Supporting Mental Wellness in the Public Service Professions

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Supporting Mental Wellness in Public Service Professions: Revisiting a Moral Imperative

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ABSTRACT

The nature of the work of public service professionals – understood in the present context as including, but not limited to, police officers, firefighters, emergency medical technicians, paramedics, emergency dispatchers, and telecommunicators – exposes them to great amounts of suffering and trauma. Mental wellness is wavering for many in the field, and progressive, holistic support is needed. Public service professionals receive remarkable amounts of training to meet competencies within their role, but they are not provided with the same level of training to protect and serve themselves. Many factors contribute to decreased mental wellness in public service professionals, including the stoic culture, short staffing, low pay, and lack of public service resources. Against the argument that adequate and thorough mental health support is perceived to be expensive and a personal responsibility for individuals to seek if they need it, this paper argues that, given the staggering statistics regarding suicide, depression, and PTSD, the availability of resources, and the cost saving effects that promoting mental wellness and retaining employees has for companies, society's approach to mental health must change. Moreover, the mental health of first responders in particular is a moral responsibility that must be supported through extensive education, community outreach, and the establishment and maintenance of a non-punitive culture.

Keywords: Public Service Professions, First Responders, Mental Wellness, Trauma; Moral Imperative

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INTRODUCTION

The role of public service professionals includes responding to emergencies and rendering aid to suffering minds and broken bodies. They train for hundreds of hours each year, and thousands of hours through the course of their career to deliver impeccable care when called to duty. Despite extensive education and conditioning, public service professionals are not being trained to be mentally well. Every member of our society, arguably, has room for improvement within the scope of mental health. Professionals that work within a mentally taxing career, including public service professionals and first responders, are particularly vulnerable because of the nature of their work. Most public service experts agree that mental wellness and sufficient coping mechanisms in public service personnel have been lacking for decades, which evokes the need for a more progressive approach. Repeated exposure to stress, psychological trauma, and high acuity incidents are factors that may precipitate decreased mental wellness in members of the public service professions. The very people caring for our communities are not being taken care of to the degree that they need. Therefore, a more progressive, holistic approach in supporting the mental wellness of those working in public service is called for.

Analysis

Some professionals experience what is called "God Syndrome," which is identified by Beaton and Murphy as the "attempt to respond to all emergency calls, save all victims, [and] support all those who suffer (Papazoglou & Chopko, 2017). It is critical for each responder to acknowledge that one person alone cannot do it all. Their fundamental values may prompt them to give and serve to their best ability, but no one's best ability includes saving every individual and relieving suffering in every situation. Spencer-Thomas, Hindman, and Conrad (2016) describe the learned capacity that some first responders have for fearlessness. Responders practice being strong and remaining focused on their work, regardless of the nature of the incident. They earn respect from their peers, superiors, and community in doing so. Being the calm within the storm is a critical skill for first responders, but holding up a stoic and unbothered front after an incident or outside of work is maladaptive behavior.

Experiencing moral injury is another component that leads to decreased mental wellness. Talbot and Dean (2018) define moral injury as "perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations." Here, moral injury is differentiated from burnout, which indicates that the individual is not strong or resourceful enough to withstand his surroundings or circumstances. The change in wording removes victim shaming and instead provides an explanation as to why a person may feel defeated, unsettled, or "burnt out." Papazoglou and Chopko (2017) explain that even routine calls have the potential to produce moral injury, as these calls "may lead first responders to question their tactical decision-making in response to the incident, their capacity to prevent what happened, and so forth." The authors offer the example of an emergency vehicle (e.g., a police cruiser or ambulance) having a delayed response time to a domestic assault incident due to heavy

traffic. When the responders arrive on scene, there are two people severely wounded (Papazoglou & Chopko, 2017). Assault incidents are not uncommon, and responders have been trained for how to address each component of this call, including legal and medical aspects. However, situations like this leave an open door for thoughts such as "What if we arrived 30 seconds earlier? Could we have prevented the injuries?" Or, "If we took a different route, maybe we could have arrived sooner." Spencer- Thomas, Hindman, and Conrad (2016) detail that "sometimes [first responders] are unable to stop bad things from happening to good people. Sometimes their moral compass is challenged under quick decision-making, unethical leadership, or unintentional errors." When someone is not able to act in accordance with his fundamental beliefs and values, they are put in a potentially morally distressing situation (Epp, 2012). It is imperative for responders to acknowledge that they are human and they are not expected to end suffering, be completely error free, or prevent harm in every incident.

