

NATIONAL WELLNESS SURVEY

for Public Safety Personnel

Summary Report

November 2022

ACKNOWLEDGMENTS

The United States Marshals Service (USMS) Behavioral Analysis Unit (BAU) would like to extend its appreciation to all public safety personnel who took time to complete the survey and provide honest, candid responses. Participating in this effort demonstrates how each department takes care of its own and is dedicated to efforts that protect and support its personnel.

CONTRIBUTORS

Additionally, we would like to thank Dr. Michael Bourke, Lieutenant Jaysyn Carson from the Herndon Police Department, Dr. Jill Milloy from the Fairfax County Police Department, Dr. Colby Mills from Forge Health, and Nova Southeastern University for their collaboration on the National Wellness Survey. Their professional insights and experience contributed immensely to the development and execution of this project.

INTRODUCTION

There is an overwhelming need to address the wellness of public safety personnel. Given the high rates of repeated exposure to potentially traumatic events and work-related stressors, research has shown elevated rates of mental health concerns in this population, such as depression, anxiety, posttraumatic stress disorder (PTSD), substance abuse, and suicide.

The National Wellness Survey for Public Safety Personnel is a robust, research-based effort to assess the impact of public safety work on individual well-being. The study received appropriate ethical approval through the Institutional Review Board (IRB) and all respondents participated voluntarily. The survey includes questions about exposure to various traumatic experiences, personal and professional life stressors, symptoms of well-being, and coping strategies to combat endorsed stressors. It captures the impact of the current climate on personnel and provides officers and first responders with a voice in a domain where it can be difficult to speak up. Press releases about the survey were published in [Changing America](#) and the [National Alliance on Mental Illness](#) (NAMI), and a [video](#) was produced to emphasize the importance of this initiative.

Findings from this survey can be used to guide needed changes in policy and legislation, strengthen the focus on wellness, inform prevention and intervention strategies, and assist in understanding what cultural changes can be made to reduce stigma involved with seeking treatment.

OVERVIEW

RESPONDENTS

The survey reached 165 local, state, and federal agencies across 23 states and the District of Columbia. Survey distribution began in November 2020 and concluded after one year of data collection, in November 2021. A total of 8,710 surveys were completed and 2,563 surveys were partially completed¹. The analysis in this report only accounts for fully completed surveys.

Survey respondents include individuals serving in any type of public safety role. The majority fell into one of three professions: 1) Sworn Law Enforcement, 2) Fire & Rescue, and 3) Dispatch. Certain data points are delineated by profession due to fundamental differences in roles and responsibilities.

The survey comprised of four sections to address various elements of wellness:

Exposure to Trauma

Assesses professional background, types of exposure to trauma, and the recency and frequency of experienced events.

- > Understand the extent of direct and indirect exposure to trauma

Stressors & Stress Management

Records stressors experienced in personal & professional settings, coping strategies to manage stress, and engagement with mental health resources.

- > Identify most common stressors resulting from public safety work

Demographics

Gathers information on age, gender, race, ethnicity, education, military/veteran status, relationship/parental status, and mental health diagnoses.

- > Learn how experiences affect different groups of people

Health & Well-Being

Measures symptoms of depression, anxiety, PTSD, and suicidal ideation; asked about social support, job satisfaction, and turnover intentions.

- > Assess how trauma and work-related stressors correlate with well-being

ANALYTICAL APPROACH

Tests of statistical significance were run to show, with some degree of confidence, whether a relationship exists between two selected variables. While these tests do not reflect the strength of a relationship, the resulting measures of association are useful to indicate whether certain findings merit reporting.² Selected variables are measured against risk factors, which are:

