

WINTER
2025

OKLAHOMA FIRST RESPONDER WELLNESS NEEDS ASSESSMENT



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FAMILY RESILIENCE



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FIRST RESPONDER WELLNESS



Oklahoma's first responders encounter significant occupational stress, inherent physical dangers, and psychological threats to their wellbeing while working to protect Oklahomans. They face risks such as exposure to traumatic incidents, public scrutiny, and shift work, along with the physical and psychological demands of their roles.¹⁻³

These factors contribute to serious health issues including poor sleep, cardiovascular disease, metabolic syndrome, anxiety, depression, post-traumatic stress disorder, burnout, compassion fatigue, moral injury, suicide, and premature death.^{1,3-6} On average, first responders experience around 900 traumatic events throughout their careers, and nearly 30% face behavioral health conditions—compared to 20% of the general population—while their suicide rates surpass national averages.⁵⁻⁸

Since 2020, line-of-duty deaths for firefighters have steadily increased, with a rise of over 25% in the past year for law enforcement officers.^{9,10} The cumulative impact of these challenges affects not only the physical and mental health of first responders but also spills over into their families, departments, and the communities they serve.



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PORTRAIT OF AN OKLAHOMA FIRST RESPONDER

Oklahoma's first responders are expected to uphold a high standard of integrity, resilience, and selflessness in their mission to protect the health and safety of the state's citizens. Their unwavering commitment to public safety is evident in their responses to major crises, such as the Oklahoma City bombing, natural disasters like tornadoes and wildfires, medical emergencies, and acts of violence. To continue serving effectively, these dedicated professionals need access to resources that support their physical health, mental wellbeing, and family life.

The Oklahoma First Responder Wellness Needs Assessment revealed the often-unspoken challenges faced by first responders, which can take a toll on their health over time. The typical profile of a first responder in this needs assessment was a full-time first responder working in rural Oklahoma. Most participants were married with children, had an average age of 44, and had over 11 years of service. Many reported working overtime and juggling multiple jobs to make ends meet, experiencing difficulties with sleep and feeling as though they brought work stress home to their families.

Oklahoma's first responders are our neighbors, friends, family members, farmers, ranchers, church members, coaches, and community leaders. They shoulder the burdens of their professions to benefit the greater good of the state.



OKLAHOMA'S APPROACH TO FIRST RESPONDER WELLNESS

Oklahoma has a solid foundation to address the health and wellness needs of first responders. Established in September 2022, the Oklahoma First Responder Wellness Division (OKFRWD) is a distinct state entity under the Oklahoma Department of Public Safety, dedicated to providing mental health and wellness services to public safety personnel throughout the state.

OKFRWD functions as a task force comprised of first responders who assist their peers, featuring certified peer team members and counselors from law enforcement and fire services. By collaborating with partner organizations focused on enhancing the wellbeing of first responders and their families, OKFRWD offers a range of wellness support including prevention, intervention, and connections to treatment and recovery.

Through partnerships with local, state, federal, corporate, nonprofit, and university entities, OKFRWD strives to position Oklahoma as a model state for first responder wellness.





EXECUTIVE SUMMARY

The **Oklahoma First Responder Wellness Needs Assessment** was conducted to better understand the perceived health risks and wellness needs of first responders in Oklahoma. This assessment utilized a mixed-methods, community-based participatory research approach, incorporating data from **online surveys and in-person focus groups collected in the fall of 2024**. A total of **1,166 participants** were surveyed, including law enforcement officers, fire service personnel, emergency medical services (EMS), and other first responders such as state agents and communications/dispatch staff.

Findings are intended to inform the strategic development, implementation, and sustainability of wellness supports and resources provided by the Oklahoma First Responder Wellness Division, as well as by their local, state, and national partners.

The results confirm that Oklahoma's first responders face wellness needs consistent with national trends regarding the mental, physical, and relational strains associated with their profession. They recognize the impact of their work on their health and wellbeing and are open to receiving targeted resources to address their specific health needs. **The assessment highlights existing barriers and identifies pathways to enhance the lives of Oklahomans in first responder roles, ultimately supporting public safety across the state.**

KEY FINDINGS

THREATS TO MENTAL HEALTH

Oklahoma's first responders have reported that mental health concerns are as significant as physical health issues stemming from job stress, line of duty traumas, shift work, and organizational stressors. Surveys and focus groups highlight the urgent need for enhanced mental health support.

- ▶▶ 8% REPORTED THOUGHTS OF SUICIDE WITHIN THE LAST YEAR.
- ▶▶ 67% REPORTED FEELING DEPRESSED IN THE LAST 30 DAYS.
- ▶▶ 52% REPORTED LINE OF DUTY TRAUMA AS A KEY FACTOR IMPACTING WELLNESS.

RISKS TO WELLNESS

Surveys and focus groups highlighted common health risks among Oklahoma's first responders including coping behaviors that are often used to deal with acute and cumulative job stress and carry consequences for physical, mental, and relational health.

- ▶▶ 85% IDENTIFIED UNHEALTHY EATING HABITS AS A COMMON RISK BEHAVIOR AMONG FIRST RESPONDERS.
- ▶▶ 81% REPORTED MISUSE OF ALCOHOL AS A COMMON RISK BEHAVIOR AMONG FIRST RESPONDERS.
- ▶▶ 60% IDENTIFIED SOCIAL ISOLATION FROM FAMILY AND FRIENDS AS A COMMON RISK BEHAVIOR AMONG FIRST RESPONDERS.

BARRIERS TO ACCESS

Oklahoma's first responders reported barriers to accessing wellness resources ranging from time and financial constraints to mental health stigma, fear of losing employment, perceived lack of culturally competent providers, and confidentiality concerns.

- ▶▶ 65% REPORTED COST OF WELLNESS ACTIVITIES AS A BARRIER.
- ▶▶ OVER 50% OF FIRST RESPONDERS REPORTED CONFIDENTIALITY CONCERNS AND FEAR THE IMPACT TO EMPLOYMENT FROM SEEKING HELP.
- ▶▶ OVER 45% REPORTED LACK OF CULTURALLY COMPETENT PROVIDERS AS A BARRIER.

KEY FINDINGS CONTINUED

PATHWAYS TO WELLNESS

Surveys and focus groups highlighted common perceptions regarding wellness pathways for Oklahoma's first responders. Key themes included the importance of building trust through peer support, implementing prevention-focused policies and programs, providing educational opportunities, integrating wellness into academy training, and fostering organizational buy-in for wellness across all ranks.

- **76% REPORTED THAT THEY WOULD UTILIZE WORKOUT PROGRAMS & EQUIPMENT IF IT WERE AVAILABLE.**
- **OVER 60% INDICATED THAT THEY WOULD UTILIZE MENTAL HEALTH SUPPORTS, INCLUDING COUNSELING, THERAPY, AND RESILIENCE CLASSES.**
- **57% REPORTED THAT THEY WOULD UTILIZE CRITICAL INCIDENT DEBRIEFING IF IT WERE AVAILABLE.**
- **50% INDICATED THAT THEY WOULD UTILIZE FINANCIAL EDUCATION IF IT WERE AVAILABLE.**
- **ADDITIONAL WELLNESS RESOURCES REQUESTED INCLUDE EMDR THERAPY, HOLISTIC HEALTH CARE (CHIROPRACTIC, MASSAGE, FUNCTIONAL MEDICINE), AND ANIMAL THERAPY.**

OKLAHOMA FIRST RESPONDER WELLNESS DIVISION IMPACT

A total of N=154 survey participants reported receiving resources or support from the Oklahoma First Responder Wellness Division (OKFRWD). Participants were asked about their experience with OKFRWD programming and resources and commonly reported positive experiences that were supportive of their personal wellness goals.

