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INTRODUCTION TO EMOTIONAL WELL-BEING

An Overview and Brief History in the Professional Context

Introduction

Every workplace in Canada has a responsibility to ensure that the mental health of its workers is recognized, addressed, and supported. Given their unique and often challenging work environments, this responsibility is heightened for first responder organizations.

The mental health of first responders—law enforcement officers, firefighters, paramedics, correctional staff, search and rescue personnel, dispatchers, nurses, and other front-line and helping professionals—is of paramount importance. Communities require you, as a first responder, to be physically and mentally fit when you are called on to serve; therefore, developing an understanding of the challenges you face is crucial to supporting you throughout the course of your career.

Front-line work in the field of emergency services can be exhilarating and rewarding, but it can also be demanding both physically and mentally, giving it the potential to have a negative impact on your emotional health and overall well-being. As a result, most emergency services employees undergo a rigorous hiring process that includes interviews and physical and psychological fitness tests. The demands of the job require healthy and dedicated people. Society then asks you to put yourself in harm's way day after day, which makes the issues of emotional well-being and resilience extremely important to both you and the organization in which you work.

Front-Line Stress

First responders are repeatedly exposed to distressing situations, violence, trauma, and death—and the scope of these types of events witnessed and experienced during the course of first responders' careers varies in both level of severity and duration of exposure. The majority of these events are routine and are not distressing. Some incidents, however, will be memorable, while others will be sad, frightening, or even traumatic for you. Worst are the traumatic incidents that remain with you—that cause an acute emotional reaction resulting in you feeling in **crisis**.

> **crisis**
> acute emotional reaction to a powerful stimulus

The usual coping mechanisms used by a person managing the aftermath of a **critical incident** may fail, resulting in emotional distress, cognitive impairment, or mental and physical dysfunction. **Critical incident stress** is therefore defined as a state of cognitive, physical, emotional, and behavioural arousal that accompanies a crisis reaction. If this type of stress is not managed and resolved appropriately, it may lead to several psychological disorders, including acute stress disorder, post-traumatic stress disorder (PTSD), various anxiety disorders, depression, and substance abuse. While the specific risk profile for each first responder organization is slightly different, first responders are most commonly at high risk of burnout as the result of cumulative stress, vicarious trauma, and compassion fatigue. As mentioned, these ongoing conditions may lead to self-harming behaviours such as alcohol and substance abuse. If not addressed or managed, these conditions can also increase a person's risk of suicide.

Trauma, Distress, and Fatigue in First Responders

To help understand trauma and resilience in first responders, let's examine a few conditions more closely, beginning with **primary trauma**. Primary trauma occurs when a first responder is directly in harm's way (for example, being assaulted, shot at, or involved in a motor vehicle collision). The latest edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) indicates that such experiences are considered traumatic when they involve a serious threat to an individual's physical integrity and the event involves a component of fear and helplessness (American Psychiatric Association, 2013).

critical incident
a powerful traumatic event that initiates a crisis response

critical incident stress
a state of cognitive, physical, emotional, and behavioural arousal that accompanies the crisis reaction; the elevated state of arousal that is caused by a critical incident

primary trauma
occurs with direct exposure to a traumatic event

In contrast, **secondary trauma** is the experience of confronting un-fixable suffering. It involves witnessing tragedies and atrocities. It can involve routine exposure to marginalized populations (for example, people who are homeless and mentally ill), people who are dying, and people in distress. Further, when a professional is in a protecting role and is confronted with an unfixable situation, it may lead to a condition called **moral distress**—the inability to fix or resolve suffering that is seen. In addition, ongoing exposure to trauma and unsolvable suffering can lead to **compassion fatigue**—a term used to describe burnout—which leads some helping professionals to shut down emotionally. When this happens, an individual's normal capacity for compassion becomes depleted. Compassion fatigue will be addressed in more detail in Chapter 4.

Organizational Stress

In addition to the stress of the daily functions of the job, you may also face day-to-day organizational stressors. First responders regularly work shifts and long hours, and your work takes place at the times that other people usually spend with family and friends. First responders often work on statutory holidays and important dates, with the result that you may forgo attending significant personal events and celebrations. This can have a significant impact on your personal life that may lead to social isolation and relationship difficulties.

First responders and helping professionals are also responsible for the management of heavy workloads that require the use of specialized

secondary trauma
the experience of exposure to unfixable trauma; involves a sense of helplessness

moral distress
the inability to resolve suffering

compassion fatigue
the inability to feel compassion or behave in a compassionate manner

training, exceptional discipline, and clear focus. Most organizations have documented policies and procedures that are drafted to guide and assist employees in the execution of their duties. Performance is then measured through a performance management plan (appraisals), and if deficiencies in performance are identified, they will be formally addressed by the employer. Action to improve or correct an employee's performance will be taken, and these steps can range from additional training to punitive action.

