

Seattle-King County Wellness Survey: Summary of Results – 5/20/2018

Due to the recognition of issues involving mental health fatigue, stress and even suicide, the King County Fire Chiefs Association (KCFCA) Mental Wellness Subcommittee sent out a survey to assess the resources needed to improve wellness of our King County first-responders, which includes Fire and EMS personnel, 9-1-1 call receivers and dispatchers as well as administrative and support staff.

This survey launched in January 2018 and closed mid-March. Almost one-thousand individuals (N=984) responded to the survey and this report describes the opinions of the respondents. Based on a rough estimate of the county's number of 9-1-1 personnel, we estimate the survey response rate at ~20%. Almost all agencies had some representation in the survey, although response rates ranged from 0% to 51% across the agencies.

The KCFCA Subcommittee will use the results to develop a regional strategy for use by EMS agencies and dispatch centers across King County.

Respectfully,

KCFCA Mental Wellness Subcommittee

Steve Heitman (Chair)

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I. Demographic Characteristics

Table 1 shows the breakdown of survey respondents by age; years worked in fire service and role at agency. The sample is mostly male, middle-aged and white (88%) with a great deal of work experience.

Table 1. Gender, age, years worked in service and role at agency for survey respondents.

Male	85%
Age (18-29)	7%
(30-44)	34%
(45-59)	52%
(60+)	7%
Years worked in Service	
< 5 years	13%
6 and 15 years	26%
16 and 25 years	30%
More than 25 years	31%
Role at Agency	(N=984)
Firefighter/EMTs	49%
Officer	24%
Paramedic	8%
Administration	6%
Admin support	2%
Dispatcher	4%
Call Receiver	2%
Other:	4%

II. Access To and Use of Mental Wellness Resources

Table 2 shows that the large majority of respondents report their agency offers EAPs (97%); peer support (85%); chaplaincy programs (91%) and Critical Incident Stress Debriefings (CISD) (86%). Fewer respondents report access to conflict resolution programs; screening brief intervention/referral; stress management training; stress first aid program or programs focused

on helping co-workers who are showing signs of stress. More respondents have heard of SafeCallNow (57%) than Code4Northwest (47%).

Note: The responses to the open-ended questions reveal that EAP programs are not always perceived as very useful because the programs are not specific to Public Safety and the quality of assistance can be variable. For both EAP and peer support programs, perceived lack of CONFIDENTIALITY can be a barrier to participation. Several respondents reported they do not engage in these programs because they believe they are not confidential.

Table 2: Shows the results for the questions that access to and use of mental wellness resources.

	Does your agency offer...?	Have you ever participated in...?	If your agency had the following, would you use...?
Employee Assistance Program	97%	29%	69%
Chaplaincy Program	91%	27%	57%
CISD	86%	49%	79%
Peer Support	85%	18%	74%
Substance Abuse Program	74%	2%	32%
Crisis Hotline Access	75%	3%	39%
One-on-one Counseling	48%	24%	67%
Mental Wellness Awareness Training	45%	13%	74%
Helping Co-workers with Stress	36%	7%	77%
Stress Management Training	31%	12%	76%
Conflict Resolution Program	28%	5%	61%
Screening Brief Intervention	25%	2%	42%
Mindfulness Training	17%	8%	59%
Stress First Aid Program	10%	2%	53%

III. Access to Health and Wellness Programs

Table 3 shows access to health and wellness programs. Almost all respondents report having access to exercise equipment on duty (95%), but only one-third report access to dietary or nutritional counseling (32%). Even fewer respondents report access to stress management classes.

Table 3. Access to health and wellness programs.

Does your agency offer the following Health and wellness programs?	Yes	No	Not Sure
Access to exercise equipment on duty	94%	4%	
Dietary or nutritional counseling	32%	52%	15%
Tobacco cessation program	23%	49%	28%
Stress management classes	12%	68%	20%
Group exercise classes	6%	90%	4%
Membership to local fitness center	5%	91%	4%

IV. Attitudes toward mental wellness and perception of agency culture

- Although over 50% of respondents feel that emotional problems are better solved with professional help, only **25%** report they would seek professional help (as their first thought) if they were experiencing an emotional crisis.
- Although 61% report that their agency considers mental wellness important, **just half of all respondents** feel comfortable talking about mental wellness concerns with their co-workers.
- More than **one-third** believe that bringing up mental wellness concerns at work will impact their career negatively.

