7-3 Project Two: Persuasive Essay

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Introduction

Who do we call when we need help? The common answer for most people is first responders. But who do first responders call when they need help? This is the ultimate question that is often refuted in the first responder community. The reality is that most first responders either do not know who to call for help or they choose not to call because of the stigma and fear associated with mental health. First responders have a very unique culture that is not often understood by those in the community and mental healthcare field. If they even do, this is one of the biggest challenges for first responders to overcome when seeking help. I write this today after seeing this issue firsthand. I am a first responder and work with so many others in various jobs in the first responder community every day and see this issue on the forefront of many issues within the agencies I work for and many of the agencies of others.

Not all people feel that there is a lack of proper mental health resources for first responders though. Administrators, managers, and the public often have opposing viewpoints on this topic. There is often an argument that the resources are there but the individual fails to get help and the blame is put on that first responder for having poor mental health. Throughout the journey in this essay, I am going to show some of the struggles that first responders face when it comes to their mental health. First responders need more support for their mental health. First responders need help beating the stigma associated with mental health. First responders need more support from their communities so that positive change can be influenced.

Mental Health Stigma

Mental health stigma is one of the most common things that prevent first responders from reaching out for help. There are many ways stigma has influence on a first responder's desire to

get help. The effect of stigma in regard to mental health also affects every first responder differently and the negative effects greatly outweigh the positive effects. Stigma will result in first responders putting their mental health off for their entire career which can have a profound impact on that first responder in the form of mental health disorders and even lead up to suicide. As we are starting to discuss stigma, I want to address an important thing to consider throughout this journey. Something that will show you just how important it is that this conversation is held and addressed.

The average person will experience one to two critical incidents in their lifetime. The New Mexico Department of Health defines a critical incident as any event that has an impact sufficient to overwhelm the usually effective emotional coping skills of either an individual or a group of individuals. (New Mexico Department of Health, n.d.) Now consider this for a moment, the average first responder over a twenty-year career will experience over eight hundred critical incidents. This means that a first responder experiences forty or more critical incidents in one year. This is an alarming number, and it is difficult to fathom how a person can handle that stress for over twenty years.

This is where stigma enters. Stigma is an extremely difficult thing for first responders to overcome. First responders are often taught to be mentally and physically strong and anything else is a sign of weakness. First responders are often left to deal with all of these experiences and feelings by themselves with little to no guidance on how to get help. There is also little to no training on how to recognize symptoms related to mental health in their co-workers or themselves. What this generates is a very strong hesitancy for getting help because they feel they have to be strong and deal with these emotions. There is also fear that rises out of this because

these first responders do not want to be seen as weak at their jobs and do not want to lose their positions, jobs, or respect from their supervisors and co-workers.

In a 2019 study conducted by the University of Phoenix and overseen by Sam Dutton, revealed that eighty-eight percent of first responders experienced symptoms associated with mental health disorders. Three in four first responders experienced various disorders, with anxiety, depression, and sleep disorders topping the list. (Dutton, 2019) With this in mind and the information being out there, you would think that agencies would want to provide support and break the stigma regarding mental health. However, the same study revealed that fifty-seven percent of first responders felt there were likely to be repercussions on the job for seeking mental health care. In addition to that, forty-eight percent felt their supervisor would treat them differently, thirty-four percent feel their co-workers would treat them differently, and forty-six percent felt there would be a change in job assignment for seeking professional mental health counseling. (Dutton, 2019) The cherry on top of this situation is that seventeen percent of first responders felt they would lose their jobs and twenty-three percent felt they would be demoted for seeking professional mental health counseling. (Dutton, 2019) The study found and showed profound evidence of how stigma affects first responders and their feelings about getting professional help. These numbers are proof that the stigma exists and yet, nothing is being done to correct it.

The issue with stigma among first responders is the mindset they have been taught to have. If you need help you are weak, if you can't handle it then get out, this is part of the job. These are all things I have been told by others or heard first responders be told by members of the community and their co-workers. These statements only feed the stigma that is present and does nothing but tell first responders that they need to deal with it. How can we expect these first

responders to get help, especially when they know they need help when they are being told these things? I would argue that we can't. This is an issue that has been present for decades in the first responder community and thus has been continually passing this ideology to new first responders, growing the stigma and maintaining its presence. Stigma is one of the strongest components to beat so that our first responders can get the appropriate mental health care they need, but the stigma can not be beaten without the support from the communities these first responders serve, the agencies these first responders work for, and the mental healthcare community.