- **93% REPORTED HAVING A POSITIVE EXPERIENCE WITH OKFRWD SUPPORTS AND SERVICES.**
- **92% RECEIVED WELLNESS RESOURCES THAT WERE SUPPORTIVE OF THEIR WELLNESS GOALS.**
- **87% NOTICED AN IMPROVEMENT IN THEIR WELLNESS AS A RESULT OF RECEIVING OKFRWD SUPPORTS.**



REPORT BACKGROUND

Overview of Methods

FALL 2024

The Oklahoma First Responder Wellness Needs Assessment was carried out from Sept.-Nov. 2024.

MIXED-METHODS STUDY

Anonymous, online wellness surveys and focus groups were used to collect needs assessment data.

MULTIPLE PERSPECTIVES

Oklahoma First Responder Wellness Division recruited first responders to participate through email, social media, and word-of-mouth methods, reaching a wide range of first responders across the state.

1,166 SURVEY PARTICIPANTS

First responders across Oklahoma participated in the online wellness survey.

FOCUS GROUPS

Eighteen first responders participated in focus groups representing rural, suburban, and urban-serving perspectives.

DATA ANALYSIS

Descriptive statistics and thematic analyses were used to examine wellness needs.

BACKGROUND

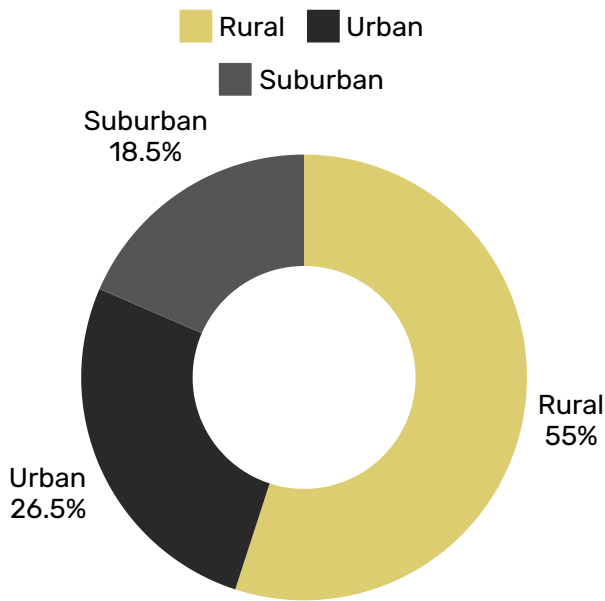
The Oklahoma First Responder Wellness Division partnered with Oklahoma State University to conduct a wellness needs assessment in fall 2024 to better understand the challenges posed to the health and wellbeing of Oklahoma's first responders. Participants were asked to identify their top priority health needs, common health risk behaviors, and their ideal pathways to wellbeing.

Using a mixed-methods, community-based participatory research approach, the needs assessment was carried out using an anonymous, online wellness survey that was made widely available to first responders across the state and two focus groups that captured rural, urban, and suburban perspectives on wellness from a diverse group of first responders. This report contains findings from the 2024 Oklahoma First Responder Wellness Needs Assessment.

STUDY PARTICIPANTS

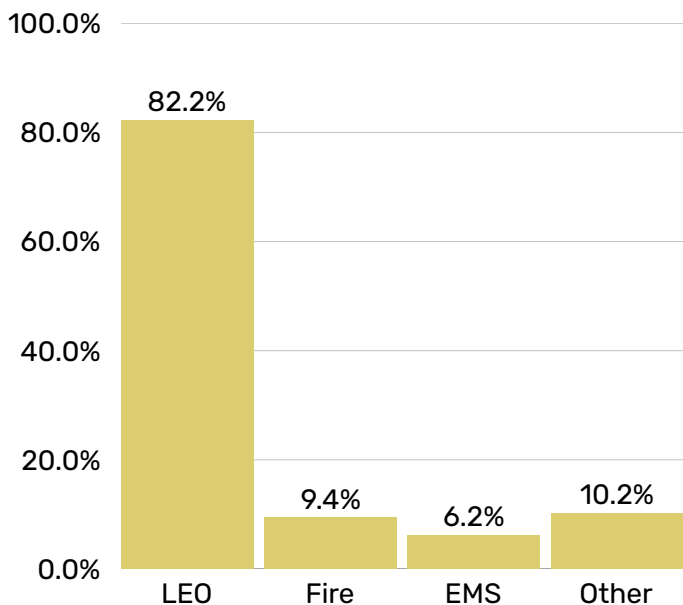
WHO ARE THE FIRST RESPONDERS WE HEARD FROM?

Figure 1. Geographic Service Area



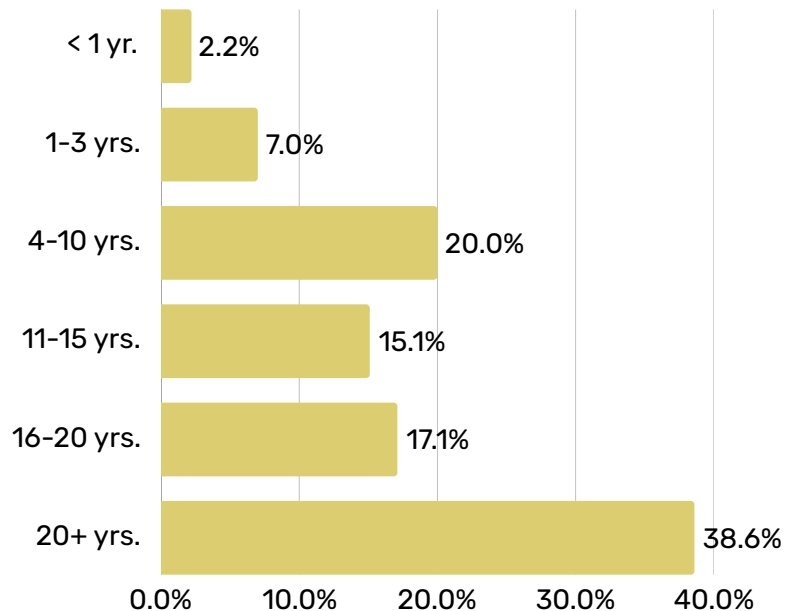
A total of **N= 1,166** first responders participated in the wellness needs assessment survey with a majority being currently full-time/active (**92.0%**) and (**82.2%**) representing Oklahoma law enforcement, fire service (**9.4%**), emergency medical services (**6.2%**) and other (**10.2%**). Their average age was **44**. A majority (**70.8%**) reported **11+ years** of service with over half serving in rural areas (**55.0%**) of the state compared to **26.5%** urban areas and **18.5%** suburban.

Figure 2. First Response Service Type



Note: Participants were able to select more than one service type with 8.0% serving in multiple first responder roles.