In addition to these performance stressors, first responders are often judged and scrutinized by both internal and external formal and oversight bodies. For example, each province is responsible for having a civilian oversight agency to "police the police," such as Ontario's Special Investigations Unit (SIU), British Columbia's Office of Police Complaint Commissioner (OPCC), Manitoba's Law Enforcement Review Agency (LERA), and the Alberta Serious Incident Response Team (ASIRT). These watchdog groups, in addition to the media—including social media—all add to the daily stress of frontline work.

Physical Health

It is well researched and documented that physical health is closely linked to mental health. Because of the nature of your work, first responders can have prolonged periods of low activity and then suddenly have to respond quickly to a call with little or no notice. The adrenaline rush this causes is both a physical and emotional reaction to the unpredictable nature of front-line work.

Also, after working a shift, some first responders have trouble switching work off, and this may contribute to the disruption of normal sleep patterns. Some first responders may also develop poor eating habits because of the demands of their work schedule, often missing meals or eating what is conveniently available but not healthy. All of these factors can contribute to poor physical health.

Despite all this, there is still the expectation that, because of the nature of your work, first responders are likely to be in better physical condition than other professionals. The reality of this can vary

depending on your role and the resources available within your organization to encourage and support physical fitness. In short, it is important to discuss physical and mental health together as part of an overall health and holistic wellness management plan.

History of Mental Health and Front-Line Work

Looking back historically at mental health issues and front-line work, little training and support was in place to prepare first responders for the unique nature of their chosen profession; however, in response to the current spotlight on workplace mental health, this is rapidly changing. To fully understand front-line mental health issues, it is important to examine the historical context in which exposure to critical incidents and trauma has been viewed and managed over the years.

The notion of providing psychological support to front-line professionals and military personnel experiencing distress is not a new concept. The First World War yielded the initial empirical observations to support early psychological intervention in reducing "psychiatric morbidity" in the wake of extreme traumatic stressors (Salmon, 1919). After the first and second world wars, many hospitals housed veterans suffering the psychological effects of war but did little to treat them. In the late 1950s, suicide prevention centres began to proliferate in North America, and during the 1960s and 1970s, concepts of preventive psychiatry blossomed with the creation and implementation of community mental health centres (Caplan, 1961).

Diagnosing Post-Traumatic Stress Disorder

In 1980, PTSD was officially recognized as a psychiatric disorder in the third edition of the DSM (American Psychiatric Association, 1980). Also, serious research finally began at this time on this well-known condition, although the condition was not acknowledged by most governments. In 1982, the first critical incident stress debriefing method for group crisis intervention was used in a mass disaster

setting in Washington, DC. It was at that time that critical incident stress first started to be viewed as being parallel with "battle fatigue" in war veterans, because it put first responders at high risk for developing PTSD based on the nature of their chosen profession (Everly, 1999). Further, in 1994, the fourth edition of the DSM added another diagnostic category to reflect the effects of exposure to trauma and crisis by diagnosing "acute stress disorder" (American Psychiatric Association, 1994).

PTSD is now well researched, and there are a number of successful approaches that address both its causes and symptoms. A diagnosis of PTSD is acknowledged by emergency services organizations, correctional facilities, and military populations, as well as other agencies in the helping professions. The demand for individual psychological interventions is more acceptable now than it was in the past, and professional organizations and the government are now addressing emotional well-being among first responders. This happened mainly because first responders came forward with their stories, which highlighted a significant number of suicides among police officers, firefighters, and paramedics. Evidence shows that because of the risk of routine exposure to traumatic stressors, first responders are at least twice as likely as the general population to suffer from PTSD.

PTSD Prevention Strategies

In February 2016, Ontario MPP and Minister of Labour Kevin Flynn announced a new PTSD strategy for first responders. MPPs from all parties unanimously passed Bill 163, *Supporting Ontario's First Responders Act*, which received royal assent in April 2016 and has been incorporated into the *Workplace Safety and Insurance Act, 1997* at section 14 and the *Ministry of Labour Act* at sections 9.1(1)–(4). This law will ensure that all police officers, firefighters, paramedics, certain corrections staff, secure youth justice facility employees, communications/911 dispatchers, and First Nations emergency response team members who have been diagnosed with an occupational stress injury will get the help they need. This law recognizes that PTSD is a work-related illness, and, because of this, emergency

services employees will no longer have to prove that their disorder was caused by stressors inherent in their job, eliminating a road-block to prompt treatment. This legislation will provide full benefit coverage from the Workplace Safety and Insurance Board (WSIB). The provincial government is ensuring that WSIB benefits, resources, and timely treatment are fast-tracked once a first responder is diagnosed with PTSD by a psychiatrist or psychologist.

