MENTAL HEALTH TRAINING FOR EMERGENCY CALL-TAKERS

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Introduction and Context

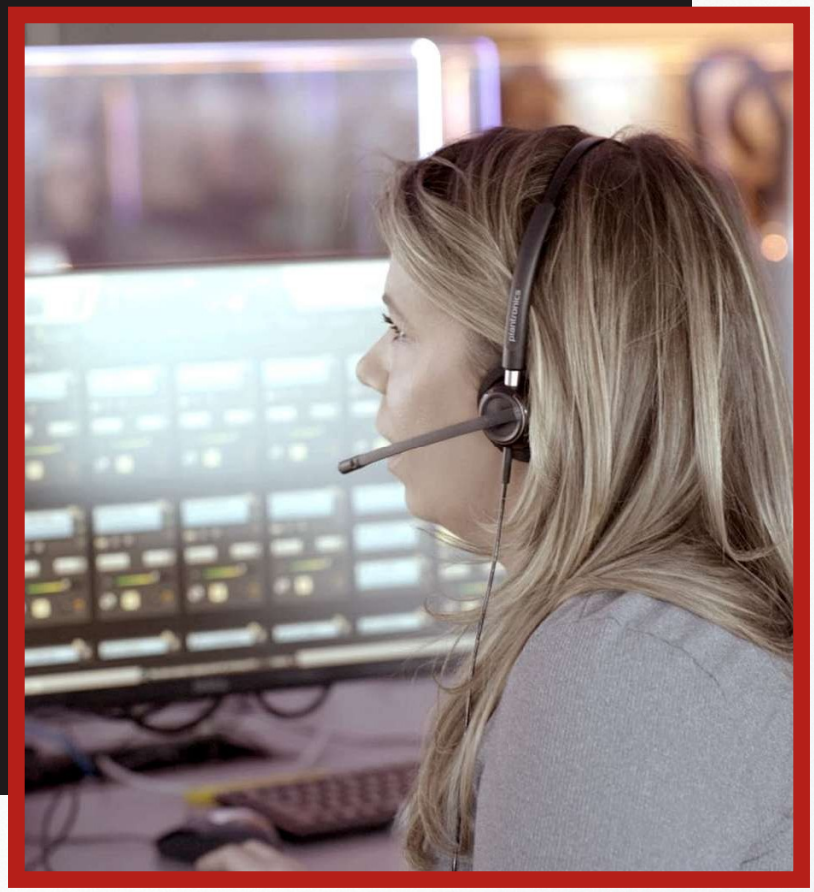
- 1 in 5 individuals in Canada live with a mental illness
- Mental health in Canada is 3x worse than it was before the pandemic
- In Ontario, police services alone receive over 20,000 calls concerning persons in crisis annually
- 911 call-takers are the first point of contact for these crises

The Need for Mental Health Training

For members of the public to receive the quality of care and services they deserve, call-takers need to be trained to manage these calls effectively

Such training is often provided to police officers

However, rarely, as far as we can tell, are call-takers provided with mental health training that is developed specifically for them



What Would That Training Look Like?

What is required for call-takers is training that provides:

- An ability to recognize mental health concerns quickly over the phone
- Effective communication strategies for:
  - Crisis intervention
  - De-escalation
  - Information extraction
- Opportunities for practice and feedback
- Audio-based training tools
- Delivered by qualified trainers

What This Training Is...

A crisis intervention and de-escalation training program designed specifically for 911 call-takers to:

- Enhance trainees' understanding of mental health issues that callers may be experiencing
- Improve ability to communicate with, and get information from, callers experiencing mental health crises
- Increase the probability of a positive outcome, for the caller, for the call-taker, and for responding officers (and other first responders)
- Emphasize the importance of self-care for call performance and call-taker well-being

What This Training Is Not...

