Suicide Deaths among Florida Fire Service Personnel, January 1, 1999 through March 1, 2026

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Executive Summary

This report presents findings from a retrospective analysis of recorded suicide deaths among Florida fire service members from January 1, 1999 through March 1, 2026. The goal is to provide a stronger data foundation for coordinated prevention, intervention, postvention, and system improvement. Suicide among fire service members is both an occupational and public health concern shaped by a complex interplay of factors. Although this report presents numbers and patterns, each data point represents firefighters, families, agencies, and communities affected by profound losses. Honoring these lives requires using these data to better understand patterns, guide prevention efforts, and strengthen systems of support.

Researchers from UCF RESTORES® partnered with the Florida Department of Health, Bureau of Emergency Medical Oversight, and the Florida Division of the State Fire Marshal to analyze linked administrative data from deidentified Florida vital statistics, EMS licensure records, and firefighter certification data. Suicide deaths were identified using ICD-10 codes and linked to fire service credentials and EMS licensure records.

From January 1, 1999, through March 1, 2026, n=307 suicide deaths were identified. The largest occupational group was single certified firefighters (Fire), 40.4%, followed by dual certified Fire/Paramedic (PMD), 31.6%, and dual certified Fire/Emergency Medical Technician (EMT), 28.0%. Most deaths were among males, 96.1%, and those identified as White, 86.3%. Urban classification comprised 94.1%, though rural deaths remain important to monitor. Age at death increased modestly over time, from the mid-40s to approximately 50–52 in recent years, suggesting a shift toward later-career members and retirees. Prevention should therefore span the full career, from building healthy norms early to supporting later-career, retirement, and post-service transitions. Licensure status showed that 62.9% were active and 37.1% were inactive at the time of death, underscoring the need to support members across both groups.

Veterans represented 30.5% of cases. Firearm discharge was the most common method of death, accounting for 66.4% of suicides, and veterans were more likely than non-veterans to die by firearm, 75.0% compared with 62.4%. Deaths occurred throughout the year, supporting year-round prevention efforts rather than reliance on annual awareness campaigns or limited training windows.

These findings should be interpreted as descriptive counts, not rates, and cannot determine relative risk or explain why any individual death occurred. Cases may also be under-identified because of misclassification or coding limitations. Even with these limitations, the data point to clear priorities, including early identification, sub-population informed strategies, lethal means safety, career and post-career transition support, access to occupationally competent care, leadership and organizational support, and continuous quality improvement. Most importantly, the findings reinforce the need to move beyond a framework focused only on preventing and counting deaths toward a fire service culture that builds connection, strengthens resilience, supports help-seeking, and creates systems where members and families are supported throughout their career.

FINDINGS AT A GLANCE

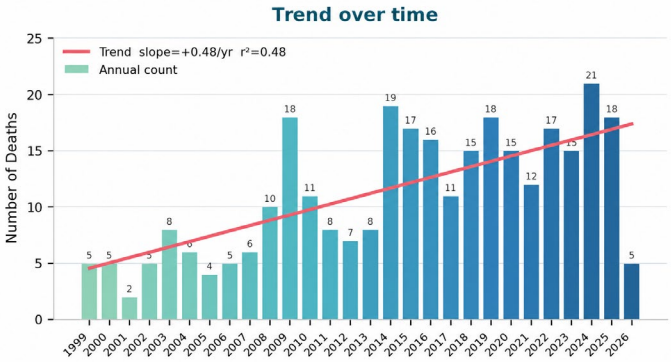
- Researchers identified 307 fire service suicide deaths, with an upward trend over time, suggesting the need for sustainable, coordinated, proactive, and statewide prevention strategies.
- Death counts were more concentrated in populated counties, with rural counties also represented. Prevention efforts should balance the needs of larger urban systems with support for rural and smaller departments.
- Fire, Fire/PMD, and Fire/EMT roles were represented in the data, accounting for 40.4%, 31.6%, and 28% of deaths, respectively. Members with dual Fire/EMS credentials accounted for nearly 60% of deaths, underscoring the need for prevention strategies that address both fire and EMS stressors.
- Deaths were most common among members ages 35 to 54, while nearly one-third occurred among those 55 and older. Prevention should span the full career, building healthy norms and habits early while also supporting later-career, retirement, and post-service transitions.
- Veterans represented 30.5% and were more likely than non-veterans to die by firearm. Firearms accounted for 66.4% of suicide deaths. Lethal means safety, safer storage, and firearm-specific conversations are central to effective prevention.
- Inactive members represented 37.1% of deaths with known certification status, suggesting that risk may continue after members disconnect from active workforce supports.
- These findings describe counts, not rates. They can guide surveillance, prevention planning, and future analysis, but they should not be interpreted as causal findings. UCF RESTORES is conducting related research to move from descriptive findings toward more advanced analyses of relative risk, geographic distribution, protective factors, and prevention opportunities.