Figure 3. Length of Service



STRESSORS IMPACTING WELLNESS

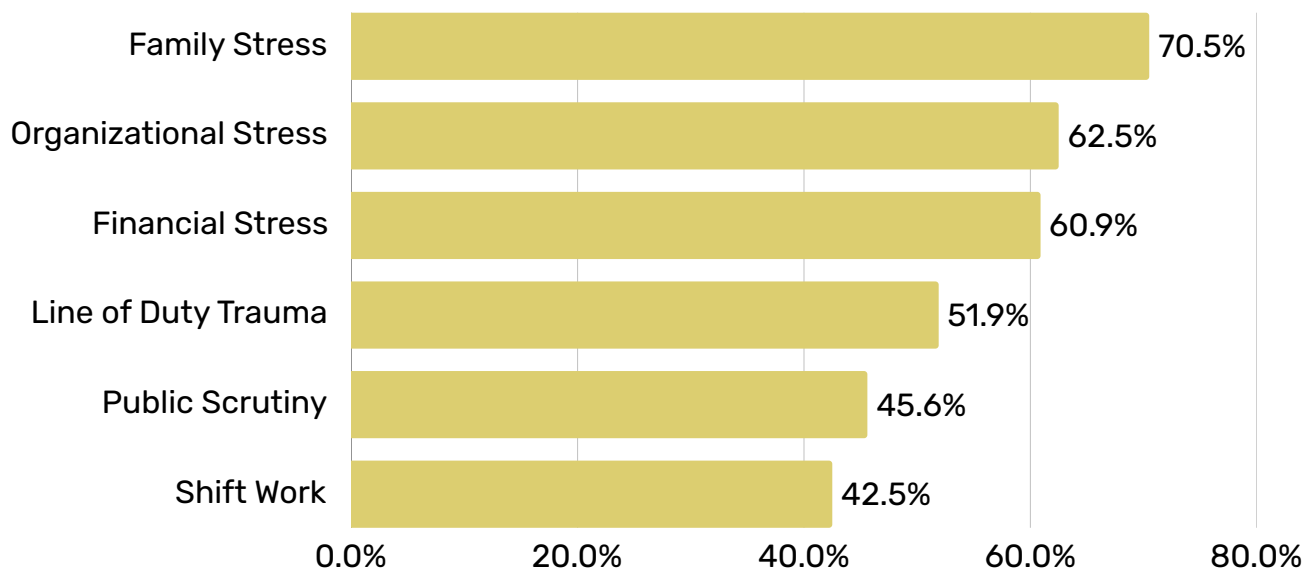
+75%

of survey participants reported physical and psychological health as top issues facing Oklahoma's first responders.

STRESSORS IMPACTING WELLNESS

WHAT ARE THE MOST COMMON STRESSORS IMPACTING FIRST RESPONDER WELLNESS?

Figure 4. Stressors Impacting Oklahoma First Responder Wellness



Participants were asked to identify the most common issues facing first responders from a list of personal, family, and job-related stressors that are known to carry health implications for first responders. **Oklahoma first responders identified psychological (i.e. anxiety, depression, post-traumatic stress, and suicide) and physical health (i.e. high blood pressure, cardiovascular disease, cancer, obesity); family stress (i.e. relationship stress, parenting stress, family hardship); financial stress; and organizational stress (lack of resources, inconsistent leadership, organizational policies, and red tape) as primary challenges to wellness.** Additional job stress from line of duty trauma exposure, public scrutiny, and shift work were reported as common stressors for first responders. Findings include:

- 70.5% reported family stress as an issue impacting first responder wellness.
- 62.5% reported organizational stress as an issue impacting first responder wellness
- 60.9% reported financial stress as an issue impacting first responder wellness.

RISKS TO WELLNESS

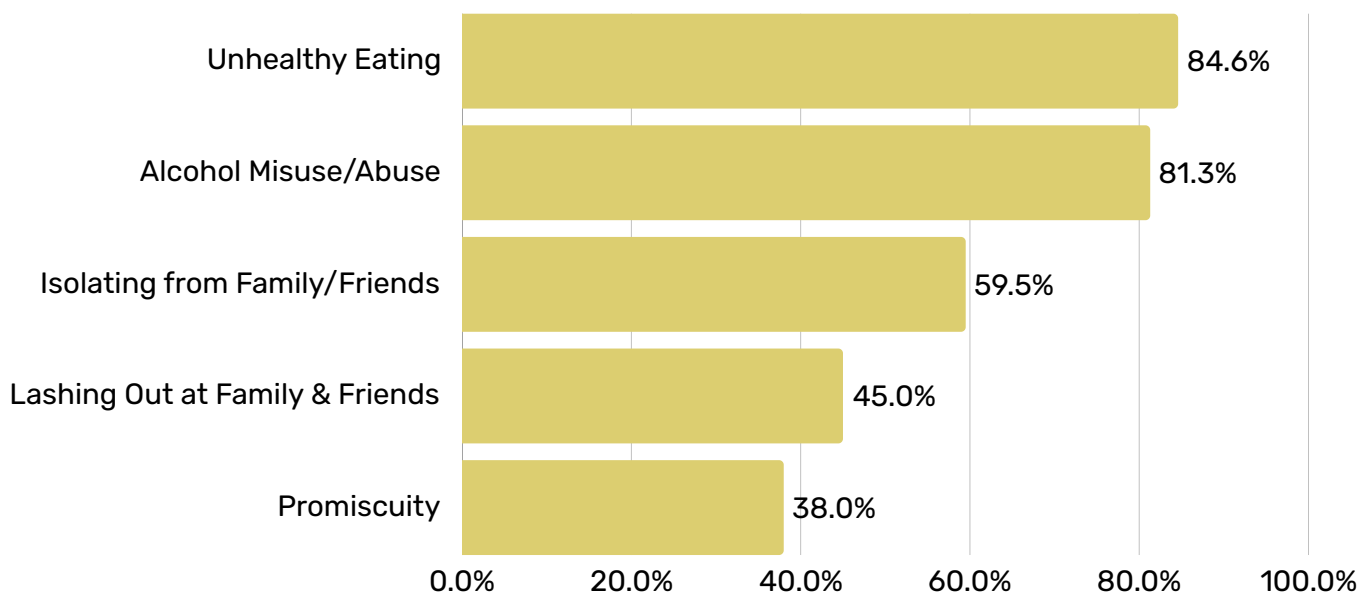
“I used to deal with it in a bottle of gin... but I figured out all that does is make it worse.”

-OK Law Enforcement Officer

RISKS TO WELLNESS

WHAT ARE THE MOST COMMON HEALTH RISK BEHAVIORS AMONG FIRST RESPONDERS?

Figure 5. Common Health Risk Behaviors



Participants were asked to identify the most common health risk behaviors that first responders engage in. Response options included a range of stress adaptations and coping strategies known to be common among first responder populations that are detrimental to health and wellness. **Results showed that Oklahoma’s first responders tend to engage in health risk behaviors that have implications for their physical, mental, and relational health.** Findings include:

- Majority of participants identified unhealthy eating habits (84.6%) and alcohol misuse/abuse (81.3%) to be among the most common health risk behaviors for first responders.
- Social isolation from family and friends (59.5%) was reported as a top health risk behavior for first responders, followed by lashing out at family and friends (45.0%) and promiscuity (38.0%), which reveals risks to the social and relational health of Oklahoma’s first responders.

MENTAL HEALTH

"I'm at a football game on such high alert, I don't like it because I can feel the pressure and I can feel everything... it's just not who I am, I'm just guarded on people... even my wife."

