

## NHS Emergency Call Handlers Quitting Amid Escalating Trauma and Burnout

NHS 999 call handlers across the UK are facing a growing mental health crisis, with many resigning due to overwhelming stress and what has been described as relentless exposure to trauma. According to data reported by the Unison union, more than a quarter of ambulance control room staff, around 27%, have left their positions over the past three years. Alarmingly, many of these workers resign within their first year of employment, unable to cope with the emotional and psychological demands of the job. Some call handlers are now taking an average of 33 sick days annually, significantly higher than the national average of four, as the toll of dealing with distressing emergencies begins to mount.

The work involves managing harrowing emergency calls on a daily basis, including reports of suicides, violent attacks, and fatal accidents. In March alone, call handlers in England, Scotland, and Wales answered over 700,000 calls, an average of 22,000 per day. Many employees have described their shifts as overwhelmingly traumatic, with one call handler revealing they had to handle four suicide-related calls in a single shift. The emotional impact of this constant exposure is severe, leading to secondary trauma, also known as compassion fatigue, which manifests with symptoms similar to post-traumatic stress disorder, including flashbacks, anxiety, and emotional detachment.

Beyond the trauma of the calls themselves, staff are also dealing with systemic issues within the workplace. Long hours, inadequate breaks, lack of support from management, and frequent verbal abuse from distressed callers add to the pressure. A study by the University of Bradford found that not only are organizational failings contributing to high stress levels, but societal attitudes and negative portrayals of NHS workers in the media also exacerbate the emotional burden.

While NHS England has acknowledged the critical role of emergency call handlers and has pledged to offer greater support, many staff feel these measures fall short. Programs like Trauma Risk Management (TRiM) and mental health training schemes have been introduced, but concerns remain about their accessibility and effectiveness. Experts argue that piecemeal solutions are not enough; systemic reform is needed, including better staffing levels, improved working conditions, and a cultural shift that prioritizes mental health and well-being within the NHS.

Unless meaningful change is enacted, the crisis is expected to deepen, putting further strain on emergency services and risking the welfare of those tasked with being the first line of response in life-threatening situations.