U.S. Fire Administration
Working for a fire-safe America

USFA Safety Culture Change Initiative:

Firefighter and EMS Behavioral Health Study

FEMA

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Firefighter and EMS Behavioral Health Study

Mission Statement

We support and strengthen fire and emergency medical services and stakeholders to prepare for, prevent, mitigate and respond to all hazards.

U.S. Fire Administration

Working for a fire-safe America

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Introduction

The U.S. Fire Administration (USFA) launched The Safety Culture Change Initiative: Firefighter and EMS Responder Behavioral Health Study to address the critical issue of behavioral health within the fire service and emergency medical services (EMS). The initiative aims to explore and implement strategies to mitigate first responders' mental health challenges. Given the high-stress and often traumatic nature of their work, these challenges demand a comprehensive approach that reevaluates both individual behaviors and organizational practices.

Behavioral health concerns among fire and EMS personnel have long been a pressing issue, compounded by their roles' inherent risks and demands. Firefighters and EMS responders regularly confront life-threatening situations, traumatic injuries, and the deaths of civilians and colleagues. This relentless exposure can lead to severe mental health challenges, including post-traumatic stress injury (PTSI), depression, anxiety and substance abuse. Despite the urgent need for mental health support, many responders hesitate to seek treatment due to stigma, fear of professional repercussions and a lack of accessible resources.

The success of any behavioral health initiative within fire and EMS services is deeply rooted in the organizational culture and the leadership's commitment to change. The USFA's Safety Culture Change initiative highlights the crucial role of organizational design in alleviating workplace stress and improving work-life balance, recognizing that leadership, behaviors and policies are pivotal in either perpetuating or mitigating mental health struggles. By fostering a culture that prioritizes mental health, encourages open dialogue and supports treatment-seeking behaviors, fire and EMS organizations can significantly enhance the well-being of their personnel.

This project is dedicated to reshaping the culture within fire and EMS organizations to better support responder mental health and to understand the current culture — where the service was and where it is headed. This report leverages organizational design to address critical issues such as workplace stress and work-life balance and implementing peer mental health support interventions. It confronts the stigma surrounding mental health treatment, evaluates the organizational climate and culture, and considers the impact of preexisting social contexts. Central to this initiative are solutions that actively engage all stakeholders, ensuring that the interventions developed are effective and sustainable. Through this comprehensive approach, the USFA aims to foster an environment where mental health is a priority and responders feel empowered to seek the help they need.

Existing literature

The term "fire service" has become a misnomer for the roles and tasks firefighters respond to as they are required to serve as the front line to everything from wildfires and natural disasters to mass shootings and terrorist attacks. The increasing complexity and frequency of these "all-hazards" events have been identified as "... some of the most difficult and complex challenges in public safety."[1] Not surprisingly, regular exposure to traumatic events — both the large- scale disasters and the community traumas that make up most day-to-day calls — has led to those serving on the front lines experiencing mental health symptoms at a higher rate than the general population.

Post-traumatic stress disorder (PTSD) is a cluster of symptoms that can develop in the aftermath of experiencing scary, shocking or dangerous events. Symptoms of PTSD include re-experiencing the event (e.g., flashbacks, recurring memories, distressing thoughts or physical stress symptoms), avoidance (e.g., staying away from reminders of the exposure, avoiding thoughts of the event), arousal (e.g., easily startled, tense feelings, difficulty with concentration, sleep challenges, irritability or anger, engaging in risky/destructive behavior), and cognitive/mood symptoms (e.g., difficulty with memory, negative thoughts, exaggerated feelings of blame, ongoing negative emotions, loss of interest, social isolation, difficulty with positive emotions). Rates of PTSD symptoms in the fire service range considerably based on the population studied and exposures experienced.[2] Estimates in the U.S. range from 6.4%[3] to 37%[4] with the average rate being 12.3%.[5] Research has found a correlation between high levels of cumulative trauma exposure, years of service and the likelihood of developing PTSI.[6,7,8] Notably, PTSI levels within fire and EMS are similar among career vs. volunteer personnel.[9] By comparison, the estimated rate of PTSD in the general population is 3.9%.[10]

The fire and emergency services have shifted to referring to the symptom cluster of PTSD as PTSI to decrease the stigma around the term "disorder." There also is an increasing awareness and acknowledgment that what fire service/EMS personnel experience in terms of symptoms is not always consistent with traditional PTSD criteria. The diagnostic category was developed in response to the symptoms seen in military members returning from the Vietnam War.[11] While fire and EMS personnel often experience similar symptoms, the symptoms are not typically related to a singular event but rather a compilation of worst-call exposures.[12]

Depression is a mood disorder that is categorized based on feelings of depressed mood; loss of interest in typical daily activities; feelings of sadness, hopelessness or pessimism; fatigue, difficulty concentrating and/or sleeping; or thoughts of death or suicide. The reported average prevalence of depression is around 18.7%[13] in the fire service. By comparison, rates of depression in the general population are around 9.2%.[14]

In general, the fire service has enjoyed a research renaissance related to the study of firefighter health and wellness, with most of the research being done in the past two decades. This quickly evolving field of study points to many opportunities and challenges related to mental health among firefighters and EMS personnel. The evolving literature not only reflects the changes in the culture of behavioral health over time but has

assisted in making some of the shifts as the service has actively and increasingly sought support and advice from experts beyond its ranks. Further, evidence-based interventions increasingly focus on ensuring personnel receive the most efficacious support and intervention approaches.

Initial models for addressing behavioral health in the fire service focused on specific types of extreme events (e.g., pediatric deaths, extraordinary events, events where victims were known to responders) and immediate intervention in their wake.[15,16,17] The initial model for these interventions was structured sessions led by a mental health professional from the community.[18,19] The prescribed process required each attendee to share their experience of the trauma exposure and discuss their thoughts and reactions to what they experienced. Research on the approach found that not only were the sessions not helpful for some, but they also harmed others.[20,21,22] It was posited that for those who did not have the same emotional reaction as their peers, hearing about the trauma and response of their colleagues was more traumatizing than the event itself. A Cochrane review of the issue concluded that "compulsory debriefing of victims of trauma should cease."[23] Still, introducing the approach to fire and emergency services sparked an interest and focus on mental health and was the foundation for recognizing that the stress of the job can have a lasting impact.

Emerging research notes that no specific traumatic events are universally stressful to personnel. Rather, different incidents bother different people at different times for different reasons, typically related to what they are dealing with in their own lives.[24] Personnel also note that it is not only the major traumatic events that have a lasting impact but also the repeated exposure to trauma regularly. With this awareness, there also is a shift in discussions about intervention. Rather than addressing behavioral health only after major incidents, a focus has been shifted to ongoing awareness and education and the embedding of peer supporters.[25,26] These programs train personnel within a department on how to talk to their peers about behavioral health and refer them to additional support as needed.

While increased rates of mental and behavioral health concerns are rampant across the field, help-seeking behaviors and utilization of mental health services are less prevalent. Fewer than half of first responders in need of mental health care seek treatment,[27] and PTSI treatment utilization may be as low as less than 10% among firefighters.[28] The stigma associated with mental health issues in these professions has traditionally exacerbated these health concerns, as many firefighters and EMS providers perceive admitting to behavioral health struggles as a sign of weakness or as potentially detrimental to their careers.[29,30] Additionally, a cultural expectation of self-reliance, self-sufficiency and natural emotional resilience can create an environment where behavioral health concerns are minimized or ignored.[31] As a result, many firefighters and EMS providers might resort to maladaptive coping mechanisms, such as substance abuse, to manage their stress.[32,33,34,35]

Despite these barriers, there is a growing recognition of the importance of behavioral health in maintaining the overall well-being of first responders. Various initiatives are being implemented to promote mental health awareness, reduce stigma, and provide accessible and confidential support services. Peer support programs, counseling and critical incident stress management are increasingly being integrated into fire and EMS departments to encourage help- seeking behavior. However, the success of these initiatives largely depends on the cultural shift within these professions toward accepting and prioritizing mental health.

Continued efforts to improve behavioral health outcomes for firefighters and EMS providers must focus on both reducing stigma and enhancing access to mental health care, with a particular emphasis on reshaping the organizational culture within fire and EMS services. This includes education on the importance of mental health, normalizing help-seeking behavior, and providing comprehensive support systems that address the unique challenges faced by these professionals. Most importantly, it requires transforming the culture to better support responder mental health. This can be done by leveraging organizational design to address critical issues such as workplace stress, work-life balance, and the implementation of peer mental health support interventions. Engagement from stakeholders and frontline responders is essential to ensure the exploration of effective strategies to support the mental health of first responders, as well as the creation of an environment where responders feel empowered to seek the help they need to perform their critical roles in society.

National Meeting

The first part of this project involved a national meeting of stakeholders from fire and EMS organizations. The selection of stakeholders was both comprehensive and inclusive, ensuring broad representation from across the fire service and EMS communities. This diverse group played a crucial role in shaping the report's approach, ensuring the conclusions developed would be relevant and effective in fire and EMS services.

The primary goal of the meeting was to identify the most significant risks to responder behavioral health and understand why fire and EMS personnel are not seeking treatment. The discussions aimed to pinpoint key individual behaviors, as well as leadership-level policies and procedures, that could encourage behavioral health treatment. Additionally, the group worked to develop an outline for a feedback form to collect data on the status of responder behavioral health, the prevailing threats, the roadblocks to seeking treatment and potential interventions to overcome these challenges. This groundwork was essential in guiding the direction of the national needs assessment and ensuring its outcomes would address the real needs of first responders.

Key themes

Discussions among the stakeholder group included three main areas. First, the focus was on the status of behavioral health in the fire service. Second, the team discussed barriers and facilitators to improving behavioral health.

