

Voices: Spiritual care and first responders: Why bother?

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Two weeks after my 16th birthday, I wrecked my car. The incident was little more than a simple fender bender, but between the driver being nine months pregnant and her trailer hitch destroying the front end of my Jeep, my blood pressure was at an all-time high when the firefighters and police officers arrived.

I remember being in shock at my carelessness and being asked repeatedly by a firefighter if I was fine, if I needed to see a doctor, if I needed time to calm down, all the things he could think to ask a 16-year-old who just hit a Mercedes with a pregnant driver.

My accident was minor, overall a quick incident for the first responders who ran this call, but what else had they seen on the same day? Maybe there was a house fire in another neighborhood, a domestic violence dispute across town, an unconscious senior who fell at home, or even a different 16-year-old who was not as fortunate.

First responders do exactly what their name implies. They are the first to arrive on the scene of incidents as mild as a senior adult seeking assistance or as tragic as a violent death. They work days and nights separated from the comfort of their own homes, missing milestones within their own families and maintaining odd schedules to provide comfort to crying mothers, distraught fathers and lost children who pass in and out of their lives. It's all part of just another day's work. Why, then, is there so little effort being made to meet the needs of these individuals who are an integral part of our communities?

State of mental health

A recent survey conducted by the University of Phoenix reveals the current nature of mental health within the first responder community in the United States. As of April 2017, a reported “[85 percent of first responders](#) have experienced symptoms related to mental health issues”. Of this 85 percent, only 34 percent have received a formal mental health disorder diagnosis, which indicates a significantly smaller number, or one-third, of individuals who are seeking help for the symptoms they are experiencing.

To put this in perspective, of the [estimated 2.8 million first responders](#) in the U.S., only an approximate 400,000 of them are not experiencing symptoms related to mental health. There still are more than 2 million first responders facing mental health symptoms: 2 million first responders whose families are affected by their loved one’s work, 2 million first responders who deserve just as much concern as the people they serve every day.

Obstacles to addressing mental health

Unfortunately, this widespread mental health dilemma is not solved simply by asking, “Well then, why don’t they get help?”

According to the previously mentioned study, roughly [40 percent of first responders](#) believe there will be negative repercussions associated with seeking help for work-related mental health issues.

Not only within the wider culture of the United States is mental health stigmatized, but this belief has permeated the sub-culture of first responders as well, if not to a higher degree. The University of Phoenix study also suggests such stigmatization is rooted in ideas such as being overlooked for promotions because of mental health, being treated

differently by supervisors or being perceived as weak by co-workers.

There also may be a lack of debriefing following traumatic experiences and little to no availability of an anonymous counseling session due to insurance claims being filed through the workplace.

[Humor](#) serves as a coping mechanism for a majority of first responders. While humor may not be presented as a comment about a traumatic call, there may be an increase in pranks at a station, making fun of one another and using jokes to make some sense of an incident rather than addressing the events of a call directly.

When I first began the process of exploring what it would look like to do mental health and spiritual care work with first responders, I was met repeatedly with comments: “You’d have better luck with a brick wall,” “Yeah, good luck with any of those guys,” and “Don’t waste your time because you’re not going to get anywhere pursuing that.” While these comments are not entirely off-base, they should not be the standard for how we so lackadaisically approach mental health and spiritual care with first responders. How, then, can we begin to approach this situation as pastoral care providers?

Ways to provide pastoral care

- Establish relationships with local departments. If first responders are part of your faith community, ask how the church or congregation can work alongside the individuals and their department.
- Do not assume you know the needs of each firehouse or police station. First responders are a unique community. There is a need for more pastoral caregivers who understand their culture. Spend time engaging their community before rushing to help.

- Listen well. If you are presented with the opportunity to work with a first responder, provide a space in which he or she can talk about experiences without fear of judgment. Do not tell them you understand what they are going through, you know “for sure” this is God’s plan or compare your story to theirs, but actively listen to their experiences.
- Offer to go to their chosen location for meetings when appropriate. You are far more likely to get a response from someone in *their* comfort zone rather than yours.
- Learn how to facilitate group discussions, and offer your time for departments after traumatic calls. Even if you are not a mental health professional, you still can be a sounding board and a mediator for debriefs after incidents.
- You can pray for a community whether they know it or not. I encourage you to take this approach fervently and to keep in mind we worship a God strong enough to guide us as pastoral caregivers, congregational members and first responders.

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