



## White Paper

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TO: FIRESCOPE Board of Directors  
23300 Castle Street  
Riverside, CA 92518

FROM: Operations Team, Task Force, & Behavioral Health Subcommittee

SUBJECT: Behavioral Health Needs for Retirees

### SUMMARY

Retirement can be a challenging transition for the civilian population, with common obstacles such as boredom, isolation, financial worries, and the feeling that their life isn't very impactful to others anymore. On the other hand, retiring as a first responder is, in almost all ways, more challenging than it is for others. Some of the factors that contribute to a more difficult transition are the high percentage of physical and mental injuries, losing their work family and peers, having a significant amount of purpose and value in what they do, and the career of traumatic calls that may have been left unattended for years, if not decades. In addition, most first responders choose careers as police officers, firefighters, or EMS professionals because they desire to help others and serve their communities. Much of their identity comes from this strong sense of public service and the need to be readily available to those in crisis. Because of these unique issues, there needs to be a standard developed for behavioral and mental health resources for our first responders, including planning resources to help set up retired personnel for the greatest success. Without planning or resources in place, retirees face a difficult road into the future.

Identity issues can be common among retired first responders. Related to this question



of identity is the fact that being a first responder comes with some status, privileges, and position of authority and respect. When individuals leave the profession, they may not automatically get those benefits and that same recognition. As a result, they may feel like they have lost a key signifier of who they are, and the experience may adversely impact their mental health. A few common issues experienced are boredom, isolation, and loss of purpose.

First responders typically come from a highly structured environment, with many protocols, policies, shift work, and following specific guidelines according to their field and chain of command. When you leave that structured environment to one of no structure, it becomes difficult to know what to do with oneself. With first responders in general, there is the feeling that people do not understand them because they have seen so many horrible things. When they lose that connection with their peer group (other first responders), that adds to their isolation, so now they are left only with their families and friends from the civilian world, which can make them feel more alienated and alone.

A study conducted on military transitioning to civilian life used a survey of 1,853 veterans to analyze variables related to who transitioned more easily versus more difficult. Veterans who say they had an emotionally traumatic experience while serving or had suffered a serious service-related injury were significantly more likely to report problems with re-entry. The lingering consequences of psychological trauma are particularly striking - the probabilities of easy re-entry drop from 82% for those who did not experience a traumatic event to 56% for those who did.

A recent survey of 600 first responders inquired whether any had to retire early, and if so, why? Of those surveyed, over 70% have been injured on the job; 56% of those who retired early did so because of physical injury, and almost 16 percent retired due to PTSD. Therefore, based on both studies, injury causing early retirement, traumatic experiences, and unclear mission directives caused the most significant negative transition to retirement.



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One of the surprising results from both aforementioned studies was that veterans and first responders who were married during their careers had difficulty readjusting to life after service. Overall, being married while serving reduces the chances of an easy re-entry from 63% to 48% (Ohs, 2021). The studies appear to show trends that affected their relationships following separation from full-time employment. When asked if respondents included their significant other in their retirement plan, 76% of those polled said they had not participated in retirement planning. This lack of inclusion is a huge concern since the first responder, once retired, will be with their significant other and family either every day or more frequently than they have in the past 20-plus years. Due to this lack of participation, fewer significant others were looking forward to their first responder retiring. The survey also revealed that 42% of first responders were looking forward to retiring, whereas 32% of significant others were looking forward to their first responder retiring. Even more sobering, only 5.47% of the first responders were not looking forward to retirement at all, and 11.37 percent of their spouses (twice as many) were not eagerly awaiting the day.

## FINDINGS

First responders retiring now are struggling more than those who entered the workforce within the last five years because the mentality of being a first responder has evolved. The California State Fire Marshall has developed and implemented mental health curriculum that is now required in all fire academies. This will help the recruits navigate the career's long-term effects. First responders, who tend to shove everything down and ignore it, get uncomfortable when all those calls float back to the surface and ghosts they thought they had buried come back to haunt them. It can scare them if they are not prepared. If treatment was sought for PTSD, the first responder likely understands that the trauma never truly goes away. Hopefully, skills have been taught to these individuals on how to mitigate and decrease symptoms and identify their triggers.

First responders are physically and mentally unable to “switch off” from a lifetime career of vigilance and readiness for action. All fire departments should recognize the false



assumption that when a member retires, everything immediately improves, and they can finally focus on themselves and their family. But, as it has been shown, that is not how most people are wired, and there is a need for post-retirement emotional care resources.

## RECOMMENDATIONS

While behavioral health commitment from agencies continues to rise for employees, there has been a noticeable lack of behavioral health assistance for retirees. Once an individual retires, most are forgotten, including their behavioral health needs. Recognizing that there is a behavioral health need for employees is the first step in helping individuals and their families deal with the stress and trauma associated with these professions. The next step is to recognize a need still exists for many individuals once they are done serving their community as first responders. One's mental health during retirement is equally important as mental health during career service.

- Fire departments in California must recognize the lingering effects of job-related psychological trauma and strive to provide continued behavioral health support to retirees for the mental wellness needs of the individual.

## CONCLUSION:

Working in a highly structured profession full of challenges can cause behavioral health issues once a firefighter enters retirement. Studies have shown that once retirees lose the routine and comradery they have relied on for many years, there is an increased possibility for traumatic event reoccurrences. Individuals may experience feeling a lack of purpose/identity, marital stress, and even divorce. Having behavioral health programs in place while employed has been shown to reduce work-related stressors. This white paper aims to create awareness of an existing problem among first responders well into retirement and establish a best practice for the health and well-being of fire service retirees into the future. Additionally, the recommendations expressed herein can help guide individual agencies to create and implement exit



strategies for their retirees, including pre-retirement planning, behavioral health check-in/evaluations, and continued access to clinical professionals even upon separation. Our most valued resource is our first responders, and retirees deserve an initial chance for a happy and healthy transition into post-workforce life.