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DEPT. COMM. NO. 269

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January 2, 2026

The Honorable Ronald D. Kouchi,
President of the Senate,
and Members of the Senate
Thirty-Third State Legislature
State Capitol, Room 409
Honolulu, HI 96813

The Honorable Nadine K. Nakamura
Speaker, and Members of the
House of Representatives
Thirty-Third State Legislature
State Capitol, Room 431
Honolulu, HI 96813

Dear President Kouchi, Speaker Nakamura, and Members of the Legislature:

Pursuant to Act 106 of Session Laws 2024, Relating to Mental Health, the Office of Wellness and Resilience hereby submits the State of Well-Being Project Landscape Assessment Report to the legislature as required by this law for your information and consideration.

In accordance with Section 93-16, Hawai'i Revised Statutes, the report may also be viewed electronically at https://owr.hawaii.gov/reports/.

Should you have questions about this report, please contact us at (808) 586-0805 or via email at gov.owr@hawaii.gov.

Mālama pono,

Tia L. Roberts Hartsock, Director
Office of Wellness and Resilience

Enclosure: State of Well-Being Project Landscape Assessment Report

c: Office of the Governor; Office of the Lt. Governor; Office of the Auditor; Dept. of Budget and Finance; Hawai'i State Library System: State Publications Distribution Center & Hawai'i Documents Center; Legislative Reference Bureau Library; University of Hawai'i at Mānoa—Hamilton Library, Serials Department

OFFICE of Wellness & Resilience

STATE OF WELL-BEING PROJECT

DECEMBER 2025

A Landscape Assessment of Mental Health and Well-Being Supports and Services, Barriers, Facilitators, and Needs for State, County, and Select Community-Based First Responders, Healthcare, and School Staff

E Mālama Aku, E Mālama Mai

State of Well-Being Project: A Landscape Assessment of Mental Health and Well-Being Supports and Services, Barriers, Facilitators, and Needs for State, County, and Select Community-Based First Responders, Healthcare, and School Staff

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Letter from Director, Tia L. Roberts Hartsock

When our office began this project, we knew that the first step was to listen. Over the past year, we have had the privilege of sitting down with first responders, healthcare workers, education staff, human resource leaders, researchers and other leaders across our state to understand what community members are experiencing on the front lines. We conducted interviews with key informants, talked story in focus groups, heard from thousands of state workers through our Quality of Life and Well-Being survey, and dove deep into the research. Each conversation revealed both the dedication required to serve and the significant barriers standing in the way. The mental health challenges facing our essential workforce represent a crisis that demands immediate and sustained action.

However, we heard many ideas for enhancements (some big, and some small) that might be possible. Approaches that have been proven to work, such as trauma-informed care organizational practices, peer support, efforts to reduce stigma, leadership commitment and training, culturally grounded practices, and adequate resources, can make a profound difference. Many are already being applied by passionate leaders, innovative agencies, and community organizations.

This report is intended to serve as a point-in time resource. It documents what exists, identifies needs, and provides evidence-based and locally informed recommendations for primary prevention, early intervention, and coordinated support services—something that has never been done before in our state or across the nation in such a comprehensive way. While we focused our work specifically on certain first responder groups, healthcare workers, and education staff to complete this report within one year, we see this as a foundation to build upon. We are committed to expanding our reach and deepening partnerships with the many other groups and community organizations doing vital work in this space. We also plan to create and share additional resources and tools to make this information even more practical and tailored to specific sectors.

What has fueled my optimism throughout this process is the incredible dedication and creativity already at work in our communities. The Office of Wellness and Resilience is committed to ensuring that this report does not sit on a shelf. We intend to turn these findings into action, take kuleana for the recommendations within our scope, and partner across sectors to build trauma-informed systems that truly support those who serve.

Today, our workforce is navigating the lasting impacts of the COVID-19 pandemic, the devastation of the Maui wildfires, other community traumas, and persistent challenges including labor shortages, economic strain, and increased community need. The disruptions brought on by these circumstances have impacted everyone, particularly those on the front lines. There has never been a more urgent time for comprehensive, culturally grounded support for our essential employees. Most importantly, as we move forward in this work, I urge everyone to start by taking care of themselves and leading by example. This is a critical first step in our shared journey to healing and in our capacity to continue serving others. You can read this report cover to cover, use specific sections as resources, or reach out to collaborate with us at gov.owr@hawaii.gov. We are excited to partner with you to enact the solutions laid out in these pages, in small and big ways.



Tia L. Roberts Hartsock

Director, Office of Wellness and Resilience, State of Hawai‘i

Mahalo: Gratitude & Acknowledgements

This report represents the voices of individuals and organizations throughout the state.
We are deeply grateful to participants and partners from the following organizations for their time and support.

State Departments
Budget and Finance
Department of Education
Department of Health
Department of Human Services
Department of Human Resources Development
Department of Law Enforcement

County Governments
City and County of Honolulu
Hawai'i County
Kaua'i County
Maui County

Healthcare Organizations
Hawai'i Health Systems Corporation
Hawai'i Pacific Health
Lāna'i Community Health Center
Mālama I Ke Ola Health Center
Moloka'i Community Health Center

Educational Institutions
University of Hawai'i John A. Burns School of Medicine
University of Hawai'i at Hilo
University of Hawai'i at Mānoa, Health Policy Initiative
University of Hawai'i, School of Nursing and Dental Hygiene
University of Connecticut, Innovations Institute

Community Organizations & Nonprofits
Archive for Arts, Health, and Spirit
Employee Assistance of the Pacific
Estria Foundation / Mele Murals
Hawai'i Positive Engagement Project
Hawai'i Workforce Funders Collaborative
Ho'ohanu
Ka Hale Hoaka
Mauliola Maui
Mauliola Ke'ehi
Mental Health America of Hawai'i
Nā Pua No'eau
NAMI Hawai'i
Vibrant Hawai'i
WorkLife Hawai'i

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Hawai'i State Teachers Association (HSTA)
United Public Workers (UPW)

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Waves of Insight

Table of Contents

OVERVIEW AND GUIDE

Letter from Director II
Mahalo: Gratitude & Acknowledgements III
Table of Contents 1-2
Executive Summary 3
Guide to Using This Report 8

SECTION 1. INTRODUCTION 9

1.1 Background 9
1.2 Project Background and Legislative Mandate 12
1.3 Key Concepts and Definitions 13
1.4 Project Aims and Timeline 13

SECTION 2. METHOD 15

SECTION 3. RESULTS 16

3.1 First Responder (Firefighters, Law Enforcement) Results 16
3.1.1 Section Summary 16
3.1.2 Systematic Literature Review 17
3.1.3 Tier 1 and 2 Mental Health and Well-Being Supports and Services 18
3.1.4 Barriers and Facilitators to Mental Health and Well-Being Supports and Services 21
3.1.5 Desired Mental Health and Well-Being Supports and Services Enhancements 22
3.1.6 Key Takeaways for First Responders 23

3.2 State and Select Community Healthcare Provider Results 24
3.2.1 Section Summary 24
3.2.2 Systematic Literature Review 24
3.2.3 Tier 1 and 2 Mental Health and Well-Being Supports and Services 25
3.2.4 Barriers and Facilitators to Mental Health and Well-Being Supports and Services 28
3.2.5 Desired Mental Health and Well-Being Supports and Services Enhancements 29
3.2.6 Key Takeaways for State and Select Community Healthcare Providers 31

3.3 School Staff Results 32
3.3.1 Section Summary 32
3.3.2 Systematic Literature Review 32
3.3.3 Tier 1 and 2 Mental Health and Well-Being Supports and Services 33
3.3.4 Barriers and Facilitators to Mental Health and Well-Being Supports and Services 36
3.3.5 Desired Mental Health and Well-Being Supports and Services Enhancements 37
3.3.6 Key Takeaways for School Staff 38

3.4 Other Partner Results 39
3.4.1 Tier 1 and 2 Mental Health and Well-Being Supports and Services 39
3.4.2 Barriers and Facilitators to Mental Health and Well-Being Supports and Services 39

3.4.3 Desired Mental Health and Well-Being Supports and Services Enhancements 40
3.4.4 Key Takeaways for Other Partners 40
3.5 Cross-Sector Results 41
3.5.1 Section Summary 41
3.5.2 Systematic Literature Review 41
3.5.3 Tier 1 and 2 Mental Health and Well-Being Supports and Services 45
3.5.4 Barriers and Facilitators to Mental Health and Well-Being Supports and Services 48
3.5.5 Desired Mental Health and Well-Being Supports and Services Enhancements 49
3.5.6 Key Takeaways for Cross-Sector 51
SECTION 4. DISCUSSION 52
4.1 Key Implementation Principles 52
4.2 Recommendations and Potential Next Steps 53
4.2.1 Policy and Systems Level 53
4.2.2 Community and Partnerships Level 55
4.2.3 Organizational Level 57
4.2.4 Interpersonal Level 59
4.2.5 Individual Level 60
4.3 Methodological Notes 61
4.4 Future Research Directions 62
4.5 Conclusion 63
SECTION 5: TABLES 64
Table 1. Protect, Promote and Respond Recommendations and Potential Next Steps for Mental Health and Well-Being Supports and Services for the Essential Workforce Across the Social Ecological Model Levels

Executive Summary

Introduction and Legislative Mandate

Workplace mental health has emerged as a critical public health challenge, profoundly affecting workers, employers, and broader society. In Hawaiʻi, first responders, healthcare providers, and school staff face extraordinary demands, compounded by the ongoing impacts of the COVID-19 pandemic, the devastating 2023 Maui wildfires, ongoing work-related trauma, and persistent challenges including workforce shortages and economic strain.

Established by the Hawaiʻi State Legislature in 2023 through Act 106, the State of Well-Being Project represents Hawaiʻi's commitment to addressing community and workforce mental health through the Office of Wellness and Resilience (OWR). This initiative assesses and enhances system-wide and targeted mental health and well-being supports and services for public service communities who serve as the backbone of Hawaiʻi's emergency response, healthcare, and educational systems. The project focuses on first responders (police, firefighters, and sheriffs), healthcare providers across state, county, and select community health centers, and public school staff including those in public charter schools.

Central to this work is Hawaiʻi's definition of trauma-informed care as established by the Trauma-Informed Care Task Force (Department of Health, State of Hawaiʻi, 2023): "*an approach to understanding, recognizing, respecting, and responding to the pervasive and widespread impacts of trauma on our ability to connect with ourselves and others, our place and the elements around us, and our ways of being*." This definition grounds our recommendations in culturally responsive, evidence-based and Hawaiʻi-informed practices that honor our unique communities.

Purpose and Scope

This landscape assessment represents the completion of Phase 1 of a comprehensive two-phase initiative. It addresses three fundamental questions: (1) What existing mental health and well-being supports are currently available to staff across target sectors? (2) What barriers and facilitators influence utilization of these services? (3) What culturally grounded, community-informed, and data-driven interventions should be developed or enhanced?

The report employs a multi-tiered framework integrating strategies to **Protect** (primary prevention), **Promote** (well-being enhancement), and **Respond** (targeted intervention) across individual, interpersonal, organizational, community, and public policy levels, aligned with current workplace mental health models.

Methods

This report presents findings from a rigorous mixed-methods study utilizing six complementary data collection strategies:

1. **Four systematic literature reviews** totaling 1,256 articles screened and 68 studies included, establishing the empirical foundation for mental health interventions across firefighters, law enforcement, healthcare, and school staff.
2. **The Hawaiʻi Quality of Life and Well-Being Survey**, the largest statewide survey of its kind in Hawaiʻi's history, with over 8,300 residents participating, including approximately 4,000 state workers.
3. **Key informant interviews** with 81 individuals possessing specialized knowledge across sectors, including organization and community leaders, well-being coordinators, mental health professionals, researchers, human resource experts, and others.
4. **Focus group discussions** with six groups totaling 12 participants to explore lived experiences and collective perspectives.

5. **Comprehensive document review** of over 100 relevant policies, reports, and organizational materials provided by key informants.
6. **A small qualitative survey with healthcare staff**, completed by 15 employees, to assess well-being perceptions and needs specific to healthcare settings.

Key Findings

The Scope of the Challenge

Statewide data from the 2024 Hawai'i Quality of Life and Well-Being Survey reveal, against the backdrop of Hawai'i's broader mental health crises, significant mental health strain across the workforce. Nearly one-third (31%) of residents reported seven or more days of poor mental health in the past month, and almost half (45%) experienced insufficient rest or sleep for at least two weeks. These challenges are even more pronounced among first responders and helping professionals, who reported substantially higher rates of both poor mental health and inadequate rest compared to the general population.

The survey highlights the broader health burden facing frontline workers. First responders reported elevated levels of chronic physical conditions, including musculoskeletal disorders (55%), arthritis (45%), and high blood pressure (43%). One in ten have experienced a work-related injury in the past year.

Economic pressure compounds these challenges. More than half (56%) of Hawai'i residents expressed worry about meeting monthly expenses, and 63% indicated work is a significant source of stress in their lives. Perhaps most critically, 34% of first responders and healthcare workers, and 35% of those in education and library professions, reported they are somewhat or very likely to make a genuine effort to find a new job within the next year.

Available Mental Health and Well-Being Supports and Services

Through key informant interviews and focus groups, this assessment identified a range of mental health and well-being supports currently available across sectors. These supports are organized into two tiers: Tier 1 (universal prevention strategies available to all employees, aimed at protecting and promoting mental health and well-being) and Tier 2 (targeted response-type interventions for employees experiencing elevated stress or early signs of distress).

Tier 1: Universal Supports and Interventions

Tier 1 interventions represent universal prevention strategies available to all employees regardless of risk level. The most frequently identified supports include **targeted training programs** (such as Trauma 101, crisis intervention skills, and mental health first aid), efforts to foster **positive workplace culture** through psychological safety and staff connectivity, and **Employee Assistance Programs** offering counseling, legal support, and work-life services.

Cultural and values-based supports were also prominent, including **integration of Native Hawaiian cultural values** and connection to ʻāina, **supportive organizational policies**, and **comprehensive wellness programs** addressing mental, physical, and emotional well-being. Organizations reported using **digital mental health platforms** (Trust Circle, Cortico, Lighthouse), **family support programs**, and **union benefits** through EUTF, ERS, etc.

Additional Tier 1 supports include **well-being assessments** through staff surveys and feedback mechanisms; **onboarding and orientation programs** that establish help-seeking norms; **resilience-building initiatives** and **professional development opportunities**; **resource materials and wellness newsletters**; dedicated **organizational wellness budgets**; **nature-based activities** and **community support programming**; **flexible work arrangements**; and **designated wellness rooms and financial wellness resources**.

Tier 2: Targeted Supports and Interventions

Tier 2 interventions are targeted strategies for employees experiencing elevated stress, exposure to potentially traumatic events, or early signs of distress. The most commonly identified supports include **on-site individual counseling** with licensed mental health clinicians, **formal debriefing** following traumatic incidents, and **peer support programs** with trained supporters and structured frameworks.

Additional Tier 2 supports include **systematic debriefing processes** for workplace incidents; **chaplaincy services** providing spiritual support; **enhanced mental health education** workshops; **intensive human resource and organizational support for complex** situations; **cultural healing programs incorporating traditional practices** such as working in the loʻi, connection to kai, and lomilomi; **in-house clinicians** including social workers and psychologists; therapeutic activities such as **animal-assisted therapy**; and **intensive retreat programs** for employees who have experienced traumatic incidents.

Barriers

Financial constraints, including funding cuts, budget limitations, and inadequate compensation, emerged as the most frequently identified barrier (mentioned by 33 participants). **Participation challenges** with voluntary versus mandatory programs (31 participants), **communication failures** including lack of awareness and poor knowledge transfer (28 participants), and **organizational dysfunction** including complex bureaucratic processes and siloed departments (27 participants) also represented major obstacles. Additional barriers included **inadequate organizational support** for wellness initiatives, **concerns about confidentiality, time constraints** that prevent participation in activities, and **funding instability** that undermines program continuity.

Facilitators

Across sectors, stakeholders identified several facilitators that support workforce mental health and well-being. The most frequently cited included **community collaboration** engaging diverse partners in service development (mentioned by 33 participants), **research-informed practice** incorporating evidence-based approaches (28 participants), **supportive leadership** that creates psychologically safe environments (26 participants), and **flexible access options** accommodating different user needs (25 participants).

Recommendations

Based on the synthesis of all data sources, the following recommendations are organized according to the social ecological model, addressing interventions at the policy/systems, community/partnerships, organizational, interpersonal, and individual levels.

Key Implementation Considerations

- **Start with Leadership:** Supportive leadership emerged as the top facilitator (n=26) and supervisor support explains the largest differences in job satisfaction. Prioritizing trauma-informed supervisor training is essential.
- **Address Stigma & Trust:** Stigma (n=24) and confidentiality concerns (n=15) are major barriers, while only about 50% of workers trust management. Building trust through leadership modeling and clear confidentiality protections are critical.
- **Center Hawaiian Culture:** Cultural integration (n=19) emerged as both a facilitator and enhancement priority. Native Hawaiian and Hawaiʻi-informed values should inform and be integrated into all programming rather than appearing as add-on components. Sector-specific cultures must also be taken into consideration in design and development.
- **Secure Sustainable Funding:** Financial constraints are the top barrier (n=33) and 56% of workers report economic stress. Diversifying funding sources and establishing long-term mechanisms is imperative.

- **Use Multi-Level Strategies:** Literature reviews across all sectors emphasize that single-component interventions are insufficient, since mental health and well-being needs differ from person to person. Coordinated strategies must address individual, interpersonal, organizational, and policy levels simultaneously.
- **Prioritize Evidence-Based Approaches:** Building on proven models (grown here or elsewhere) while adapting to local context strengthens supports and services.

Policy and Systems Level



Ten policy-level recommendations were identified. The top three, based on frequency and strength of endorsement, are:

- **Address financial constraints** impacting mental health and well-being supports through sustainable, diversified, long-term funding mechanisms for workforce mental health and well-being supports and services.
- **Establish reliable funding infrastructure for** mental health and well-being supports and services with multi-year commitments and flexible mechanisms to ensure program continuity.
- **Develop supportive workplace policies** including anti-bullying measures, reformed performance reviews, and clear mental health and well-being protocols.

Community and Partnerships Level



Eight recommendations were identified at this level. The top three are:

- **Build cross-sector partnerships for** mental health and well-being supports and services by engaging communities, state departments, philanthropy, universities, and diverse stakeholders.
- **Implement research-informed practice** by incorporating evidence-based approaches and continuous evaluation into service delivery of mental health and well-being supports and services.
- **Integrate Native Hawaiian cultural values, practices, and perspectives** into all mental health and well-being supports and services, including āina-based practices and holistic approaches that engage the whole family.

Organizational Level



With 32 recommendations identified—the highest number across all levels—the findings point to the critical importance of workplace structures, leadership, culture, and internal systems. The top three are:

- **Address organizational dysfunction** by streamlining procurement, reducing silos, and improving institutional processes, with the goal of improving mental health and well-being.
- **Resolve staffing challenges** through strategic recruitment, retention initiatives, and workload management to prevent burnout.
- **Develop trauma-informed, supportive leadership** through comprehensive supervisor training and leadership modeling.

Interpersonal Level



Eight recommendations were identified. The top three are:

- **Address stigma and shame (particularly around help seeking)** by normalizing mental health conversations through leadership modeling and organizational messaging.
- **Implement peer support programs** that normalize help-seeking and extend the reach of limited clinical staff.
- **Train leaders and supervisors in supportive management** given that supervisor support explains the largest variance in job satisfaction.

Individual Level



Six recommendations address personal knowledge, attitudes, skills, and behaviors. The top three are:

- **Address participation challenges in** mental health and well-being supports and services by designing voluntary, multi-modal programs with diverse engagement options (in-person, virtual, self-paced), remembering that no single approach works for all people.
- **Increase mental health literacy and self-awareness** through psychoeducation on stress, coping, and recognizing personal needs.
- **Include mental health and well-being orientation in onboarding** with psychological preparedness, resources, and foundational training for all new employees.

Next Steps: Phase 2 Implementation

Phase 2 of the State of Well-Being initiative extends through December 2027 and will focus on enhancing existing services and developing new culturally grounded, Hawai'i-informed mental health and well-being programs. Our office intends to turn these findings into action, be mindful of the recommendations within our purview, and partner across sectors to build trauma-informed systems that truly support those who serve. We also plan to develop practical toolkits and resources, which will allow for more granular exploration of recommendations and targeted dissemination of findings.

This assessment establishes an initial foundation for future expansion to include additional communities across the state and groups such as search and rescue teams, emergency medical services, public health workers, and utility workers. We welcome outreach from additional organizations and initiatives for inclusion in future research and resource development. **Organizations may contact the Office of Wellness and Resilience at gov.owr@hawaii.gov.**

Conclusion

The mental health challenges facing Hawai'i's essential workforce represent a crisis that demands immediate and sustained action. This landscape assessment provides the most comprehensive documentation of workforce mental health needs, services, barriers, and opportunities ever conducted in Hawai'i. The findings demonstrate that while significant challenges persist, evidence-based strategies such as trauma-informed organizational practices, peer support programs, stigma reduction efforts, leadership commitment and training, and adequate resources can make a profound difference.

Passionate leaders, innovative agencies, and community organizations are already applying these lessons and individuals across these sectors have ideas to share. By building on their efforts and implementing the recommendations in this report across all levels of the social-ecological model, Hawai'i can create the conditions for workforce and community mental health and well-being that allow our essential workers to thrive while continuing to serve.

