The Newfoundland and Labrador Correctional Worker Health and Well-Being Study

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The current report and the content contained herein is provided for use by Newfoundland and Labrador Correctional Services (and Public Safety) and WorkplaceNL. The work has not yet been independently peer-reviewed yet.

We look forward to continued work with Correctional Services of Newfoundland and Labrador, NAPE, and WorkplaceNL as we all strive toward optimizing employee well-being and positively informing worker mental health into the future. Additional thanks to Brittany Bennett, Zara Matthews, Stephen Czarnuch, and Elizabeth Andres.

Executive Summary

- The mental health and well-being survey was completed by Correctional Workers (CWs) in the province of Newfoundland and Labrador in 2019. In total, 102 participants logged into the survey, but 6 did not respond to any of the questions; therefore, the preliminary analytic sample consisted of 96 participants. Operational (Institutional) participants accounted for 70.6% of participants. Other participant groups included: Administrative (Institutional) 12.7%, Operational (Community) 7.8%, Administrative (Community) 2.0%, and Administrative (National/Regional Headquarters) 1.0%. Complete case analyses were used; therefore, the sample size for each analysis varied based on the number of participants who had valid responses for the items in each section of the survey.
- Participants reported an average of 12.24 (median = 10.00) years of service in correctional services. Many participants (48.7%) screened positive for one or more mental health disorders based on established self-reported symptom screening tools. Overall, CWs screened positive for Posttraumatic Stress Disorder (PTSD; 19.7%), Major Depressive Disorder (MDD; 24.6%), Generalized Anxiety Disorder (GAD; 16.9%), Panic Disorder (PD; 11.9%), and Alcohol Use Disorder (AUD; 6.3%). Many CWs (24.2%) reported having seriously considered suicide at some point in their life.
- Participants reported being exposed to an average of 9.62 different types of potentially psychologically traumatic events (PPTEs). The most commonly reported PPTE exposure types (i.e., reported at least one exposure) were physical assault (87.2%), sudden violent death (85.7%), assault with a weapon (78.6%), and sudden accidental death (77.4%).
- Participants reported several PPTE specific to correctional workplaces. The two most common of these incidents were being 1) directly threatened or been the subject of

abusive language from an inmate/client (98.5%) and 2) being witness to or involved in de-escalating an inmate/client in mental health crisis (90.8%). Other very common responses included at least one exposure to a use of force situation (84.6%), witnessing a completed or attempted suicide (84.4%), and witnessing a PPTE that the questions did not describe (80%).

- Participants identified several workplace operational factors that negatively impacted mental
 health, as well as perceptions of physical and psychological safety; for example, feeling insecure
 about PPTEs or feeling that institutional or supervision structures were unsafe or ineffective.
 Mental health stigma, job structures (e.g., such as working long hours, overtime), and heavy
 workload demands combined with worker shortages, also all negatively impacted mental health.
- Participants described how mental health challenges negatively impact their everyday life;
 for example, experiencing negative emotions, feelings, and mood changes. Participants
 also described a general belief that workplace supports, or accessibility to such supports,
 are not always adequate.
- In terms of assessing how correctional work positively or negatively impacts participants' relationships, several participants reported having insufficient time allocated for their family and personal lives, experiencing social disconnection overall, and being unable to separate work from home life, meaning they often brought their work-persona into their home life. Some described a sense of disconnection from their family members and peers because they believe their loved ones do not fully understand or appreciate the nature of their profession. Others believed their workplace helped them form long-lasting friendships and supportive relationships, which in turn became their strong support networks.

- Participants provided varied responses when describing whether they felt part of a team. Many participants believed they were in a positive, supportive team that "has each other's back"; however, some reported conflicting dynamics, such as structural impediments to teamwork (e.g., a casual worker not feeling as included as a permanent worker). Some front-line workers reported feeling they were a part of a team with their co-workers, but not with managers. Some managers reported feeling they were a part of a team with fellow managers, but not with front-line workers.
- Many participants identified other positive aspects of their job and work-life, such as an appreciation for their contributions to public safety and society, gratitude for the financial security the job provides, and growth in interpersonal skills and conflict management.
- Participants documented several suggestions for change in the current work environment that could potentially have a positive impact on mental health, including: changes to their physical working environment (e.g., cleaner facilities); modified labour and schedule structures (e.g., less 'forced' overtime); access to more sick time or unstigmatized 'mental health days'; incentives to keep fit and exercise; pro-social cultural change in their social environment through more appreciation of their work and exercises that build teamwork, rapport, and positive working relations; and more recreational and mental health programming for criminalized persons.
- We note, since this data was collected in 2019, there have been world changing developments (i.e., COVID-19), and adverse events (e.g., death in custody, investigations, criminal charges, death of colleagues). We do not know how these experiences impacted CWs mental health and well-being. We do know that a quick review of, for example, correctional officers' (COs) years of occupational tenure, COs taking early retirement, COs

on leave, COs who left the occupation, etc. or the degree of understaffing will reveal attrition is a problem as is staffing. There is a need for more supports for CW mental health and well-being, and this includes addressing organizational stressors.

• The study results indicate that mental health disorders are prevalent among Newfoundland and Labrador CWs, and that exposure to diverse workplace stressors is frequent and compounding. The results also indicate correctional work has a broad and multi-layered negative impact on mental health and quality of life.