Finally, the discussion focused on how to move the fire service forward effectively when it comes to mental health. Across the day, several themes emerged and shaped the questions designed for the national needs assessment.

Current status

There was wide agreement that behavioral health has gained increasing awareness within the fire and EMS communities and that there has been a significant shift over the past few decades. This was attributed to wide support from national, regional and local organizations and the need identified by individuals on the front lines. Still, the group agreed there is much work to be done. The need for progress in two directions was identified. First, factions within the fire service still do not recognize, accept or understand the need to address behavioral health. Continued efforts need to reach these individuals and explain why raising awareness is necessary. Second, the fire/EMS service needs to build on their created success. While an increased focus on behavioral health and the development of peer teams has been a strong foundation, the increased focus has led to increased interest in addressing behavioral health when issues arise, warranting engagement with the mental health community, culturally competent clinicians and access to treatment resources. The progress has also led to an understanding of the need for prevention, resilience building and ongoing management not only when someone is in crisis, but before and after. Several **successes** in fire service culture were identified and credited with shifting norms toward a more accepting culture of behavioral health discussions. One key win for the fire service noted was the development and training of **peer supporters** to encourage conversations on the front line. The panel widely agreed that the **kitchen table and camaraderie** of the fire service have built the foundation for the success of integrating behavioral health discussions into the culture of the firehouse. The **evolution of the critical incident stress debriefing (CISD) model** to include nonmandatory but available

interventions was also a noted strength as a groundwork for starting discussions in times of crisis. Some noted the integration of **informal debriefing** after calls and training to build confidence and trust and to have uncomfortable conversations in a comfortable manner. The growing group of **culturally competent clinicians** actively seeking collaboration with the fire service was also noted as a success.

Barriers and facilitators

Despite the cultural improvements in the fire service on behavioral health issues, several challenges remain. Discussion among the panel included conversations about what is going right as well as what remains an issue.

Many challenges were identified that are currently faced by the fire and EMS service. **Access to culturally competent clinicians** who understand the service was a noted concern. The lack of access was discussed both in terms of long wait times for appointments and for those in less resource-rich communities. There was a noted need to build and disseminate more resources to train clinicians on the needs and unique culture of the fire and EMS services.

Several **structural barriers** were identified, such as time to access resources, cost of care, challenges with the worker's compensation system, and misunderstanding of how to navigate the health care system.

Trust emerged as a recurring theme for barriers. It was noted that trust is needed both with peers, officers, leadership, the organization and clinicians.

Confusion about **the potential impact of mental health challenges on employability** was a noted challenge that limits seeking resources. The team discussed the need for a transparent approach to return to work post-crisis. There was also discussion about the need for clear policies and procedures to assist someone who is in crisis.

It was the perception of the subject matter expert panel that the **stigma** around talking about mental health and judging others for seeking support or mental health resources has significantly decreased over time. However, it was noted that **internalized stigma** — the concern about asking for help yourself — remains. This was attributed in part to fear of the unknown of what treatment is, how to access it, and the long-term implications of how asking for help affects your job.

Moving the fire service forward: Where are we headed next?

Closely tied to the discussion of facilitators and barriers and changing the culture, several directions for future improvement were quickly identified by the team.

Additional behavioral health training beyond peer support was identified as a need, as was regular general awareness training for the entire department. For families and spouses, potentially impactful education includes training on active listening, resilience and mindfulness.

One area for future improvement was the need to better prepare people for retirement, like the way the military does as members leave. One key question many people face is what their identity is after retirement. Discussion centered around the need for support during this key time.

Given peer support's success, the next steps in peer support are important to consider. Peer supporters who tend to take on the stress of their organizations need ongoing support. Ongoing assessment and evaluation of what works and doesn't work in peer support are also needed. Peer supporters also need direction on how and when to provide follow-up support. It remains important for peer supporters also to have supplemental support as needed and during times of extreme organizational stress.

Resource education

Exploring this as a future focus for behavioral health initiatives highlighted the need to address common misconceptions about treatments and therapy. Many individuals perceive these processes as complex, overwhelming or out of reach. To address this, efforts should be directed toward simplifying and clarifying the therapeutic journey, from initial engagement to follow-up care, making it more accessible and understandable for those seeking support.

Ongoing mental health assessment

The mental health assessment was identified as a critical need for this population. Discussions emphasized the challenges individuals face in recognizing their own mental health status, particularly due to the subtle changes and gradual progression of symptoms over time. Addressing this issue requires strategies to enhance self-awareness and early detection of mental health shifts.

Resources across the career lifespan

Resilience building and mental health awareness need to start at the academy level. Prospective fire/EMS candidates need to understand what the job entails and the importance of managing mental health proactively. Support and a proactive focus need to extend through retirement. Integration of resource development into state-level trainings and certifications was identified as a key area of growth.

Prevention and resilience building

This emerged as a critical area of focus. The group highlighted the importance of fostering ongoing connection-building among personnel to ensure that, in times of crisis, individuals know who to turn to and how to seek support. It was noted that there may be an overemphasis on PTSD within the service, and equal attention should be given to the concept of post-traumatic growth — the positive personal development that can result from the meaningful work individuals perform.

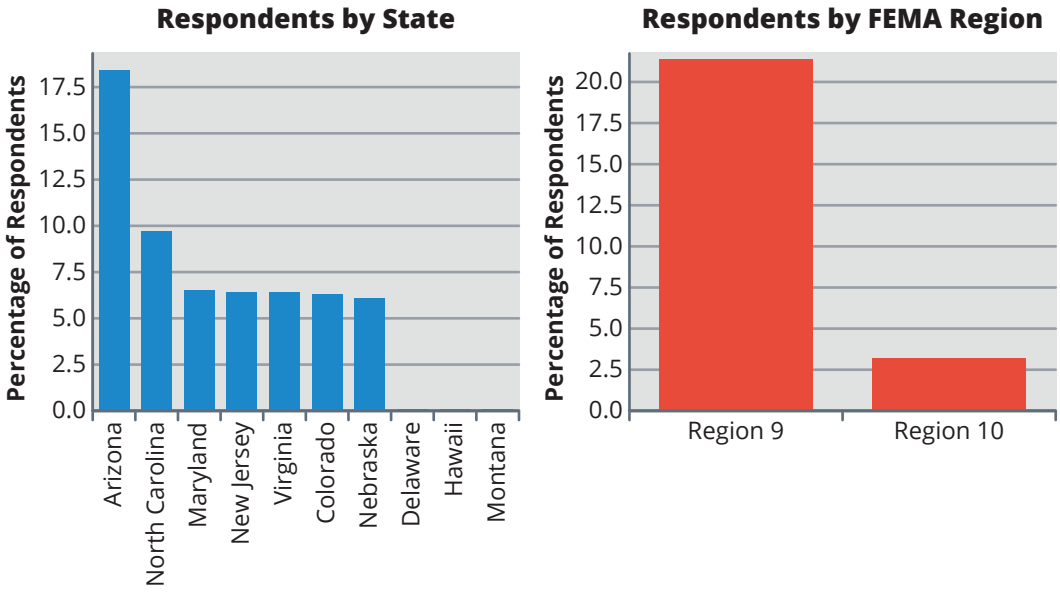
National needs assessment

The stakeholder panel proposed conducting a national needs assessment to evaluate whether their perspectives were representative of the fire service. The assessment aimed to identify organizational needs, priorities and perspectives through a national sample. Questions were developed collaboratively and iteratively with the stakeholder panel to ensure the data collected would align with the project's identified outcomes. Once finalized, the assessment was uploaded online, and links were broadly distributed across the fire service community to gather input.

Demographics

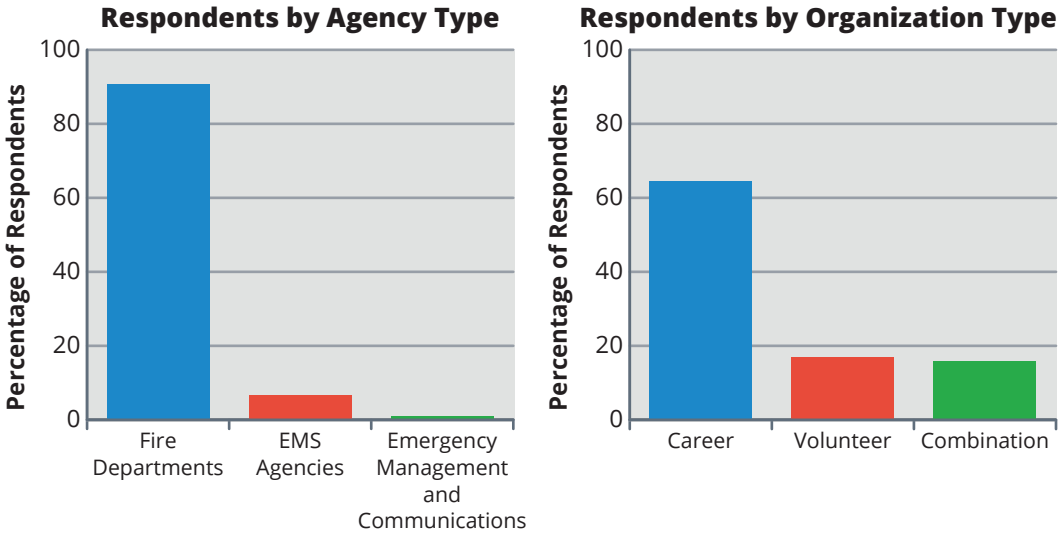
Responses by geography

A total of 1,470 people responded to the assessment from all 50 states. . The states with the most respondents were Arizona (18.4%) and North Carolina (9.7%), followed by Maryland (6.5%), New Jersey (6.4%), Virginia (6.4%), Colorado (6.3%) and Nebraska (6.1%). The least represented states were Delaware, Hawaii and Montana (0.1% each). When divided by Federal Emergency Management Agency region, Region 9 was represented with the highest number of respondents (21.4%) and Region 10 was the least represented (3.2%).



