Blue Light Programme – Phase Three
New Audience Scoping: 999 Call Handlers
Final Report

Contents

Executive Summary

In Phase Three of the Blue Light Programme, Mind are scoping work with additional 'at risk' groups; including new recruits, 999 call handlers, and A&E staff. Between May and June 2017, Mind conducted scoping research with call handlers and expert stakeholders from the police, fire, ambulance, and search & rescue services. This included focus groups, interviews with call handlers and stakeholders, and control room observations. This research was carried out in in-house by Mind's Research and Evaluation Team and an external partner, ResearchAbility. It aims to inform the planning and development of a pilot service tailored specifically towards personnel working within the control room environment. Key findings and recommendations for service delivery are summarised below:

Key Findings

- Dealing with members of the public in emergency situations is inherently stressful and the nature of these calls can impact on wellbeing, particularly when call handlers are not adequately supported in dealing with them. Call handlers experience a degree of 'emotional turbulence' due to the range of calls that they receive. They often receive abusive, inappropriate, and distressing calls which they do not always feel equipped to handle. Dealing with suicidal callers, or those with other mental health needs, was reported to be one of the most stressful and upsetting aspects of the role.

- Whilst there appears to have been a wholesale reduction in stigma and discrimination around mental health generally, there continues to exist a 'just get on with it' organisational culture within the emergency services. This promotes the idea that dealing with stressful situations is an intrinsic part of the role and therefore should not be 'allowed' to impact upon wellbeing. For call handlers, this has led to a perceived lack of recognition of the psychological effects of the role and can discourage help-seeking.

- The challenges of the call handler role have been greatly exacerbated by systemic organisational changes that have resulted in higher volumes of calls, a reduction in staff, and a culture of strictly enforced targets. These issues are overwhelmingly felt to be the main cause of poor mental health and wellbeing amongst call handlers. Participants felt that these factors contribute towards high levels of staff sickness and poor staff retention. Limited time for training, debriefing, or informal support has resulted in low levels of trust between staff and supervisors and poor expectations of support services.

Recommendations

A key challenge of designing services to support the wellbeing of call handlers is in overcoming the organisational challenges which act as the main barrier to accessing support. The following actions are recommended as result of the research findings:

- Make use of opportunities to promote a more supportive organisational culture and raise awareness of the impact of having 'to do more with less' on call handler wellbeing.

- Engage stakeholders and promote senior level buy in to ensure call handlers' wellbeing is prioritised and they are given sufficient time to engage in training and wellbeing activities.

- Ensure provision of support is accessible to call handlers within the organisational structures in which they work, whilst maintaining trust in its independence.

- Clear signposting and communication through existing staff channels is needed to increase awareness of available support and allow call handlers to make informed choices about the support available to them.

- Tailor support to address the challenges faced by organisational pressures as well as exposure to traumatic/ distressing situations.

- Promote available support using communications materials that reflect the specific role of call handlers, rather than generic emergency services materials.

- Address the identified knowledge gaps around mental health by providing integrated and holistic training that allows call handlers to increase their confidence both in supporting callers with mental health problems and providing tools to discuss and support their own wellbeing.

1. Introduction

Between March 2015 and March 2016, Mind delivered the first year of an ambitious programme to improve the mental health of emergency services 'blue light' staff and volunteers in England. Since the end of this funding, Mind has been delivering a number of legacy activities (Phase 2). These include setting up local networks to bring employers together to share good practice and jointly commission services. Phase 2 also included further testing of our resilience interventions.

In November 2016, the government provided a further £1.5 million to support the continued delivery of Mind's Blue Light Programme (Phase 3). This additional support allows Mind to continue delivery in England, extend the programme to Wales, and begin working with additional 'at risk' groups, including 999 call handlers, new recruits and A&E staff.

In order to inform the planning and development of a pilot service tailored specifically towards call handlers, Mind's Research & Evaluation team undertook a focused research project, with support from an external research organisation called ResearchAbility. This aimed to scope the issues call handlers face in relation to their mental health needs and their awareness/ perceptions of existing support. This report captures the key findings from this scoping research and highlights recommendations for the development of a tailored support intervention.

1.2 Existing Evidence of Need

People in mental health crisis represent approximately 10% of all 999 callers and Mind has been working with Kent Police and the MPS in developing and piloting crisis provision for people with mental health problems when they call 999. Whilst the focus of these previous projects has been on the callers themselves, the development work has identified that improving the welfare and mental health knowledge of call handlers is a priority need.

Research conducted by King's College London into the causes of absenteeism at Metropolitan Police call centres highlighted a number of issues, including high levels of work fatigue associated with demanding shift patterns and strictly enforced organisational attendance policies[1]

A report by the European Emergency Number Association (EENA)[2] highlighted a number of specific psychological stressors involved with emergency services call handler work. These include;

- pressure and responsibility associated with processing large numbers of (often demanding) calls
- environmental factors, e.g. noise, inadequate circulation of air, work place set up
- conflict and frustration in dealing with emergency service callers and team members
- limited or inadequate outlets for expressing difficult emotions and a general lack of social support

2 Research Objectives

The overall aims of the initial scoping research were as follows;

- To improve understanding of the mental health needs of 999 call handlers across all four emergency services.
- To ascertain the quality and availability of existing support for 999 call handlers.

[1] Research Excellence Framework Case Study – Metropolitan Police Absenteeism. Kings College London (2014).
[2] EENA Operations Document – Psychological Support of 112 call takers (2012)

- To highlight priorities for future service delivery

3 Research Methodology & Sample

The research was undertaken using a qualitative methodology which consisted of the following;

- Four focus groups within the existing Blue Light network areas, attended by call handlers from the police, fire and ambulance services.
- Six in-depth telephone interviews with call handlers in the four Blue Light services; police, fire, ambulance and search & rescue.
- Nine in-depth interviews (conducted on the telephone and face to face) with 'expert' stakeholders; including line managers, senior management, federation representatives and trainers.
- Observations within police, ambulance and fire control rooms located in central London, including listening to live 999 and/or non-emergency calls. Site visit to Coastguard Operations Centre.

The research was undertaken in partnership with an external research partner, ResearchAbility, who were commissioned by Mind to facilitate the four focus groups. All other aspects of the research, included planning, designing topic guides, fieldwork, and analysis were conducted in-house by Mind's Research and Evaluation team.

Participants were recruited using existing Blue Light project contacts, local Minds, other stakeholders (e.g. employers, unions etc), and 'snowballing' from respondents. It is therefore important to note that the sample of participants includes a likely selection bias and that many participants have had existing involvement with the Blue Light Programme, including as Blue Light Champions.

3.1 Demographics

It has become apparent in undertaking this research that there exists a degree of variation in the ways that 999 calls are processed within and across the different services, the roles and responsibilities of 999 call handlers and the language used to refer to these roles. The participants involved in this research therefore represent a range of job titles and functions. For the purposes of the research, participants for the focus groups and 1:1 interviews were included on the basis that they have some responsibility for handling 999 calls as part of their day to day employment.

Focus Groups:

In total, **45** Blue Light personnel attended the four focus groups, which were conducted in the four Blue Light network areas (North East, Merseyside, London, Cambridgeshire & Peterborough). This included nine existing Blue Light Champions. The service and job distribution across participants was as follows;

	Ambulance	Fire	Police
Call Handlers	19	5	14
Managerial Role	1	5	1
Total:	**20**	**10**	**15**

The focus groups were intended to provide a space where call handlers felt comfortable discussing their mental health needs and highlighting organisational issues and gaps within existing support. As such, the views of managers were deliberately not sought or represented within this sample. It should be noted that within the fire service, watch managers, who are in charge of shifts also have

call handling responsibilities. This explains the greater representation of managers from the fire service in the focus groups.

Unfortunately it was not possible to recruit personnel from the Search & Rescue services to take part in the focus groups within the timescales of the project. However, the SAR perspective has been captured through one-to-one interviews with both stakeholders and call handlers.

Call Handler Interviews:

Six in-depth telephone interviews were conducted with call handlers, two from the ambulance service, one from the fire service, one from the police and two search and rescue personnel. Two participants were existing Blue Light Champions.

Of these six individuals, four had previously attended one of the four focus groups. The interviews provided an opportunity for participants to discuss the topics covered in the focus groups in more detail, however it is important to acknowledge that these participants may have been influenced by their participation in these groups and the views of other participants.

Expert Stakeholder Interviews:

Nine 'expert' stakeholders were engaged in the research, six of these through formal interviews and a further three through opportunistic (and therefore less structured) discussions. The professional perspectives of stakeholders were important in providing an overarching view of the organisational challenges and support available to 999 call handlers across the four services.

Three stakeholders were included from the ambulance service, three from Search & Rescue, two from the police and one from the fire service. The breakdown of stakeholders included in the research and their roles is as follows;

Service	Role
Police	Federation Representative
Search & Rescue	Maritime Operations Controller – Coastguard
Fire	Chief Executive
Ambulance	Emergency Operations Centre Team Leader
Ambulance	Practice Learning Manager – Control Services
Police	Employee Engagement and Improvement
Search & Rescue	Mountain and Cave Rescue Benevolent Fund Trustee
Search & Rescue	Aeronautical Operations Specialist – Coastguard
Ambulance	National Officer – UNISON Health Group

3.2 Observations & Site Visits

Observations were conducted within three control rooms within central London; one police, one fire and one ambulance. They were all conducted on weekday afternoons at a similar time of day. Within each control room there was opportunity to speak informally to call handlers and spend time listening to live incoming calls. This enabled researchers to capture a sense of the unique environment in which the call handlers operate and gain an understanding of the pressures associated with the role. Insights gained from these observations will be inherently limited to the experience of the researcher but are useful in providing additional context.

