New York State First Responder Mental Health Needs Assessment

Final Report | 2025

THE BENJAMIN CENTER
SUNY NEW PALTZ

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Table of Contents

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Executive Summary

I. Introduction and background

First responders are regularly exposed to high-stress situations, traumatic events, and life-threatening environments. The constant barrage of intense scenarios and critical incidents, along with daily chronic stressors of the job (e.g., long work hours), places first responders at significant risk for burnout and for developing mental health conditions such as post-traumatic stress disorder (PTSD), depression, and anxiety (Abbot et al., 2015; Stanely et al., 2016; SAMHSA, 2018). The mental well-being of first responders deserves attention, especially given their critical role in maintaining public safety and providing emergency assistance.

New York State Division of Homeland Security and Emergency Services (DHSES) has made the mental health of first responders a priority. As part of this effort, DHSES and the Institute for Disaster Mental Health (IDMH) at SUNY New Paltz have collaborated to develop and implement a series of mental health initiatives. This includes a partnership with the Benjamin Center at SUNY New Paltz to design and implement New York's inaugural first responder Mental Health Needs Assessment (MHNA).

II. Mental Health Needs Assessment: survey and focus groups

MHNA findings and analysis are based on a representative, statewide web survey of first responders and qualitative focus groups. The research team interviewed and consulted with NYS first responder officials throughout the study design process. The study was conducted and this report was written by the research team at the Benjamin Center for Public Policy Initiatives at SUNY New Paltz, in collaboration with IDMH and in consultation with DHSES.

i. On-line survey

The survey sampling frame included specific first responder occupations across New York State: law enforcement (sworn and civilian), emergency medical services, fire service, emergency communications,

emergency manager, and administrative. Representation was also sought from career first responders and volunteer first responders, those with varying years of service, and distribution throughout the ten regions of New York State.[1]

The survey was launched on February 26, 2024 and closed on April 17, 2024. The total number of respondents was 6,931. The final sample after data cleaning and weighting was 6,003. Data were weighted by region to adjust for representation of first responders across New York State.

ii. Focus groups

Focus groups were conducted in the summer of 2024. The final focus group sample included 20 first responders across the five occupation groups, with varying lengths of service, career/volunteer status, and with representation across NYS.

III. Mental Health Needs Assessment: findings

MHNA findings are separated into four dimensions:

i) stressors and challenges of first responder work,
ii) mental health impacts of first responder work,
iii) barriers to seeking mental health care, and
iv) approaches to address first responder mental health.

i. Stressors and challenges of first responder work

Stressors encountered by first responders fall into four categories: critical incidents, social challenges, practical aspects of the work, and workplace challenges.

- Of critical incidents, *traumatic events* were cited as a cause of stress by the majority of first responders (56 percent).
- *Public perception of the profession* and *not enough time to spend with family and friends* (45 percent each), followed by *difficulty with colleagues* (40 percent), were reported as stressful social challenges.
- *Shiftwork, risk of being injured on the job*, and *overtime*, as practical aspects of first responder work, were cited as stressful by approximately 4 in 10 first responders.
- Workplace challenges were identified for the field as a whole; *toxic work culture* and *lack of access to mental health care* were identified as significant challenges by approximately three quarters of first responders (79 percent and 75 percent, respectively).

ii. Mental health impacts of first responder work

Findings about first responders' personal experience of mental health challenges stemming from their work and self-reported prevalence of mental health conditions are reported here.

- Reflecting on the first responder field as a whole, 94 percent of first responders reported that *stress* was a challenge for their community, followed by *burnout* (90 percent), and *anxiety* (87 percent). [Data in Appendix B.]
- *Stress* was experienced personally by more than two-thirds of first responders (68 percent), followed by *burnout* (59 percent) and *anxiety* (52 percent).
- A majority of first responders reported having experienced symptoms associated with the mental health condition *depression* (53 percent) and approximately 4 in 10 first responders experienced symptoms associated with the mental health condition *PTSD* (38 percent).
- *Thoughts of suicide* were reported by 16 percent of first responders.

iii. Barriers to seeking mental health care

Barriers to seeking mental health care fall into four categories: social barriers, potential consequences, logistical barriers, and support-related barriers.

- Eight in ten first responders reported *stigma* as a social barrier for the first responder community (80 percent), followed by *concern that peers will think they are unreliable* (78 percent).
- Potential consequences for seeking care, such as *concern about negative career impact* and the *fear that leadership would treat them differently,* were cited as concerns by three-quarters of respondents (74 percent each); *fear of losing pistol license* was noted as a concern by approximately 7 in 10 respondents (68 percent).

- *Not enough time* and *scheduling concerns* were noted as logistical barriers by 78 percent and 72 percent of respondents, respectively.
- Approximately three-quarters of respondents reported *not recognizing the need for care* and *lack of culturally competent mental health providers* as support-related barriers to seeking mental health care (78 and 75 percent, respectively).

iv. Approaches to address first responder mental health

Developing effective approaches to addressing the mental health challenges faced by first responders is essential for first responders' own personal health and for maintaining the efficacy and reliability of emergency services as a whole.

- First responders expressed interest in training, seminars, or educational programs about stress management, coping with anxiety or depression, and awareness about mental health challenges.
- Access to physical activity (gym membership or in-house equipment), health/nutrition support, group activities/team building, and paid time to seek mental health care/mental health days were also suggested as strategies to address mental health of first responders.
- Respondents reported that individual therapy and peer support programs, if accessible and free, have the potential to improve mental health of the first responder community.

IV. Discussion

The majority of first responders report significant stressors, mental health challenges, and obstacles to accessing support. These issues are prevalent across all groups, though some variation by occupation, service type, and service length could offer useful insights for targeted interventions. Overall, the primary takeaway is clear: many first responders face considerable mental health challenges as a result of their work.

- While rates are high for all, emergency communications personnel had among the highest ratings for stressors and mental health impacts relative to other first responder occupations. Emergency communications personnel attributed this to the high stress of their work environment: fielding urgent calls continuously over an 8–10-hour shift, lack of closure (emergency communications personnel are often unaware of the outcome of a call), and exclusion from crisis debriefings all contribute to the stress of this particular first responder occupation.
- In general, career first responders reported greater stressors and mental health challenges than volunteers though rates are high for all. Barriers to seeking care were also felt more strongly by career first responders, particularly those related to duty assignment and job security.
- Overall, mid-career first responders reported experiencing stress, mental health impacts, and barriers to seeking care more than those in the early or later stages of their career.
- Stigma remains a substantial barrier to seeking care. First responders were concerned that seeking care would make them "look weak" and that leadership and their colleagues would treat them differently. This sentiment may be shifting, however; several respondents reported that recent attention to issues of mental health is chipping away at this stigma, and that younger generations appear to be more comfortable with, and open to, acknowledging and addressing issues of mental health.

  Relatedly, a fear of consequences, such as light-duty assignment, loss of employment, and loss of pistol license, prevented first responders from seeking mental health care. Many first responders asked for clarity about job-related, and other, consequences of seeking mental health care.
- Leadership at all levels plays a crucial role in creating cultures that support, or harm, the mental health of first responders. Relatedly, leadership is key to the successful development, implementation, and reception of mental health initiatives and services within the first responder community.
- Mental health providers with very particular experience in, or deep knowledge of, first responders' work, experience, and culture are most trusted to provide care. There is currently a dearth of these providers.

Some promising ideas to address issues of first responder mental health surfaced from the MHNA:

- Development of a statewide or regional peer support network, trained to address first responder issues and available 24/7. This team would be the first line of support for struggling first responders and would, when appropriate, refer clients to a professional who had already been vetted for experience, availability, and insurance (including tele-mental health). Confidentiality of this peer support network (and other peer support programs) is an important issue that needs to be attended to in this model.
- Development of a cadre of culturally competent therapists, through the creation of a first responder-focused certificate or micro-credential that can be taken as part of graduate mental health counseling programs. Participants could receive first responder-specific training at training centers or through ride-alongs with first responders.
- Mandatory annual, or more frequent, mental health wellness checks.
- Access to wellness activities, such as gym memberships, department-wide events, and collegial activities that connect first responders to their peers and the community.
- Policy-level discussions, and introduction of legislation where appropriate, about ways to mitigate stress in work environments (e.g., long hours, overtime, training for leadership) and increase access to mental health care (e.g., reduced co-pays, discounted services, paid time to seek care).

I. Introduction and background

First responders are regularly exposed to high-stress situations, traumatic events, and life-threatening environments. The constant barrage of intense scenarios and critical incidents, along with daily chronic stressors of the job (e.g., long work hours), places first responders at significant risk for burnout and for developing mental health conditions such as post-traumatic stress disorder (PTSD), depression, and anxiety (SAMHSA, 2018). The mental well-being of first responders deserves attention, especially given their critical role in maintaining public safety and providing emergency assistance.

The New York State Division of Homeland Security and Emergency Services (DHSES) has made the mental health of first responders a priority. As part of these efforts, DHSES and the Institute for Disaster Mental Health (IDMH) at SUNY New Paltz collaborated to develop and implement training in managing stress and promoting workforce resilience and a peer support program to serve as a resource and promote mental health and well-being among the first responder community. In addition, IDMH partnered with the Benjamin Center at SUNY New Paltz to design and implement New York's inaugural first responder Mental Health Needs Assessment (MHNA). The MHNA documents first responders' perspectives on the stressors of first responders work, mental health challenges, the barriers to receiving mental health care, and potential beneficial responses and interventions. The MHNA survey was disseminated across New York State in spring 2024; focus groups were conducted over the summer. This report details the survey and focus group findings and provides program and policy recommendations for promoting and supporting the mental health of the first responder community into the future.

II. Literature: First responder mental health

As frontline response to emergencies and disasters, first responders regularly face challenging conditions, traumatic scenes, and urgent situations. Exposure to hazards and risks is inherent in this work. Some hazards are psychologically jarring, such as shootings, motor vehicle accidents, natural disasters, and threats to personal safety (Marmar et al., 2006), while others, such as long shifts, interrupted sleep, and physical challenges of the job, are more insidious (Patterson et al., 2012; SAMHSA, 2018; Igboanugo et al., 2021). The dramatic shocks from traumatic incidents and the slow burn of sleep deprivation, lengthy work hours, and physical exertion can contribute to a range of mental health challenges from overall stress and burnout, to depression, PTSD, anxiety, and depression (SAMHSA, 2018; Queiros et al., 2020).

The sources of stress can differ within different occupations in the first responder community. Law enforcement officers frequently confront violent crime, life-threatening encounters, and the need for high-stakes decision-making under pressure (Violanti et al., 2018). Firefighters are regularly exposed to traumatic events such as fires, accidents, and natural disasters (Jahnke et al., 2016). Emergency medical services (EMS), who are often the first on the scene of medical emergencies, experience intense stress from delivering critical care under time pressure, witnessing severe injuries, and dealing with fatalities (Donnelly et al., 2016). Emergency communications officials field urgent calls throughout their entire shift, but are often unaware of the outcome of an incident and are often not included in incident debriefs, resulting in a lack of closure for this first responder group (Smith et al., 2019). Regardless of first responder occupation, most must also deal with the stress of irregular work hours, shift work, and mandatory overtime in their everyday work schedule (Igboanugo et al., 2021).

This chronic and pervasive stress, from traumatic events to everyday strain, can significantly impact the mental health and wellness of first responders. Empirical research has highlighted alarming rates of psychological distress among this population. Some analyses reveal that first responders are at greater risk of developing mental health conditions, such as PTSD and depression than the general public (Abbot et al., 2015; Henderson et al., 2016; Stanely et al., 2016; Benedick, 2007). Jones et al (2018) found high rates of depression (14 percent), anxiety (28 percent), symptoms of PTSD (26 percent) and substance abuse

(31 percent) among first responders (see also Alexander & Klein, 2001; Benedek et al., 2007; Abbot et al., 2015; Stanely et al., 2016; SAMHSA, 2018). Research also shows high rates of suicidal ideation among first responders (Stanley et al., 2015; Abbot et al., 2015; Violanti et al., 2008; Chopko et al., 2014). Even within the first responder community, mental health impacts can vary by first responder occupation, type of first responder service (career vs volunteer), and length of first responder service (Stanley et al., 2017; see SAMHSA, 2018 for a review).

Despite all that first responders confront on the job, they can be reluctant to seek assistance for mental health challenges. Some barriers are logistical; irregular schedules and long shifts can make seeking help—and receiving regular care—difficult. Concerns about confidentiality and potential negative impact on their careers may further deter first responders from seeking mental health care. These individuals may worry about being treated differently by their peers and superiors or facing career repercussions, such as reassignment to administrative work, loss of service weapon, or loss of security clearance, if they acknowledge a struggle with mental health issues (Alexander & Klein, 2001).

Taking risks to help others is the essence of a first responders' job. And, at the same time, the work can have damaging effects on first responders' personal lives and relationships, their physical health, and their mental health. The MHNA will provide a clearer understanding of the challenges faced by first responders and the barriers to seeking care, while identifying and promoting the development of programs and services to address these needs.

III. Research design and method

The MHNA findings and analysis are based on a representative, statewide web survey of first responders and qualitative focus groups. The research team interviewed and consulted with NYS first responder officials throughout the study design process. This study was conducted and this report was written by the research team at the Benjamin Center for Public Policy Initiatives at SUNY New Paltz, in collaboration with IDMH and in consultation with DHSES.

A. On-line survey

i. MHNA survey construction

The MHNA survey was developed through an iterative process of literature research, review, and feedback from first responder officials and first responders themselves. The research team conducted an extensive review of the literature about issues of mental health in the first responder community, stressors of first responder work, impacts of first responder work on mental health, perceptions of mental health issues within the first responder community, barriers to seeking care, the notion of stigma as it relates specifically to mental health, and programs/services and delivery mechanisms that could potentially aid first responder mental health. The specific symptoms that comprise mental health conditions (e.g., PTSD, depression) were examined. The research team reviewed existing surveys of first responder mental health in the academic and policy literature to develop an understanding of the current research in the field.