https://ucfrestores.com/

A. Year

- The dataset included n=307 recorded fire service suicide deaths from January 1, 1999, through March 1, 2026. Annual counts were lower in the earlier years, increased around 2009, and continued an upward trend after 2014.*
- The upward fitted trend and elevated recent complete years, including 21 deaths in 2024 and 18 in 2025, suggest this is not limited to isolated annual spikes, but a pattern that warrants sustained monitoring and intervention.
- After 2013, the number of identified deaths increased, but counts alone cannot tell us whether individual risk increased. The increase should be interpreted in context, including possible changes in workforce size, credentialing, occupational conditions, death investigation practices, and data linkage.
- The 2026 count includes only deaths identified through March 1, so it should not be compared directly with full-year totals. However, the partial count reinforces the need to monitor data throughout the year rather than waiting until year-end.
- Prevention implication: Florida could benefit from a standing, data-informed suicide prevention infrastructure rather than periodic awareness efforts that only respond after high-count years.

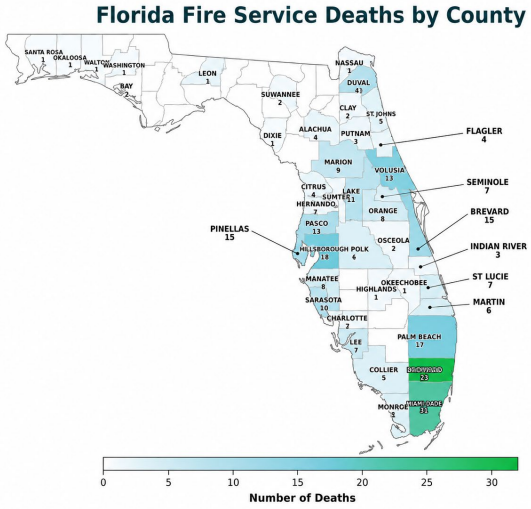
**Researchers are investigating potential extraneous factors that may have contributed to the increases observed after 2008 and 2014.*



n=307

B. County distribution

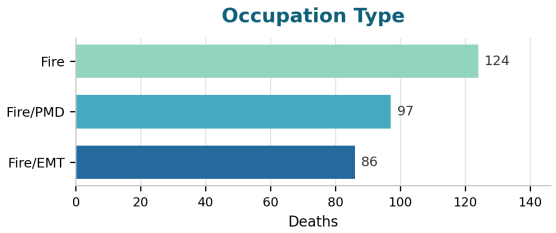
- Higher counts appear in more populated counties, especially in parts of South Florida and Central Florida, which likely reflect larger general populations, larger fire service workforces, and greater density.
- The map also shows cases across many regions of the state, indicating that fire service suicide is not limited to one metropolitan area or one type of community.
- Rural and lower-count counties still matter. In smaller systems, a single death can have a broad occupational and social impact because members are often more tightly connected and may have fewer confidential support options.
- Counts should be used as a starting point for inquiry, not as a county ranking, because the analysis does not yet account for the size or composition of the local fire service workforce.
- UCF RESTORES researchers are working on more advanced quantitative methods and analyses, including simulation modeling, to better understand where prevention efforts and support may be needed most.
- Prevention implication: Florida should provide consistent statewide prevention resources while also taking a closer look at counties or regions where deaths appear higher than expected after considering workforce size, credential types, and access to support.



n=304

(Three members of the Florida fire service died by suicide outside of the state.)

