

HB 234 Supporting Document- Dispatcher Stats

Dispatchers for emergency services are exposed to high levels of stress and suffering, as they are often the first point of contact in emergency situations. Dispatchers are tasked with providing immediate and accurate response to emergencies and experience high rates of verbal abuse¹. Unlike first responders, dispatchers are not able to intervene in the situation that prompted the call. This vicarious exposure to trauma contributes to feelings of helplessness, fear, and horror, which predispose them to higher rates of mental health issues. Despite these risks, dispatchers are considered civilian employees, which limits their access to the benefits and services given to first responders².

Occupational Stressors in Emergency Dispatchers

- 72.2% experienced at least one traumatic event on the job³.
- 75% reported moderate to extreme stress after exposure to trauma⁴.
- High call volume (84%)⁵ and verbal abuse (7% of all calls responded to)⁴.

Research shows that these stressors have a physiological impact on dispatchers, with dispatchers demonstrating cortisol rates 23% higher than the general population².

Psychological Disorders in Emergency Dispatchers

Dispatchers have higher than average rates of psychological disorders compared to the general population, meaning that symptoms are severe and chronic enough to impact their normal functioning.

Past Year Prevalence Rates

	Dispatchers	General Population
PTSD	17.8% ⁶	3.6% ⁷
Depression	28.2% ⁶	8.3% ⁷
Suicidal Ideation	12.4% ⁵	5.5% ⁷
Hazardous Drinking	40% ³	12.6% ⁸

Other Psychological Concerns

Emergency dispatchers are also at risk of other mental health issues. For example, 24% of dispatchers reported PTSD symptoms (upsetting memories, avoidance, low mood, hypervigilance)³ and 75% reported distress after exposure to a traumatic event⁴. Burnout is also common, with 14.7% reporting burnout, the majority of which were in the moderate to severe range for burnout⁵. These experiences can increase turnover, contribute to staffing shortages, and heighten risk for clinically significant psychological issues⁵.

¹ Załuski, M., & Makara-Studzińska, M. (2022). Profiles of Burnout, Job Demands and Personal Resources among Emergency Call-Takers and Dispatchers. *Healthcare*, 10(2), 281. <https://doi.org/10.3390/healthcare10020281>

² Smith, E. C., Holmes, L., & Burkle Jr, F. M. (2019). Exploring the physical and mental health challenges associated with emergency service call-taking and dispatching: a review of the literature. *Prehospital and disaster medicine*, 34(6), 619-624.

³ O'Dare, K., Johnson, T. M., King, E. A., Herzog, J., Dillard, D. R., Powell, K., Kirby, A., & Atwell, L. (2023). Workplace traumatic stress and mental health sequelae among public safety telecommunications officers in Florida. *Florida Public Health Review*, 20(1), 6.

⁴ Goold, M. (2009). *Compassion fatigue, compassion satisfaction, burnout, and peritraumatic disassociation in 9-1-1 telecommunicators; 9-1-1 in crisis* (Order No. 3395322). Available from ProQuest Dissertations & Theses Global; ProQuest One Business. (305084847).

⁵ Saldanha, I. J., Roemer, E. C., Hsu, E. B., Everly Jr, G. S., Han, G., Zhang, A., ... & Jenkins, J. L. (2025). Mental Health and Occupational Stress Among Emergency Telecommunicators: A Systematic Review and Meta-Analysis. *Prehospital emergency care*, 1-15.

⁶ Osório, C., Talwar, S., Stevelink, S. A. M., Sihre, H. K., Lamb, D., & Billings, J. (2025). Systematic review and meta-analysis on the mental health of emergency and urgent call-handlers and dispatchers. *Occupational Medicine*, 75(6), 282-291.

⁷ National Institute of Mental Health. (n.d.). Post-traumatic stress disorder (PTSD). National Institutes of Health.

⁸ Schuckit, M. A. (2017). Remarkable increases in alcohol use disorders. *JAMA psychiatry*, 74(9), 869-870.