From this work, the research team developed a bank of questions for potential inclusion in the MHNA survey. The research team then consulted with IDMH and DHSES to review the question bank, add new questions, subtract those deemed not relevant, revise language, and define criteria for inclusion of first responder occupation (e.g., law enforcement, EMS, fire service). A draft survey instrument was constructed from this process and was then returned to IDMH and DHSES staff for review. Changes and suggestions were incorporated, and another draft was created. Five first responders were asked to pretest and provide feedback on this draft. Further changes were made, and the instrument was revised and improved, and then finalized.[2]

For the purpose of the MHNA, first responder occupations include law enforcement, fire service personnel, emergency management services, emergency communications officials, emergency managers, and those in administrative roles. The "other" category includes search and rescue, spill/

TABLE 1

Survey sample, NYS First Responder population, by occupation and NYS region, weighted

	Sample count	Sample percent of cases	Estimated population percent, NYS
OCCUPATION*			
Law enforcement	1,763	29%	30%
Emergency medical services	2,229	37%	12%
Fire service	3,127	52%	49%
Emergency communications	417	7%	3%
Emergency manager	512	9%	<1%
Administrative	346	6%	5%
Other**	77	1%	—
NYS REGION			
Western NY	349	6%	6%
Finger Lakes	313	5%	5%
Central NY	246	4%	3%
Southern Tier	226	4%	2%
North Country	192	3%	3%
Mohawk Valley	170	3%	2%
Capital Region	454	8%	6%
Mid-Hudson	900	15%	15%
Long Island	1,380	23%	23%
New York City	1,752	29%	35%

* Respondents could choose more than one occupation, hence total responses are greater than the number of survey respondents. The *percent of cases* category also sums to more than 100%; these proportions are the prevalence among the survey sample, which is of relevance for this work.

** Includes search and rescue, spill/radiation emergency response, animal emergency response, hospital police, and probation officers.

radiation emergency response, animal emergency response, hospital police, and probation officers.

The MHNA survey is grounded in four primary themes: sources of mental health distress stemming from first responder work, the mental health challenges experienced by first responders as a result of their work, barriers to seeking mental health care, and potential beneficial programming and services. The final MHNA survey instrument contained 27 questions, including background and demographic items, such as length of service, type of service (career/volunteer), age, gender, and NYS region of first responder work.

The MHNA survey was programmed for online data collection using Qualtrics survey software. A consent form was integrated into the introduction of the MHNA. Responses were anonymized so that personally-identifying information, including IP address, was not collected.

ii. Sampling and data collection

The sampling frame included specific first responder occupations across New York State: law enforcement (sworn and civilian), emergency medical services, fire service, emergency communications, emergency management, and administrative. Within these criteria, representation was sought for career and volunteer first responders, those with varying years of service, and distribution throughout the ten regions of New York State as defined by NYS Empire State Development.[3]

The survey link was disseminated by DHSES first to county-level first responder organizations in law enforcement, fire service, EMS, emergency communications, and emergency managers. These contacts were invited to forward the link directly to first responders in their respective fields and to local leadership who, in turn, were asked to forward it to their departments. The link was also disseminated through DHSES' first responder training database. Low response rate from New York City and Long Island prompted additional outreach efforts to those geographic areas.

The survey link was launched on February 26, 2024 and closed on April 17, 2024.

TABLE 2
Focus group counts

Occupation	First responder count
Law enforcement	4
Emergency medical services	4
Fire service	4
Emergency communications	5
Emergency managers	3
Total	20

The total number of respondents, prior to data cleaning, was 6,931. The final sample after data cleaning and weighting was 6,003. Data were weighted by NYS region to account for representation of first responders across New York.[4] Estimated total population parameters are based on counts provided by the U.S. Census and statewide organizations. *Table 1* shows the weighted sample distribution across first responder occupation and NYS region.[5]

iii. Analytic approach

Data were evaluated through basic descriptive statistics. Variable measurement was either nominal or ordinal. There were several opportunities for qualitative response. Qualitative responses were coded by theme and analyzed as such; thematic qualitative data analysis was applied as well. Several variables were combined to create composite measures to represent specific mental health conditions (PTSD and depression). Internal consistency was estimated using Chronbach's Alpha.

B. Focus groups

i. Construction of data collection instrument

The research team used focus groups to gather more in-depth information about the mental health challenges facing first responders. The protocol was developed by the research team, in collaboration with DHSES and IDMH. The final question sets and prompts focused specifically on sources of stress, barriers to seeking care, and potential solutions.

"I'm smiling on the outside but sobbing on the inside. I try my best to seem strong and unbothered. But if someone asked me if I was okay I would probably break."

ii. Sampling and data collection

The focus groups were organized by first responder occupation, with consideration given to type and length of service, and NYS region. The research team organized one focus group each for law enforcement, fire service, EMS, emergency communications, and emergency managers, with a goal of 5 participants in each group.

The research team developed recruitment materials that included an introduction to the study, a consent form, and a date and time for each meeting. This information was programmed into Qualtrics. A Qualtrics link was disseminated by DHSES to county-level first responder organizations. Respondents were able to voluntarily register to participate in the focus groups.

Three of the focus groups were underattended. DHSES and IDMH reached out to county and statewide contacts to recruit additional participants.

The final focus group sample included 20 first responders across the five occupation groups, with varying lengths of service, career/volunteer status, and with representation across NYS. *Table 2* shows focus group distribution across first responder occupation.

iii. Analytic approach

Researchers coded the transcripts from each focus group separately and then met to discuss and refine codes. This process was used to ensure inter-rater reliability. Researchers then used a thematic approach to data analysis. Final codes were determined and then applied during an analysis meeting of the research team.

IV. Findings

Findings are separated into the four dimensions of the MHNA: stressors and challenges of first responder work, mental health impact of first responder work, barriers to seeking mental health care, and approaches to address first responder mental health. Analyses examine first responders in total, then by occupation, type of service (career vs. volunteer), and length of service. MHNA survey and focus group data are reported together.

A. Stressors and challenges of first responder work

The stress of first responder work is rooted in different sources, including critical incidents, such as motor vehicle accidents and shootings; practical elements of the job, such as long shifts or mandatory overtime; and physical demands of the work, such as the endurance required to get a fire under control or the physical work of securing a scene. Social challenges—public perception of the job, limitations on social life, lack of time to spend with family and friends—are also stressful, as is the weight of high stakes decision-making and the underlying worry from the possibility of injury on the job. Regardless of source, the stressors of first responder work are often chronic and pervasive.

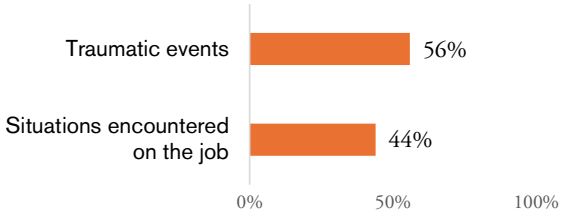
The MHNA survey posed questions about the stressors and challenges of first responders' work. These stressors fall into four categories: critical incidents *(Figure 1, Table 3)*, social challenges (*Figure 2, Table 4*) practical elements of the work (*Figure 3, Table 5*), and workplace challenges (*Figure 4, Table 6*). *Figure 5* and *Table 7* report the impact of these stressors on first responders' personal lives. Data are explored for the first responder community as a whole, for each first responder occupation, by type of service (career/volunteer), and by length of service. Detailed tables appear at the end of this section (*Tables 3–7*, pg. 13).

i. Critical incidents

Figure 1 and *Table 3* report stress from critical incidents. A majority of first responders (56 percent) indicated that *traumatic events*, such as shootings or accidents, have been a source of distress. Within occupations, approximately two-thirds of emergency communications

FIGURE 1

NYS First Responders, critical incidents



personnel and EMS (67 and 64 percent, respectively) and over half of all other occupations (with the exception of the "other" category), identified *traumatic events* as stressors arising from their work.

While both are majorities, career first responders identified *traumatic events* as stressors more frequently than volunteers (59 and 52 percent, respectively). First responders with 10–30+ years of experience cited stress from *traumatic events* more frequently than those with fewer than 9 years of service.

One respondent described the effect of *traumatic events* in this way,

> "The calls I have responded to have stuck in my brain and have repeated in my brain more times than I can count. I will smell a certain smell or see something that reminds me of a traumatic call and that will 100% affect me for the rest of the day or even couple of days…"

Situations encountered on the job, such as domestic violence incidents and overdoses, were identified as stressors by 44 percent of first responders. This stress was reported most frequently by EMS (52 percent), followed by law enforcement and emergency communications personnel (both 48 percent).

Career first responders cited stress from *situations encountered on the job* more frequently than volunteers (50 percent to 33 percent, respectively). First responders with 5–29 years of service cited stress from these incidents more frequently than those with less than 5 years or more than 30 years of service.

ii. Social challenges

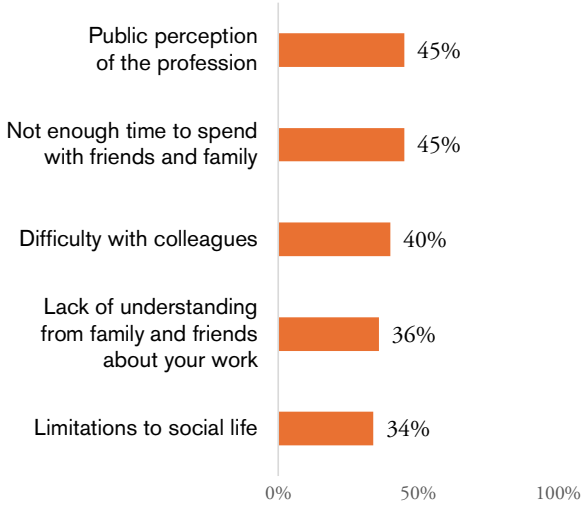
Social challenges were also noted as a source of stress (*Figure 2, Table 4*). *Public perception of the profession* and *not enough time to spend with family and friends* were reported as stressful by nearly half of first responders (45 percent each). These were felt most acutely by law enforcement (70 percent and 62 percent, respectively) and emergency communications officials (57 percent, 64 percent, respectively). One first responder found negative *public perception* to be a primary source of stress.

> "The only thing that will really change the negative aspects of the [first responder] job and the [subsequent] negative impacts on first responders is a complete change in public perception." Another agreed, "EMS, fire service, and law enforcement have taken a beating in the public eye from the media sources."

Difficulty with colleagues was cited as stressful by 40 percent of first responders, with a majority (55 percent) of emergency communications personnel citing this challenge. Approximately 1 in 3 first responders reported that *lack of understanding from family and friends about their work* and *limitations on social life* was a source of distress.

FIGURE 2

NYS First Responders, social challenges



"Challenging work environments heighten your stress levels so your stress is already elevated when a traumatic event happens."

Career first responders reported social challenges as sources of stress with greater frequency than volunteer first responders. Stress from social challenges was reported more frequently by those in the middle of their careers, 10–19 years of service, than those in the early or later years.

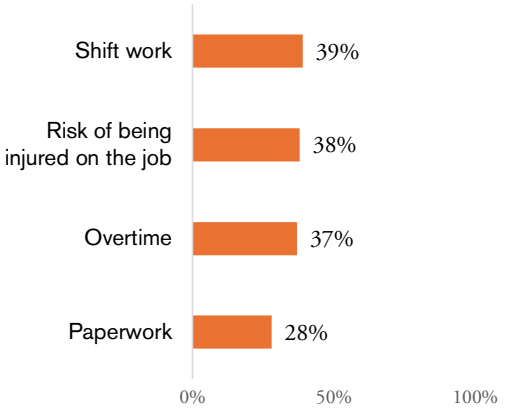
iii. Practical aspects

Figure 3 and *Table 5* examine stress from practical aspects of first responder work. More than one-third of first responders reported that practical elements of their work, such as *shiftwork* (39 percent), the *risk of being injured* (38 percent), and *overtime* (37 percent) are stressful elements of their job. *Paperwork* elicits stress for approximately 3 in 10 respondents. Overall, career first responders reported encountering these stressors at higher rates than volunteers. Also, generally, individuals with 5–29 years of service were more likely to report these stressors compared to those with fewer (less than 5 years) and those with more (over 30) years of service.

Shiftwork and *overtime* were particularly stressful for emergency communications officials, followed closely by law enforcement (64/65 percent and 61/54 percent, respectively). Stress from the *risk of being injured on the job* was reported most frequently by law enforcement (49 percent), emergency managers (44 percent), and EMS (43 percent).

FIGURE 3

NYS First Responders, practical aspects



One survey respondent articulated the stress wrought by mandatory overtime.

> "It's not just my shifts, but when I come to work and other coworkers call in sick and now I'm mandated to also work their shift. Now my family life is affected (kids' schedules, daycare pickups, babysitters). That causes a great deal of stress."

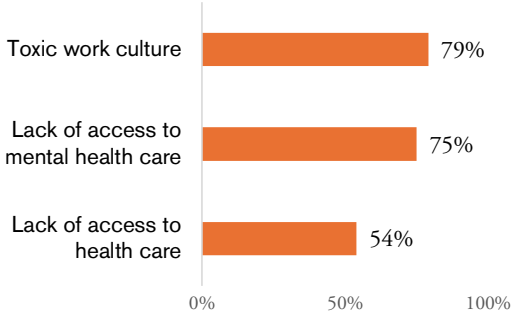
Stress from mandated overtime was also emphasized by focus group participants who discussed the mental and physical toll of working a double shift, particularly when followed by a regular shift; an 8-hour shift that turns into 16 hours, the use of caffeine to stay awake, the use of alcohol to wind down, sleep schedules interrupted, family responsibilities reshuffled, and often just a few hours between the end of an overtime shift and the beginning of a regularly-scheduled one.