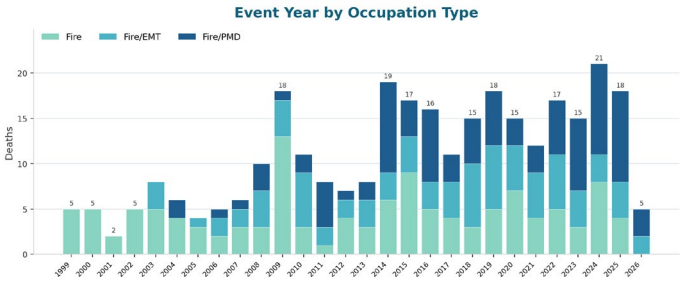
C. Occupation type



n=307

- The highest number of suicide deaths occurred among single certified firefighters (Fire), 40.4%, followed by dual certified Fire/Paramedic (PMD), 31.6%, and dual certified Fire/Emergency Medical Technician (EMT), 28.0%. The categories are mutually exclusive.
- Although Fire is the largest single category, members with dual fire and EMS credentials together account for nearly 60% of identified deaths, suggesting that prevention messaging must speak to both fireground and EMS-related occupational experiences.
- The Fire/PMD and Fire/EMT groups may face added stressors related to emergency medical calls, including repeated exposure to trauma, high-acuity patient care, transport stress, and the cumulative burden of frequent calls.
- Because this chart shows the number of deaths, not the rate of deaths, it cannot tell us whether one credential group has higher risk than another. To understand risk, we would also need to know how many people held each credential over time.
- Prevention implication: firefighters, EMTs, and paramedics should all have access to suicide prevention training, peer support, occupationally competent care, and follow-up after difficult calls or major incidents.

D. Year by Occupation

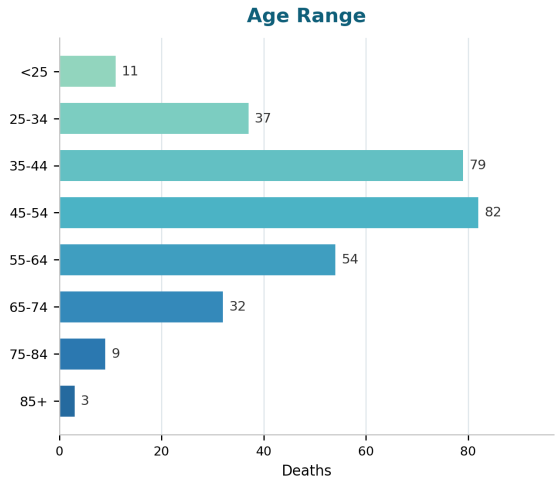


n=307

- Annual counts are generally lower in the early years and increased in 2009, with additional visible peaks in 2014, 2019, and 2024.
- Across the full period, single certified Fire remains the largest overall group, but Fire/PMD contributed substantially in several more recent and higher-count years.
- This pattern may reflect changes in credentialing, growth in paramedic cross-training, changing workforce composition, or different types of job stress among dual-certified members.
- Looking at deaths by year and occupation helps show whether increases are happening mainly within one credential group or across multiple fire service roles.
- Prevention implication: data should be reviewed regularly by role and credential type so training, peer support, and clinician referral resources can be matched to the groups showing the most recent need.

