



Occupational Stressors: Recognizing Opportunities for Supporting Public Safety Personnel

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Affiliations

- Member of the Royal Society of Canada
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- University Health Network
- Marine Institute at Memorial University
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Research Support

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- Social Sciences and Humanities Research Council of Canada
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- Correctional Services Canada
- Union of Safety and Justice Employees
- Public Health Agency of Canada
- Government of Alberta
- Government of Ontario
- Workplace NL
- Memorial University

Presentation Structure

- Knowledge of Correctional Workers' Mental Health and Well-being in Canada
 - Focus on Ontario Focus
- Barriers, Stigma, and Responses
- Ways Forward





Terminology

Health

- Health, according to the World Health Organization, includes:
 - Mental, Physical, and Social Health
- Mental health is on a continuum



Mental Health

- **Operational Stress Injury (OSI)**
 - Coined by Stéphane Grenier
 - Broad range of diagnosable mental disorders resulting from serving in a professional capacity, especially in the coast guard, search & rescue, armed forces, police, or other public safety professions
- **Posttraumatic Stress Injury (PTSI)**
 - Broad range of diagnosable mental disorders resulting from exposure to one or more potentially psychologically traumatic events

These terms are intended to legitimize and destigmatize mental health disorders.

Knowledge of Correctional Workers' Mental Health and Well-being in Canada



What We Know

OCCUPATIONAL VIOLENCE

WORKPLACE
HARASSMENT

JOB STRAIN

POOR MENTAL
HEALTH

CHALLENGE

A conceptual diagram featuring a purple sphere at the base of a red pyramid. The pyramid is set within a light blue circular area that has a torn, paper-like edge. The word 'CHALLENGE' is written in white text to the left of the pyramid. The entire graphic is set against a background of thick, brown, twisted ropes.

*Since 2013, I have been building a field of study around **correctional worker** well-being, orientations, and occupational experiences*

Correctional Services: Mental health, Well-Being & Needs



International Journal of
*Environmental Research
and Public Health*



Article

Provincial Correctional Service Workers: The Prevalence of Mental Disorders

- Stems from a cross-sectional, cross-country (**Ontario**, Yukon, Manitoba, Saskatchewan, New Brunswick, Newfoundland and Labrador, and Nova Scotia) snapshot.
- Surveyed workers employed in correctional services.
- Inform agencies' preventative, intervention, or responsive health and support strategies and practices.
- Data collection is starting or underway in other provinces and territories in 2021/2022
 - a delay was created by COVID-19.
- Ethics approval from Queen's University, University of Regina, and Memorial University.

Ontario: Participants' Demographics

Variable	N, %
Sex	
Male	448 (49.8)
Female	451 (50.2)
Age	
20-29	171 (19.1)
30-39	266 (29.8)
40-49	239 (26.7)
50-59	202 (22.6)
60+	16 (1.8)
Marital Status	
Married/Common-law	553 (62.3)
Single	175 (19.7)
Separated/Divorced/	127 (14.3)
Widowed	
Remarried	33 (3.7)

Variable	n, %
Years of Service	
More than 15 years	338 (37.9)
10 to 15 years	175 (19.6)
4-9 years	114 (12.8)
Less than 4 years	264 (29.6)
Occupational Group	
Institutional Wellness	71 (9.4)
Institutional Training	26 (3.4)
Institutional Governance	82 (10.8)
Institutional Correctional Officers	553 (73.1)
Institutional Administration	25 (3.3)
Probation/ Parole Officers	144 (19.0)

