Rapid response to COVID-19: addressing challenges and increasing the mental readiness of public safety personnel

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Introduction

The COVID-19 pandemic has underscored the essential role of public safety personnel (PSP) in serving and protecting all Canadians. PSP include professionals striving to ensure the safety and security of Canadians, such as border services officers, public safety communicators (e.g. emergency dispatchers), correctional workers, firefighters (career and volunteer), Indigenous emergency managers, operational and intelligence personnel, paramedics and police (municipal, provincial and federal).1–2 PSP often work alongside health care providers and are critical for managing the COVID-19 pandemic. Prior to COVID-19, PSP reported repeated exposures to potentially psychologically traumatic events (PPTE)1 and significant occupational stressors like staffing shortages, insufficient resources and fatigue.3,4 Therefore, pervasive COVID-19 pandemic stressors, such as the risk of personal and familial contagion (Commander S. Leduc, conversation with VT, 20 July, 2020), can be reasonably expected to further increase strain on PSP.

The different PSP sectors (e.g. police, fire, paramedics, corrections) require tailored supports to help sustainably manage the COVID-19 pandemic stressors. A growing literature documents the impact of previous epidemics (e.g. SARS, MERS) and the current pandemic on health care workers,6,5 but there is very little literature delineating the impact of pandemics and epidemics on PSP. Collecting PSP-specific data to generate evidence amidst the COVID crisis would be informative, but would require shifting time and attention away from provision of essential services and towards research. An alternative approach for rapidly synthesizing evidence-informed, peer-reviewed knowledge and for disseminating strategies to support PSP was required; accordingly, the COVID-19 Readiness Resource Project (CRRP) of the Canadian Institute for Public Safety Research and Treatment (CIPSRT) was established with substantive resource support from Veterans Affairs Canada (VAC). The CRRP provides a national online knowledge hub for trusted information on PSP mental health and well-being based on consultations with PSP frontline staff, leadership and subject matter experts to identify challenges faced by PSP. Responses to the challenges are then derived from the extant peer-reviewed literature on the impact of pandemics and epidemics on health care workers, as well as general information on disaster mental health. The resulting derivations are then tailored for PSP and disseminated online by PSP, clinicians and researchers in various forms, including accessible written content; interactive virtual town halls led by subject matter experts and PSP panelists; videos; and guided audio-recorded stress management exercises.

Purpose

This article outlines five priority areas for supporting PSP during COVID-19, as identified by the CRRP. The intent is to raise awareness of PSP experiences and to encourage collective innovation in supporting PSP well-being. The listed priorities and recommendations are not exhaustive, definitive or mutually exclusive, and will not apply to every PSP sector or agency. Instead, this work offers
recommendations for possible starting points to continue supporting PSP, their families and their leaders. Table 1 presents a summary of these recommendations.

**Supporting PSP during COVID-19**

**Specialized preparedness training**

PSP operate in environments of height-ened uncertainty, potentiating the mental health risk of repeated PPTE exposures. PSP organizations may be able to support PSP functionality and mitigate risks of PPTEs through formal and informal preparedness training, as well as mental health training. Preparedness training through “rehearsal” may familiarize PSP with PPTEs, decrease surprise and mitigate the autonomic “fight, flight or freeze” stress response that might occur during a PPTE. The unexpected nature of the COVID-19 crisis may have compromised specific preparedness training capacities for many PSP; nevertheless, PSP are working successfully to meet the challenges and may benefit from additional supports to sustain their efforts as the pandemic continues to unfold.

Additional supports may include:

1. **Just-in-time learning opportunities.** Preparedness training for the COVID-19 emergency response was necessarily compromised by the sudden outbreak of COVID-19, and the subsequently compressed time windows available to prepare staff. PSP, however, may continue to benefit from synthesized current information, provided with regular and brief (re)training opportunities (e.g. once weekly at a daily meeting; a brief video clip) from respected authorities on the latest guidelines, developments and intervention strategies. Regular training can help to decrease anxiety, increase trust in leadership, reinforce perceptions of agency, and decrease feelings of isolation.

2. **Decision-making aids.** Formal decision mnemonics, trees or algorithms, if approved by leadership and specific to COVID-19 challenges, may reduce uncertainty and anxiety for PSP navigating the current crisis. The information can be updated as new evidence becomes available.

3. **Being mindful of the marathon.** Preparedness during the current pandemic involves pacing to support the “marathon” of navigating the pandemic in the long term, while engaging in the intermittent “sprints” needed for emergency responses. PSP may need additional encouragement to monitor their own health and self-care, including exercise, rest, time off from work and socializing.

**Communication**

Getting the right information to the right people at the right time can be challenging at the best of times and may be even harder during a pandemic. “Crisis communication” is intended to effectively deliver information during the chaotic milieu of a crisis situation. Communications must be easily understood and consistent for people to remember key messages and take effective action.

