Banyan
TREATMENT CENTERS

BEYOND THE CALL

Closing Gaps in Mental Health and Substance Use Care for First Responders

A RESOURCE GUIDE

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Board Certified in

- Family Medicine by the American Osteopathic Board of Family Physicians (AOBFP)
- Addiction Medicine by both the American Board of Preventive Medicine (ABPM) and the American Osteopathic Board of Family Physicians (AOBFP)

Need help now?

THE FIRST RESPONDER HELP-SEEKING GAP:

Statistics on Mental Health, Substance Use, Stigma, and Access to Care

If you or someone you know is in immediate need of assistance, is experiencing thoughts of self-harm or suicide, help is available. 988 is the national suicide and crisis helpline. Someone is always available to talk.

Anyone seeking a referral to mental health or substance use treatment services can contact the SAMHSA National Helpline, available 24/7.

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KEY STATISTICS

The Behavioral Health of Frist Responders

First responders are the paid and volunteer firefighters, emergency medical technicians, paramedics, police, and public safety telecommunicators who are on the front lines during a crisis or emergency event. The work they perform is often stressful and dangerous, and the hours they work may be long. For volunteers, the work is without compensation.

26%

of police officers in an urban police force were currently experiencing symptoms of a mental health condition.

Source: JAMA Open Network

17.8%

prevalence of PTSD among public safety telecommunicators.

Source: Occupational Medicine (2024)

28.2%

prevalence of depression among public safety telecommunicators.

Source: Occupational Medicine (2024)

19.3%

of individuals who need treatment for a substance use disorder receive it.

Source: SAMHSA

17%

of police officers in the JAMA study sought care for their mental health concerns.

Source: JAMA Open Network

1%

of all deaths by suicide are first responders.

Source: National Violent Death Reporting System (NVDRS)

Higher risk

Police and firefighters have a higher chance of dying by suicide than in the line of duty.

Source: CDC / NIOSH

1.39x

EMTs are 1.39 times more likely to die by suicide than the general population.

Source: CDC / NIOSH

Understanding the reasoning for the help-seeking gap among first responders is the first step to closing the gap and getting individuals the care they need. Barriers that keep the gap open include stigma, concerns about reputation and career trajectory, and practical concerns such as finding the right care provider and getting to appointments. A variety of solutions are available, including peer support programs and providing first responders with access to mental health resources.

Sources: JAMA Open Network | Occupational Medicine (2024) | Substance Abuse and Mental Health Services Administration (SAMHSA) | National Violent Death Reporting System (NVDRS) | Centers for Disease Control and Prevention / National Institute for Occupational Safety and Health (CDC/NIOSH)

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Who Counts as a First Responder?

The people who are there in the midst of a crisis, whether it's a fire, natural disaster, or crime, fall into the category of first responder. Police officers, firefighters, emergency medical technicians (EMTs) and paramedics, and public safety telecommunicators, that is, the people who answer 911 and other emergency calls are among the careers that fall under the first responder umbrella, although that list is far from complete.

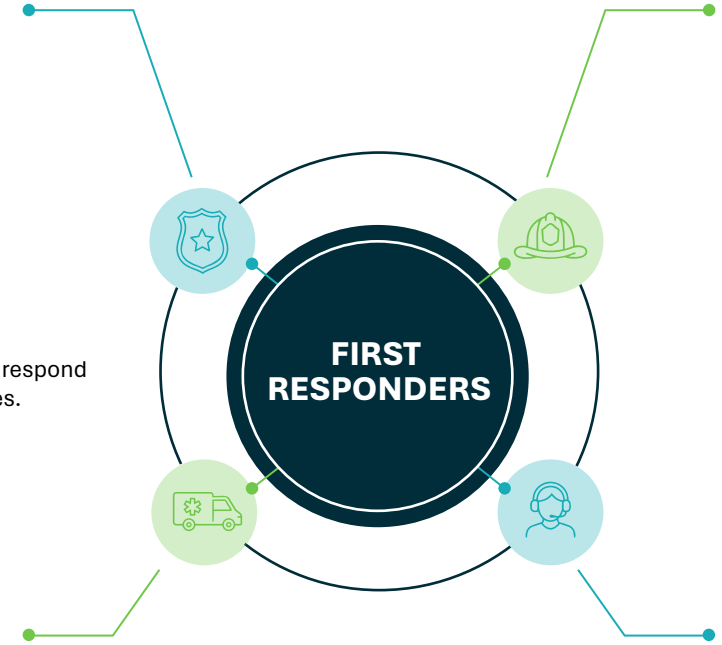
While the responsibilities of first responders vary by role, these positions have several features in common. In describing the work environment for firefighters, police and detectives, EMTS, and public safety telecommunicators, the US Bureau of Labor Statistics (BLS) uses terms like "physically demanding," "stressful," "round-the-clock," and "dangerous."