E. Age range

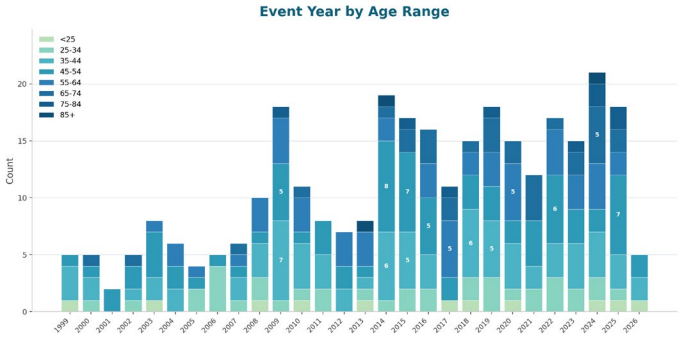
- Deaths were most concentrated among members ages 45 to 54, 26.7%, and 35 to 44, 25.7%. Together, these groups represent the mid- and later-career period for many fire service members.
- Nearly one-third of identified deaths occurred among members ages 55 and older, showing that risk can extend into late-career, retirement, and post-service years. This is important because many fire service members retire before age 65, making retirement and post-service transitions key periods to monitor and support.
- The age pattern may reflect the cumulative effects of trauma exposure, injury, sleep disruption, family and financial stress, leadership responsibilities, identity changes, and transition out of active service.
- Deaths among members under age 25, 3.6%, show that early-career members are not exempt, even though counts were lower in this group. The young adult and early-career period is an important prevention window, when members are building the habits, relationships, expectations, and help-seeking patterns that can shape wellbeing throughout their fire service career.
- Prevention implication: suicide prevention should be built into every stage of a fire service career, including recruit training, probationary periods, mid-career check-ins, promotion and leadership development, injury or leave transitions, retirement planning, and post-service outreach.



n=307

F. Year by Age

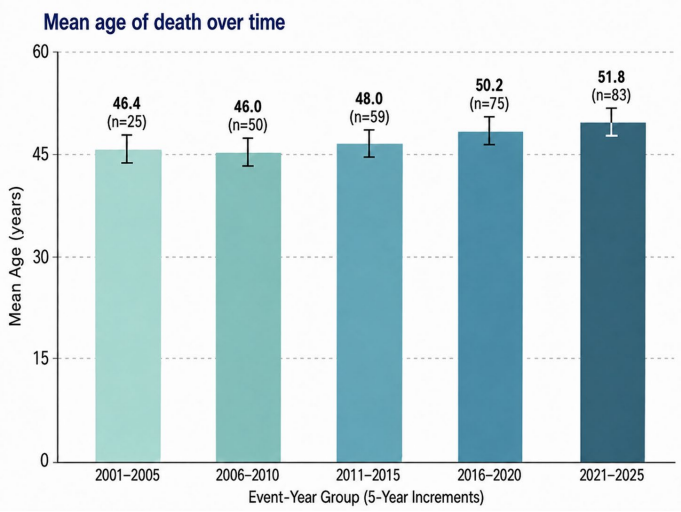
- The 35-44 and 45-54 groups remain the most consistently represented across the full period, with the 45-54 group prominent in several higher-count years, including 2014, 2015, and 2024.
- Older age groups, especially 55-64 and 65-74, appear more consistently in more recent years, suggesting that the age profile of deaths may be shifting older over time.
- This pattern may reflect workforce aging, retirement transitions, cumulative occupational exposure, chronic injury, or disconnection from department-based supports after separation.
- This chart displays counts only. It does not show whether older members are at higher risk because we do not yet know how many fire service members were in each age group over time.
- Prevention implication: each year, prevention partners should review deaths by age group and adjust outreach, training, retiree support, and follow-up efforts based on the age groups showing the greatest need.



n=307

G. Average age over time

- The average age at death increased slightly over time, from the mid-40s in the early 2000s to approximately 50–52 years in more recent years.
- The overall trend showed a small but statistically significant increase in age over time, slope = +0.331 years per year (p = 0.0029). However, when deaths were grouped into 5-year periods, the differences between those groups were not statistically significant (F(4, 287) = 1.86, p = 0.118). This suggests the pattern should be interpreted cautiously.
- Overall, the findings suggest that suicide deaths may be shifting somewhat toward older, later-career fire service members and retirees.
- Prevention implication: Prevention efforts should reach all age groups and address the risks that can build across a fire service career and continue into retirement.