A site visit was also conducted at the National Maritime Operations Centre in Hampshire, where 999 calls to the Coastguard are received.

Key Findings

4 Stigma and Discrimination

There was general agreement amongst participants from both the call handler and stakeholder sample that levels of stigma around mental health have decreased in recent years and that individuals and managers within their organisation are generally more open to discussing mental health than they have been in the past. Broadly speaking, it was felt that the range and diversity of mental health conditions is now more widely understood and accepted by society than in the past.

> *"I think people are recognising that it's important to engage about it, it's important to think about your own mental health." – Call handler (Coastguard)*

> *"I don't think we've ever been so open and transparent about mental health in the organisation." – Stakeholder (Ambulance)*

One participant, who had been in the fire service for over thirty years, said that mental health was viewed as a *'mental handicap'* when she had joined the service but that this was no longer the case. Several participants who took part in the focus groups referred to the fact that the Royal Family[3] were speaking out about mental health problems. This was seen as illustrative of the change in attitude and approach towards mental health in general.

In spite of these changes, participants felt a sense of stigma around mental health does still exist in their organisations. Participants believed that mental health is still not discussed as much as it 'should' be. There were a number of reasons highlighted for why this might be the case. These are explored in more detail below.

4.1 'Just get on with it'

Participants across all four services talked of an organisational culture where dealing with distressing incidents and stressful situations is intrinsic to the call handler role. There, it is assumed that personnel should be able to handle them with little support. This attitude appeared to be particularly prevalent within the police service.

> *"You don't want to be seen as weak in front of your colleagues. You want to be able to been seen as able to do your job. To get on with it" – Call Handler (Police)*

> *"I think it's part of a culture issue as well where people don't go to supervisors and say, 'I've had a really bad call, I need to chat about it,' or anything, because it's that cut off, 'Well you all deal with bad calls, everyone's got bad calls all day. We can't all sit out talking about it.' So everyone just sort of gets on with it and I think you probably feel a bit weak if you're the one to then go up and say, 'I need a bit of a chat.' - Call Handler (Police)*

This view was reinforced by a stakeholder working within the police control room environment. They believed that the pressure was exacerbated by the consistently high workloads of both call handlers and supervisors.

> *"In here if you said to one of your supervisors, you know, 'I'm feeling really stressed out. I really can't cope with this today.' they're just going to say to you, 'Get on with it. You just have to get on with it.' There's no taking somebody to one side and having this one-to-one*

[3] The focus groups took place shortly after the Duke and Duchess of Cambridge and Prince Harry launched the Heads Together campaign, a new campaign to end stigma around mental health.

session, meaningful meeting, conversation, hug with them. It's not the reality of what our current business is."

4.2 Fear of impact on careers

Participants reported a general reluctance to seek help for or divulge personal experiences of mental health problems for fear that this would put their jobs at risk or have a detrimental effect on their opportunities for career progression.

A number of participants felt that, due to the nature of their job, admitting to struggling with their mental health would be perceived as a sign that they are were unfit to be in the role.

> *"I think that's what frightens people as well, because people think, 'I don't want them worrying, thinking that I can't do my job, and trying to get rid of me or anything,' so, you just carry on like everything's great." – Call Handler (Police)*

> *"There's also the fear of, if I say anything, are they then going to try to look to get me either managed out or replace me as a money saving or cost saving exercise?" – Call Handler (Search & Rescue)*

One police call handler, who had previously sought help from an Occupational Health team, described how anxious they were prior to seeking support as they believed that they would be singled out for being the only person within the control room to ask for help. They were surprised and reassured when they learnt that other members of staff from the control room had also been in contact with the Occupational Health. They felt that people would not be so reluctant or anxious when seeking help if mental health was discussed more openly amongst peers and management.

> *"There's a general feeling that in the future if, for example, you went for a different job or a different promotion, there would be a little note one the file to say, oh, well this person had an issue with this. That might knock you down a point or two in the rankings compared to somebody who hadn't gone to anybody and said nothing, not said I've got a problem" – Call Handler (Coastguard)*

4.3 Confidentiality

Participants' concerns about the effect of help-seeking on their careers were linked to fears around the confidentiality of support services and general levels of mistrust within organisations. This resulted in the perception that if someone was off sick with stress or experiencing mental health issues, it would soon become public knowledge:

> *"I think a lot of people's fears are the gossipmongers, if you like, within the control. If you go and speak to somebody, alone, we're saying it's confidential, it's not going to go any further, obviously unless it has to, then I think they still think, yes, but what are the chances within control? It's a small control. I don't want people to find out my business" – Call Handler (Fire)*

The 'gossip culture' that some participants experienced was felt to be exacerbated by the close-knit working environment of the control room and the long periods of time spent with colleagues during shifts.

> *"Unfortunately, being in an operational 24 hours a day, there's probably quite a lot of hearsay and bits and pieces surrounding it, so you do tend to hear it around that way." – Call Handler (Search & Rescue)*

One participant from the police service described how they would be reluctant to address any issues with a particular supervisor because they are seen as a gossip. They were not confident that anything they disclosed would remain confidential.

Call handlers were keen to be able to choose when personal experiences were disclosed. However, most felt that their current options were limited.

Our research reveals that there still remains a significant degree of 'taboo' around mental health – with misconceptions about people's ability to work effectively in an operational environment if they had experience of mental health problems. Participants remarked that it was easier to discuss mental health in a more general way, with reference to the issues affecting all call handlers, than it is to have a personal conversation about their own mental health.

5 The 'hidden' emergency service

Call handlers described feeling quite separate from other frontline staff. For the most part, they were physically isolated from both response staff and wider organisational support services (e.g. HR) and this increased their sense of themselves as the 'hidden' emergency service. In general, they felt that their roles received little acknowledgment or thanks.

Participants differed in their views about the "exceptionalism" of the call handler role. One participant highlighted that call handlers were not responsible for physically witnessing or dealing with incidents on the ground – the inference being that it was appropriate for them to be viewed differently. A more common view, which was shared by most call handlers and stakeholders, was that call handlers play an integral (and stressful) part in the process but are often overlooked:

> *"You've still got life and death and I think there's a sense, sometimes, that they're minimised in the role as, you know, they're control, they just pick the phone up. Well, they don't. They're still very much part of that but without the same sense of giving them support". – Stakeholder (Fire)*

Participants in both focus groups and interviews described how, after major incidents, the work of the frontline emergency services is frequently praised, whereas the role of call handlers is rarely acknowledged. Referring to recent events, one fire service call handler reflected:

> *''I know there's a lot of press at the moment about, the firefighters have done this, especially with the Grenfell disaster that's happened, lots in the press about the firefighters but very little about the people who actually spoke to those people trapped in the flats." – Call Handler (Fire)*

Some participants felt that they received less support because they were often overlooked. However, participants generally believed that the quality and availability of support had improved recently, particularly in the coastguard and ambulance services:

> *"I think sometimes we fall under the people actually on the ground. So, coastguards that are actually physically on the ground sometimes get more welfare support than the call handlers do, but I think we're starting to break that-, I think, touch wood. I think we're starting to break that down. It's accepted more that the call handlers are affected in the same way. Slightly differently, but it's not just a put the phone down and that's it. There is more to it, and I think we're acknowledging that more now." – Call Handler (Search & Rescue)*

Participants at one focus group joked that an inclusion strategy had recently been launched in their service. Photographs of all parts of the service, with the exception of the control room, had been included in the publication. This highlighted the separateness of their role.

6 Supporting the mental health needs of callers

Participants in both the focus groups and individual interviews described dealing with callers with mental health problems, particularly suicidal callers, as one of the main challenges of the role. They felt that this had an impact on their own wellbeing. This seemed to principally affect the police and ambulance services, with many call handlers from these services describing their experiences of 'regular' callers with mental health conditions who frequently telephone 999. One participant from the Coastguard also reported speaking to callers who were suicidal 'more than she would like'.

The majority of call handlers described feeling anxious and unprepared to deal with these callers. Most reported receiving no training or guidance around mental health. This meant that they had a limited awareness of the range of mental health conditions that callers may be experiencing and, crucially, any implications for how to handle callers experiencing a mental health crisis.