Police Officers

826,800
Employed (2024)

Work Environment
- Stressful
- Dangerous
- Community-focused

Key Role
Protect communities and respond to crimes and emergencies.



Firefighters

344,900
Employed (2024)

Work Environment
- Dangerous
- Highest injury & illness rate
- 24-hour shifts

Key Role
Respond to fires, rescues, and other emergency incidents.

EMTs and Paramedics

282,900
Employed (2024)

Work Environment
- Physically demanding
- Disease exposure
- 12–24 hour shifts

Key Role
Provide emergency medical care and transport patients.

Public Safety Telecommunicators

105,000+
Employed (2024)

Work Environment
- High-pressure
- Emotionally demanding
- Constant emergency calls

Key Role
Receive emergency calls and coordinate emergency response.

Sources: U.S. Bureau of Labor Statistics (BLS), Occupational Outlook Handbook, 2024. | Employment statistics for Police and Detectives, Firefighters, EMTs and Paramedics, and Public Safety Telecommunicators.

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Behavioral Health Burden of The Work

First responders routinely face situations that place extraordinary demands on their mental and emotional well-being. The unpredictable nature of emergency response, frequent exposure to trauma, violence, and loss, and the need to make rapid decisions under pressure contribute to an increased risk of depression, anxiety, post-traumatic stress disorder (PTSD), and substance or alcohol use disorders. Research also shows that first responders are at greater risk for suicidal behaviors than the general population.

Beyond these mental health challenges, the profession can significantly affect personal relationships. Long and unpredictable shifts, combined with the emotional demands of the job, often make it difficult to maintain a healthy work-life balance. In many emergency service professions, workplace culture may also discourage openly discussing emotional distress, creating additional barriers to seeking support.

Although these challenges are shared across emergency response professions, the factors contributing to behavioral health risks—and how they affect each role—can vary. The overview below highlights the unique stressors and mental health considerations associated with each profession.

Depression | Anxiety | PTSD | SUD/AUD | Relationship Stress

Police Officers

Key pressures

- Uncertainty during routine shifts
- Exposure to violence and death
- Rapid assessment and decision-making
- Pressure to suppress emotional distress

Behavioral health burden

Police officers face an increased risk of depression, anxiety, PTSD, substance or alcohol use disorders, and suicidal behaviors.

Suicide risk

Police officers have a higher risk of dying by suicide than in the line of duty.

Firefighters

Key pressures

- Exposure to dangerous and traumatic events
- Long and unpredictable shifts
- Difficulty balancing work and personal life
- Workplace cultures that may discourage emotional expression

Behavioral health burden

Firefighters face elevated risks of mental health disorders, relationship stress, and suicidal behaviors.

Suicide risk

Firefighters have a higher risk of dying by suicide than in the line of duty.

Sources: CDC and NIOSH, 2021; Occupational Medicine, "Systematic review and meta-analysis on the mental health of emergency and urgent call-handlers and dispatchers," 2024

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EMTs and Paramedics

Key pressures

- High stress during emergency situations
- Exposure to trauma, violence, and death
- Long or unpredictable shifts
- Immediate, high-stakes decision-making

Behavioral health burden

EMTs and paramedics face increased risks of depression, anxiety, PTSD, substance or alcohol use disorders, and relationship difficulties.

Suicide risk

EMTs and paramedics have a higher risk of death by suicide than the general population.