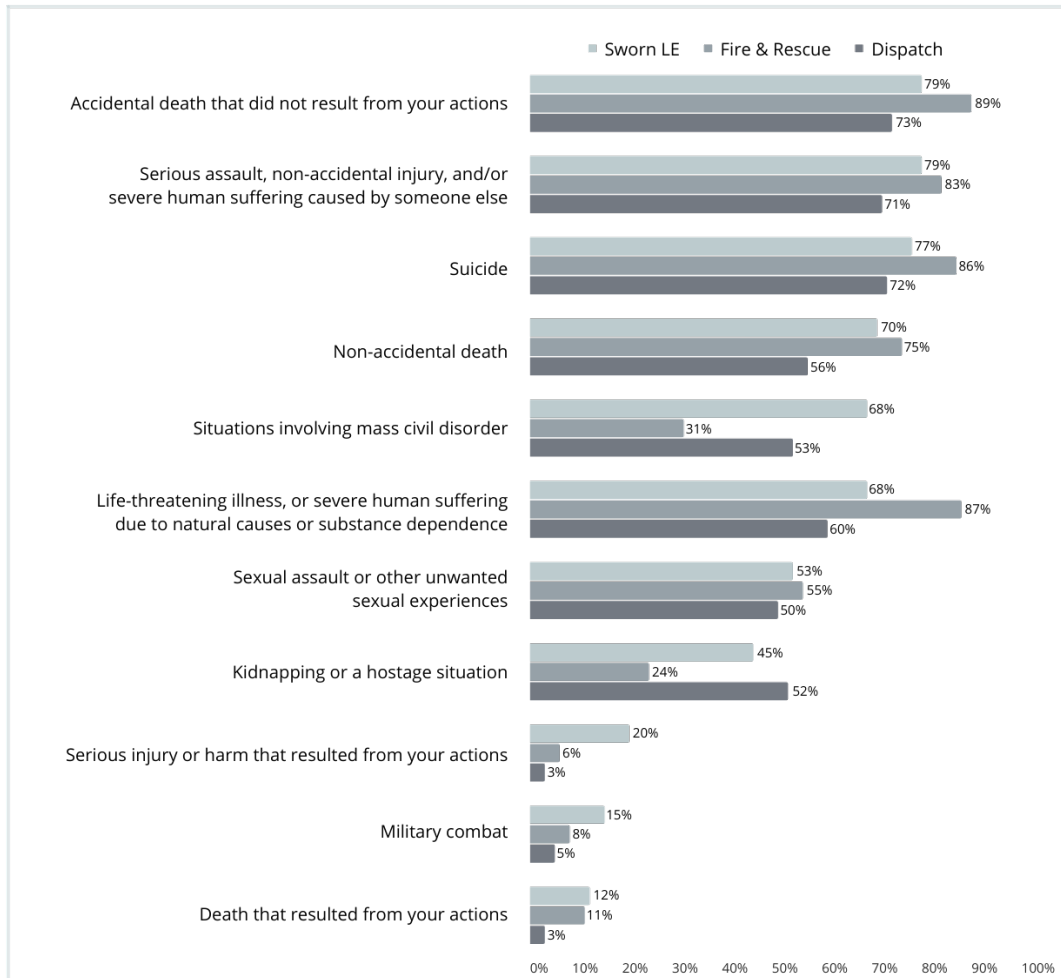
- Self-reported symptoms of [depression](#), [anxiety](#), and [PTSD](#) based on validated diagnostic instruments
- Disclosed magnitude of [suicidal ideation](#) within the past month
- Level of agreement with the statement, *“In the next few years, I intend to leave my public safety job prematurely due to work stressors”*

¹ The response rate (completed surveys out of total surveys sent) is 12% and the completion rate (completed surveys out started surveys) is 75%.

² Rea, L. M., & Parker, R. A. (2005). *Designing and conducting survey research: A comprehensive guide*. San Francisco: Jossey-Bass Publishers.

EXPOSURE TO TRAUMA

Respondents were asked to report whether they had been exposed to a particular type of traumatic experience in a professional setting, whether the trauma was experienced directly or indirectly, and the recency and frequency of experienced events. The figure below demonstrates the percentage of respondents who reported some form of exposure to each of the trauma categories.



Traumatic experiences with moderate associations to PTSD were endorsed by Dispatchers who have experienced:

- Serious assault, non-accidental injury, or severe human suffering, as it was taking place or that happened to someone close to the respondent
- Suicide as it was taking place
- Kidnapping or a hostage situation, as it was taking place or after it happened
- Sexual assault or other unwanted sexual experiences, as it was taking place or after it happened
- Accidental death not from their actions, as it was taking place or after it happened
- Non-accidental death after it happened

Variables with moderate associations to PTSD were endorsed by Sworn Law Enforcement and Fire & Rescue who experienced:

- Serious assault, non-accidental injury, or severe human suffering that happened to someone close to the respondent
- Sexual assault or other unwanted sexual experiences that happened to someone close to the respondent

STRESS & STRESS MANAGEMENT

PROFESSIONAL STRESSORS

Respondents reviewed a list of work-related stressors and selected those in which they had experienced during the past year. Out of 41 possible selections, the most commonly endorsed stressors for each profession are listed below.