Call handlers typically follow a protocol for eliciting information from callers and this is tightly scripted and controlled particularly in the ambulance service. However, call handlers are required to use their own discretion in dealing with suicidal callers, and this often creates a great deal of anxiety. Call handlers often have to stay on the line with suicidal callers for long periods of time whilst waiting for frontline response to arrive and participants described worrying about the risk of exacerbating the situation by saying the wrong thing, perhaps even triggering the caller to end their own life:

> *"If you end up with someone on the phone who's saying, 'that's it, I'm going to jump. There's nothing you can say,' we don't have any of the tools to speak appropriately to that person, and we've got to just work out what we think is best which, because we don't have the training and we don't have the knowledge, we run the risk of saying something completely wrong and making the situation worse." – Call Handler (Coastguard)*

> *"There needs to be a lot more around suicidal callers, people just don't know what to say. We're always told to be careful of what you say because of the fact that you could make a whole situation worse by saying the wrong thing." – Call Handler (Ambulance)*

> *"We're not trained to deal with suicidal patients. So, one of the main worries is that somebody says, 'What if I say the wrong thing and I tip them over the edge?'" Stakeholder (Ambulance)*

This view was reinforced by the stakeholders, who felt that there was a need for more training for call handlers to increase their awareness of mental health conditions and give them the tools and techniques to allow them to deal more confidently with callers experiencing a mental health crisis. Stakeholders also emphasised that dealing with callers with mental health needs was one of the main concerns of call handlers:

> *"I've had call handlers who have taken a call about a mental health patient and then they're still worrying about it two weeks on." – Stakeholder (Ambulance)*

One ambulance service call handler described dealing with calls from people with mental health problems as one of the most rewarding aspects of the role and described it as an opportunity to make a real difference. However, she also described finding it quite frustrating due to the lack of available services to refer people to. Other participants also described feeling sad and sorry that there were people with needs that did not appear to be being met. Many felt that there should be

alternative ways of helping this group of people so that they did not feel that calling the 999 number was there only way of reaching out for help.

7 Challenges associated with the nature of calls

As previously referred to in section 4.1 above, it was generally accepted that dealing with distressing incidents and handling difficult calls is part of the nature of the call handler role:

> *"No one's going to phone you here to thank you for delivering a bunch of flowers or making them feel good or getting a nice haircut. It's just not what we do." – Stakeholder (Police)*

However, there were a range of specific challenges identified that were felt to particularly impact upon the wellbeing of call handlers, especially when there was not adequate support available.

7.1 Listening to an emergency

The impact of hearing what is happening in an emergency situation could be profound. Participants described being at the other end of the phone whilst people were dying, being stabbed, beaten or raped:

> *"The actual calls themselves, sometimes, they are very emotive, listening to somebody who's potentially-, you listen to their last breaths, it can be quite harrowing for their mental health as well." – Stakeholder (Ambulance)*

At times, there appeared to be a reticence amongst participants in the focus groups to acknowledge how hard it could be to listen to these calls, because, unlike their frontline colleagues, they are not having to physically attend and deal with the situations face to face. This may be linked to call handlers perception of themselves as the 'hidden' or 'forgotten' service.

7.1.1 Imagining the scene

Some of the call handlers that participated in focus groups acknowledged that what they imagine in their heads whilst listening to a call could be worse than the reality, and this was something that was drawn out more through the one-to-one interviews.

Many call handlers reflected that whilst it could sometimes be beneficial to create a picture in their minds of the incident to help them to respond effectively, this mental image could stay with them for some time after the event, especially in particularly distressing cases.

7.1.2 Lack of closure

Another issue that came up frequently in interview, particularly amongst ambulance call handlers but also within the fire service, was the lack of closure associated with the role. One stakeholder from the fire service reflected on an article highlighting how not knowing the outcome of a piece of work exacerbated anxiety and felt that this was particularly relevant to call handlers who rarely get to find out the outcome of the calls they handle. One call handler from the ambulance service felt that this was one of the aspects of the role that had the biggest effect on her wellbeing:

> *"I would say that that's probably the most effecting of your own wellbeing because you don't know what happens at the end of the call. When the crew arrive, you then cut the call and you leave the crew to deal. So we don't know whether they've survived or what the outcome*

was and that is one of, I think, the downsides to our job. I think, you know, that can have an effect" – Call Handler (Ambulance)

Within the ambulance service, there are internal policies in place which encourage call handlers not to check on the outcome of their calls. However these are not always enforced because it is acknowledged that people want to know, particularly in the cases of very emotive calls.

> *"You never get told. The only calls that I follow up on are the CPR calls. Strictly speaking, you're not meant to. Strictly speaking, when you've dealt with a call, that's it. I don't know a single call handler that doesn't check their CPR calls before the end of their shift." – Call Handler (Ambulance)*

The lack of closure associated with the call handler role also reportedly created doubts about how personnel had dealt with the incident. One stakeholder was aware of call handlers coming back into work in the middle of the night to check whether they had handled the call correctly.

From the Coastguard perspective, lack of closure was less of an issue as their call handlers (referred to as 'operations officers') are involved in the end-to-end process of receiving calls. They are more closely involved in allocating resources and managing incidents. There are however a number of specific difficulties associated with this approach that will be discussed in more detail in section 10.1. Mind's previous research with Search & Rescue personnel highlighted the lack of closure as a particular pressure on mental health in the case of unsuccessful searches.

7.1.3 Personal resonance

A common theme that emerged across the groups and in the one-to-one interviews was 'personal resonance'. Many participants felt that it was not necessarily the 'big' incidents that triggered an emotional response but seemingly 'minor' situations that for some reason held personal resonance. For example, because the caller reminded them of someone they loved or they could relate to a situation from personal experience. One police call handler spoke of a particularly distressing call he had dealt with recently from the mother of a suicidal individual:

> *"It was a horrendous call and more so, she just reminded me of my mum. She just sounded like my mum and everything, and that's what gets to you a bit more, because you start imaging your relative in this situation, especially when you are linked to it. It does make it worse." – Call Handler (Police)*

Participants described how these incidents played on people's minds after work and sometimes for days afterwards. Several participants described dealing with something that appeared on the surface to be relatively minor but resulted in them needing to seek further support or having a period off work. It was noted that there appears to be limited access to debriefing for anything other than the most critical incidents and that call handlers would feel less able to seek support in dealing with the impact of a 'minor' incident due to how this might be perceived. This also reflected the experiences of frontline response personnel in previous Mind research.

This challenge was particularly noted from Coastguard participants, where multiple operators are typically involved in an incident:

> *"In here, lots of people hear the information coming in. The other people might not be affected. So, they feel a bit silly for trying to say something" – Stakeholder (Coastguard)*

7.2 Moving between different types of calls

Participants across all four services described the mental agility and energy required to deal with the range of calls received.

> *"One call, you might deliver a baby and you feel like you're on air. You're skipping out of the room because you're made up, and then you come back off your break and your next call might be a cardiac arrest and you hear some little old dear that has been married for 60 years crying her eyes out because her husband's dying." – Stakeholder (Ambulance)*

> *"You can go from burglary, theft, bag snatch, rape, racial abuse, it can be absolutely anything. No one's going to phone you here to thank you for delivering a bunch of flowers or making them feel good or getting a nice haircut. It's just not what we do." – Stakeholder (Police)*

Participants emphasised the importance of being able to leave each call behind to enable full attention to be given to the next incident. However, personnel felt that not having the time to process between calls exacerbated the 'emotional turbulence' associated with the role:

> *"So, one minute you might get just an everyday run-of-the-mill someone has fallen over in the street. Then your next call could be a hanging, and then your next call could be a baby in cardiac arrest. I mean, that's part and parcel of the job, but because there's no break in-between the calls, you're going from one thing to the other. So, emotions are all over the place." – Stakeholder (Ambulance)*

> *"You've got that ten hours of call after call after call of just sadness and tragedy with no sort of space in between to gather your thoughts or have a little vent." – Call Handler (Police)*

Even during quiet periods, of which there were few in the police and ambulance services, participants spoke of having heightened emotions that were difficult to switch off. One call handler in the fire service described the effect of this:

> *"I think it's, obviously the kind of job it is, you're in a perpetual state of readiness, almost. You're waiting for that next call, so although you can, kind of, relax to some extent, your mind is always at, what's going to happen next, which is hard in terms of, quite draining..."*

7.3 'Still waiting'

The issue of managing callers waiting for a frontline response was highlighted by ambulance staff in particular. This was described as either callers ringing phoning back when an ambulance has not yet arrived, or fulfilling their requirement to call back people who have been waiting for over an hour. Whilst these calls are generally not what are regarded as 'blue light' emergencies, they can still be potentially life-threatening for the individual waiting, as well as being stressful for all parties involved. Call handlers are aware that resources are stretched and they are powerless to influence the length of time it takes for an ambulance to arrive. Generally they are unable even to provide callers with an ETA to reassure them as ambulances can be diverted right up until they are actively treating a case if a higher priority is identified elsewhere. Whilst this challenge was understood by the call handlers spoken to, it was described as frustrating and something that added to the stress of their jobs, especially as those waiting for an ambulance often direct their frustration and anger towards the call handler. One call handler described how these situations made her feel:

> *"You completely empathise, and you really wish you could just press the button and send them an ambulance, but you can't, and it's really difficult. If you're not feeling spot-on yourself, it's quite hard to deal with those" – Call Handler (Ambulance)*

In addition, when people call back to find out when help will arrive, they are blocking a line, which impacts upon the number of calls the control room can answer. This increases their workload and adds to their frustration, as illustrated in the following quote:

> *"So, they're getting the next call and it's someone saying 'where the hell is my ambulance?' and, for them, they're frustrated because it's almost like 'well, that's not my job'." – Stakeholder (Ambulance)*

7.4 Abusive callers

Participants described how difficult it can be to manage callers who are verbally abusive towards them. In some cases, this was explained as being a reaction to the emergency situation there were in, and was to some degree understandable. However these interactions are still unpleasant for the call handler at the end of the phone:

> *"It's understandable from the view of an emergency situation, their emotions are going to be running high, and it's not a personal thing. It's not a personal attack on the EMD, but they'll come on and they'll still use abusive language. They'll call them names. They'll just be completely disrespectful."*

Police call handlers described how receiving abusive calls was a common occurrence from people who *"don't like the police":*

> *"They all have callers shouting, swearing, calling them every name under the sun, They've taken all this abuse, put the phone down or cut the line, three seconds, they're on it again, and yet they've got the same sort of thing. They can be racially abused, called some horrific names, but they just have to go on, it's part of the job." – Stakeholder (Police)*

As well as being personally difficult to deal with, participants expressed their frustration and anger that an abusive caller might be occupying a line needed by someone in a life threatening situation.