Public Safety Telecommunicators

Key pressures

- Repeated exposure to traumatic emergency calls
- Remaining calm and reassuring under pressure
- Limited public recognition
- Indirect exposure to life-threatening situations

Mental health prevalence

- **17.8% PTSD**
- **28.2% Depression**
- **17.2% Anxiety**
- **17.8% Hazardous drinking**

Research finding

Depression and PTSD were markedly more prevalent among call-handlers and dispatchers than among first-line responders such as police officers and firefighters.

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The Help-Seeking Gap

Although depression, anxiety, PTSD, substance use disorders, and suicide risk are prevalent among first responders, many individuals who need care never seek treatment. Fear of stigma, concerns about confidentiality, limited access to culturally competent providers, and practical barriers often interrupt the path to care.

Understanding where these barriers occur is essential to improving access to care and encouraging long-term engagement with treatment.

Research shows a significant gap between those who need help and those who recieve treatment.

THE HELP-SEEKING JOURNEY

NEED SUPPORT

Mental health symptoms appear.

Research shows:
- Depression
- Anxiety
- PTSD
- SUD / AUD
- Suicide risk

RECOGNIZE

Symptoms may not be recognized as signs of a mental health condition.

Common barriers:
- Difficulty identifying symptoms
- Belief that what they're experiencing is "just part of the job"

TRUST

Seeking help requires trust in the process.

Common barriers:
- Fear of career impact
- Confidentiality concerns
- Stigma
- Judgment from peers
- Judgment from supervisors

FIND

Finding the right provider isn't always easy.

Common barriers:
- Don't know where to seek help
- Limited provider fit
- Lack of providers who understand first responder culture
- Concerns about provider competence

ACCESS

Practical challenges can delay treatment.

Common barriers:
- Scheduling issues
- Lack of time / time off work
- Cost
- Transportation
- Bosses discouraging treatment

STAY ENGAGED

Remaining in treatment supports long-term recovery.

What helps:
- ✓ Peer counseling
- ✓ Culturally competent care
- ✓ Routine mental health screening
- ✓ Space for decompression
- ✓ Normalize and destigmatize help-seeking

WAYS TO REDUCE THE HELP-SEEKING GAP

Peer Support
Connect first responders with peers who understand their work and experiences.

Routine Screening
Make mental health screening a routine part of overall wellness.

Provider Fit
Expand access to providers who understand first responder culture.

Decompression & Support
Create space after critical incidents to process stress and normalize mental health conversations.

Reduce Stigma
Promote confidential, nonjudgmental care that encourages early treatment.

Sources:
- Centers for Disease Control and Prevention (CDC) & National Institute for Occupational Safety and Health (NIOSH). (2021).
- Haugen, P. T., et al. (2017). Mental health stigma and barriers to mental health care for first responders: A systematic review and meta-analysis. Journal of Psychiatric Research.
- Jetelina, K. K., et al. (2020). Prevalence of Mental Illness and Mental Health Care Use Among Police Officers. JAMA Network Open.
- Occupational Medicine. (2024). Systematic review and meta-analysis on the mental health of emergency and urgent call-handlers and dispatchers.