-OK Law Enforcement Officer



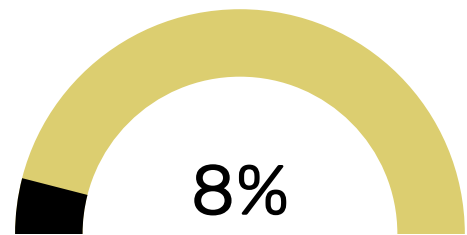
MENTAL HEALTH



“We got in this job because we want to help people, and we pick up other people's trauma.”
-Oklahoma EMS Personnel

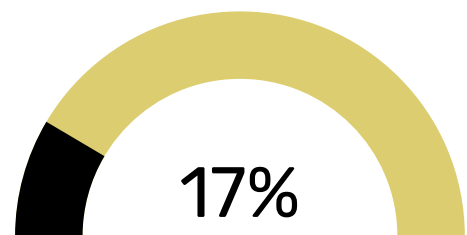
SUICIDALITY

Eight percent of first responders reported thinking about taking their own life within the last year.



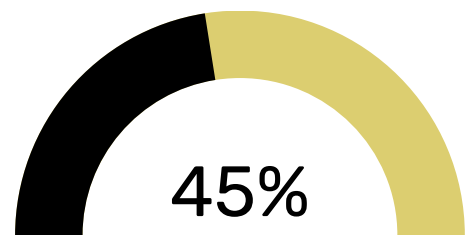
FEELING LIKE A BURDEN ON FAMILY

Seventeen percent of first responders reported sometimes or often feeling like their family would be better off without them.



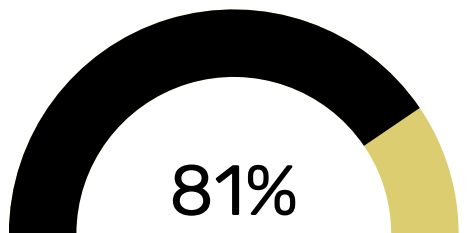
HOPELESS

Forty-five percent of first responders reported feeling hopeless a little of the time to all of the time in the last 30 days.



ANXIOUS

Eighty-one percent of first responders reported feeling restless or fidgety a little of the time to all of the time in the last 30 days.



MENTAL HEALTH

The mental health challenges faced by first responders are significant and widespread, as highlighted by survey and focus group responses. Many first responders experience thoughts of suicidality, including a lack of motivation to live or feelings of apathy toward life. Their unique exposure to life-threatening incidents and the direct experience of violent and traumatic deaths increases their risk for post-traumatic symptoms. As a result, it is essential for first responders to have access to trained professionals who can help them process these difficult thoughts and experiences.

Participants in the study identified a major barrier to seeking mental health treatment: the fear of being removed from active duty and placed on administrative leave when discussing suicidal thoughts. This punitive approach to mental health creates harm, making first responders less likely to seek help and address the severity of their experiences and recurring thoughts of death.

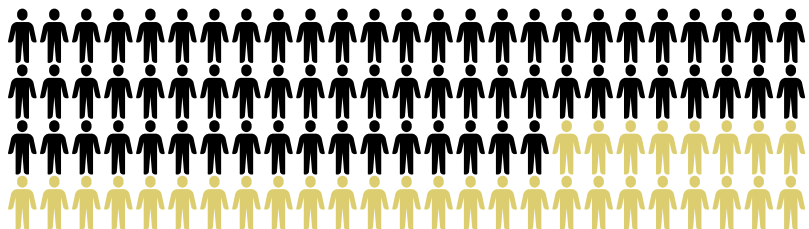
“You know, when I started all this, there was no mental health stuff... Even our administration at the time, the old-time supervisors... They’d tell you to suck it up and go home and come back tomorrow...”

-Oklahoma Firefighter

The stigma and shame associated with being taken off active duty, combined with the potential financial strain of being unable to work, pose additional psychological risks. This perpetuates a culture within the profession where mental health treatment is avoided. It is crucial for first responder agencies to reevaluate their policies to align with current best practices for screening and treating suicidality and related mental health conditions. By allowing stable individuals to remain active in their roles and minimizing administrative repercussions, agencies can help reduce psychological harm. Furthermore, it is important for administration to have the knowledge and resources necessary to connect first responders with appropriate treatment options.

67%

felt depressed in the last 30 days



PHYSICAL HEALTH

“When the [workout] trailers came in down there, I thought, I'm kind of anxious to see how this goes over, because I didn't think there would be a lot of takers on it. But I'm telling you, it was the best thing that ever happened. Best thing that ever happened. They took advantage of it. They got in there. We rucked up through town every day. Biggest success ever.”

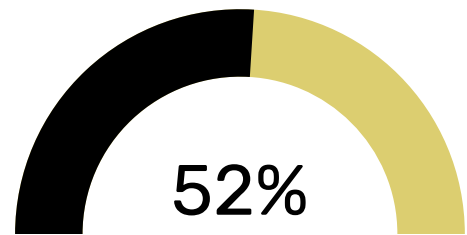
-OK Firefighter

PHYSICAL HEALTH



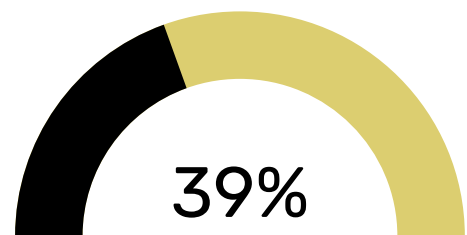
LACK OF EXERCISE

Fifty-two percent of first responders reported working out less than 3x per week.



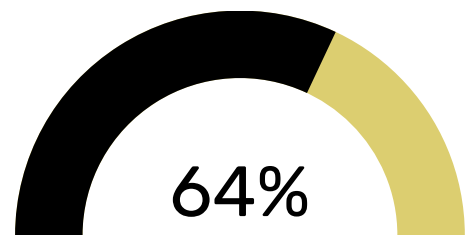
USE FOOD FOR STRESS RELIEF

Thirty-nine percent of first responders reported using food to relieve stress.



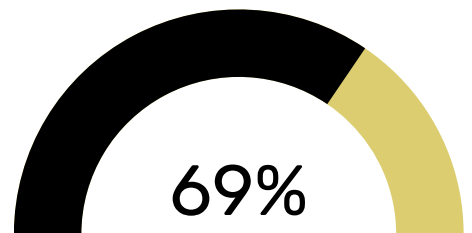
RELIANCE ON CAFFEINE

Sixty-four percent of first responders reported relying on caffeine to get through their day.



POOR SLEEP

Sixty-nine percent of first responders reported inadequate sleep and 63% reported difficulty sleeping.



FAMILY & FINANCIAL STRESS

“Mom, let’s go out and play. Let’s go out and play. And I’m like... the last thing I want to do is go out and play. Can they not understand what I’m going through?”

