

Can “resilience” protect key workers from poor mental health?

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First responders, other public safety personnel, and healthcare workers appear to be those most at risk of poor mental health following their occupations – but what does increasing resilience do, and how can governments protect their key workers?

The contemporary Canadian healthcare model and associated research efforts typically focus on diagnoses and treatments of experienced illnesses and injuries; in contrast, proactive mitigation efforts for poor mental health have received much less attention.

Investments in proactive healthcare

Investments in proactive healthcare make intuitive sense, with numerous campaigns focused on public education and behaviour changes (e.g., dental hygiene, exercise, healthy eating). Measuring the outcomes of such efforts often requires generational timelines for comparisons; nevertheless, recent advances have suggested similar efforts are necessary for improving mental health, particularly among persons necessarily and frequently exposed to stressors as a function of their employment.

What jobs are most at risk for poor mental health?

First responders and other public safety personnel (PSP; e.g., border services, correctional workers, firefighters, paramedics, police, public safety communicators), as well as health care workers (HCW; e.g., nurses, physicians), appear to be among the professions most frequently exposed to potentially psychologically traumatic events (e.g., direct or indirect exposures to actual or threatened death, serious injury, or sexual violence).

Workers in these sectors appear to experience many more mental health challenges than the general population; accordingly, PSP and HCW have increasingly been inundated with a myriad of programs claiming to increase “resilience”.

“Resilience” and protecting one’s mental health

Resilience is an evolving concept, and the word is used in many contexts. Historically, resilience has been defined as resistance to experiences involving psychosocial risk or the ability to bounce back or return to the previous state following exposure to a stressor. Contemporary thinking suggests that resistance and resilience should be conceptualized as distinct constructs. We also suggest considering and delineating the conceptual relationships with posttraumatic growth, wherein new skills and strengths are developed in response to adversity, offering novel protections against subsequent stressors.

Modern conceptualizations of resilience extend beyond individual difference factors (e.g., personality traits) to include acquirable coping tools and strategies; however, the same conceptualizations continue to place the onus for managing the psychological impacts of stressors on the individuals experiencing the stressor, abdicating responsibilities by organizations and communities. Focusing on the individual has been rightfully and broadly criticized for more than 100 years and has been reflected in recent presumptive injury legislative changes related to posttraumatic stress injuries experienced by PSP.

Emerging approaches to resiliency are developing more holistic ecological views of resilience that consider the individual, as well as their families, workplaces, communities, and environments. Doing so more appropriately distributes responsibilities for mental health and offers a myriad of opportunities to better protect the entire ecosystem by leveraging diverse multi-system tools for reducing risk and building resilience.

We proffer an initial ecological approach to resilience that recognizes interactions between individuals, families, and workplaces.

Individual Resilience

Examples of individual resilience skills include regularized exercise, diaphragmatic breathing, mindfulness, and cognitive reframing, any of which may help with stress management. Like all skills, effectiveness improves with deliberate practice, which can provide broad protection against poor mental health during exposure to stressors. There is evidence for the potential benefits of resilience training for mental health and well-being; however, very few psychoeducation programs exist specifically for PSP and HCW, despite pervasive calls for research. There has also been a proliferation of programs claiming the capacity to support mental health for PSP and HCW, although very few of these programs are evidence-informed and even fewer are evidence-based. Our randomized control trials evaluated an online resilience training resource in both nurses and primary care paramedic student populations demonstrated moderate effects but with fairly rapid skill decay.

Familial Resilience

Family members can influence worker wellbeing as the first to notice signs and symptoms of a posttraumatic stress injury and as the first to provide support and encourage help-seeking; however, PSP and HCW family members also experience more challenges than other families and are themselves at increased risk for diverse problems with health and wellbeing. Intra-familial processes such as maintaining shared beliefs and effective communication are integral to supporting resilient families.

PSP and HCW families often develop specific coping strategies through trial and error, but there are brief, systems-focused psychoeducational programs that could be more proactive options for developing communication skills, decision-making skills, positive self-esteem, healthy personal relationships within the family, and external peer supports.

Workplace Resilience

Most people spend almost a third of their adult lives working, which means the workplace can powerfully influence mental health. Workplace factors influencing mental health include the actual work, workload, and workload management, as well as perceptions of psychological and social support, wellbeing resources, organizational culture, shared goals, leadership, policies, and opportunities for personal and professional growth.

There is evidence that occupational stressors can be at least as psychologically injurious as potentially psychologically traumatic events, exacerbating the risks for PSP and HCW, but that compounding also offers meaningful opportunities for leaders to protect the mental health of workers by increasing workplace resilience. Psychologically safe workplaces can be difficult to build and maintain, particularly for PSP and HCW; fortunately, there are already initial guidelines available through the National Standard on Psychological Health and Safety in the Workplace that can help motivated leaders to start making positive changes.

Promoting PSP and HCW mental health: Challenges and opportunities

Public safety personnel and health care workers are frequently exposed to potentially psychologically traumatic events and other potentially harmful occupational stressors, substantially increasing their risk for diverse posttraumatic stress injuries. Proactive contemporary leaders who maintain holistic ecological views of resilience – considering individual, familial, workplace, community, and environmental elements – have meaningful opportunities to create competitive advantages for their organizations.

Promoting PSP and HCW mental health by facilitating holistic resilience can increase worker recruitment, retention, and effectiveness, all of which have the inherent benefit of being morally justified. There are growing options for evidence-informed and evidence-based interventions that support elements of holistic resilience, all of which start with learning more and stepping ahead of the curve by leaders and organizations prioritizing whole people.

Learn more about the options available through the research, webinars, and training showcased by the [Canadian Institute for Public Safety Research and Treatment \(CIPSRT\)](#), and by reviewing programs and services through the dedicated CIPSRT website www.pspmentalhealth.ca.

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