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.

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.

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 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?

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while on the phone?

Those who have been in a comm cen-
ter 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 pro-
cess, 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 telecommu-
icators 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 rou-
tine at home and at work?

How do we, as instructors, supervisors
and coworkers, keep all our telecommu-
icators healthy when there is still a job
to be done? This is a viable question and
fortunately there are a lot of recommen-
dations from the medical and psychoana-
lytical communities.

One remedy is to give the calltaker
or telecommunicator the chance to talk
about the call with others who under-
stand. This opportunity may not be avail-
able immediately after the call, but the
conversation ought to take place some-
time 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 telecommunica-
tor 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 pub-
lc 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 depriva-
tion. 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
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