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**TABLE 1**

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**Abbreviation:** PSP, public safety personnel.
Leadership and team building

Leaders can play a critical role in supporting the psychological resilience and morale of their teams. Facilitating rapid access to evidence-based mental health services after a mental health injury remains important, however, reminding PSP that they can have support before, during and after a PPTE, particularly a protracted PPTE like the COVID-19 pandemic, may help to mitigate stress, burn-out and other mental health injuries.

Evidence-informed recommendations for leaders include:

1. **Remain visible, available and current.** The visibility of trusted leaders can bolster morale and underscore perceptions of available support, which may reinforce resilience. Leaders demonstrating, even briefly, that they have knowledge about shared stressors impacting their teams and unique stressors impacting individual team members can be particularly effective. Leaders can try to help by reminding PSP that COVID-19 is a protracted PPTE that requires attainable short- and long-term goals, as well as a focus on sustainable activities. Leaders can help their personnel to find meaning in the situation, to focus beyond the present crisis and to take pride in knowing they are contributing to the greater good of their community and country.

2. **Support basic needs.** PSP always need their basic needs met in order to do their jobs effectively, but the pandemic has resulted in complications, such as self-isolation, that can compromise their ability to meet basic needs such as childcare and grocery shopping. Leaders and organizations may be able to help by working to identify such challenges and innovating solutions to offset the new complications.

3. **Social support.** Social support can also be important for resilience, but aspects of social support can be compromised by necessary social distancing and self-isolation. PSP leaders can help reinforce positive relationships and morale by emphasizing their support for their teams, encouraging peer-to-peer support within teams and, where possible, supporting sustainable and consistent PSP work cycles and team composition.

Quarantine

Evidence from previous epidemics has associated isolation with compromised mental health. Quarantine or self-isolation can lead to loneliness, boredom, fear, loss of routine and consequences such as alcohol and substance misuse. Multiple rounds of mandatory isolation during a pandemic can also exacerbate pre-existing mental health challenges. Following isolation, returning to work may be anxiety-provoking due to fears of (re)infection and reactions of colleagues who may have had to work overtime to cover short-staffing. Potential options for decreasing detrimental impacts of isolation include:

1. **Stay connected.** Workplaces can support isolated personnel by staying connected to them through regular remote check-ins. Reinforcing that people in isolation remain integral and valued members of the team can help mitigate potential mental health challenges.

2. **Consider the basics.** Measures that support PSP during self-isolation may include facilitating access to remote services and supplies (e.g. social support, medical care, groceries).

3. **Address domestic violence and substance misuse.** There have been increased incidents of domestic violence during the COVID-19 pandemic, as well as alcohol and substance misuse. PSP should be aware of the increased risk, reminded to seek help early and provided with access to resources.

Self-care

Maintaining self-care can be particularly challenging when facing occupational stressors such as shift work, irregular hours and exhaustion. The increased stress of COVID-19 may be partially mitigated by regularly encouraging PSP to engage in daily self-care practices to support their well-being, particularly their mental health and resilience. Suggestions for self-care include:

1. **Healthy coping.** Remind and encourage PSP to focus on maintaining healthy sleep, nutrition, exercise and regular rest. Practising stress management and relaxation techniques (e.g. diaphragmatic breathing; mindfulness...
exercises) can help to maintain a sense of well-being. Even 30 seconds of deep breathing or a five-minute mindfulness exercise during breaks and before sleep may help.

2. **Maintain routines.** Sustaining even simple routines, such as preparations before sleeping or scheduled physical training, can provide a sense of structure and predictability during the prolonged uncertainty generated by the pandemic.

3. **Maintain healthy social connections and help.** Staying connected with family, friends and co-workers can help preserve a sense of community, resilience and well-being. Where possible, prioritize positive online social media platforms and activities, and minimize platforms and activities that are distracting, distressing and frustrating. Seeking support from trusted family, peers or evidence-based health care services when needed can help PSP to manage the protracted stress caused by the pandemic.

### Conclusion

The COVID-19 pandemic has underscored our dependence on the relative few who work to maintain public health, well-being and safety, and has highlighted the challenges to supporting PSP while they perform their critical roles. The unprecedented nature, size and scope of the pandemic has required ongoing, innovative and iteratively evaluated solutions. This article outlines clinically informed and, where available, evidence-informed recommendations to support PSP. The recommendations are being curated and disseminated by a national Canadian initiative, the COVID-19 Readiness Resource Project. As the COVID-19 pandemic evolves and new challenges arise, concerted efforts will be needed to provide and sustain psychosocial supports specific to PSP, allowing PSP not only to cope with the many challenges ahead, but to thrive in the face of them.

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### Conflicts of interest

The authors declare that they have no conflicts of interest to report.

### Authors’ contributions and statement

AH, VT, LSM, SBP and NC informed the concept and contributed to the design, writing, and critical review of this commentary.

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### References