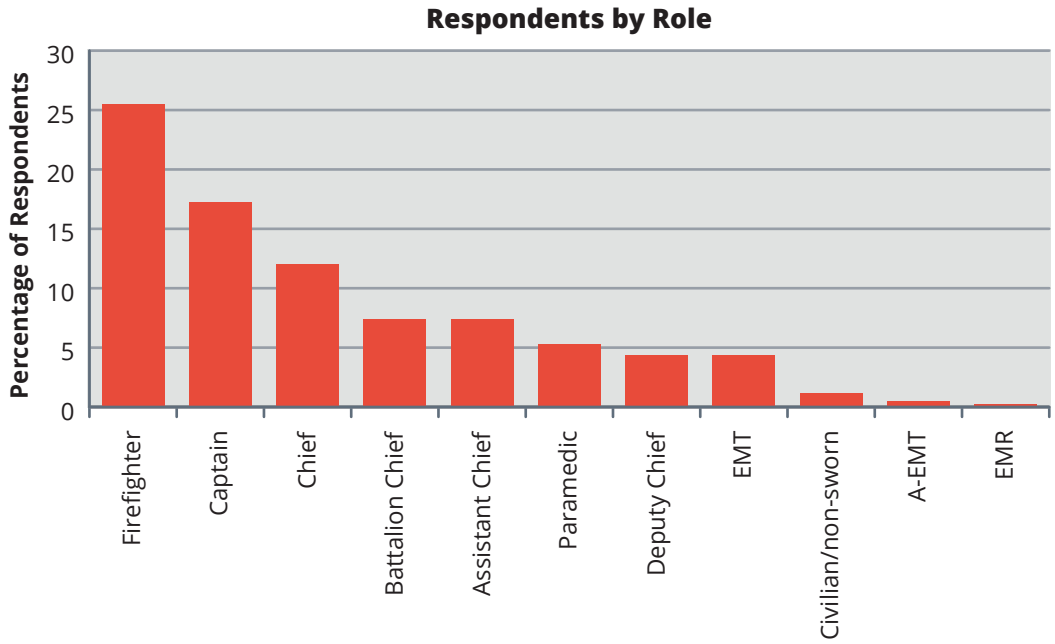
Responses by agency type

The majority of respondents reported being from fire departments (90.8%). Some respondents were from primarily EMS agencies (6.6%). Very few respondents reported being from emergency management (1.0%) and emergency communications (0.4%) agencies. There was considerable variety in organization type. Most respondents were from career organizations (64.4%); 16.9% were from volunteer organizations and 15.9% were from combination organizations.



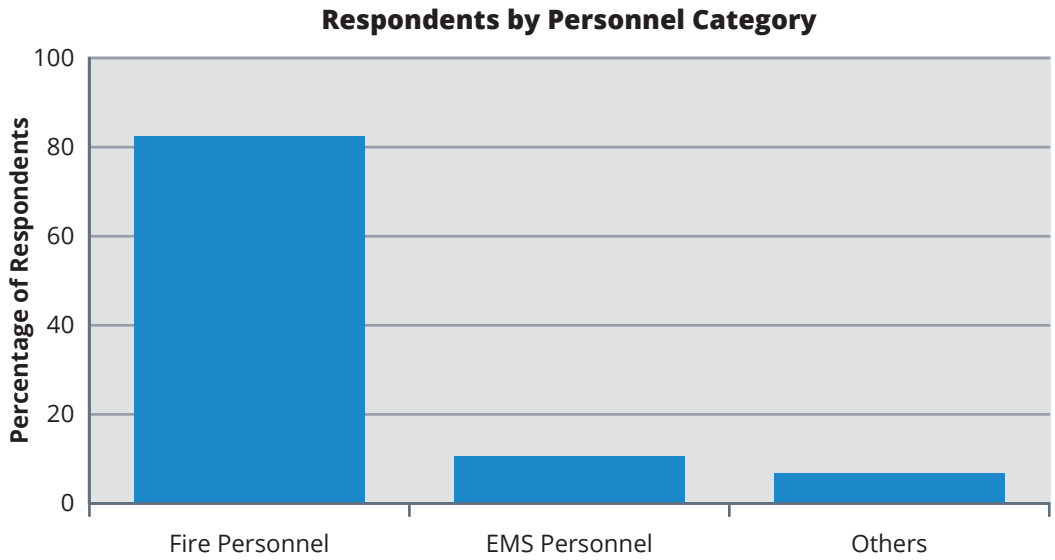
Responses by rank

More than a quarter of respondents (25.5%) reported being firefighters. Captains comprised 17.2% of respondents. Chiefs made up the third leading category of respondents (12.0%). Other roles like battalion chief, assistant chief, paramedic, deputy chief and emergency medical technician (EMT) have smaller shares, with numbers ranging from 64 to 108 and percentages from 4.35% to 7.35%. Civilian/non-sworn employees, advanced EMT and emergency medical responder had the lowest counts.



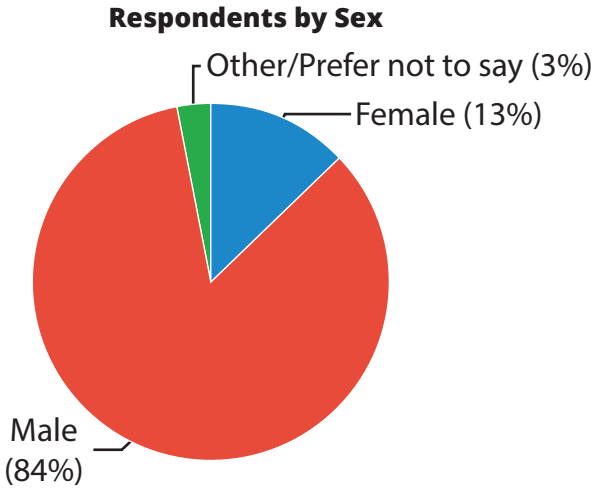
Primary role

Fire personnel dominated this survey with 1,214 personnel representing 82.6% of the total sample, showing a significant concentration in this category. EMS personnel accounted for 10.6%, while others made up 6.80%.



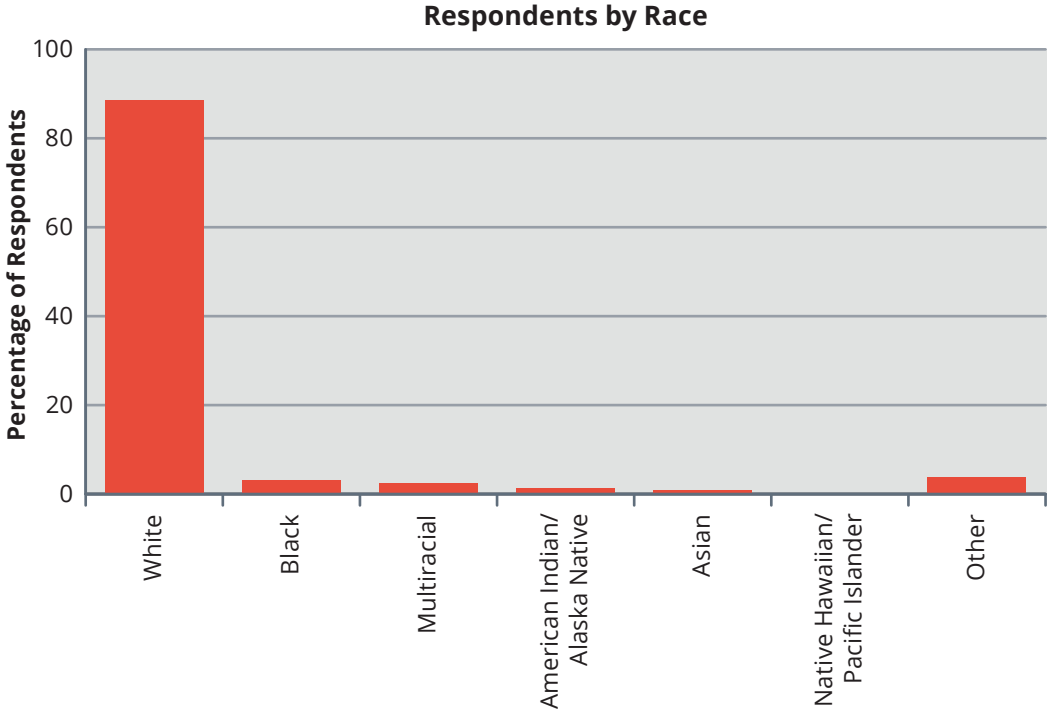
Sex

Like the fire service, the majority of respondents were male (83.7%). While a national census of firefighters does not currently exist, estimates of women range from approximately 4% to 10%. The sample of respondents to the assessment that reported being female was 12.7%. A few respondents reported other or preferred not to indicate their sex.



Race and ethnicity

Also like the fire service in general, the majority of respondents reported being white (88.6%) followed by Black (3.0%), multiracial (2.4%), American Indian/Alaska Native (1.3%), Asian (0.8%), Native Hawaiian/Pacific Islander (0.2%) or other (3.7%). Non-Hispanic white individuals account for 1,241, or 84.42% of the dataset, leaving the minority category with 229 individuals or 15.58%. This highlights a predominant non-Hispanic white majority within the dataset, with a relatively small minority representation.