Many respondents reported that long hours, coupled with low pay, left them feeling devalued and disrespected. "We are understaffed and always expected to do more with less," one respondent stated. Another agreed, "Just about every aspect of this job is underfunded and [we get] very little respect."

iv. Workplace challenges

Figure 4 and *Table 6* show findings about the challenges that emanate from workplace circumstances for the first responder field as a whole. *Toxic work culture* was cited as a challenge for the first responder field by approximately 8 in 10 first responders (79 percent), most frequently by emergency communications (91 percent) and law enforcement (88 percent). *Lack of access to mental health* care was cited by three quarters of first responders (75 percent); *lack of access to health care* was a challenge for just over half of first responders (54 percent). These challenges were reported more frequently by career first responders than volunteers and, generally, by those with less than 30 years of service.

FIGURE 4
NYS First Responders, workplace challenges



Other workplace challenges, specifically related to work environments, surfaced as a theme in qualitative survey responses and focus groups. According to one survey respondent, "these surveys always focus too much on event-based traumatic experiences. The real issue affecting mental health with first responders…is organizational disregard for personnel, subpar salaries, and toxic leadership."

Participants described the undercurrent of stress emanating from challenging work environments. Several noted work environments that, in the worst case, fostered disrespect for workers, bullying among colleagues, and a culture of bravado that discouraged self-care. Some felt that this constant tension exacerbated the impact of the traumatic events they encounter in their work. According to one participant, "Challenging work environments heighten your stress levels so your stress is already elevated when a traumatic event happens." This makes managing stress from traumatic events even more difficult. At the opposite end of the spectrum, some first responders were grateful for supportive work environments, and explained that this helped to mitigate the impact of traumatic events. "My department has supportive leadership who have taken the lead on mental health, so people feel like they can address the traumatic events after they happen."

v. Negative impact of stress on personal life

Finally, the research team looked at the impact of first responders' stress on their personal lives (*Figure 5, Table 7*). Three-quarters or more of first responders reported a negative impact on their *home life* (80 percent), *physical health* (79 percent), and *social life* (75 percent).

Negative impact on *family relationships* and *friendships* was also frequently reported (72 and 67 percent, respectively). Reports of negative impacts are highest among those in emergency communications, though large percentages were reported across all occupations.

Career first responders report negative impacts on various aspects of their personal lives at higher rates than volunteer first responders across all measures; between 76 and 90 percent of career first responders reported such impacts, compared to a range of 51 to 68 percent for volunteer first responders. Experience of negative impact is highest among those with between 5 and 29 years of service.

FIGURE 5
NYS First Responders, negative impacts on personal life

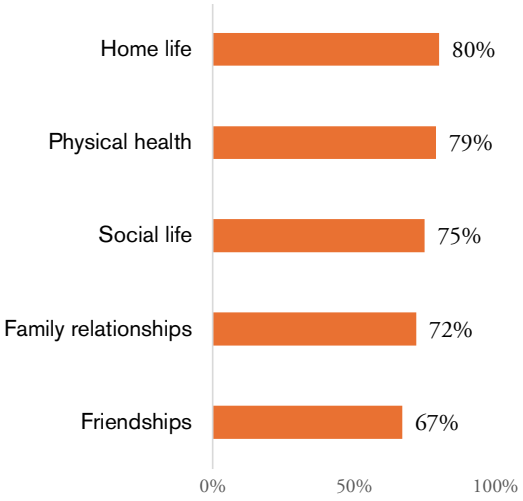


TABLE 3

NYS First Responders, critical incidents as a source of stress, total and by subgroup

	Traumatic events (shootings, accidents)	Situations encountered on the job (domestic violence, overdose)
All Cases	56%	44%
OCCUPATION		
Law enforcement	57%	48%
EMS	64%	52%
Fire	58%	41%
Emergency communications	67%	48%
Emergency manager	52%	44%
Administrative	53%	46%
Other	31%	38%
TYPE OF SERVICE		
Career (paid)	59%	50%
Volunteer	52%	33%
LENGTH OF SERVICE		
Fewer than 5 years	45%	35%
5–9 years	53%	46%
10–19 years	60%	47%
20–29 years	64%	50%
30+ years	57%	38%

Question wording: Have any of the following aspects of your first responder job ever caused you distress (Scale: Check all that apply): (1) Traumatic events (e.g., motor vehicle accident, domestics, injury or death from a shooting); (2) Situations encountered on the job (e.g., domestic violence, overdose).

TABLE 4

NYS First Responders, social challenges as a source of stress, total and by subgroup

	Public perception of the profession	Not enough time with friends & family	Difficulty with colleagues	Lack of understanding from family and friends about your work	Limitations to social life
All Cases	45%	45%	40%	36%	34%
OCCUPATION					
Law enforcement	70%	62%	45%	41%	46%
EMS	46%	46%	42%	39%	36%
Fire	33%	37%	35%	34%	29%
Emergency communications	57%	64%	55%	50%	49%
Emergency manager	51%	56%	45%	46%	37%
Administrative	52%	50%	48%	47%	37%
Other	39%	28%	48%	27%	27%
TYPE OF SERVICE					
Career (paid)	56%	57%	46%	42%	42%
Volunteer	25%	24%	31%	26%	19%
LENGTH OF SERVICE					
Fewer than 5 years	32%	32%	33%	32%	28%
5–9 years	44%	50%	41%	38%	37%
10–19 years	52%	57%	47%	41%	43%
20–29 years	52%	48%	43%	40%	34%
30+ years	42%	32%	35%	27%	23%

Question wording: Have any of the following aspects of your first responder job ever caused you distress (Scale: check all that apply): (3) Not enough time to spend with family and friends; (4) Public perception of the profession; (5) Difficulty with colleagues; (6) Lack of understanding from family and friends about your work; (7) Limitations to your social life (e.g., who your friends are, where you socialize).

TABLE 5

NYS First Responders, practical aspects as a source of stress, total and by subgroup

	Shift work	Risk of being injured on the job	Overtime	Paperwork
All Cases	39%	38%	37%	28%
OCCUPATION				
Law enforcement	61%	49%	54%	41%
EMS	39%	43%	35%	31%
Fire	27%	32%	26%	20%
Emergency communications	64%	23%	65%	18%
Emergency manager	41%	44%	50%	38%
Administrative	41%	36%	40%	43%
Other	24%	41%	34%	39%
TYPE OF SERVICE				
Career (paid)	57%	46%	54%	34%
Volunteer	8%	26%	6%	19%
LENGTH OF SERVICE				
Fewer than 5 years	26%	32%	25%	23%
5–9 years	42%	43%	41%	29%
10–19 years	48%	42%	48%	32%
20–29 years	46%	41%	42%	30%
30+ years	28%	32%	23%	24%

Question wording: Have any of the following aspects of your first responder job ever caused you distress (Scale: Check all that apply): (1) Shift work; (3) Risk of being injured on the job; (2) Overtime; (4) Paperwork.

TABLE 6

NYS First Responders, workplace challenges as a source of stress, total and by subgroup

	Toxic work culture	Lack of access to mental healthcare	Lack of access to healthcare
All Cases	79%	75%	54%
OCCUPATION			
Law enforcement	88%	78%	52%
EMS	83%	81%	64%
Fire	71%	71%	51%
Emergency communications	91%	84%	55%
Emergency manager	83%	77%	60%
Administrative	80%	79%	58%
Other	86%	79%	57%
TYPE OF SERVICE			
Career (paid)	85%	79%	55%
Volunteer	68%	68%	52%
LENGTH OF SERVICE			
Fewer than 5 years	74%	69%	55%
5–9 years	81%	77%	59%
10–19 years	83%	79%	52%
20–29 years	80%	77%	56%
30+ years	73%	70%	49%

Question wording: Thinking about the first responder field as a whole, please rate the degree to which you think the following are significant challenges, (Scale: not significant, somewhat significant, significant, extremely significant): (10) Toxic work culture; (9) Lack of access to mental health care; (8) Lack of access to healthcare. Percentages reported here are for total responding somewhat significant, significant, extremely significant.

TABLE 7

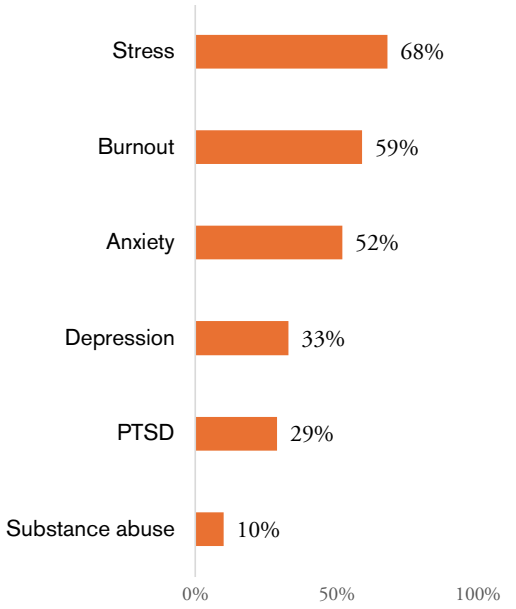
NYS First Responders, negative impacts of stress on personal life, total and by subgroup

	Homelife	Physical health	Social life	Family relationships	Friendships
All Cases	80%	79%	75%	72%	67%
OCCUPATION					
Law enforcement	86%	90%	84%	81%	78%
EMS	83%	81%	79%	75%	71%
Fire	77%	70%	68%	68%	61%
Emergency communications	93%	93%	91%	84%	82%
Emergency manager	86%	89%	84%	79%	75%
Administrative	88%	86%	78%	78%	72%
Other	72%	72%	68%	63%	55%
TYPE OF SERVICE					
Career (paid)	87%	90%	84%	80%	76%
Volunteer	68%	58%	59%	57%	51%
LENGTH OF SERVICE					
Fewer than 5 years	64%	60%	62%	56%	53%
5–9 years	83%	81%	78%	71%	68%
10–19 years	86%	86%	81%	78%	74%
20–29 years	87%	84%	78%	79%	73%
30+ years	78%	76%	70%	72%	64%

Question wording: Please indicate whether first responder work-related distress has ever negatively impacted the following areas of your life, (Scale: Not at all, somewhat, moderately, a great deal): (1) Home life; (5) Physical health; (4) Social life; (2) Family relationships; (3) Friendships. Percentages reported here are for total responding somewhat, moderately, a great deal.

FIGURE 6

NYS First Responders, experience of mental health challenges



B. Mental health impacts of first responder work

The pervasive and chronic stress of first responders' work can impact their mental health and well-being and place them at risk for mental health challenges, including anxiety, depression, PTSD, burnout, and substance abuse (Bourke et al., 2022; Jones et al., 2018; SAMHSA, 2018; Abbot 2015; Benedek et al., 2007). Some research has found higher rates of depression, PTSD, anxiety, and suicidal ideation among first responders compared to the general population (Bourke et al., 2022; Stanley et al., 2016).

This section reports MHNA findings about first responders' personal experience of mental health challenges (*Figure 6, Table 8*) and specific mental health symptoms (*Figure 7, Table 9*). We close with reports of mental health conditions, such as PTSD, depression, anxiety, and suicidal ideation (*Figures 8 & 9, Table 10*), within the first responder community. All issues are explored for the first responder community as a whole, for each occupation (i.e. law enforcement, fire service, EMS, etc.), by type of service (career/volunteer), and by length of service. Detailed tables appear at the end of this section (*Tables 8–10*, pg. 21).

i. Mental health challenges

Figure 6 and *Table 8* report findings about the mental health challenges that first responders have faced personally as a result of their first responder work.[6] Overall, *stress* is the most prominent challenge (68 percent), followed by *burnout* (59 percent), and *anxiety* (52 percent). *Stress* was reported at the highest rates by emergency communications personnel (80 percent) and law enforcement officers (79 percent). *Burnout* was noted by three-quarters of emergency communications officials and more than half of all other occupations. Reports of *anxiety* were most frequent among emergency communications officials (65 percent; "other" excepted), and by more than half of most other first responder occupations.

Depression and *PTSD* were cited less frequently, with approximately 3 in 10 claiming to have experienced these mental health challenges across all occupations, with the highest for emergency communications (49 and 41 percent, respectively).

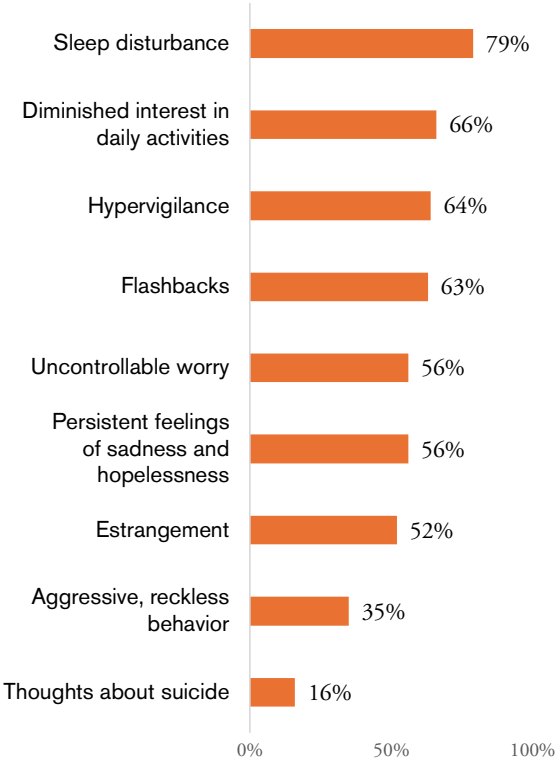
Reports of *substance abuse* are relatively low compared to other mental health challenges; 1 in 10 first responders state they have experienced substance abuse as a result of their first responder work, with a high for EMS (13 percent).

Compared to volunteer first responders, mental health challenges were cited at higher rates by career first responders; *stress* (76 to 53 percent), *burnout* (68 to 42 percent), *anxiety* (60 to 37 percent), *depression* (40 to 22 percent), *PTSD* (34 to 21 percent), and *substance abuse* (13 to 4 percent). Finally, in general, first responders with 10–29 years of service reported experiencing these mental health challenges more than those at the beginning or end of their career.