First responders are exposed to a variety of stressors, both within and outside of their workplace. While stress can be positive, called eustress, and can be seen as a motivator (e.g., in the context of project deadlines), it can also be negative and have detrimental effects to physical and mental health. Common stressors include work-life balance, the unpredictability of the job, shift work / working holidays and weekends, repeatedly being exposed to human suffering and death, being in unsafe and life threatening situations, financial concerns, personal stress (self-esteem, feelings towards others, etc.), stress from high physical demand while working, poor sleep routine, family, peer, or social stressors, and education, among others. Responders are expected to be high performing at work, which often entails being in a hyper-vigilant state, and being conscious of their every move. Companies and agencies are now using technology to track the speed of emergency vehicles via GPS and obtain visual or audio recordings of incidents. Always being watched and knowing that their every move is being recorded adds pressure to already intense situations. After being in a high stress environment all shift, responders leave work and must change gears from a hyper-vigilant state to fulfilling other duties, such as participating in family activities. Such a drastic shift in behavior and thought process is difficult, especially if the individual is still processing what happened during his/her shift or his/her emotions in response to incidents.

Problems

There is no definitive problem as such that precipitates a lack of mental wellness among individual public service professionals. However, there are many factors that contribute to things such as poor coping strategies and increased stress, which in turn decreases mental wellness.

Stoic culture. Contemporary stoicism is understood as enduring pain or hardship without the display of emotions and without complaint. This type of attitude and culture leaves minimal room for mourning and grieving death or suffering, even though the grieving process is essential for mental wellness (Epp, 2012). The stoic culture that is often present in the public service field precipitates prolonged grieving because it does not encourage or make space for processing and mourning. Prolonged or insufficient grieving can generate and exacerbate feelings of anxiety and depression. Symptoms of post-traumatic stress, including hyper-arousal, anxiety, feeling numb, and sleep disturbances may be "distressing to first responders as they feel like they are not in control of themselves" (Spencer-Thomas, Hindman, & Conrad, 2016). Experiencing physical manifestations despite attempts to mentally suppress emotions can be unsettling and confusing for responders, and perceived lack of control can contribute to decreased mental wellness.

When recounting his lived experience of the 9/11 terrorist attacks, an unnamed paramedic stated, "I don't see myself as a hero. I know that I have been called that, but to me… that word doesn't sit well… I was just doing my job" (Smith & Burkle, 2018). Being present to such intense situations and being immersed in a culture where the norm is a stoic attitude enables intrapersonal turmoil for responders.

Stigma. Stigma around mental illness is not specific to first responders. However, responders are often exposed to "strong stigmatizing views of mental illness [as] they are often over-exposed to people with chronic, severe, and unpredictable symptoms that have disrupted a community" (Spencer-Thomas, Hindman, & Conrad, 2016). Even if an individual responder does not associate shame or humiliation with mental illness, the prevalence of stigmatizing views in the field may be enough to discourage him/her from reaching out for support in their struggles with mental health.

Staffing and Pay. Much like other fields, agencies within the public service field experience shortages. Staffing shortage leads to an increase in available hours and overtime for employees. The baseline low wages mixed with the opportunity for time and a half pay is incentive for employees to work well over 40 hours per week. This perfect storm contributes to decreased mental wellness because responders are sacrificing their personal lives by spending so much time at their job, they are being exposed to a tremendous amount of stress without sufficient time to recuperate, and they are not gaining enough money or fulfillment in return.

Lack of Specific Resources. There is a lack of services and resources specific to public service members, and the existing resources available may not be widely used or accessible. Many departments offer support such as Employee Assistance Programs (EAPs), psychologists and clinical specialists, chaplain or pastoral services, and peer support groups (Spenser-Thomas, Hindman, & Conrad, 2016). These resources are great in theory, but generally speaking, they are used sparingly. There are Critical Incident Stress Management (CISM) teams that can be activated upon request after a critical incident, but the term "critical incident" is subjective and this type of stress management is underutilized. Debriefing after critical incidents is undoubtedly beneficial in starting the recovery process for responders, but there are barriers to this type of debriefing, such as the availability of volunteers on CISM team, willingness of responders from each discipline to attend, and even agencies allotting their responders time off duty to attend debriefings. The inconsistency of debriefings in conjunction with limited specific resources contributes to ineffective coping and decreased mental wellness.