Participants from the Coastguard reported experiencing issues with repeated calls from distressed relatives which they did not feel equipped to deal with:

> *"Some people can be very persistent in blaming you as an emergency service. One of the cases that I had, there was repeated calls coming back, 'Why the fuck aren't you doing anything?' 'You've killed my husband,' and, absolutely direct, 'You have killed my husband, by not responding quickly enough,' sort of, attitude. I would say that our training doesn't deal with that." – Stakeholder (Coastguard)*

The requirement to be polite to abusive callers was described as sometimes a challenge, as illustrated in the following quote:

> *"We will train them to always remain professional but, at the end of the day, they're only human." – Stakeholder (Ambulance)*

7.5 Inappropriate callers

Call handlers described the stress caused by people using the emergency number inappropriately. For example, phoning for an ambulance to be taken for a routine appointment or due to a stubbed toe. In the police service, 101 call waiting times are often so high that callers will dial 999 just to speed up the process:

"I think people lose faith because you've got no idea how long you're going to wait, you haven't spoken to a human yet, and as I say people just ring 999 and say, 'I can't get through on 101, I've been waiting for ages so now I'm ringing you'." – Call Handler (Police)

This issue was apparent across all services during site observations. In the case of the fire service, which receives comparatively fewer 999 calls and for whom call taking is not quite so relentless, these calls were sometimes a source of amusement. For example, a call to report a parrot stuck up a tree. However, especially in the police and ambulance services, the frustration experienced by call handlers due to these calls was clearly visible, especially when it proved difficult to get callers off the line.

Call handlers also reported receiving a large number of calls to the non-emergency number from people in life threatening situations, usually because they *"didn't want to bother anyone".* In this situation, call handlers described feeling unprepared - both emotionally and often physically - due to being in a 'different headspace' and using a separate part of the computer system. This could then result in processing difficulties which may take time to resolve and increase the time taken for the call handler to establish the facts in relation to the emergency.

8 Organisational Pressures

Whilst participants emphasised that their work is stressful and they could benefit from additional support, there was a general sense that distressing calls were part of the job. Many participants felt that the rewarding aspects of the role – including helping people and making a difference - outweighed the negative effects of the distressing calls.

However, a range of organisational pressures were also reported. These were overwhelmingly seen to be the biggest cause of poor mental health and the main contributor to stress. The organisational issues described were often seen relatively recent in origin, unnecessary, and the main driver of high levels of staff turnover in control rooms.

8.1 Limited resources – trying to 'do more with less'

All four services reported issues with staffing levels and the difficult expectation that they could manage more calls with fewer staff and resources available. Most participants believed that the wider emergency services were struggling as a result, including unacceptably long wait times for police and ambulances. Call handlers are responsible for allocating resources and often face agonising choices about where to dispatch frontline response where two equally urgent cases exist but only one vehicle is available.

"*We have to make that life/death decision in a split second – just me and my brain. If I don't make the right decision it'll be my fault and I'll end up in the coroner's court." – Call Handler (Police)*

Tension between the emergency services was also reported, with a lack of resources impacting upon which service was willing to take responsibility for a call. Participants described times when police may be at the scene waiting for an ambulance to arrive or vice versa because there were no units available to attend. This causes frustration amongst the call handlers as well as for those waiting for an emergency response:

"We might get calls to go to the police and the police might send them to us. So, there's a bit of backwards and forwards which can become frustrating because there's a patient at

the end who, more often than not, will ring and have a go at one person or the other." – Stakeholder (Ambulance)

One police participant said that she had told her partner that he should take her to hospital himself rather than call for an ambulance if they were in a life threatening situation.

8.1.1 Understaffing

Understaffing and poor staff retention were reported to be an issue within all four of the emergency services, and during busy periods this made it difficult for call handlers to take breaks. Working a long shift (typically ten or twelve hours) without adequate time for a proper break was seen as the norm:

"The night shift, working with the reduced staff. We're down to two. Depending on how busy it is you sometimes haven't got time to get up from your desk to go for a comfort break or get a drink of water, even." – Call Handler (Fire)

"Sometimes it'll be Saturday in August and you won't even stop to think, let alone debrief and decompress and take five minutes out of the room." – Call Handler (Coastguard)

High levels of staff sickness were reported (approximately 10% in one service) and this was typically believed to be as a result of the stressful and high pressure working environment. However, there was uncertainty about how openly this was acknowledged. The difficulty in securing annual leave was also reported as a key stressor. This appeared to be a particular issue amongst police call handlers, where one participant reported that low staffing levels meant that it was impossible to secure leave for up to seven months in advance. The impact of this is described by one police call handler:

"If we had more staff, they'd be able to let more of us off. I think it's a big massive cycle for us - if we had more people the demand would decrease, we'd have more time to ourselves and everyone would be a lot less stressed and anxious about their work." – Call Handler (Police)

The organisational pressures combine with the challenging nature of the role and the unsociable working hours. This is perceived to contribute towards high staff turnover and difficulties in retaining new staff. One participant from the Coastguard highlighted that the current recruitment process is not sufficiently clear about exactly what the role entails and so new recruits are often surprised to learn they are required to work twelve hour shifts. Another interviewee from the ambulance service described how a large number of call handlers do not even make it to the end of the induction process.

8.1.2 Relentlessness of calls

The 'relentlessness' of calls was described as a key challenge of the call handler role, particularly for participants in the police and ambulance service. A number of participants described long periods with only three seconds between calls and up to sixty calls queuing at any one time:

"It's been so busy and the calls a queuing relentlessly and they don't have a second, or ten seconds or a minute in between each call. They put the phone down and then the next one's in their ear already." – Stakeholder (Police)

"In between calls there's no let-up. It's just call after call after call." – Stakeholder (Ambulance)

Site observations carried out within police and ambulance control rooms corroborate this, with there being barely a few seconds to debrief on the call with the call handler or ask questions before moving on to the next.

The high volume of calls, and the lack of operators to deal with them, makes it difficult for call handlers to take breaks, have informal discussions with colleagues, or even meet basic physical needs. One call handler described how if there were calls stacking up *"your bladder has to wait".* Ambulance staff in one area reported that some duty managers require staff to ask before taking a toilet break and that it is not unusual for these requests to be turned down. Other staff in the police and ambulance service reported fears of being reprimanded for taking a break to visit the toilet or get a drink of water:

> *"You can go and take five minutes in the toilet if you like, but all the time that you're sat there, having your little quiet five minutes, you think, 'They're going to tell me off for having a comfort break for seven minutes,' or something." – Call Handler (Ambulance)*

> *"You sit down and you don't stop all day, you don't get a break. If you do try and have a break, even just to go and get some water, you feel like it's not allowed. You get questioned on where you're going, what you're doing and things. It's awful, you feel you are chained to the desk and you can't move anywhere all day" – Call Handler (Police)*

Participants also reported that it had previously been possible to take five minutes respite after a particularly challenging call. However, this was much less common today, particularly within the police service:

> *"You haven't got the time to have someone having a meltdown. If they do, you know that whilst you're dealing with this, and doing whatever you have to do to help them, everything else is stacking up. You don't have the time to go, 'There, there, poor thing, let's dry your eyes and have a cup of tea and sit down and chat a bit.' – Stakeholder (Police)*

Long serving participants explained how, in the past, the volume of calls would tend to reduce in the early hours of the morning. This had allowed them more time for breaks or informal conversations with colleagues but is no longer the case:

> *"Sometimes we're hitting what we call our surge black - our quite intense call increase. Right until, sort of, four o'clock in the morning when you would think people are dropping off and going to bed and that kind of thing. But it really isn't. – Call Handler (Ambulance)*

'Streamlining' staff – staggering shift start times to reduce staffing levels during quieter periods – could mean that those staff left on shift were still required to deal with high volumes of calls:

> *"I know I've sat in my twelve-hour shift before with certain members of the team, colleagues, and we've been so desperately busy with calls, we've not had a conversation with each other all night." – Call Handler (Ambulance)*

This consistently high volume of calls and lack of respite added to the expected emotional load of unpredictable and distressing calls and often has a detrimental impact on wellbeing.

8.1.3 Organisational changes

Call handlers from the police, fire, and coastguard reported recent changes to their roles, organisational structures, or systems. These were usually seen to increase pressure due to poor communication, a lack of adequate training, or increasing workload.