Some first responders described how mental health challenges impacted their lives. Explaining a reaction to traumatic calls, one first responder stated, "I'm smiling on the outside but sobbing on the inside. I try my best to seem strong and unbothered. But if someone asked me if I was okay I would probably break." One first responder reported suffering from "job related anxiety, panic disorder and PTSD" and another described facing

FIGURE 7

NYS First Responders, experience of mental health symptoms



"ptsd [sic] and anxiety to a debilitating degree." Another characterized mental health as "by far the biggest problem in my life…It is crushing like a heart attack."

ii. Mental health symptoms

Figure 7 and *Table 9* show the percentage of first responders who report ever having experienced specific mental health symptoms as a result of their first responder work.[7] Overall, *sleep disturbance* was reported by most, affecting about 8 in 10 first responders. This was followed by *diminished interest or pleasure in daily activities* (66 percent), *hypervigilance* (64 percent), and *flashbacks* (63 percent). More than half of the respondents reported *uncontrollable worry, persistent feelings of sadness/hopelessness*, and *estrangement from friends, family, and colleagues*. About one in three first responders indicated experiencing *aggressive, reckless behavior. Thoughts of suicide* were less common, at 16 percent. Emergency communications personnel reported experiencing most of these symptoms more than other first responder occupations.

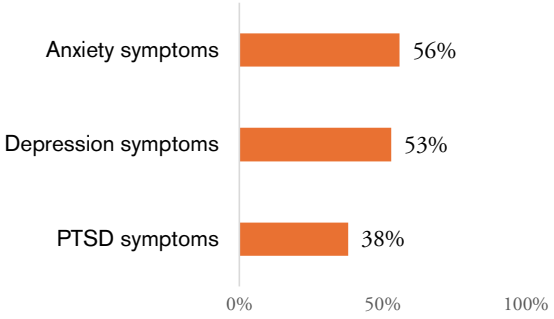
Across symptoms, to varying degrees, career first responders experienced these mental health symptoms at higher rates compared to volunteers. In general, more first responders with between 10–29 years of service reported these mental health symptoms than those with fewer than five, and more than 30 years of service.

iii. Mental health conditions

Using the DSM-IV as a guide, the research team combined mental health symptoms into composite measures to approximate mental health conditions (*Figure 8*, *Table 10*). *Post-traumatic stress disorder* (PTSD) is measured through a combination of multiple symptoms associated with PTSD: *flashbacks, recurring dreams, or spontaneous memories of a disturbing event/events*; *avoiding reminders of a disturbing event/events*; *diminished interest or pleasure in daily activities*; *persistent and distorted sense of blame of self or others for a disturbing event; estrangement from friends, family, colleagues*; *inability to remember key aspects of a disturbing event/events*; *aggressive, reckless, or self-destructive behavior*; *sleep disturbance; hypervigilance. Depression* is measured through a combination of two symptoms associated with depression: *persistent feelings of sadness and hopelessness* and *diminished interest or pleasure in daily activities*. *Anxiety* is measured by a single variable: *excessive, persistent, and uncontrollable worry and apprehension*.

FIGURE 8

NYS First Responders, mental health conditions [8]



"Mental health is by far the biggest problem in my life… It is crushing like a heart attack."

A majority of first responders reported the symptom associated with the mental health condition of *anxiety* (56 percent). Fifty-three percent reported both *depression* symptoms and approximately 4 in 10 reported having experienced all symptoms in the survey associated with mental health condition *PTSD* (38 percent). Consistent with earlier findings, emergency communications personnel, career first responders, and those with 10–29 years of service were more likely to report symptoms associated with *anxiety, depression,* and *PTSD* compared to their peers in other first responder categories.

iv. Suicidal ideation

Finally, there is deep concern about suicidality within the first responder community. The research on this issue is variable. Stanley et al. (2015) found a suicide ideation rate of 46.8 percent among firefighters throughout their career. Abbott et al. (2015) found that 37 percent of their survey respondents (EMS) had ever contemplated suicide. In studies of mental health within law enforcement, Violanti et al. (2008) found an average rate of 24 percent for law enforcement who had ever considered suicide, while Chopko et al. (2014) found that 8.8 percent of law enforcement had experienced suicidal thoughts within a shorter timeframe (past two weeks).

Compared with this previous research, MHNA results about suicidal ideation fall in the lower end of estimates: 16 percent of MHNA respondents reported ever experiencing thoughts of suicide as a result of their first responder work (*Table 9*). While this percentage may seem small, it corresponds to 960 first responders in our sample and extrapolates to thousands within the first responder population.

Figure 9 shows a comparison of suicidal ideation in MHNA to an estimate of suicidal ideation in the general public of New York State.[10] These estimates show that relative to the general public in New York State, New York's first responders are four times as likely to report suicidal thoughts.

FIGURE 9

Suicidal ideation, MHNA and NYS population

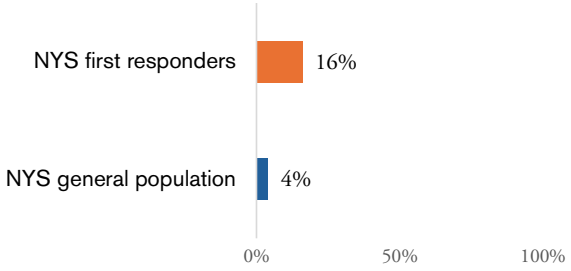


TABLE 8

NYS First Responders, experience of mental health challenges, total and by subgroup

	Stress	Burnout	Anxiety	Depression	PTSD	Substance abuse
All Cases	68%	59%	52%	33%	29%	10%
OCCUPATION						
Law enforcement	79%	65%	58%	37%	31%	11%
EMS	69%	64%	55%	39%	37%	13%
Fire	61%	52%	45%	30%	29%	9%
Emergency communications	80%	75%	65%	49%	41%	11%
Emergency manager	75%	72%	58%	34%	33%	11%
Administrative	72%	55%	48%	28%	25%	10%
Other	71%	52%	69%	36%	23%	2%
TYPE OF SERVICE						
Career (paid)	76%	68%	60%	40%	34%	13%
Volunteer	53%	42%	37%	22%	21%	4%
LENGTH OF SERVICE						
Fewer than 5 years	53%	44%	46%	23%	15%	7%
5–9 years	67%	69%	57%	33%	25%	9%
10–19 years	74%	69%	60%	40%	35%	13%
20–29 years	74%	60%	55%	38%	37%	13%
30+ years	65%	45%	38%	27%	29%	7%

Question wording: Have you ever experienced any of the following as a result of first responder work-related distress, (Scale: Check all that apply): (3) General stress; (1) Burnout; (2) Anxiety; (5) Depression; (4) Post-Traumatic Stress Disorder (PTSD); (6) Substance abuse.

TABLE 9

NYS First Responders, experience of mental health symptoms, total and by subgroup

	Sleep disturbance	Diminished interest	Hyper-vigilance	Flashbacks	Uncontrollable worry	Sadness and hopelessness	Estrangement	Aggressive, reckless behavior	Thoughts about suicide
All Cases	79%	66%	64%	63%	56%	56%	52%	35%	16%
OCCUPATION									
Law Enforcement	82%	74%	75%	62%	60%	57%	61%	37%	15%
EMS	83%	72%	69%	71%	61%	64%	56%	40%	20%
Fire	77%	62%	57%	64%	50%	53%	46%	33%	14%
Emergency communications	93%	85%	73%	75%	69%	72%	67%	50%	21%
Emergency manager	83%	72%	71%	62%	62%	62%	55%	33%	12%
Administrative	85%	67%	65%	63%	56%	60%	50%	32%	13%
Other	72%	54%	54%	49%	53%	47%	42%	26%	10%
TYPE OF SERVICE									
Career (paid)	85%	74%	73%	65%	62%	61%	61%	41%	19%
Volunteer	70%	52%	48%	60%	44%	47%	35%	23%	10%
LENGTH OF SERVICE									
Fewer than 5 years	67%	53%	54%	49%	47%	46%	39%	28%	16%
5–9 years	81%	69%	67%	62%	59%	59%	57%	36%	17%
10–19 years	83%	72%	71%	69%	62%	61%	58%	42%	17%
20–29 years	82%	71%	68%	67%	61%	60%	56%	40%	17%
30+ years	78%	62%	57%	65%	47%	52%	44%	22%	10%

Question wording: Have you ever experienced any of the following symptoms as a result of your first responder work, (Scale: never, occasionally, frequently, very frequently, prefer not to answer): (10) Sleep disturbance; (2) Diminished interest or pleasure in daily activities; (11) Hypervigilance; (4) Flashbacks, recurring dreams, or spontaneous memories of a disturbing event/events; (3) Excessive, persistent, and uncontrollable worry and apprehension; (1) Persistent feelings of sadness and hopelessness; (7) Estrangement from friends, family, colleagues; (9) Aggressive, reckless, or self-destructive behavior; (13) Thoughts about suicide. Percentages reported here are for total responding occasionally, frequently, very frequently.

TABLE 10

NYS First Responders, mental health conditions (composite measure of mental health symptoms), total and by subgroup

	Anxiety symptoms	Depression symptoms	PTSD symptoms
All Cases	56%	53%	38%
OCCUPATION			
Law enforcement	60%	56%	43%
EMS	60%	60%	46%
Fire	50%	48%	34%
Emergency communications	69%	73%	57%
Emergency manager	62%	59%	39%
Administrative	56%	57%	38%
Other	53%	47%	33%
TYPE OF SERVICE			
Career (paid)	62%	60%	47%
Volunteer	44%	40%	23%
LENGTH OF SERVICE			
Fewer than 5 years	47%	43%	31%
5–9 years	59%	56%	40%
10–19 years	62%	59%	45%
20–29 years	61%	57%	43%
30+ years	47%	45%	28%

Composite measures were created from the following question: Have you ever experienced any of the following symptoms as a result of your first responder work? PTSD: Flashbacks, recurring dreams, or spontaneous memories of a disturbing event/events; avoiding reminders of a disturbing event/events; diminished interest or pleasure in daily activities; persistent and distorted sense of blame of self or others for a disturbing event; estrangement from friends, family, colleagues; inability to remember key aspects of a disturbing event/events; aggressive, reckless, or self-destructive behavior; sleep disturbance; hypervigilance. Depression: Persistent feelings of sadness and hopelessness; diminished interest or pleasure in daily activities. Anxiety: Excessive, persistent, and uncontrollable worry and apprehension. Percentages reported here are for respondents responding affirmatively to the single anxiety measure, both depression symptoms, and all of the PTSD symptoms queried.

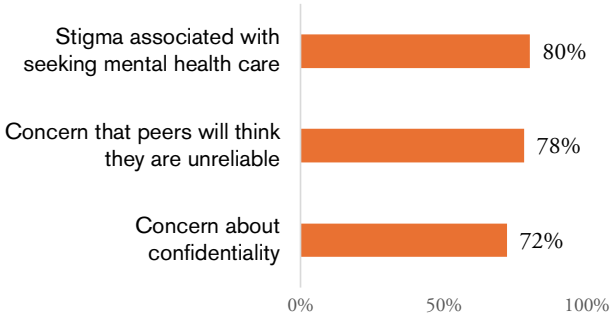
C. Barriers to seeking mental health care

Even once the stressors and mental health impacts of first responder work are identified, seeking help is no easy matter. The stigma surrounding mental health issues can discourage first responders from admitting they need help and fear about judgment from peers and leadership further add to stigma-based reluctance to seek care. Concerns about potential career impacts, such as administrative assignments and loss of security clearances, and practical impacts, including loss of pistol license, can also deter first responders from accessing critical services. Long shifts and irregular schedules create logistical barriers that can further impede/hinder the process of seeking treatment (Velazquez & Hernandez, 2019; Haugen et al., 2017; Karaffa & Koch, 2016).

The MHNA survey asked first responders to reflect on the barriers to seeking mental health care. These fall into four categories: social barriers (*Figure 10, Table 11*), potential consequences (*Figure 11, Table 12*), logistical barriers (*Figure 12, Table 13*), and support-related barriers (*Figure 13, Table 14*). Outcomes are explored for the first responder community as a whole, for each occupation (i.e., law enforcement, fire service, EMS, etc.), by type of service (career/volunteer), and by length of service.[11] Detailed tables appear at the end of this section (*Tables 11–14*, pg. 27).

FIGURE 10

NYS First Responders, social barriers



i. Social barriers

Figure 10 and *Table 11* report the social issues that might prevent the first responder community from seeking care for mental health challenges. Across first responder occupations, *stigma* was cited by 8 in 10 first responders. Concern about perceptions of *unreliability* was voiced by just over three-quarters of first responders (78 percent) and concern about *confidentiality* was noted by just under three-quarters of first responders (72 percent).

Social barriers were reported most frequently by law enforcement (88 to 84 percent), followed closely by personnel in emergency communications (84 to 79 percent). Career first responders reported social concerns as barriers to seeking care at higher rates than volunteers. Barriers to seeking care are high across all years of service, though highest for those with 10–29 years of service.

The stigma associated with seeking mental health care was raised frequently in the MHNA qualitative responses and in the focus groups. One respondent stated:

> "There is a cultural barrier to getting outside mental health help in the first responder community… there is the cultural suppression of males expressing feelings in a male dominated field. The community is also not good at admitting weakness or vulnerability." Other respondents reported that stigma "is real" and associated it with a fear of looking "weak" or that "peers will think you're unreliable or uncapable of handling the job." Said one respondent, "There are strong stigmas associated with any kind of weakness shown… mental health is seen as a bit of a joke."

For one respondent, the *stigma* was connected to the care he/she provides to the community:

> "What we need is access to mental health services outside of our own community. I don't want to receive service from people I work with. We work extremely close with mental health services; I can't go to them for help and the next day work with them providing services to others. They may be okay with it but to be honest I don't trust that I won't be looked at differently. We will lose our

"I have found that the biggest challenge to addressing my own mental health needs is finding a mental health provider that understands [my first responder role], can be trusted, and accepts my department's health insurance."

reputation as the savior in trying times, the fixer, when it [gets] bad who do you call: first responders. We can't have the stigma attached to us as it would show a break down in the communities' expectations of us."