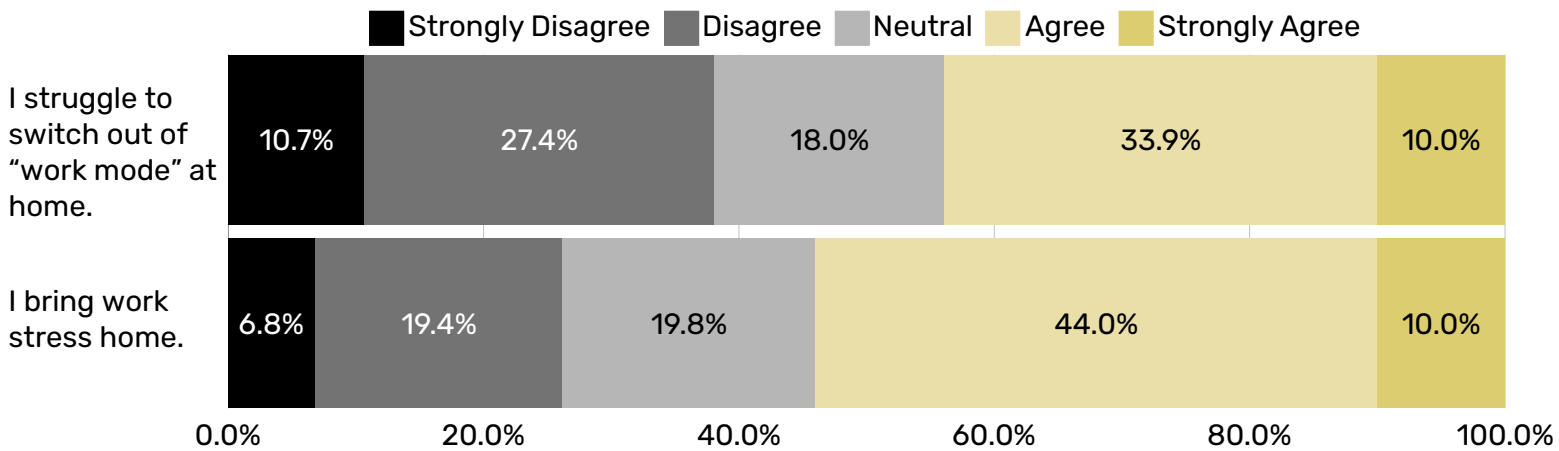
-OK Law Enforcement Officer

FAMILY & FINANCIAL STRESS



HOW DOES JOB STRESS IMPACT LIFE OUTSIDE OF WORK?

Figure 6. First Responder Family and Financial Stress



62.0%

Work Overtime Shifts

36.0%

Work More than 1 Job to Make Ends Meet

Participants were asked about how first responder occupational stress impacts their lives outside of work to examine stress spillover and the implications of job stress on first responder families. Participants were asked about their level of agreement with statements related to stress overflow from work-home as well as constraints on family time and finances. **Results showed that Oklahoma first responders contend with stress spillover and experience financial stress that requires them to work overtime and additional jobs to make ends meet, suggesting that there are family-level impacts of first responder occupational stress.** Findings include:

- Forty-four percent (43.9%) of first responders expressed difficulty with switching out of “work mode” when at home.
- Over half (54.0%) of first responders reported bringing work stress home with them after their shift.
- Forty-six percent (46.0%) of first responders reported experiencing stress due to personal and family finances.

BARRIERS TO ACCESSING SUPPORT

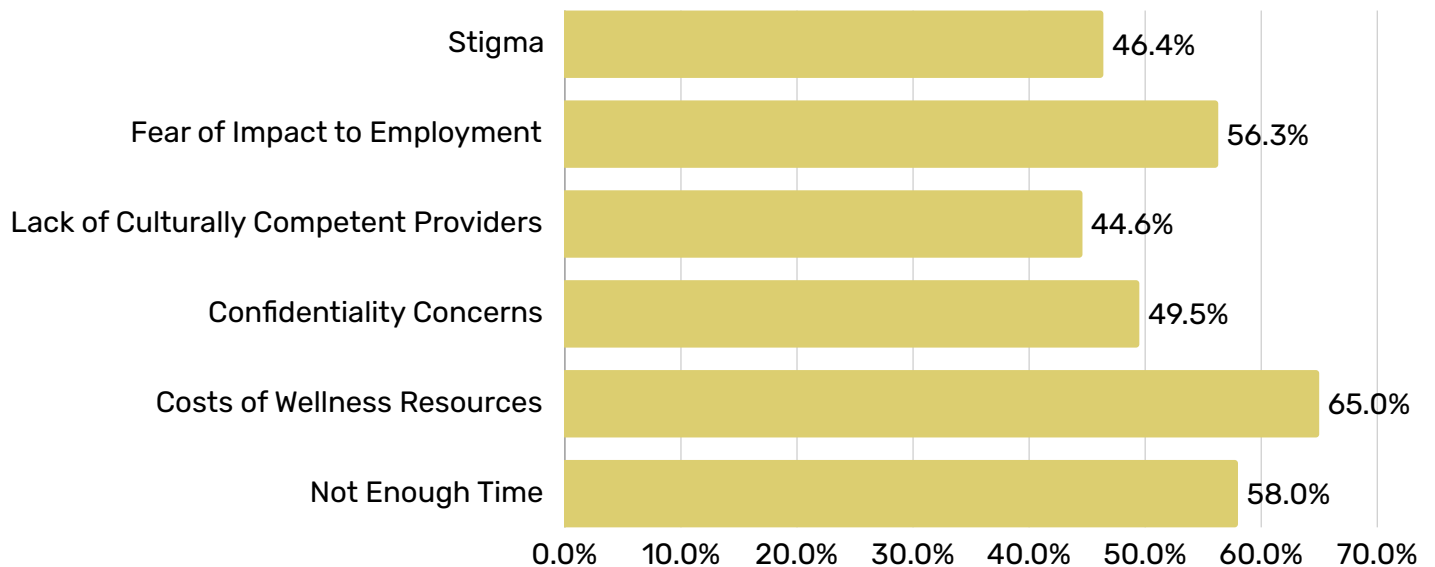
“Because I can tell you from our past experiences, you say the wrong thing to the wrong person, their best solution is, you’re time off without pay now, because we can't trust you on a truck. And that's a repercussion that a lot of us fear.”

-OK EMS Personnel

BARRIERS TO ACCESSING SUPPORT

WHAT ARE THE MOST COMMON BARRIERS TO ACCESSING WELLNESS SUPPORT?

Figure 7. Barriers to Accessing Support



Participants were asked to identify the most common barriers to accessing wellness resources and supports. Response options included a range of barriers from personal attitudes and beliefs around wellness and health promotion to practical barriers such as time and costs associated with wellness activities. **Results highlighted specific mental health barriers ranging from stigma and confidentiality concerns to fear of impact to employment. Practical barriers such as time and money also prevent Oklahoma first responders from accessing wellness supports.**

Findings include:

- First responders commonly reported financial expenses associated with wellness (65.0%) as well as time constraints (58.0%) to be barriers to their personal wellness.
- Stigma around seeking help was reported by nearly half (46.4%) of first responders as well as concerns about confidentiality of services (49.5%), and fear of impact to employment (56.3%).
- Lack of culturally competent providers was also reported by nearly half (44.6%) of first responders as a barrier to wellness.

STIGMA

- ▶ Common perception that those in a “helping” profession such as first response service feel they shouldn’t ask for help.
- ▶ Shared perception that receiving mental health support equates to lacking mental toughness.
- ▶ Mental health stigma prevails among career first responders who were trained to suppress personal responses to the job.

“The stigma carries because you can’t have a mental health day. You cannot have mental health issues because the people that have mental health issues are the ones we’re dealing with, and we’re sending them to get help. But who’s helping us? And that’s, to me, where this wellness is going to come into play, where we need it. We need it badly.”

-OK Law Enforcement Officer

Focus group participants expressed a shared concern about the potential impact on their employment when seeking mental health support, fearing actions such as being placed on administrative leave or assigned to desk duty. Additionally, many believed that receiving mental health assistance could undermine their ability to effectively support others in their roles. Participants also reflected on the internalized belief that addressing their own mental health needs equates to a lack of mental fortitude, thereby presenting additional barriers to mental wellness.