An attempt to change a call-takers primary function (e.g., extracting useful information in a time-limited manner)

An attempt to turn call-takers into clinicians, where they'll be able to diagnose mental health disorders

Training Development

Analysis

- Focus group with OPS call-takers
- Observations in OPS call centre
- Ride-alongs with OPS officers
- Interviews with SMEs
- Meeting with Ottawa's Guiding Council
- Review of literature and training programs

Design

- Instructional, audio, and technical design strategies
- Storyboard for course content

Development

- Developed course content, including role play scenarios
- Sent for SME review and made modifications
- Pilot with sub-sample of OPS trainers

Evaluation

- Course evaluations
- Pre-post evaluation of knowledge, attitudes, and confidence utilizing skills
- One-month follow-ups on knowledge, attitudes, and confidence utilizing skills

Training Content

Developed a 1.5-day train-the-trainer course

01	Pre-training evaluation
02	Introductory material
03	Different types of mental health calls
04	Communication skills for mental health calls
05	Communicating with suicidal callers
06	Enhancing call-taker well-being and performance
07	Role plays
08	Post-training evaluation
09	Course evaluation
10	Trainer and trainee guides

Introductory Material

What the training is meant to be, and not meant to be	Definitional issues (crisis, crisis intervention, de-escalation)	Crisis intervention and de-escalation frameworks
The body in crisis (caller and call-taker)	The importance of knowing about community resources	Table-top role play (audio 911 call)

Different Types of Mental Health Calls

- What is a mental health call?
- Challenges for call-takers when handling mental health calls
- Different types of mental health calls (symptoms over the phone)
- Audio clips of each mental health condition
- Attempts to enhance empathy

Psychosis - Indicators

Delusions

- Fixed beliefs despite evidence to the contrary**
- Bizarre (not plausible):
  - Believe they are God
  - Space aliens have infiltrated their dreams
  - An outside force has removed their organs
- Non-bizarre (plausible, but not true):
  - Harder to identify

Hallucinations

- Hallucinations can occur with or without delusions
- Sensory perceptions in the absence of stimuli (i.e., seeing, hearing, feeling things that aren't there)**
  - Responding to sounds or voices you don't hear

Disorganized Thoughts

- Doesn't make sense/hard to follow**
- Difficulty giving direct answers**
- Drifts from conversation**
- Word salad (nonsense) **
- Creates new words**

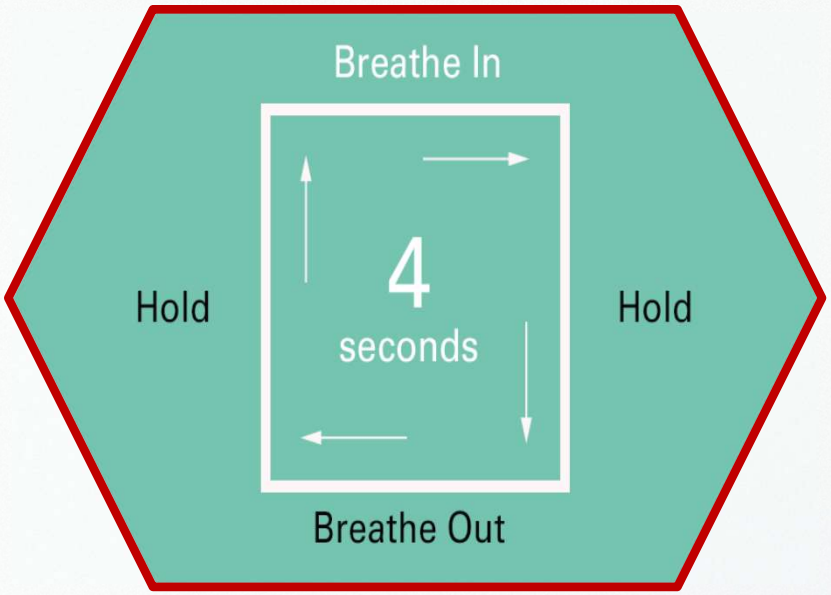
**denotes indicators that may be available to dispatchers

Communication Skills

- Foundational issues (e.g., caller-centred, non-judgmental, every behaviour has a reason, anger is often a reflection of other emotions)
- Volume, tone, and clarity
- Active listening (over the phone)
- Empathy
- Rapport building
- Trama-informed communication
- Cultural sensitivity
- Tailored communication skills for mental health issues (e.g., delusions)

Suicidal Callers

- Warning signs
- The SLAP approach (severity, lethality, availability of means, proximity)
- Categorizing risk
- Communicating with people who are suicidal – dos and don’ts
- Asking direct questions
- Table-top scenario (audio 911 call)



Self Care

- Why is self-care important?
- Reactions to acute stress (caller and call-taker)
- Stress and performance
- Strategies for enhancing performance
- Controlled breathing techniques

Role Plays

- Minimum 3 rounds
- 3 role players – caller, call-taker, observer
- Role play chosen at random
- Prep time for call-taker and observer
- Back-to-back positioning
- Focus on realism (escalate/de-escalate, call-taker taking notes)
- Group feedback, then class feedback