V. Conflict and Support at Home and at Work

- Respondents did not report frequent or intense conflict at home or work but more respondents reported that conflict spills over from work to home than the other way around.
- In general, respondents are most satisfied with support from family and friends, followed by support from co-workers. They are somewhat less satisfied with support from staff.

VI. Work-life Balance

- One-third of respondents report it is “somewhat hard” and 12% report it is “very hard” to take time off during work to take care of personal or family matters.
- More people report that demands of their job interfere with family life or personal time (74%) than the other way around (demands of family interfering with work) (33%).

VII. Stress

Table 4 shows the results of the questions about stress. At least 74% of the respondents find their job stressful at least some of the time. The questions assessing how often a first responder feels down and how often he or she experiences little interest in doing things are used as a cursory screen amongst traditional psychological screening tools. While these questions are posed in light of a survey, it is noted first responders rated these items at 43% and 42% respectively; which is quite high. These ratings imply that a minimum of 40% of first responders sampled experience the cardinal symptoms of depression at least in the past year.

It is also noted respondents also reported a similar degree of sleep problems (45%). Hence, the degree of endorsement of depressive symptoms is consistent with the similar endorsed degree of sleep problems. The corresponding levels of depression and sleep is important because sleep is the number one precursor to any type of psychiatric disturbance, i.e. symptoms of PTSD (flashbacks, intrusive thoughts), relapse on substances, depression, panic attacks, worsening anxiety, suicidal ideation, and chronic pain flares. In this group of first responders and consistent with other studies on first responders and shift workers, it appears sleep deprivation may be a significant contributor to mental wellness.

Table 4: Shows the responses to questions about work stress and depression.

	Never	Sometimes	Most of the time	Always
How often do you find your work stressful?	4%	74%	20%	4%
In the past year, how often have you been bothered by:	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	46%	42%	9%	3%
Feeling down, depressed or hopeless	49%	43%	6%	2%
Trouble falling or staying asleep or sleeping too much	25%	45%	20%	11%

VIII. Post-Traumatic Stress Disorder (PTSD)

Table 5 shows the results for questions that measure aspects of PTSD. At least a third of respondents indicated they were avoidant of reminders associated with a stressful incident, hypervigilant (being “super alert”), had problems concentrating, or had sleep difficulty. These symptoms are the cardinal signs of PTSD. According to the survey, if 40% of the respondents have problems concentrating “a little bit” of the time, then how is this impacting patient care and decision making? If a first responder is working a 48-hour shift, which is an additional day of sleep deprivation, then how might this impact patient care and employee relations amongst this group of responders where there is less recovery time on and between shifts?

Table 5: Shows the results for questions that measure Post-Traumatic Stress Disorder (PTSD).

Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and indicate how much you have been bothered by that problem in the past year	1	2	3	4	5
Feeling very upset when something reminded you of the stressful experience?	40%	39%	13%	6%	2%
Having strong physical reactions when something reminded you of the stressful experience (like heart pounding, trouble breathing, sweating?)	61%	25%	9%	4%	1%
Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects or situations)	51%	30%	10%	8%	2%
Having strong negative feelings such as fear, horror, anger, guilt or shame?	54%	28%	9%	7%	2%
Being “super alert” or watchful or on guard	36%	31%	17%	12%	5%
Having difficulty concentrating	33%	40%	16%	9%	2%
Trouble falling or staying asleep	25%	31%	20%	16%	8%
Response categories: 1= not at all; 2= a little bit; 3= moderately; 4=quite a bit; 5= extremely					

IX. Coping with Stress

In general, respondents report healthful coping strategies to deal with stress such as exercise, talking to a friend and being with family. Very few respondents report alcohol use as a frequent

coping strategy. Passive coping such as “distracting oneself and not thinking about work” are used more often than active coping such as meditation or yoga.

Note: In the comments’ section several people report that church; faith; and spiritual engagement are coping strategies they employ during stressful times.