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Guide to Using This Report

This report is intended for a wide range of audiences, including individuals, families, community members, leaders, policymakers, researchers, funders, and advocates. It provides a point-in-time assessment of mental health and well-being supports and services available to certain state, county, and community-based employees across Hawai'i. It also examines existing services within institutions, identifies barriers and facilitators that impact mental health service utilization, and offers evidence-based and Hawai'i-informed considerations for enhancement across first responders (fire, police, sheriff), healthcare workers, and educational staff. The report is structured to move from specific to general findings.

- The Introduction establishes the background, purpose, and rationale for this report.
- The Methods section briefly details the mixed method data sources and analytical approaches employed. For more information on the full methods, visit the website at https://owr.hawaii.gov/state-of-well-being-project/
- The Group-Level Findings presents a comprehensive analysis for each target population, including literature review findings, statewide survey results, key informant interview insights, focus group outcomes, document review, and population-specific survey data where available, along with tailored recommendations for each group. Additional documents related to the systematic literature review and qualitative findings are located on the website at https://owr.hawaii.gov/state-of-well-being-project/
- The Cross-Sector Findings section examines mental health and well-being interventions applicable across all groups, drawing from survey data, stakeholder and focus group interviews, document review, and systematic literature review findings.
- Finally, the Discussion section outlines cross-sector and group-level actionable considerations, addressing individual/family interventions, organizational improvements, agency-level changes, policy and political considerations, and community and social system enhancements. This section also details limitations of this landscape analysis, next steps for the Office of Wellness and Resilience, and conclusions.

Readers are encouraged to begin with the group level findings most relevant to their organization or role, then examine cross-sector findings, which might have greater economies of scale for the mental health and well-being of our communities more broadly.

Section 1. Introduction

Workplace mental health has emerged as a critical public health challenge, profoundly affecting workers, employers, insurance systems, and broader society. While workplaces can create valuable intervention opportunities, the proliferation of mental health programs over recent years has outpaced the development of evidence-informed implementation strategies. As a result, existing approaches frequently disconnect research evidence from practical application, leaving organizations without clear pathways for meaningful action (Deady et al., 2024).

The consequences of this implementation gap proves particularly devastating for essential service workers such as law enforcement and firefighters (i.e., first responders), school staff, and healthcare personnel. First responders experience Post-Traumatic Stress Disorder (PTSD) at rates approaching 30%, nearly double that of the general population (Institutes of Health, 2025), emergency medical workers face 24% higher suicide attempt rates compared to typical occupations (Relief Mental Health, 2024), and 59% of teachers report frequent job-related stress, twice the rate of comparable working adults (Doan et al., 2024).

Hawai'i 's public service professionals are repeatedly called upon to serve in increasingly difficult circumstances. In Hawai'i, the mental health crisis affecting the essential workforce has been intensified by recent emergencies, including the COVID-19 pandemic, destruction from volcanic eruptions, water contamination, flooding and landslides in Kaua'i, the 2023 Maui wildfires, and ongoing community violence. Addressing the resulting burnout, secondary trauma, and psychological distress among the essential workforce requires comprehensive action to protect both individual well-being and system capacity.

Heightened strain on Hawai'i's workforce raises an essential set of questions: which mental-health support strategies are known to work, and why are many organizations still unable to implement them fully? In response, this report presents a landscape assessment that identifies mental health and well-being supports available to Hawai'i's public sector workforce, examines barriers to their use, and highlights opportunities for improvement. The findings are intended to inform the next phase of the State of Well-Being initiative by providing evidence to guide planning, investment, and implementation decisions. The section that follows reviews existing evidence on multi-tiered support models and the implementation gaps that persist, situating the challenges of current workplace within the broader national mental health crisis and the distinct conditions shaping Hawai'i's workforce.

Section 1.1 Background

Mental Health Crises Nationwide and in Hawai'i

Both nationally and in Hawai'i, rates of psychological distress and mental illness—including anxiety, depression, suicide, and substance misuse—continue to rise as access to care lags behind growing need. Each year, more than one in five adults experiences a mental illness (Daly, 2022; HHS 2025), and in Hawai'i, roughly one in seven adults has been diagnosed with depression (BRFSS, 2025). At the same time, communities face long wait times, provider shortages, and stigma surrounding treatment. These gaps fall hardest on marginalized

populations, including Medicaid recipients, and are more severe in under-resourced communities, where mental health supports and services remain limited.

Against this backdrop, first responders and those in helping professions face rising stress and greater exposure to chronic stress, trauma, and emotional demands. Many organizations are also contending with staffing shortages and vacancies, which compound the effects of secondary trauma and burnout among staff. As a result, many organizations are grappling with this challenge, underscoring the growing importance of trauma-informed practices that support worker well-being.

Recent statewide data emphasize the severity of mental health strain in Hawai‘i. The 2024 Hawai‘i Quality of Life and Well-Being Survey shows that psychological distress and fatigue are widespread: nearly one-third (31%) of residents reported seven or more days of poor mental health in the past month, and almost half (45%) experienced insufficient rest or sleep for at least two weeks. These challenges are even more pronounced among first responders and other helping professionals, who reported substantially higher rates of both poor mental health and inadequate rest compared to the general population (Barile et al., 2024).

The survey also highlights the broader health burden facing frontline workers. First responders reported elevated levels of chronic physical conditions—such as musculoskeletal disorders (55%), arthritis (45%), and high blood pressure (43%) and one in ten experienced a work-related injury in the past year (Barile et al., 2024). These patterns mirror research showing how prolonged stress and trauma exposure can erode both mental and physical health (e.g., Bergen-Cico et al., 2015; Tahernejad et al., 2024).

Economic pressure further compounds these challenges. Nearly half of Hawai‘i residents expressed worry about meeting monthly expenses (56%), and among respondents who have considered relocating out of state, 65% cited the lower cost of living elsewhere as their primary reason. Economic stressors—particularly concerns about income, housing affordability, and the cost of living—were among the most frequently reported sources of stress (Barile et al. 2024). These concerns were especially acute among first responders, healthcare providers, and school staff, significant proportions of whom reported difficulty affording basic expenses (Barile et al., 2024). Together, the combined effects of emotional strain, physical health burdens, and financial stress create a demanding environment for Hawai‘i’s essential workforce and intensify the urgency for coordinated, trauma-informed support.

Workforce Shortages Amid Rising Mental-Health Needs

Hawai‘i’s severe shortage of mental health professionals—driven by factors including an aging workforce and compensation that does not reflect the state’s high cost of living— threatens access to care and heightens strain on both providers and the communities they serve (Aaronson & Withy, 2017; Health Resources & Services Administration, n.d.). For instance, the state has a 35% shortage of full-time adult psychiatrists (UH System, 2024) and the average age of practicing psychiatrists in Hawai‘i is 60. Shortages are most severe in rural areas and on islands neighboring O‘ahu, since mental health professionals are most heavily concentrated in Honolulu (Aaronson & Withy, 2017).

The shortage of mental health professionals is part of a broader workforce challenge across sectors statewide. Overall, well over half (57%) of positions in our state were vacant in 2023. Regarding the aging workforce, roughly one third of the workforce in the Department of Human Services (31%) and the Department of Public Safety (32%), is eligible to retire by 2028 (DHRD n.d.). Widespread vacancies represent a growing crisis, not only for the state's capacity to maintain essential public and emergency services but also for the well-being of individuals employed in these high demand, helping professions. Persistent understaffing increases workloads, elevates stress, and contributes to burnout among first responders and care providers, reinforcing the urgent need for trauma-informed workplace practices that can help support and retain this at-risk workforce.

The Case for Workforce Mental Health

Evidence demonstrates that tiered mental health support services combining universal prevention with targeted interventions can effectively enhance workforce well-being and organizational resilience. Workplace safety is typically understood in terms of hazards and risks, but there is growing attention to identifying and mitigating psychosocial risks in the workplace (Deady et al., 2024). However, critical gaps remain in implementing evidence-based approaches, particularly through culturally responsive, trauma-informed frameworks that honor Hawai'i's unique communities and indigenous practices. The U.S. Surgeon General emphasizes that workplaces fundamentally shape mental and physical well-being, with managers impacting workers' mental health more than healthcare providers (Kirby & Chosewood, 2024), underscoring the urgency of systemic workplace interventions.

Promoting workforce mental health and well-being is not just a trauma-informed priority, it is a critical investment towards workforce performance, sustainability, and quality services. In the Hawai'i Quality of Life survey, 63% of participants indicated work is a significant source of stress in their lives (Barile et al., 2024). When individuals experience work stress and are not met with adequate support, it can adversely affect mental health, and in turn, compromise their ability to perform effectively. For example, healthcare workers and physicians experiencing burnout, fatigue, and recent suicidal ideation are more likely to make medical errors (Fahrenkopf et al., 2008; Tawfik et al., 2018).

The mental health crises across the country and in Hawai'i intensify challenges of the working population, and particularly first responders and other helping professions. National research shows that stress predicts employees' intent to leave their jobs (Jarden et al., 2021) and in Hawai'i, 34% of first responders and healthcare workers, and 35% of those in education and library professions, reported that it is somewhat or very likely they will make a genuine effort to find a new job with another employer in the next year (Barile et al., 2024). Depression is linked with long-term reductions in work activities and increased disability (Gilmour & Patten, 2007). Additionally, presenteeism (when employees continue to "show up" to work despite health problems) reduces productivity and increases employer health costs (Ammendolia et al., 2016; Schultz & Edington, 2007).

In contrast, supportive supervision, positive coworker relationships, fair compensation, and advancement opportunities help buffer stress, reduce burnout, and enhance retention (Shanafelt et al., 2015;

Rothwell et al., 2021). Autonomy, which is strongly linked to job control and flexible working conditions, is closely related to subjective well-being, including better health and higher life satisfaction (Abendroth & Den Dulk, 2011; Joyce et al., 2010; Nijp et al., 2012). Alongside manageable workloads and meaningful work, autonomy fosters resilience and engagement in high-demand roles (Bakker & Demerouti, 2017). Positive culture and safe, well-designed physical environments promote psychological safety and effective performance (Colenberg et al., 2021). Together, these factors form the foundation of trauma-informed workplaces that sustain employee well-being and workforce performance.

When employees can care for their mental health and well-being and seek support after experiencing a potentially traumatizing event, both employers and employees benefit in the long run (Deady et al., 2024). Workplace sponsored, high-quality mental healthcare has been shown to yield net medical cost savings. Programs offering benefits such as psychotherapy, care navigation, digital resources, and medication management are linked with clinical improvements in mental health, which translate to positive return on investment (Hawrilenko et al., n.d.). The specific mental health needs of Hawai‘i’s frontline workforce have yet to be comprehensively documented, and ongoing barriers to implementation emphasize the necessity of systemic changes to promote well-being and resilience among Hawai‘i’s workforce.

1.2 Project Background and Legislative Mandate

Established by the legislature in 2023 within the Office of Wellness and Resilience, the State of Well-Being Project represents Hawai‘i's commitment to addressing this critical need through Act 106. This initiative is designed to assess and enhance system-wide and targeted mental health and well-being supports and services for key essential workforce members who serve as the backbone of Hawai‘i's emergency response, healthcare, and educational systems.

The project focuses on several critical sectors as defined in Act 106: first responders including police, firefighters, and sheriffs; healthcare providers across state, county, and select community health centers; and public school staff, including those in public charter schools.

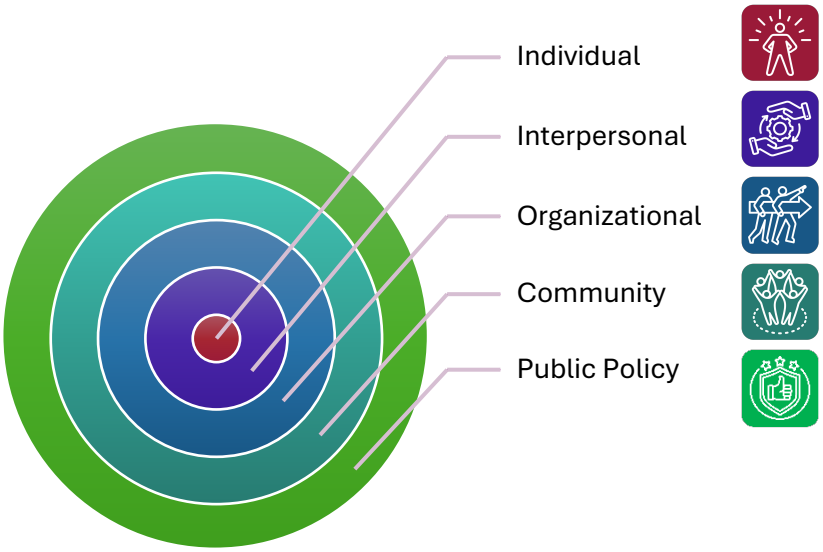
While recognizing that many other groups fit into the aforementioned sectors, this assessment establishes an initial foundation for future expansion to include (for example) search and rescue teams, emergency medical services, public health workers, utility workers, and other community organizations. In addition, we made every effort to include the extant national and local research and innovative community and department efforts to protect mental health and well-being and build resilience. However, to complete the report in less than a year, it is possible that some efforts were missed. ***The Office of Wellness and Resilience hopes to continue this work and absolutely welcomes outreach to identify additional initiatives for inclusion in future research and resource lists (please email us at gov.owr@hawaii.gov).***

1.3 Key Concepts and Definitions

The current project employs a multi-tiered framework aligned with current workplace mental health models that integrate Protect (primary prevention), Promote (well-being enhancement), and Respond (targeted intervention) strategies (Deady et al., 2024) across individual/family, organizational, agency, political, and social context (Figure 1, social ecological model; McLeroy et al., 1988). Tier 1 (protect and promote) encompasses universal well-being services supporting all employees through prevention programs, designing work to minimize harm, maintaining safe and healthy physical and social environments and developing systems to mitigate harm. Tier 2 (respond) provides specialized services and programs to reduce symptoms and illness, support recovery, provide a supportive recovery environment for high-risk populations addressing trauma exposure, disaster response, and crisis intervention needs.

Central to this approach is Hawai'i's definition of trauma-informed care: "an approach to understanding, recognizing, respecting, and responding to the pervasive and widespread impacts of trauma on our ability to connect with ourselves and others, our place and the elements around us, and our ways of being" (Department of Health, State of Hawai'i, 2023).

Figure 1
Social Ecological Model (Adapted from McLeroy et al., 1988)



1.4 Project Aims and Timeline

This landscape assessment completes Phase 1 of a two-phase initiative designed to build culturally grounded, Hawai'i-informed mental health and well-being supports for our essential workforce through 2027. Using mixed-methods research, the Phase 1 assessment addresses four fundamental questions:

- What existing tier 1 and tier 2 mental health and well-being supports and services are currently available to staff across target sectors?
- What barriers and facilitators influence utilization of these services?

- What culturally grounded, Hawai‘i-informed, and data-driven mental health and well-being supports and services should be developed or enhanced?

By centering community voices and integrating universal with targeted supports and services, this analysis provides the foundation for Phase 2 implementation—efforts to develop or enhance policies and programs that strengthen our essential workforce and protect the communities they serve.

Section 2. Method

This report presents findings from a multi-method study conducted to address the project aims described above. Our multi-method approach allows for cross-validation of findings while capturing both the breadth and depth of available mental health and well-being resources, barriers, facilitators, and desired enhancements, thereby providing a holistic evidence base to inform strategic recommendations and intervention priorities. Specifically, the findings are based on information gathered using six complementary data collection strategies:

- **Four systematic literature reviews,** totaling 1256 articles screened, 68 included, to establish the theoretical and empirical foundation of mental health and well-being programs, policies and interventions across primary groups (firefighters, law enforcement, healthcare, school staff);
- **Administration and analysis of the Hawai'i Quality of Life and Well-Being Survey**, with 4,000 state workers participating out of a total sample of 8,300 Hawai'i residents, to capture quantitative measures of quality of life indicators (www.health-study.com; Barile et al, 2024);
- **Key informant interviews** with 81 individuals possessing specialized knowledge and programmatic insights;
- **Focus group discussions**, with six groups totaling 12 participants, to explore lived experiences and collective perspectives in depth;
- **Comprehensive document review** of over 100 relevant policies, reports, and organizational materials provided by key informants; and
- **A qualitative survey with healthcare staff**, completed by 15 workers, to assess well-being perceptions and needs.

Detailed descriptions of the methods utilized to conduct, analyze, and develop findings for each data collection strategy are available on the Office of Wellness and Resilience website (https://owr.hawaii.gov/state-of-well-being-project/). These methods help to establish the reliability and validity of the insights derived from each data collection strategy.

In the sections that follow in this report, we describe findings by sector, examining the availability of mental health and well-being resources, barriers, facilitators, and desired enhancements. Findings are presented first for first responders (firefighters, police, sheriffs), followed by healthcare providers, and school staff, before turning to cross-sector insights.

You can explore more results of the 2024 **Hawai'i Quality of Life & Well-Being Survey** using the public Dashboard at https://www.health-study.com/.

Section 3. Results

Section 3.1 First Responder (Firefighters, Law Enforcement) Results

This analysis focused on firefighters and law enforcement, though first responders include many other groups (e.g., search and rescue, medics, lifeguards, Department of Land and Natural Resources police, airport firefighters, and utility emergency staff). The Office of Wellness and Resilience hopes to expand engagement and support these sectors in future efforts.

> *"...If I go see the psychologist or a mental health clinician, they can take my gun and badge and put me on a desk. So they [police officers] would rather do anything but sit behind a desk.* ***... I think there's a lot of political dynamics around saying I need help. And what that means for your career and how it gets leveraged and used against people.*** *...So I think that's definitely a big factor is just the fear of if I say I need help, what does that mean about me? Does that mean I can't handle this job? Does it mean it's not for me? Or are people going to not trust me? Um, so there's a lot of mind games that come with it. That's such a big one and so many different pieces to that."*
>
> -Quote from law enforcement study participant.

3.1.1 Section Summary

This section summarizes the study's findings specific to first responders, highlighting mental health risks, existing supports, and opportunities to enhance workplace mental health supports and services. Research evidence shows that first responders face elevated mental health risks due to repeated trauma exposure, chronic occupational stress, and limited recovery opportunities, highlighting the need for career-long (through retirement) integrated mental health supports. Effective strategies identified in the literature review findings include early screening, resilience and mindfulness training, structured peer support, clinical services, and robust critical-incident response protocols. Successful implementation of such strategies relies on strong leadership, culturally competent providers, confidentiality protections, dedicated wellness units, technology-facilitated access, and partnerships with external clinicians and community organizations. These findings are reflected in the real-life experiences of first responders in Hawai'i. Survey and interview data show first responders in our state value paid leave, retirement benefits, health insurance, and family support but receive relatively limited coworker or supervisory support. At the same time, firefighters in particular described strong bonds within their crews—one participant shared, *"We work together on shift 24 hours... up to 10 times a month. That's our biggest support system... our second family at the firehouse."* Job satisfaction is driven largely by autonomy and meaningful work, though workload and time pressures remain significant stressors.

Tier 1 supports—like positive workplace culture, training, employee assistance programs, supportive leadership, digital tools, and family or community engagement—are widely available, while the results reveal some gaps in Tier 2 clinical supports such as counseling, peer support, crisis debriefing, and particularly in terms

of culturally responsive and therapeutic offerings. Barriers include stigma, confidentiality concerns, limited options, and fear of career impact, while facilitators highlight protective confidentiality, supportive leadership, and stigma reduction. Desired improvements include specialized training, expanded provider access, leadership development, dedicated wellness positions, sustainable funding, workload management, and organization-wide mental health literacy. These findings underscore the need for multi-level, well-resourced, and culturally responsive strategies to support first responder mental health throughout their careers.

3.1.2 Systematic Literature Review

Firefighters

Study Selection. The systematic search of electronic databases yielded 106 records. After removing duplicates and screening them based on relevance to firefighter mental health in the U.S., we narrowed this down to 11 studies that met our criteria. See detailed methods for PRISMA flow diagram and complete screening information at https://owr.hawaii.gov/state-of-well-being-project/.

Types of Interventions and Outcomes. The literature consistently demonstrates that firefighters face elevated risks for post-traumatic stress disorder, depression, anxiety, sleep disturbances, and suicidality, driven by repeated exposure to potentially traumatic events, high job stress, and inadequate recovery opportunities. Evidence-based guidelines emphasize the need for accessible, culturally humble, trauma-informed mental health services (e.g., Johnson et al. 2020); reduced stigma around help-seeking (e.g., DeMoulin et al. 2022; Henderson et al. 2016); structured peer supports (e.g., Johnson et al. 2020; Jones et al., 2020); and proactive sleep and stress-recovery interventions and expert-led sleep health programs to address insomnia (Hendrix et al. 2023; Holland-Winkler, et al. 2024). Best practices also underscore the importance of organizational policies and commitment to implementation of trusted peer support, small-group training, follow-up after critical incidents, flexible access to care (e.g., telehealth), and provider education on firefighters' unique vocational demands to overcome barriers and strengthen resilience and well-being (e.g., Johnson et al., 2020; Jones et al. 2020; Sawhney et al., 2018). Guidelines identified by the systematic literature review emphasize delivering briefer trainings, engaging training with clear take-home tools, ensuring strong organizational policies that support recovery, stress management, and peer support, and fostering a workplace culture that encourages use of mental-health resources (e.g., Jones et al. 2020; National Fallen Firefighters Foundation, 2017; Weigand et al., 2024). Recommendations include providing education on suicide prevention, psychological first aid, stress recognition, and safe response to occupational hazards such as illicit drug exposure; improving communication with dispatch; encouraging exposure reporting; and offering ongoing access to mental-health professionals (Chiu et al., 2021; Sawhney et al., 2018; Weigand et al. 2024).