Role Play 1a: Psychosis

- You are a 25-year-old male/female named John/Sarah who is calling because he/she believes people are breaking into his/her apartment to spy on him/her.
- The spies climb into your windows when you're not home, follow you around town, fly drones outside your windows, and have even planted a camera in your eye to watch your every move.
- You suffer from auditory hallucinations, which you experience during the call. This makes you get extremely agitated.
- You aren't suicidal and don't have any weapons.
- Hooks: You like sports (hockey and baseball in particular).
- Triggers: People telling you that the spies aren't real or tha you're sick/mentally ill; people being hostile or aggressive with you (e.g., raising their voice or yelling).

Post-Training and Course Evaluation

Post-training questions are the same as pre-training questions

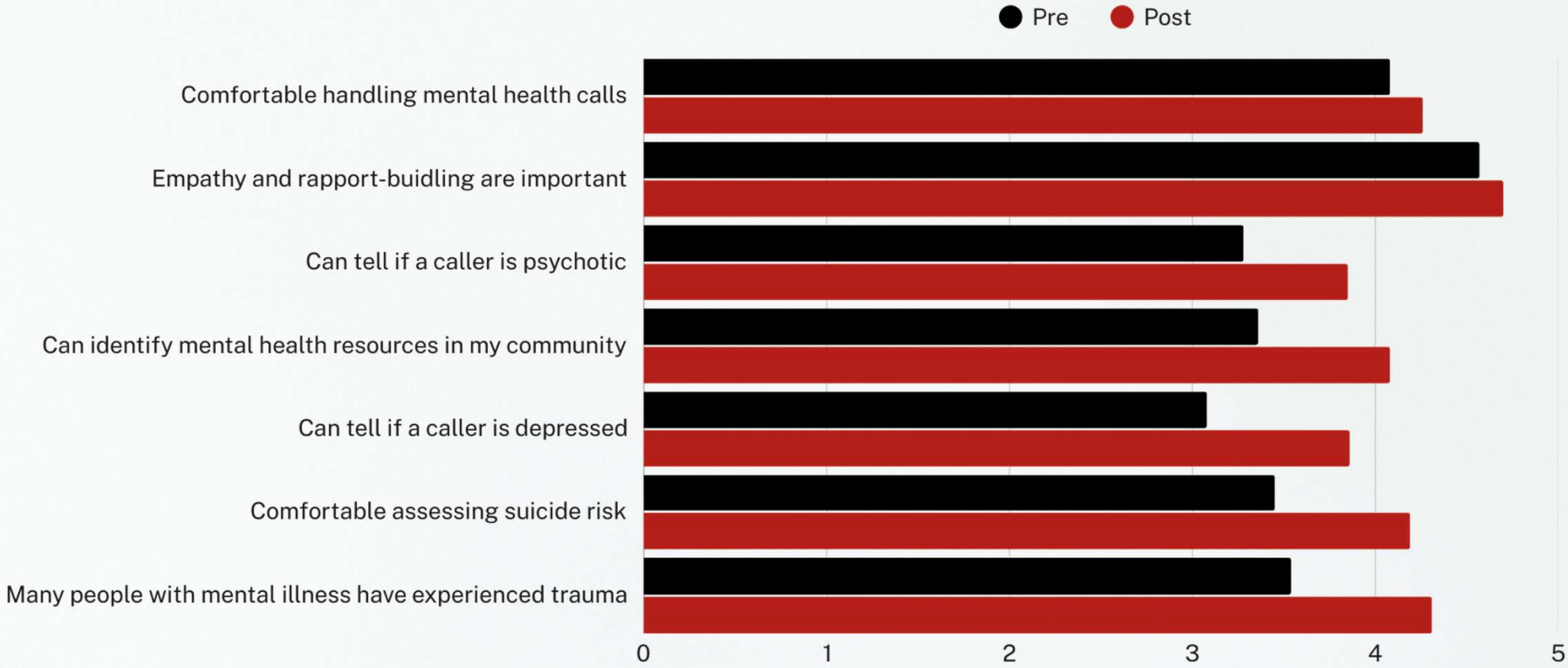
Course evaluations include items related to:

- Overall satisfaction with the course
- Satisfaction with different aspects of the trainer
- Satisfaction with different aspects of the training
- Best part of training
- Worst part of training
- Suggestions for improvement