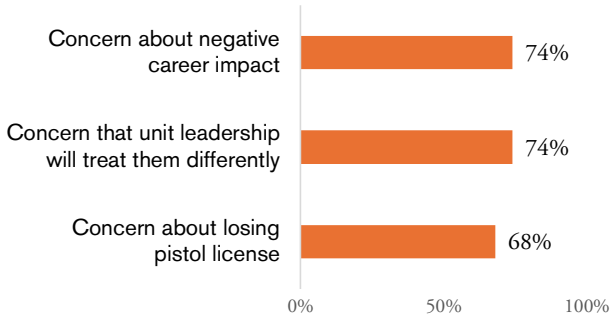
Finally, several respondents suggested that the *stigma* associated with mental health challenges is less acute among younger first responders. "We (the older generation), were raised by men that 'just dealt with it' so we find it hard to ask for help. This I don't think will be as hard for the younger generation."

ii. Potential consequences

The potential for job-related or personal consequences, such as negative career impact or loss of pistol license, were cited as barriers to seeking mental health care by the majority of first responders (*Figure 11, Table 12*). About three-quarters of respondents reported that *negative career impact* and *concern leadership will treat them differently* were barriers to seeking care for the first responder field (74 percent each); two-thirds cited *concern about losing pistol license* as a barrier (68 percent). These potential consequences were reported as barriers most frequently by law enforcement, career first responders, and those with 10–29 years of service.

FIGURE 11

NYS First Responders, potential consequences



Potential consequences for seeking care were raised with frequency during focus groups and in the qualitative survey questions. One participant stated that first responders risk losing their job, or other work privileges (i.e., security clearance) if "they have the courage to come forward and ask for help." *Concern about negative career impact* and the *fear that leadership would treat them differently* were pronounced, with several respondents describing their fear of retribution, discrimination, or (undeserved) reassignment if leadership discovered that they were seeking mental health care. One first respondent reported that colleagues who seek care for mental health issues "are viewed as an outcast and treated as such, both by admin. [sic] and their peers." Said another, "the largest barrier for first responders in seeking mental health [care] is internal retaliation."

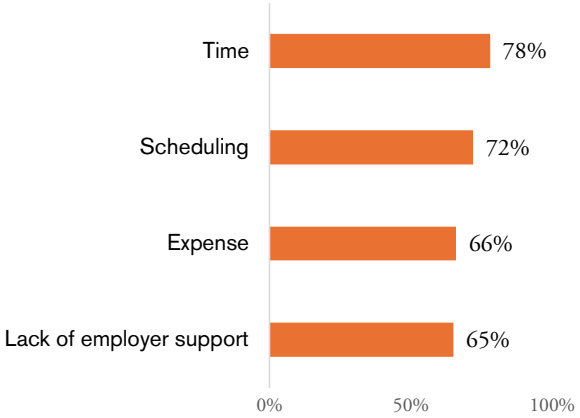
One respondent felt that it would be useful to have clarity about the potential consequences for seeking care.

"It would be helpful to know what protections there are when reaching out for help. I think some people don't [reach out] just because they're afraid of the consequences. If known, this would assist people in making a more informed decision about seeking help. Real discussion of legality of career impacts, i.e. loss of firearm and clearance vs. the perception."

This same issue was raised about the use of medication to help with mental health challenges;

"I don't know if this exists, but psychiatrists with an understanding of what first responders are allowed to take on the job. Many first responders are afraid that taking medication for depression, anxiety, PTSD, or anything like that could lead to them not being allowed to carry out their job duties or the loss of their rights to a firearm."

FIGURE 12
NYS First Responders, logistical barriers



iii. Logistical barriers

Figure 12 and *Table 13* examine the logistical barriers that may prevent first responders from seeking care for mental health challenges. *Time* was the most cited logistical barrier (78 percent) followed by *scheduling* (72 percent); *expense* and *lack of employer support* were reported less frequently (66 percent and 65 percent, respectively). Emergency communications personnel cited all logistical barriers most frequently, compared to other first responder occupations. Career first responders reported logistical factors as barriers more frequently than volunteers, as did those in the middle of their career compared to those at the beginning or end.

First responders described the difficulty of making time to pursue mental health care; long working hours and irregular (and often unpredictable) schedules make it difficult to schedule and attend, for example, a regularly occurring appointment. Several survey respondents mentioned that cost is a barrier, either because their insurance does not cover therapy or because providers do not take insurance.

iv. Support-related barriers

There were several support-related barriers to seeking mental health care (*Figure 13, Table 14*). Approximately three-quarters of respondents cited *not recognizing the need for care* (78 percent) and *lack of culturally competent mental health providers* (75 percent) as barriers to seeking care for the first responder field. *Not knowing where to get help* was reported as a barrier by approximately 7 in 10 respondents. *Lack of community support and lack of family support* were cited less frequently (58 and 45 percent, respectively). Career first responders claim these issues as barriers for the field more frequently than volunteers; mid-career first responders noted these barriers more than their earlier- and later-career peers.

The *lack of culturally competent mental health care providers* was a concern that was raised by several respondents:

> "I have found that the biggest challenge to addressing my own mental health needs is finding a mental health provider that understands [my first responder role], can be trusted, and accepts my department's health insurance."

> "I met with one [therapist] who didn't specialize in first responders. While speaking with them helped, I feel I was never able to open that part of my life… [I] never got into the meat and potatoes of calls and some of my PTSD."

Several participants described their experience of being discouraged when, after finally taking the steps to seek help, the provider could not fully understand or relate to their circumstances. Some were able to persist through the frustration to find a therapist who could address their concerns; others were not and abandoned their pursuit of help.

FIGURE 13
NYS First Responders, support-related barriers

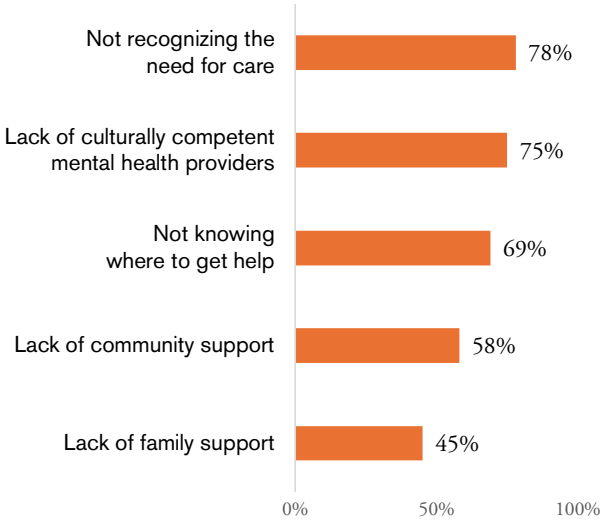


TABLE 11

NYS First Responders, social barriers for field, total and by subgroup

	Stigma	Concern peers will think they are unreliable	Concern about confidentiality
All Cases	80%	78%	72%
OCCUPATION			
Law enforcement	88%	86%	84%
EMS	81%	78%	73%
Fire	78%	76%	68%
Emergency communications	84%	83%	79%
Emergency manager	80%	80%	77%
Administrative	82%	83%	81%
Other	79%	82%	81%
TYPE OF SERVICE			
Career (paid)	84%	81%	76%
Volunteer	74%	73%	66%
LENGTH OF SERVICE			
Fewer than 5 years	75%	72%	61%
5–9 years	80%	78%	71%
10–19 years	83%	82%	76%
20–29 years	83%	82%	77%
30+ years	78%	74%	73%

Question wording: The following are issues/stigma-related concerns that might prevent first responders from seeking care for work-related distress or mental health challenges. Please rate the degree to which you think each statement is a barrier to seeking mental health care for first responder community generally, (Scale: not a barrier, somewhat of a barrier, moderate barrier, strong barrier, prefer not to answer/not applicable: (3) Stigma. (2) Concern that peers will think they are unreliable in a stressful or dangerous situation (that they're not "up to the job"), (5) Concerns about confidentiality. Percentages reported here are for total responding somewhat of a barrier, moderate barrier, strong barrier.

TABLE 12

NYS First Responders, potential consequences as barriers for the field, total and by subgroup

	Concern about negative career impact	Concern that unit leadership will treat them differently	Concern about losing pistol license
All Cases	74%	74%	68%
OCCUPATION			
Law enforcement	86%	85%	82%
EMS	75%	75%	67%
Fire	68%	71%	65%
Emergency communications	82%	79%	73%
Emergency manager	78%	77%	65%
Administrative	79%	80%	69%
Other	65%	66%	64%
TYPE OF SERVICE			
Career (paid)	80%	78%	72%
Volunteer	63%	69%	59%
LENGTH OF SERVICE			
Fewer than 5 years	66%	67%	50%
5–9 years	74%	74%	68%
10–19 years	78%	78%	77%
20–29 years	80%	79%	71%
30+ years	69%	71%	64%

Question wording: The following statements are stigma-related concerns that might prevent first responders from seeking care for work-related distress or mental health challenges. Please rate the degree to which you think each statement is a barrier to seeking mental health care for the first responder community generally, (Scale: not a barrier, somewhat of a barrier, moderate barrier, strong barrier, prefer not to answer/not applicable): (6) Concerns about negative career impact, (7) Concern that their unit leadership would treat them differently, (8) Concern about losing pistol license. Percentages reported here are for total responding somewhat of a barrier, moderate barrier, strong barrier.

TABLE 13

NYS First Responders, logistical barriers for the field, total and by subgroup

	Time	Scheduling	Expense	Lack of employer support
All Cases	78%	72%	66%	65%
OCCUPATION				
Law enforcement	82%	78%	66%	74%
EMS	81%	74%	71%	71%
Fire	74%	65%	61%	59%
Emergency communications	89%	84%	75%	76%
Emergency manager	87%	81%	72%	71%
Administrative	80%	73%	66%	66%
Other	81%	73%	71%	73%
TYPE OF SERVICE				
Career (paid)	82%	78%	67%	71%
Volunteer	70%	61%	63%	56%
LENGTH OF SERVICE				
Fewer than 5 years	74%	69%	65%	60%
5–9 years	81%	76%	73%	68%
10–19 years	83%	77%	67%	69%
20–29 years	80%	73%	66%	70%
30+ years	68%	61%	55%	56%

Question wording: Following are issues that might prevent first responders from seeking care for work-related distress or mental health challenges. Please rate the degree to which you think each statement is a barrier to seeking mental health care for the first responder community generally, (Scale: not a barrier, somewhat of a barrier, moderate barrier, strong barrier, prefer not to answer): (6) Not enough time, (4) Scheduling concerns, (5) Too expensive, (7) Lack of employer support. Percentages reported here are for total responding somewhat of a barrier, moderate barrier, strong barrier.

TABLE 14

NYS First Responders, support-related barriers for the field, total and by subgroup

	Not recognizing the need for care	Lack of culturally competent mental health providers	Not knowing where to get help	Lack of community support	Lack of family support
All Cases	78%	75%	69%	58%	45%
OCCUPATION					
Law enforcement	83%	80%	74%	66%	47%
EMS	79%	79%	72%	63%	50%
Fire	77%	70%	67%	53%	41%
Emergency communications	83%	85%	79%	67%	56%
Emergency manager	80%	80%	73%	64%	53%
Administrative	78%	77%	75%	64%	50%
Other	72%	75%	70%	56%	58%
TYPE OF SERVICE					
Career (paid)	80%	79%	72%	61%	48%
Volunteer	74%	66%	66%	51%	39%
LENGTH OF SERVICE					
Fewer than 5 years	71%	67%	67%	49%	44%
5–9 years	80%	74%	72%	57%	45%
10–19 years	81%	79%	74%	61%	48%
20–29 years	80%	79%	70%	62%	46%
30+ years	75%	69%	62%	55%	**39%**

Question wording: Following are issues that might prevent first responders from seeking care for work-related distress or mental health challenges. Please rate the degree to which you think each statement is a barrier to seeking mental health care for the first responder community generally, (Scale: not a barrier, somewhat of a barrier, moderate barrier, strong barrier, prefer not to answer): (2) Not recognizing the need for care, (10) Lack of mental health providers who understand the needs of first responders, (1) Not knowing where to get help, (9) Lack of community support, (8) Lack of family support. Percentages reported here are for total responding somewhat of a barrier, moderate barrier, strong barrier.

D. Programming and services to address mental health challenges

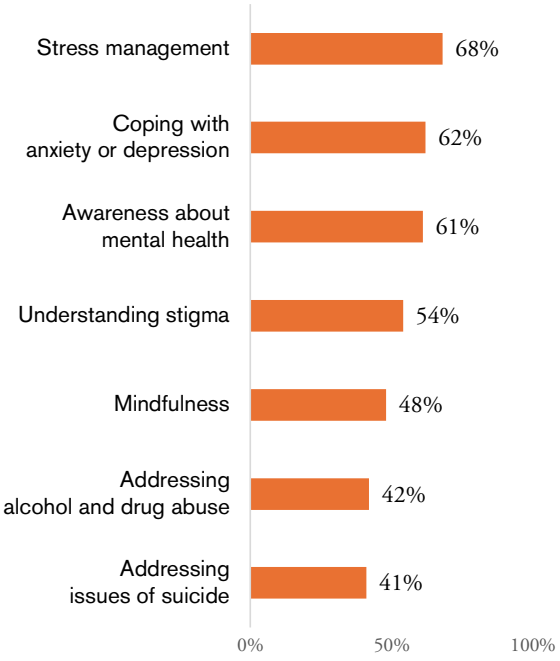
Developing effective approaches to addressing the mental health challenges faced by first responders is essential for first responders' own personal health and also for maintaining the efficacy and reliability of emergency services as a whole. With such critical need and with the stakes so high for first responders themselves and for the safety of our communities, the MHNA includes an examination of the types of programming and services that would help first responders cope with the unique pressures of their profession. Detailed tables appear at the end of this section (*Tables 15 & 16*, pg. 35).

i. Topics for programming

Figure 14 and *Table 15* show the topics that first responders feel would be helpful in addressing mental health challenges, if offered as trainings, seminars, or educational programming. Close to 7 in 10 first responders stated that programming that addresses issues of *stress management* (68 percent) would be useful, followed by sessions about *coping with anxiety or depression* (62 percent). *Awareness about mental health challenges* as a topic for training was supported by approximately 6 in 10 first responders; this

FIGURE 14

NYS First Responders, programming to address mental health challenges



> "First responders need confidential online therapy as built in components of their paid duties on the job."

is aligned with first responders' desire to have leadership trained to recognize when members of their department are struggling with mental health issues. Approximately half of first responders stated that programming about *understanding stigma* and *mindfulness* would be beneficial and about 4 in 10 felt that workshops addressing *alcohol and drug abuse* (42 percent) and *issues of suicide* (41 percent) would be helpful. Overall, more career first responders reported these topics as helpful than volunteers, and generally, more first responders with many years of service (20–30+ years) felt that these topics would be helpful in addressing first responder mental health than their colleagues with fewer years of experience.