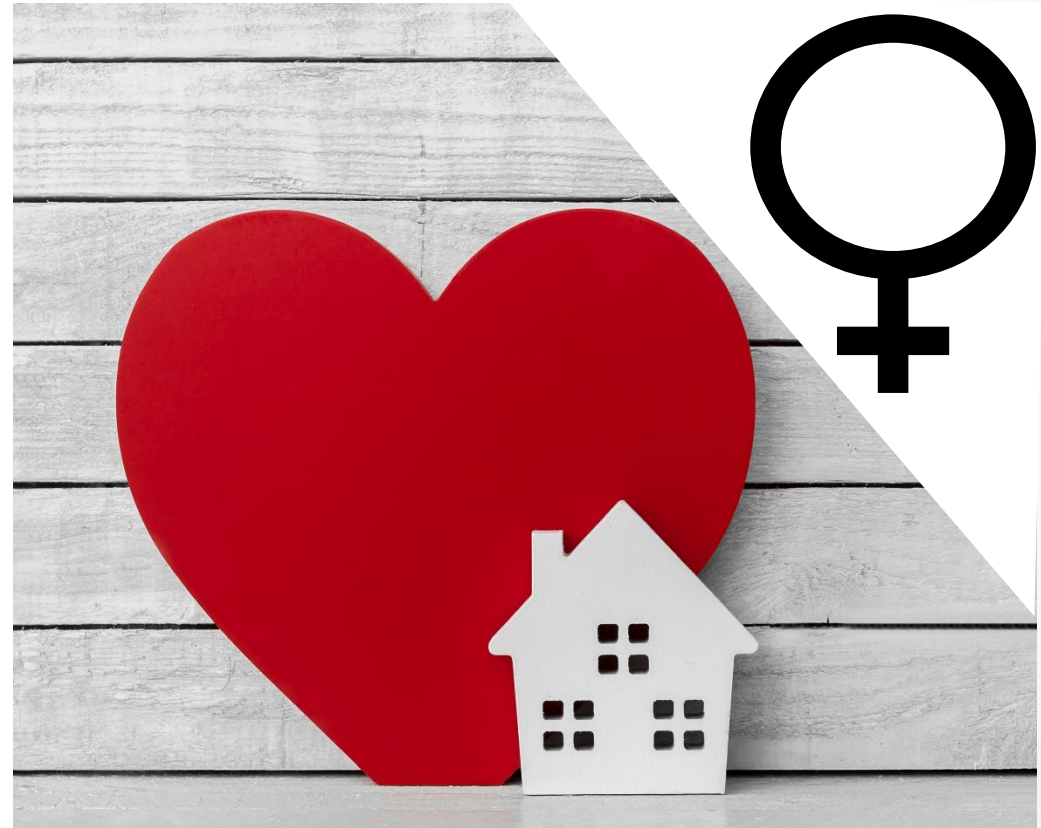
Ontario Results: Frequencies of **positive screenings** for recent **mental disorders** based on self-reported measures by occupation group

Mental Disorder Screening Tools	Institutional						Probational Officers ^f	Significant Differences Across Occupation Categories
	Total Sample	Wellness ^a	Training, Chaplains, Coordinators ^b	Governance ^c	Correctional Officers ^d	Admin. ^e		
	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)	
PTSD (PCL-5)	30.7 (302)	16.7 (14)	18.8 (6)	34.4 (31)	34.2 (202)	30.0 (9)	25.5 (40)	a < c, d; f < d
Major Depressive Disorder (PHQ-9)	37.0 (363)	21.3 (17)	28.6 (10)	35.5 (33)	39.7 (230)	40.0 (12)	37.4 (61)	a < c, d, e, f
Generalized Anxiety Disorder (GAD-7)	30.5 (292)	25.6 (20)	20.6 (7)	26.9 (25)	32.0 (180)	23.3 (7)	33.1 (53)	N/S differences
Panic Disorder (PDSS-SR)	14.1 (126)	21.7 (15)	— ⁵	11.5 (10)	14.2 (77)	— ⁵	12.4 (17)	N/S differences
Alcohol Use Disorder (AUDIT)	6.7 (61)	— ⁵	— ⁵	6.9 (6)	8.5 (46)	— ⁵	5.2 (8)	N/A
Any other self-reported mood disorder ¹	3.3 (30)	6.7 (5)	— ⁵	— ⁵	2.2 (12)	— ⁵	7.2 (11)	N/A
Any positive screen for a mood disorder ²	39.4 (376)	25.6 (20)	29.4 (10)	38.2 (34)	41.5 (235)	41.4 (12)	40.9 (65)	a < d, f
Any positive screen for an anxiety disorder ³	35.5 (313)	35.7 (25)	24.1 (7)	31.0 (27)	36.0 (191)	25.9 (7)	40.6 (56)	N/S differences
Any positive screen for any mental disorder ⁴	58.2 (524)	43.7 (31) *	50.0 (13)	61.0 (50)	59.0 (326) *	52.0 (13)	63.2 (91) *	a < c, d, f
Total Number of Positive Screens ⁴								
0	46.7 (377)	61.5 (40)	54.2 (13)	41.6 (32)	45.7 (227)	50.0 (12)	44.2 (53)	
1	14.9 (120)	7.7 (5)	— ⁵	18.2 (14)	15.3 (76)	— ⁵	15.0 (18)	
2	11.5 (93)	12.3 (8)	— ⁵	15.6 (12)	10.5 (52)	— ⁵	13.3 (16)	
3 or more	26.9 (217)	18.5 (12)	20.8 (5)	24.7 (19)	28.6 (142)	25.0 (6)	27.5 (33)	