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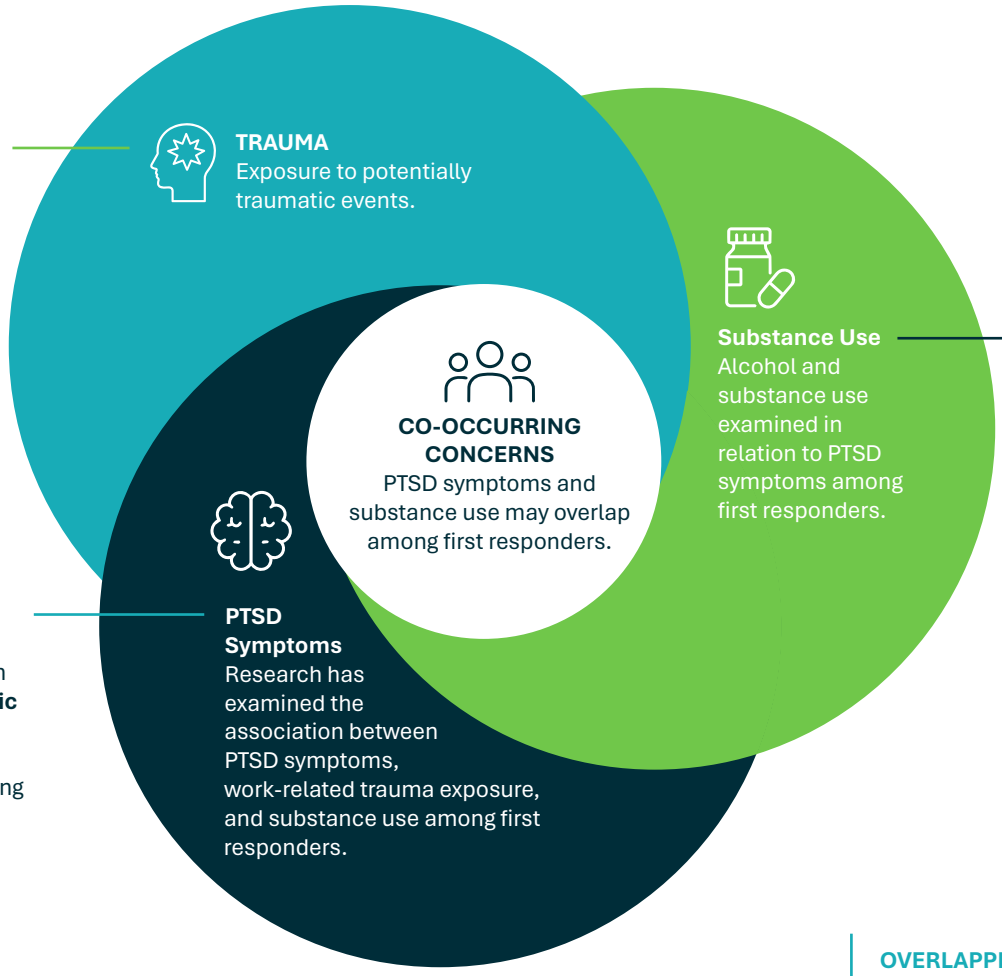
Substance Use, Trauma, and Co-Occurring Concerns

Among first responders, exposure to potentially traumatic events, PTSD symptoms, and substance use may overlap. While research examining this relationship remains limited, recent studies suggest that these concerns can coexist and may require integrated approaches to support and treatment.

This graphic illustrates overlapping risks, not cause and effect.

First responders are frequently exposed to **potentially traumatic events** as part of their work.



During the COVID-19 pandemic, researchers examined substance use among law enforcement, fire, and EMS workers in the United States.

Few studies have examined the relationship between **potentially traumatic events, PTSD symptoms, and substance use** among first responders.

OVERLAPPING RISKS
Research suggests PTSD symptoms and substance use may overlap among first responders.

Sources:
• Posttraumatic stress disorder symptoms, work-related trauma exposure, and substance use in first responders. Drug and Alcohol Dependence. 2022.
• Understanding problematic substance use among first responders during the COVID-19 pandemic: A survey of law enforcement, fire, and EMS workers in the United States. International Journal of Drug Policy. 2024.

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FACTORS THAT MAY INCREASE RISK

A 2024 study during the COVID-19 pandemic found the following factors were associated with increased alcohol and substance use among first responders.

BOREDOM
Lack of stimulation and structure may contribute to increased use.

LONELINESS
Social isolation and disconnection were linked to higher risk of problematic use.

STRESS
Heightened stress, including from quarantine and uncertainty, increased risk.

TREATMENT CONTINUUM: CARE OPTIONS VARY BY NEED

Depending on the severity of the substance use and co-occurring concerns.

- **PEER SUPPORT**
- **OUTPATIENT THERAPY**
- **INTENSIVE OUTPATIENT PROGRAM (IOP)**
- **MEDICATION-ASSISTED TREATMENT (MAT)**
- **MEDICALLY SUPERVISED DETOXIFICATION**
- **RESIDENTIAL CARE**
- **CONTINUING CARE**

LOWER LEVEL OF CARE

HIGHER LEVEL OF CARE

Sources:
• Posttraumatic stress disorder symptoms, work-related trauma exposure, and substance use in first responders. Drug and Alcohol Dependence. 2022.
• Understanding problematic substance use among first responders during the COVID-19 pandemic: A survey of law enforcement, fire, and EMS workers in the United States. International Journal of Drug Policy. 2024.