Perceptions of the scope of the issue

Key points:

- Overall respondents perceive about 40% of their peers within an organization as currently struggling with mental health issues.
- Variability by rank and role: Civilian or non-sworn personnel, paramedics and EMTs reported the highest perceptions of behavioral health struggles. There is a notable difference between line and non-line personnel, with line personnel perceiving higher rates of struggle, likely due to their direct involvement in operational duties.
- Impact of demographics: Females and racial/ethnic minorities reported higher perceptions of behavioral health issues within their organizations compared to their male and non-minority counterparts. Similarly, EMS personnel perceived higher levels of struggle than fire personnel, and career firefighters reported higher perceptions than volunteer firefighters.

Overall Perceptions of Scope

To assess perceptions on the scope of the behavioral health issues in the fire service, respondents were asked "What percent of your organization do you believe is currently struggling with behavioral health issues?" Overall, respondents estimated 42.3% (standard deviation (SD)=24.5) of their organization was actively struggling with their behavioral health. The relatively large SD suggests there was wide variability in responses. To better understand these differences, variability regarding demographics was further explored.

Perceptions by rank

There was some variability in perceptions based on rank with civilian or non-sworn personnel perceiving the highest rate of behavioral health issues (57.9%, SD=21.7). Paramedics and EMTs had the next highest perception rates (56.2%, SD=25.2; 48.8%, SD=26.3).

Rank	Mean	(SD)
Civilian/non-sworn employee	57.92	(21.69)
Paramedic	56.12	(25.21)
EMT	48.79	(26.27)
Lieutenant	47.43	(22.82)
Firefighter	44.80	(24.82)
Battalion Chief	42.36	(20.41)
Captain	40.83	(23.76)
Deputy Chief	40.81	(24.06)
A-EMT	40.00	(25.17)
Assistant Chief	37.06	(22.86)
EMR	32.50	(34.75)
Chief	29.88	(21.47)
Others	40.95	(26.12)

Perceptions of scope by sex

Females reported a higher perception of organizational peers struggling with behavioral health challenges (49.9%, SD=25.9%) compared to males (40.1%, SD=23.9).

Perceptions of scope by minority status

Those who were racial/ethnic minorities perceived a higher level of behavioral health struggle (48.15%, SD=25.2) compared to their non-minority peers (41.3%, SD=24.3). The SD being smaller for non-minorities suggests a more consistent perspective among this group.

Perceptions of scope by position

EMS personnel reported a higher average perception of behavioral health struggles within their organizations compared to fire personnel (51.4%, SD=26.4 vs. 41.1%, SD=23.9). Statistic note: The statistical analysis robustly supports the observation that EMS personnel perceive more organizational struggles than fire personnel. The significant p-value in the Wilcoxon rank sum test confirms that these differences are not by chance but reflect a true disparity in perceptions between the two groups. The high SDs suggest that individual perceptions vary widely within each group, which could be influenced by personal experiences or the specific conditions of their workplaces.

Perceptions of scope by role

The findings indicated a notable and statistically significant difference in the perceptions of organizational struggles between line (44.9%, SD=24.3) and non-line personnel (35.1%, SD=23.2). Line personnel, who are directly involved in operational duties, perceived a higher rate of struggles within the organization than non-line personnel, typically engaged in administrative or support roles. This might be attributed to the direct exposure of line personnel to the front-line challenges and stressors inherent in operational roles.

Perceptions of scope by type of service

The findings suggest that career firefighters perceived a statistically significant higher rate of personnel in their organizations struggling (44.8%, SD=23.6) than volunteer firefighters (35.9%, SD=24.7). The higher SD in the volunteer group suggests a broader disparity in how struggles are perceived within this group. This could be influenced by the varied nature of volunteer involvement, where individuals may have differing degrees of engagement and exposure to the inner workings and challenges of the organization.

Perceptions of scope by minority status

The findings indicated that individuals identifying as minorities perceived a higher level of individuals struggling within their organization (48.1%, SD=25.2) than those who reported being non-Hispanic white (41.3%, SD=24.3). The statistically significant higher mean suggests that these individuals might be experiencing or recognizing more challenges within their organizations, possibly due to differing experiences, perspectives or awareness of organizational issues. The SDs for both groups were quite high, indicating a broad range of perceptions within each demographic group. This suggests that while there are general trends, individual experiences and perceptions can vary widely within each group.

Conclusions

The data analysis reveals significant variations in the perceptions of peer struggles across different demographic and operational groups within the agency/organization. Notable and statistically significant differences were evident between sexes, ranks, agency types and minority status. This indicates that personal experiences, operational roles and demographic characteristics profoundly impact how individuals perceive and report organizational challenges. These findings underscore the need for tailored approaches in organizational management and support systems to address the diverse perceptions and experiences within the agency.

Priority of behavioral health in agencies

Key points:

- While 1/3 of respondents reported behavioral health as a priority within their organizations, another 1/3 reported a lack of priority.
- Those serving primarily in EMS positions, line personnel and volunteers were more likely to report their organizations placed a lower priority on behavioral health.
- Additional work is needed to highlight the importance of organizational prioritization of behavioral health. In addition, efforts within organizations that are championed need to be better highlighted to ensure all personnel know about the prioritization and impact of efforts.

Respondents were asked to indicate how much of a priority behavioral health is to their departments. Very few respondents indicated no priority placed on behavioral health within their organizations (6.3%). The most frequently endorsed response was "medium priority" (36.6%). Unfortunately, less than 10% (9.2%) reported their organizations considered behavioral health an essential priority. Results suggest a general recognition of the importance of behavioral health as a priority with most indicating a medium to high priority.

Priority Level	Count	Percentage
Not a priority	85	6.27
Low priority	300	22.12
Medium priority	496	36.58
High priority	350	25.81
Essential	125	9.22

To examine differences in perceptions of the priority of behavioral health in organizations, responses were stratified into low, medium and high priority.

	Low	Medium	High
Sex			
Male	27.43	36.81	35.76
Female	31.77	36.47	31.77
Position			
Fire personnel	26.48	36.63	36.89
EMS personnel	42.76	39.31	17.93
Role			
Line personnel	33.51	38.66	27.84
Non-line personnel	12.81	30.94	56.25
Service			
Career	26.47	36.13	37.40
Volunteer	32.44	36.67	30.89
Race/ethnicity			
Non-Hispanic White	27.86	37.73	34.41
Minority	31.28	30.33	38.39
Peer support team			
No	45.31	32.27	22.43
Yes	17.87	38.56	43.57

Perceptions of priority by sex

There were no statistically significant differences in the perception of the priority of behavioral health by sex. Males had an even distribution across the three perceived priority levels, while females showed a perceived higher percentage in both the low and high categories compared to males, suggesting slight differences in how sexes perceive the importance of behavioral health.

Perceptions of priority by position

There was a small but statistically significant difference in perceptions of the priority of behavioral health by position with those serving in primarily EMS roles perceiving organizations giving a lower priority to behavioral health than their fire peers. This suggested that fire personnel were more likely to perceive their organizations prioritizing behavioral health compared to EMS personnel. Fire personnel had a more balanced view across the three levels, with a slight increase for "high." EMS personnel stand out with a notably high percentage perceiving their organizations as putting a "low" priority indicating significant variances in perception based on primary position.

Perceptions of priority by role

There was a statistically significant difference between the type of personnel (line vs. non-line or administrative) and perceptions of the priority the organization puts on behavioral health. While those on the front line were more evenly distributed across perceived priority levels, those not currently in non-line positions were more likely to report their organizations placed a high priority on behavioral health. It is possible that those in non-line positions do place a high priority on behavioral health, but those efforts are not seen by those on the line.

Perceptions of priority by service type

There was a statistically significant difference between career and volunteer personnel in their reported perception of the priority their organizations place on behavioral health. Career personnel were slightly more likely than volunteers to report their organizations giving a high priority to behavioral health.

Perceptions of priority by race/ethnicity

There was no statistically significant difference in perceptions of organizations' priority by racial/ethnic minority status. Non-Hispanic whites and minorities showed subtle but not significant differences in their perceptions.

Conclusions

Statistically significant differences in how behavioral health is prioritized are noted across positions and services, with EMS personnel and volunteers less likely to prioritize it as highly as their counterparts. Sex and minority status show no significant differences, indicating a uniform perception across these groups.

Current agency resources

Key points:

- The most identified resources within organizations were a list of vetted providers, apps/online resources and availability of chaplains.
- Resources focused on family days/education, prioritization of fitness, training on resources, training on behavioral health, embedded clinicians, alcohol/substance use support and support for retirees were some of the least reported.

Respondents were asked to indicate what resources their agencies currently have in place. A vetted list of providers topped the list with 20.5% indicating their organization had this to share. Next were tailored online or app-based resources (17.96%). Some of the least endorsed resources included Family Day resources, prioritization of physical activity, training on existing resources, trainings on behavioral health, embedded clinicians, substance use support for drugs or alcohol, and support for retirees. Findings highlight the need for more organizational resources.

Resource	Count	Percentage
Available list of vetted providers	291	20.49
Agency tailored app/online resources	255	17.96
Chaplain	208	14.65
EAP	132	9.30
Behavioral health referral system	122	8.59
CISM team	117	8.24
Behavioral health committee	98	6.90
Annual behavioral health screening	75	5.28
Peer support program	31	2.18
Behavioral health screening	24	1.69
Post incident support program	24	1.69
Behavioral health fit for duty	15	1.06
Family Day for significant other	4	0.28
Prioritization for physical activity	4	0.28
Trainings on available resources	4	0.28
Trainings on behavioral health	4	0.28
Embedded clinician	3	0.21
Substance use support (alcohol)	2	0.14
Support for retirees	2	0.14
Substance use support (drug)	1	0.07

Top behavioral health challenges

Key point:

- The most cited challenges with behavioral health programs include annual screenings, availability of vetted providers, agency-tailored resources, chaplains, crisis intervention stress management (CISM) team and behavioral health committees.