What the Statistics Mean:

There were several **sociodemographic factors** associated with positive mental disorder screenings.

- **Women** correctional officers were **more likely** to screen positive for any current mental disorder, but there were no such differences for other occupational categories.
- Persons who were **in relationships** were significantly **less likely** to screen positive for a mental health disorder than separated/divorced/widowed participants.
- Positive screens for a mental disorder **did not** increase linearly as a function of age and years of service, **contrasting** results from **previous research**.

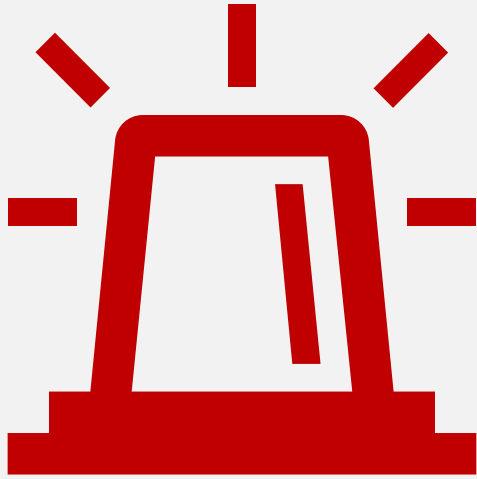


Ontario: Suicidal Ideation, Plans, and Attempts: Prevalence of Past-Year and Lifetime Suicidal Behaviours Among **Correctional Workers**

Table 2. Prevalence of Past-Year and Lifetime Suicidal Behaviours in a Sample of Corrections Workers from Ontario, Canada (n= 974)*		
Suicidal Behaviour	% (n)	
<i>Past-Year Suicidal Behaviours</i>		
Ideation	7.0 (68)	Previous estimate: 11.0%
Plan	2.6 (25)	
<i>Lifetime Suicidal Behaviours</i>		
Ideation	26.6 (259)	Previous estimate: 4.8%
Planning	11.9 (116)	
Attempt	5.2 (51)	

*Not every survey participant opted to answer the suicide questions.


Alarming Situation



Estimates of **suicidal ideation** among **correctional officers** exceed rates found in the **general population**.

Correctional Workers in Ontario versus General Population:

- Ideation past year: 7.0% versus 2.5%
- Ideation lifetime: 26.6% versus 11.8%
- Lifetime for planning: 11.9% versus 4.0%
- Lifetime attempts: 5.2% versus 3.1%



What the Statistics Mean: **Relationship Matters**

Separated, divorced, or widowed
participants were:

- more likely to report **past-year suicidal ideation**
- also more likely to report **lifetime suicidal planning**

than participants who were married,
remarried, or living in a common-law
relationship

What the Statistics Mean: **Gender Matters**

Female participants
reported a greater
likelihood of lifetime suicide
attempts than males





What the Statistics Mean: Age and Tenure Matter

- Participants over **40 years old** appeared at an **elevated risk for lifetime suicidal ideation** than younger participants
- Participants **50 years and older** were more likely to report **suicidal planning and attempts** than younger participants.
- Participants with at **least 10 years of service** reported an **elevated risk for suicidal ideation** compared to participants within their first four years of their correctional career


Limitations


- The sample was self-selected, and the sampling method prohibited knowing the actual response rate
- The study focused specifically on participants from Ontario; results may not be representative of other provinces and territories or federally
- Responses were based on anonymous self-reporting to survey items delivered online and assessing current symptoms (no clinical interviews); risk of underreporting due to stigma within public safety occupations.

Providing Context: Select Qualitative Finding from Two Articles

2021: “Trauma in the correctional field and the correctional worker habitus” (*Incarceration*).