Law Enforcement

Study Selection. The systematic search of electronic databases yielded 283 records focused on law enforcement mental health and well-being. Through title and abstract screening followed by full-text review, we selected 17 studies that met our inclusion criteria and contained relevant interventions, programs, best practice

guidelines, or policies. See detailed methods for PRISMA flow diagram and complete screening information at https://owr.hawaii.gov/state-of-well-being-project/.

Types of Interventions and Outcomes. Law enforcement personnel face higher rates of mental illnesses driven by repeated exposure to traumatic events, chronic job stress, and limited recovery opportunities (e.g., Khatib et al., 2022; Rodriguez et al. 2024; Spence & Jessica, 2021; Worrall 2008), underscoring the need for a coordinated, career-long system of mental health and well-being supports (e.g., Police Executive Research Forum, 2018; Sewell 2021; Strategic Applications International, 2018). Best-practice guidance emphasizes a comprehensive continuum of care that spans proactive policy development (e.g., Strategic Applications International, 2018; Spence et al., 2019; Usher et al., 2016) such as early-identification tools and routine mental health check-ins (e.g., Worrall 2008); evidence-based clinical treatments (e.g., Spence & Jessica, 2021); mindfulness and resilience programs (e.g., Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Resilience Training (MBRT) (Khatib, Lora, et al. 2021); structured peer support (e.g., Police Executive Research Forum, 2018; Rodriquez et al., 2024; Sewell 2021; Spence et al., 2021); and robust critical-incident response protocols with ongoing follow-up (e.g., International Association of Chiefs of Police, n.d.; Police Executive Research Forum, 2018; Sewell 2021; Taylor 2022). Effective programs require strong and visible leadership (e.g., Sewell 2021), culturally humble and well-trained providers (including chaplains, peer supporters, psychologists, and wellness staff) who deeply understand the needs of law enforcement and its related culture (e.g., Usher et al., 2016; Worrall, 2018), and clear confidentiality protections (e.g., Spence & Jessica, 2021). Agencies are encouraged to build integrated wellness units, leverage technology for access, ensure 24/7 availability where possible, and engage in routine auditing, evaluation, and quality improvement. Partnerships with external clinicians, academics, regional coalitions, and community organizations enhance capacity, particularly for small or rural agencies (e.g., Police Executive Research Forum, 2018; Strategic Applications International, 2018). Strong family readiness and support systems, from academy onboarding through retirement, help extend care beyond the individual officer (e.g., Sewell, 2021; Spence et al., 2019). Sustainable funding, coordinated policies, and national standards further ensure that mental health, resilience, and suicide prevention are embedded across the career span, creating a culture where help-seeking is normalized and supported (e.g., Deng et al., 2024; Spence & Jessica, 2021; Taylor 2022).

3.1.3 Tier 1 and 2 Mental Health and Well-Being Supports and Services

Hawai‘i Quality of Life and Well-Being Survey

Benefits. First responders (*n* = 130) include survey participants in "Protective service" occupations. Participants were presented with a list of potential work benefits and asked to indicate the relative importance of those benefits. First responder participants cited paid sick leave (96%), paid vacation days (92%), retirement contributions (90%), health insurance (90%), and paid family leave (88%) as the five types of benefits that are most important to them (Barile et al. 2024).

Social Support and Supportive Work Culture. The majority of first responders reported receiving social support from family (65%) and friends (53%), while support from coworkers (38%) and supervisors (21%) was lower. When looking at how different sources of support affect overall job satisfaction, the findings show that these supports together explain about one-quarter (25%) of the differences in how satisfied employees feel with their jobs. Supervisor support was by far the most significant contributing factor (63% of explained variance) in job satisfaction (Barile et al. 2024).

Participants were asked to indicate the extent to which they agreed with five statements related to a supportive work culture (4-point scale ranging from Strongly disagree to Strongly agree; CDC, 2010; Eisenberger et al., 1986; MacDonald & MacIntyre,1997). A majority of first responder participants indicated they agreed (marked "Agree" or "Strongly agree") with all items; though the item with the highest score was "At my organization, I am treated with respect" (74% agreed) and the item with the lowest score was "My organization cares about my general satisfaction at work" (54%) (Barile et al. 2024).

Job Satisfaction, Meaning, and Workload. Two-thirds of participants reported having significant freedom in how they perform their work, and the vast majority agreed that their work is meaningful (92%) and serves a greater purpose (95%). Job security is also a source of stability, with 84% of respondents indicating they feel secure in their positions. Despite these positive aspects, workload remains a challenge, with 61% reporting that they never seem to have enough time to complete all required tasks (Barile et al. 2024).

First responders generally report high overall job satisfaction, with 76% indicating they are satisfied or very satisfied with their job. First responder participants were most satisfied with their job overall (76% indicated satisfied or very satisfied), then their benefits (65%), then their chances for advancement (60%), and lastly, their wages (48%). When assessing the relative importance of wage satisfaction, benefit satisfaction, advancement satisfaction, job security, autonomy, workload, and meaningfulness, results show those factors collectively explained 40% of the variation in overall job satisfaction. The largest contributing factors on overall job satisfaction were autonomy ("I am given a lot of freedom to decide how to do my own work," 34% of explained variance) and meaningfulness ("The work I do is meaningful to me," 21% of explained variance; "The work I do serves a greater purpose," 21% of explained variance) (Barile et al. 2024).

Physical Work Environment. Satisfaction with the physical work environment also plays a role in overall well-being. More than half of first responders reported satisfaction with their physical surroundings, including building infrastructure and work area design (55%), as well as accommodation for special needs (62%) and the general pleasantness of the work environment (60%). Environmental conditions such as heating, lighting, and ventilation received the highest satisfaction rating (70%) (Barile et al. 2024).

Work Culture. Participants were asked to indicate the extent to which they agreed with one statement related to management trust and two statements related to health culture at work (4-point scale ranging from Strongly disagree to Strongly agree; CDC, 2010; Zweber et al., 2016). Just under half of first responder participants indicated that they agreed with the statement "I trust the management at my organization" (47%).

The health culture items also received low scores with under half of respondents agreeing with the statement "My organization is committed to employee health and well-being" (47%) and just over half indicating agreement with the statement "My organization encourages me and provides opportunities to engage in healthy behaviors" (53%) (Barile et al. 2024).

Workplace Safety. Respondents were asked to indicate the extent to which they agreed with six statements about safety practices at their workplace (4-point scale ranging from Strongly agree to Strongly disagree; Zohar & Loria, 2005). Around half of first responder agreed (marked Strongly agree or Agree) with all items, with the highest percentage agreeing with the statement "Management reacts quickly to solve the problem when told about safety hazards" (55%) and the lowest percentage agreeing with the statement "Management insists on thorough and regular safety audits and inspections" (48%) (Barile et al. 2024).

Key Informant Interviews and Focus Groups

Sixteen key informant interviews (some with more than one individual at a time) were conducted across all four counties and all fire and police departments, with stakeholders including mental health professionals, department leaders, peer support coordinators, human resource leads, trainers, and community-based organizations supporting them. Two additional focus groups were held with three first responders across the state. Thematic analysis of all transcripts identified a number of themes related to existing mental health and well-being supports and services for first responders. These themes are presented below with supporting subthemes and illustrative quotations.

Tier 1. First responders demonstrated the highest endorsement across multiple Tier 1 codes, reflecting either robust organizational infrastructure or heightened awareness of available supports given the high-stress nature of emergency response work. First responders showed the highest frequencies for *tier 1 positive workplace culture* (n = 13), *tier 1 training* (n = 12), *tier 1 employee assistance program (EAP)* (n = 10), *tier 1 supportive leadership* (n = 9), and *tier 1 digital mental health*, defined as providing access to mental health mobile applications and digital platforms that offer convenient, on-demand mental health resources and support tools (n = 7).

First responders also uniquely emphasized *tier 1 family support*, defined as developing programs and initiatives that actively engage and support employee family members, recognizing the impact of family well-being on employee mental health (n = 6), *tier 1 onboarding*, defined as implementing comprehensive orientation and integration processes that help new employees successfully transition into their roles and the organizational culture (n = 6), and *tier 1 support from community* , defined as creating opportunities for community organizations to support the mental health and well-being of staff members through individual or group programming (n = 5). For example, a first responder interviewee shared about the importance of supports for spouses, "We now try to tell the wives too, about not only that the program extends to you guys, but trying to create that family fun, the recruits as they get together as the recruits and their families, and that can be the

starting program of trying to have peer for their wives and family or their significant other." These patterns suggest that first responder organizations may have developed more comprehensive Tier 1 infrastructure in response to occupational mental health risks.

Tier 2. First responders demonstrated the highest endorsement of Tier 2 supports across multiple codes, reflecting the sector's advanced clinical support infrastructure developed in response to occupational trauma exposure. Beyond leading in *tier 1 individual counseling* (n = 13), *tier 2 peer support* (n = 12), and *tier 2 crisis debriefing* (n = 11), first responders also showed the highest endorsement of *tier 2 debrief process*, defined as establishing systematic debriefing procedures and structured processing protocols for addressing workplace incidents, conflicts, and traumatic events through facilitated group or individual sessions (n = 8), and *tier 2 organizational support*, defined as providing intensive human resources support and formal investigation services for complex workplace mental health situations requiring organizational intervention and structured resolution processes (n = 6). Notably, first responders showed zero endorsement of *tier 2 cultural healing*, *tier 2 enhanced EAP*, and *tier 2 therapeutic activities*, suggesting potential gaps in culturally responsive and experiential clinical approaches within first responder organizations.

3.1.4 Barriers and Facilitators to Mental Health and Well-Being Supports and Services

Hawai'i Quality of Life and Well-Being Survey

Participants of the survey were asked an open-ended question about what they believe to be the greatest challenge to their well-being at work. First responders' responses were primarily categorized within the theme of Workload and Time Management (27% of responses). Examination of sub-themes revealed that, within this main theme, responses were related to Resource Shortages (14% of all responses) and Excessive Workload (14%). The second most prevalent theme was Leadership and Management (23%), with subthemes of Poor Management Practices (12%) and Lack of Support (10%). Less prevalent themes included Health and Well-being (16%), Workplace Experience (12%), Work-Life Balance (9%), Colleague Relationships & Interactions (9%), and Compensation and Benefits (5%). Additionally, 6% of participants indicated no challenges or provided unspecified responses, and 5% fell into miscellaneous challenges (Barile et al., 2024).

Key Informant Interviews and Focus Groups

Barriers. First responders demonstrated the highest endorsement of stigma-related barriers and confidentiality concerns. The code *barrier stigma and shame*, defined as social and professional stigma associated with mental health help-seeking, including fear of taking resources from others and appearing weak, received its highest endorsement from first responders (n = 12), substantially higher than cross-sector stakeholders (n = 7), healthcare (n = 3), and education (n = 2). The code *barrier limited service options* was also strongly endorsed (n = 10), along with *barrier financial constraints* (n = 10). Similarly, *barrier confidentiality concerns*, defined as worries about privacy and confidentiality of mental health information preventing service utilization, was most strongly endorsed by first responders (n = 7). The code *barrier career consequences*, defined as concerns about negative professional impacts from utilizing mental health supports, including fitness-

for-duty evaluations, was also notably endorsed by first responders (n = 4). These patterns illuminate the unique cultural and occupational barriers to help-seeking within emergency response professions.

Law enforcement personnel described stigma and shame as closely connected to concerns about confidentiality and fear of career repercussions, together limiting willingness to seek mental health support. For instance, one participant shared, "*I think the biggest fear for us, and it always has been that, is that if you do go claim anxiety, or go to get assistance through mental health you run the risk of losing your gun—that is a big issue with people*." Another participant shared "*I think it really just comes down to the stigma because … if they use their health insurance benefits, that's kind of a challenge for some of them. Right? Because … **I have to give a diagnosis if you use your insurance benefits. … And so some of them know that and …they won't address that their mental health needs because of that**…*"

Facilitators. First responders showed distinctive emphasis on confidentiality and supportive leadership as key facilitators. The code *facilitator confidentiality*, defined as measures and practices that protect client privacy and maintain anonymity in mental health and well-being service delivery, received its highest endorsement from first responders (n = 9), substantially higher than other sectors. Similarly, *facilitator supportive leadership* was strongly endorsed by first responders (n = 9), along with *facilitator stigma reduction* (n = 8). The prominence of confidentiality as a facilitator directly corresponds to the barrier findings showing first responders' elevated concerns about privacy and career consequences, suggesting that establishing trust through confidentiality protections is essential for promoting help-seeking in this population. Regarding stigma reduction, one first responder participant shared, "You know [how] important mental health is nowadays. Before, it was as firefighters and first responders … that we did not talk about. It was shown as the stigma was weakness. So, we're trying to change that kind of lifestyle for ourselves to make it better." This example underscores the broader need to normalize help-seeking and change culture surrounding mental health support among first responders.

3.1.5 Desired Mental Health and Well-Being Supports and Services Enhancements

Hawai'i Quality of Life and Well-Being Survey

When asked how their employer might help to address workplace challenges, first responder participants' open-ended responses to the survey were primarily categorized into the theme of Workload and Resource Management (27%). Sub-themes within this main theme included Adequate Staffing (15%), Workload Distribution (9%), and Process Improvements (3%). The next two most prevalent solution themes (both capturing 12% of responses) were Compensation and Benefits and Professional Development and Growth. Within Compensation and Benefits, responses mostly fell under the subtheme of Increased Wages (10%). Within Professional Development and Growth, responses primarily fell under the subtheme of Training Programs (10%). Other main solution themes included Workplace Environment and Facilities (9%), Leadership and Management Practices (7%), Work-Life Balance and Flexibility (7%), Communication and Collaboration (4%), Organizational Culture and Inclusion (3%), and Health and Well-being Support (3%). Additionally, 13% of participants provided no solutions or unspecified responses, and 4% fell into miscellaneous solutions (Barile et al. 2024).

Key Informant Interviews and Focus Groups

First responders demonstrated the strongest endorsement of specialized training and provider access expansion. The code *enhance specialized training programs* received its highest endorsement from first responders (n = 11), substantially higher than other sectors. Additional strongly endorsed codes included *enhance leadership supervisory training*, defined as developing specialized training programs specifically designed for supervisors and managers to build effective leadership skills and management competencies (n = 7), *enhance sustainable funding systems* (n = 7), *enhance provider access expansion*, defined as increasing employee access to mental health services by expanding provider networks, expanding staff definitions, offering greater provider choice options, and broadening insurance coverage for mental health services (n = 7), *enhance mental health training all staff*, defined as providing organization-wide mental health literacy, awareness, and basic intervention training for all employees regardless of their primary job function or department (n = 6), *enhance workload management* (n = 6), and *enhance workplace policies* (n = 6). Notably, first responders were the only sector to endorse *enhance dedicated wellness position*, defined as creating specialized staff positions focused exclusively on employee wellness, including life coaches and dedicated wellness coordinators (n = 4).

3.1.6 Key Takeaways for First Responders

- First responders, including firefighters and law enforcement, experience sustained mental health risk across their careers, driven by trauma exposure, high workload, and limited recovery time.
- Tier 1 supports are more common among Hawaii's first responders, but gaps in Tier 2 clinical and culturally responsive care persist, reinforced by stigma, confidentiality concerns, and fear of career consequences.
- Job satisfaction is shaped by autonomy, meaning, benefits, and leadership, with priority needs in workload management, training, provider access, and dedicated wellness roles.
- First responders prioritize specialized, dedicated resources for mental health support—including specialized training programs, dedicated wellness positions, and expanded provider access—alongside systemic improvements in workload management and sustainable funding.



"So the goal or the vision is really to have Hawai'i lead in nurse well-being. It's a national, huge issue or priority in terms of nurse burnout and attrition. We've had so many nurses just leave ... their employer but [also] the profession all together because of burnout... Clinicians have always been burned out, but the pandemic was the trauma. That was so traumatic for nurses. ***There was so much moral injury that took place and so it's not like they're leaving the profession because they're quitting—nurses love nursing. They're leaving because of external organizational factors impacting the job. They can't give their 110% anymore****."*

-Quote from healthcare personnel study participant.

3.2.1 Section Summary

Across the reviewed literature, healthcare worker mental health and well-being are best supported through multi-level strategies combining individual skill-building, accessible clinical resources, organizational supports, and systemic interventions. Effective practices include mindfulness and resilience training, cognitive and emotional competency programs, early-identification screening tools, and embedded workplace wellness practices. Organizational factors—such as supportive leadership, adequate staffing, safe work environments, protected time for rest, clear crisis protocols, and strong communication—play a critical role in promoting well-being. Survey and qualitative data highlight persistent challenges related to excessive workload, staffing shortages, organizational dysfunction, leadership practices, and limited access to targeted clinical supports. Facilitators include community collaboration, research-informed practice, and supportive leadership, though evidence suggests substantial gaps in culturally responsive interventions, flexible access options, and robust clinical Tier 2 services. Healthcare workers prioritize enhancements such as protected wellness time, physical work environment improvements, expanded service accessibility, enhanced benefits, workload management, professional development systems, leadership training, and comprehensive wellness programming. Overall, findings underscore the urgent need for integrated, well-resourced, and contextually tailored interventions that address both individual and organizational dimensions of healthcare workforce well-being.

3.2.2 Systematic Literature Review

Study Selection

Study Selection. The systematic search of electronic databases yielded 632 records related to mental health and well-being supports for healthcare personnel. Through title and abstract screening followed by full-text review, we selected 25 studies that met our inclusion criteria and contained relevant interventions, programs, best practice guidelines, or policies based in the United States. See detailed methods for PRISMA flow diagram and complete screening information at https://owr.hawaii.gov/state-of-well-being-project/.

Types of Interventions and Outcomes. Across the literature reviewed, best practices for supporting healthcare providers' mental health emphasize a multi-faceted approach that integrates early-identification

tools; individual level training about wellness practices such as meditation (e.g., Nestor et al., 2023; Robins-Browne et al., 2022;) and mental health education programs like the "Well-Teach Model," which supports cognitive and emotional competencies (Argus-Calvo et al., 2024) and the "Peace Education Program" (Kazemi et al., 2024); supportive organizational policy, strong leadership and practical workplace supports (Belita et al., 2025; Nicol et al., 2023); and accessible, evidence-based interventions (e.g., Belita et al. 2025; David et al. 2022; Zaçe et al. 2021). Effective strategies include mental health practices embedded into routine workplace systems (e.g., Argus-Calvo et al., 2024); effective and timely communication, adequate staffing, safe work environments, and protected time for rest and self-care (e.g., David et al., 2022; Nicol et al., 2023); and cultures of wellness, innovation, and evidence-based practice through dedicated leadership roles and structured organizational plans (e.g., David et al. 2022; Zaçe et al. 2021). Supervisors play a critical role by recognizing signs of distress, initiating empathetic check-ins, connecting staff to appropriate resources, and making short-term workload adjustments when needed. Recommended interventions span mind–body and digital tools (e.g., Kwon & Lee, 2022), anonymous screening (e.g., David et al., 2022; Frey et al., 2024), resilience training (e.g., Derakhshani et al., 2024; Desai et al., 2024), peer- and team-based supports (e.g., Bagereka et al., 2025; Belita et al., 2025; David et al., 2022), counseling services, on-site mental health teams, and stress-management or online resilience courses (Zaçe et al. 2020). At the organizational and system levels, best practices also call for reducing low-value tasks (Aust et al., 2024; Nicol et al., 2023) strengthening teamwork, enhancing pandemic preparedness, tailoring interventions to local context, protecting confidentiality (Arnold et al., 2022), and establishing clear crisis protocols (Arnold et al., 2022). Sustained national and local coordination, robust evaluation, and expanded research, particularly on diverse worker groups and the built environment, are essential for building long-term, resilient systems that safeguard healthcare worker well-being. Several studies further emphasize that successful implementation depends on supportive policies and flexible, well-supervised programs (Aust et al., 2024; Nicol et al., 2024).

3.2.3 Tier 1 and 2 Mental Health and Well-Being Supports and Services

Hawai'i Quality of Life and Well-Being Survey

Benefits. Healthcare providers (*n* = 177) are respondents who selected healthcare practitioner, technical, or support occupations. Healthcare workers cited paid vacation days (97%), paid sick leave (93%), health insurance (90%), retirement contributions (89%), and paid family leave (83%) as the five most important types of benefits.

Social Support and Supportive Work Culture. Fewer than half of healthcare provider participants indicated they always or usually get support from coworkers (45%) and only around one-third indicated they get support from supervisors (30%). In contrast, the majority of healthcare provider participants reported they always or usually get support from family (74%) and friends (61%). Participants were asked to indicate the extent to which they agreed with five statements related to a supportive work culture (4-point scale ranging from Strongly disagree to Strongly agree; CDC, 2010; Eisenberger et al., 1986; MacDonald & MacIntyre,1997). A majority of

healthcare provider participants indicated they agreed (marked "Agree" or "Strongly agree") with all items including "My organization values my contributions" (86%), "At my organization, I am treated with respect" (84%), "My organization will extend resources in order to help me perform my job" (74%), and "My organization cares about my general satisfaction at work" (74%). The item with the lowest agreement was "I receive recognition for a job well done" (71%) (Barile et al. 2024).[1]

Job Satisfaction, Meaning and Workload. The majority of healthcare providers participants agreed that "the work [they] do serves a greater purpose" (97%), "the work [they] do is meaningful to [them]" (96%), and that their job is secure (91%). Additionally, a large majority agreed that they are "given a lot of freedom to decide how to do [their] own work" (85%). However, nearly three-fourths agreed that "[they] never seem to have enough time to get everything done on [their] job" (72%) (Barile et al. 2024).