LACK OF CULTURALLY COMPETENT PROVIDERS

- ▶ Commonly perceived shortage of culturally competent mental health providers equipped to treat first responder needs.
- ▶ Shared lack of trust of mental health providers as a result of prior negative experiences while seeking or receiving mental health services.

“You don’t want to have to be counseling your counselor when you’re telling them about the traumatic event that messed you up.”

- OK Law Enforcement Officer

Focus group participants emphasized the importance of clinicians having experience or occupation-specific training to effectively understand first responder duties, culture, and exposure to trauma. They shared feelings of guilt when discussing their traumatic experiences, noting instances where mental health providers reacted excessively to disclosures of line-of-duty traumas common among first responders. This has resulted in disengagement from, avoidance of, and distrust toward clinical mental health service providers.

RURAL BARRIERS

- ▶ Social isolation in rural first response prevents informal peer support from occurring organically.
- ▶ Self-reliance for coping with line of duty stress and trauma exposure is reinforced by rural settings.
- ▶ Lack of proximity to wellness resources presents a challenge to rural first responder health.

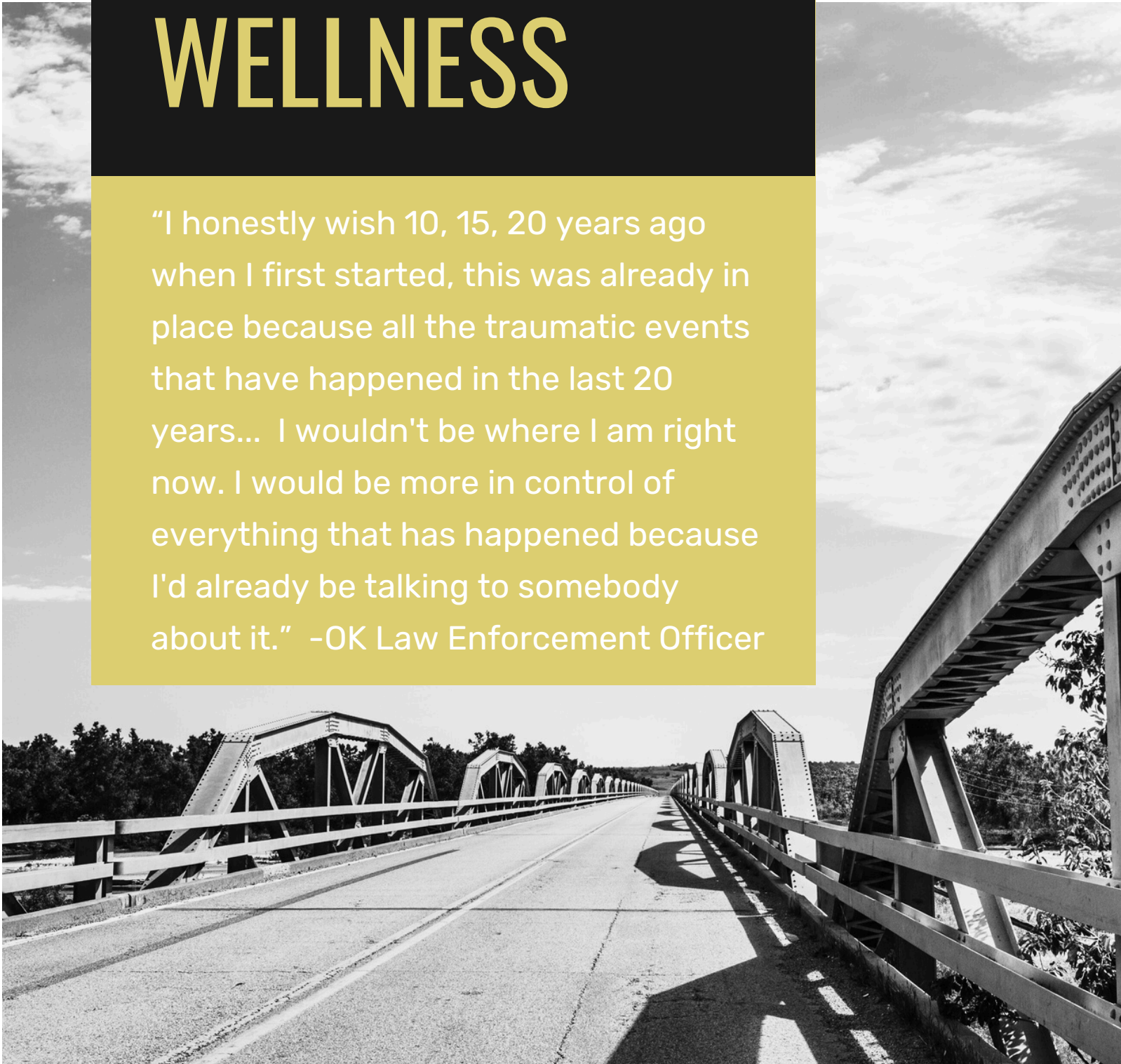
“Ninety-percent of the time, there’s one trooper out. Everything you see and do is just you... I don’t know anybody to talk to...”

-OK Law Enforcement Officer

Focus group participants discussed the unique challenges faced by rural first responders. Limited agency personnel leads to increased overtime expectations and fewer resources, making it difficult for first responders to address health needs when individuals are ready for support. There is often minimal interaction with peers or supervisors between shifts, which reinforces self-reliance in managing occupational stress. This isolation and the lack of informal debriefing time in rural and volunteer settings are seen as contributing factors to the development of problematic coping strategies and potential mental health issues.

PATHWAYS TO WELLNESS

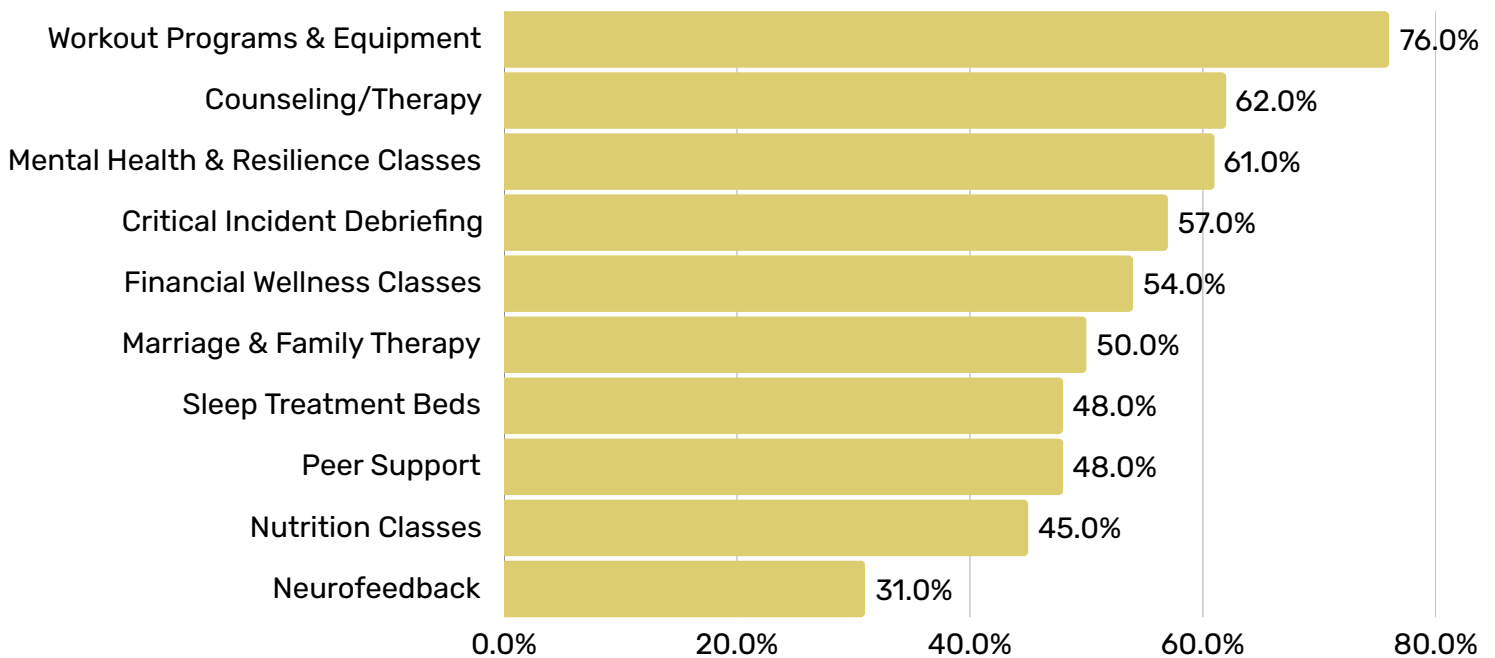
“I honestly wish 10, 15, 20 years ago when I first started, this was already in place because all the traumatic events that have happened in the last 20 years... I wouldn't be where I am right now. I would be more in control of everything that has happened because I'd already be talking to somebody about it.” -OK Law Enforcement Officer



