

NENA Best Practices for Mental Health Providers Supporting 9-1-1 Professionals

Abstract: This document provides information on the unique stressors of 9-1-1 professionals and how these can impact an individual's mental health and wellbeing, to equip mental health professionals to best support this population.



NENA Best Practices for Mental Health Providers Supporting 9-1-1 Professionals

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1 Executive Overview

In recent years there has been increasing focus on the occupational stress associated with first responders and the impact that this has on their mental health. Much of the literature has relied on field emergency responding populations such as police and firefighters. An often-overlooked subgroup of this is 9-1-1 Emergency Telecommunicators (also referred to herein as 9-1-1 Professionals) who are the first point of contact for the 9-1-1 system.

Mental Health providers may find themselves working with a 9-1-1 Professional through various circumstances including:

- Providing services through an Employee Assistance Program (EAP) which is contracted with an entity that includes 9-1-1 Professionals.
- Working with an individual who is seeking support independently outside their EAP system. This may include individuals who are currently or previously employed as a 9-1-1 Professional.
- In response to a Critical Incident
- Wellness events, in-services and training opportunities

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2 Document Conventions

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NENA-INF-048.1-2025	July 14, 2025	Initial Document

3 Background Context

The number most people in the U.S. and some in international countries call to get help in a police, fire, or medical emergency is 9-1-1. An estimated 240 million calls are made to 9-1-1 in the U.S. each year. A 9-1-1 call goes over dedicated networks to the appropriate 9-1-1 Public Safety Answering Point (PSAP) in relation to the caller's location, and trained personnel, known as 9-1-1 professionals, then send the emergency help needed. As of February 2021, the United States has 5,748 primary and secondary PSAPs [2]. While some departments may have trained call takers and dispatchers operating in distinct and separate roles others may have their 9-1-1 professionals handle everything 24/7/365 (emergency, non-emergency call-taking and dispatching; and administrative for police, fire, EMS, and walk-ins).

The effectiveness of emergency first responders including firefighters, police, and paramedics, depends primarily on 9-1-1 professionals who serve as the first contact for citizens requesting aid for potentially life-threatening crises. 9-1-1 professionals are often cross-trained to handle a wide variety of emergencies related to medical intervention, fires, violence, accidents, and so on, which can vary considerably in magnitude and severity. 9-1-1 professionals are often solely responsible for coordinating rescue or medical intervention, usually with minimal information. Vicariously experiencing the distress of a civilian, or fellow first responder, can magnify the high-stress nature of these work conditions [3]. That stress is then significantly increased if mistakes were made in the processing or dispatching of a call.

Implementation of Next Generation 9-1-1 (NG9-1-1) technologies will provide 9-1-1 professionals access to Incident-Related Imagery (IRI). IRI is defined as any form of visual information associated with an incident scene that is delivered via any medium to public safety personnel [1]. IRI can include still images, pre-recorded, or real-time videos [4]. A 9-1-1 Professional can be exposed to IRI through both solicited and unsolicited circumstances. Solicited IRI is the 9-1-1 professional initiated request, when it has been determined that incident-related images from the scene of an event will aid in coordinating the public safety response. Unsolicited IRI is the involuntary receipt of image information on a 9-1-1 call-taker's screen automatically.

There are multiple possible benefits of 9-1-1 professionals' engagement with callers, responders, and the scenes where incidents occur, including greater sense of call mastery. However, 9-1-1 professionals may be at higher risk of potential traumatization, Post-Traumatic Stress Disorder and other stress-related conditions and impacts when exposed to IRI involving callers and field responders in profound psychological distress, physical

injury, or dangerous interpersonal conflicts [4]. Definitions and Abbreviations can be found in section 9 of this document.

4 Exposure to stress and trauma

9-1-1 professionals are repeatedly exposed to events of a stressful nature at work. They rely on their skills to assess an incident, take control of a frightening situation, gain the trust and cooperation of the caller, secure the emergency scene, gather vital information, and send appropriate help, within minutes of answering a call. They may provide life-saving instructions over the phone while simultaneously dispatching field responders. In other instances, they may be the last person to speak with an injured individual who, despite their best efforts, was unable to be saved [5].