2020: “Understanding Needs, Breaking Down Barriers: Examining Mental Health Challenges and Well-Being of Correctional Staff in Ontario, Canada” (*Frontiers in Psychology*).

- 
- Emergent **theme analyses** tied to specific **open-ended comments** designed to give context to the greater statistical findings – **to explain why...**
 - Codebook construction (via QSR Nvivo) that incorporated all emergent themes across and within all items



Speaking to the
complexities of
correctional
work...

Exposure to Violence and Suffering of Others

- Incidents involving physical harm to prisoners (imposed by self or others): self-harm (“slashing”), stabbing, suicide attempt, suicide (“hangings”), and unexpected deaths.
- Psychological distress through vicarious traumatization tied to their role in supporting and supervising prisoners.
- Witnessing harm to co-workers.

Risk of Victimization

- “We witness this [physical, mental, verbal abuse and threats) and live it daily.”
- “Inmates think it’s a badge of honour to attack or insult any officer.”
- “No charges were laid as I was told. This [being stabbed with a reinforced pencil] is part of working here, if it bothers you then quit.”

Staff-Perpetrated Harms

- “I have suffered being harassed, bullied and discriminated against in my workplace. Sometimes I have felt supported and other times it has been almost impossible to walk in the building.”
- “I was sexually assaulted by a co-worker.”
- “I was tackled by two coworkers.”

Toxic Managerial Culture

- “The assault on my person was not all as stressful as what my employer did to me for getting assaulted. They failed to record the inmate’s assault on his file. Management charged me with excessive use of force and unprofessional conduct in defending my life.”
- “[The] prevailing attitude of managers and some staff is to just get used to it, or that it’s part of the job. Suck it up.”

Professional Obligations

- Review footage, engage in investigations and review reports.
- Participation in dispositions disposition involving serious incidents.
- Resume normal duties even in the context of traumatic incidents, which often means prolonged exposure to the circumstances surrounding the incident, and extending one's immersion in the incident.

The Correctional Worker Habitus

- Hyper-vigilance and preoccupation with possible threats in one's environment (i.e., worst case scenario).
- "These events do not leave when I leave work. They are present with me and affect what I do and how I am to a degree."
- Traumatic incidents were seen as a "part of the job."
- "There's no crying in corrections."
- "The public and the government doesn't understand or they do and choose to ignore the difficult job we face daily."

Challenging

- Participants often called the job a “meat grinder.”
- “Working as a CO for Ontario Corrections has been completely unsatisfying and overall detrimental to my personal life.”
- Participants reported on the often-overlooked impact of an accumulation of smaller incidents on well-being.