Respondents were asked to indicate their top five challenges for their agencies in managing behavioral health. The primary issues include the need for annual behavioral health screenings and access to vetted providers, with these resources receiving the highest percentages of concern, at 32.85% and 26.93%, respectively. Other significant resources are agency-tailored apps/online resources and chaplain services.

Challenge	Count	Percentage
1st Rank		
Annual behavioral health screening in dept.	272	32.85
Available list of vetted providers	223	26.93
Agency tailored app/online resources	164	19.81
Chaplain	43	5.19
Behavioral health screening within physical	41	4.95
2nd Rank		
Available list of vetted providers	212	26.11
Behavioral health screening within physical	107	13.18
CISM team	105	12.93
Chaplain	103	12.68
Behavioral health committee	78	9.61
3rd Rank		
EAP (Employee Assistance Program)	142	17.82
CISM team	112	14.05
Peer support team	102	12.80
Behavioral health screening with physical	94	11.79
Chaplain	82	10.29

Overall, the data reflect a consistent need across ranks for comprehensive behavioral health services, including screenings, peer support, training and specialized care, indicating a multifaceted approach to addressing mental health in the agency.

Barriers to behavioral health treatment

Key points:

- Access to care and support and concerns about confidentiality remain significant barriers to treatment access.
- Stigma, trust, prior negative experiences and organizational support were not often cited as barriers.

Respondents were asked to indicate what barriers are most likely to impede accessing treatment by members of the agency. The most reported barrier was a lack of access to care or support (30.5%). Confidentiality concerns remain an endorsed barrier to treatment seeking (23.8%). Nearly a quarter (17.6%) identified personnel not seeing treatment seeking as a priority as the primary barrier. Stigma within organizations (1.2%) and stigma within family (0.3%) were not seen as primary barriers to treatment seeking.

Barrier	Count	Percentage
Accessibility of care/support	443	30.47
Confidentiality	346	23.80
Don't see it as a priority	256	17.61
Cost	117	8.05
Engaging in poor or unhealthy choices	102	7.02
Fear of professional consequence	40	2.75
Lack of knowledge of/awareness	38	2.61
Lack of time	31	2.13
Work/life issues	19	1.31
Stigma in organizations	17	1.17
Organizational support	9	0.62
Trust	9	0.62
Prior negative experience	6	0.41
Stigma with family	4	0.28
Others	17	1.17

Preferences in treatment options

Key points:

- Alternative therapy approaches, family and peer support were noted as the most preferred treatment options.
- Therapy dogs, psychiatric services, prescriptions and yoga were the least endorsed approaches.

To gauge interest in different treatment options, respondents were provided with a list of potential treatment options and asked which would be of interest in a time of need. The most endorsed category was alternative treatment/therapy options such as art or music therapies (34.7%) followed by confiding in family (22.1%) or fellow firefighters (15.4%). Engaging in hobbies and interests, along with couples/family counseling, are other notable preferences, showing a diverse range of interests and needs. Less traditional methods like equine therapy, meditation and yoga have lower interest but are still considered viable options by some individuals. The variety in responses highlights a broad spectrum of mental health and stress management approaches, underscoring the importance of personalized and accessible mental health resources.

Resource	Count	Percentage
Alternative therapy (art, music)	499	34.70
Confide in family	318	22.11
Confide in firefighters	222	15.44
Engage in hobbies or interests	144	10.01
Couples/family counseling	93	6.47
Individual talk therapy	53	3.69
Confide in friends	31	2.16
Working out	19	1.32
Group talk therapy	18	1.25
Meditation/mindfulness	11	0.76
Nutrition counseling	8	0.56
Equine therapy	6	0.42
Over-the-phone talk therapy	5	0.35
Therapy dogs or psychiatric services	5	0.35
Other	4	0.28
Prescription medication	1	0.07
Yoga	1	0.07

Evolution of fire and EMS on behavioral health

Key point:

- The development of peer support was credited with having the most impact on improving the approach to behavioral health.

Respondents were asked how they believed fire/EMS had improved their approach to behavioral health over time. Developing a peer support program is overwhelmingly recognized as the most critical approach, accounting for over 82% of the focus. Other significant strategies include developing standard operating procedures and guidelines and discouraging unhealthy coping mechanisms. Additionally, there's an emphasis on promoting open communication, implementing CISM/CISD programs and encouraging healthy eating habits. Less frequent but still noted approaches involve enhancing open dialogue among members, supporting diverse therapy forms and providing accessible mental health resources.

Improvement/Approach	Count	Percentage
Developing peer support program	904	82.56
Developing SOPs/SOGs	62	5.66
Discouraging unhealthy coping mechanisms	44	4.02
Encouraging open communication	18	1.64
Implementing CISM/CISD	17	1.55
Encouraging healthy eating habits	13	1.19
Encouraging members to speak openly	11	1.00
Encouraging various forms of therapy	9	0.82
Making mental health resources	7	0.64
Implementing physical fitness programs	3	0.27
Reducing stigma	3	0.27
Promoting healthy coping mechanisms	2	0.18
Respecting confidentiality	1	0.09

Satisfaction with the job

Key point:

- Most personnel enjoy the job and would recommend it to a friend or family member.

To determine satisfaction with the job, respondents were asked whether they would recommend a career in the fire service/EMS. A significant majority, 79.75% of respondents, would recommend a career in fire service/EMS, indicating a strong positive perception of the profession. In contrast, 20.25% of respondents would not recommend it, reflecting a smaller, yet notable, level of reservation or concern about the field. This data highlights overall support and endorsement of careers in fire service/EMS among the surveyed individuals.

Employee well-being and organizational support

Key points:

- Taken as a whole, respondents feel relatively valued and supported by their organizations.
- When dichotomized, there are several groups within the fire service who feel less supported or valued or who feel less of a sense of belonging compared to their peers, such as females, those whose primary role was EMS, those who work on the line, career firefighters and minorities.

Respondents were asked to indicate their perceptions of feeling valued and supported within their organizations. A significant portion of respondents (35.8%) agreed that they feel valued, with another 17.6% strongly agreeing. Respondents were divided in perceptions of emotional support by their organizations, with approximately a third (30.5%) disagreeing that they feel emotionally supported and 41.8% agreeing that they did. The strongest positive response was seen in the sense of belonging within the fire service/EMS community, where 48.0% agreed and 22.2% strongly agreed, indicating a predominant sense of inclusion.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Feeling valued	156 (10.73%)	227 (15.61%)	294 (20.22%)	521 (35.83%)	256 (17.61%)
Feeling emotionally supported	182 (12.53%)	261 (17.98%)	415 (28.58 %)	420 (29.93%)	174 (11.98%)
Having sense of belonging within the fire service/EMS community	59 (4.07%)	106 (7.32%)	266 (18.36%)	696 (48.03%)	322 (22.22%)

Conclusion

These responses highlight a general trend toward feeling valued and a strong sense of belonging within the community. Although emotional support receives a more mixed reception, it suggests areas for potential improvement in organizational culture and support systems. It is also noteworthy that, while respondents reported a high sense of belonging within the fire/EMS community, fewer reported feeling valued and supported by their organizations indicating an area of improvement.

Employee well-being and organizational support by sex

Perceptions	Female	Male
Feeling valued*	3.15 (1.28)	3.39 (1.22)
Feeling emotionally supported*	2.92 (1.23)	3.14 (1.19)
Having a sense of belonging within the community*	3.54 (1.11)	3.82 (0.97)

*indicates statistically significant differences

Males reported feeling significantly more valued than females, more emotionally supported and more likely to have a sense of belonging within the community. This difference points to potential gaps in the organizations' emotional support systems or cultural aspects that might not fully address or resonate with the needs of female employees.

Employee well-being and organizational support by position

Perceptions	Fire Personnel	EMS Personnel
Feeling valued*	3.38 (1.23)	3.02 (1.24)
Feeling emotionally supported*	3.12 (1.19)	2.81 (1.19)
Having a sense of belonging within the community*	3.80 (0.98)	3.46 (1.14)

*indicates statistically significant differences

Fire personnel report feeling more valued than EMS personnel. The statistically significant difference suggests that fire personnel may perceive the work environment, recognition practices or engagement strategies more positively or that EMS personnel may face unique challenges that affect their perceptions of value. Like feelings of being valued, fire personnel feel more emotionally supported than EMS personnel. This could reflect differences in team dynamics, support systems or stress management resources available to each group. Fire personnel also feel a stronger sense of belonging within their community than EMS personnel.

Employee well-being and organizational support by role

Perceptions	Line Personnel	Non-line Personnel
Feeling valued*	3.15 (1.24)	3.90 (1.05)
Feeling emotionally supported*	2.91 (1.18)	3.62 (1.10)
Having a sense of belonging within the community*	3.67 (1.03)	4.03 (0.90)

*indicates statistically significant differences

Non-line personnel feel significantly more valued than line personnel. The higher mean score and lower SD suggest that non-line personnel feel more appreciated and experience this feeling more consistently across their group. Like feeling valued, non-line personnel report feeling more emotionally supported than line personnel. The scores indicate that non-line personnel perceive a stronger support network or more effective emotional support mechanisms in their workplace. Non-line personnel also feel a stronger sense of belonging within their community than line personnel. The higher mean score and lower variability indicate that non-line personnel generally feel more integrated and connected within their work environment.