Crucial to success is the ability to remain calm and suppress their own emotional reactions to a potentially distressing call [7]. Further, 9-1-1 professionals are trained to handle calls according to standardized protocols. Failure to use the protocols appropriately can result in reprimand for the employee, and potentially a tragedy if the call is not handled properly. As such, the work environment and job demands can produce a greater reliance on emotion regulation strategies such as suppression or avoidance over time [8]. Additionally, they usually do not learn of the outcome of a call, which can prevent a sense of closure, particularly after very stressful calls. There may be little, if any, time between the calls to process their own feelings and little opportunity to debrief or elicit support from colleagues who are busy at their own workstations [6].

Research into work related trauma identified that the most commonly identified difficult calls for 9-1-1 professionals to cope with were the unexpected injury or death of a child, followed by suicidal callers and shootings involving officers. The associated emotional responses were feelings of fear, helplessness, or horror [7].

In addition to calls that are widely recognized as stressful, there are calls that may impact a 9-1-1 Professional personally. Examples of calls that may cause personal impact include incidents where the person involved in an accident is known to the call-taker, a crime at the park where their child regularly plays, or an incident close to their home.

5 Work Environment

Busy call centers that operate on a 24/7/365 basis create a unique work environment and it is not solely the work that 9-1-1 professionals do that places them at risk of stress and related wellbeing concerns, but the way in which the work is done. Recent results from Carleton and colleagues [9] suggest that organizational and operational workplace stress might even play a larger role on 9-1-1 professionals' mental health than potentially psychologically traumatic events. Examples of organizational stressors include staff

shortages, a lack of training on new equipment, a lack of appropriate resources and to perpetually do more with less, inconsistent leadership styles, and a perceived lack of support between co-workers and leaders [10]. For 9-1-1 professionals, the greatest occupational stressor reported was staff shortages followed by fatigue, inconsistent leadership, and favoritism. These occupational stressors were associated with increased likelihood of experiencing mental health difficulties including Post-Traumatic Stress Disorder, depression, anxiety, and alcohol use disorder.

Most 9-1-1 professionals work 8- to 12-hour shifts, and mandated overtime is common. Because emergencies can happen at any time, 9-1-1 professionals are required to work shifts during evenings, weekends, and holidays [11]. Shift work can consequently negatively impact opportunities for self-care including medical treatment, exercise, social engagements, and family events.

Another source of stress can be the technologies, tools, and systems the individual worker must utilize to complete work tasks. 9-1-1 work requires the utilization of a variety of technologies and computer-based systems that are continually upgraded to meet public safety needs and as technology evolves [3]. This can lead to technostress **Error! Reference source not found.** which is defined as stress created by the adoption of information and communication technologies which can impact worker productivity, job satisfaction and health [12]. In addition to this, the volume and nature of the work requires a high level of multi-tasking (type and talk, pre-arrival instructions and de-escalation, data analysis), a lack of down time between calls to mentally process or debrief the previous call, and a lack of visibility into the timing or nature of the next call [13].

6 Health Concerns

6.1 Mental Health and Wellbeing

As outlined in the NENA Standard to Protect the Wellbeing of 9-1-1 Professionals, this group commonly experience on-the-job stress that can contribute to mental health and wellbeing concerns:

- Acute traumatic stress during incident-related exposures to stressors including callers and field responders in perceived life-death scenarios, or scenarios involving potential serious harm. Exposure to such stress can lead to Acute Stress Disorder (ASD), Post-Traumatic Stress Disorder (PTSD), or if experienced indirectly, Secondary Traumatic Stress (STS), known also as Vicarious Traumatization.
- Acute, frequently recurring stress without traumatic elements in response to lesser yet still demanding stressors (e.g., non-emergent calls from citizens, conflicts with coworkers, and difficult work conditions).
- Compassion Fatigue, a combination of vicarious traumatization and burnout, results from the cumulative psychological impacts of acute stress over time.

