person dies

while on the phone?

Those who have been in a comm center for any length of time know that there will be times when, right after one of these stressful calls, you'll have to answer the very next call, dispatch the next call for service, or speak with an officer on the radio at length about the last traffic stop. Most people may understand the process, but it may not be conducive to your calltakers' sanity or ability to continue in this career.

SYMPTOMS & TREATMENT

Supervisors are supposed to make sure their people are mentally cared for, and knowing your people is part of the job: knowing how they act on a daily basis and how they react to certain situations. It is not only the supervisor's responsibility to recognize the signs and symptoms of PTSD; this task also falls on the comm center coordinator, senior telecommunicators and calltakers, communications training officers (CTOs) and all other personnel in the center.

Some of the signs to look for are extreme anxiety after a stressful call or seclusion from the other employees if that's not the person's usual behavior; these are outward signs that are very noticeable. Other symptoms are ones you can uncover by asking questions: Are they having flashbacks or nightmares about the call? Are thoughts of the call intrusive when they are going about their daily routine at home and at work?

How do we, as instructors, supervisors and coworkers, keep all our telecommunicators healthy when there is still a job to be done? This is a viable question and fortunately there are a lot of recommendations from the medical and psychoanalytical communities.

One remedy is to give the calltaker or telecommunicator the chance to talk about the call with others who understand. This opportunity may not be available immediately after the call, but the conversation ought to take place sometime before the end of shift. It does not have to be the entire staff talking; it can be just the affected telecommunicator and a supervisor or CTO. It does not always have to be a formalized process either. The types of calls that do warrant a

formal consultation are responder death, calltaker or telecommunicator death or a mass casualty incident. Each and every agency should have on-site or provide access to a Critical Incident Stress Management (CISM) team. These teams have been specially trained and will come in and speak to your calltakers and telecommunicators about upsetting incidents.

CARE FOR YOURSELF

One important lesson for us to remember and reiterate to others who work in public safety comm centers is that nothing should be taken personally. Yet this is so much easier said than done, especially on those days when you get yelled at by a caller who says you're not doing your job correctly, or worse, when the call is a suicidal person you can't save.

How do we really help ourselves? One of the best methods is to leave your job at work when you go home, and leave home at home when you go to work. Make sure you get plenty of sleep, too. We all know that our centers are short on personnel, but if you work 100 hours a week you will not get enough sleep and you will start showing signs of deprivation. Similarly, we've always heard that

"you are what you eat," so think about what calltakers and telecommunicators eat while on duty in the comm center: It's not always good, is it?

Even though we have outside elements pulling at our psyche, we should always make sure to take care of ourselves, each other and our employees. If you feel that the calls are overwhelming, make sure that you talk to someone in your center

or someone at the employee assistance program (EAP) for your agency. ||PSC||

DOROTHY CAVE, EMT-I, is the EMD program manager for the APCO Institute. She has more than ten years of experience in an emergency communications center and she is Georgia State certified as a law enforcement and communications instructor, and as a Crisis Intervention Team instructor and coordinator.