Healthcare provider participants reported high overall job satisfaction, with 91% satisfied or very satisfied, followed by benefits (85%), opportunities for advancement (67%), and wages (64%). Factors including wage satisfaction, benefits, advancement, job security, autonomy, workload, and meaningfulness together explain about 20% of the variation in overall job satisfaction. Within this set of factors autonomy ("I am given a lot of freedom to decide how to do my own work," 26%) and meaningfulness ("The work I do serves a greater purpose," 26%; "The work I do is meaningful to me," 19%) made the largest contribution to explained differences, while job security (0.95%) and benefits satisfaction (3%) were smaller contributing factors (Barile et al. 2024).

In terms of supportive work culture, management trust, and health culture on overall job satisfaction, these factors explained 28% of variation in overall job satisfaction among healthcare workers. The largest contributing factors related to supportive work culture were "My organization cares about my general satisfaction at work" (25% of explained variance) and "I receive recognition for a job well done" (18% of explained variance) and management trust ("I trust the management at my organization," 18% of explained variance) (Barile et al. 2024).

When assessing the relative importance of different sources of support on overall job satisfaction, results show that support sources explained a relatively small share, 10% of variance in overall job satisfaction. Supervisor support was the most significant contributing factor (44% of explained variance) and family support was the least (5% of explained variance) (Barile et al. 2024).

Physical Work Environment. Participants were asked to indicate how satisfied they were with different aspects of the physical environment (4-point scale ranging from Not at all satisfied to Very satisfied; VPR, 1977). A large percentage of healthcare provider participants reported satisfaction (marked Satisfied or Very satisfied) with these items, with the greatest satisfaction reported for the "pleasantness of the work environment (77%) and

[1] The top figure in the Hawai'i Quality of Life Survey dashboard report on p. 47 includes six, not five statements. The final statement, however, is within the WellBQ Management Trust and Health Culture section, so that item is described in the section with that subheader in this report.

the lowest satisfaction for “environmental conditions (for example, heating, lighting, ventilation, etc.)” (68%) (Barile et al. 2024).

Work Culture. Participants were asked to indicate the extent to which they agreed with one statement related to management trust and two statements related to health culture at work (4-point scale ranging from Strongly disagree to Strongly agree; CDC, 2010; Zweber et al., 2016). Just over half of healthcare provider participants indicated that they agreed with the statement “I trust the management at my organization” (55%). The health culture items also received higher scores with over three-fifths agreeing with the statement “My organization is committed to employee health and well-being" (68%) and the statement “My organization encourages me and provides opportunities to engage in healthy behaviors” (66%) (Barile et al. 2024).

Workplace Safety. Respondents were asked to indicate the extent to which they agreed with six statements about safety practices at their workplace (4-point scale ranging from Strongly agree to Strongly disagree; Zohar & Loria, 2005). Regarding safety practices at their workplace, over half of healthcare provider participants agreed with the statement “Management provides all the equipment needed to do the job safely” (71%) and the lowest percentage agreed with the statement “Management listens carefully to workers’ idea about improving safety” (53%) (Barile et al. 2024).

Key Informant Interviews and Focus Groups

Sixteen key informant interviews (including several with multiple participants) were conducted with state health and public health department leaders, human resource and workforce development leads, academics, and representatives from community health clinics and community-based organizations. One additional focus group with one healthcare provider was held. Thematic analysis of all transcripts identified themes related to existing mental health and well-being supports and services for healthcare workers. These themes are presented below with supporting subthemes and illustrative quotations.

Tier 1. Healthcare workers showed strong endorsement of workplace culture and community engagement supports. The code *tier 1 positive workplace culture* received substantial endorsement (n = 10), along with *tier 1 employee assistance program* (n = 7), *tier 1 community engagement* (n = 6), and *tier 1 supportive leadership* (n = 5). Notably, healthcare showed relatively lower endorsement of *tier 1 cultural programs* (n = 1) and *tier 1 well-being assessment*, defined as conducting regular assessments of employee mental health and well-being through psychological examinations, staff surveys, and employee feedback mechanisms to inform program development and support needs (n = 1). Healthcare was the only sector to show notable endorsement of *tier 1 animal presence*, defined as incorporating animal-assisted wellness programs or allowing therapy animals in the workplace to provide emotional support and stress reduction for employees (n = 4), suggesting potential receptivity to animal-assisted interventions in clinical settings.

Tier 2. Healthcare workers showed notably lower Tier 2 endorsement compared to other sectors, with endorsement concentrated in *tier 2 debrief process* (n = 5) and *tier 1 individual counseling* (n = 3).

Interestingly, healthcare showed no endorsement of *tier 2 crisis debriefing*, *tier 2 mental health education*, defined as delivering advanced mental health education through specialized workshops and enhanced educational programming that goes beyond basic awareness to provide deeper therapeutic understanding and skills, *tier 2 organizational support*, *tier 2 cultural healing*, *tier 2 enhanced EAP*, defined as expanding Employee Assistance Program (EAP) services to include comprehensive group therapy options, enhanced individual counseling services, and expanded mental health resources beyond basic EAP offerings, and *tier 2 therapeutic services*.

State Healthcare Self-Report Survey

Tier 1. Employee Assistance Programs (n = 6) were the most frequently endorsed support and represent the state healthcare staff's primary universal mental health resource. Key valued features included comprehensive services, accessibility, awareness campaigns, and utilization strategies. Three additional supports were each endorsed by n = 2 participants: positive workplace culture (supportive environment, effective communication, psychological safety), supportive policies (organizational frameworks structurally supporting employee mental health), and comprehensive well-being programs. Union benefits (leveraging EUTF and ERS resources) and wellness newsletters each received n = 1 endorsement.

Tier 2. Only two supports received endorsement: individual counseling with on-site licensed clinicians (n = 2) and advanced mental health education through specialized workshops (n = 1). Notably absent from all endorsements were crisis debriefing and peer support—a significant gap given the high-stress healthcare environment.

3.2.4 Barriers and Facilitators to Mental Health and Well-Being Services and Supports

Hawai'i Quality of Life and Well-Being Survey

When asked what they believe to be the greatest challenge to their well-being at work (open-ended question), healthcare provider participants' responses were primarily categorized within the theme of Workload and Time Management (23% of responses). Within the Workload and Time Management theme, examination of sub-themes revealed that responses were related to Excessive Workload (14% of all responses) and Resource Shortages (9%). The second most prevalent theme was Workplace Experience theme (21%); the primary sub-theme was Organizational Culture (9%). Other prevalent themes included Leadership & Management (18%), Health and Well-being (17%), Work-Life Balance (9%), Colleague Relationships & Interactions (7%), and Compensation and Benefits (6%). Additionally, 3% of participants indicated no challenges or provided unspecified responses, and 9% fell into miscellaneous challenges (Barile et al. 2024).

Key Informant Interviews and Focus Groups

Barriers. Healthcare workers showed the highest endorsement of organizational dysfunction and leadership-related barriers. The code *barrier organizational dysfunction* received its highest endorsement from healthcare (n = 10), along with *barrier time and environment* defined as practical constraints including insufficient time and unsuitable physical work environments (n = 7), *barrier staffing challenges* (n = 7), *barrier*

communication failures (n = 7), *barrier leadership style*, defined as leadership approaches that prioritize client/patient care over employee well-being or employ systematic and punitive approaches rather than addressing underlying causes (n = 7), *barrier inadequate organizational support* (n = 6), and *barrier change in leadership*, defined as disruptions in organizational leadership affecting continuity, commitment, or direction of mental health initiatives (n = 5). This concentration of organizational barriers suggests that healthcare settings face particularly acute structural challenges in supporting employee mental health. As one employee shared, *"I would say another barrier is people work a lot. And so to come in for therapy is very difficult."*

Facilitators. Healthcare workers showed moderate facilitator endorsement with emphasis on community collaboration, research-informed practice, and supportive leadership. The codes *facilitator community collaboration* (n = 7), *facilitator research informed practice* (n = 6), and *facilitator supportive leadership* (n = 6) received the highest endorsement. Regarding supportive leadership, one staff member shared how a supervisor modeled the importance of taking sick leave *("Like one thing he did that really stuck with me , [he said] 'you can tell your subordinate to take a sick leave 100 times. It's not going to be as effective if you demonstrate that you take a sick leave for your mental health for one day.'")* Healthcare showed notably lower endorsement of *facilitator flexible access options* (n = 2), *facilitator Hawaiian cultural integration* (n = 1), and zero endorsement of *facilitator comprehensive funding*, defined as financial support mechanisms that remove economic barriers to mental health and well-being supports and services, and *facilitator orientation*, defined as incorporation of mental health and well-being resources into onboarding and orientation processes, particularly for new supervisors, suggesting potential areas for development within healthcare settings.

State Healthcare Self-Report Survey

Barriers. State healthcare employees identified substantial barriers to mental health and well-being supports and services access. Communication failures, including lack of awareness and poor knowledge transfer—were most frequently endorsed (n = 11), indicating employees lack awareness even when supports exist. Other key barriers included inadequate organizational support (n = 8), limited service options and specialized provider availability (n = 7), organizational dysfunction including complex procurement and institutional silos (n = 6), and leadership approaches that prioritize patient care over employee well-being, handle situations punitively without addressing root causes, and fail to follow up on staff concerns (n = 3).

Facilitators. Only two facilitator codes received endorsement, each by n = 1 participant: flexible access options (diverse, adaptable service delivery modalities) and technology support (infrastructure enabling service access).

3.2.5 Desired Mental Health and Well-Being Supports and Services Enhancements

Hawai'i Quality of Life and Well-Being Survey

When asked how their employer might help to address workplace challenges (open-ended question), healthcare provider participants' responses were primarily categorized into the theme of Workload and Resource Management (24%), and the primary sub-theme within this main theme was Adequate Staffing (14%). The

second most prevalent solution theme was Leadership & Management Practices (14%). Other main solution themes included Workplace Environment & Facilities (11%), Compensation and Benefits (10%), Work-Life Balance and Flexibility (10%), Professional Development and Growth (8%), Communication and Collaboration (7%), Health and Well-being Support (5%), and Organizational Culture and Inclusion (4%). Additionally, 11% of participants provided no solutions or unspecified responses, and 9% fell into miscellaneous solutions (Barile et al. 2024).

Key Informant Interviews and Focus Groups

Healthcare workers demonstrated the highest endorsement of protected wellness time and physical environment enhancements, reflecting acute awareness of time constraints and workspace conditions in clinical settings. The code *enhance protected wellness time* received its highest endorsement from healthcare (n = 8), along with *enhance wellness physical environment* (n = 7), *enhance workplace culture communication* (n = 7), *enhance employee support benefits* (n = 7), *enhance professional development system*, defined as establishing comprehensive career advancement frameworks including continuing education opportunities, mentorship programs, clear career pathways, and cultural competency development for professionals (n = 6), *enhance comprehensive wellness programming* (n = 5), *enhance workload management* (n = 5), *enhance leadership supervisory training* (n = 5), and *enhance mental health training all staff* (n = 5).

Healthcare showed zero endorsement of *enhance expanded EAP* defined as broadening Employee Assistance Program services through more inclusive contracts and expanded program offerings to better serve diverse employee needs, *enhance preservice foundational training*, defined as implementing comprehensive pre-service and basic staff training systems that provide foundational knowledge and skills before employees begin their primary work responsibilities, *enhance dedicated wellness position*, *enhance digital mental health solutions*, defined as implementing technology-based mental health support tools including mobile applications and digital platforms to provide accessible, on-demand mental health resources, *enhance well-being calendar*, defined as developing and maintaining a comprehensive, centralized calendar system that coordinates and promotes all available wellness activities, programs, and resources, and *enhance ongoing psychological monitoring*, defined as establishing systematic psychological assessment and monitoring programs to proactively identify and address employee mental health concerns over time.

State Healthcare Self-Report Survey

State healthcare employees prioritized enhancing service accessibility (n = 8), employee support benefits (n = 6), and workplace policies (n = 5). Six recommendations received equal endorsement (n = 4): comprehensive wellness programming, expanded EAP services, flexible work arrangements, leadership supervisory training, professional development systems, and protected wellness time. Lower-priority recommendations included wellness physical environment and workplace culture communication (n = 3); dedicated wellness positions and mental health training for all staff (n = 2); and comprehensive compensation, crisis response systems, cultural

training, mental health workforce expansion, psychological monitoring, and workload management (n = 1 each). Collectively, priorities centered on improving service access, supportive benefits, and work-life balance policies.

3.2.6 Key Takeaways for State and Select Community Healthcare Providers

- Healthcare workers experience significant mental health strain driven by pandemic- and societal- related moral injury, chronic understaffing, and excessive workload, factors that have accelerated burnout and attrition even among those who find deep meaning in their work.
- Tier 1 supports such as positive workplace culture and employee assistance programs are well-established, but Tier 2 clinical supports show notable gaps, with low endorsement of crisis debriefing, enhanced therapeutic services, and culturally responsive interventions—areas critical for addressing sustained occupational trauma.
- Job satisfaction is strongly shaped by autonomy, meaningful work, and organizational care for employee well-being, yet only half of healthcare workers trust management and fewer than one-third report consistent supervisor support—highlighting leadership as both a key driver and persistent gap.
- Healthcare workers prioritize protected wellness time, physical environment improvements, expanded service accessibility, and leadership training, alongside systemic changes in workload management and communication, reflecting acute awareness of time constraints and organizational barriers unique to clinical settings.



Section 3.3 School Staff Results

> *"I'm reminded that **action breeds confidence, like, positive action towards something also strengthens our resiliency**. It's not that they can fix us, but they can support us in our own personal journeys to develop resiliency skills that are relevant to our culture and our identity."*
>
> -Quote from school staff participant.

3.3.1 Section Summary

Research shows school staff mental health and well-being are best supported through multi-faceted approaches that integrate mindfulness, positive psychology, trauma-informed practices, and comprehensive wellness programs. Effective interventions combine individual skill-building with professional development, team-based activities, and organizational supports that foster collegiality, relational working conditions, and social-emotional learning. Key findings described in this section indicate that educators value culturally responsive programming, professional development, and supportive policies that align with local contexts and diverse cultural needs. The survey and qualitative data show persistent challenges related to excessive workload, time pressures, and leadership practices, while desired enhancements focus on improved staffing, workload distribution, professional development, workplace culture, and access to holistic wellness programs. Facilitators include community collaboration, evidence-based practice, flexible access, supportive leadership, and culturally grounded approaches, including Hawaiian cultural integration. Overall, these findings underscore the importance of interventions that simultaneously target multiple levels, while incorporating culturally responsive strategies to sustain educator well-being and resilience.

3.3.2 Systematic Literature Review

Study Selection. The systematic search of electronic databases yielded 247 records related to mental health and well-being supports for school staff. Through title and abstract screening followed by full-text review, we selected 15 studies that met our inclusion criteria and contained relevant interventions, programs, best practice guidelines, or policies based in the United States. See detailed methods for PRISMA flow diagram and complete screening information at https://owr.hawaii.gov/state-of-well-being-project/.

Types of Interventions and Outcomes

Across the literature reviewed, best practices for supporting school staff mental health emphasize a multi-faceted approach that integrates mindfulness-based interventions (e.g., Avola et al., 2025; Hwang et al., 2017; Zarate et al., 2019); positive psychology practices including gratitude, resilience training, and character strengths development (e.g., Dreer & Gouasé, 2022; Vo & Allen, 2022); and comprehensive wellness programs that address physical, emotional, social, and occupational dimensions of well-being (e.g., Moreland et al., 2025; Sandilos et al., 2023). Effective strategies include combining mindfulness with professional development, which consistently demonstrated positive impacts on emotion regulation, teacher-student interactions, stress

reduction, and reflective practices (Avola et al., 2025); structured curricula such as the "Four Pillars of Well-being" program targeting self-awareness and classroom climate (Bradley et al., 2018) and the "Cultivating Awareness and Resilience in Education" (CARE) program, which showed sustained benefits in psychological distress reduction and emotion regulation nearly one year post-intervention (Jennings et al., 2019). Mind-body approaches combining meditation with aerobic exercise, such as Mental and Physical (MAP) Training, reduced anxiety, work-related stress, and improved self-compassion and cognitive functioning during the COVID-19 pandemic (Demmin et al., 2022). Digital tools also show promise, with smartphone-based meditation apps like the Healthy Minds Program demonstrating significant and sustained reductions in psychological distress among school system employees (Hirshberg et al., 2022). Trauma-informed approaches, including microcredentials in trauma-informed classroom management and restorative discipline, assisted with decreasing burnout while increasing professional self-efficacy (Epstein et al., 2024). Team-based interventions promote culture change through internally facilitated sessions that foster workplace collegiality, social-emotional support, and organizational fairness while allowing facilitators to tailor content to local contexts (Kapa et al., 2025). Comprehensive year-long wellness programs that incorporate coaching, well-being committees, and activities addressing multiple wellness dimensions significantly improved teacher resilience, job satisfaction, and classroom climate (Moreland et al., 2025).

At the organizational and system levels, best practices call for focusing on relational working conditions, adopting schoolwide visions for social and emotional learning (SEL), building SEL skills among both adults and students, and fostering organizational conditions that allow teachers to focus on core teaching functions by reducing administrative duties and protecting time for planning and collaboration (Steiner et al., 2023). Research synthesis further indicates that effective interventions share common structural elements: voluntary participation, multiple delivery methods, context-specific design, group formats that promote connectedness through shared experiences, professional instructors, and weekly sessions (Vo & Allen, 2022). School leaders play critical roles in creating conditions that support teacher well-being, suggesting that principal training and preparation should integrate skills for promoting favorable relational and organizational school environments (Steiner et al., 2023). Sustained attention to implementation quality, cultural relevance, and local adaptation, alongside continued research on diverse educator populations and varied school contexts, is essential for building resilient systems that safeguard school staff well-being.

3.3.3 Tier 1 and 2 Mental Health and Well-Being Supports and Services

Hawai'i Quality of Life and Well-Being Survey

Benefits. Public school staff participants (*n* = 606) cited paid sick leave (92% marked as Very important), retirement contributions (90%), health insurance (90%), paid vacation days (88%), and paid family leave (83%) as the five most important types of benefits (Barile et al. 2024).

Social Support and Supportive Work Culture. Respondents were asked how often they get the social and emotional support they need from supervisors and coworkers (5-point scale ranging from Always to Never;

CDC, 2010). Less than half of public school staff participants indicated they always or usually get support from coworkers (41%) and less than a third from supervisors (27%). Respondents were asked how often they get the social and emotional support they need from friends and family (5-point scale ranging from Always to Never; CDC, 2014). The majority of public school staff participants reported they always or usually get support from family (70%) and friends (57%) (Barile et al. 2024).

Participants were asked to indicate the extent to which they agreed with five statements related to a supportive work culture (e.g., 4-point scale ranging from Strongly disagree to Strongly agree; CDC, 2010; Eisenberger et al., 1986; MacDonald & MacIntyre,1997). A majority of public school staff participants indicated they agreed (marked "Agree" or "Strongly agree") with all items. The item that received the most agreement was "At my organization, I am treated with respect" (86%), and the item with the lowest agreement was "My organization encourages me and provides opportunities to engage in healthy behaviors" (57%) (Barile et al. 2024).

Job Satisfaction, Meaning, and Workload. Respondents indicated their agreement with statements related to job security, autonomy, workload, and meaningfulness of work (4-point scale ranging from Strongly disagree to Strongly agree; CDC, 2010; MacDonald & MacIntyre, 1997; Steger et al., 2012). The large majority of public school staff participants agreed that "the work [they] do serves a greater purpose" (95%), "the work [they] do is meaningful to [them]" (93%), and that their job is secure (87%). Additionally, a large majority agreed that they are "given a lot of freedom to decide how to do [their] own work" (82%). However, nearly three-fourths agreed that "[they] never seem to have enough time to get everything done on [their] job" (72%) (Barile et al. 2024).

Participants were asked to indicate how satisfied they were with different aspects of their job (4-point scale ranging from Not at all satisfied to Very satisfied) (CDC, 2010; MacDonald & MacIntyre, 1997; VPR, 1977). Public school staff participants were most satisfied with their job overall (86% indicated satisfied or very satisfied), then their benefits (80%), then their chances for advancement (62%), and lastly, their wages (60%) (Barile et al. 2024).

When assessing the relative importance of wage satisfaction, benefit satisfaction, advancement satisfaction, job security, autonomy, workload, and meaningfulness, those factors collectively explained 20% of the variance in overall job satisfaction among public school workers. The leading contributors to overall job satisfaction were autonomy ("I am given a lot of freedom to decide how to do my own work," 33% of explained variance) and job advancement ("I am satisfied with my chances for advancement on the job," 25% of explained variance) (Barile et al. 2024).

When assessing the relative importance of factors related to supportive work culture, management trust, and health culture on overall job satisfaction, findings reveal those factors collectively explained 27% of the variance in overall job satisfaction. The largest contributing factors in job satisfaction were related to supportive work culture ("My organization cares about my general satisfaction at work" 18% of explained variance) and trust ("I trust the management of my organization," 16% of explained variance) (Barile et al. 2024). When assessing the relative importance of different sources of support on overall job satisfaction, results show that support sources

collectively explained 16% of the variance in overall job satisfaction. Supervisor support was by far the most significant contributing factor (77% of explained variance) (Barile et al. 2024).