SWORN LAW ENFORCEMENT

- 1 Negative media about your profession (84%)
- 2 Concerns about exposure to COVID-19 (75%)
- 3 Negative attitudes from the general public about your profession (71%)
- 4 Government officials outside of the agency do not understand what you deal with (61%)
- 5 Responding to critical incidents (59%)

While not the most frequently selected, the stressors in the following table exhibit the highest associations across risk factors. This indicates that if a respondent selected the stressor, he or she was more likely to also disclose indications of depression, anxiety, PTSD, suicidal ideation, and/or an intent to leave their public safety job prematurely due to work stressors.

Professional Stressors Sworn Law Enforcement	Depression, Anxiety, PTSD	Suicidal Ideation	Intent to Leave Position
Dissatisfaction with current role/assignment	✓	✓	✓
Low morale in the workforce	✓	✓	✓
Higher-level leadership does not understand the challenges you deal with	✓	✓	✓
Overworked	✓		✓
Lack of closure regarding critical incidents	✓	✓	

FIRE & RESCUE

- 1 Concerns about exposure to COVID-19 (80%)
- 2 Responding to critical incidents (69%)
- 3 Being directly involved with critical incidents (59%)
- 4 Sleep disruption while on call (54%)
- 5 Low morale in the workforce (47%)

The following stressors exhibit the highest associations with risk factors.

Professional Stressors Fire & Rescue	Depression, Anxiety, PTSD	Suicidal Ideation	Intent to Leave Position
Fear or retaliation in the workforce	✓	✓	✓
Lack of closure regarding critical incidents	✓	✓	✓
Low morale in the workforce	✓	✓	✓
Higher-level leadership does not understand the challenges you deal with	✓		✓
Your supervisor does not understand the challenges you deal with	✓		✓

PROFESSIONAL STRESSORS

DISPATCH

- 1 Concerns about exposure to COVID-19 (78%)
- 2 Low morale in the workforce (65%)
- 3 Coworkers do not pull their own weight (53%)
- 4 Government officials outside the organization do not understand what you deal with (52%)
- 5 Negative media about your profession (51%)

The following stressors exhibit the highest associations with risk factors.

Professional Stressors Dispatch	Depression, Anxiety, PTSD	Suicidal Ideation	Intent to Leave Position
Fear or retaliation in the workforce	✓	✓	✓
Overworked	✓	✓	✓
Dissatisfaction with current role/assignment	✓		✓
Lack of control or inability to protect someone during a critical incident	✓	✓	
Higher-level leadership does not understand the challenges you deal with	✓		✓

PERSONAL STRESSORS

Respondents reviewed a list of personal life stressors and selected those in which they had experienced during the past year. Out of 28 possible selections, the following stressors were moderately associated with depression, anxiety, PTSD, and suicidal ideation for Sworn Law Enforcement, Fire & Rescue, and Dispatch.

- 1 Lack of sleep/sleep issues
- 2 Personal health problems
- 3 Lack of time for personal life tasks

There was a relatively strong association between **lack of sleep/sleep issues** and **depression** for each profession.

MENTAL HEALTH RESOURCES

Respondents were asked to report on their access to and interest in engaging with various mental health services. The following table shows the percentage of respondents who have utilized each resource in any way (i.e., either internally from their agency or department or externally from the community).

Resource	Sworn Law Enforcement	Fire & Rescue	Dispatch
Psychologist or Counselor	21%	24%	26%
Psychiatrist	8%	13%	14%
Chaplain, Clergy, or other spiritual services	12%	13%	12%
Peer Support	16%	19%	16%
Primary Care Physician	10%	15%	20%

Reluctance to Seek Resources

Of respondents who expressed interest in seeking mental health resources at some point, the following are the most common reasons for not doing so:

- > Fears it would impact career, future employment, or security clearance
- > Wanting to handle it on their own
- > Concerns about confidentiality
- > Stigma