The MHNA survey question about helpful topics for programming was followed by an open-ended option that allowed participants to offer suggestions of additional topics. The following are themes that emerged from this option.

- Training for leadership/supervisors/management in: creating supportive work environments (eliminating toxicity, bullying, retaliation from the workplace), recognizing when members of their team are struggling, increasing sensitivity to mental health challenges of team members.
- Where to find mental health resources, locally and confidentially.
- The connection between mental health and physical fitness and proper nutrition; financial literacy; self-care; anger management.
- How to address workplace harassment/toxicity/bullying/retaliation (among colleagues and from management/leadership).
- How to recognize signs of PTSD, depression, suicidality in self and others; how to recognize the need for help.

Training geared specifically toward management and leadership was a common theme. One participant stated that, "nothing will change with first responders [mental health] until administrators take it seriously." Other participants observed that mental health programming and support can be stymied by leadership that does not know how, or refuses, to implement them well. One respondent articulated this dynamic:

> "Administrators and policy makers say they are committed to this [first responder mental health], but they need to be challenged to prove it. My department has a peer support team, but the administration isn't trained. They don't know when they should be setting up debriefing, they don't recognize burnout and they don't have any measures in place to address it, they have a history of handling things poorly, and aside from paying for a few [first responders] to be trained, there is no structure and no budget for any department-wide initiatives."

These sentiments were shared by several respondents who felt that workplace stress could be mitigated, or at least lessened, if management and leadership were trained to create supportive and productive work environments. One participant reflected that some leadership and management are better equipped to address issues of wellness and mental health than others. "Some leadership are good at addressing mental health issues of their staff, and some just aren't. Some are good about organizing post-incident supports and some are not." Training leadership in how to address these issues among staff is critically important. Said another respondent, "An organization's leadership will determine its resilience."

First responders also wanted their supervisors to have the skills to identify when their subordinates need mental health care and support. These respondents advocated for a "specific course for leadership for recognizing stress in others," "training for supervisors to recognize potential issues and take action," and "teaching leadership to recognize situations that could cause a stress response and encouraging them to proactively debrief instead of waiting for someone to admit it was disturbing."

Many first responders wanted training to help them develop an awareness of mental health challenges and how to identify them in themselves and others. According to one first responder, training to "identify that you may have a mental health disorder/disease to begin with, not just how to find help" is important. This person continued, "Most…first responders…don't even realize or know they have ptsd [sic], alcoholism, depression and anxiety, etc. because it's just the first responder societal norm to drink and smoke every day to push the feelings away and ignore."

Relatedly, respondents expressed a desire for programming to help them understand the effects that first responders' work can have on mind and body.

> "It would be helpful to understand the many… different ways that the experiences of a first responder can have an effect on the mind and the ways the body is subsequently effected. For example, prolonged feelings of being 'on edge' can cause the body to stay in fight or flight mode which can then affect breathing, even in non-stressful situations. I'm sure first responders are experiencing challenges listed in this survey and not associating them with issues of their job, even though they are related."

Several first responders favored pro-active trainings that could help develop skills for managing stressful or traumatic events. They saw this as a way to buttress against the impact of a critical incident. These trainings would not preclude the need for post-incident follow-up, they were careful to point out, but could provide a solid foundation from which first responders could deal with the traumatic events that are an inevitable part of their work.

At the same time, several first responders felt that additional trainings or programming would not address the real stressors of first responder work, which they feel are rooted in logistical aspects of the work (long work hours, forced overtime, difficulty with management). For these respondents, trainings would be a superficial response to the stress of first responder work. Others argued that there are already too many trainings required of first responders and that adding more would merely increase

"Free access to mental health individual counseling and psychiatry would be life changing. I cannot afford therapy, and anxiety and depression have been taking a massive toll…But I don't make enough money or have good enough medical insurance offered at work to afford help."

the burden. Making these trainings or programming voluntary was one way to address this concern.

ii. Beneficial services

The MHNA survey also asked respondents what services, if accessible and free, would help improve first responder mental health. *Figure 15* and *Table 16* show outcomes from this question. Nearly all first responders (97 percent) reported that *individual therapy*, if accessible and free, would help to improve first responder mental health. Responses for other services are also quite high; approximately 9 in 10 respondents reported that accessible and free *peer support programs* (93 percent), *couples/family therapy* (91 percent), and *wellness activities* (87 percent) would benefit first responders. Positive responses for all these possible services were high across all occupations, type of service, and length of service.

First responders also mentioned therapy as a vital resource for first responders who are struggling. The issue of culturally competent therapists was raised again in this context, as were issues of access. Free therapy services, co-pay waivers, paid time to seek care, the ability to take a "mental health day," and on-site mental health providers were some suggestions to increase access. According to one first responder,

> "Free access to mental health individual counseling and psychiatry would be life changing. I cannot afford therapy, and anxiety and depression have been taking a massive toll. Can no longer sleep at night. But I don't make enough money or have good enough medical insurance offered at work to afford help."

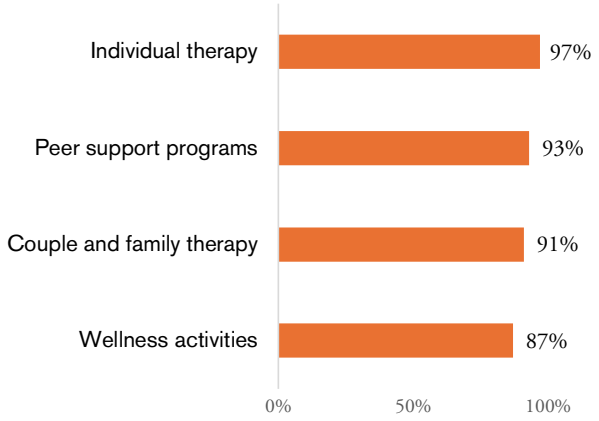
Tele-mental health services were also mentioned. One respondent suggested, "24 hour statewide confidential crisis tele-health culturally competent counseling then referral to [a] vetted licensed provider" would be beneficial; others felt that fully online services would be an important option for some. "First responders need confidential online therapy as built in components of their paid duties on the job."

Several first responders wrote that services should be integrated into departmental structure and budgets, to ensure their existence and sustainability.

> "The challenge is not the lack of services specifically —I know that there are resources available and [my department] does a superb job of critical incident stress reviews. The challenge is more that these are exception based and not a significant structural part of ongoing (especially volunteer) operational procedures."

FIGURE 15

NYS First Responders, benefical services



First responders offered ideas about other helpful services. The following themes emerged from this option.

- Access to physical exercise
- Health/nutrition support
- Peer support programs
- Group activities/team building—hiking, bbq, bowling, etc.
- Free mental health services (very important that providers are culturally competent)
- Paid time off/mental health days

Access to physical exercise was the most common response; free (or discounted) gym memberships, exercise equipment at the station house, or opportunities for exercise with colleagues (running, hiking) were all offered as ways that first responders could care for their physical, and by extension their mental health. Nutrition counseling was also mentioned as a service that could help bolster mental health.

Peer support programs were also frequently cited, with many respondents expressing that peer-led programming, whether a workshop or peer support and counseling, is "likely to be more impactful" than "expert-led" programs and is the best way to guarantee culturally competent services. Another respondent reflected on the value of local and regional or statewide peer support.

> "Peer programs can go either way—either you want to talk to a knowledgeable peer who knows your department and the culture of your city and where you work or you want to talk to someone very removed from your daily work."

Other respondents expressed caveats about peer programing. Concerns about confidentiality and appropriate training for peers to counsel others were raised frequently. One respondent cautioned,

> "Peer support groups can be great but…they are very contingent on the people involved. I know [colleagues] whose agencies have [unsupportive] management run programs that are afraid of repercussions so will not attend."

Many respondents suggested that first responders should be required to receive regular mental health wellness checks, similar to mandated annual physical wellness checks. Participants felt that these checks could be an introduction to services for those who are reluctant to take those first steps on their own. The mandatory nature of these wellness checks was noted as a critical element; stigma is lessened if all staff are required to attend. Most respondents favored annual checks, though several advocated for semi-annual or quarterly appointments, or sessions after each critical incident.

Several first responders thought it important to include family in training and/or counseling. They are an important source of support, or stress if they are not supportive or if they cannot understand what their partner is experiencing.

Finally, several first responders mentioned the value of building camaraderie within departments. This included organized activities, such as hikes or nights out, for department members, sometimes even with family invited. One respondent spoke fondly of the regular community events convened by her department—a community walk or clean-up, or a trip to a local baseball game—all intended to build relationships among department members and between the department and the community.

TABLE 15

NYS First Responders, programming to address mental health challenges, total and by subgroup

	Stress management	Coping with anxiety or depression	Awareness of mental health challenges	Understanding stigma	Mindfulness	Addressing alcohol and drug abuse	Addressing issues of suicide
All Cases	68%	62%	61%	54%	48%	42%	41%
OCCUPATION							
Law enforcement	73%	67%	64%	58%	54%	46%	46%
EMS	70%	64%	63%	55%	49%	45%	44%
Fire	65%	59%	61%	52%	44%	41%	39%
Emergency communications	75%	70%	65%	61%	57%	43%	45%
Emergency manager	76%	70%	64%	61%	54%	40%	45%
Administrative	72%	69%	70%	60%	56%	47%	49%
Other	69%	68%	66%	50%	57%	35%	40%
TYPE OF SERVICE							
Career (paid)	72%	65%	61%	55%	52%	45%	44%
Volunteer	62%	57%	62%	51%	41%	36%	36%
LENGTH OF SERVICE							
Fewer than 5 years	59%	53%	53%	45%	42%	35%	37%
5–9 years	68%	60%	59%	53%	51%	41%	42%
10–19 years	69%	64%	60%	54%	50%	42%	41%
20–29 years	74%	69%	67%	58%	51%	47%	44%
30+ years	69%	63%	69%	57%	45%	41%	42%

Question wording: Please indicate which topics would help address some of the mental health challenges faced by first responders, if offered as trainings, seminars, or educational programming, (Check all that apply): (3) Stress management, (5) Coping with anxiety or depression, (1) Awareness about mental health issues and challenges, (2) Understanding the stigma surrounding mental health challenges, (7) Mindfulness, (4) Addressing alcohol and drug abuse, (6) Addressing issues of suicide.

TABLE 16

NYS First Responders, services that would improve first responder mental health if accessible and free, total and by subgroup

	Individual therapy	Peer support programs	Couples/ family therapy	Wellness activities
All Cases	97%	93%	91%	87%
OCCUPATION				
Law enforcement	97%	92%	93%	90%
EMS	97%	92%	89%	87%
Fire	96%	92%	90%	86%
Emergency communications	99%	95%	90%	90%
Emergency manager	100%	97%	94%	90%
Administrative	99%	97%	93%	88%
Other	91%	98%	91%	93%
TYPE OF SERVICE				
Career (paid)	97%	93%	92%	90%
Volunteer	95%	91%	86%	84%
LENGTH OF SERVICE				
Fewer than 5 years	96%	91%	89%	87%
5–9 years	97%	92%	91%	89%
10–19 years	97%	93%	93%	91%
20–29 years	96%	92%	91%	87%
30+ years	95%	92%	85%	84%

Question wording: Please rate the degree to which the following services, if accessible and free, would help improve first responder mental health, (Scale: not at all, somewhat, moderately, to a great extent): (1) Individual therapy, (3) Peer support programs, (2) Couples/family therapy, (4) Wellness activities (yoga, mindfulness training, guided meditation, etc.) Percentages reported here are for total responding somewhat, moderately, to a great extent.

V. Discussion

First responders in New York, as elsewhere, are struggling with mental health challenges. They face multiple stressors, endure a range of mental health challenges and conditions, and confront barriers to seeking, and receiving, mental health care. The MHNA revealed several important dynamics:

- The majority of first responders report significant stressors, mental health challenges, and obstacles to accessing support. These issues are prevalent across all groups, though some variation by occupation, service type, and service length could offer useful insights for targeted interventions. Overall, the primary takeaway is clear: many first responders face considerable mental health challenges as a result of their work.
- While rates are high for all, emergency communications personnel had among the highest ratings for stressors and mental health impacts. Focus group participants attributed this to several factors. Explaining the high stress of the emergency communications environment, one respondent stated, "[we are] hypervigilant, there is no time to come back down between calls, it's urgency all the time." Another described the feeling of "cortisol rising with every call" over the course of a shift that could last anywhere from 8-16 hours. Other respondents emphasized the lack of closure, stating that emergency communications personnel are often "left out of crisis debriefing" and in many instances, are not made aware of the outcome of a case. Others felt that emergency communications gets sidelined, often a forgotten part of the first responder lifeline. Finally, one participant noted that, "Emergency communications does a lot more than just dispatch to an incident. For example, we talk people through CPR or other intervention while waiting for an ambulance to arrive." Taken together, these factors contribute to a highly stressful work environment that, some felt, lacks adequate closure, camaraderie, and supports.
- In general, career first responders reported greater stressors and mental health challenges than volunteers though rates were high for all. Barriers to seeking care were also felt more strongly by career first responders, particularly those related to duty assignment and job security.
- Overall, first responders in the middle of their career appear to face the most challenges. Those with fewer than five years in a first responder role had experienced fewer, or had not yet accumulated, the stress and trauma of first responder work. Further, many respondents suggested that the younger generations are more open to addressing, and discussing, mental health issues. At the other end of the spectrum, those with many years on the job were reflective about their experiences and were looking towards retirement. Those in the middle were still in the throes of the work.
- Stigma remains a substantial barrier to seeking care. First responders were concerned that seeking care would make them "look weak" and that leadership and their colleagues would treat them differently and assume they are unreliable or "not up to the job," particularly in a dangerous situation. This sentiment may be shifting, however; several respondents acknowledged that recent attention to the issue of mental health seemed to be lessening this stigma, and that younger generations appear to be more comfortable with, and open about, acknowledging and addressing issues of mental health.