Physical Work Environment. The large majority of the public school staff participants reported satisfaction (marked Satisfied or Very Satisfied) with the "pleasantness of the work environment" (83%), "Environmental conditions (for example, heating, lighting, ventilation, etc.) (80%)", "physical surroundings (for example, building infrastructure, work area layout, design)" (77%), and "accommodations for special needs" (73%) (Barile et al. 2024).

Work Culture. More than thee fifths of public school staff participants indicated that they agreed with the statement "I trust the management at my organization" (64%). The health culture items also received a relatively similar score, with 65% of the participants agreeing that "My organization is committed to employee health and well-being." A relatively lower percentage of participants agreed with the statement "My organization encourages me and provides opportunities to engage in healthy behaviors" (57%) (Barile et al. 2024).

Workplace Safety. Respondents were asked to indicate the extent to which they agreed with six statements about safety practices at their workplace (4-point scale ranging from Strongly agree to Strongly disagree; Zohar & Loria, 2005). A majority of public school staff participants agreed (marked Strongly agree or Agree) with all items, with the highest percentage agreeing with the statement "Management provides all the equipment needed to do the job safely" (79%) and the lowest percentage agreeing with the statement "Management invests a lot of time and money in safety training for workers" (58%) (Barile et al. 2024).

Key Informant Interviews and Focus Groups

Ten key informant interviews (including several with multiple participants) were conducted with public education mental health, human resource, Hawaiian education leaders, school leaders, academics, and community-based organizations that support them. Three additional focus groups with eight participants were conducted. Thematic analysis of all transcripts identified themes related to existing mental health and well-being supports and services for school staff. These themes are presented below with supporting subthemes and illustrative quotations.

Tier 1. Education professionals demonstrated distinctive emphasis on culturally responsive programming and professional development. The code *tier1 cultural programs*, defined as implementation of culturally responsive well-being and mental health programs and initiatives that honor and support the diverse cultural backgrounds and needs of employees, received its highest endorsement from education (n = 8), compared to other partners (n = 6), first responders (n = 4), and healthcare (n = 1). For instance, an education professional shared the following perspective, speaking to the importance of culturally grounded approaches and programming:

> *"I think just like being part of Hawai'i, like being somebody who was born and raised here the Hawaiian culture really tied it in for me. I think there are a lot of people who may not really trust a Western point of view, especially living here, that gave me... permission to trust it to begin with, because* ***I think that in any process, a lot of times like just entering the***

> ***process is the hardest part.*** *I think just knowing that I am going into a program that is connected to ʻāina, that is connected to Kanaka, that's connected to the connected Hawaiʻi's worldview and aloha spirit. Because aloha spirit is more than just aloha like hello, goodbye right I think that's like the essence of our peoples. It's the essence of our culture right when we come from Hawaiʻi, we understand that we take care of each other. And so, yeah, I think that in order for people from Hawaiʻi to come and want to even do something like this they need to connect to it. In a very real way, you know? I think sometimes words like trauma-informed can scare us a little bit because It makes us feel like, something's wrong with us, right?"*

Similarly, *tier1 professional development*, defined as offering ongoing learning opportunities, skill-building programs, and professional growth initiatives to enhance employee capabilities and job satisfaction, was most strongly endorsed by education (n = 5), with lower frequencies in cross-sector stakeholders (n = 3), first responders (n = 2), and healthcare (n = 2). Education also showed highest endorsement of *tier1 supportive policies*, defined as developing and implementing organizational policies and well-being frameworks that structurally support employee mental health and create conditions for workplace wellness (n = 5; FR = 5, HC = 4, CS = 3). This pattern suggests that education settings may have greater awareness of or access to culturally-grounded and development-focused well-being supports.

Tier 2. Education professionals demonstrated unique emphasis on culturally-grounded clinical approaches. The codes *tier2 cultural healing*, defined as implementing culturally-specific healing programs and interventions that address mental health through traditional cultural practices (e.g., working in the loʻi, connection to kai) and culturally-responsive therapeutic approaches (n = 3), and *tier2 therapeutic activities*, defined as implementing specialized therapeutic interventions including animal-assisted therapy programs and structured wellness activities designed to promote healing and mental health recovery (n = 3), received their highest endorsement from education. Education also endorsed *tier2 individual counseling* (n = 3), *tier2 crisis debriefing* (n = 2), *tier2 peer support* (n = 2), and *tier2 inhouse clinician*, defined as providing on-site licensed mental health clinicians who offer individual therapy services and clinical interventions directly within the workplace setting (n = 2). This pattern suggests that education settings may be more receptive to non-traditional clinical approaches that integrate cultural and experiential modalities.

3.3.4 Barriers and Facilitators to Mental Health and Well-Being Supports and Services

Hawaiʻi Quality of Life and Well-Being Survey

When asked what they believe to be the greatest challenge to their well-being at work (open-ended question), public school staff participants' responses were primarily categorized within the theme of Workload and Time Management (24% of responses). Examination of sub-themes revealed that, within this main theme, responses were primarily related to Excessive Workload (20% of all responses). The second most prevalent theme was Leadership and Management (20%), with the primary sub-theme of Poor Management Practices (12%). Other prevalent themes included Workplace Experience (17%), Health and Well-being (16%), Colleague

Relationships & Interactions (9%), Compensation and Benefits (6%), and Work-Life Balance (6%). Additionally, 6% of participants indicated no challenges or provided unspecified responses, and 11% fell into miscellaneous challenges (Barile et al., 2024).

Key Informant Interviews and Focus Groups

Barriers. Education professionals showed distinctive emphasis on participation and cultural barriers. The code *barrier participation challenges* received strong endorsement (n = 8), along with *barrier financial constraints* (n = 7), *barrier organizational dysfunction* (n = 5), *barrier communication failures* (n = 5), and *barrier inadequate organizational support*, defined as insufficient organizational and human resources support and backing for mental health and well-being initiatives (n = 5). Education showed the highest endorsement of *barrier cultural misalignment*, defined as mismatch between available mental health approaches and organizational or individual cultural values (n = 4), suggesting sensitivity to culturally-responsive service delivery within educational settings.

Facilitators. Education professionals demonstrated strong, balanced endorsement across most facilitator codes. The codes *facilitator community collaboration* (n = 7), *facilitator research informed practice* (n = 6), *facilitator flexible access options* (n = 6), *facilitator supportive leadership* (n = 6), *facilitator strategic communication* (n = 6), *facilitator user centered design* (n = 6), *facilitator Hawaiian cultural integration*, defined as incorporation of Hawaiian cultural values, practices, and perspectives into mental health and well-being service delivery (n = 6), and *facilitator meaningful work*, defined as work environments and roles that provide purpose, meaning, and fulfillment for service providers and staff (n = 6), all received substantial endorsement. This pattern suggests that education settings recognize a comprehensive range of facilitating factors. Related to leadership, a school staff participant shared, "*the system talks a lot about student-centered learning, and everything needs to be student-centered, and in our office, we tell them we cannot be fully student-centered if we're not focusing on the adults in the system first.*"

3.3.5 Desired Mental Health and Well-Being Supports, Services, and Enhancements

Hawai'i Quality of Life and Well-Being Survey

When asked how their employer might help to address workplace challenges (open-ended question), public school staff participants' responses were primarily categorized into the theme of Workload and Resource Management (28%). Sub-themes within this main theme included Adequate Staffing (14%), Workload Distribution (10%), and Process Improvements (5%). The second most prevalent solution theme was Leadership and Management Practices (14%), with Supervision Style as a prominent subtheme (9%). Other main solution themes included Compensation and Benefits (10%), Communication and Collaboration (9%), Professional Development and Growth (7%), Workplace Environment and Facilities (6%), Work-Life Balance and Flexibility (6%), Organizational Culture and Inclusion (5%), and Health and Well-being Support (5%). Additionally, 14% of participants provided no solutions or unspecified responses, and 6% fell into miscellaneous solutions (Barile et al. 2024).

Key Informant Interviews and Focus Groups

Education professionals showed relatively balanced endorsement across enhancement codes. The most frequently endorsed codes included *enhance wellness physical environment* (n = 5), *enhance comprehensive wellness programming* (n = 4), *enhance employee support benefits*, defined as expanding comprehensive employee benefit programs including paid family leave, leave sharing options, tuition assistance, parking benefits, and child or elderly care support to reduce personal stressors (n = 4), *enhance service accessibility* (n = 4), *enhance sustainable funding systems* (n = 4), *enhance workplace culture communication* (n = 4), *enhance workload management*, defined as developing systematic approaches to monitor, assess, and appropriately distribute work responsibilities to prevent employee burnout and maintain sustainable productivity levels (n = 4), and *enhance workplace policies*, defined as developing and implementing supportive workplace policies including anti-bullying measures and reformed performance review systems that promote positive workplace culture (n = 4).

3.3.6 Key Takeaways for School Staff:

- School staff experience persistent mental health strain driven by excessive workload, time pressures, and leadership challenges, with nearly three-fourths reporting they never have enough time to complete their work, even as the vast majority find their work deeply meaningful.
- Tier 1 support shows distinctive strength in culturally responsive programming and professional development—areas where education leads all sectors, while Tier 2 clinical supports emphasize culturally grounded healing approaches, though barriers related to participation, financial constraints, and cultural misalignment limit access.
- Job satisfaction is high overall (86%) and most strongly shaped by autonomy (33% of explained variance) and supervisor support (77% of support-related variance), yet fewer than one-third of school staff report consistent supervisor support—underscoring leadership development as a critical leverage point.
- School staff prioritize staffing and workload management, supportive supervision, accessible wellness services, and sustainable funding, with facilitators including community collaboration, Hawaiian cultural integration, evidence-based practice, and flexible access options, reflecting education's comprehensive, culturally grounded approach to well-being.



> *"You can continue to try and do it your way.* ***But if you don't listen to your employees, you don't change your ways, you're going to have some problems.*** *You're going to have some vacancies here..."*
>
> -Quote from study participant.

3.4.1 Tier 1 and 2 Mental Health and Well-Being Supports and Services

Key Informant Interviews

Seventeen key informant interviews (including several with multiple participants) were conducted with community-based organizations, employee assistance program leads, workforce development leads, and human resources departments. Thematic analysis of all transcripts identified themes related to existing mental health and well-being supports and services for the essential workforce. These themes are presented below with supporting subthemes and illustrative quotations.

Tier 1. Other partners demonstrated distinctive emphasis on assessment and resource distribution. The code *tier1 well-being assessment* received its highest endorsement from this group (n = 8), compared to first responders (n = 5), education (n = 4), and healthcare (n = 1), reflecting their systems-level perspective focused on data-driven program development. Similarly, *tier 1 resource materials*, defined as compiling and distributing comprehensive lists of mental health resources, referral information, and support materials readily available to all employees, was most strongly endorsed by cross-sector partners (n = 6), along with *tier 1 cultural programs* (n = 6). Cross-sector partners also emphasized *tier 1 training* (n = 10) and *tier 1 family support* (n = 5). This pattern suggests that partners operating across organizational boundaries prioritize systematic assessment, equitable resource distribution, and family-inclusive approaches.

Tier 2. Other partners demonstrated moderate Tier 2 endorsement with emphasis on individual counseling, crisis debriefing, and mental health education. The code *tier 2 mental health education* received its highest endorsement from cross-sector partners (n = 6), reflecting their awareness of the need for sophisticated mental health literacy across organizational settings. Other partners also endorsed *tier 2 individual counseling* (n = 7), *tier 2 crisis debriefing* (n = 7), *tier 2 debrief process* (n = 5), *tier 2 peer support* (n = 4), and *tier 2 enhanced EAP* (n = 4).

3.4.2 Barriers and Facilitators to Mental Health and Well-Being Supports and Services

Key Informant Interviews

Barriers. Other partners demonstrated the highest endorsement of financial constraints and participation challenges, reflecting their systems-level awareness of resource allocation and engagement issues. The code *barrier financial constraints* received its highest endorsement from this group (n = 12), along with *barrier participation challenges* (n = 11), *barrier staffing challenges* (n = 9), *barrier limited service options* (n = 8), *barrier stigma and shame* (n = 7), *barrier time and environment* (n = 7), *barrier communication failures* (n = 7), and *barrier*

rurality, defined as geographic isolation and rural location challenges limiting access to mental health supports (n = 6). This pattern reflects partners' broad view of systemic barriers affecting service delivery across organizational and geographic boundaries.

Facilitators. Other partners demonstrated the highest endorsement of multiple facilitator codes, reflecting their comprehensive systems-level perspective. This group showed the highest frequencies for *facilitator community collaboration* (n = 12), *facilitator research informed practice* (n = 11), *facilitator flexible access options* (n = 11), *facilitator user centered design* (n = 8), and *facilitator stigma reduction* (n = 8). The partners' emphasis on these facilitators indicates recognition that effective mental health systems require coordination, evidence, flexibility, user-centeredness, and destigmatization.

3.4.3 Desired Mental Health and Well-Being Supports, Services, and Enhancements

Key Informant Interviews

Cross-sector partners demonstrated the highest endorsement of service accessibility and cultural training, reflecting their systems-level focus on equitable access and culturally-responsive service delivery. The code *enhance service accessibility* received its highest endorsement from cross-sector partners (n = 9), along with *enhance workplace culture communication* (n = 7), *enhance cultural training all staff*, defined as implementing mandatory cultural competency and cultural responsiveness training for all staff members to ensure culturally appropriate service delivery and workplace interactions (n = 6), *enhance specialized training programs* (n = 6), *enhance comprehensive wellness programming* (n = 5), and *enhance protected wellness time* (n = 5). Related to increased service accessibility, one participant noted a specific desire for increased suicide postvention resources statewide: *"the other thing is if the money comes, then there could be funds to provide each county resources to [suicide] postvention support groups. I mean, that would be fabulous if there were funds attached, right?"*

3.4.4 Key Takeaways for Other Partners

- Tier 1 supports emphasize data-driven approaches, with cross-sector partners showing the strongest endorsement of well-being assessment, training, resource distribution, and family-inclusive programming; Tier 2 supports focus on mental health education, individual counseling, and crisis debriefing, reflecting awareness of sophisticated mental health literacy needs across settings.
- Key barriers are structural and systemic: financial constraints and participation challenges received the highest endorsement of any sector, alongside staffing shortages, limited service options, stigma, and rural geographic isolation, highlighting the resource and access gaps that cut across all essential worker populations.
- Other partners prioritize enhanced service accessibility, cultural responsiveness training for all staff, and coordinated wellness programming, enabled by community collaboration, evidence-based practice, flexible delivery options, user-centered design, and stigma reduction.

> *"Because aloha spirit is more than just aloha, like hello, goodbye right? I think that's like the essence of our peoples. It's the essence of our culture, right?* ***When we come from Hawai'i, we understand that we take care of each other.*** *It's a simultaneous thing, right? 'As you sow, so shall you reap' is something that Aunty Manu [Meyer] says often. Right. That we take care of people because we care about them, not because they did something good for us. It's not looking for something that's returned. It's doing it because we love and care for each other."*
>
> -Quote from participant

3.5.1 Section Summary

Across first responders, healthcare providers, and school staff, shared occupational risks—such as exposure to trauma, high job demands, and organizational stressors—contribute to burnout, anxiety, depression, and other mental health challenges. Despite sector differences, evidence consistently points to interventions with broad applicability, including mindfulness-based programs, peer support, leadership engagement, and multi-level approaches that address individual, interpersonal, and organizational factors. Common barriers such as financial constraints, limited service options, and stigma, as well as facilitators like flexible access, community collaboration, and evidence-informed practices, further highlight the value of systemic solutions. Desired enhancements—such as targeted staff and supervisor training, improved workplace culture, protected wellness time, and sustainable funding—are endorsed across sectors, suggesting that coordinated, cross-sector strategies can efficiently improve mental health outcomes, leverage shared resources, and create lasting organizational impact. While certain interventions remain sector-specific (e.g., critical incident management for first responders or positive psychology integration for school staff), lessons from one group may inform adaptable, scalable approaches for others.

3.5.2 Systematic Literature Review

The present synthesis examined findings from systematic literature reviews across four high-stress occupational sectors: healthcare workers (k = 25), firefighters (k = 11), law enforcement officers (k = 17), and school staff (k = 15). These occupational groups share common psychosocial risk factors including exposure to traumatic events, high job demands, emotional labor, and organizational stressors that contribute to elevated prevalence of burnout, anxiety, depression, posttraumatic stress, and suicidality (Petrie et al., 2018). Despite distinct occupational contexts, the convergence and divergence of intervention approaches across sectors offers insights for developing comprehensive, evidence-based occupational mental health strategies.

Convergent Findings

Mindfulness-Based Interventions. Mindfulness-based interventions emerged as the most consistently studied approach across all four occupational groups, supporting conceptualizations of mindfulness as a transdiagnostic mechanism with broad applicability to stress-related conditions (Creswell, 2017). For school

staff, meta-analytic evidence indicated large effects on trait mindfulness (d = 0.80), moderate effects on stress and anxiety reduction, and small effects on depression and burnout (Zarate et al., 2019). Healthcare worker systematic reviews documented improvements in burnout, insomnia, anxiety, depression, self-compassion, resilience, and quality of life following mind-body interventions (Kwon & Lee, 2022). Law enforcement research demonstrated significant reductions in perceived stress, aggression, depression, and emotion regulation difficulties following Mindfulness-Based Stress Reduction, Mindfulness-Based Resilience Training, and related programs (Grupe et al., 2021; Khatib et al., 2022). The consistency of findings across occupationally distinct populations suggests that attentional training and non-judgmental awareness cultivation address shared mechanisms underlying occupational stress responses.

Peer Support Programs. Peer support programs were identified as critical intervention components across all sectors, consistent with social support theories emphasizing the protective role of workplace relationships against occupational stress (Viswesvaran et al., 1999). Law enforcement and firefighter literatures provided detailed program models including training requirements, integration with clinical services, and confidentiality protocols (National Fallen Firefighters Foundation, 2017; Police Executive Research Forum, 2018). Healthcare reviews emphasized peer and team-based supports within comprehensive programs (Belita et al., 2025; David et al., 2022). School-based interventions utilized internally facilitated team-based delivery to foster workplace collegiality (Kapa et al., 2025). The convergence on peer support reflects recognition that occupational mental health interventions benefit from delivery by individuals who share experiential understanding of work demands and organizational culture, potentially reducing barriers related to stigma and perceived relevance. This is also a core principle of trauma-informed care.

Organizational and Leadership Factors. All four literatures emphasized organizational leadership and supportive workplace cultures as foundational towards effective mental health programming. This aligns with job demands-resources theory, which proposes that organizational resources buffer the impact of job demands on strain outcomes (Bakker & Demerouti, 2017). Healthcare studies found that cultures of innovation, wellness, and evidence-based practice correlated with reduced burnout and improved mental health (O'Hara et al., 2025). School staff research identified relational working conditions as among the strongest predictors of teacher well-being (Steiner et al., 2023). Law enforcement guidelines consistently called for administrative leadership support and formal policy commitment (Spence et al., 2019; Taylor, 2022**). This convergence positions organizational climate as a necessary condition enabling individual-level interventions,** suggesting that workplace mental health initiatives require concurrent attention to structural and cultural factors.

Mental Health Stigma as an Implementation Barrier. Stigma surrounding mental health help-seeking emerged as a significant barrier across all occupational groups, consistent with broader literature on public and self-stigma effects on treatment engagement (Corrigan et al., 2014). First responder populations reported concerns about professional reputation, career consequences, and embarrassment (DeMoulin et al., 2022; Hom et al., 2018). Healthcare workers reported persistent stigma despite increased organizational attention following

COVID-19 (Nicol et al., 2023). School staff studies emphasized the importance of voluntary participation and psychologically safe group environments (Vo & Allen, 2022). Strategies to address stigma included leadership modeling, anonymous screening programs (Deng et al., 2025; Frey et al., 2024), peer support as lower-threshold entry points, and reframing mental health as integral to occupational performance rather than indicative of dysfunction.

Multi-Component Intervention Approaches. The literature across sectors converged on **recommendations for comprehensive, multi-level approaches rather than single-intervention strategies,** consistent with socioecological models of workplace health promotion (Sorensen et al., 2021). Healthcare reviews recommended comprehensive support packages addressing informational, instrumental, organizational, and emotional dimensions (Zaçe et al., 2021). Law enforcement guidelines outlined programs incorporating crisis intervention, critical incident stress management, employee assistance, family support, training, fitness, peer support, chaplaincy, and professional services (Sewell, 2021). School staff research identified multiple delivery methods, context-specific design, and professional development integration as characteristics of effective interventions (Vo & Allen, 2022). This convergence suggests that occupational mental health requires coordinated system-level approaches targeting individual, interpersonal, organizational, and policy levels simultaneously. This is also consistent with the trauma-informed principle of empowerment, voice and choice, emphasizing the reality that no single intervention will work for all people.

Provider Cultural Responsiveness. All four literatures emphasized the necessity of mental health providers understanding unique occupational cultures, demands, and experiences. Firefighter research documented concerns that providers lack familiarity with firefighting culture and recommended immersion experiences including ride-alongs and debriefing observations (DeMoulin et al., 2022; Johnson et al., 2020). Law enforcement guidelines specified that counselors must understand police culture and be comfortable with armed officers (Taylor, 2022). Healthcare literature called for tailored, co-designed interventions (Robins-Browne et al., 2022). School staff studies emphasized context-specific design enabling local adaptation (Kapa et al., 2025). This convergence indicates that generic mental health services may be perceived as insufficiently relevant; effective occupational mental health requires provider preparation specific to target populations.