Downstream Approach. Much like the majority of healthcare in the United States, the public service field takes a downstream approach to mental health. Treatment is symptomatic and attempts to fix problems once they occur rather than focusing on preventing problems in the first place. Symptoms of impaired mental wellness are frequently not treated until they are debilitating or impeding the level of assistance a responder is able to provide. The downstream approach chases after problems that could be avoided with an upstream or prophylactic approach.

Insufficient Training. Public service professionals receive extensive training on how to completes the tasks and fulfill duties associated with their jobs, but they are not adequately trained to deal with the mental strain and injury that accompanies it. Elgin Duley III, Assistant Chief and Training Chief of the Almarante, Florida, Fire Department (2017), describes his first call as being a "two-vehicle motor vehicle accident (MVA), with rollover and entrapment," with a fatality. He writes, "I wasn't prepared for this. I had training on treating a trauma patient. I had training on stabilizing a vehicle. I had training on extricating a patient. I hadn't trained for after

the call. I hadn't learned of the work needed after the call". Responders drill skills and scenarios until they are proficient, but they lack the same degree of training to hone their coping skills.

The Case Against Providing Additional Mental Health Support

Cost. One counterargument to providing better mental healthcare to the service professions includes the fact that it is expensive for agencies to offer mental health support and for professionals to attend outpatient or inpatient therapy. Many mental health programs are not covered under insurance, or are only covered to a certain percentage thereof. Professionals may argue that they do not have the means or financial stability to take time off from work, or even to spend what they are earning on mental health services. Similarly, agencies may be hesitant to offer services, as it is an expense, rather than investment, if they are not used.

Personal Responsibility. It may also be argued that personal health and wellbeing are ultimately the individual's responsibility. You can lead a horse to water, as the saying goes, but you can't make it drink. Employee Assistance Programs (EAP) are already offered, and it is the role of employees to seek and utilize the available resources as needed.

History. Still other may argue that mental health has always been a component of overall health, and professionals have worked in this field for decades without progressive, holistic change. It could be argued that the extra focus and effort to improve mental wellness is not needed because the field is continuously growing without that added support.

The Case in Favor of Providing Additional Mental Health Support

Caring for Caregivers. Against these shortsighted counterarguments, there are several arguments in favor of supporting mental wellness in the public service professions. Most notably, the very people that are called on to help the community, sometimes even impeding death, are not receiving the same support that they sacrifice their lives to provide. First responders are exposed to more pain, suffering, and potentially traumatic events than the average individual. It makes sense, therefore, that first responders would receive even more support for their mental health than the average person. Caregiver role strain is legitimate and must be addressed in the public service field.

Suicide, Depression, and Stress Statistics. There is scant current data on rates of suicide, depression, or measurable stress specifically among law enforcement, firefighters, emergency medical responders, or dispatchers. However, the absence of data is not due to a lack of evidence, but rather because there are so few studies specific to the field. Spencer-Thomas, Hindman, and Conrad (2016) provide statistics in their article on "Man Therapy" including:

-   126 documented deaths by suicide among police officers in 2012, versus 49 killed by gunfire in the line of duty.
-   On average, 92 firefighters die in the line of duty each year. The most common cause is heart attack, likely linked to stress. An average of 80 firefighters die by suicide each year.
-   A 2015 survey of 4,022 Emergency Medical Service (EMS) providers in the *Journal of Emergency Medicine* revealed that 86% of EMS providers experienced what was considered critical stress and 37% of EMS providers had contemplated suicide.

These statistics alone speak volumes to the problem at hand, and they beg for an ethical justification for the toleration of this growing public health crisis.

Equal Regard for Mental and Physical Health. Most counter arguments could be disputed if the words "mental health" were replaced with "physical health." There is an imbalance in perceived severity of physical injury versus mental injury in the United States. In her presentation titled "Life Is Fragile: Injury, Violence, & Recovery," Dr. Therese Richmond

discusses the major mental strain and injury associated with physical injuries that medical professionals deem minor (Personal communication, April 10, 2019). For example, a dispatcher suffers a broken right tibia and must be in a cast for an extended period of time. Clinically, a break is a fairly minor injury and prognosis is generally very good. However, this patient is susceptible to major mental injury. If he cannot drive, how will he get to work? His inability to drive will limit his social interactions, which could cause feelings of isolation. How will he be refilling his medication prescriptions or buying groceries? Is he able to safely ambulate? Does he need to climb stairs to get into his place of residence or to a bedroom or bathroom? For responders especially, it is critically important to acknowledge that the potential for mental injury is equally important to their physical counterparts.