Employee well-being and organizational support by service

Perceptions	Career	Volunteer
Feeling valued*	3.22 (1.25)	3.61 (1.15)
Feeling emotionally supported*	3.02 (1.23)	3.28 (1.12)
Having a sense of belonging within the community*	3.72 (0.99)	3.89 (1.00)

*indicates statistically significant differences

Volunteer firefighters report feeling more valued than career firefighters. The higher mean score for volunteers suggests that they perceive a greater appreciation of their contributions, possibly due to the nature of volunteer work being seen as altruistic or better recognition practices within their segments of the organization. Volunteers again report feeling more emotionally supported compared to career firefighters. This might reflect differences in the support systems or community culture prevalent in volunteer settings, which may be more nurturing or community oriented. Volunteer firefighters also feel a stronger sense of belonging within their community than career firefighters. Although this difference is smaller than the other themes, it still reflects a more cohesive or inclusive community experience for volunteers.

Employee well-being and organizational support by race

Perceptions	Non-Hispanic White	Minority
Feeling valued*	3.38 (1.23)	3.11 (1.25)
Feeling emotionally supported*	3.13 (1.20)	2.91 (1.19)
Having a sense of belonging within the community*	3.81 (0.99)	3.54 (1.08)

*indicates statistically significant differences

Non-Hispanic white personnel report feeling more valued than minority personnel, suggesting a greater recognition or appreciation of their organizational contributions. Similarly, non-Hispanic whites feel more emotionally supported than their minority counterparts. The difference, while statistically significant, is relatively close, indicating a need for improvement in emotional support for all, but particularly for minority personnel.

There is a statistically significant difference in the sense of belonging within the community, with non-Hispanic whites feeling a stronger sense of inclusion.

Organizational handling of behavioral health

Key points:

- Perceptions of behavioral health support and awareness within an organization boil down to organization support and confidence, trust and workplace safety, resource awareness and accessibility, and perceived recruitment and retention impacts.
- Females perceived a greater impact of behavioral health on recruitment and retention than males.
- Line personnel reported less perceived organizational support and had less resource awareness. However, non-line personnel reported lower perceptions of workplace safety and trust.
- Volunteers were less likely than career firefighters to indicate they perceived behavioral health issues as having a recruitment/retention impact.

Respondents were asked about their perceptions of organizational support and readiness to respond to the behavioral health needs of their personnel. A significant number of respondents express confidence in the agency's ability to support members with suicidal thoughts and demonstrate a high awareness of internal behavioral health resources. However, there's a discernible concern about the potential negative impact of reporting mental health struggles on career progression and family provision, highlighting a stigma and fear associated with seeking help. Trust issues emerge as a notable theme, especially regarding how seeking mental health assistance might affect relationships and leadership roles within the agency. Despite these concerns, there's a strong indication of trust in the agency's support mechanisms, albeit with varied perceptions of public awareness and the effectiveness of these support systems in addressing recruitment and retention challenges.

Moreover, the data point to a solid understanding of available behavioral health resources among members, though the impact of mental health issues on the agency's operational capabilities, particularly in leadership and management roles, remains a contentious issue. In summary, while there's an evident acknowledgment of available mental health resources and support, apprehensions about the repercussions of using such resources, trust in institutional support, and the broader organizational culture's impact on mental health perception and management stand out as critical areas for consideration and improvement.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Confidence in agency's ability to support members with suicidal thoughts	137 (9.35%)	289 (19.32%)	261 (17.82%)	566 (38.63%)	218 (14.88%)
Awareness of behavioral health resources in my organization	49 (3.35%)	123 (8.40%)	229 (15.64%)	679 (46.38%)	384 (26.23%)
Awareness of behavioral health resources in state and/or national organizations	75 (5.12%)	319 (21.79%)	325 (22.20%)	553 (37.77%)	192 (13.11%)
Reporting mental health struggles will impact my ability on providing for family	283 (19.36%)	411 (28.11%)	283 (19.36%)	333 (22.78%)	152 (10.40%)
Having trust issues from my shift when seeking mental health help	289 (19.77%)	451 (30.85%)	339 (23.19%)	280 (19.15%)	103 (7.05%)
Public awareness of first responders' behavioral health struggles	597 (40.78%)	520 (35.52%)	180 (12.30%)	140 (9.56%)	27 (1.84%)
Trust in my agency's support for myself	220 (15.00%)	245 (16.71%)	336 (22.92%)	453 (30.90%)	212 (14.46%)
Impact of behavioral health struggles on agency's recruitment	163 (11.14%)	470 (32.13%)	586 (40.05%)	188 (12.85%)	56 (3.83%)
Impact of behavioral health struggles on agency's retention	74 (5.06%)	216 (14.77%)	407 (27.84%)	543 (37.14%)	222 (15.18%)
Agency effectively supports member behavioral health	162 (11.07%)	257 (17.57%)	439 (30.01%)	463 (31.65%)	142 (9.71%)
Family accurately understands my current behavioral health state	139 (9.48%)	305 (20.80%)	289 (19.71%)	543 (37.04%)	190 (12.96%)
Confidence in supporting member's behavioral health	13 (1.56%)	85 (10.22%)	151 (18.15%)	415 (49.88%)	168 (20.19%)
Understanding behavioral health resources available for members and family	21 (2.53%)	97 (11.69%)	154 (18.55%)	403 (48.55%)	155 (18.67%)
Trust in my agency's support for subordinates	68 (8.21%)	119 (14.37%)	162 (19.57%)	323 (39.01%)	156 (18.84%)
Mental health help seeking impacting my career progression	156 (18.77%)	281 (33.81%)	184 (22.14%)	152 (18.29%)	58 (6.98%)
Behavioral health struggles impacting my leadership ability	137 (16.49%)	313 (37.67%)	173 (20.82%)	177 (21.30%)	31 (3.73%)

Perceptions of behavioral health issues supported and addressed by the organization

To summarize the overall perceptions, a factor analysis was conducted to identify themes. Factor analysis is a way to group things together based on their similarity. By categorizing questions within larger themes, looking at overall perspectives and comparing them based on subgroups is possible. A factor loading in a factor analysis is a score that shows how well an item fits into a particular group.

Theme	Factor Loading
Organizational support and confidence	
Trust in my agency's support for myself	0.96
Trust in my agency's support for subordinates	0.94
Agency effectively supports member behavioral health	0.73
Confidence in agency's ability to support members with suicidal thoughts	0.57
Trust and workplace safety	
Reporting mental health struggles will impact my ability on providing for family	0.80
Having trust issues from my shift when seeking mental health help	0.85
Mental health help seeking impacting my career progression	0.73
Behavioral health struggles impacting my leadership ability	0.71
Resource awareness and accessibility	
Understanding behavioral health resources available for members and family	0.95
Confidence in supporting member's behavioral health	0.78
Awareness of behavioral health resources in my organization	0.65
Awareness of behavioral health resources in my state and/or national organizations	0.55
Recruitment and retention impacts	
Impact of behavioral health struggles on agency's recruitment	0.70
Impact of behavioral health struggles on agency's retention	0.74

Theme 1: Organizational support and confidence

Perceptions of the organization's supportive nature and supervisory roles are central to this theme. It reflects how respondents view the organization's intent and effectiveness in acting in their best interest and aiding. Confidence in the organization's ability to address mental health concerns is also a key component

Theme 2: Trust and workplace safety

Issues of trust and potential risks within the workplace, including leadership's role, are the focus here. Concerns about personal and professional risks tied to disclosing or addressing mental health issues are highlighted, along with fears of negative impacts on careers or relationships when seeking help.

Theme 3: Resource awareness and accessibility

Awareness and availability of resources, both locally and nationally, are emphasized in this theme. The focus includes ensuring resources are accessible and that communication about these resources is clear and effective.

Theme 4: Recruitment and retention impacts

Behavioral health issues and their influence on recruitment and retention take priority in this theme. Concerns center on how organizational culture and support affect the ability to attract and retain employees, with implications for workforce stability.

Theme classification by sex

Theme	Female	Male
Organizational support	12.70 (4.61)	13.54 (4.08)
Trust and workplace safety	10.79 (3.92)	10.27 (3.89)
Resource awareness and accessibility	14.60 (3.73)	14.93 (3.05)
Recruitment and retention impacts*	6.37 (1.82)	6.03 (1.76)

*indicates statistically significant differences

No statistically significant differences existed in the difference between males and females regarding organizational support, trust and workplace safety, or resources for awareness and accessibility of programs. The similarity in SDs indicates that the range of responses is quite similar for both sexes. A statistically significant difference exists between males and females related to perceptions about the impact of behavioral health on recruitment and retention. This statistically significant difference underscores a perceptual gap between how each sex views the influence of behavioral health on organizational dynamics.

Theme classification by position

Perceptions	Fire Personnel	EMS Personnel
Organizational support	13.45 (4.18)	11.50 (3.86)
Trust and workplace safety	10.33 (3.93)	11.94 (3.42)
Resource awareness and accessibility	14.88 (3.11)	13.81 (4.05)
Recruitment and retention impacts	6.04 (1.75)	6.22 (1.95)

There were no statistically significant differences between fire and EMS personnel by theme. Respondents indicated similar perceptions on each theme.

Theme classification by role

Perceptions	Line Personnel	Non-line Personnel
Organizational support*	12.33 (4.21)	14.99 (3.58)
Trust and workplace safety*	11.04 (3.71)	9.42 (4.05)
Resource awareness and accessibility*	14.38 (3.15)	15.55 (2.98)
Recruitment and retention impacts	6.10 (1.76)	5.97 (1.84)

*indicates statistically significant differences

Significant differences existed between line and non-line personnel related to organizational support, trust and workplace safety, and resource awareness and accessibility. Non-line personnel reported higher levels of perceived organizational support but also perceived lower levels of trust and workplace safety. Non-line personnel reported more positive perspectives of mental health resources and awareness/accessibility.