Divergent Findings

Critical Incident Response Emphasis. First responder literatures demonstrated substantially greater emphasis on critical incident stress management (CISM) and structured post-incident debriefing than healthcare or education sectors. Law enforcement guidelines described CISM as a comprehensive system with seven core elements spanning pre-crisis preparation through post-crisis follow-up, with detailed debriefing protocols (Rodriguez et al., 2024). Firefighter literature positioned CISM teams as essential for post-incident support (Henderson et al., 2016; National Fallen Firefighters Foundation, 2017). While healthcare literature referenced critical incident support, structured debriefing protocols received less emphasis. School staff literature did not feature critical incident interventions prominently. This divergence likely reflects differences in occupational

exposure patterns: **in general, first responders experience discrete, acute traumatic events requiring immediate structured response, whereas healthcare and education workers may experience more chronic or cumulative stressor exposure.** That said, it is also possible that other sectors might benefit from structures laid out by first responder organizations, and better integrate targeting crisis debriefing protocols.

Suicide Prevention Infrastructure. First responder literatures demonstrated substantially greater focus on suicide prevention as a distinct intervention domain, reflecting documented elevated suicide rates in these populations (Stanley et al., 2016; Tiesman et al., 2015). Law enforcement resources included dedicated crisis hotlines staffed by retired officers (Cop2Cop, Copline), detailed policy recommendations, and specialized awareness programs (Spence & Drew, 2021; Worrall, 2008). Firefighter literature described department-specific suicide prevention programs and national resources (Henderson et al., 2016). Healthcare and school staff literatures addressed mental health broadly without equivalent suicide-specific infrastructure. This divergence may reflect differences in rates of suicidal ideation and behavior across occupational groups, suggesting that comprehensive mental health programming for these populations requires dedicated suicide prevention components.

Positive Psychology and Professional Development Integration. School staff literature demonstrated uniquely strong emphasis on positive psychology interventions and integration with professional development. Systematic reviews identified gratitude, character strengths, acts of kindness, and resilience-building as effective approaches (Dreer & Gouasé, 2022; Vo & Allen, 2022). Importantly, school staff interventions frequently combined well-being content with pedagogical skill-building, enhancing both teacher mental health and instructional effectiveness (Avola et al., 2025). This dual-benefit integration was less evident in other sectors, where mental health interventions were typically positioned separately from job performance enhancement. The school staff approach suggests potential for occupational mental health interventions that simultaneously address well-being and core work competencies.

Policy and Implementation Infrastructure. Law enforcement demonstrated the most developed policy infrastructure, with official reports to Congress (Spence et al., 2019; Spence & Drew, 2021), model policies (Sewell, 2021), and detailed implementation guidelines from multiple professional organizations. Healthcare literature emphasized organizational culture and leadership practices but included fewer formalized policy frameworks at system levels. School staff literature included limited policy-level analysis. Firefighter resources included national guidelines but less extensive policy development than law enforcement. These differences may be due to how organizations are structured. Law enforcement agencies often operate within hierarchical, policy-driven systems that make it easier to share consistent guidance, suggesting that effective approaches need to reflect the unique realities of each sector.

Family Involvement. First responder literatures demonstrated greater emphasis on family involvement than healthcare or education sectors. Law enforcement guidelines included family support as a comprehensive program component, family readiness initiatives, and wellness activities engaging families

(Police Executive Research Forum, 2018; Spence et al., 2019). The MindShield firefighter intervention incorporated domestic partner sessions based on recognition that occupational stress affects relationship functioning (Hendrix et al., 2023). Healthcare and school staff literature mentioned work-life balance but did not emphasize structured family involvement. This divergence may reflect the specific impact of shift work, occupational hazards, and work-family spillover effects particularly salient for first responder families, indicating that family-inclusive approaches may be especially relevant for these populations. At the same time, it is possible that healthcare and education might benefit from more explicit family emphasis.

Implications

For practice, these findings support comprehensive approaches addressing individual skill-building, peer and social support, organizational climate, and policy-level factors, consistent with the social ecological model. Single-component interventions appear insufficient to address multi-level determinants of occupational mental health. Implementation should attend to stigma reduction, provider cultural responsiveness, leadership engagement, and integration with existing organizational structures. Digital delivery modalities offer scalability advantages but require continued evaluation of comparative effectiveness. Finally, **the consistent emphasis on peer support and organizational culture across sectors suggests that sustainable occupational mental health improvement requires structural investment beyond individual-focused interventions, positioning mental health and well-being as a shared organizational responsibility rather than solely an individual concern.**

3.5.3 Tier 1 and 2 Mental Health and Well-Being Supports and Services

Key Informant Interviews and Focus Groups

Thematic analysis of interview and focus group transcripts identified several major themes related to existing mental health and well-being supports and services for the populations of interest. We discuss the top ten most frequently identified themes below. These themes and illustrative quotes are presented in the Supporting Documents section of the report website: https://owr.hawaii.gov/state-of-well-being-project/

Tier 1. **Tier 1 universal efforts to protect and promote mental health and well-being demonstrated robust endorsement across all four sectors, indicating widespread recognition of foundational well-being infrastructure.** The code *tier 1 training*, defined as delivering targeted training programs with appropriate audience selection, relevant content, effective delivery formats, optimal frequency, and high-quality instruction to build employee competencies, received the highest total endorsement (n = 35), with strong representation across first responders (FR) (n = 12), other partners (OP) (n = 10), education (Ed) (n = 9), and healthcare (HC) (n = 4). This pattern suggests that training represents a universally recognized mechanism for supporting employee mental health and well-being, though implementation intensity varies by sector. Regarding training, one participant shared that their agency is, "*developing a new employee orientation program that's based on two things. One, it's based on the values of the department. And the second thing … is introspection on the employee to help them grow as a person. The reason that's important is because* ***there's really clear data that somebody***

who forms a connection, a valued connection at work has a higher propensity to stay." The code *tier 1 positive workplace culture*, defined as fostering a supportive office culture through engaging activities, effective communication systems, enhanced connectivity among staff, regular culture-building initiatives, and maintaining psychological safety in workplace interactions, was also consistently endorsed (n = 33), with first responders showing the highest frequency (n = 13), followed by healthcare (n = 10), education (n = 7), and other partners (n = 3).

Additional widely endorsed Tier 1 codes included *tier 1 employee assistance program*, defined as maintaining comprehensive Employee Assistance Programs with accessible services, strong awareness campaigns, broad service scope, and strategies to promote appropriate utilization by employees (n = 28; FR = 10, HC = 7, CS = 6, Ed = 5); *tier 1 supportive leadership*, defined as developing leadership approaches that emphasize connection-building, transparent communication, trust-building, leadership visibility, and authentic vulnerability to create psychologically safe work environments (n = 20; FR = 9, HC = 5, CS = 4, Ed = 2); and *tier 1 community engagement*, defined as creating opportunities for employees to connect with the broader community through collaborative partnerships and volunteer service opportunities that enhance sense of purpose and connection (n = 18; HC = 6, FR = 5, CS = 4, Ed = 3). The consistent endorsement of these foundational supports across sectors suggests a **broad consensus on the importance of organizational culture, leadership, and community connection in promoting employee well-being.**

Tier 2. Tier 2 services and supports provide more intensive, specialized resources, aimed at responding to individuals facing greater vulnerability, including supports for recovery, trauma, disaster impacts, and urgent intervention needs. These targeted and clinical mental health and well-being supports showed strong endorsement, particularly from the first responder sector. The code *tier 2 individual counseling*, defined as **providing on-site licensed mental health clinicians who offer individual therapy services and clinical interventions directly within the workplace setting, received the highest total endorsement** (n = 26), with first responders showing the strongest frequency (n = 13), followed by cross-sector partners (n = 7), education (n = 3), and healthcare (n = 3). The code *tier 2 crisis debriefing*, defined as implementing structured Critical Incident Stress Management protocols including systematic activation procedures, effectiveness monitoring, voluntary participation options, and formal debriefing processes following traumatic workplace incidents, was also widely endorsed (n = 20; FR = 11, CS = 7, Ed = 2, HC = 0). The code *tier 2 peer support*, defined as establishing formal peer support programs with trained peer supporters, structured support frameworks, comprehensive peer training curricula, and strategies to promote appropriate utilization of peer-to-peer mental health assistance (n = 19; FR = 12, CS = 4, Ed = 2, HC = 1), rounded out the most consistently endorsed **Tier 2** supports.

Document Review

Of the content analyzed (n = 67), four percent were provided by the education sector (n =3), 10% from the healthcare sector (n = 7), 21% from law enforcement departments (n = 14), four percent from state healthcare (n = 3), 10% from Fire (n = 7), 15% from Unions (n = 10), nine percent from County Human Resources (HR) (n = 6),

and 25% from non-profit organizations and University of Hawai‘i (n = 17). Documents included academic articles (n = 3), departmental and organizational public reports (n = 9), employee informational resources such as brochures, flyers, newsletters, and wellness calendars (n = 12), employee well-being surveys (n = 2), training and toolkits (n = 7), online resources including national mental health organizations (n = 11), policies and procedures relating to critical incidents and employee mental health or well-being (n = 17). An initial, first pass of the document review indicated over half the documents received (n = 36) named trauma-informed care. The target audience of the programs ranged from anyone, any employee, police officers, police officers and their spouses, fire department employees, supervisors and managers.

Across the materials reviewed, mental health and well-being resources for the essential workforce varied considerably by department. Most materials provided were informational resources, such as wellness calendars, flyers, newsletters, and national toolkits, or copies of official policy and procedure. A few departments submitted Hawai‘i state-, county-, or organization- specific resources or internal data. These materials included self-care calendars, Employee Assistance Program (EAP) utilization reports, Critical Incident Stress Management (CISM) records, and assault-response procedures. The majority of identified supports were post-incident or reactive, focusing on Psychological First Aid, EAP and Resource for Employee Assistance and Counseling Help (REACH) referrals, and CISM processes.

Reactive supports, such as EAP/REACH services, Psychological First Aid, and Critical Incident Stress Management, were the most consistently available mental health resources found in the document review, while proactive, preventive, and culturally grounded services were limited or absent. Documents from non-profit organizations and academic sources highlight employee desires for culturally grounded resources, counseling and therapy, support for their spouse and family, and reduction of stigma. Overall, the document review indicates that while awareness-oriented and informational resources exist across sectors, less information on accessible, culturally responsive, place-based, and preventive mental health supports was easily available.

Across the documents reviewed, available resources overwhelmingly emphasized individual self-care rather than system-level changes, policy updates, or employer-driven supports needed to meaningfully address employee mental health, burnout, or workplace conditions. **While many departments shared materials encouraging mindfulness, stress management tips, or general wellness awareness, the findings of the document review suggest that few provide documented information on structural interventions—such as workload adjustments, flexible scheduling, dedicated wellness staff, family-inclusive support, or clear implementation plans.** This stands in contrast to employee feedback collected through surveys and internal assessments identified in the document review, which consistently points to organizational culture, stigma, excessive demands, and limited access to services as the primary drivers of stress and barriers to mental health support.

3.5.4 Barriers and Facilitators to Mental Health and Well-Being Supports and Services

Key Informant Interviews and Focus Groups

Barriers. Barriers to mental health and well-being supports and services utilization were extensively endorsed across all sectors, revealing systemic challenges that transcend organizational boundaries. The code *barrier financial constraints*, defined as monetary limitations including funding cuts, budget limitations for mental health and well-being, and inadequate compensation for staff affecting program viability and sustainability, received the highest total endorsement (n = 33; CS = 12, FR = 10, Ed = 7, HC = 4). The code *barrier participation challenges*, defined as issues with voluntary versus mandatory participation affecting engagement, including low utilization of optional programs (n = 31; CS = 11, Ed = 8, FR = 8, HC = 4), and *barrier communication failures*, defined as breakdowns in information sharing including lack of awareness, poor knowledge transfer, and insufficient follow-up (n = 28; FR = 9, HC = 7, CS = 7, Ed = 5), were also pervasively endorsed. The convergence of financial, participation, and communication barriers across sectors suggests that effective mental health programming requires addressing resource constraints, engagement strategies, and information dissemination simultaneously.

Additional widely endorsed barriers included *barrier limited service options*, defined as restrictions in available service types, access options, treatment choices, and specialized therapist or group availability (n = 26; FR = 10, CS = 8, Ed = 4, HC = 4); *barrier organizational dysfunction*, defined as systematic organizational failures including complex procurement processes, inefficient systems, silos, and institutional barriers that prevent coordinated service delivery (n = 27; HC = 10, FR = 7, Ed = 6, OP = 4); and *barrier staffing challenges*, defined as human resource limitations including staff shortages and high attrition preventing adequate program implementation (n = 27; OP = 9, HC = 7, FR = 6, Ed = 5). The prevalence of these structural barriers indicates that improving workplace mental health requires systemic organizational change rather than programmatic additions alone.

Facilitators. Facilitators of mental health service utilization were robustly endorsed across sectors, revealing substantial consensus on factors that promote help-seeking and service effectiveness. The code *facilitator community collaboration*, defined as collaborative approaches that engage communities, state departments, philanthropy, and partners in mental health and well-being service development, received the highest total endorsement (n = 32; CS = 12, Ed = 7, HC = 7, FR = 6). For instance, one participant shared the following regarding working with an ʻāina-based organization: "*It was at their site, building that connection to an ʻāina-based organization. At a spot literally in their neighborhood in their backyard, walking distance.* ***We're trying to kind of… facilitate building that relationship beyond 'āina; be outside, do something healing***." The code *facilitator research informed practice*, defined as evidence-based approaches that incorporate research findings and strategic analysis into service delivery for mental health and well-being supports (n = 28; CS = 11, Ed = 6, HC = 6, FR = 5), and *facilitator flexible access options*, defined as diverse and adaptable service delivery modalities that accommodate different user needs, preferences, and circumstances for mental health and well-being

supports (n = 25; CS = 11, Ed = 6, FR = 6, HC = 2), were also widely endorsed. **The convergence of community collaboration, evidence-based practice, and flexible access as key facilitators suggests that effective mental health programming requires partnership, scientific grounding, and adaptability.**

Additional facilitators with broad endorsement included *facilitator supportive leadership*, defined as organizational leadership and administrative practices that create supportive environments (n = 26; FR = 9, Ed = 7, HC = 6, OP = 4); *facilitator strategic communication*, defined as planned and effective communication approaches that promote mental health and well-being services and resources (n = 24; OP = 7, Ed = 7, FR = 6, HC = 4); *facilitator user centered design*, defined as service design approaches that prioritize user experience, preferences, and needs (n = 22; CS = 8, Ed = 6, FR = 5, HC = 3); and *facilitator stigma reduction*, defined as efforts and strategies aimed at decreasing stigma associated with mental health conditions and mental health and well-being service utilization (n = 22; FR = 8, OP = 8, Ed = 4, HC = 2).

3.5.5 Desired Mental Health and Well-Being Supports, Services and Enhancements

Hawai'i Quality of Life and Well-Being Survey

Survey results revealed many positive outcomes related to workplace well-being across the occupational sector groups, including that in all three groups (first responders, healthcare professionals, and school staff), workers expressed strong agreement that their work is meaningful and serves a greater purpose. Specifically, among a subsample of respondents identifying as state workers[2] who are first responders or those working in education and healthcare (n =80), 88% said their work serves a greater purpose and 80% indicated the work they do is meaningful. However, among this cross-sector subsample, common challenges were also identified related to excessive workload (17%), poor management practices (19%), and work-life balance (7%). Common proposed solutions included enhanced staffing and resource distribution (15%), professional development opportunities (14%), and improvements to workplace environment and facilities (9%). Additionally, although many respondents reported satisfaction with physical work surroundings (61%) and with their jobs overall (60%), **substantial percentages noted limited support from supervisors, with a majority reporting they rarely or never receive social and emotional support from their supervisors (57%).**

Across all three workforce groups—first responders, healthcare providers, and public school staff—participants identified strikingly similar challenges and solutions related to workplace well-being. The most consistent concern across sectors was workload and resource strain, particularly inadequate staffing, excessive demands, and inefficient processes. Leadership and management practices were also frequently cited as major contributors to workplace stress, with employees emphasizing the need for stronger support, clearer communication, and more effective supervision. When asked how employers could help, participants across these sectors again highlighted staffing increases, better workload distribution, improved leadership practices,

[2] Results in this paragraph are based on publicly available data from the Hawai'i Quality of Life Survey data dashboard, using filters to generate findings of a cross-sector subsample when data were restricted to survey respondents identifying as state workers in these occupations: education & library, healthcare practitioners, healthcare support, or protective services.

and enhanced workplace environments. Additional recurring themes included the importance of fair compensation and benefits, access to professional development opportunities, greater flexibility to support work–life balance, and stronger organizational cultures that promote inclusion, communication, and well-being. Together, these cross-sector findings point to systemic workforce needs that extend beyond any single profession, emphasizing the value of coordinated, organization-wide approaches to improving workplace health and resilience. These results can guide future trauma-informed workplace policies and interventions as Hawai‘i continues to strive to become a more resilient, equitable, and supportive state employer.

Key Informant Interviews and Focus Groups

Enhancement recommendations demonstrated strong endorsement across all sectors, providing a roadmap for workplace mental health improvements. The code *enhanced specialized training programs*, defined as **creating targeted, expert-led training initiatives that address specific skills, increase training frequency, provide local/accessible training options, support family involvement, and develop trauma-informed leadership capabilities, received the highest total endorsement** (n = 23; FR = 11, CS = 6, Ed = 3, HC = 3). The code *enhance workplace culture communication*, defined as improving organizational communication systems and resources while promoting positive office culture and celebrating employee success stories to build supportive workplace environments (n = 22; CS = 7, HC = 7, Ed = 4, FR = 4), and *enhance protected wellness time*, defined as establishing dedicated, protected time periods specifically allocated for employee wellness activities, self-care, and mental health maintenance during work hours (n = 21; HC = 8, FR = 5, CS = 5, Ed = 3), were also widely endorsed. One healthcare worker shared, "*So, I think it's very important, mental health's very important. Um, and that's kind of what I try to do within. My role is to stress... why self-care is so important... for nursing. And to kind of teach the nurses, like, it's okay to take care of yourself, it's okay too... You know, step away, it's okay. ...* ***Put the oxygen on yourself before somebody else, that's so true in nursing.***"

Additional commonly endorsed enhancements included *enhance service accessibility*, defined as improving access to mental health and wellness services through free service options, expanded eligibility criteria, geographically accessible services, and local retreat opportunities (n = 19; CS = 9, FR = 5, Ed = 4, HC = 1); *enhance comprehensive wellness programming*, defined as creating holistic wellness initiatives including health promotion activities and structured wellness requirements to support overall employee well-being (n = 18; CS = 5, HC = 5, Ed = 4, FR = 4); *enhance sustainable funding systems*, defined as establishing reliable, long-term funding mechanisms and financial stability measures to ensure continuity of mental health and wellness programs and services (n = 18; FR = 7, Ed = 4, CS = 4, HC = 3); and *enhance wellness physical environment*, defined as creating and maintaining supportive physical workspaces that promote employee well-being through healthy work environments, dedicated wellness spaces, workplace fitness facilities, and opportunities for nature connection (n = 18; HC = 7, Ed = 5, FR = 3, CS = 3).

3.5.6 Key Takeaways for Cross-Sector

- Tier 1 supports show broad consensus on foundational infrastructure, with training (n=35), positive workplace culture (n=33), and employee assistance programs (n=29) consistently endorsed; Tier 2 clinical supports emphasize individual counseling, crisis debriefing, and peer support, though document review reveals available resources overwhelmingly emphasize individual self-care over the systemic changes employees identify as most needed.
- Across sectors, workers find deep meaning in their work (88% agree it serves a greater purpose), yet a majority (57%) rarely or never receive social and emotional support from supervisors, highlighting a persistent leadership gap amid common challenges of excessive workload, poor management practices, and work-life imbalance.
- Cross-sector priorities converge on specialized training, improved workplace communication, protected wellness time, service accessibility, and sustainable funding—enabled by community collaboration, evidence-informed practice, flexible access, stigma reduction, and user-centered design—underscoring the value of coordinated, multi-level strategies that address individual, organizational, and systemic factors simultaneously.

Section 4. Discussion

This multi-method landscape analysis provides a comprehensive and point in time examination of workplace mental health infrastructure including barriers, facilitators, and enhancement priorities across four high-stress occupational sectors in Hawaiʻi: first responders (firefighters and law enforcement), healthcare workers, and school staff. This study integrated findings across systematic literature reviews, a statewide quality of life survey, document review, key informant interviews, focus groups, and supplementary healthcare worker surveys. The report reveals both shared challenges across occupations as well as sector-specific patterns that carry significant implications for policy, systems, community, organizational, interpersonal and individual impact.

The findings of this study reinforce a social ecological model, which recognizes that workforce mental health is influenced across multiple levels of public policy, community and partnerships, organizations, relationships, and individuals. This perspective, supported by the research literature, suggests that isolated interventions targeting any single level alone are unlikely to produce sustained improvements in workforce mental health. In Hawaiʻi, the evidence indicates that the most substantial gaps—and therefore the greatest opportunities for impact—lie at the organizational level. Accordingly, coordinated strategies that simultaneously address cultural barriers, strengthen organizational supports, and ensure adequate systemic infrastructure, while also supporting individual interventions, represent the most promising approach.