   Initial Treatment is Free. It is worthy of note that it is economically free to have conversation with peers, the CISM team, or agency chaplain. In addition, there are free resources currently available, such as text lines, support websites, personal development workshops and resources, and online or in person support groups.

   Available Resources. There are resources available that are specifically designed for public service professionals. These resources may not be compiled in one location that is accessible. Therefore, agencies should compile their own list of available and preferred resources for their employees to reference and use as needed.

   Oxygen Mask on a Plane. Prior to take off, flight attendants remind passengers that in the event of low cabin pressure, they need to secure their own oxygen mask before trying to help other passengers secure theirs. This mentality can be transferred to the public service field. Responders are of no use to others if they are not well themselves. Moreover, stress can manifest as somatic symptoms including back pain, chronic fatigue, high blood pressure, impaired sleep, headaches, decreased immune function, and gastrointestinal issues. If employees are not feeling their best, they are not performing at their best. Lower quality performance could be detrimental in this line of work, which demonstrates the urgency that first responders have healthy minds and bodies. This is a quality issue that puts personnel and the community at risk. Agencies need to initiate self-care and personal wellness as a priority, and emphasize that similarly to the plane scenario, responders must serve themselves before they can best serve others.

   Cost Savings. It is incredibly costly for both companies and taxpayers when public service employees are not retained. One study by Patterson and colleagues (2010) found that "the weighted median cost of turnover was $71,613.75" among paid EMS agencies. Law enforcement officers, firefighters, emergency medical responders, dispatchers, and other professionals endure extensive training for their respective careers. Agencies invest money into recruiting, interviewing, hiring, initial orientation training, and ongoing education and training for their employees. If a firefighter, for example, is interviewed, hired, oriented, put through the fire academy, and then leaves in a year, the company has lost a tremendous amount of money. Cities and towns need public service professionals, so when one leaves, the vacant position is usually filled. Employees leave for various reasons, but a major factor is the stress and negative effects that a critical amount of stress has on the mind and body. It is favorable, not only for the overall well-being of employees and agencies, but financially to retain public service employees.

   Corrective Vision: The Moral Imperative to Provide Access to Mental Health

   For reasons beyond those delineated above, there is an axiomatic moral imperative to prioritize the care of those who care for others. This is seen most readily in public health interventions that support, for instance, healthcare providers receiving vaccinations prior to administering them to patients, or entire healthcare systems being devoted to the care of veterans

specifically. A proper understanding and practice of justice in supporting mental well in the public service professions assures that persons be treated fairly, that vulnerable populations are protected, and that each person is treated as an end in himself/herself (Beauchamp & Childress, 2019). Furthermore, any discussion of the issues under consideration would be incomplete if it did not repeatedly stress that it is the pride of the medical profession that those whose grasp on the necessary goods is real but reduced due to the critical role they serve are cherished and protected as patients in greatest need (McCormick, 1974). In this sense, justice is at the very heart of society's moral obligation to care for the mental health of those who protect and serve others.

Based on the above, it is reasonable to conclude that a morally justified approach that maximizes efficiency in mental healthcare delivery will include (a) ensuring consistency in applying standards across people and time (treating like cases alike); (b) identifying decision makers who are impartial and neutral; (c) ensuring that those affected by the decisions have a voice in decision making and agree in advance to the proposed process; (d) treating those affected with dignity and respect; (e) ensuring that decisions are adequately reasoned and based on accurate information; (f) providing communication and processes that are clear, transparent, and without hidden agendas; and (g) including processes to revise or correct approaches to address new information, including a process for appeals and procedures that are sustainable and enforceable (Kinlaw, Barrett, & Levine, 2009). Insofar as mental health engagement is central to respect for persons, the improvement of health outcomes, the prevention of disability, the facilitation and stewardship of resources, the moral obligation to enhance prospects for justice and build public trust through supporting mental wellness in the public service professions is made clear.