Theme classification by service

Theme	Career	Volunteer
Organizational support	13.19 (4.35)	13.82 (3.77)
Trust and workplace safety	10.44 (4.03)	10.21 (3.73)
Resource awareness and accessibility	15.01 (3.11)	14.72 (3.11)
Recruitment and retention impacts*	6.12 (1.78)	5.93 (1.76)

*indicates statistically significant differences

Career and volunteer personnel didn't differ across any theme except for recruitment and retention. Career personnel reported a stronger perception of recruitment and retention being impacted by behavioral health.

Theme classification by minority status

Theme	Non-Hispanic White	Minority
Organizational support*	13.55 (4.15)	12.54 (4.24)
Trust and workplace safety	10.30 (3.89)	10.62 (4.13)
Resource awareness and accessibility	14.96 (3.11)	14.44 (3.18)
Recruitment and retention impacts	6.10 (1.77)	6.01 (1.81)

*indicates statistically significant differences

Non-Hispanic white personnel reported significantly higher levels of organizational support than minority personnel, indicating they might feel more valued and supported or have better access to organizational resources or management support related to behavioral health and general workplace support. No other differences were statistically significant.

Peer support programs

Key points:

- Respondents were generally positive about peer support but were more likely to recommend it to a colleague than to use it themselves.
- Departments with peer support programs had higher perceived organizational support and more awareness of resources. However, they reported slightly lower feelings of trust and workplace safety, which could indicate that the peer support programs are raising awareness of these issues in their communications with personnel.
- Departments with peer support programs reported people feeling more emotionally supported.

Given the noted importance of peer support in the fire service, respondents were asked about peer support and its use within organizations. Of those responding, 58.5% reported having peer support teams available within their organizations. Approximately a third (32.1%) reported no peer support and 9.4% did not know whether their organization had a team.

When asked about perceptions of the teams, those who had them reported mostly positive perceptions of the resources. Most respondents showed positive trust in the intentions of the peer support team members, with 44.54% agreeing and 27.91% strongly agreeing. Confidence in the training of the peer support team was acknowledged, with 38.2% agreeing and 10.0% strongly agreeing, though there was a notable 16.77% disagreement. Trust in the team's confidentiality was relatively high, with 39.29% agreeing and 23.1% strongly agreeing to the trustworthiness in maintaining confidentiality. The perceived effectiveness of the peer support team's role was seen positively by 38.6% of respondents, while 34.2% remained neutral. There was a varied response regarding the willingness to utilize the peer support team for behavioral health support, with 32.9% agreeing and a significant 12.6% strongly disagreeing. The likelihood of recommending the peer support team to others was largely favorable, with 42.9% agreeing and 23.9% strongly agreeing.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Trust in peer support team member intentions	24 (2.85%)	50 (5.94%)	158 (18.76%)	375 (44.54%)	235 (27.91%)
Confidence in peer support team training	32 (3.80%)	141 (16.77%)	263 (31.24%)	321 (38.17%)	84 (9.99%)
Trust in peer support team confidentiality	47 (5.59%)	80 (9.52%)	189 (22.50%)	330 (39.29%)	194 (23.10%)
Effectiveness of peer support team's role	39 (4.64%)	84 (10.00%)	287 (34.17%)	324 (38.57%)	106 (12.62%)
Willingness to utilize peer support team for behavioral health support	106 (12.63%)	138 (16.45%)	178 (21.22%)	276 (32.89%)	141 (16.81%)
Likelihood of recommending peer support team to others	48 (5.71%)	63 (7.50%)	168 (20.00%)	360 (42.86%)	201 (23.93%)

Overall, the table suggests a generally positive perception of the peer support team's role, training and confidentiality, with a significant portion of respondents showing trust and willingness to recommend their services. It is noteworthy that, while most people report being willing to recommend peer support to their peers, a lower percentage indicated a personal willingness to seek support.

Theme Classification Based on Peer Support Programs in an Organization

Theme	No	Yes
Organizational support*	12.41 (4.32)	14.12 (3.95)
Trust and workplace safety*	10.79 (4.02)	10.04 (3.88)
Resource awareness and accessibility*	14.13 (3.35)	15.51 (2.75)
Recruitment and retention impacts	6.05 (1.80)	6.11 (1.78)

*indicates statistically significant differences

The presence of a peer support team correlates with higher perceived organizational support. This suggests that peer support teams significantly enhance employees' perceptions of being supported by the organization. Contrary to expectations, employees with access to a peer support team report slightly lower trust and workplace safety. This could indicate that peer support teams might raise awareness of safety issues, making employees more critical or aware of existing shortcomings. Having a peer support team significantly improves employees' awareness of and access to resources. This is a strong endorsement of the effectiveness of peer support teams in disseminating information and making resources more accessible, with a notably consistent effect across the group.

Perceptions of priority by peer support team presence

Respondents who reported their organization had a peer team were also more likely to report their organizations place a high priority on behavioral health. Those without programs reported that their organizations place a low priority on behavioral health.

Employee well-being and organizational support by presence of a peer team

Perceptions	No	Yes
Feeling valued	3.32 (1.29)	3.39 (1.20)
Feeling emotionally supported*	2.94 (1.25)	3.22 (1.17)
Having a sense of belonging within the community	3.84 (0.99)	3.76 (1.01)

*indicates statistically significant differences

Although the mean score slightly increased for those with peer support, the difference was not statistically significant. This suggests that, while peer support teams may contribute positively, their presence alone does not drastically change perceptions of being valued within the organization. The presence of a peer support team significantly enhanced feelings of emotional support among employees. This statistically significant difference indicates that peer support teams effectively provide emotional support, including offering counseling, facilitating support group meetings or simply providing a safe space for employees to express their concerns and receive empathy and understanding from colleagues. Interestingly, the presence of peer support teams did not significantly impact the sense of belonging within the community. This could indicate that while peer support is valuable for addressing specific emotional needs, it does not necessarily influence broader feelings of community integration or social belonging.

Perceptions of scope by availability of peer support programs

Those who were in organizations with a peer support program estimated a higher proportion of their peers were struggling with behavioral health issues (43.5%, SD=25.3) than those who reported not having a program (39.8%, SD=25.1). Those with peer support programs perceiving a higher level of need suggests the presence of teams and resources might influence how behavioral health challenges are perceived, discussed and validated within an organization. It is possible that departments with peer supporters may be more open about their challenges.

Methodologic issues to consider

While the results of this work are important and highlight both the current status and future directions for cultural improvement in the fire service, it is important to realize there are limitations to this work as with any. First, a broad selection of stakeholders was purposely chosen for the expert panel. However, there is no way to ensure that all perspectives are captured. It is possible a different group of stakeholders would have provided different or additional information. Given how often themes were repeated across and between groups at the meeting, results do seem to capture a range of topics. For the national needs assessment, there was likely a selection bias in responses. Snowball sampling techniques were used, which is common in this type of work. However, it should be remembered that results are only generalizable to those who found the survey interesting and worth an investment of their time.

Directions from here

The fire service has made significant strides in elevating the importance of mental health among organizations and personnel, demonstrating a strong commitment to the well-being of its members. Peer support programs have been particularly successful in fostering a sense of engagement and support within fire service communities, highlighting the value of peer-led interventions. These initial successes mark a transition to a new phase focused on education, awareness and intervention.

As outlined in this report, future efforts should prioritize expanding training and resources, enhancing access to services, and developing culturally competent clinicians to better serve all members of the fire service. Additionally, it is crucial to place emphasis on those who are most vulnerable and often overlooked in current peer support models, including women, racial and ethnic minorities, and those working in EMS.

By addressing these gaps, the fire service can continue building on its successes and create a more inclusive and comprehensive approach to mental health care.

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Appendix: Feedback Form Questions

1. State or territory where your agency is located — DROP DOWN, SINGLE CHOICE
    a. All states and U.S. territories will be listed.
2. What is your primary agency type? Fire department may include emergency medical services (EMS) response as well as other incidents; EMS is an organization that strictly runs EMS calls. — SINGLE CHOICE
    a. Fire department.
    b. EMS.
    c. Emergency management.
    d. Emergency communications.
    e. Other, please specify.
3. What best describes your agency? — SINGLE CHOICE
    a. Career.
    b. Combination.
    c. Private.
    d. Volunteer.
    e. Other, please specify.
4. What level of government or type of entity do you represent? — SINGLE CHOICE
    a. City/town.
    b. County (or equivalent).
    c. A region within a state or territory.
    d. State/territory.
    e. Federal Emergency Management Agency region.
    f. Tribal nation.
    g. Federal.
    h. Private sector.
    i. Other, please specify.
5. What best describes your agency's primary response area? — SINGLE CHOICE
    a. Urban.
    b. Suburban.
    c. Rural.
    d. Industrial.

6. What is your rank? — SINGLE CHOICE

    a. Chief.
    b. Assistant chief.
    c. Deputy chief.
    d. Battalion chief.
    e. Captain.
    f. Lieutenant.
    g. Firefighter.
    h. Emergency medical technician (EMT).
    i. Emergency medical responder.
    j. Advanced EMT.
    k. Paramedic.
    l. Civilian/nonsworn employee.
    m. Other, please specify.

7. Where do you fall within your organization structure? — SINGLE CHOICE

    a. Chief officer.
    b. Company officer.
    c. Line employee.
    d. Civilian.