The findings point to several implementation considerations for building effective and sustainable workforce mental health and well-being systems in Hawaiʻi. *Throughout this section, counts in parentheses indicate frequency of mention in the qualitative findings, specifically based on the key informant interviews and focus groups, and percentages reflect quality of life survey findings.*

4.1 Key Implementation Considerations

- **Start with Leadership:** Supportive leadership emerged as the top facilitator of workforce mental health (n=26) and supervisor support explains the largest differences in job satisfaction among all sectors. **Prioritizing trauma-informed supervisor training is essential.**
- **Address Stigma & Trust:** Stigma (n=24) and confidentiality concerns (n=15) are major barriers to workforce mental health, while only about 50% of workers trust management. **Building trust through leadership modeling, anonymous screening options, and clear confidentiality protections are top priorities.**
- **Center Hawaiian Culture:** Cultural integration (n=19) emerged as both a facilitator and enhancement for workforce mental health. **Native Hawaiian values should inform and be integrated into all programming rather than appearing as only add-on components.** In addition, every effort should also be made to center the sector-specific culture and the diverse community of staff that serve.

- **Secure Sustainable Funding:** Financial constraints are the top barrier (n=33) for mental health and well-being supports and services and 56% of workers report economic stress. **It is imperative to diversify funding sources and establish long-term mechanisms.**
- **Use Multi-Level Strategies:** Literature reviews across all sectors emphasize that single-component interventions are insufficient. Effective **strategies must coordinate across individual, interpersonal, organizational, and policy levels while offering diverse options** as no single intervention works for everyone.
- **Prioritize Evidence-Based Approaches:** Mindfulness-based interventions, peer support programs, and crisis intervention systems show consistent effectiveness across occupational groups. Building on proven models while adapting to local context will strengthen supports and services.

4.2 Recommendations and Potential Next Steps

In line with the principles described above, this section presents recommendations for strengthening workplace mental health and well-being infrastructure across high-stress occupational sectors in Hawai‘i. Specifically, recommendations are drawn from key informant interviews, focus groups, and a small healthcare staff survey, capturing key informant perspectives; the Hawai‘i Quality of Life and Well-Being Survey, which provides quantitative workforce data; and findings of the systematic literature review, which identify evidence-based interventions. The importance of each recommendation was determined by how frequently it appeared across these sources, reflecting the changes and strategies most consistently cited by key informants, survey findings, and the research literature. Table 1 provides the complete list of recommendations, offering an initial framework for guiding interventions that are both evidence-based and informed by Hawai‘i-specific context.

Table1 lists the recommendations across public policy, community and partnerships, organizational, interpersonal, and individual levels. Drawing on convergent findings from multiple data sources, we offer these potential strategies and next steps to lawmakers, state partners, and organizations positioned to enhance mental health supports and services available to Hawai‘i’s workforce.

4.2.1 Public Policy Level



The findings indicate that sustainable improvements in workforce mental health require interventions at the public policy level, involving legislative, regulatory, and cross-sector action. In total, we identified ten public policy-level recommendations to help build a stable, well-supported workforce by addressing the financial and infrastructure factors that affect employee well-being, retention, and long-term resilience. The top three recommendations at the public policy level, identified based on the frequency and strength of endorsement across data sources included in this study, are:

1. **Address financial constraints** impacting mental health and well-being supports and services through sustainable, diversified, long-term funding mechanisms for workforce wellness programs;

2. **Establish reliable funding infrastructure** for mental health and well-being supports and services with multi-year commitments and flexible mechanisms to ensure program continuity; and,
3. **Develop supportive workplace policies** including anti-bullying measures, reformed performance reviews, and clear mental health and well-being protocols.

Throughout this section, counts in parentheses indicate frequency of mention in the qualitative findings, specifically based on the key informant interviews and focus groups, and percentages reflect quality of life survey findings.

This report demonstrates that sustainable funding mechanisms represent a foundational requirement for maintaining mental health and well-being infrastructure over time. Financial constraints emerged as the most frequently endorsed barrier (n = 33) across the qualitative findings. The need for multi-year commitments and flexible mechanisms to ensure program continuity also received substantial enhancement endorsements (n = 18). In relation to systemic financial constraints, for example, one study participant shared,

> *"What we came down to is that people don't are not paid enough to do their jobs... **It's incredibly frustrating. As the leader of an organization, to know that you are essentially exploiting most of the people in your organization by expecting a huge amount of work from them, and ... for some of them, very high levels of technical expertise and paying them ... not enough to live... that's the hardest thing**... When I talk about root causes and making a difference, that's a real difference. **It's not about telling people you can call a counselor an EAP. It's about making your working conditions such, you don't need another job or two other jobs...."***

Table 1 provides guidance on potential next steps for developing institutionalized program budgets, grant-funded pilots with sustainability planning, cost-effectiveness documentation, and multi-year funding commitments. Organizations might explore diverse funding streams including dedicated wellness budgets, grant-funded pilot programs with evaluation components, and collaborative partnerships that leverage existing resources.

In addition, addressing economic stress through financial wellness programs is critical, as 56% of workers report concern about meeting monthly expenses. Long-term funding is needed to support workforce well-being, including the development of competitive, holistic compensation packages that account for salary, benefits, and cost-of-living considerations. Strengthening job security and employment stability measures are also essential to reduce workplace anxiety during organizational transitions.

The findings also show that coordinated strategies are needed to address workforce shortages in mental health professions. Comprehensive mental health workforce expansion (n = 11) and provider access expansion (n = 11) emerged as enhancement priorities. Train-the-trainer models, peer support program development, lay health volunteer programs, interstate practice agreements, and telehealth expansion are potential strategies. Organizations could also develop referral networks of providers with expertise relevant to occupational trauma and stress.

Beyond funding and workforce capacity, building supportive workplace infrastructure emerged as top recommendations at the public policy level (n = 16). This result is unsurprising given persistent vacancy rates and staffing shortages across mental health professions and state service sectors, which heighten the importance of robust, supportive workplace infrastructure. Strategies identified by key informants include developing anti-bullying policies, reformed performance review processes, and clear mental wellness protocols. Comprehensive human resource systems can embed mental health and well-being across hiring, retention, and performance management processes, ensuring that organizational structures actively support mental health. Finally, implementing flexible work arrangements—including four-day work weeks, compressed schedules, and adaptable shift options—are proven strategies to enhance work–life balance, reduce burnout, and improve overall employee well-being based on the research literature. Sustainable workforce mental health and well-being depends on long-term, flexible funding paired with investments in workforce capacity and supportive workplace infrastructure.

4.2.2 Community and Partnerships Level



The findings reveal the need for greater cross-organizational collaboration, external partnerships, and community engagement. The top three out of eight total recommendations at the community and partnerships level, presented here in order of priority and reflecting the frequency and strength of endorsement across data sources included in this study, are:

1. **Build cross-sector partnerships** engaging communities, state departments, philanthropy, universities, and diverse partners for mental health and well-being supports and services;
2. **Implement research-informed practice** incorporating evidence-based approaches (e.g., mindfulness, peer support, trauma-informed care) and continuous evaluation of mental health and well-being supports and services; and,
3. **Integrate Native Hawaiian, sector-specific cultural values, practices, and perspectives** into all mental health and well-being programming.

Cross-sector partnerships was the most frequently endorsed facilitator in the qualitative findings (n = 32), suggesting that connections beyond the workplace strengthen both organizational capacity and individual resilience. Specifically, communities, state departments, philanthropy, universities, and diverse partners were identified as essential to cross-sector partnerships. Table 1 includes related recommendations and potential next steps creating opportunities for employees to connect with the broader community through collaborative partnerships and volunteer service opportunities that enhance sense of purpose and belonging.

Relatedly, recommendations call for reducing coordination gaps through improved cross-departmental communication and integrated service delivery systems can further enhance program reach and effectiveness. To increase access to services for all workers, systems and organizations could consider expanding provider networks with culturally responsive (considering multiple cultural communities), trauma-specialized clinicians through interstate agreements, while addressing barriers in rural areas through telehealth, telemedicine, and

digital service delivery options across all islands. Sector-specific strategies are also recommended, including family support programs for law enforcement, given evidence that family support plays a key role in officers' well-being.

Implementing research-informed practice incorporating evidence-based approaches and continuous evaluation emerged as a top recommendation (n = 28). This means using proven, research-based approaches, and regularly checking what's working and what isn't, is important to improve service delivery. Table 1 highlights related recommendations, such as reducing coordination gaps, to support accountability, enable continuous improvement, and help ensure that interventions remain responsive across different occupational sectors.

This study's findings call for more holistic and comprehensive integration of Native Hawaiian cultural values, practices, and perspectives for mental health programming (n = 19). Notably, cultural misalignment (n = 10) emerged as a barrier requiring attention through regular cultural humility training and partnerships with community organizations. Ongoing cultural humility and responsiveness training for all staff is needed to ensure services are delivered appropriately and effectively. Notably, a study participant explained,

> *"**There is a law of aloha [(HRS §5-7.5)] … I'm like you have a choice. You legally have a choice to decide how you want how you look at things and what you want to incorporate in your decision-making process that's that that's statutorily in place**. So things that we try to put forth in our new employee orientation program (so people understand that you know that these are the rules/values that we have as an organization); what resonates with you, why does it resonate with you? Then we have to take Strength Finders and pull it all together so at the end, they know what their strengths are, they know what the values are, they know how to practice it and why they want to practice it. It all culminates in this discussion about; what does this mean for you in your job … and how does this help you serve our community better?"*

Effective workforce mental health supports in Hawai'i must be culturally grounded, community-connected, and designed to ensure equitable access across diverse occupational settings. As shown in Table 1, cultural training for staff (n = 11 enhancement endorsements) reflect the importance of culturally grounded and sector-specific approaches in Hawai'i's context. Findings also underscore the importance of culturally adapted interventions and traditional practices (e.g., working in the lo'i, connection to kai, and lomilomi), community-based participatory approaches, integration of Native Hawaiian values and cultural practices into program design, and development of local partnerships. Additional efforts should be made to consider and integrate the various cultural and ethnic groups of the workforce and community

Although Native Hawaiian values are most visible at the community and partnerships level in this study's findings, culturally grounded approaches are essential at every level of workforce mental health support. From public policy to individual well-being, and Native Hawaiian values and culturally grounded approaches should be integrated throughout program design and implementation. Though outside the scope of this report, future

research and policy and program efforts should be made to consider and integrate the diverse cultural and ethnic groups of the workforce and community.

4.2.3 Organizational Level



This study reveals that, in our state, first responders and those in the helping professions would benefit from substantial changes at the organizational level. With a total of 32 recommendations identified at this level—the highest number across all levels examined, the findings point to the importance of workplace structures, leadership, culture, and internal systems in determining mental health of the workforce. The top three recommendations at the organizational level, presented here in order of priority, reflecting the frequency and strength of endorsement across data sources included in this study, are:

1. **Address organizational dysfunction** by streamlining procurement, reducing silos, and improving institutional processes as a means to improve staff mental health and well-being;
2. **Resolve staffing challenges** through strategic recruitment, retention initiatives, and workload management; and,
3. **Develop trauma-informed, supportive leadership** through comprehensive supervisor training and leadership modeling.

Findings point to the need to address organizational dysfunction, a top recommendation (n = 26) at the organizational level. Interconnected with public policy, strategies identified by key informants include streamlining procurement, reducing silos, and improving institutional processes. Another top recommendation is to resolve staffing challenges through strategic recruitment, retention initiatives, and workload management to prevent burnout (n = 26). Preservice and onboarding programs are critical for establishing early norms of self-care and help-seeking. Preservice foundational training (n = 8) and orientation processes (n = 5 facilitator endorsements) can include academy-based Emotional Survival Training, Psychological Preparedness Training, wellness modules, and comprehensive onboarding with resource orientation. Integrating wellness into onboarding promotes resilience and reinforces organizational expectations regarding mental health support.

Supervisor training and leadership modeling emerged as a priority (n = 25) to develop trauma-informed leadership. Supervisors should be trained to recognize signs of distress, conduct supportive check-ins, and model appropriate help-seeking behavior, closing the gap between peer and supervisory support. Notably, specialized training programs (n = 23 enhancement endorsements) emerged as the highest-priority enhancement category across sector and additional recommendations include leadership and supervisory training (n = 17 enhancement endorsements).

Targeted leadership interventions have been shown to reduce burnout and improve organizational climate across healthcare and emergency service settings. In line with individual recommendations described below, training initiatives should address mental health literacy for all staff (n = 16), leadership and supervisory skills for managers (n = 17), peer support certification, and trauma-informed practices relevant to specific occupational

contexts. In addition, professional development pathways, including continuing education, mentorship, and career advancement opportunities, help sustain workforce engagement and competency.

Confidentiality concerns (n = 15) emerged as a significant barrier to help-seeking and service accessibility, particularly among first responders and healthcare workers. Organizations should establish clear written policies, communicate consistently, and consider partnerships with external providers to reduce dual-relationship concerns. Anonymous screening programs offer additional engagement opportunities. Regarding confidentiality, a study participant explained the benefits to ensuring anonymity among essential workers, "*They might be struggling. We know that people in law enforcement, medical professionals, and first-line workers are among the most impacted. And, often really go-to-dark places and… I won't say the words, but we know that they struggle. And yet they're sometimes so hard… it's scary to ask for help because they don't want it on their record*."

The recommendations hold that in addition to confidentiality, service accessibility (n = 19 enhancement endorsements) also requires attention to geographic reach, financial barriers, eligibility, and service modality. Telehealth, 24/7 crisis hotlines, mobile applications, free or low-cost services, and validated digital mental health tools can supplement in-person supports and scale access. Organizations should conduct needs assessments to identify workforce-specific gaps and develop targeted responses. Other recommendations include implementation of evidence-based programs include the CARE program for educators, Mindfulness-Based Resilience Training, Behavioral Health Training modules, trauma-informed classroom management micro-credentials, and CISM and Peer Support certification programs.

Regarding existing services, employee assistance programs were frequently mentioned by study participants. While employee assistance programs received substantial endorsement, findings also raised questions regarding accessibility and utilization of such services. For example, one participant shared, "*But with EAP, I looked at the procedures… it looks like you have to fill out a bunch of paperwork and stuff and you have the limit, the number of sessions, and so forth… I don't have that kind of limit with my private insurance therapists, so it just seems like, well, what is the point of using it? Because* ***it seems easier and… more effective to just continue seeing a regular therapist***." Another key informant said regarding the availability of supports for employees, "*And a handful of those have been specifically regarding like resilience, mental health those sorts of things and most of them are just basic information but then it'll include links to either like the CISM or peer support or to the EAP.* ***I don't have any data on how many people have actually used EAP."*** However, another key informant suggested a lack of awareness of the availability of employee assistance programs, "*When they remind people, don't forget we've got EAP. The utilization goes up*." In addition, EAP provides a broad range of services, which staff might not be aware of.

Findings show that protected wellness time represent both a facilitator (n = 7) and enhancement priority (n = 21). Dedicated time for self-care can be integrated into daily operations, workload expectations, and Wellness Day programming, complemented by supportive physical environments such as wellness spaces and recharge rooms. Research shows that expanded employee benefits—including paid family leave, leave sharing,

tuition assistance, and family support programs—further reduce stress, while dedicated wellness coordinator positions ensure focused management, promotion, and integration of wellness initiatives across the organization.

Workload management (n = 17 enhancement endorsements) and strategic recruitment and retention initiatives are essential to prevent burnout and maintain adequate staffing. Recommended strategies include job and task modifications, flexible scheduling, shift caps, rotating high-risk assignments, and systematic workload monitoring and redistribution. Encouraging honest conversations between staff and supervisors about workload sustainability helps ensure equitable long-term allocation.

Creating psychologically safe workplace cultures requires investment in culture, policy, and practice, emphasizing primary prevention, recognition systems, and trauma-informed responses. Workplace culture and communication improvements (n = 22 enhancement endorsements) can be achieved through strategic communication across multiple channels—email, intranet, visual reminders, and staff meetings—alongside engaging activities, wellness champion recognition, and opportunities for staff connectivity.

In sum, strengthening workforce mental health requires comprehensive organizational investment in leadership, culture, and internal systems, with structured changes to norms, policies, and workplace practices that embed support for well-being across all levels of the organization. Many of the organizational level recommendations identified by this study intersect with interpersonal and individual level processes.

4.2.4 Interpersonal Level



The findings of this study demonstrate that relationships with supervisors, peers, and work teams are strong determinants of workforce mental health and well-being. Creating a supportive workplace culture for mental health begins with leadership but extends to interpersonal relationships across the organization. The top three of eight recommendations at the interpersonal level, presented here in order of priority, reflecting the frequency and strength of endorsement across data sources included in this study, are:

1. **Address stigma and shame** by normalizing mental health conversations through leadership modeling and awareness campaigns;
2. **Implement peer support programs**, and;
3. **Train leaders and supervisors in supportive management**, including empathetic check-ins, recognizing distress, and workload adjustments.

Normalizing mental health conversations through visible leadership modeling, consistent organizational messaging, and public awareness campaigns establishes a foundation where seeking support is accepted and encouraged. The survey results show only 38–45% of workers report receiving support from colleagues. In response, peer support programs are recommended to normalize help-seeking, extend the reach of limited clinical staff, and strengthen coworker support systems. As one participant noted, *"the decentralized nature of peer support groups broadens reliance reach and empowers individuals to strengthen their communities."*

Targeted training for leaders and supervisors in supportive management is a top interpersonal-level recommendation, consistent with survey data showing that supervisor support is a major factor influencing job satisfaction. Similarly, with only about 50% of workers reporting confidence in leadership, there is clear need to build management trust.

Echoing organizational level recommendations, addressing confidentiality concerns through clear written policies, anonymous screening options, and consistent communication are important strategies to help employees feel safe accessing resources. Regarding the significance of communication, study participant shared, *"We're talking a lot about how the healing happens in the cracks and the cracks are like these little intimate spaces but in our work lately, people are like, we love having these conversations. We want to have more of them."* Furthermore, considering ways to decouple help-seeking from fitness-for-duty evaluations (when appropriate) or career consequences might remove stigmatizing structural barriers, enabling employees to utilize mental health resources without fear of professional repercussions. It is also important for employers, supervisors, and peers to recognize success stories to facilitate cultural change and normalize help-seeking behavior.

4.2.5 Individual Level



At the individual level, the recommendations reflect the importance of personal knowledge, attitudes, skills, and behaviors. These recommendations aim to support employee well-being by offering accessible, flexible, and comprehensive programs that promote mental and physical health, increase self-awareness, and foster work-life balance. The top three of six total recommendations at the individual level, presented here in order of priority, reflecting the frequency and strength of endorsement across data sources included in this study, are:

1. **Address mental health and well-being supports and services participation challenges** by designing voluntary, multi-modal programs with diverse engagement options;
2. **Increase mental health literacy and self-awareness** through psychoeducation on stress, coping, and personal needs; and,
3. **Include wellness orientation in onboarding** with psychological preparedness training.

Individual-level factors influencing mental health and well-being do not occur in isolation; they are embedded within broader organizational, social, and systemic contexts that shape access, engagement, and outcomes. In line with the recommendations of this study, effective interventions must therefore account for these environments while supporting personal agency and resilience. Addressing participation challenges (n = 18) is a critical first step and can be achieved through voluntary, multi-modal programs that meet employees where they are and accommodate diverse preferences, acknowledging that no one strategy will be appropriate for all people.

To address psychological resistance, the recommendations suggest motivational interviewing and values-based engagement strategies to encourage meaningful participation and foster intrinsic motivation.

Supporting work-life balance is also essential, given that 63% of workers report work as a significant source of stress. Finally, promoting physical wellness—including interventions for musculoskeletal issues, arthritis, and hypertension—recognizes that physical health is deeply intertwined with mental and occupational well-being and enhances overall workforce resilience.

A top recommendation at the individual level, increasing mental health literacy and self-awareness through psychoeducation (n = 18) means explicit efforts to teach employees about stress, coping, work-life balance strategies, and understanding their own needs to encourage proactive response to mental health needs. In addition, the findings suggest wellness orientation should be incorporated into onboarding, including psychological preparedness training for all new hires, to establish early norms of self-care and resilience and highlighting available mental health and well-being resources.

4.3 Methodological Notes

This assessment draws on multiple data sources: interviews and focus groups with over 100 individuals across state, county, and community-based organizations; targeted analyses of the 2024 Quality of Life and Well-Being Survey (the largest of its kind in Hawai‘i, with over 8,300 respondents); a review of agency-submitted documents; a supplementary healthcare staff survey; and a literature review of over 1,000 peer-reviewed articles. Findings demonstrated strong convergence across these sources, with representation across all counties.

To meet the legislatively mandated deadline, we focused on state, county, and select community-based organizations. This scope does not capture all sectors, and we hope to expand to additional role groups in future assessments. That said, the current findings provide a meaningful and timely snapshot of the contemporary landscape, which is constantly evolving.

Furthermore, several methodological limitations should be considered when interpreting these findings. Comprehensive methodological details are available at owr.hawaii.gov/state-of-well-being-project/.

Systematic Literature Review. Over 1,000 articles were reviewed using AI-assisted screening, and AI utilization may introduce different sources of error compared to traditional human screening approaches. Differences in study methods complicated systematic quality assessment. This study’s focus on sector-specific interventions may limit broader generalizations. Despite these challenges, we identified and summarized the most relevant evidence.