COPING MECHANISMS & JOB SATISFACTION

Respondents were asked to report on both positive and negative activities they engage in to counteract the effects of stress. The coping mechanisms moderately associated with depression, anxiety, and PTSD include:

- 1 Comfort/stress eating
- 2 Drinking to numb the pain/stress
- 3 Using prescription medication to feel better
- 4 Escaping through television or streaming services
- 5 Engaging in unhealthy sexual behavior

Of many variables explored, indicators of job satisfaction exhibited the strongest associations with measures of wellness. To summarize this section, items have been grouped into risk factors and protective factors. Risk factors represent an association with wellness in a negative way (i.e., if the respondent chose the item, they were more likely to disclose symptoms of depression, anxiety, and/or PTSD). In contrast, protective factors represent an association with wellness in a positive way (i.e., if the respondent chose the item, they were less likely to disclose symptoms).

Risk Factors	Protective Factors
<ul style="list-style-type: none"> • This job has made me a more negative person • I assume the worst about people I meet • As a result of my work, I have a difficult time trusting people • As a result of my work, I have a difficult time maintaining or forming new romantic relationships • In the next few years, I intend to to leave my job prematurely due to work stressors 	<ul style="list-style-type: none"> • I feel good about myself when I am at work • I feel a sense of personal fulfillment at work • I enjoy the work that I am involved in • I feel proud of the work that I do • I feel my work allows me to positively contribute to society

DEMOGRAPHICS

Among many associations examined, demographic variables for Sworn Law Enforcement, Fire & Rescue, and Dispatchers demonstrated moderate associations with professional and personal stressors.

<p>Female</p> <p>Sexual harassment in the workplace, sexual or gender discrimination in professional and personal settings</p>	<p>Parent or Guardian</p> <p>Lack of time with children, care of a child/children</p>
<p>Gay or Lesbian</p> <p>Sexual or gender discrimination in professional and personal settings</p>	<p>Committed Relationship</p> <p>Lack of time with significant other</p>

Female employees were additionally asked about experiencing professional stressors related to their sex. More than half of Sworn Law Enforcement and Fire & Rescue personnel reported feeling the need to prove themselves because they are female.

HEALTH & WELL-BEING

Respondents completed well-recognized and validated mental health instruments to assess symptom severity. It is important to note these are provisional assessments based on self-reported data and should not be interpreted as formal diagnoses.

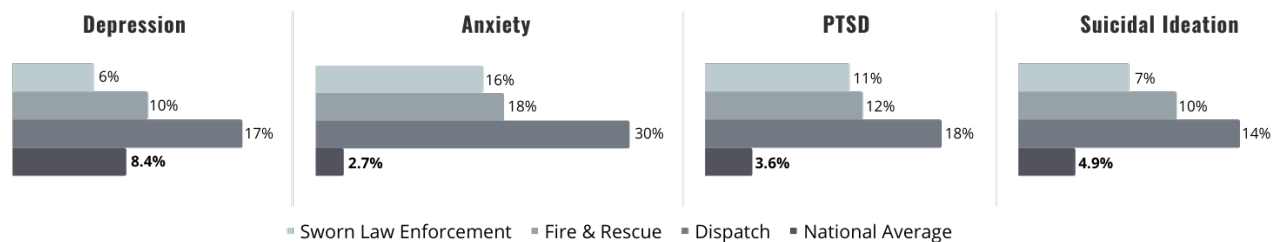
Depression and anxiety were measured by the Patient Health Questionnaire (PHQ-9) and Generalized Anxiety Disorder 7-item (GAD-7), respectively, which are widely used tools to assess symptom severity. Scores that reached a moderate or severe category are a strong basis for a provisional diagnosis, thus warranting evaluation and treatment by a mental health professional. PTSD was measured by the PTSD Checklist for DSM-5 (PCL-5), an instrument to determine the presence and severity of symptoms. Scores that reached a specific threshold indicate the individual may benefit from PTSD treatment. Lastly, responses on the Columbia-Suicide Severity Rating Scale (C-SSRS) aid with classifying a person's suicidal ideation and, when combined with clinical judgment, determine levels of risk. Percentages below include individuals who reported any presence of passive or active suicidal ideation within the past month.

Below are percentages of respondents who completed each of the measures and reached clinically significant scores of depression, anxiety, PTSD, and suicidal ideation.