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Suicide Risk and Crisis Support

Police officers, firefighters, and EMTs face an elevated risk of suicide compared with the general population. According to the CDC/NIOSH, available data likely underreport suicide among first responders, highlighting the need for additional research to inform prevention and intervention efforts.

From 2015–2017, first responders accounted for approximately **1%** of all suicide deaths reported by the National Violent Death Reporting System (NVDRS).

PEER SUPPORT PROGRAMS

90%

When a law enforcement agency in Colorado implemented a peer support program, 90% of participants said they would seek peer support again.

WHY IT MATTERS

Peer support programs have shown significant benefits for first responders and are among the promising interventions for individuals at risk for suicide.

FACTORS IDENTIFIED AMONG FIRST RESPONDERS WHO DIED BY SUICIDE

Relationship Problems
A considerable number were experiencing relationship problems.

Job Problems
Job-related problems were commonly identified.

Physical Health Problems
Physical health problems were commonly identified.

First responders who died by suicide were generally less likely to report a substance or alcohol use problem, but more likely to have high levels of substances in their systems at the time of death.

CRISIS SUPPORT STRATEGIES

Peer Support Programs
Connect first responders with trained peers who understand similar experiences.

Immediate Debriefing
Provide opportunities to decompress after challenging events.

Normalize Mental Health Conversations
Help reduce stigma by creating space to discuss mental health concerns.

Space to Decompress
Provide first responders with time and space to recover following difficult incidents.

Research suggests suicide among first responders may be underreported because of limited available data. Continued research can help inform prevention and intervention efforts.

Sources: Centers for Disease Control and Prevention (CDC) & National Institute for Occupational Safety and Health (NIOSH). | National Violent Death Reporting System (NVDRS).

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Overlooked Groups

Some first responder groups remain underrepresented in behavioral health research despite experiencing significant occupational stress. Limited data contributes to the help-seeking gap and makes it more difficult to understand their unique challenges, identify risks, and develop targeted prevention and support strategies. The following groups highlight where additional research and tailored resources are needed.

GROUP	STRESSOR	BARRIER	FIRST STEP
VOLUNTEER FIREFIGHTERS & EMTS	Physically demanding work.	Limited research on volunteer responders.	Include volunteers in research and support.
PUBLIC SAFETY TELECOMMUNICATORS	Traumatic emergency calls.	Underrepresented in research.	Expand behavioral health research.
EMTS & PARAMEDICS	Occupational stress.	Limited epidemiologic data.	Continue research on mental health.