Course Evaluation

Item	Mean Score (/4)
1. Overall, how would you rate the training?	**3.70**
2. Did your trainer have a thorough grasp of the subject?	**3.92**
3. Did your trainer actively invite questions?	3.84
4. Did your trainer adequately answer questions?	3.85
5. Was your trainer prepared for class?	**3.92**
6. Did the trainer connect the training to your job?	3.86
7. Did your trainer have a professional demeanor?	3.91
8. How would you rate the trainer's overall skills?	**3.91**
9. Did the training meet your expectations?	**3.75**
10. Was the length of the training appropriate?	3.72
11. Was the time dedicated for breaks and lunch appropriate?	3.83
12. Were the PowerPoint slides useful?	3.73
13. Were the role plays useful?	3.41
14. How would you rate the supplemental training material?	3.60

Pre-Post Evaluations



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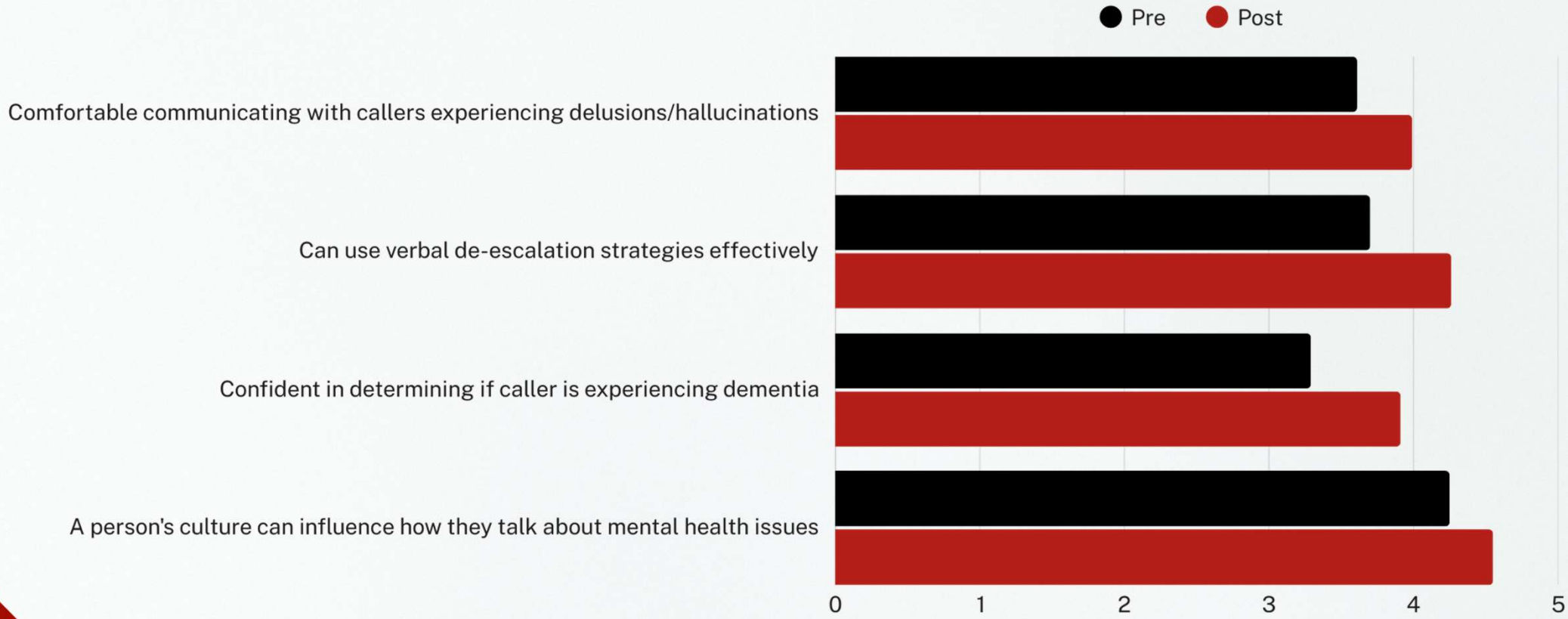

Progress So Far

- Train-the-trainer course delivered to Ottawa Police Service, Toronto Police Service, Edmonton Police Service
- 1-day training course delivered by trainers in Ottawa to all ~100 call-takers
- Evaluations ongoing

Get In Touch

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https://carleton.ca/policeresearchlab/

Questions?