INTERPRETATION

The National Institute of Mental Health (NIMH) reports statistics on the prevalence of mental illness for the United States population. Recent data reported by NIMH³ indicate rates of depression for adults at 8.4%, anxiety at 2.7%, PTSD at 3.6%, and suicidal ideation 4.9%. The graphic below illustrates how those serving in a public safety role are generally more likely than the national average to meet diagnostic criteria for depression, anxiety, and PTSD.



GENERAL FEEDBACK

At the conclusion of the survey, respondents were asked to provide any additional comments related to the impact of their work on well-being. A few common themes emerged from written feedback and are summarized below.

- 1 Challenging conditions (e.g., lack of sleep, being overworked) compromise their ability to effectively conduct job duties
- 2 Mainstream media and public perception are exceptionally difficult to manage
- 3 Desire to leave profession or would not recommend profession to others
- 4 Many respondents expressed the work environment, public perception, and management challenges as equally, if not more, problematic than exposure to trauma
- 5 Many dispatchers reported feeling unsupported and exasperated with a clerical job classification

"First responders need to know their departments are there to help and back them. Morale is at an all-time low."

"The stressors related to this job are at an all-time high for me and other colleagues I speak to."

³ National Institute of Mental Health (2021). *Statistics*. Retrieved August 18, 2022, from <https://www.nimh.nih.gov/health/statistics>.

CONCLUSION

This survey of nearly 9,000 first responders from across the United States gives us a closer look at how the unique stressors of the past year have impacted the people who stand between us and harm. First responders have been suffering from psychological pain at rates considerably above the national average. The pain manifests as symptoms of PTSD, depression, and anxiety – and for almost one in ten, thoughts of suicide.

What drives these high rates of suffering? Almost all first responders reported stress from the following interactions with the community: exposure to COVID-19 and being misunderstood or even demonized by those outside their profession. However, while those stressors were the most common, they were not the most toxic. We examined which stressors were tied to poor health outcomes (e.g., depression, PTSD, suicidal thoughts) and negative career outcomes (i.e., leaving a position early due to stress). Those stressors were overwhelmingly *organizational*: low job satisfaction, feeling misunderstood or uninformed by commanders, low agency morale. *When it comes to the most damaging stressors, the call seems to be coming from inside the house.*

Losing first responders to suicide, retirement, or a debilitating psychological illness places the entire community at elevated risk. Each loss of an experienced first responder is itself tragic; each loss also weakens the communal safety net on which we all depend.

RECOMMENDATIONS

Even the most compelling findings are only as useful as the ways we translate them into action. To that end, here are some recommendations for how you can use these results to reduce the stress demands on first responders so they can protect the public as effectively as possible and enjoy long, healthy careers. We offer suggestions for three groups: the public, agency leaders, and first responders themselves.

> The Public

We understand the difficulties involved in showing compassion toward first responders. Police officers feel actively misunderstood by you, while firefighters and dispatchers believe you simply do not understand their world. This breeds an “us versus them” mentality among first responders (and possibly among the public as well).

Our recommendation for non-responders is to **make active efforts to understand first responders better**. Attend a citizen’s academy or do a ride-along with a local public safety agency or look for a Coffee with a Cop program in your area. There are also excellent books and online educational resources. Understanding first responders better does not obligate you to “give them a pass” or change your views about them; we simply see this as a way to reduce stress for first responders and help you inform your perceptions about them.

> Agency Leaders

If the most damaging sources of stress are within the agency and the culture, as our data suggest, then **you are uniquely positioned to improve – and save – the lives of your people**. Solutions to some stressors may require creativity and resources, while other solutions rely only on your genuine efforts to understand and communicate with your personnel. When people have sustained psychological injuries, you are also able to create, protect, and destigmatize the proper supportive options to help them recover.

> First Responders

Your unparalleled courage to step into harm’s way is why we think of you as heroes. Preserving your health and your life takes a different form of courage: to **take a fearless personal inventory and then act on what you see**. Sometimes we depend on you to put the oxygen mask on yourself first so that you can function to help others. Your strength allows you to bear up under intense pain, but our results suggest that the pain can become debilitating all too easily, leaving you desperate for relief.

Finally, we want to express our profound gratitude to the thousands of anonymous first responders who spoke up about their stress and health. Your courage will inspire others to make the career and community better for everyone. *Truly, thank you.*