PATHWAYS TO WELLNESS

WHAT WELLNESS RESOURCES WILL FIRST RESPONDERS UTILIZE?

Figure 8. Wellness Resources



Participants were asked to identify wellness services and resources that they would be most likely to utilize, if made available. The Oklahoma First Responder Wellness Division currently provides the majority of services identified or they collaborate with qualified partner organizations to provide identified supports. **Results overwhelmingly demonstrated that Oklahoma’s first responders are receptive and interested in pursuing resources that prevent, promote, and protect their health and wellbeing.** Findings include:

- Physical health supports made available through workout programs and equipment are the most commonly requested supports (76.0%).
- Mental health prevention (classes), intervention and treatment (critical incident debriefing, counseling/therapy) were also commonly requested wellness supports (57.0% - 62.0%).
- Financial wellness classes were also identified by over half (54.0%) of participants as a resource they would utilize.

PEER SUPPORT

- ▶ Establishing trust within peer support by equipping confidential and trained peer teams is essential.
- ▶ Shared line of duty experience matters when receiving peer support.
- ▶ Provide opportunities to receive peer support from a variety of team members representing diverse first responder roles.
- ▶ Ensure that peer support avenues are appropriate for each first responder rank.

“When you’ve scraped up dead bodies together, when you’ve been through this together, day after day... you have a connection there and you know who you’re dealing with.”

-OK Law Enforcement Officer

Focus group participants highlighted the crucial role of peer support in both personal and departmental wellness. There was a general openness to peer support, with an emphasis on confidentiality, shared experiences in the line of duty, and mutual respect. The relatability and trustworthiness of peers emerged as central themes. Participants expressed concerns that command staff might hesitate to seek peer support from team members within their chain of command, suggesting that supervisors need other supervisors to turn to for support.

EMBEDDING WELLNESS

- ▶ Embed wellness into academy training through prevention and education efforts.
- ▶ Gain buy-in for wellness initiatives from all levels of the agency/organization.
- ▶ Establish screening and intervention protocol to protect first responder wellness across the career span.

“I think the academy setting is where you’re going to get them. I think that’s where it starts out. I think it starts when they walk through the door because you already have them hooked. You have them pulled into your agency. They are going to be the best they’ll ever be during that academy or that training or that new hire program.”

-OK Law Enforcement Officer

Participants highlighted the need to integrate wellness initiatives and adapt departmental policies to better support the health needs of first responders. A key recommendation was to shift the first responder culture toward a prevention-focused approach, beginning with early education on mental and physical health strategies in training academies and continuing throughout their careers. Additionally, the positive outcomes of incorporating early health screenings and referral tools into agency protocols have resulted in increased usage of wellness services in departments where these measures have been implemented. Cultivating an embedded wellness culture helps destigmatize access to services and supports first responders throughout their public safety careers.

FIRST RESPONDER RESILIENCE

“I can take care of
everybody else, but I got to
take care of me too.”

-OK EMS Personnel



RESILIENCE

WHAT FACTORS ARE CONTRIBUTING TO FIRST RESPONDER RESILIENCE?

Figure 9. First Responder Resilience Factors

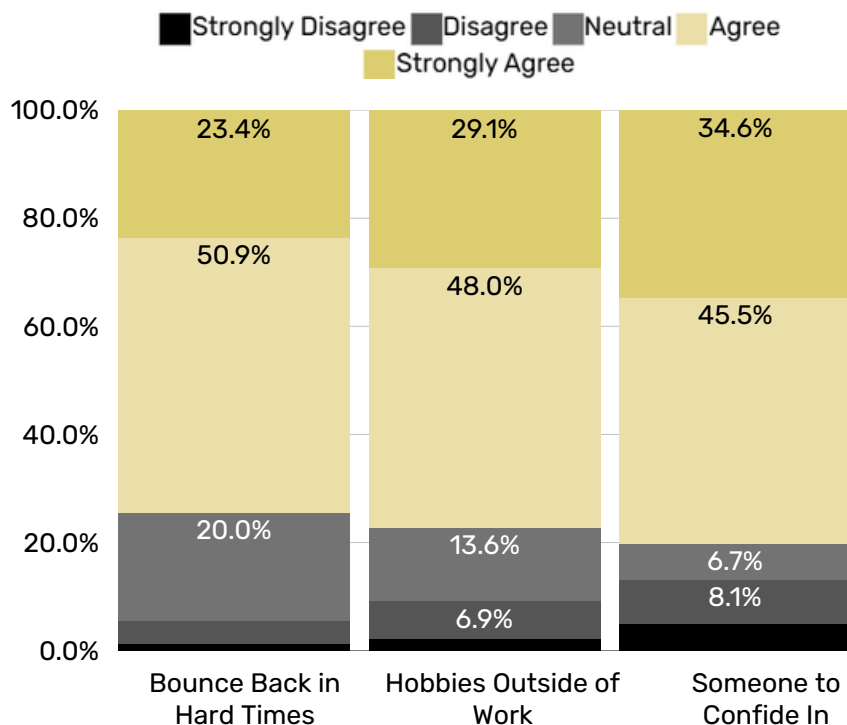
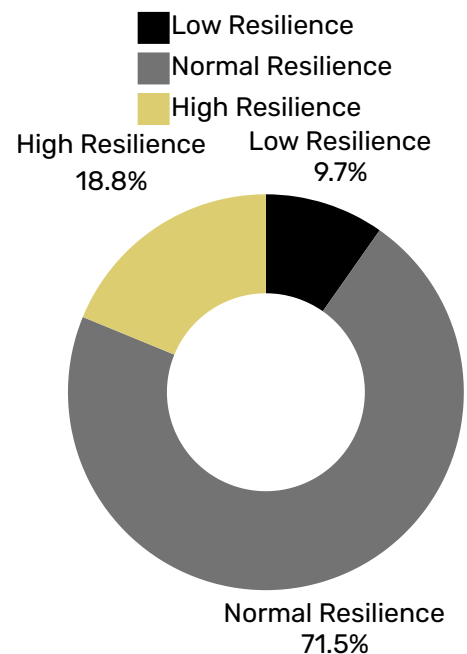