Repeated exposures to potentially psychologically traumatic events increase the risk of public safety personnel developing symptoms of mental disorders [14].

Lilly and Allen (2015) concluded that 24.6% of 9-1-1 professionals may suffer from Post-Traumatic Stress Disorder (PTSD) [15]. This rate is four to five times greater than for the general public. This suggests that although 9-1-1 professionals are physically distant from the traumatic scene and their personal integrity is rarely threatened, they may still not be buffered from the development of PTSD symptoms [7].

This is consistent with changes in Post-Traumatic Stress Disorder and the Acute Stress Disorder diagnostic criteria of the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) [16]. Under the new diagnostic criteria, PTSD may also result from “experiencing repeated or extreme exposure to aversive details of the traumatic event(s)’... that is work-related”. These specific changes to the criteria defining trauma and qualifying exposures to trauma have important potential ramifications for the assessment and estimation of PTSD prevalence in real-life settings.

These fundamental changes in the diagnostic criteria, along with recent research on individuals outside of the combat experience, provide a basis and framework for examining the impact of traumatic events on other groups, such as individuals not in direct danger, yet chronically exposed to the consequences of trauma, such as 9-1-1 professionals. These specific changes to the criteria defining trauma and qualifying exposures to it have important potential ramifications for the assessment and estimation of PTSD prevalence in real-life settings.

6.1.1 Physical Health

In a 2016 study, 9-1-1 professionals reported on average experiencing nearly 17 different physical health complaints at a frequency that varied from at least once a month, up to daily.[8] Commonly reported were headaches, followed by back pains, insomnia/difficulty sleeping, stiff or sore muscles, itchy eyes or skin, and heartburn. These physical health issues are consistent with the 9-1-1 work environment, which involves long periods of exposure to computer screens, remaining seated for long periods of time and shift work schedules. Shift work has been recognized as a risk factor for sleep disruption, metabolic syndrome, cardiovascular disease, and diabetes [8]. However, stress and distress may also result and/or contribute to these physical health issues. Consistent with other emergency responders, such as police officers, 9-1-1 professionals may be more willing to recognize or admit when they have a physical health issue in comparison to a psychological health issue.

Emotional distress of employees is important to consider for both the effect on the well-being of the employee and potential consequences in the community. For example, posttraumatic stress disorder symptoms that may be present in 9-1-1 professionals can

impair decision-making abilities and functioning, which could pose significant risk to the general population that relies on them to quickly and effectively coordinate an emergency response [7].

6.1.2 Spiritual Health

Constant exposure to inhumanity to other humans, cruelty to animals, and the earliest moments of overwhelming grief in the day-to-day workflow of a 9-1-1 Professional can interfere with a healthy spirituality. The deeper questions of life should be set aside in the moment. There is no time to process the horror of brutal child abuse, the mystery of death, or the helplessness of destruction by weather events. Despair, disappointment, and disdain are not uncommon in reaction to the behavior of others.

6.1.3 Individual

A catalyst for individuals seeking treatment or support could be that their symptoms make it difficult for them to engage in tasks that they used to do, rather than because they identify with having an illness or issue. The World Health Organization identifies the following domains of functioning [17]:

- Cognition – referring to communication and thinking activities; specific areas assessed include concentrating, remembering, problem solving, learning and communicating.
- Mobility – referring to activities such as standing, moving around inside the home, getting out of the home, and walking a long distance.
- Self-care – referring to hygiene, dressing, eating, and staying alone.
- Getting along – referring to interactions with other people and difficulties that might be encountered with this life domain due to a health condition; in this context, “other people” includes those known intimately or well (e.g., spouse or partner, family members or close friends) and those not known well (e.g., strangers).
- Life activities – referring to difficulty with day-to-day activities (i.e., those that people do on most days, including those associated with domestic responsibilities, leisure, work, and school).
- Participation – referring to social dimensions, such as community activities; barriers and hindrances in the world around the respondent; and problems with other issues, such as maintaining personal dignity.