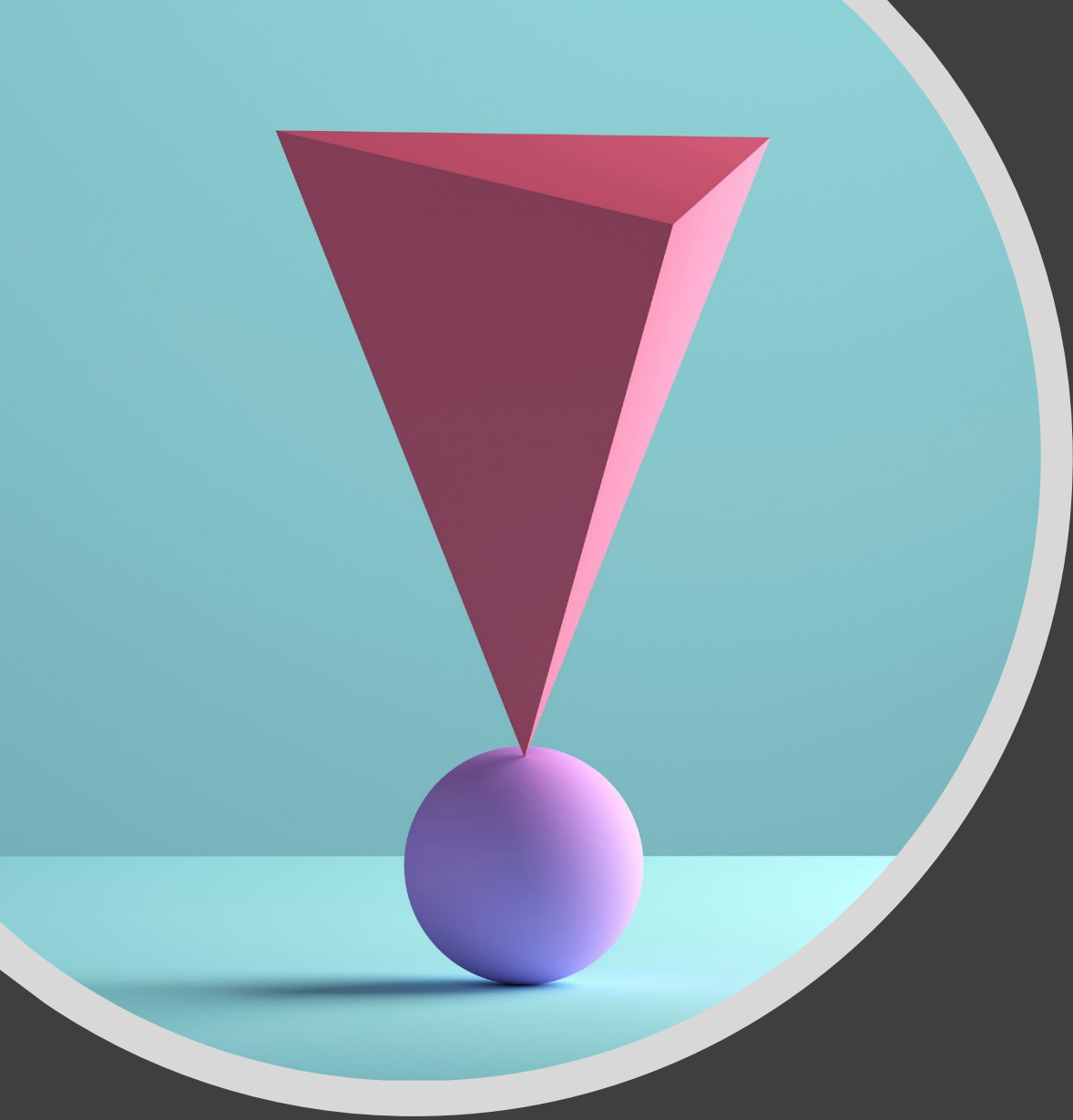
Need to Recognize Mental Health

- “The employer needs to address the epidemic of mental health in the workplace...”
- “The Ministry has to start again being more concerned with their staff that uphold their facilities and maintain the stronghold of incarcerated offenders. Without your front-line staff, you have nothing.”
- “Correctional Staff should be expected to have equal rights and access to mental health services as offenders.”

Supporting Self-Care is Essential

- “...wellness activities should be encouraged and supported. Examples would be workout/gym time, yoga, meditation, mindfulness courses, and nutrition classes.”
- “I believe that the employer and the system, in general, can do things to improve the situation, but they are either unwilling or unable (restrictive policies or lack of funding) which is resulting in a loss of the good people.”





Stigma: an omnipresent barrier to treatment and support

- “I will always help others, without judgement.... but would never seek help myself (so basically am fucked).”
- “Here, the credibility of their colleague’s diagnosis is doubted—which in essence signifies a stigma is imparted on persons who claim posttraumatic stress disorder and take leave as a result.”
- Participants often described a culture surrounding the need to self-present as “tough” and “not show emotion or break down”

Psychologically Traumatic Event Exposures

- Reflecting on participants' words, we acknowledge the **cumulative** and intersecting nature of traumatic and stressful incidents in correctional environments.
- Traumatic and **stressful incidents** are **engrained** in the fabric of correctional work and, it can be difficult to identify a single event, or type of event, as particularly impactful.
- Sentiments of **normalization of trauma**, such events were part and parcel to the nature of the job.

What Can Be Done?

- More training opportunities and programs.
- Regular appointments with a mental health professional who can assess changes in the mental health status of employees.
- Off-site assessments to ensure confidentiality.
- Team building opportunities to reduce interpersonal conflict at work and increase morale by improving the work environment.
- Training for managers in leadership and communication.
- Recognition of the role of correctional workers in public safety.
- Cultural change, including increased discussion about mental health.



Thank you!
Questions and Discussion

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