Figure 10. Brief Resilience Scale



Oklahoma’s first responders were asked about perceptions of their personal resilience using a validated Brief Resilience Scale (Smith et al., 2008) and a set of questions about protective factors. Possible resilience scores ranged from 1-6 with higher scores reflecting higher personal resilience. **Despite health challenges described above, Oklahoma first responders demonstrate personal resilience, offering an opportunity to capitalize on existing strengths while addressing overall wellness needs.** A majority of participants reported positive perceptions of their personal and psychological resilience and the presence of protective factors such as hobbies, interests, and having someone to confide in outside of work. Findings include:

- 74.3% of survey participants reported the ability to bounce back quickly from hard times.
- 77.1% of survey participants reported hobbies outside of work.
- 80.1% of survey participants reported having at least one person they could confide in outside of work.
- 71.5% of survey participants reported normal levels of resilience and 18.8% reported high resilience.

OKFRWD IMPACT

"This is a great program...
sure wish it had existed
many, many years ago."

-OK Firefighter



OKFRWD IMPACT

236

1-1 SESSIONS WITH
OKFRWD PEERS

312

REFERRALS TO
MENTAL HEALTH
SUPPORT

355

GROUP WORKOUTS
CONDUCTED

240

CRITICAL INCIDENT
DEBRIEFS
FACILITATED

144

PREVENTION &
EDUCATION
CLASSES PROVIDED

The Oklahoma First Responder Wellness Division (OKFRWD) implements a tiered support framework that includes prevention and scalable intervention strategies for first responder wellness. This framework ensures access to health-promoting resources as well as referrals to clinically significant treatment modalities when necessary to support a sustainable career in the first responder field. OKFRWD aims to assist first responders from the beginning of their careers and continues to be a vital resource into retirement.

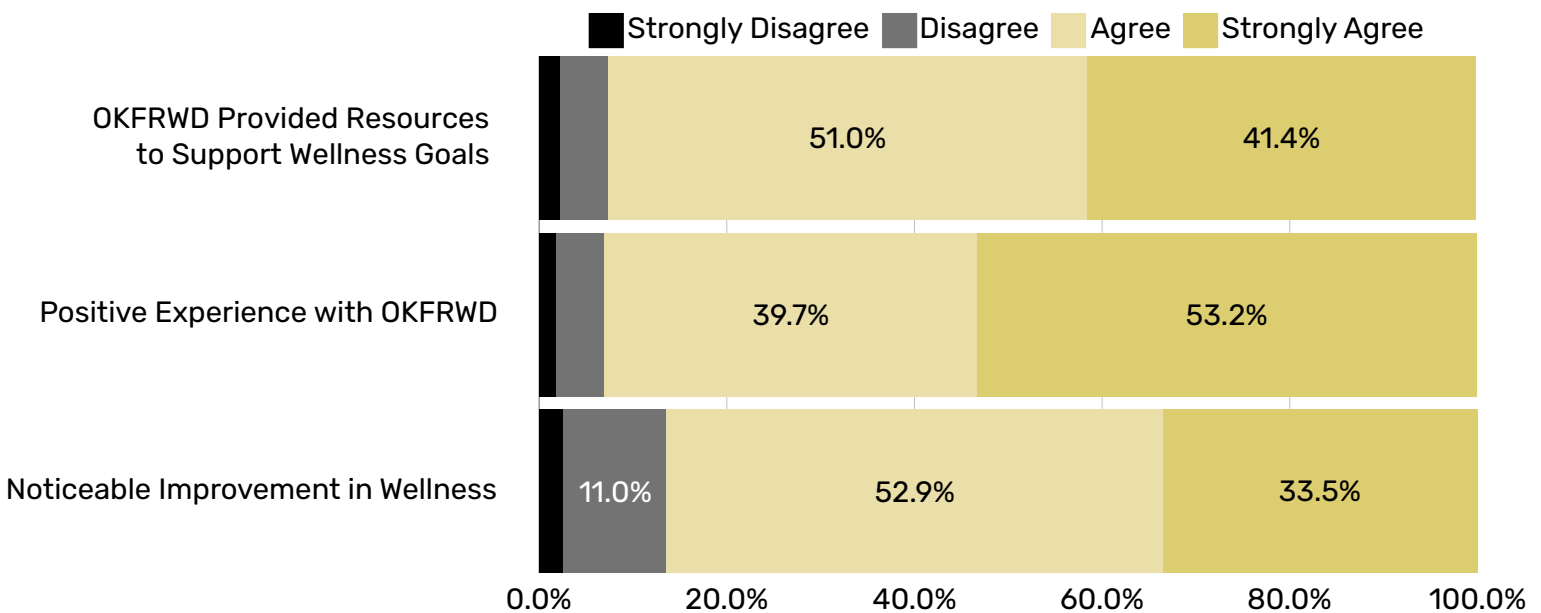
The division values strategic partnerships with local and national experts in mental health, nutrition, physical fitness, financial planning, and relational wellbeing. Since its launch in 2022, OKFRWD has provided wellness education, physical wellness support, peer support, critical incident debriefing, and referrals to mental health treatment for first responders across Oklahoma.

OKFRWD IMPACT



HOW WAS YOUR EXPERIENCE WITH OKFRWD?

Figure 11. Participant Feedback on OKFRWD Supports



Oklahoma’s first responders were asked about their experience with receiving Oklahoma First Responder Wellness Division resources and supports. **A total of N= 154 survey participants reported engaging with OKFRWD supports. Results show that first responders perceive OKFRWD to be useful and helpful in addressing wellness needs.** Overall experiences with OKFRWD have been positive. Findings include:

- 92.4% of survey participants reported that OKFRWD provided them with resources to reach wellness goals.
- 92.9% of survey participants reported having a positive experience with OKFRWD.
- 86.4% of survey participants reported noticing a positive difference in their physical or mental wellness as result of receiving OKFRWD services and support.

NEXT STEPS

Responding to the Need

EMBED WELLNESS SUPPORTS

Establish and promote clear avenues for first responders to access affordable, high-quality wellness supports.

ENGAGE IN PREVENTION & EDUCATION

Provide health promotion and prevention education throughout the career, beginning in training academies.

LEVERAGE PEER SUPPORT

Identify, train, and sustain quality peer support teams as a first line of intervention.

IDENTIFY & EQUIP CLINICIANS

Identify and establish referral partnerships with culturally competent clinicians to reduce risk of harmful or ineffective mental health support.

SUPPORT FAMILIES

Include and elevate families as partners in supporting first responder health through training and resources that promote relational wellbeing.

EVALUATE & SUSTAIN

Collect data to assess effectiveness of wellness supports, understand emergent needs, and guide sustainability planning.



CONCLUSION

Establishing a sustainable approach to effectively address first responder wellness involves embedding health and wellness strategies into every aspect of the first responder experience. This includes organizational structure, policies, procedures, initial training in the academy, and ongoing support for individuals and their families. A systematic approach is crucial for preventing physical and mental health issues, as well as improving access to early intervention and occupation-specific treatments throughout a first responder's career.

THANK YOU

CONNECTING RESEARCH AND PRACTICE TO PROMOTE RESILIENCE

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