Implications

Education. Public service professionals must go through schooling, an academy, or specific training to work in their role. Because every individual must attend at some point, these trainings serve as the perfect opportunity to educate about mental health and wellness, positive and negative coping strategies, and signs it is time to seek support. This approach is upstream, as it may prevent problems from occurring rather than providing damage control once a problem exists. There are various competencies professionals must meet and trainings that professionals must attend in order to work in their role, which is another time to interject education. Agencies can collaborate with local, and if possible, public service specific resources during these trainings. Bringing in mental health professionals who either have experience in the public service field or have experience working with those in the public service field provides increased credibility and a better understanding of what mental health and the journey to mental wellness looks like. Local psychiatric or counseling resources will be able to best describe what they do, thus avoiding assumptions or false information about what realistically happens when an individual seeks support. Introducing public service members to professional support resources is also a great way to integrate the two fields, which will promote the individual's likelihood of using those resources. Education is a key component to prevention, and targeting these populations early in their careers (during academies and initial trainings) and on a regular basis will instill positive and constructive habits.

Concerns that additional education is costly and time consuming are valid. Some trainings are free or sponsored, and there are grants available for trainings such as these.

Education, especially regarding mental health, should be viewed as an investment rather than an expense. In this light, the time and money spent on making individuals healthier and more knowledgeable is justifiable.

Community Outreach. More education and transparency to the general public about what each profession actually does will help to oppose the "nobody understands what I'm going through" mentality. Being mindful of laws and policies that protect individual's privacy, such transparency would have to be carefully crafted and reviewed prior to being distributed. Potential sources include newspaper articles, open house events, and public TV segments such as "A Day in the Life of a Firefighter" or "What Happens When I Call 911?" Further outreach could be made through events like Coffee with a Cop, where police officers partner with local coffee shops to increase their presence, meet and build connections with community members, and answer questions from the public. Not only does this educate the public on the role of public service professionals, but it helps the public make sense of the hardships that public service professionals endure every day.

Another way for communities to support public service professionals is through perks or benefits. For example, local gyms and fitness centers could offer discounts or special classes for first responders. Restaurants and local attractions could offer discounts or "First Responder Night" periodically. These offers may not be established yet, but unless asked, the answer will be no. Agencies should contact local businesses and establishments to initiate such programs and events.

Revise Values, Mission Statement, and Systems Practiced. Each agency has outlined a mission statement and values. Revising these to reflect the importance and worth of mental wellness will empower employees to value and take control of their own mental health. In addition, editing policies and procedures will enhance the workflow and relieve unnecessary or avoidable stressors. Systems and policies that once worked well may no longer best serve the need of the population. For example, if the means of distributing education resources is not effective, agencies need to troubleshoot and attempt a different method. It is critical to evaluate and restructure processes or standing methods that are not effective or no longer pertinent to the agency.

Saving Lives and Making a Difference. "We save lives" is phrase is often tossed around in a lighthearted manner among public service professionals. In fact, many start their career thinking they will be saving people's lives and making a vast impact on their community, quickly realizing that many days are mundane or, unfortunately, end in tragedy. The disparity in their initial expectations versus the reality of their work can be disheartening and stress inducing. However, peers among agencies have the opportunity to make a difference in the lives of their colleagues daily by simply checking in, having conversation about mental health and overall wellbeing, and by offering support. Taking a few extra moments to touch base with colleagues will make a difference and could literally save a life.

Non- punitive culture. Arguably, the most important piece in supporting public service professionals and their mental wellness is establishing and sustaining a non-punitive culture. This could look like many things, including policy outlining paid time off or medical leave while taking care of mental illness, assurance that no disciplinary actions will be taken as a result of addressing mental health concerns, and creating an open line of communication through the chain of command that encourages employees to take charge of their mental health. The goal is to empower individuals and promote overall wellness, including mental health.

Conclusion

There is no uniform solution to this growing public health crisis. However, there is ample data to prompt change in culture and to support additional education, training, and resources for public service professionals. It is unethical that the professionals, who put their entire life on hold to respond to others' calls for help, are not receiving enough education to protect themselves or support when they need it. Police officers, firefighters, emergency medical technicians, dispatchers, and other first responders unconditionally deserve progressive change accompanied by upstream and holistic care.

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