6.1.4 Workplace

Workplace stress is known to have negative impacts on the overall workplace which can include high employee turnover, a decline in job performance, unwillingness to take on new tasks and responsibilities, and absenteeism.

Reducing work-related stress and its accompanying adverse outcomes for 9-1-1 professionals would benefit the emergency call system on individual and organizational levels by improving the individual's quality of life and reducing the turnover and absenteeism associated with compassion fatigue [18]. It can also serve to reduce these concerns negatively affecting the experiences of the citizens with whom they come into contact when doing their jobs [19].

7 Support and Treatment Considerations

Supporting and treating 9-1-1 professionals requires both an understanding and appreciation of the unique stressors that they encounter within and as a result of the work that they do. It is also important to note that many 9-1-1 professionals do not recognize their need for clinical intervention as many of the symptoms related to stress and trauma overlap with the physical and mental health related consequences of shiftwork.

7.1 Scheduling

Working with a client or patient who is a 9-1-1 Professional may require flexibility with appointment times and cancellation policies due to the nature of shift work and potential for mandatory overtime at short/no notice.

7.2 Stigma

Help seeking by 9-1-1 professionals may be hindered by internal, external and organizational stigma. As noted by Haugen and colleagues, one of the top barriers to access treatment and support for mental health concerns by first responders was a fear of services not being confidential and negative career implications [20]. As such, there is value in explaining limits in confidentiality and any reporting requirements early in the therapeutic relationship.

7.3 Lack of Recognition

As noted previously, research and mental health initiatives for first responders have rarely focused on the 9-1-1 professional. In part this is due to job classification which classifies 9-1-1 Professionals as 'Office and Administrative Support Occupations' rather than 'Protective Service Occupations' [21]. This lack of recognition suggests a level of unimportance to the 9-1-1 professionals' position and contributes to minimization of the complexity and difficulties of the profession [19].

This distinction can also resonate with 9-1-1 professionals themselves, with many public safety personnel reporting a lack of acknowledgement, validation, or recognition from the public, their families, their friends, and their organizations that they, too, suffer real trauma as a result of their jobs [19] **Error! Reference source not found.** In a recent qualitative study of dispatchers in the United Kingdom, Krakauer and colleagues demonstrated that

communication specialists feel poorly understood, undervalued, and unsupported by the public, their friends, and families, unacknowledged or unaccepted as integral members of the team among the frontline Public Safety Personnel [22].

An internal or external perception that they are not on the traditional 'frontline' may result in 9-1-1 professionals feeling that their needs and experiences are invalid or illegitimate [19]. This can lead to minimizing their experiences and the development of an internal stigma that they are not entitled to seek treatment or support. The ultimate goal of increasing mental health knowledge and reducing associated stigma is to increase a 9-1-1 professional's willingness to seek treatment when needed. Despite 9-1-1 professionals reporting having access to professional mental health supports, many have reported intent to access such support only as a last resort **Error! Reference source not found..** It should also be noted that the effects of shiftwork overlap in presentation with various mental health conditions, consequently masking the prevalence and severity of psycho-emotional distress.

7.4 Cultural Competency

Developing an understanding of the unique stressors that 9-1-1 professionals face can assist in establishing a therapeutic rapport with a patient/client. Feedback from first responders has indicated that negative experiences of help seeking such as a therapist or professional who did not understand that job or could not assist in the treatment of trauma symptoms, had a negative impact on future help seeking [23].

While research on 9-1-1 professionals is limited, the National Emergency Number Association (NENA) Wellness Continuum website serves as a repository of information, standards and resources that can assist an overview of wellness issues and resources [24]. Opportunities to engage in shadowing 9-1-1 professionals at a local public safety answering point or participating in a ride along with dispatched emergency services can also provide insights into this work.

8 Impacts and Considerations

8.1 Operations Impacts Summary

8.1.1 Proposal

When Mental Health Providers (MHPs) engage with Emergency Communications Center (ECC) leadership, there are several key considerations to address to ensure effective interventions for 9-1-1 professionals. This section outlines the critical aspects MHPs need to consider when discussing necessary interventions and the steps ECC leadership MAY need to take to operationalize these interventions.