In particular, police call handlers felt that a restructuring of the dispatch role within their organisations has resulted in significant challenges and a lack of organisational stability. Dispatchers (who mobilise and direct emergency vehicles and crews to incidents) are now also required to take calls and complete a number of additional 'administrative' functions (e.g. crime reporting and dealing with missing persons). These jobs used to be carried out by police officers but, due to reduced resources, are now part of the call handler role. This is in addition to the associated administration created by a 999 call. Many participants reported a challenge in completing these extended roles whilst still dealing with a large volume of calls:

> *"You have to do a lot more of that background work, which, as I say, it just adds to the stress because at the same time there's emergency calls queuing and things. You're busy doing other things while the supervisor is shouting, 'Can anyone get that emergency?' Sometimes you've got to weigh up for it, what do you do? Do you deal with this job you've got now, do you deal with it properly and completely, or do you leave it and take the next 999 call? That's one of the biggest problems." – Call Handler (Police)*

Fire service call handlers have also seen changes to their roles, requiring them to work collaboratively with other agencies (e.g. local authorities) and taking on additional administrative tasks (e.g. collating and processing data). One fire service call handler described how it was difficult to switch between processing emergency calls and dealing with council queries about issues such as council tax or vulnerable children. This difficulty was exacerbated by a lack of training around council processes. Lack of training was also an issue within the Coastguard, with one participant describing how she took on a new role following a major shakeup of the organisation but received little guidance or support on how to perform it. She felt that this was the cause of her taking six months off sick with depression.

Participants from one fire service reported issues with a new computer system for processing calls and dispatching resources. This system was not perceived to be fit for purpose by the control room staff and had been implemented without consultation with call handlers, leading to difficulties in performing their roles, extreme levels of stress, frustration, and an increase in personnel either having already left or expressing a desire to leave the role. Whilst participants acknowledged that some organisational changes are inevitable, these are often poorly implemented and with little regard of personnel's wellbeing.

8.2 Pressure to hit targets

Participants from the police, ambulance, and (to a lesser extent) fire service were all too aware of the pressures placed upon them to conform to processes and hit certain call length targets. The Coastguard were the only agency involved in this scoping research that did not appear to have specific targets relating to the length of time taken to process a call, although they do have certain targets in relation to some areas (e.g. response time).

There were a number of challenges identified by call handlers as being associated with hitting targets:

8.2.1 Indicators of calls waiting

Information gained during observations and focus groups indicated that it was common practise for the control room to display a 'live feed' that indicates current volumes and wait times for incoming calls. Mixed views were expressed about this, with some feeling that visually being able to witness the calls stacking up unnecessarily increased their stress. Some participants expressed feeling worried about what might be happening with each person in the queue whilst knowing that it was only possible for them to handle one call at time. Others, particularly police staff dealing with both

999 and 101 calls liked being able to maintain an awareness of what was coming up so that they were prepared for what type of call they would be getting next.

8.2.2 Scrutiny of calls by supervisors

The length of calls was described as wide ranging and there were particular types of calls that generally took longer. An example being when the nature of the call falls into a category where the call handler is mandated to stay on the line until frontline services arrive.

All call handlers, bar those from search & rescue services, had targets for their average length of call and these were generally perceived to be quite tight:

> *"All of this is going through your mind as well as the thought of, right, I've still got a target of seconds to say the fire officers on their way. 90 seconds it is now which sounds like a lot of time but when you're actually dealing with all of those things on the call it can be quite tight. Especially if you're struggling with the caller." – Call Handler (Fire)*

Whilst ranges in call length were expected, in some cases participants described supervisors intervening to find out why a call was taking longer. For example, with a message appearing on screen or a supervisor appearing at your desk. In some cases this was intended to be supportive, but it was generally regarded as unhelpful and increased the pressure felt by call handlers trying to deal with difficult situations.

8.2.3 Call auditing

Most participants described how their calls are regularly audited and generally expressed support towards having an audit system in place. Participants felt it was important to ensure that they were aware of things they were doing wrong that may affect the outcome of calls. Nevertheless, there were a number of concerns expressed, especially by ambulance staff, about the way in which these audits were carried out and their lack of flexibility.

As previously discussed, ambulance call handlers are quite tightly constrained in their responses by their pre-defined script. Examples were given of call handlers being marked down in audit for moving the position of one word in the script, even when it did not change the meaning of the question. This was felt to be unnecessarily stringent and unhelpful. Participants in focus groups also described occasions when they were required to go 'off script' if the caller was struggling to understand the questions (e.g. due to a language barrier). These actions might result in the call failing the audit, despite the call handler often having categorised and processed the call correctly. Participants explained that this left them feeling like they had failed.

The second audit issue occurred when there was a delay in findings being fed back to call handlers as result of high workloads limiting time for supervisors to meet with staff. One participant described how she had only just received (in June) feedback from calls in January. Whilst the call handler clearly understood the pressure her supervisor was under, she pointed out that if she had been doing something wrong that this could have negatively impacted upon other calls she had been dealing with during that extended period of time.

9 External triggers – The 'Buckaroo' effect

Both call handlers and stakeholders felt that it was typically not one traumatic incident or distressing event that impacted most severely on wellbeing. Rather, the culmination of smaller stresses can build up until people are no longer able to handle the pressure. One stakeholder from the police service referred to this as *"the buckaroo effect":*

"You know, when you just put that last grain of straw, whatever it is, on them – bang! It's all these other years' worth of stuff that send them over the edge." – Stakeholder (Police)

This highlights the importance of early interventions which give call handlers the tools to recognise the signs of stress before they become unmanageable or result in periods of sickness.

It was pointed out that this final *'grain of straw'* can often take the form of an external trigger and that it is difficult to predict what that trigger might be and where it might occur, making it harder to mitigate:

"When you least expect, it'll be something else that probably triggers and will remind you that you, two days' ago, had this harrowing rape taking place or somebody being stabbed whilst you've been on the phone to them. It will be something else, you know, in the quiet moment of being at home or something that triggers and you remember what's happened." – Stakeholder (Police)

Call handlers also highlighted that, because of the emotional challenge of dealing with emergency situations, it could be more difficult not to be affected when also experiencing wellbeing issues outside of work:

"It's a difficult job, I would say it's almost impossible to do the job if you've got stuff going on in your life that makes you a little bit fragile, it's really-, it's not like, you know, other jobs I've had, you just put on a brave face and you go to work. In this role, I've really struggled if I've had stuff going on that's got me feeling a little bit vulnerable, or a little bit fragile." – Call Handler (Ambulance)

"Obviously we all have our own personal lives. One of the difficult things is, you know if you've got your own problems at home for example, or your own stresses, your own worries, you've then got to come to work and take the public's stresses and worries as well essentially. You often act like a bit of a counsellor to people and that's difficult depending on how you are in yourself, and your life out of work, it will make things even worse." – Call Handler (Police)

This appeared to be a particular issue in the police and ambulance services where the levels of peer support were generally felt to be lower.

10 Differences between services

Participants from all services described a climate of austerity where call handlers were expected to do more with less. However, there were some clear differences between the services, both in the way that 999 calls are handled and, more significantly to this report, in factors affecting wellbeing.

Higher levels of stress and lower morale were reported by participants from the police and ambulance services than those from fire and search & rescue services. Higher levels of staff turnover and sickness were a particular issue. However, staff in all four services described a general deterioration in working conditions and increased staff turnover in recent years, meaning that understaffing had become the norm.

This purpose of this research was not to gather a full range of views on organisational change and only a limited number of stakeholder voices are represented in this report. Nevertheless, it is striking that the same organisational issues were highlighted across all four focus groups and in one-to-one interviews. They were also corroborated, if not strongly emphasised, by the expert stakeholders interviewed.

The reasons for the comparatively higher levels of the morale in the fire and search & rescue services were underpinned by the lower volumes of calls they received. This meant that staff were not as consistently and relentlessly under pressure, had more time to engage in informal debriefing, and form relationships with colleagues and line managers. Fire service call handlers explained that they operate in smaller teams (typically six to eight people) and always work with the same people. This means that they get to know each other well and can offer peer support. In contrast, police and ambulance call handlers sometimes barely have time to acknowledge their colleagues due to the relentless nature of the calls they receive.

Another difference highlighted within the fire service was that watch managers, who are in charge of shifts, are also rostered as call handlers. This was seen as an important factor in the organisational relationship because it meant that they retained a clear understanding of the pressures of the role. Similarly, within the ambulance service, supervisors were generally seen as approachable and would often assist in handling calls during busy periods. In contrast, police call handlers reflected upon a clear division between supervisors and call handlers. There was a perception that supervisors did not understand the realities of the job. One interviewee, who had been a call handler in both the ambulance and police services described his experience of management support being more empathetic within the ambulance service than in the police. He said that the police seemed to be *'just going through the motions'.*

It should be noted that many participants felt that there were some excellent supervisors within all the services. However, as one police officer pointed out, having the best supervisor may not necessarily help if the organisational structure does not allow them to effectively support staff. These issues are discussed in more detail in the sections on support below.