Key Informant Interviews and Focus Groups. Coding of qualitative data—the process by which we identify themes in the data—was guided by a senior expert and agreement between coders was moderate. This means some interpretations of the interviews and focus groups could vary and may not be fully consistent. The team used thorough training, double-checks, and careful documentation to ensure consistency. This level of agreement was acceptable given the study’s exploratory nature and the complexity of workplace well-being.

The Hawai‘i Quality of Life and Well-Being Survey. This survey is the largest of its kind in the state and provides important insights. However, some groups may be underrepresented, including people in institutional settings, those with limited internet access, non-English speakers, and residents affected by the 2023 Maui

wildfires. AI-assisted analysis allowed us to handle large amounts of data but may have missed some contextual or culturally specific nuances. The survey will be repeated in Spring 2026 with additional strategies to reach underrepresented populations.

Document Review. Only materials submitted by agencies were reviewed, and submissions varied widely. While not comprehensive, this review offers a useful snapshot of available resources. The Office of Wellness and Resilience continues to accept materials for future analyses.

***Healthcare Staff Survey*.** The supplementary survey included only 16 respondents, and the small sample size may not represent the entire healthcare workforce. However, the patterns observed aligned with qualitative findings from larger samples, suggesting consistency in themes across data sources.

4.4 Future Research Directions

Future research should address several gaps identified in this landscape analysis. First, longitudinal studies are needed to examine implementation processes and long-term effectiveness of mental health and well-being interventions across occupational sectors. Comparative effectiveness research should evaluate system-level, organizational-level, and individual-level interventions, including potential synergistic effects of multi-level approaches, to inform evidence-based resource allocation. A comprehensive systematic review examining workplace mental health interventions across all sectors could also identify universally beneficial strategies and clarify sector-specific versus generalizable findings.

Additional research on cultural practices (not just cultural adaptations) as important interventions for workplace mental health for Hawai'i's diverse, multiethnic populations, would enhance the feasibility and acceptability of such approaches (e.g., the innovative efforts of Mauliola Ke'ehi and Vibrant Hawai'i's No Nā Pua program). Studies examining the mechanisms through which leadership practices influence worker well-being, and the specific leadership competencies most associated with positive outcomes, would further inform supervisor training curricula.

Implementation science approaches examining barriers and facilitators to acceptability, feasibility, and appropriateness to scale workplace mental health programs would accelerate translation of research findings into practice. Such research should attend to the systemic factors such as funding, workforce availability, organizational culture, that determine whether evidence-based practices can be successfully implemented in real-world settings. Future iterations of the framework presented in Table 1 might incorporate evaluation findings to refine considerations and strengthen the evidence base for specific intervention strategies.

Finally, significant effort is needed to translate these findings into actionable resources. We acknowledge that this broad-scope report necessarily sacrifices some sector-specific and program-specific granularity in its recommendations. Thus, the Office of Wellness and Resilience is committed to addressing this gap by attending to recommendations within our purview while partnering across sectors to build trauma-informed systems that genuinely support those who serve. Phase 2 of the State of Well-Being initiative, extending through December 2027, will focus on developing practical toolkits for targeted audiences, enhancing existing services, and creating

new culturally grounded, Hawaiʻi-informed mental health and well-being programs—all based on the findings of this report. Throughout Phase 2, we will employ continuous quality improvement processes to evaluate the efficacy and effectiveness of implemented strategies, ensuring that investments yield meaningful improvements in worker well-being across the state.

4.5 Conclusion

This landscape analysis provides a comprehensive portrait of workplace mental health and well-being infrastructure, needs, and opportunities across high-stress occupational sectors in Hawaiʻi. The convergent findings across multiple data sources and methodological approaches underscore the importance of coordinated, trauma-informed approaches that address barriers and leverage facilitators operating at individual, relational, organizational, and systemic levels.

A prominent and consistent theme across the findings was the need to ensure confidentiality and reduce stigma, with workers emphasizing that trust in mental health systems depends on clear assurances that seeking support will not jeopardize job security, professional reputation, or career advancement. Ultimately, the findings affirm that supporting the mental health of workers in high-stress occupations requires more than individual-level interventions. Creating workplaces that not only respond to stress and trauma but actively prevent harm and foster long-term resilience demands organizational commitment, cultural transformation, and sustained investment in the systems and structures that enable workers to thrive. Creating workplaces that not only respond to stress and trauma but actively prevent harm and foster long-term resilience demands organizational commitment, cultural transformation, and sustained investment in the systems and structures that enable workers to thrive. The tools and resources provided through this landscape analysis offer a foundation for that essential work, with much more to be done.

SECTION 5. TABLES

Table 1:

Protect, Promote and Respond Recommendations and Potential Next Steps for Mental Health and Well-Being Supports and Services for the Essential Workforce Across Social Ecological Model Levels

Recommendation	Potential Next Steps	Sources
Policy & Systems Level *Legislative, regulatory, and cross-sector systemic factors*		
Address financial constraints impacting mental health and well-being supports and services through sustainable, diversified, long-term funding mechanisms for workforce wellness programs	Inventory current wellness funding sources across departments; Identify 2-3 potential philanthropic or federal grant opportunities; Consider legislative proposals for dedicated wellness line item	KII, FG, Survey
Establish reliable funding infrastructure for mental health and well-being supports and services with multi-year commitments and flexible mechanisms to ensure program continuity	Consider minimum funding cycles in upcoming budget requests; Create standardized wellness program budget template for agencies	KII, FG
Develop supportive workplace policies including anti-bullying measures, reformed performance reviews, and clear mental wellness protocols	Review existing HR policies for wellness gaps; Draft model anti-bullying policy language; Add wellness check-in to annual review templates	KII, FG
Expand, diversify, and plan for the mental health workforce through targeted recruitment, specialization training, preservice training, and pipeline development. This might include consideration of interstate practice agreements.	Partner with local higher education programs for practicum placements; Launch recruitment campaign targeting neighbor island providers; Consider impacts of joining interstate practice agreements	KII, FG, LR
Comprehensively support recruitment, retention, and wellness integration across hiring and organizational processes	Add wellness program information to job postings; Include wellness orientation in onboarding checklists; Exit interviews to assess wellness factors in turnover	KII, FG
Implement flexible work arrangements including four-day work weeks, compressed schedules, and adaptable scheduling	Consider possibility of piloting compressed schedules; Survey staff on preferred flexibility options; Consider drafting or implementing DHRD telework policy template for eligible positions	KII, FG, Survey
Address economic stress impacting mental health and well-being through financial wellness programs, given 56% of workers report worry about meeting monthly expenses	Partner with local organizations for financial literacy workshops; Distribute existing EAP financial counseling resources	Survey
Support staff resilience against external attacks affecting institutions and morale	Leadership regularly issues statements affirming organizational values; Create rapid-response communication protocol; Schedule town halls during high-stress periods	KII, FG
Create competitive, holistic compensation packages addressing salary, benefits, and cost-of-living as a means to improve mental health and well-being	Consider conducting market salary analysis for high-turnover positions; Explore housing assistance partnerships; Evaluate benefit utilization rates	KII, FG, Survey
Strengthen job security and employment stability measures during organizational transitions	Develop transition communication and planning protocols; Provide advance notice and retraining for reorganizations; Designate HR liaison for transition support	KII, FG

Recommendation	Potential Next Steps	Sources
Community & Partnerships Level *Cross-organizational collaboration, external partnerships, and community engagement*		
Build cross-sector partnerships engaging communities, state departments, philanthropy, universities, and diverse partners for mental health and well-being supports and services	Develop and convene quarterly cross-sector wellness workgroup; Establish MOUs with 2-3 community partners; Create shared resource directory across agencies	KII, FG
Implement research-informed practice incorporating evidence-based approaches (e.g., mindfulness, peer support, trauma-informed care) and continuous evaluation of mental health and well-being supports and services	Partner with research entities and local expert organizations to identify, implement and evaluate utilization of evidence-based mental health and well-being programs	KII, FG, LR
Integrate Native Hawaiian cultural values, practices, and perspectives into all mental health and well-being programming	Consult with cultural practitioners on program design; Incorporate culturally grounded frameworks into development (e.g., *HĀ* framework); Consider ways to incorporate diverse cultures and value systems, considering the diversity of the local workforce.	KII, FG
Reduce mental health and well-being supports and services coordination gaps by improving cross-departmental communication and creating integrated service delivery	Map current referral pathways between agencies; Designate wellness liaisons in each department; Create shared intake/referral form	KII, FG
Expand mental health and well-being provider networks with culturally humble, trauma-specialized clinicians through interstate agreements and expanded provider definitions	Contract with additional culturally matched providers; Advocate for expanded telehealth reimbursement; Credential peer specialists as billable providers	KII, FG, LR
Implement cultural humility and responsiveness training for staff	Consider partnering with community organizations to provide ongoing cultural humility and responsiveness training	KII, FG, LR
Address mental health and well-being supports and services rurality barriers by expanding telehealth and digital service delivery across all islands	Audit telehealth access by island/district and consider strategies to address barriers	KII, FG, LR
Develop law enforcement family support programs based on evidence that family support significantly impacts officer wellbeing	Consider expanding family orientation programs; Create family resource guides; Consider extending EAP eligibility to families	LR
Organizational Level *Workplace structures, leadership, culture, and internal systems*		
Address organizational dysfunction by streamlining procurement, reducing silos, and improving institutional processes as a means to improve staff mental health and well-being	Identify top 3 procurement bottlenecks affecting wellness programs; Create expedited approval pathway for wellness services; Establish cross-unit wellness committee	KII, FG
Resolve staffing challenges through strategic recruitment, retention initiatives, and workload management	Analyze vacancy rates by unit; Implement stay interviews for high-performers; Create workload assessment tool for supervisors	KII, FG, Survey
Develop trauma-informed, supportive leadership through ongoing, comprehensive supervisor training and leadership modeling	Consider offering trauma-informed leadership training for all supervisors; Add TIC competencies to leadership job descriptions; Invite leaders to share self-care practices	KII, FG, LR

Recommendation	Potential Next Steps	Sources
Create specialized, expert-led training programs for mental health and well-being supports and services (e.g., Behavioral Health Training, sleep health education)	Partner with local universities for specialized curricula; Schedule trainings during regular duty hours; Offer CEU credits for participation	KII, FG, LR
Strengthen strategic internal communications about available mental health and well-being supports and services through multiple channels	Create monthly wellness newsletter; Post resources in break rooms and restrooms; Add wellness resources to email signatures or paystubs; Develop wellness app or intranet page	KII, FG
Foster supportive workplace culture through engaging activities, regular communication, and enhanced staff connectivity	Schedule monthly team wellness activities; Implement peer recognition program; Create informal gathering spaces; Host quarterly all-staff wellness events	KII, FG, Survey
Implement user-centered design for mental health and well-being supports and services prioritizing employee experience, preferences, and accessibility	Survey staff on preferred program formats and times; Offer multiple participation options (in-person, virtual, self-paced); Collect ongoing feedback	KII, FG, HCS
Address time barriers by integrating brief wellness activities into daily operations	Introduce 5-minute mindfulness or check ins at meeting starts; Create micro-break protocols; Designate wellness moments in shift schedules	KII, FG
Establish protected time periods specifically dedicated to employee wellness activities to benefit mental health and well-being	Consider implications of implementing 30 min/week protected wellness time; Block calendars for wellness activities; Supervisors model taking wellness time	KII, FG, HCS
Improve mental health and well-being supports and services accessibility through free options, expanded eligibility, geographic reach, and multiple modalities	Audit current access barriers; Negotiate free/reduced-cost provider agreements; Extend service hours to evenings/weekends	KII, FG, HCS
Implement comprehensive, holistic wellness programming throughout the organization	Select 1-2 evidence-based programs for pilot; Launch with voluntary cohort; Evaluate at 6 months	KII, FG, LR, HCS
Create supportive physical workspaces with dedicated wellness spaces, recharge rooms, and healthy environmental conditions	Designate quiet room in each facility; Improve lighting and air quality; Add plants and calming elements; Create outdoor break areas	KII, FG, Survey, HCS
Develop systematic workload management approaches to monitor and appropriately distribute work responsibilities	Consider implementing workload tracking dashboard; Establish caseload caps where applicable; Regular supervisor check-ins on workload; Redistribution protocols	KII, FG, Survey, HCS
Provide mental health literacy and awareness training for all staff regardless of job function	Consider offering Mental Health First Aid or similar for employees; Annual refresher training; Post warning signs and response protocols visibly	KII, FG, LR, HCS
Ensure and communicate strong confidentiality protections for use of mental health and well-being supports and services through clear policies and consistent messaging	Publish confidentiality FAQ; Train supervisors on confidentiality boundaries; Regular reminders that help-seeking is protected and encouraged	KII, FG
Connect work to staff's core values by emphasizing meaningful work and greater purpose	Share impact stories in team meetings; Connect daily tasks to mission; Celebrate community outcomes; Values-based onboarding	KII, FG, Survey
Expand mental health and well-being supports and services access through telehealth and digital tools	Negotiate enterprise license for evidence-based wellness app; Promote existing digital resources; Provide device access for those without smartphones	KII, FG, LR
Build professional development pathways with continuing education, mentorship, and career advancement	Create mentorship matching program; Consider tuition support for relevant certifications; Develop clear promotion criteria; Professional development plans for all staff	KII, FG, HCS
Expand employee benefits including paid family leave, leave sharing, tuition assistance, and family support	Advocate for expanded paid family leave; Publicize existing leave sharing programs; Explore childcare partnerships; Expand tuition reimbursement	KII, FG, Survey, HCS

Recommendation	Potential Next Steps	Sources
Create mental health and well-being supports and services engagement incentives, recognize wellness champions, and promote success stories	Establish wellness champion awards; Feature success stories in newsletters; Offer small incentives for program completion	KII, FG
Develop crisis response systems including CISM, Stress First Aid, and post-incident support protocols	Train CISM teams in each relevant agency; Create post-incident response checklist; Automatic outreach after critical events; Consider ways to develop better infrastructure for suicide postvention protocols	KII, FG, LR
Establish ongoing psychological monitoring through recurring assessments and proactive identification	Consider annual anonymous wellness survey; Quarterly pulse checks; Supervisors trained in early warning signs; Voluntary periodic mental health screenings	KII, FG, LR
Ensure clear succession planning for wellness champion leadership transitions	Document wellness program institutional knowledge; Cross-train multiple staff; Include wellness continuity in transition plans	KII, FG
Implement evidence-based digital mental health and well-being tools (e.g., Healthy Minds Program app)	Pilot Healthy Minds Program with one unit; Track engagement and outcomes; Expand based on results; Provide usage tutorials	KII, FG, LR
Expand EAP services through broader contracts, expanded offerings, and improved awareness	Renegotiate EAP contract for additional sessions; Add specialized services (financial, legal); Monthly EAP awareness communications	KII, FG, LR, HCS
Incorporate mental health and well-being supports and services resources into onboarding for all new employees	Add wellness module to new employee orientation; Provide wellness resource packet on day one; Assign wellness buddy for first 90 days	KII, FG
Create dedicated wellness coordinator positions focused exclusively on employee mental health and well-being	Write wellness coordinator job description; Seek funding for FTE; Alternatively, designate existing staff with protected time for wellness duties	KII, FG, LR
Develop centralized well-being calendar coordinating all available mental health and well-being supports and services and wellness activities	Create shared wellness calendar; Weekly wellness digest email; Include community partner offerings	KII, FG
Implement evidence-based mindfulness-based interventions (e.g., MBSR, MBRT, mindfulness and aerobics)	Partner with trained MBSR instructors; Offer 8-week program during work hours; Start with interested cohort; Provide drop-in sessions for ongoing practice	LR
Consider biofeedback training, deliverable via telehealth with comparable outcomes to in-person	Consider procuring HRV biofeedback devices for pilot; Train facilitators; Offer both in-person and telehealth options; Target high-stress units first	LR
Address physical health burden through ergonomic interventions given 55% report musculoskeletal disorders	Conduct ergonomic assessments; Provide standing desks and ergonomic equipment; Offer stretching breaks; Partner with PT for consultations	Survey
Establish Coping First Aid (CFA) or similar programs using trained lay volunteers for early mental health support	Identify and train volunteer CFA or similar coaches; Create referral pathway to clinical services; Track utilization and referral rates	LR
Implement resilience training programs with evidence-based curricula addressing cognitive and emotional competencies	Select validated resilience curriculum; Train internal facilitators; Offer as part of professional development; Pre/post assessment	LR
 **Interpersonal Level** *Relationships with supervisors, peers, and work teams*		
Address stigma by normalizing mental health conversations through leadership modeling and awareness campaigns	Leaders share personal wellness practices; Mental health awareness month activities; Visible signage normalizing help-seeking; Storytelling events	KII, FG

Recommendation	Potential Next Steps	Sources
Implement peer support programs	Identify peer support program model; Recruit and train initial cohort of 8-12 peers; Create confidential referral process; Monthly peer supporter check-ins	KII, FG, LR
Train supervisors in supportive management including empathetic check-ins, recognizing distress, and workload adjustments	Offer supportive supervision training for all managers; Provide check-in conversation guides; Add supportive management to performance standards	KII, FG, Survey, LR, HCS
Address confidentiality concerns for mental health and well-being supports and services through anonymous screening options (e.g., Interactive Screening Program) and clear policies	Implement anonymous screening platform (e.g., ISP); Publicize confidentiality protections; Address specific confidentiality concerns in FAQs	KII, FG, LR
Implement comprehensive stigma reduction strategies including awareness campaigns and success story highlighting	Annual stigma reduction campaign; Feature recovery stories (with permission); Counter-messaging for common stigma beliefs; Peer ambassadors	KII, FG
Continue to decouple help-seeking from fitness-for-duty evaluations and career consequences	Clear written policy that voluntary help-seeking is not held against employees; Train supervisors on policy	KII, FG, LR
Strengthen coworker support systems, given only 38-45% report receiving support from coworkers	Team-building activities; Buddy systems for new employees; Facilitate informal peer connections; Recognition program for supportive colleagues	Survey
Build management trust, given only ~50% trust organizational management	Increase leadership transparency; Regular town halls with Q&A; Follow through on commitments; Admit mistakes openly; Seek and act on feedback	Survey
Train peer supporters in active listening, paraphrasing, and open-ended questioning through structured certification	Partner with certified peer support training program; 40-hour initial certification; Annual recertification; Ongoing supervision for peer supporters	LR
 **Individual Level** *Personal knowledge, attitudes, skills, and behaviors*		
Address mental health and well-being supports and services participation challenges by designing voluntary, multi-modal programs with diverse engagement options	Offer same program in multiple formats (in-person, virtual, self-paced); Vary times including lunch, after work; No-pressure invitations; Track what works	KII, FG
Increase mental health literacy and self-awareness through psychoeducation on stress, coping, and personal needs	Offer lunch-and-learn series on mental health topics; Distribute self-assessment tools; Provide personalized resource recommendations	KII, FG, LR
Include wellness orientation in onboarding with psychological preparedness training	Add realistic job preview including stressors; Teach coping skills proactively; Connect to resources before crisis; Discuss resources like EAP at the onboarding meetings; Wellness check-in at 30/60/90 days	KII, FG, LR
Address psychological resistance to mental health and well-being supports and services through motivational interviewing and values-based engagement	Train wellness staff in motivational interviewing; Connect wellness to personal values; Meet people where they are	KII, FG, LR
Promote work-life balance strategies (e.g., lōkahi wheel), given 63% report work as significant stress source	Introduce tools like the lōkahi wheel self-assessment; Workshops on boundary-setting; Model work-life balance at leadership level (e.g., utilizing sick leave for mental health days)	Survey
Support physical wellness given elevated chronic condition rates (55% musculoskeletal, 45% arthritis, 43% hypertension)	On-site health screenings; Fitness facility partnerships or subsidies; Healthy food options; Walking groups; Standing meeting options	Survey

Recommendation	Potential Next Steps	Sources
Provide sleep health education and interventions, particularly for shift workers and first responders	Sleep hygiene workshops; Fatigue risk management training; Optimize shift schedules per sleep science	LR
Implement self-compassion and thought interruption training (e.g., STOP technique)	Brief self-compassion workshops; Include in stress management training; App-based self-compassion exercises	LR

Note. This framework synthesizes recommendations and potential next steps from complementary data sources: (1) Key Informant Interviews (N=54) and Focus Groups (N=6) capturing ~100 partner and key informant perspectives, (2) the Hawai'i Quality of Life and Well-Being Survey (N=8,300+) providing quantitative workforce data, (3) Systematic Literature Reviews (K=78 studies) identifying evidence-based interventions, after reviewing 1,000+ articles, and (4) the Healthcare Staff Qualitative Survey (N=15) assessing well-being perceptions among state healthcare workers. Recommendations are ordered by frequency of mention in qualitative research within each level; recommendations derived primarily from survey findings or literature review appear at the end of each section. We provide potential next steps as starting points rather than exhaustive implementation plans. Organizations and departments should tailor recommendation and potential next steps based on priority, scope, and investment to their specific context, capacity, and strategic goals. Source codes: KII=Key Informant Interviews, FG=Focus Groups, Survey=Quality of Life Survey, LR=Literature Review, HCS=Healthcare Staff Survey.

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He ʻike ʻana ia i ka pono.

It is a recognizing of the right thing. One has seen the right thing to do and has done it.

—From ʻŌlelo No'eau (#620), collected and translated by Mary Kawena Pukui