X. Impact of Stress on Health and Work

- 1 in 3 respondents report they have called in sick because they mentally just could not perform their job. One in 5 report this happens occasionally.
- Almost half of all respondents report they had experienced an occasion where they were not able to do their job well because of sleep deprivation. Almost 40% report this happens occasionally.

XI. Knowledge of Symptoms of Stress and PTSD

Knowledge of symptoms of Stress and PTSD is high among this sample. Most respondents know the main symptoms of stress although there is less awareness of diabetes, high cholesterol, digestive system slowing down and stroke as symptoms of stress. Knowledge of PTSD symptoms is very high.

XII. Health and Health Care Utilization

- Most people report they are in good to excellent health. Only 1 in 10 report to be in fair or poor health.
- The majority of respondents have a primary care provider (84%) and most report having seen their provider for an annual medical physical in the past year.

XIII. What makes your job stressful? [Note: Results coded for most frequently reported categories]

Fire Fighters/EMTS: Type of call (kids; death or dying); sleep deprivation; performance evaluation and performance anxiety; lack of perceived support from admin and/or co-workers; punitive actions; nature of the work (high stress); unrealistic demands

Paramedics: bad calls (sick children); lack of sleep; making life-death decisions; unrealistic expectations

Officers: amount of responsibilities; workload; scrutiny/lack of control; bad calls; lack of support from administration; irregular/bad sleep; personnel issues; unrealistic expectations

Administration: Bandwidth/workload (Too much work!) ; competing priorities; deadlines; HR issues; conflict with supervisors; never-ending (on-call at home)

Admin support: Fast pace/intense work; constant disruptions (noise and otherwise); interpersonal issues (micromanagement); workload

Dispatch: call volume; mandatory overtime; lack of support from staff; interpersonal conflict with co-workers/supervisors; bad calls (kid calls but also angry/violent calls from the public); sleep deprivation.

In Summary:

- Although most respondents report to be in good or excellent health, (work) stress is a significant issue. Ratings imply that a minimum of 40% of first responders sampled experience the cardinal symptoms of depression at least in the past year. Respondents also reported a similar degree of sleep problems (45%). Hence, the degree of endorsement of depressive symptoms is consistent with the similar endorsed degree of sleep problems.
- 1 in 3 respondents report they have called in sick because they mentally just could not perform their job. Almost half of all respondents report they had experienced an occasion where they were not able to do their job well because of sleep deprivation.
- In general, awareness of symptoms of stress and PTSD is high although health conditions that are associated with stress are less well known. About half of respondents know the number of a crisis line.
- Although certain resources/programs are very accessible, relatively few people report having used these programs. Lack of participation in these programs is somewhat related to a perceived lack of trust that services are confidential. In addition, engaging with service providers who are not well-trained in Public Safety lowers the enthusiasm for participation in such programs.
- There appears to be great interest in stress management programs of all kinds, including mindfulness, awareness training and counseling programs.
- Exercise and fitness programs are perceived as important programs for mental wellness but it appears that there is not always dedicated time in the day to actually engage in fitness. Respondents feel overscheduled and have no time to exercise, decompress or reflect.
- Consistent with other surveys, mental wellness culture in the fire service is not conducive to communication about mental wellness concerns. Although the majority of respondents feel mental wellness is seen as important by their agency, most are not

truly comfortable talking about mental wellness concerns out of fear for retaliation or punitive action. Some of the comments suggested that leadership is not always empathic or supportive of mental wellness issues.

Areas for Further Exploration:

Based on the results of this needs assessment, the Planning Committee has identified several areas for further exploration:

1. Leadership Training: Perceived stress and stressors differ by role at agency. Leadership training on how to deal with stress, engage in self-care, and support personnel. This may have a big impact on occupational stress for all service providers.
2. Wellness Approach: Programs focused on prevention of stress.
3. Peer Support: Organize and disseminate all the peer support efforts and deal with issues around confidentiality.
4. Increase Awareness: Among 9-1-1 personnel and “market” programs/services that are available.
5. Assess Gaps: Focus on “ongoing training” around mental wellness.
6. Support Fire Departments: Conduct pilot projects related to improving mental wellness.