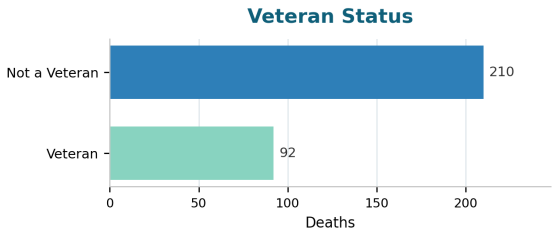


n=292

(Total is less than n = 307 because the 5-year groupings do not include the full study period.)

H. Veteran status

- Among cases with known veteran status, 30.5% were identified as veterans and 69.5% non-veterans.
- Veteran status is important because military service may shape trauma exposure, firearm familiarity, beliefs about self-reliance, trust in formal mental health systems, and preferences for support from trusted peers.
- This finding does not mean veteran status caused or explains any death, or that it indicates higher relative risk, which would require knowing the proportion of veterans in the fire service workforce overall. It does suggest that veterans may benefit from prevention strategies that understand both military and fire service culture.
- Prevention implication: fire service suicide prevention should include veteran-informed messaging, trusted peer support, clinician training, and lethal means conversations that are respectful, practical, and occupationally credible.

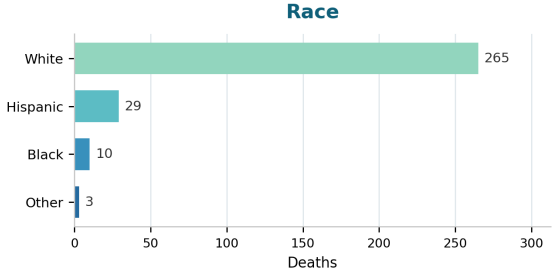


n=302

(Total is less than n = 307 because status was unknown for 5 cases.)

I. Race

- Most identified deaths were among individuals recorded as White, 86.3%, followed by Hispanic, 9.4%, Black, 3.3%, and Other, 1.0%.
- These counts likely reflect the demographic composition of the Florida fire service workforce over time. They should not be used to conclude that smaller racial or ethnic groups have lower risk.
- Smaller numbers can still hide important needs, especially for members who may face barriers related to belonging, trust, confidentiality, or access to care that feels responsive to their experiences.
- These findings should be interpreted carefully because the data do not yet account for the demographic makeup of the fire service workforce in each region or possible limitations in how race and ethnicity were recorded.

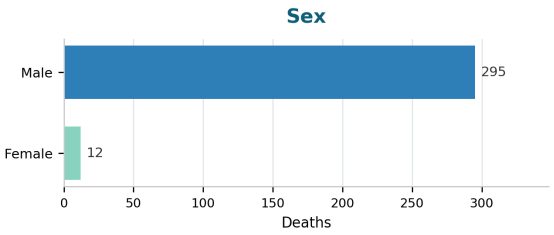


n=307

- Prevention implication: suicide prevention resources should be available to all members, while also including outreach, peer support, and access to care that reflect the needs and experiences of different groups within the fire service.

J. Sex

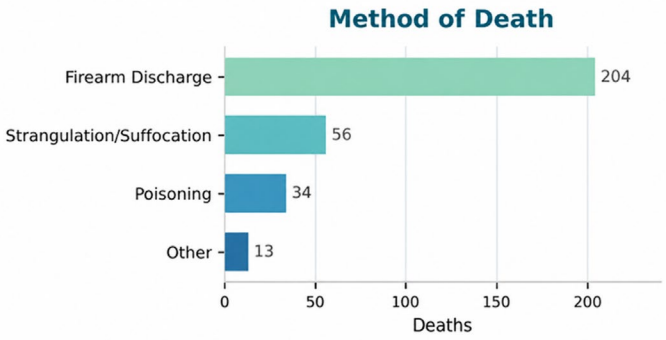
- Most deaths were among males, 96.1%, while 3.9% were among females.
- This pattern likely reflects both the large number of men in the fire service workforce and broader suicide patterns, especially related to firearm access and barriers to seeking help.
- The small number of female deaths should be interpreted cautiously. Women in the fire service may experience different stressors that should be considered in prevention planning.
- Similar to males in this dataset, the proportion of firearm-related deaths among females was higher than what is typically observed among females in the general population.
- Prevention implication: prevention messaging and pathways to care should be clear, practical, confidential, and available to all members.