  Relatedly, a fear of consequences, from a light-duty assignment to fear of losing their job altogether, prevented first responders from seeking mental health care. Other consequences, such as loss of pistol license, also kept first responders from seeking care. Many first responders asked for clarity about job-related, and other, consequences for seeking mental health care (including medication).
- Leadership at all levels plays a crucial role in creating cultures that support, or harm, the mental health of first responders. Relatedly, leadership is key to the successful development, implementation, and reception of mental health initiatives and services within the first responder community.
- Mental health providers with very particular experience in, or deep knowledge of, first responders' work,

experience, and culture are most trusted to provide care. There is currently a dearth of these providers.

In addition, some promising ideas surfaced from the MHNA:

- Development of a statewide or regional peer support network, trained to address first responder issues and available 24/7. This team would be the first line of support for struggling first responders and would, when appropriate, refer clients to a professional who had already been vetted for experience, availability, and insurance (including tele-mental health). Confidentiality of this peer support network (and other peer support programs) is an important issue that needs to be attended to in this model.
- Development of a cadre of culturally competent therapists, through the creation of a first responder-focused certificate or micro-credential that can be taken as part of graduate mental health counseling programs. Participants could receive first responder-specific training at training centers or through ride-alongs with first responders.
- Mandatory annual, or more frequent, mental health wellness checks.
- Conversations and proactive wellness activities and programming to keep mental health in the forefront and to continue to whittle away at the stigma.
- Development of more peer support at the state and local level, with attention to proper training and confidentiality.
- Access to free or reduced-cost wellness activities, such as gym memberships, department-wide events, and collegial activities that connect first responders to their peers and the community.
- Policy-level discussions, and introduction of legislation where appropriate, about ways to mitigate stress in work environments (e.g., long hours, overtime, training for leadership) and increase access to mental health care (e.g., reduced co-pays, discounted services, paid time to seek care).

VI. Conclusion

Over 6,000 first responders in NYS felt strongly enough about issues of mental health to respond to the MHNA. There is clearly a need, and first responders want to be heard and helped.

Many MHNA respondents expressed gratitude for the needs assessment:

"Thank you for taking the time to try and understand [that] we in the public service community need mental health help."

"Thank you for addressing this issue. It has been minimized for far too long."

"Thank you for doing a study on this topic. It is an area that needs to be improved upon in our fields of work, and I hope to see it better embraced in the future. Thank you."

"THIS TOPIC IS SO IMPORTANT!! Thank you for addressing this. I look forward to seeing what progresses out of this. This survey is a very good start to opening people up to the topic. Keep talking about it and let's normalize seeking self-help! Thanks again!"

There was also a fair amount of skepticism that the MHNA would yield tangible results:

"The survey is great, but [is] this survey really going to help change the culture…?"

"This is a waste. Nothing will ever be done to assist [first] responders with mental health."

"I think this is just a check in the box for you… I believe much of this is "feel good" politics."

"Good to collect the information, now what? Surveys get done and nothing changes. Do something with it."

The first responder community, including leadership at the local and state levels, has a unique opportunity to harness the current momentum around this crucial issue. The Mental Health Needs Assessment is just one step toward clearer understanding the depth of need and potential ways to help. Developing and implementing effective programs and services with real impact will require collaboration among state and local leaders. Working together, leadership at the state and local level can ensure that their collective efforts demonstrate commitment to addressing this important issue and ultimately, lead to improvements in first responder mental health.

Endnotes

[1] NYS Empire State Development, https://esd.ny.gov/regions
[2] The survey instrument can be found in Appendix A.
[3] NYS Empire State Development, https://esd.ny.gov/regions
[4] Results from the survey using weighted data are very similar to results using unweighted data. Additional information about sample weights are available upon request.
[5] Estimated total population sizes are drawn from US Census, PUMS ACS 5-Year Estimates Public Use Microdata Sample 2021, as well as data provided about volunteers by NYS Volunteer Ambulance and Rescue Association and the Firefighters Association of the State of New York (FASNY). New York City is under-represented and EMS and emergency communications are overrepresented in the sample (as are emergency managers, to a lesser degree).
[6] A presentation of the MHNA given in spring/summer 2024 reported on mental health challenges within the first responder field. Outcomes: stress (94 percent), burnout (90 percent), anxiety (87 percent), PTSD (83 percent), depression (82 percent), substance abuse (68 percent), and suicidal ideation/suicide (65 percent). Full table and narrative can be found in Appendix B.
[7] Appendix C provides greater detail about the degree to which first responders report ever having experienced these mental health symptoms as a result of their first responder work.
[8] Composite measures created from the following: Have you ever experienced any of the following symptoms as a result of your first responder work? PTSD: Flashbacks, recurring dreams, or spontaneous memories of a disturbing event/events; avoiding reminders of a disturbing event/events; diminished interest or pleasure in daily activities; persistent and distorted sense of blame of self or others for a disturbing event; estrangement from friends, family, colleagues; inability to remember key aspects of a disturbing event/events; aggressive, reckless, or self-destructive behavior; sleep disturbance; hypervigilance. Depression: Persistent feelings of sadness and hopelessness; diminished interest or pleasure in daily activities. Anxiety: Excessive, persistent, and uncontrollable worry and apprehension.
[9] Internal consistency of the PTSD and depression indices was estimated using Chronbach's Alpha; .854 for PTSD and .736 for depression, giving high confidence in these indices.
[10] Data for the NYS population are drawn from SAMHSA National Survey on Drug Use and Health: Model-Based Prevalence Estimates, SAMHSA. The SAMHSA National Survey on Drug use and Health asks if respondents had had thoughts of suicide in the past 12 months. The MHNA asked participants if they had ever experienced thoughts of suicide as a result of their first responder work. Given the incongruity between the MHNA and the SAMHSA question (career prevalence vs 12 months), the research team averaged the SAMHSA estimate over an eight-year period to arrive at 4 percent. The eight-year average includes 2008–9 and 2013–2019, 2021–22. The years 2019–20 and 2020–21 are excluded, as data were not collected because of COVID. Rates range from a low of 3.63 in 2017–18 to a high of 4.29 in 2021–22. https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health
[11] Appendix D provides greater detail about the degree to which first responders report these issues as barriers to seeking mental health care.

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APPENDIX A

FIRST RESPONDER MENTAL HEALTH NEEDS ASSESSMENT SURVEY

1. Please indicate your area of first responder work.
   Check all that apply
   - Law enforcement officer: sworn
   - Law enforcement officer: civilian
   - Emergency medical services (emergency medical technician, paramedic)
   - Fire service
   - Emergency communications official/ Emergency call taker
   - Emergency manager
   - Administrative
   - Other: please specify

2. Is your first responder position
   - Supervision/management, with field response duties
   - Supervision/management, without field response duties
   - Not supervision/management (front-line responder)

3. Is your primary position:
   Check one
   - Career (paid)
   - Volunteer

4. How long have you worked in this first responder field?
   Fewer than 5, 5 – 9, 10 – 19, 20 – 29, 30+

5. In what region of the state are you a first-responder?
   - Western New York (Counties: Niagara, Erie, Chautauqua, Cattaraugus, Allegany)
   - Finger Lakes (Counties: Orleans, Genesee, Wyoming, Monroe, Livingston, Wayne, Ontario, Yates, Seneca)
   - Central New York (Counties: Oswego, Cayuga, Onondaga, Cortland, Madison)
   - Southern Tier (Counties: Steuben, Schuyler, Chemung, Tompkins, Tioga, Broome, Chenango, Delaware)
   - North Country (Counties: Jefferson, Lewis, St. Lawrence, Franklin, Clinton, Essex, Hamilton)
   - Mohawk Valley (Counties: Oneida, Herkimer, Otsego, Fulton, Montgomery, Schoharie)
   - Capital Region (Counties: Warren, Saratoga, Schenectady, Albany, Greene, Washington, Rensselaer, Columbia)
   - Mid-Hudson (Counties: Sullivan, Orange, Rockland, Ulster, Dutchess, Putnam, Westchester)
   - Long Island (Counties: Nassau, Suffolk)
   - New York City (Counties/Boroughs: Bronx, Queens, New York/Manhattan, Kings/Brooklyn, Richmond/ Staten Island)

6. Characteristics of jurisdiction: *urban outside of NYC, rural, suburban, New York City*

7. What is the annual yearly call volume in your department, if known (approximate)?

8. Are there adequate systems in place to address first responder mental health needs?
   Scale: Not at all adequate, not adequate, adequate, very adequate

9. Have any of the following aspects of your first responder work ever caused you distress?
   Check all that apply
   - Shift work
   - Over-time
   - Risk of being injured on the job
   - Paperwork
   - Not enough time to spend with friends and family
   - Lack of understanding from family and friends about your work
   - Public perception of the profession
   - Limitations to your social life (e.g. who your friends are, where you socialize)
   - Traumatic events (i.e. motor vehicle accident, domestics, injury or death from a shooting).
   - Situations encountered on the job (e.g. domestic violence, overdose)
   - Difficulty with colleagues

10. Have you ever experienced any of the following as a result of first responder work-related distress?
    Check all that apply
    - Burnout
    - Anxiety
    - General stress
    - Post-Traumatic Stress Disorder (PTSD)
    - Depression
    - Substance abuse
    - Prefer not to answer

11. Please indicate whether first responder work-related distress has ever negatively impacted the following areas of your life.
    Scale: Not at all, somewhat, moderately, a great deal, prefer not to answer
    - Home life
    - Family relationships
    - Friendships
    - Social life
    - Physical health

12. Thinking about the first responder field as a whole, please rate the degree to which you think the following are significant challenges.
    Scale: Not significant, somewhat significant, significant, extremely significant
    - Post Traumatic Stress Disorder (PTSD)
    - Depression
    - Anxiety
    - Suicidal ideation/suicide
    - Stress
    - Substance abuse
    - Burnout
    - Lack of access to healthcare
    - Lack of access to mental health care
    - Toxic work culture
    - Personal safety

13. Have you ever experienced any of the following symptoms as a result of your first responder work.
    Scale: never, rarely, occasionally, very frequently, prefer not to answer
    - Persistent feelings of sadness and hopelessness
    - Diminished interest or pleasure in daily activities
    - Excessive, persistent, and uncontrollable worry and apprehension
    - Flashbacks, recurring dreams, or spontaneous memories of a disturbing event/events
    - Avoiding reminders of a disturbing event/events
    - Persistent and distorted sense of blame of self or others for a disturbing event
    - Estrangement from friends, family, colleagues
    - Inability to remember key aspects of a disturbing event/events
    - Aggressive, reckless, or self-destructive behavior
    - Sleep disturbance
    - Hypervigilance
    - Thoughts about self-harm
    - Thoughts about suicide

14. Following are issues that might prevent first responders from seeking care for work-related distress or mental health challenges. Please rate the degree to which you think each statement is a barrier to seeking mental health care for first responders generally.
    Scale, for each: not a barrier, somewhat of a barrier, moderate barrier, strong barrier, prefer not to answer
    - Not knowing where to get help
    - Not recognizing the need for care
    - Stigma associated with seeking care for mental health issues
    - Scheduling concerns
    - Too expensive
    - Not enough time
    - Lack of employer support
    - Lack of family support
    - Lack of community support
    - Lack of mental health providers who understand the needs of first responders
    - Other (please specify)

15. The following statements are stigma-related concerns that might prevent first responders from seeking care for work-related distress or mental health challenges. Please rate the degree to which you think each statement is a barrier to seeking mental health care for the first responder community generally.
    Scale, for each: not a barrier, somewhat of a barrier, moderate barrier, strong barrier, prefer not to answer/ not applicable
    - Concern that peers will think less of them
    - Concern that peers will think they are unreliable in a stressful or dangerous situation (that they're not "up to the job")
    - Concern that others will think they are weak
    - Concern that they would be humiliated if others found out they were receiving treatment
    - Concerns about confidentiality
    - Concerns about negative career impact
    - Concern that their unit leadership would treat them differently
    - Concern about losing pistol license
    - Concern about losing service weapon
    - Concern about losing security clearance

16. Please rate the degree to which you think each statement is a barrier to seeking mental health care for yourself.
    Scale, for each: not a barrier, somewhat of a barrier, moderate barrier, strong barrier, prefer not to answer/ not applicable
    - Concern that peers will think less of you
    - Concern that peers will think you are unreliable in a stressful or dangerous situation (that you're not "up to the job")
    - Concern that others will think you are weak
    - Concern that you would be humiliated if others found out you were receiving treatment
    - Concerns about confidentiality
    - Concerns about negative career impact
    - Concern that your unit leadership would treat you differently
    - Concern about losing pistol license
    - Concern about losing service weapon
    - Concern about losing security clearance

17. Please indicate which topics would help address some of the mental health challenges faced by first responders, if offered as trainings, seminars, or educational programming.
    Check all that apply
    - Awareness about mental health issues and challenges
    - Understanding the stigma surrounding mental health challenges
    - Stress management
    - Addressing alcohol and drug abuse
    - Coping with anxiety or depression
    - Addressing issues of suicide
    - Mindfulness

18. Are there topics not listed above that you think would be helpful? *(please specify)*

19. Please rate the degree to which the following services, if accessible and free, would help improve first responder mental health.
    Scale: not at all, somewhat, moderately, to a great extent
    - Individual therapy
    - Couples/family therapy
    - Peer support programs
    - Wellness activities (yoga, mindfulness training, guided meditation, etc.)