8. What is your age? — NUMBER FIELD

9. How many years of service do you have with the fire service and/or EMS? — NUMBER FIELD

10. I identify as: — SINGLE CHOICE

    a. Male.
    b. Female.
    c. Prefer not to answer.
    d. Other, please specify.

11. My ethnicity is: — SINGLE CHOICE

    a. Hispanic or Latino/Latina.
    b. Not Hispanic or Latino/Latina.

12. My race is: — SINGLE CHOICE

    a. Alaskan Native.
    b. Asian.
    c. Black.
    d. Caucasian.
    e. Hawaiian Native.
    f. Multiracial.
    g. Native American.
    h. Pacific Islander.
    i. Other, please specify.

13. Are you the first member of your immediate (grandparent, parent, spouse, sibling) family to join the fire service or EMS? — SINGLE CHOICE

    a. Yes.
    b. No.
    c. I don't know.

14. What is your shift schedule? If you are a volunteer who does not align with any of the shift schedules listed below, please specify your shift schedule in the other. — SINGLE CHOICE

    a. 24 hours on/24 hours off.
    b. 24 hours on/48 hours off.
    c. 24 hours on/72 hours off.
    d. 48 hours on/96 hours off.
    e. 24 hours on/24 hours off/24 hours on/24 hours off/24 hours on/96 hours off.
    f. 24 hours on/48 hours off/24 hours on/96 hours off.
    g. 72 hours on/96 hours off.
    h. 9 hours on/15 hours off.
    i. 10 hours on/14 hours off.
    j. 10 hours, 4 days per week.
    k. 12 hours on/12 hours off.
    l. 8 hours on/5 days per week.
    m. 5-6 (5 24-hour shifts, 6 days off).
    n. On-call.
    o. Volunteer, on-call continuously.
    p. Wildland, seasonally deployed.
    q. Other, please specify.

15. On a scale of not a priority to essential, please indicate how much of a priority behavioral health **is currently** for your agency? — LIKERT SCALING

16. What percent of your organization do you believe is currently struggling with behavioral health issues? — SLIDER ON 0%-100% SCALE

17. Which of the following do you believe are currently barriers to accessing behavioral health treatments for members of your agency? — SELECT ALL THAT APPLY

    a. Accessibility of care/support.
    b. Confidentiality.
    c. Cost.
    d. Don't see it as a priority.
    e. Engaging in poor or unhealthy coping behaviors.
    f. Fear of professional consequences.
    g. Knowledge of resources.
    h. Lack of time.
    i. Organizational support.
    j. Prior negative experience.
    k. Stigma in organizations.
    l. Stigma with family.
    m. Trust.
    n. Work/life Issues.
    o. Other, please specify.

18. What behavioral health resources does your agency currently have in place? — SELECT ALL THAT APPLY

    a. Agency tailored app/online resources.
    b. Annual behavioral health screening, specific to behavioral health.
    c. Available list of vetted providers.
    d. Behavioral health committee.
    e. Behavioral health screening as part of annual physical exam.
    f. Chaplain.
    g. Crisis intervention stress management (CISM) team.
    h. Employee assistance program (EAP).
    i. Embedded clinician (clinician that works specifically with your organization and who spends time with the members of your organization day-to-day — riding along for calls, eating dinner with the crew, etc.).
    j. Family day for significant others, children, parents, etc.
    k. Peer support team.
    l. Prioritization of physical activity while on and off duty.
    m. Support for retirees.
    n. Therapy dogs or psychiatric service dogs (PSDs).
    o. Trainings on available resources.
    p. Trainings on behavioral health awareness.
    q. Other, please specify.

19. Would you recommend a career in or volunteering with the fire service and/or EMS to a friend or family member? — SINGLE CHOICE

    a. Yes.
    b. No.

20. On a scale of strongly agree to strongly disagree, please indicate how you feel about the following statements. — LIKERT SCALE

    a. Based on my observations, I have confidence my agency is prepared to support one of our members who is having suicidal thoughts.
    b. I am aware of the behavioral health resources provided by my organization.
    c. I am aware of the behavioral health resources provided by state and/or national fire or emergency service organizations or associations.
    d. I worry that if I report mental health struggles, it will jeopardize my ability to provide for my family.
    e. I believe if I seek help for my mental health, my shift will no longer trust me.
    f. I believe the public is aware of the rampant behavioral health struggles faced by first responders.
    g. I trust that my agency has my best interests in mind.
    h. Behavioral health struggles are impacting recruitment for my agency.
    i. Behavioral health struggles are impacting retention for the fire service in this country.
    j. My agency does a good job of supporting the behavioral health of our members.
    k. My family — significant others, parents, children, etc. — have an accurate understanding of the current state of my behavioral health.
    l. I feel equipped to support members of my agency who come to me regarding their behavioral health struggles.
    m. I believe I have a thorough understanding of the resources available to members of my agency and their families to support their behavioral health struggles.
    n. I trust that my agency has the best interests of those I supervise in mind.
    o. I believe if I seek help for mental health struggles, it will harm my ability to advance/promote within this organization.
    p. I am worried that any behavioral health struggles I have will jeopardize my ability to lead.

21. What are the top five issues facing your agency with regards to behavioral health? — SELECT UP TO 5

    a. Communicating when you need help is discouraged.
    b. Families — significant others, parents, children, etc. — are not engaged or supported.
    c. Fear of punitive action if you seek help.
    d. Forced overtime/lack of adequate staffing.
    e. Getting help is cost prohibitive.
    f. Lack of competent mental care providers who understand the realities of the job.
    g. Lack of confidentiality within organizations regarding those who do seek help.
    h. Lack of education on what resources are available to members and their families.
    i. Lack of funding for behavioral health resources.
    j. Lack of funding for behavioral health training programs.
    k. Poor coping skills are encouraged.
    l. Potential behavioral health challenges are not communicated to potential recruits; as a result, new hires are not prepared for the reality of the job.
    m. Sleep deprivation.
    n. There is a focus on what the organization needs, not what the individual employees need to be successful.
    o. There is a stigma associated with many mental health diagnoses.
    p. Other, please specify.

22. The following is a list of resources and approaches that some people have found helpful when managing their mental health/stress. Which of the following would you be interested in accessing if you found yourself in need? — SELECT ALL THAT APPLY

    a. Alternative therapy (art, music, writing, etc.).
    b. Confide in/discuss it with your family.
    c. Confide in/discuss it with your fellow firefighters.
    d. Confide in/discuss it with your friends who are not firefighters.
    e. Couples counseling and/or family counseling.
    f. Engage in hobbies or interests that make you happy.
    g. Equine therapy.
    h. Group talk therapy.
    i. Individual talk therapy.
    j. Meditation/mindfulness.
    k. Nutrition counseling.
    l. Over-the-phone talk therapy.
    m. Prescription medication.
    n. Therapy dogs or PSDs.
    o. Volunteer in a nonemergency setting.
    p. Working out.
    q. Yoga.
    r. Other, please specify.

23. Does your organization have a peer support team? — SINGLE CHOICE

    a. Yes.
    b. No.
    c. If yes:
        i. On a scale of strongly agree to strongly disagree, please indicate how you feel about the following statements.
            1. I believe the individuals on my agency's peer support team are on the team for the right reasons.
            2. I believe the individuals on my agency's peer support team receive the necessary training to successfully fill that role.
            3. I trust the members of my agency's peer support team to respect confidentiality.
            4. I believe my agency's peer support team is effective in their role.
            5. I believe I would utilize my agency's peer support team for behavioral health support.
            6. I believe I would recommend other members of my organization utilize our agency's peer support team for behavioral health support.

24. What are the top five resources that every fire and EMS organization should have in place to support the behavioral health of its members? — SELECT ALL THAT APPLY

    a. Agency tailored app/online resources.
    b. Annual behavioral health screening, specific to behavioral health.
    c. Available list of vetted providers.
    d. Behavioral health committee.
    e. Behavioral health screening as part of annual physical exam.
    f. Chaplain.
    g. CISM team.
    h. EAP.
    i. Embedded clinician (clinician that works specifically with your organization and who spends time with the members of your organization day-to-day — riding along for calls, eating dinner with the crew, etc.).
    j. Family day for significant others, children, parents, etc.
    k. Peer support team.
    l. Prioritization for physical activity while on and off duty.
    m. Support for retirees.
    n. Therapy dogs or PSDs.
    o. Trainings on available resources.
    p. Trainings on behavioral health awareness.
    q. Other, please specify.

25. The following is a list of treatment options for behavioral health issues. Which of the following are you familiar with (mark all that apply)? — SINGLE CHOICE OF YES OR NO FOR ALL

    a. Animal therapy (dog, equine, etc.).
    b. Art therapy.
    c. Cognitive behavioral therapy.
    d. Cognitive processing therapy.
    e. Electroconvulsive therapy or other brain-stimulation therapy.
    f. Eye movement desensitization and reprocessing therapy.
    g. Fitness/wellness program counseling.
    h. Group talk therapy.
    i. Individual talk therapy.
    j. In-patient treatment program.

k. Ketamine treatments.
l. Music therapy.
m. Narrative exposure.
n. Nutrition counseling.
o. Over-the-phone talk therapy.
p. Prescription medication.
q. Prolonged exposure therapy.
r. Transcranial magnetic stimulation.
s. Written exposure therapy.

26. On a scale of strongly agree to strongly disagree, please indicate how you feel about the following statements: — LIKERT SCALE

    a. I feel valued by my agency.
    b. I feel emotionally supported by my agency.
    c. I feel a sense of belonging within the fire and EMS community in this country.

27. What do you believe is helpful in promoting the use of behavioral health treatments for responders in need? — OPEN-ENDED TEXT FIELD

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Working for a fire-safe America

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