8.1.2 Early Detection of Mental Health Concerns

MHPs SHOULD develop and present clear protocols to ECC leadership for regular mental health assessments, including specific tools and methods for early detection of stress, burnout, PTSD, and other mental health issues. MHPs SHOULD also use data and case studies to highlight the benefits of early detection and intervention, building a strong case for integrating these practices into the operational framework. This will allow ECC leadership to incorporate regular mental health screenings into routine health checks, schedule periodic assessments, and ensure confidentiality to encourage participation. ECC leadership MUST be prepared to allocate necessary resources, including time and budget, to support mental health initiatives.

MHPs SHOULD work to create a systematic process for the purpose of clinical notification. This process SHOULD make considerations of the chain of notification, means of notification, time frames, means of response (phone, email, in-person), and levels of intervention. For example, handling a particular call type may initiate a referral to the MHP, who will in turn check on the 9-1-1 professional as late as the next business day. A different call-type may necessitate the MHP to respond with more urgency and intensity. As noted previously, calls regarding young children or injured field responders are universally difficult for 9-1-1 professionals. Any triage plan created SHOULD best fit the needs of the MHP's specific PSAP.

8.1.3 Scheduling Considerations

If working on-site with 9-1-1 professionals MHPs SHOULD reach an arrangement with management and executive management regarding time allotted for staff to receive services from the MHP. These arrangements SHOULD aim to be the least disruptive to operations with the exception of extenuating circumstances as determined by the clinician's discretion. It is worth noting that because 9-1-1 professionals' shifts are strictly managed, voluntary use of mental health services SHOULD not be penalized through the revocation or reduction of entitled break times, or use of personal/sick leave from the employee's leave bank. The MHP SHOULD have a schedule that is curated to accommodate all shifts/rotations.

MHPs SHOULD communicate the urgency of removing a 9-1-1 professional from duty if they show signs of severe mental distress, providing clear guidelines on the conditions that warrant immediate action. MHPs MAY recommend policies for adequate rotation and rest periods to prevent burnout, including balanced shift schedules that allow sufficient recovery time between shifts. ECC leadership SHOULD develop and implement protocols for immediate relief of duty when a 9-1-1 professional is identified as experiencing a mental health crisis, ensuring the individual's well-being and the integrity of service delivery. This will require that ECC leadership adjust shift schedules to include mandatory rest periods

and explore options for flexible scheduling to accommodate individual needs and promote work-life balance.

8.1.4 Cultural Competence

Distinctive features of 9-1-1 culture include teamwork/overcommitment, technostress **Error! Reference source not found.**, mental exhaustion, cynicism, and skepticism. Also, traits of perfectionism, such as rigidity and excessive self-criticism, are intensified due to high performance expectations and being regularly reproached. For example, intertwined with their reflections on stressful calls, will be ruminations and self-critiques regarding the technical aspects of their role. This may be understood as an attempt to establish a sense of control or impact over a situation that they felt powerless to change. When working with a 9-1-1 professional, early identification and normalizing maladaptive coping as means of self-preservation is vital to establishing rapport.

With consideration to skepticism, if the MHP is entering a PSAP that has particularly strained management/staff relations, resistance should be expected if there is a perceived alliance between management and the MHP. It is crucial that the MHP's role be clearly understood as being supportive of the 9-1-1 Professional and that confidentiality will be respected. Explanation of local and state laws and board regulations can be useful in reassuring 9-1-1 professionals of the safety of the therapeutic space. Psychoeducation and familiarity with relevant data/statistics relevant to mental health and 9-1-1 will assist in establishing professional credibility.

If there is resistance to the implementation of a mental health program by management or a significant portion of staff, there may be additional speculation of the MHP's trustworthiness.