Lack of Support for First Responders

Support is something that has to be addressed for first responders. The community plays a large role in defeating the stigma associated with mental health and filling the gap in proper mental health resources. This support varies based on what type of first responder you are though. Emergency Medical Services and Fire Personnel are often held in high regard by their communities. There are some exceptions, but normally Emergency Medical Services and Fire Personnel are not grouped into the support that Law Enforcement has.

With all politics set aside, because this often plays a role in the view of law enforcement, the support towards law enforcement has not been very great, especially in the last decade. When you look at the view toward law enforcement personnel objectively, it is easy to see that law enforcement does not have a lot of support throughout the United States. Law enforcement personnel have been vilified, constantly talked down on in the media, and publicly or personally attacked for being in law enforcement. The effect of this on law enforcement has been profound in creating a barrier between law enforcement and the communities they serve. In recent years,

there has been an increase in attacks on emergency personnel as a whole, including emergency medical services and fire personnel.

Some may ask what this has to do with mental health, but the direct correlation between support for first responders and their mental health has a profound effect on it. In the research article, “Social Support as a Mediator of Occupational Stressors and Mental Health Outcomes in First Responders”, Sowmya Kshtriya addresses this correlation. Research has proven to “suggest the importance of practices to bolster first responders’ social support networks in and outside of work to mitigate the mental health impact of stressors often inherent to their work and foster psychological resilience.” (Kshtriya et al., 2020) What this means is first responders who lack social support networks in and outside of work are more likely to suffer from mental health-related symptoms or mental health disorders. With the lack of public support, first responders are often forced to remain in their work circles for social support, if they seek support at all.

A side effect of this lack of support towards first responders has resulted in animosity between first responders and their communities. First responders are often fearful of telling people what job they do, they fear going out with their families in their own communities, and they fear the opinions others have will affect the treatment of them and their families even with their healthcare. This often results in the first responder feeling alone and distrusting towards the public and forces them to rely on their families and co-workers even when they need help. I myself have seen a difference in treatment when telling people, I am in law enforcement when trying to seek help for my mental health. There is a very apparent bias, whether implicit or explicit, towards first responders even in the healthcare system which further contributes to distrust and fearfulness towards getting help. Kshtriya states, “Consistent with prior findings,

higher occupational stress, and lower social support, significantly predicted higher levels of PTSD, MD (Major Depression), and GAD (General Anxiety Disorder) symptoms."

This lack of support is not just present within the communities the first responders serve, but also within their own agencies. Administrators and managers are often just as guilty about not supporting their employees. There are excuses made as to the reason there isn't a way to get better resources, or why they can't do something about the issue. The issue always results in dropping the morale of their employees which reduces the support network, found to be so important by Kshtriya, within the workplace. With this included, it is easy to see how mental health for first responders is directly affected by a lack of support from their communities and their agencies.

Limited Resources

If a first responder was to overcome the stigma, who would they go to for help? To find an answer to this question I looked to the American Psychological Association (APA). The APA is the leading organization whose mission "is to promote the advancement, communication, and application of the psychological science and knowledge to benefit society and improve lives." (American Psychological Association, 2022) The APA sets the standards of care for many in the counseling, therapy, and mental health fields. The APA states that it has 133,000 researchers, educators, clinicians, consultants, and students in its membership.

I was able to locate a resource published by the National Volunteer Fire Council and the American Psychological Association which was designed for first responders and listed clinicians who worked with first responders. I conducted a review of these clinicians to find out how many of them actually focused on first responders because working "with" first responders

is a very broad term. Of the hundreds of clinicians listed on the resource, I was only able to locate one hundred and fifty-eight providers who actually indicated they worked with first responders. What I found was truly astonishing. This resource published for first responders did not include a true and accurate list of the clinicians who worked with first responders. I found six states that did not have one clinician and thirty-one states who had less than five clinicians who specialized in working with first responders. I feel that it is important to note that these numbers only represent those who are members of the APA, but this does provide an insight into the number of clinicians available to first responders.

One may ask themselves why it matters if a clinician specializes in working with first responders. This is a very easy question to answer, but not one many people understand. Culture. The culture within the first responder community is very difficult for many to understand. First responders often rely on jokes, dark humor, and other forms of coping to deal with the things they see, hear, and smell. It is difficult for many people, including clinicians, to understand the things first responders deal with. A law enforcement officer may be doing CPR on someone and then five minutes later be going to a domestic battery. A firefighter may be pulling a child out of a burning building who did not survive. An EMS worker may have just performed life-saving measures on an infant who was the victim of severe child abuse. Having someone who truly understands the first responder culture, and what they experience is so important to ensure that they are properly heard and treated.

