

Correctional work and mental health: Examining the impact on wellbeing of operational and organizational stressors

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BACKGROUND

Correctional workers are regularly exposed to potentially traumatic events (PTEs), which can cause operational stress injuries (OSIs). Such exposures increase risk for mental disorders involving substantial personal and social costs.

In 2016, the Prime Minister of Canada mandated the Minister of Public Safety and Emergency Preparedness to work with the federal Minister of Health to develop a National Action Plan to address PTSD among public safety personnel (PSP).¹

The Standing Committee on Public Safety and National Security underscored that current estimates of Canadian PSP affected by mental disorders appear insufficient.¹

An **Operational Stress Injury (OSI)** is defined as a clinically significant cluster of symptoms related to a mental disorder that is experienced as a result of operational duties.

- OSIs can occur as a result of Potentially Traumatic Events
- Example OSIs: Generalized Anxiety Disorder, Major Depressive Disorder, Posttraumatic Stress Disorder (PTSD).

Purpose

The current research was designed to provide estimates of the frequencies of PTE exposure within Federal correctional workers and symptoms of mental health disorders.

EXPERIMENTAL DESIGN

Nationwide web-survey of public safety personnel

- The study data is a subset of 1308 Federal Correctional Officers taken from a larger study of 5813 public safety personnel of multiple professions in Canada.²
- A web-based survey in French or English included various screening measures for mental illness was distributed to PSP by the Canadian Institute for Public Safety Research and Treatment (CIPSRT) between September 2016 to January 2017.
- Participants were asked diverse questions including assessments of exposures to stressful life events (Life Event Checklist for DSM5, LEC-5) and symptoms of PTSD (PTSD Checklist for DSM5, PCL-5), Depression and Anxiety (Depression-Anxiety-Stress Scale, DASS-21).

RESULTS

Secondary data analysis of Carleton et al.'s study data was performed to identify trends in the health and wellbeing of Canadian correctional workers.

Characteristics of Surveyed Correctional Officers

Sociodemographic Variables	N	%*
Sex		
Male	452	43.3
Female	593	56.7
Age		
18-29	37	2.8
30-39	283	21.6
40-49	363	27.8
50-59	301	23.0
60 and older	64	4.9
Occupation Category		
Operational (Institutional)	808	61.8
Operational (Community)	92	7.0
Administrative (Institutional)	142	10.9
Administrative (Community)	7	0.5
Administrative (Regional or National Headquarters)	63	4.8
Marital status		
Married/Common-law	733	56.0
Single	134	10.2
Separated/Divorced/Widowed	121	9.3
Re-married	58	4.4
Province of Residence		
Western Canada (BC, AB, SK, MB)	592	50.6
Eastern Canada (ON, QC)	489	41.9
Atlantic Canada (PEI, NS, NB, NFL)	88	7.5
Northern Territories (YK, NWT, NVT)	0	0
Ethnicity		
Caucasian	902	69.0
Other	155	11.9
Education		
High school or less	90	6.9
Some post-secondary (less than 4 year college/university program)	421	32.2
University degree/4 year college or higher	519	39.7
Language first spoken		
English	816	62.4
French	199	15.2
Other	40	3.1
Years of service		
More than 16 years	816	62.4
10 to 15 years	226	17.3
5 to 9 years	234	17.9
Less than 4 years	32	2.4

*Percentages may not equal 100 due to missing or refused answer.

Prevalence of recent mental disorders based on screening measures and self-report

	% positive	(N)
PTSD (PCL-5)	29.1	(225)
Major Depressive Disorder (PHQ-9)	31.1	(235)
Generalized Anxiety Disorder (GAD-7)	23.6	(172)
Social anxiety disorder (SIPS)	18.3	(130)
Panic disorder (PDSS)	12.2	(84)
Risky Alcohol Use (AUDIT)	6.8	(47)
Any other self-reported mood disorder	4.0	(27)
Any mood disorder	35.3	(249)
Any anxiety disorder	37.9	(249)
Any mental disorder	54.6	(336)
Total Number of Mental Disorders		
0	48.4	(279)
1	16.7	(96)
2	10.9	(63)
3 or more	24.0	(138)

RESULTS

Suicidal Ideation

Suicidal Behaviour	
Past Year	
All	
Ideation	11.0%
Plan	4.8%
Attempt	0.4%
Men	
Ideation	13.1%
Plan	6.5%
Attempt	*
Women	
Ideation	9.5%
Plan	3.6%
Attempt	*
Lifetime	
All	
Ideation	35.2%
Plan	20.1%
Attempt	8.1%
Men	
Ideation	38.1%
Plan	19.8%
Attempt	7.1%
Women	
Ideation	33.2%
Plan	20.7%
Attempt	9.0%

Individuals were asked to report suicidal thoughts, plans and attempts in the past 12 months and in their lifetimes

In the findings from Carleton et al.'s² study, Canadian correctional officers had the second highest reported incidence of suicidal behaviours, with paramedics reporting the highest incidence.

*Values have been suppressed to protect confidentiality due to small numbers (i.e., n<5).

Chronic Pain

Chronic Pain	% yes
Any Chronic Pain	45.4
Chronic Pain Location	
Lower back	26.1
Shoulder	18.5
Neck	21.0
Arm	12.6
Leg	16.5
Hand	13.6
Foot	15.4
Headaches	18.5
Other	6.8
Perceived Cause of Pain	
Active Duty	24.5
Work related but not active duty	11.6
Not related to work	20.8
Non-injury related pain (e.g. arthritis)	14.8

High rates of chronic pain were found in the correctional officers and was correlated to feelings of depression and overall poorer mental health

DISCUSSION & FUTURE DIRECTIONS

Almost half (48.4%) of participants sampled reported symptoms consistent with screening positive for at least one mental disorder, with mood and anxiety disorders being most common.

The current study is the only one assessing PSP in Canada and provides important insights into the needs and current mental health disparities facing Canadian correctional workers.

A follow-up of the same populations will occur so that any changes in mental or physical health status can be observed.

1. Oliphant RC. Healthy minds, safe communities: supporting our public safety officers through a national strategy for operational stress injuries. Standing Committee on Public Safety and National Security, editor. Ottawa (Canada): Standing Committee on Public Safety and National Security, 2016.

2. Carleton R. et al. Mental Disorder Symptoms Among Canadian First Responders and Other Public Safety Personnel. Canadian Journal of Psychiatry. 2018 Jan;63(1):54-64 Canadian Journal of Psychiatry; 2017 Aug 28;63(1):54-64.