10.1 Search & Rescue

Search & rescue services are unique to the other emergency services in the way that they operate, and have often been more difficult to engage in Blue Light research focusing on their wellbeing. Whilst there were no representatives from Search & Rescue (SAR) agencies within the four focus groups, there was a relatively high level of engagement from the Coastguard and one stakeholder from Mountain and Cave Rescue took part in an interview. Whilst this only represents two SAR services, it has provided some valuable insights in SAR call handling.

Inland SAR calls are most commonly processed via police contact centres (estimated around 90% of calls for Mountain and Cave Rescue). Calls are received infrequently and as such there is rarely a dedicated individual responsible for call handling/dispatch with the inland SAR services. Calls are usually dealt with as part of a broader voluntary role or carried out informally by friends and family members of SAR volunteers.

Air and sea SAR calls are typically handled by the Coastguard, which is regarded as the only 'national' emergency service in that its operations are entirely integrated. This means that coastguard operations nationally can be coordinated from any one of the nine coastguard operations centres situated around the country or from the National Maritime Operations Centre (NMOC) in Hampshire. Requests for assistance are received in a number of ways – through 999 calls, but also through emergency satellite beacons, of which there are three different varieties. The NMOC also monitors distress signals from British vessels overseas.

Maritime Operations Officers (MOOs) are trained not just in call taking but also in mission planning. This means that they are responsible for deploying resources and coordinating search and rescue teams on the ground. Their role is a lot more 'involved' in operations than that of other 999 call handlers in other services and there is a greater degree of responsibility becasue SAR teams on the

ground are directly tasked by the operations officers in the control room. Similar to call handlers in other services, MOOs can encounter abusive caller, potentially traumatic incidents and are placed under a lot of pressure during an incident. The nature of SAR is that the circumstances of an incident are ever changing (often due to environmental factors) which can make it even more challenging to manage.

One of the issues in identifying potential signs of distress is that, due to the integrated nature of the service and shift patterns, controllers are often not physically co-located with MOOs and as such there is not much opportunity to provide informal support.

11 Organisational Support

There was a general awareness of a wide range of organisational support available to participants – potentially reflecting the existing mental health interests of participants. The support described was broadly similar across the four emergency services.

The support channels that participants most frequently reported were:

- Line management
- Blue Light Programme, including Champions
- Information services, e.g. intranet, social media, posters, leaflets
- 'Wellbeing practitioners' – usually trained counsellors employed directly by emergency services
- Chaplaincy services
- Employee Assistance Programme (EAP)
- Occupational Health
- Critical incident debriefs, e.g. Trauma Risk Management (TRiM)
- Informal peer support

Despite awareness of a number of channels for support, most participants described a number of barriers to accessing it. This often meant that it was not used as much as participants would have liked. The key issues highlighted are discussed below.

11.1 Barriers to accessing support

11.1.1 Time

A key barrier to accessing support, especially on an informal basis, was time. Due to the relentless pressure of calls highlighted in the sections above, getting time to access any of the support available felt very difficult to most participants. The majority of supervisors interviewed said that if they or another supervisor saw someone struggling after a difficult call they would encourage them to take the time out needed. However, call handlers frequently described feeling guilty about taking breaks because it would increase the pressure on colleagues.

Those who had been in the service the longest (over fifteen years) said that in the past there had been team meetings before shifts which provided an opportunity to debrief and reflect on issues from previous shifts but that this was no longer the case. At the end of a shift, participants described just taking their headsets off and getting away.

None of the participants in either focus groups or interviews made reference to having formal debriefs or team meetings at the beginning or end of their shifts, with the exception of the Coastguard. They have recently implemented a process they refer to as 'hot' debriefing, and the

operator dealing with the incident has to sign to say they have received. Whilst participants viewed this as a step in the right direction, coastguard personnel felt that it was too process orientated and not really geared towards the wellbeing of staff:

> *"They're not really pointed towards the mental health side of things. They're more pointed towards, 'Did the incident go how we wanted it to?' As in, 'Did we task the right people at the right time?' There isn't, kind of, a structure to it" – Call Handler (Coastguard)*

One stakeholder from the police service described how call handlers within her organisation had asked her to set up specific groups to improve wellbeing. However when they were implemented, call handlers simply did not have time to take part in them. Another police call handler reported that the Blue Light Champion in his workplace had set up a 'wellbeing room' but that he was only visiting it for the first time to take part in the interview for this research because he had never had the time before.

11.1.2 Lack of management support

Typically regarded as a knock-on effect resulting from a lack of time, face-to-face meetings with line managers were described as being rare. The pressure to answer calls and meet targets was acknowledged as being equally difficult for supervisors. Targets had often become the priority for managers at the expense of professional development and wellbeing support. One participant spoke of the systemic pressures across the emergency services resulting in a scenario where every group of people had become preoccupied with defending their own positions and as such unable to take others into account.

Within the police service, most participants felt that support for wellbeing was often little more than a 'tick box' exercise:

> *"There's no real compassion, it's just like they're going through this checklist trying to-, ultimately, in my opinion, it feels like they're trying to cover themselves thinking, 'God, if this goes wrong, at least I've offered you this, I've offered you that and I've offered you that and I've covered myself and I've recorded that I've offered you that.' – Call Handler (Police)*

Even when people described bursting into tears and running out of the control room because they were no longer able to cope, support was described as not being forthcoming. One participant said that her supervisor merely handed her a telephone number for counselling. It was the opinion of one police stakeholder that it was difficult to change the organisational culture within the service and that to do so required managers who were willing to embrace and talk about mental health openly.

Within the fire service and coastguard, participants reported having more time for informal conversations with supervisors that helped to improve both morale and wellbeing. However, in the coastguard, supervisors did not always work the same shift patterns as their staff and so sometimes these conversations could not be held as frequently as was felt necessary.

11.1.3 Difficulties in accessing support

Aside from the issue of time, participants described a number of other practical barriers to accessing support. The first of these was that they simply did not know where or who to go to in order to access support. This was particularly evident in organisations that had been less engaged with the previous phases of the Blue Light Programme, such as the Coastguard:

> *"The biggest issue we have here is that people don't know who to go to. I mean, I've tried to go to people in the past, and it's almost like the process that is in place, there is available*

systems and help for people, but it's very difficult to actually figure who you're meant to go to, and what you've got to achieve to get any formal assistance." – Call Handler, Coastguard

One interviewee from the ambulance service described how she was aware that resources for managing wellbeing exist on their intranet but claimed that she would have *"no idea where to look on there".*

Attitudes towards Occupational Health were mixed, with some participants reporting positive experiences of being referred for counselling whilst others referred to them as *"unapproachable"* and reported long waits for appointments. Participants from the police, ambulance and coastguard reported that in order to access occupational health services they would require a referral from their line manager. This was a relatively recent change that many felt would be a deterrent to seeking support due to the stigma and lack of confidentiality previously discussed. Many participants described feeling fearful that disclosing a mental health problem could impact upon their career progression. Whilst supervisors were often referred to as a source of support, many said that they would not feel comfortable speaking to them if they needed to access more formal support channels and that in order to make the process accessible employees should be able to self-refer:

"So, people may feel more confident going straight to them (occupation health), and just going to get some help from them, but if you've got that supervisor as a barrier, who you're not comfortable going to, you're never going to be able to access that, are you?" – Cal Handler (Police)

"They shouldn't be having to explain to different individuals up the track, in order to get some assistance." – Stakeholder (Coastguard)

"I think, doing it so that people could access it themselves, without having to go through a formal route and having to tell people, because people do, wrongly, but they do feel a bit embarrassed or a bit ashamed." – Call Handler (Ambulance)

11.1.4 Inappropriate delivery of support

Although support in the event of a critical or distressing incident was largely available within the emergency services, there are a number of reasons they are not effectively accessed in practise. Often call handlers are simply not included by their organisations in critical incident debriefs – another issue linked to their perception as the 'hidden service'. One interviewee from the Coastguard described how it had taken three and a half months for her to access a debrief following an incident where she was on the phone to the partner of a man who was drowning. Not being able to access the correct support immediately led to her having a period of sickness absence and she was keen to emphasise the importance of being able to fully debrief after an incident:

"I was signed off from work and learnt a lot about myself through it. So, I learnt from that that I need to understand what happened. So, particularly in my incident I felt very guilty for what happened. I didn't understand the full picture, and it wasn't until I fully debriefed that I actually understood what had happened, and once I understood what had happened it completely changed my outlook on the incident." – Call Handler (Coastguard)

Even in the rare occasions when call handlers are involved in critical incident debriefs, irregular shift patterns often mean that the debrief can occur when the individual concerned is not on duty. By the time they were back it was felt that the moment had passed, with one focus group participant worried that she would look *"needy"* if she requested a debrief for herself at a later date.

Although TRiM was clearly understood to be a resource to support call handlers in dealing with the traumatic effects of the work that they do, the way that TRiM was offered was often described as inappropriate and having limited take up. Police call handlers and some ambulance staff described being offered a TRiM session by way of a generic email or by supervisors approaching staff in the open office, asking *"Need a TRiM' 'Anyone need a TRiM?'*.