20. Are there any successful services or best practices not listed above that you would like to tell us about? *(please specify)*

21. How confident are you in your ability to:
    Scale: not at all confident, somewhat confident, confident, very confident, prefer not to answer
    - Recognize signs/symptoms of distress in your colleagues
    - Provide emotional support or assistance to colleagues who are experiencing distress
    - Help a colleague find appropriate support

22. How confident are you in your ability to recognize signs/symptoms of distress in yourself?
    *Scale: not at all confident, somewhat confident, confident, very confident, prefer not to answ*er

23. What is your age:
    - 18–24
    - 25–34
    - 35–44
    - 45–54
    - 55–64
    - 65+

24. Select your gender: M, F, other (text)

25. What is your race?
    - American Indian or Alaska Native
    - Asian, Black or African American
    - Native Hawaiian or Other Pacific Islander
    - White
    - Multi-racial
    - Other with text

26. Are you of Hispanic, Latino, or Spanish origin?
    - Yes/No

27. Is there anything else you would like to tell us about this topic or about the survey itself?

Thank you for your time. If you feel the need for assistance, you may contact the organizations or help: Disaster Distress Helpline at 1-800-985-5990 or the Crisis & Suicide Lifeline at 988.

APPENDIX B

MENTAL HEALTH CHALLENGES, FIELD AS A WHOLE

When asked about the mental health challenges faced by the first responder field as a whole, survey respondents cited *stress* most frequently (94 percent) followed closely by *burnout* (90 percent), and *anxiety* (87 percent) (*Table 1*). Approximately 80 percent of first responders identified *depression* and *PTSD* as major issues. Approximately two-thirds of first responders reported *substance abuse* (68 percent) and *suicidal ideation* (65 percent) as challenges for the field. Career first responders identified these challenges also at high rates and more frequently than volunteers. Overall, mid-career personnel were more likely to identify these challenges for the first responder field compared to those with fewer (fewer than 5) and more (more than 30) years of service, though outcomes are high for all.

TABLE 1

NYS First Responders, mental health challenges for the field, total and by subgroup

	Stress	Burnout	Anxiety	PTSD	Depression	Substance abuse	Suicide/ Suicidal ideation
ALL CASES	94%	90%	87%	83%	82%	68%	65%
OCCUPATION							
Law Enforcement	98%	93%	91%	87%	88%	73%	74%
EMS	96%	92%	89%	84%	84%	70%	70%
Fire	92%	87%	84%	81%	78%	64%	59%
Emergency communications	99%	96%	92%	86%	93%	73%	74%
Emergency manager	97%	95%	91%	84%	86%	71%	67%
Administrative	96%	95%	90%	84%	88%	73%	70%
Other	91%	79%	83%	72%	73%	57%	66%
TYPE OF SERVICE							
Career (paid)	97%	94%	91%	86%	87%	74%	70%
Volunteer	90%	83%	82%	78%	75%	57%	56%
LENGTH OF SERVICE							
Fewer than 5 years	90%	82%	83%	73%	74%	58%	58%
5–9 years	94%	93%	88%	78%	84%	67%	65%
10–19 years	96%	94%	89%	86%	85%	73%	70%
20–29 years	97%	92%	91%	89%	86%	74%	69%
30+ years	93%	88%	86%	86%	82%	63%	60%

Question wording: Thinking about the first responder field as a whole, please rate the degree to which you think the following are significant challenges: (5) Stress, (7) Burnout, (3) Anxiety, (1) Post-Traumatic Stress Disorder (PTSD), (2) Depression, (6) Substance abuse, (4) Suicidal ideation/suicide. Percentages reported here are for total responding somewhat significant, significant, extremely significant.

Table 2 presents a more nuanced picture of mental health challenges within the first responder field, as reported by MHNA respondents. Approximately 4 in 10 first responders identified *stress* and *burnout* as extremely significant challenges in their field, while half that number (approximately 2 in 10) highlight *PTSD*, *depression*, and *anxiety* as extremely significant issues. *Suicidal ideation/suicide* and *substance abuse* were reported less frequently as extremely significant, at 17 percent and 15 percent respectively. Overall, the data indicate that the majority of first responders perceive these mental health challenges to be significant–extremely significant for their field (*suicidal ideation* and *substance abuse* are a bit lower at approximately 40 percent).

TABLE 2

NYS First Responders, mental health challenges for the field

	Not significant	Somewhat significant	Significant	Extremely significant
Stress	6%	20%	35%	39%
Burnout	10%	20%	33%	38%
Post Traumatic Stress Disorder (PTSD)	17%	26%	35%	22%
Depression	18%	27%	35%	20%
Anxiety	13%	28%	37%	22%
Suicidal ideation/suicide	35%	26%	22%	17%
Substance abuse	32%	27%	26%	15%

Question wording: Thinking about the first responder field as a whole, please rate the degree to which you think the following are significant challenges (5) Stress, (7) Burnout, (1) Post Traumatic Stress Disorder (PTSD), (2) Depression, (3) Anxiety, (4) Suicidal ideation/suicide, (6) Substance abuse.

APPENDIX C

MENTAL HEALTH SYMPTOMS

Table 1 provides greater detail about the degree to which first responders have ever experienced certain mental health symptoms as a result of their first responder work. Approximately 4 in 10 first responders reported having experienced *sleep disturbance* (42 percent) and *hypervigilance* (36 percent) frequently—very frequently. Approximately one-quarter of respondents cited frequent—very frequent experiences of *diminished interest in daily activities* (26 percent), and *uncontrollable worry* (24 percent), and 1 in 5 have experienced frequent—very frequent *flashbacks* (20 percent), *persistent feelings of sadness and hopelessness* (18 percent), and *estrangement* (17 percent). *Aggressive behavior* was experienced frequently—very frequently by approximately 1 in 10 first responders (11 percent). *Thoughts of suicide* were experienced frequently— very frequently by four percent of respondents. While this percentage may seem small, it translates to 240 first responders in our sample.

TABLE 1

NYS First Responders, experience of mental health symptoms

	Very frequently	Frequently	Occasionally	Never
Sleep disturbance	23%	19%	37%	21%
Hypervigilance	20%	16%	27%	35%
Diminished interest in daily activities	11%	15%	41%	34%
Uncontrollable worry and apprehension	11%	13%	33%	44%
Flashbacks	9%	11%	43%	37%
Persistent feelings of sadness and hopelessness	8%	10%	39%	44%
Estrangement	6%	11%	35%	48%
Aggressive, reckless behavior	4%	7%	24%	65%
Thoughts about suicide	2%	2%	12%	84%

Question wording: Have you ever experienced any of the following symptoms as a result of your first responder work, (Scale: never, occasionally, frequently, very frequently, prefer not to answer): (10) Sleep disturbance; (2) Diminished interest or pleasure in daily activities; (11) Hypervigilance; (4) Flashbacks, recurring dreams, or spontaneous memories of a disturbing event/events; (3) Excessive, persistent, and uncontrollable worry and apprehension; (1) Persistent feelings of sadness and hopelessness; (7) Estrangement from friends, family, colleagues; (9) Aggressive, reckless, or self-destructive behavior; (13) Thoughts about suicide.

APPENDIX D

BARRIERS TO SEEKING MENTAL HEALTH CARE

Table 1 provides detail about the barriers to seeking mental health care within the first responder field. All barrier types—social, potential consequences, logistical, and support-related—are combined into one table. Social barriers and potential consequences, along with support-related barriers *not recognizing the need for care* and *lack of culturally competent providers*, were the most pressing; more than one-third of respondents noted these as strong barriers for the field. Logistical issues were cited as strong barriers by approximately one-quarter to one-third of respondents. *Lack of community* and *family support,* and *not knowing where to get help* are viewed as lessor constraints, with approximately 10–20 percent of respondents claiming them as strong barriers.

TABLE 1

NYS First Responders, barriers to seeking mental health care

	Strong barrier	Moderate barrier	Somewhat of a barrier	Not a barrier
SOCIAL BARRIERS				
Stigma	46%	18%	16%	20%
Concern that peers will think they are unreliable/not "up to the job"	38%	18%	22%	22%
Concern about confidentiality	36%	17%	19%	27%
POTENTIAL CONSEQUENCES				
Concern about losing pistol license	45%	12%	11%	32%
Concerns about negative career impact	39%	17%	18%	26%
Concern that unit leadership will treat them differently	35%	19%	20%	25%
LOGISTICAL BARRIERS				
Time	32%	21%	24%	22%
Scheduling	23%	22%	26%	28%
Expense	29%	17%	19%	35%
Lack of employer support	28%	18%	19%	35%
SUPPORT-RELATED BARRIERS				
Not recognizing the need for care	33%	22%	23%	22%
Lack of culturally competent providers	35%	19%	21%	25%
Not knowing where to get help	21%	22%	26%	31%
Lack of community support	18%	16%	24%	42%
Lack of family support	9%	13%	23%	55%

Following are issues that might prevent first responders from seeking care for work-related distress or mental health challenges. Please rate the degree to which you think each statement is a barrier to seeking mental health care for the first responder community generally. (1) Not knowing where to get help, (2) Not recognizing the need for care, (3) Stigma associated with seeking care for mental health issues, (4) Scheduling concerns, (5) Too expensive, (6) Not enough time, (7) Lack of employer support, (8) Lack of family support, (9) Lack of community support, (10) Lack of mental health providers who understand the needs of first responders. The following statements are stigma-related concerns that might prevent first responders from seeking care for work-related distress or mental health challenges. Please rate the degree to which you think each statement is a barrier to seeking mental health care for the first responder community generally. (2) Concern that peers will think they are unreliable in a stressful or dangerous situation (that they're not "up to the job"), (5) Concerns about confidentiality, (6) Concerns about negative career impact, (7) Concern that their unit leadership would treat them differently, (8) Concern about losing pistol license.

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Robin Jacobowitz, Ph.D., is the Director of Education Projects at the Benjamin Center for Public Policy Initiatives at SUNY New Paltz. Her expertise is in evaluation and research. Dr. Jacobowitz served as principal investigator of the inaugural First Responder Mental Health Needs Assessment, in consultation with the Institute for Disaster Mental Health and the NYS Division of Homeland Security and Emergency Services. Other research efforts have focused in the areas of public education and mental health, including work in education reform (specifically NYS' grades 3–8 testing program), teacher professional development, workforce development, the opioid crisis, and youth disaster mental health. She has authored numerous publications, including most recently Early Career Leadership Institute: Program Evaluation, and is the co-author of Stress, Resilience, and Psychological First Aid for Buffalo: An Exercise in Cultural Humility.

Prior to SUNY New Paltz, Dr. Jacobowitz worked at New York University's Institute for Education and Social Policy and University of Chicago's Chapin Hall Center for Children. Bridging her professional expertise to community service, Robin served on the Kingston City School District Board of Education for thirteen years (2011–2024). She holds an MEd in education policy from the Harvard University Graduate School of Education and a Ph.D. from the Robert F. Wagner Graduate School of Public Service at NYU.

Amy Nitza, Ph.D., is the executive director of the Institute for Disaster Mental Health at SUNY New Paltz, where she also directs the Advanced Certificate in Trauma and Disaster Mental Health. She is a psychologist who specializes in providing mental health training nationally and internationally. As a Fulbright Scholar at the University of Botswana, she trained mental health and school counselors in the use of group interventions in HIV/AIDS prevention. She also collaborated with UNICEF USA to develop and implement a program of mental health support for children and teachers impacted by the recent disasters in Puerto Rico. She directs numerous grant-funded projects including from the New York State Office of Mental Health, Office of Victim Services and Division of Homeland Security and Emergency Services. Amy has provided training at the federal level to the Executive Office of the President, the Federal Bureau of Investigation and the Smithsonian Institution. She has provided direct service to survivors of numerous disasters including Hurricanes Sally, Dorian, Harvey, and Maria, the Creek Fire in California, and the earthquakes in Haiti and Puerto Rico. She is the author of numerous publications, including the book Disaster Mental Health Case Studies: Lessons Learned from Counseling in Chaos.

Kathleen (kt) Tobin, Ph.D., is the Director of the Benjamin Center for Public Policy Initiatives at SUNY New Paltz. She is responsible for designing, managing, and publishing studies focused on regional and statewide issues. She is a graduate of SUNY New Paltz (Sociology, '92), holds an M.S. in Social Research from CUNY Hunter, and a Ph.D. in Sociology from SUNY Albany. Before returning to her alma mater SUNY New Paltz in 2008, Dr. Tobin led survey research projects at the Marist Institute for Public Opinion (1997–2008).

Dr. Tobin provided research and editorial support for the inaugural First Responder Mental Health Needs Assessment. She is an applied social researcher with methodological expertise in survey methods and experience in emergency preparedness. Dr. Tobin served on the New Paltz School Board (2009–2012) and is a former Deputy Mayor of the Village of New Paltz (2017–2021). She was Public Information Officer for New Paltz Emergency Preparedness for over a decade (2011–2022). With the goal of informing public policy, she has conducted several NYS surveys of public officials including during the pandemic when she directed a survey of local elected leaders across the state about how they and their communities were handling the COVID-19 crisis.

Jesse Hazard is a Program Research Specialist for the New York State Office of Temporary and Disability Assistance. She graduated summa cum laude from SUNY New Paltz in 2024 with a degree in Political Science. While at SUNY New Paltz, Jesse was awarded the prestigious Cetrino Scholarship through the Benjamin Center for Public Policy Initiatives. As a Cetrino Scholar, Ms. Hazard was integral in helping to conduct the First Responder Mental Health Needs Assessment. She also contributed to research on countywide opioid and substance abuse prevention programs and education reform initiatives in New York State. Ms. Hazard is a member of Pi Sigma Alpha, the national political science honor society, and earned first place in the "21st Annual Pi Sigma Alpha Best Student Paper Essay Contest."

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