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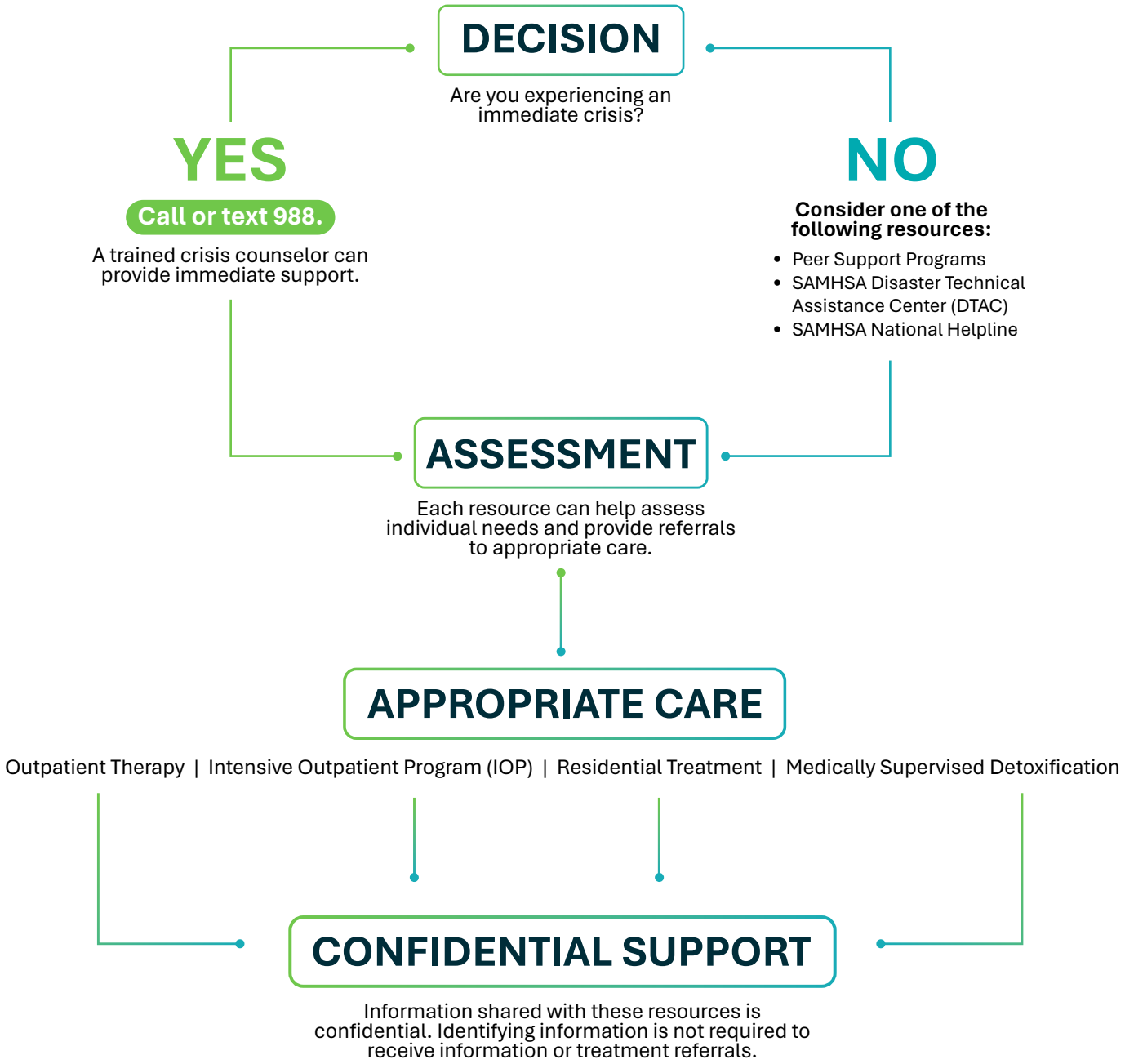
What Improves Access to Care?

Help is available for first responders experiencing a mental health disorder or crisis. The challenge is connecting responders to the right resource at the right time. The following guide outlines where to start based on individual needs.



Sources: CDC/NIOSH | SAMHSA Disaster Technical Assistance Center (DTAC) | SAMHSA National Helpline | 988 Suicide & Crisis Lifeline

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State and Local Resource Appendix

Many states supplement national behavioral health resources with programs designed specifically for first responders. The following directory highlights selected state-level resources and their most recent verification date.

FLORIDA

Resources:

- First Responder Behavioral Health Access Program Toolkit
- 741-741 Crisis Text Line
- Copline
- Florida Disaster Resources
- First Responder Mental Health and Suicide Deterrence Task Force

Last verified: May 25, 2026

State-specific resources available

ILLINOIS

Resources:

- RE;ACT – Lt. Ryan Elwood Awareness, Counseling and Training Fund
- Illinois Fire Service Institute Resiliency Program
- 855-90-SUPPORT

Last verified: May 25, 2026

PENNSYLVANIA

Resources:

- First Responder Support Helpline
- PA Drug and Alcohol Treatment Helpline
- Call Safe Now

Last verified: May 25, 2026

MASSACHUSETTS

Resources:

- MassMen: Mental Health Support for First Responders
- Clearbrook Massachusetts First Responders Program