> *"No one is going to put their hand up and go, 'Oh, yes, me please,' because it's not really comfortable so, again, there's that lack of awareness from the supervision as to how to approach it, rather than taking people out one-by-one somewhere quiet, somewhere where they are comfortable. I've been approached in the past and they just come to your desk, when, obviously, everybody's around you. Again, that's just not the right environment to do it, just in the middle of the control room, where everybody can hear you and stuff, because people might not want everybody to know, they might not want, you know." – Call Handler (Police)*

Some participants also felt that the offer of TRiM was just a tick box exercise and not a genuine offer of support. Other participants had a more positive view of the process, with one person describing how it had been useful to them following a difficult incident. The importance of following up on support was highlighted by one call handler from the ambulance who reported that a colleague was now off sick because he had requested a TRiM session after dealing with a distressing suicide call but had not been followed up by the TRiM practitioner. TRiM was reported to still be in the early stages of being introduced within the Coastguard. It was perceived as being difficult to access and there was a feeling that the training had not been rolled out to the correct people within the organisation.

Perceptions of the Employee Assistance Programme (EAP) on offer were generally more positive, and a number of participants had taken advantage of the counselling provided through these services and found it helpful. However, there was a perception that the limited number of sessions (usually six) of counselling offered through EAP may not be sufficient to address the underlying issues:

> *"Through EAP, I got four sessions of counselling, which was really helpful but also a drop in the ocean. It was, sort of, like, putting a plaster on an amputation and going, 'Well, it's bleeding slightly less but we'll need to do something else about that.'" – Call Handler (Coastguard)*

11.1.5 Sickness Absence

Processes around sickness absence were highlighted as a particular issue within the police force, but were also referred to by a few participants from the ambulance service. Police call handlers explained that they were only 'allowed' three episodes of sickness absence in any twelve month period. Exceeding this would lead to the individual being subject to a performance management process, which could result in disciplinary proceedings. This was widely regarded as being unfair and counterproductive for managing sickness. It was acknowledged that processes to monitor absence had to be in place in order to pick up on instances of people abusing the system and those who needed more support. However, participants from the police felt that there were a number of disadvantages associated with this approach which impacted upon call handlers' ability to seek help and exacerbated the stress associated with being unwell.

Participants described the system of managing absence as unnecessarily punitive and that there was a lack of flexibility to individual circumstances, meaning that you would be treated the same whether you *"cancer or a headache".* Participants in the four focus groups also highlighted that people cannot choose when to be ill and therefore do not always have control over their episodes of sickness.

Some of the impacts of this system were described as follows:

- **Presenteeism:** Fear of losing employment driving people to work despite being ill, resulting in bigger health issues and/or longer term sickness due to problems not being addressed in a timely way.
- **Lack of trust** between call handlers and supervisors as a result of how sickness absence is being managed.
- **Introducing or increasing stress and/or anxiety during a period of ill health:** A police officer in one group described how the processes and associated letters around performance management could exacerbate a person's existing mental health issues, or create them in the case where somebody had previously been absent due to a physical condition.

It should be noted that the majority of participants in this research were call handlers. Therefore the management perspective on these issues was not explored in detail. However, the perspectives of the stakeholder's interviewed generally reflected those of the call handlers themselves. One senior manager in the police claimed that, whilst the intention of this approach was to provide support to staff, not penalise them, this may have become *"lost in translation"*

11.2 Blue Light Programme Support

The Blue Light Programme was discussed in both the one-to-one interviews and focus groups. Participants were asked about their knowledge of the programme and their awareness of the support available to them within their organisation.

Perhaps unsurprisingly, given that the programme was highlighted during the recruitment process for the focus groups, levels of awareness were relatively high amongst participants. When probed, participants without any previous involvement in the programme typically were aware that it was designed to provide support for the mental health of emergency service personnel but knew little more. There was a degree of variation in participants' current involvement in the programme across the services. However, the support offered by the programme, particularly the Champions, was generally seen as high quality. One interviewee from the police service claimed that his organisation's Blue Light Champion would be the first person he would go to seek support if he were experiencing difficulties:

> *"I would go to our main Blue Light Champion for mental health, just because she seems to have been doing so much work and she really cares about it and she's really passionate. I'd probably go to her because she is really approachable. I trust her to keep it confidential and I would trust her to give me the right direction. Again, some of our managers, sometimes they still don't know what is available, whereas she seems to be really on the ball and she's putting a lot of work into it." – Call Handler (Police)*

The nine Blue Light Champions present at the focus groups, who had been involved in the programme for between six and twelve months, described the work and activities that they had been doing within their organisations. This varied between groups and services but mainly centred on raising awareness and understanding of mental health issues, providing information about available support, and being a point of contact for anyone wanting to talk:

> *"It's something that I'm now working with another colleague, who also is now a Champion, to be able to have two or three Blue Light Champions on every shift. So, that people know us, can relate to us, can talk to us and be able to shout, scream and cry to somebody who they know that, actually, knows what they're going through." – Call Handler (Ambulance)*

Interestingly, one Blue Light Champion described how communicating by e-mail seemed to work well. This was attributed to having time outside of work to write, having an opportunity to vent

emotions and due to the indirect nature of not saying things out loud to someone else. Other participants concurred that whilst peer support is important, it can sometimes be easier to talk to someone you do not know.

Linked to call handlers' self-perception as the 'hidden service' the general feeling was that the Blue Light Programme support had taken a little longer to be introduced within control rooms and perhaps was more difficult for them to access than their frontline response colleagues. However, a number of participants felt that this was starting to change, due to the introduction of more Blue Light Champions. There was a strong appetite for support services specifically focused towards the specific pressures experienced by call handlers:

> *"I think it's* (the Blue Light Programme) *worked for me excellently. I think, speaking to one of my colleagues it's helped her as well but I don't think it's being utilised as much as it could be or it can be. It might be because the programme hasn't focused on the control rooms yet, and once that comes in, that could be a massive help" – Call Handler (Fire)*

11.3 Training

Levels of training received by participants to support them in their roles varied widely across and within services. However there were three types of training that were generally discussed by participants:

- Training on new systems
- Mandatory CPD training, usually delivered via on-line modules
- Courses on mental health, such as the Mental Health First Aid course.

The lack of resources and consistent understaffing meant that it was hard to spare staff to undertake training for new systems. This meant that new processes and system changes were often introduced and staff had to get to grips with them 'on the job'. Many participants spoke of an expectation that mandatory online training would be completed at work. However, the lack of available time made this very difficult to fulfil. One call handler described how it had been a year and a half since he was last able to complete any online training due to the relentless pressure of answering calls. However, he was quick to note that, if this was picked up in performance management, it would be assumed to be his fault.

This lack of time was highlighted, particularly within the police service, as a potential barrier to call handlers accessing the support delivered as a result of this programme and should be borne in mind when designing services:

> *"We cannot release them. Cannot, we've got no money and we cannot release. We're millions of pounds in the red and if we do release anyone to go on a course or go to an event - that costs us money so of course it's this whole vicious circle." – Stakeholder (Police)*

However, stakeholders from the other three services were keen to demonstrate their investment in staff training, with call handling staff having allocated training days or time for continuous professional development.

Only one service included in the research delivered formal training around mental health and wellbeing. Participants who had attended the Mental Health First Aid training thoroughly endorsed it, with one call handler claiming that it had been the best course she had attended in eighteen years of

service. All call handlers were keen to develop greater awareness of mental health problems and ways to support callers in distress.

12 Informal Coping Strategies

A range of informal coping strategies were described by participants as being useful for dealing with the stress of the call handler role. The techniques most commonly identified are discussed below:

12.2 Support from colleagues, family and friends

The support of peers/colleagues at work was widely valued and frequently cited by participants as one of the most rewarding aspects of the job. Some participants referred to their colleagues as being *"like family".*

> *"The way our team work, is we are like a little family because you spend so much time together. Even when tempers do flare and everybody gets a bit angry, the next day it's all forgotten about and we are like a little family. We do help and support each other through it. So, if somebody is having a particularly bad day and suffers with mental health problems, I find that rather than turn a blind eye to it or whatever, they just support them through it."* – Stakeholder, Ambulance

Whilst friends and family were also highlighted as a valuable source of support outside of the workplace, many of the participants felt that their colleagues would be more understanding of their experiences due to the unique nature of their roles:

> *"There are certain conversations that you can have with your family but they don't necessarily understand the full implications. If you're having them with people who are like minded, I think they can appreciate and understand just how much that, 'Are you okay? Let's have a coffee,' kind of, moments can be." – Call Handler (Ambulance)*

Some staff felt that they did not want to burden their loved ones with the 'gory' details of their work, meaning that debriefing, if done at all, was limited to peers/colleagues. In some cases, participants described being privy to confidential information which they were not allowed to share with their loved ones and they found difficult. For example, one call handler was aware that a high profile missing person was dead days before it was publically announced, and this limited the support the could seek from family and friends.

12.3 Dissociation

For some participants, dissociating with the reality of the situations being experienced by callers was the only way of coping with the continuous level of trauma associated with the role. This was described vividly by one focus group participant, who said that the only way that she could handle the pressure of the role was to pretend that it was not real, so that real life stopped when she put on her headset at the beginning of the shift, and started again when she took it off at the end.

12.4 Alcohol

Alcohol was frequently referred to as a coping mechanism, sometimes jokingly within focus groups, but also more seriously as a potential issue amongst staff. One police stakeholder reported that there had been a number of deaths in their organisation amongst call handling staff as a result of drink related issues that the service were not previously aware of.