The province's new prevention strategy is focused on increasing awareness, providing online tool kits with resources, and funding grants to support evidence-based research (Ministry of Labour, 2016). The focus of Bill 163, *Supporting Ontario's First Responders Act* is on prevention. This legislation authorizes the Ministry of Labour to request and publish PTSD prevention plans from employers. These plans will require organizations to develop comprehensive mental health intervention, accommodation, and back-to-work policies and procedures. While this Act is a positive step forward, it does not include other stressors that are also experienced by first responders, such as cumulative stress, vicarious trauma, and compassion fatigue. The provinces of Alberta and Manitoba have similar legislation in place, while New Brunswick recently introduced a similar bill in its legislature.

Workplace Culture

Workplace culture plays a significant role in how employees respond to the challenging nature of emergency services work. First responder organizations can be viewed as being a subculture with specific elements built into this unique workplace culture as a way to support well-being. For example, there is often a strong sense of community and camaraderie in most first responder environments. This culture of camaraderie and loyalty may cause many individuals to feel a strong sense of purpose and connection with the community while serving in their role. An additional emphasis on work–life balance encourages employees to avoid overidentification with their role as emergency services workers, allowing them to recognize that their

profession does not define them and that regardless of their responsibilities, they have the same human qualities that other individuals do.

Destigmatization of Mental Health in the First Responder Culture

Over the last several years, first responder organizations have paid much more attention to mental health issues within the workplace. Even though there has been a shift in attention and care, stigma still exists in relation to asking for help from direct supervisors or management and from the broader organization as a whole.

As previously mentioned, the culture of first responder organizations is unique. The strong sense of camaraderie can be both a positive and negative influence on whether or not a first responder reaches out for support. This strong sense of community can be a positive influence for building trust among peers and co-workers; however, it can also have a negative impact if employees fear judgment from others or don't want to appear emotionally weak or incompetent in their role.

Highly sensitive topics, such as suicide, are even more challenging to address for first responders, as there may be a belief that one must be stoic and keep their mental health concerns hidden from others. It is important to remember that many first responders support members of the public with mental health issues, so it may seem incongruent to acknowledge that they struggle with their own thoughts of suicide. Also, suicide in general is an uncomfortable topic for many people to talk about. Some first responders may worry about confidentiality issues if they disclose their mental health concerns to their employer. If they fear their personal thoughts and feelings may be shared with management, employees will likely not seek help from the services provided from their workplace. This potential deterrence from accessing support creates barriers to well-developed mental health campaigns overseen by well-intended organizations.

Addressing these issues will depend on significant changes in the culture of some first responder organizations and will require the

committed cooperation of all levels (management and the front line) to improve employee mental health. Many first responder organizations have responded by formally creating wellness units in an effort to repair the effects of sanctuary trauma, a failed organizational response to support an employee in need. **Sanctuary trauma** (or secondary trauma) is the retraumatization of a first responder when reported mental health issues are denied or ignored. Subsequently, some wellness units include an in-house psychologist and trained peer support members. Some units even provide offsite support to aid in reducing any concern about confidentiality.

Investing in mental health is also a smart operational decision. Research shows that workplaces that actively support the mental health and wellness of their members have increased productivity and improved attendance and are better able to recruit and retain employees. They also have reduced absenteeism and turnover, fewer disability claims, and fewer performance and morale issues.

Given the obvious importance of healthy employees, a group of first responders in British Columbia partnered with WorkSafeBC to form the Supporting Mental Health in First Responders Steering Committee. Their publication, *Supporting Mental Health in First Responders: Recommended Practices* (2019), provides valuable strategies to help organizations break down negative workplace culture and stigmas and actively support the mental health of their workers.

You cannot predict how powerful an incident will be or what effects it will have on you. It is therefore incumbent on organizations to prepare their employees for such incidents by teaching them the signs and symptoms of critical incident stress and establishing policies to assist and maintain employee well-being. Stress can lead to performance issues, excessive work absenteeism, and organizational and staffing issues (which lead to public safety issues), and it can

sanctuary trauma
retraumatization (or secondary trauma) of an individual due to a failed organizational response to support that individual's initial trauma and mental health concerns

have a significant impact on the employee's personal and family life. As social acceptance of mental health issues continues, organizations must provide ongoing support to employees. The responsibility, however, must not fall solely on first responder organizations. You must make your own physical and mental well-being a priority and take appropriate and ongoing steps for self-care. Strategies for self-care and wellness will be explored and discussed further in later chapters, especially in Chapter 6 and in the Self-Care Plan at the end of the handbook.

KEY TERMS

compassion fatigue, **4**

critical incident, **3**

critical incident stress, **3**

in crisis, **2**

moral distress, **4**

primary trauma, **3**

sanctuary trauma, **10**

secondary trauma, **4**

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