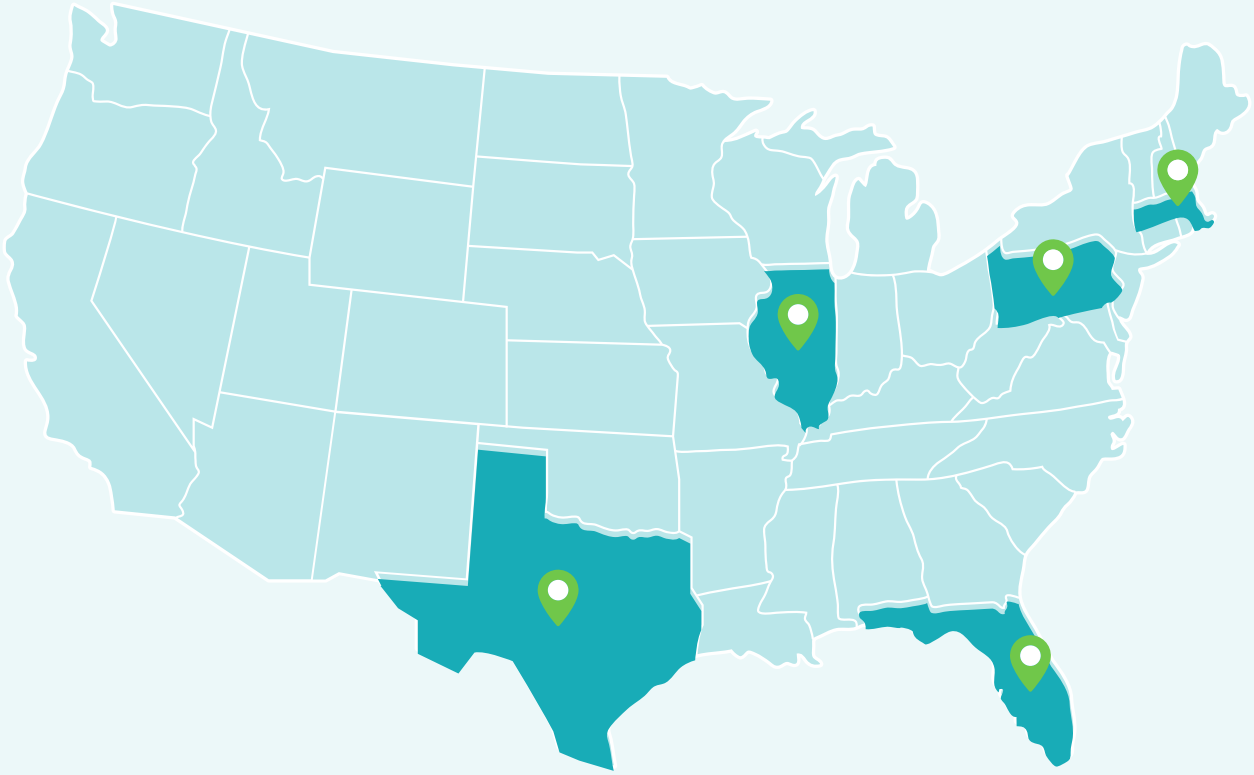
Last verified: June 17, 2026

TEXAS

Resources:

- EMS Peer Referral Program
- UT Health First Responder Helpline

Last verified: May 25, 2026



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What Agencies and Resource Pages Can Do

Agencies can help close the help-seeking gap by making reliable behavioral health resources easy to find. A well-maintained resource page should connect first responders with crisis lines, peer support programs, family resources, treatment locators, and state-specific services. Because availability and contact information can change, every resource should be verified regularly, display a last-reviewed date, and comply with agency requirements for external links.

Download the Resource Page Checklist

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Methodology, Limitations & Transparency

This white paper was developed using peer-reviewed studies, systematic reviews, meta-analyses, federal government publications, and publicly available state resources. References are cited throughout the document to support the information presented.

Because behavioral health data remain limited for several first responder populations, some findings reflect the current availability of research. These limitations highlight the continued need for additional study and improved data collection.

Source Quality

- Peer-reviewed studies
- Systematic reviews and meta-analyses
- Federal government data (CDC, NIOSH, SAMHSA)
- Publicly available state resources
- References cited throughout this document

Last Reviewed

June 2026

Next Review

Quarterly (Recommended)

This document should be reviewed regularly to verify resource availability, update references, and incorporate new evidence as additional research becomes available.

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