However, most participants described lower-level use of alcohol (e.g. going out with colleagues at the end of a row of shifts or having a glass of wine at the end of a shift to release tension). One ambulance call handler, who said she rarely drank, would have a small glass of wine for every call she took where the person had subsequently died. She stressed that the most she ever had after any shift was two glasses of wine.

12.5 Exercise

Exercise was highlighted as being one of the key strategies that call handlers used to support their wellbeing and was regarded as one of the more positive informal coping mechanisms. Participants working in services where they had time to take adequate breaks reported that it was common for colleagues to go for a run or visit the gym in their lunchbreak. However, maintaining a healthy lifestyle appeared to be more difficult for those working in the police and ambulance services due to the time pressures. One stakeholder from the Coastguard described plans to introduce a gym at one of their control centres and felt that this would be hugely beneficial to staff wellbeing.

12.6 Humour

Making light of unpleasant situations emerged strongly as a theme in the one to one interviews, but was something not so readily talked about within the focus groups. This could be because the type of humour referred to was often described as 'dark' or 'morbid' and as such could be associated with a fear of being perceived as unprofessional. Nevertheless, humour was something that was described by participants in all four services as being one of the main cultural coping mechanisms within the control room environment:

> *"You know, it's a mechanism of support. You know, we laugh about it, because if you don't laugh about it, you bloody fall over in the corner and cry about it."* – Stakeholder (Coastguard)

> *"If there's a bad incident you, kind of, you make light of it. Yes, you've got that sympathy for whoever's involved and the crew involved and all that. There's always that level of professionalism but once everything's, kind of, calmed down, then I think the dark side of the humour comes out to lighten the mood and to, kind of, let you move on. Otherwise you'd sit and chew on it all day."* – Call Handler (Fire)

12.7 Escapism

Participants described how 'taking time out' and doing things for themselves was important to mitigate the stress of the role. It was considered that this was difficult within work because of the lack of time.

> *"Sometimes I'll just go for a walk. I'll go to the toilet, even if I don't need to go to the toilet, I'll just go to the toilet just to get out of the room just to sort of have a few minutes quiet to myself."* – Call Handler (Police)

Outside of work, participants reported enjoying the contrast of being with family and children, engaging in mindfulness practises or escapism through watching *'crap TV'.* However, one participant felt that escapism in this way was sometimes only a short term solution:

> *"It's almost like a cleansing for your brain, it just washes everything out, and you become completely absorbed. I try not to do it too much because as soon as you click on that remote, the real world is there waiting for you."* – Call Handler (Ambulance)

13 Support Preferences

As previously discussed, time constraints due to organisational pressure has been identified as a major barrier to allowing call handlers to engage in support and training around mental health and wellbeing. The importance of services and interventions that are simple and clear to access and require a limited time commitment was highlighted by both call handlers and stakeholders.

The majority of participants indicated a preference for face-to-face services or training. However there were some who expressed no preference or felt that a mobile phone app/internet training package would be easier to access.

Most participants felt that colleagues would be more likely to participate in mental health training delivered by an external provider:

> *"People like external training. It breaks it up, it's a change, you get something out of it, you know, a certificate or whatever for your own personal development. Also, I suppose, with mental health, although the organisation should be driving it, I think people prefer it being an external source, just because it does help take away a bit of that stigma."* – Stakeholder (Coastguard)"

> *"I mean, a lot of people prefer to go outside, maybe, because of, say, for instance, the mental health, if they wanted to disclose or talk about anything in some of the training, they might not necessarily do it to people they know. So, they might do it to people that they'd don't know."* – Call Handler (Ambulance)

Some participants felt that, due to the lack of time they have available in the workplace, being able to access organisational support services whilst away from their desks would be beneficial for them. Much of the support and information surrounding mental health and wellbeing available to call handlers was reported to be available through the organisation's intranet which was only accessible if physically located at a work computer. Being able to access tailored information and support in their own time as well as at work would give call handlers more options for managing their wellbeing.

14 Summary and Recommendations

Working as a call handler is an inherently stressful job. Whilst a proportion of this stress can be attributed to the nature of the role itself (i.e. the speaking to members of the public in emergency situations and dealing with distressing events), these challenges are exacerbated by the stress and anxiety resulting from systemic organisational pressure. Recent changes have created a culture of having to 'do more with less', meaning higher call volumes, lower staff numbers and greater pressures placed on both staff and supervisors.

14.2 A culture of targets

Whilst predominantly impacting police and ambulance personnel, participants from all services (except search & rescue) described the pressure to meet targets for the number and duration of calls. Targets were regarded as the main organisational focus and the only metric relevant to performance, prioritised at the expense of the wellbeing of call handlers. Participants described the corrosive pressure of having toilet breaks monitored, not being granted leave or time off to attend urgent appointments, and having their calls inflexibly scrutinised by supervisors. The large volume of calls often made call handlers feel guilty if they needed to take time out after a difficult call. Support is rarely forthcoming in an organisational culture where call handlers feel compelled to 'just get on with it'.

14.3 Lack of time for self-care, support or training

Call handlers in all four services described a worrying lack of formal debriefing processes. Participants from the police and ambulance services reported having no time to attend training, debrief after difficult calls or even take five minutes out to visit the toilet. Whilst call handlers in the fire service and coastguard typically were afforded a degree of 'downtime' which they could use to debrief informally amongst colleagues, in the police and ambulance service team meetings rarely occurred and there were little opportunities for reflection or peer support. Morale in these two services was perceived to be significantly lower as a result.

Call handlers talked overwhelmingly of a need for more training, particularly around mental health awareness and dealing with callers with mental health needs. The need to support people in mental health crisis was seen as an increasingly common, and difficult, aspect of their roles. Participants described feeling ill equipped and unsupported in their roles which left them feeling anxious and undervalued.

14.4 Impact on staff wellbeing, sickness absence and retention

Whilst participants acknowledged the inherently challenging nature of the call handler role, there appeared to be much less of an awareness of the impact of these challenges on their wellbeing. In general, participants had low expectations of any formal support from their employer. Staff talked anecdotally about rising levels of sickness absence and high staff turnover rates (particularly amongst new recruits) but many found it difficult to engage with the notion of having support at all. This meant that they often struggled to articulate the type or format support that would be most beneficial. Many participants felt that it was difficult for people to engage in talking about their own mental health due to their restrictive organisational cultures. At the end of the focus groups, which lasted two hours, participants were keen to carry on the discussions. Some commented that the groups were the first time they had been given the opportunity to talk openly about their experiences. Our findings indicate a lack of recognition amongst call handlers of the psychological impacts of their role and the need to tackle stigma.

14.5 Recommendations

The following are the key recommendations originating from the findings detailed above;

14.5.1 Using opportunities to promote a more supportive organisational culture

Organisational pressures emerged overwhelmingly as having the most detrimental impact on the mental health and wellbeing of call handlers and also acted as one of the greatest barriers to seeking support. Whilst recognising the challenge of achieving this and acknowledging its scope as being outside of that which the Blue Light Programme can directly offer, it is recommended that opportunities to raise awareness of the impact of the resource starved and target driven culture on call handler wellbeing should be maximised wherever possible. The emphasis on getting calls answered left participants feeling like there was no time to engage in anything else, and so it is difficult to see how call handlers could benefit from the Blue Light Programme without senior level buy in and a change to organisational culture. Finding ways to influence attitudes towards call handler wellbeing and encourage flexibility to respond to individual personal circumstances would be an important starting point.

14.5.2 Providing accessible and tailored support

Lack of time and encouragement from management to access the range of support mechanisms at work was a key issue relating to the organisational pressures referred to above. Many participants

across all four services also felt that the process of accessing or being referred for support for their mental health or wellbeing was not always clear and transparent and there were worries around disclosing issues to supervisors or colleagues. It is important therefore in designing services for call handlers that they are made accessible within the organisational structures in which they work, taking into account shift patterns and the inherent difficulties in releasing staff for training.

Consideration should be given to the length of any training or support delivered, the way that it is accessed and who is able to attend to ensure that call handlers are able to get the most out of it. Support should be tailored to address the challenges faced by organisational pressures as well as exposure to traumatic/distressing situations. Clear signposting and communication would also help to increase awareness and allow call handlers to make more informed choices about the support available to them. Support should be promoted using communications materials that reflect the specific role of call handlers, rather than generic emergency services materials.

14.5.3 Increasing training around mental health

Whilst it was often difficult for call handlers to engage in the notion of receiving support for their own mental health and wellbeing, they were very clear that more training was needed to equip them with the skills needed to manage suicidal callers or those experiencing mental health issues. Whilst not directly related to their own wellbeing, this was identified as a significant issue contributing towards the stress and anxiety of their roles and a key information need.

Participants generally felt that this training should include information about the range of different mental health conditions and provide them with tools to increase their confidence in dealing with callers with mental health needs. As previously referred to, it was considered that raising awareness and increasing knowledge around mental health in general could act as a gateway to reducing stigma and encouraging discussions around personal mental health. For this reason, a holistic and integrated approach to delivering training is recommended in order to reach those who may be less engaged or have not previously considered their own wellbeing in this context.