There is also a resource that is often no provided to first responders which is Critical Incident Debriefing. Critical incident debriefings are often used after major incidents that first responders are involved in. There are many ways these are conducted and often involve peer support and clinicians to help the individual or group cope with the incident. These are often

underutilized tools that could substantially help first responders cope with the events they were involved in. In the six years that I have been involved in law enforcement, I have only been part of two critical incident debriefings. One was for the loss of a fellow officer and another for a child abuse case that was very difficult for everyone involved and only happened because a clinician volunteered her time. I have been involved in so many other critical incidents myself that could have utilized critical incident debriefings, but they were not. If this is the case for me, I can only imagine the case for other first responders around the country.

The lack of true resources for first responders is quite alarming. This is a huge disservice to those whom we rely on to be there for us when we need them. If there is anything I have learned in my time as a first responder, I have learned that if you cannot take care of yourself, you cannot take care of others. Taking care of others is the goal for most first responders and not providing the ability to take care of themselves contributes to things that not only affect their professional lives but also their personal lives. Lacking proper resources has resulted in above-average divorce and suicide rates among first responders, especially within the last few years. This is a direct result of not having enough proper resources for first responders to go to.

Opposing Arguments

There are many people who oppose the stance I have taken, and in some ways, they are not incorrect in what they say. Administrators and managers in agencies will argue that there are Employee Assistance Programs (EAP) or in some cases peer support programs. While this is true, most employee assistance programs are often referred to as a joke. The average number of visits for employee assistance programs is three free visits per year. I do not know anyone that would feel comfortable talking about their traumas and life experiences with someone they just met in three forty-five-minute sessions. This number of visits is not ideal for the first responder,

but also for the clinician also. By the third session, the clinician is just barely starting to be able to see what underlying issues there are and where to start treatment. The issue with these programs is they more rely on crisis intervention rather than actual treatment.

Peer support programs have been found to benefit many of the agencies that have them. Peer support programs in first responder agencies use first responders that go through specific training on how to listen to and assist their peers in need, to get through an issue they are struggling with. Now, these can be very beneficial programs, but most of the time, successful programs exist within bigger agencies. These are agencies big enough that you may not know every person who works at the agency. This brings a certain advantage to the table because other people are not concerned with you discussing their life problems with other people. Smaller agencies though, face unique challenges with peer support programs. Remember the stigma we discussed earlier? This is one of the ways peer support programs can be negatively looked at. In smaller agencies, everyone knows everyone, and everyone feels they have to avoid showing weakness. They do not want to show their co-workers that they are weak and struggling with something in their professional or personal lives. They also don't want their peer to discuss what they heard with others who may look at them differently after. Peer support programs do work but are not successful in most agencies because of their size.

The public are others who often oppose this ideology. I have heard the public say some of the most horrible, insensitive, and impersonal things to first responders when it comes to them reaching out or trying to bring awareness to mental health. I have heard people say that there are resources and if they don't reach out, it is their problem. I have also heard people say that the things first responders deal with is a part of the job and to "deal with it" or get out. People say these things without understanding the struggles first responders face every day or what they see.

The reality is that no human was meant to see and experience what most first responders see on a daily basis, yet they find the courage and ability to do it anyway. The public does not normally understand what experiencing these things is like, yet they hold first responders to a harsh and unfair standard while depersonalizing the issue.

Conclusion

First responders face some very unique challenges regarding their own mental health. Stigma often prevents them from reaching out for help due to fear of being looked at differently or being retaliated against by their supervisors and co-workers. Those who overcome that stigma then have to overcome the lack of support they face whether that be from the administration or the public. Those who overcome those two things and do reach out for help are not likely to find an appropriate resource because most states don't have more than five clinicians who specialize in working with first responders throughout the entire state if there are any at all. After this, they have to overcome the opinions of their supervisors and co-workers and the views of those who oppose getting help. Mental health is a battle first responders fight within themselves and is often the hardest fight they will ever have to fight. Above average divorce rates, suicide, and high risk of mental health-related symptoms are proof that our first responders need our help. They need our help in improving the mental health resources they have and beating the stigma that exists. It is the most important service that we can provide to first responders and one that will make an impact across the country. Mental health needs to be at the forefront of helping our first responders.

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