Lastly, though mental health and wellness have become a foundational concept in modern day society, it is important to remain cognizant of the absence of such support for the 9-1-1 community. While some 9-1-1 professionals could be personally familiar with the therapeutic process and mental health treatment, its integration into 9-1-1 culture is still in its infancy. It is paramount that psychoeducation is provided in ways that are both empathetic and empowering. Further, it will benefit the MHP to familiarize themselves with existing industry practices that address occupational stress (i.e. – CISM, Peer Support) and their strengths and weaknesses.

Effective engagement between MHPs and ECC leadership is essential for successfully implementing mental health interventions for 9-1-1 professionals. By focusing on the early detection of mental health concerns, implementing thoughtful scheduling practices, and fostering cultural competence, MHPs, and ECC leadership can work together to create a healthier, more resilient workforce capable of effectively managing the high demands of their critical roles.

8.2 Technical Impacts Summary

No new or special technologies are required by this information document.

8.3 Recommendation for Additional Development Work

The participation of ECC personnel in certain services included in this information document is to remain confidential. Examples include employee pursuit of Peer Support and off-site professional counseling (whether provided through Employee Assistance Program or elsewhere). Accordingly, agency procedures should be established to ensure maintenance of such confidentiality.

8.4 Cost Factors

It is important that if there are to be contractual arrangements made for a particular referral stream that the availability of clinicians (time and case openings) and their rates be explicitly addressed.

As a component of contractual agreement, or MHP employment, ECC leadership (or those enacting the implementation of an MHP) SHOULD also take into consideration the costs associated with professional development or licensure maintenance (i.e. – renewal costs, continuing education trainings, supervision if necessary) if a license in good standing is a requirement of employment/contracting.

8.5 Cost Recovery Considerations

ECCs can predict financial costs of implementing the suggestions within this information document will be offset by cost reductions related to absenteeism, medical and personal leave time, resignations, recruitment efforts, legal liability, and improved productivity. In addition, funding for suggestions in this information document may be absorbed by pursuit of grants funded by state and local entities and/or charitable organizations that recognize the societal contributions of 9-1-1 Professionals.

8.6 Additional Impacts (non-cost related)

Beyond those impacts discussed earlier in this NENA document, the information contained herein is not expected to have operational or technical impacts based on the analysis of the authoring group.

9 Abbreviations, Terms, and Definitions

See the NENA Knowledge Base (NENAb) [1] for a Glossary of terms and abbreviations used in NENA documents. Abbreviations and terms used in this document are listed below with their definitions.

Term or Abbreviation (Expansion)	Definition / Description
9-1-1 Professional	Refers to Telecommunicators as well as employees whose work impacts PSAP operations to include support staff and management.
EAP (Employee Assistance Program)	An Employee Assistance Program (EAP) is a voluntary, work-based program that offers free and confidential assessments, short-term counseling, referrals, and follow-up services to employees who have personal and/or work-related problems. EAPs address a broad and complex body of issues affecting mental and emotional well-being, such as alcohol and other substance abuse, stress, grief, family problems, and psychological disorders. EAP counselors also may work in a consultative role with managers and supervisors to address employee and organizational challenges and needs. Many EAPs are active in helping organizations prevent and cope with workplace violence, trauma, and other emergency response situations.
MHP (Mental Health Provider)	A licensed healthcare professional who has completed an educational program on mental health or related topic from an accredited university or institution, and professionally provides clinical/behavioral services including assessment, diagnoses, and treatment.
Technostress	Stress created by the adoption of information and communication technologies which can impact worker productivity, job satisfaction, commitment to the organization, and retention Error! Reference source not found..
Telecommunicator	An emergency response coordination professional trained to receive, assess, and prioritize emergency requests for assistance, including, but not limited to: <ul style="list-style-type: none"> • Determining the location of the emergency being reported • Determining the appropriate law enforcement, fire, emergency medical, or combination of those emergency services to respond to the emergency

Term or Abbreviation (Expansion)	Definition / Description
	<ul style="list-style-type: none"> Coordinating the implementation of that emergency response to the location of the emergency Processing requests for assistance from emergency responders.

10 References

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