n=307

K. Method of suicide death

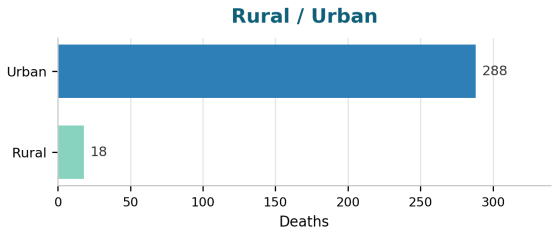
- Firearm discharge was the most common method of death, accounting for 66.4% of identified suicides. This is higher than what is commonly observed in the general population, where firearms account for roughly half of suicide deaths.
- Veterans were more likely than non-veterans to die by firearm, 75.0%, vs 62.4% non-veterans. This makes firearm safety an especially important prevention focus for veterans in the fire service.
- This is one of the most actionable findings because firearm suicide is highly lethal and often allows little time for intervention once a crisis escalates.
- Method of suicide death, including strangulation or suffocation, 18.2%, poisoning, 11.1%, and other, 4.2%, reinforce that suicide prevention must be comprehensive, even while firearm safety is prioritized.
- Prevention implication: fire service suicide prevention should include practical conversations about firearm safety and other lethal means, including voluntary safer storage, temporary transfer options, family education, and training clinicians to talk directly and respectfully about firearms.



n=307

L. Rural or urban classification

- Among cases with rural or urban classification, 94.1% were classified as urban and 5.9% as rural.
- The urban concentration likely reflects where Florida's larger populations and fire service systems are located, rather than proving that urban members have higher relative risk.
- Rural cases remain important because smaller departments and communities may have fewer occupationally competent clinicians, less anonymity, longer travel distances for care, and tighter social networks.
- A small number of rural deaths can produce a substantial local impact, especially when members know the person, worked with them, trained with them, or identify closely with their circumstances.
- Prevention implication: prevention strategies should address the higher number of deaths in urban areas while also recognizing the concentrated impact that losses can have in rural communities.

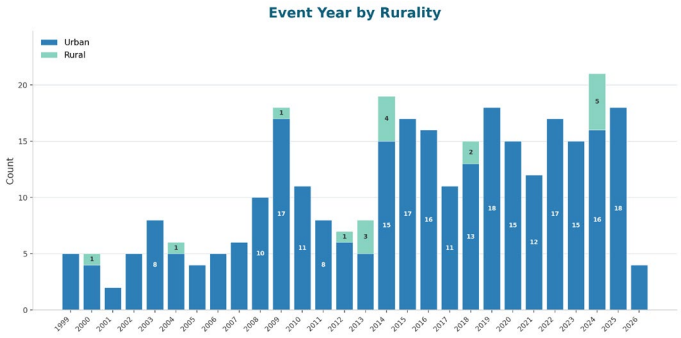


n=306

(Total is less than n = 307 because classification was missing for 1 case.)

M. Year by Rurality

- Rural deaths appear less frequently than urban deaths, but they occur across the time period, with visible increases in 2013, 2014, and 2024.
- The 2024 pattern stands out because rural cases made up a larger share of that year's total than in most other years. However, the number remains small and should be interpreted cautiously.
- In smaller populations, one or two deaths can change the annual pattern. Even so, these changes matter because the impact of a suicide death can be especially strong in smaller or closely connected fire service communities. Any possible clustering should be reviewed with local context.
- Prevention implication: rurality should be part of ongoing data surveillance and after-action review so outreach can be activated quickly when deaths occur in smaller or tightly connected fire service communities.

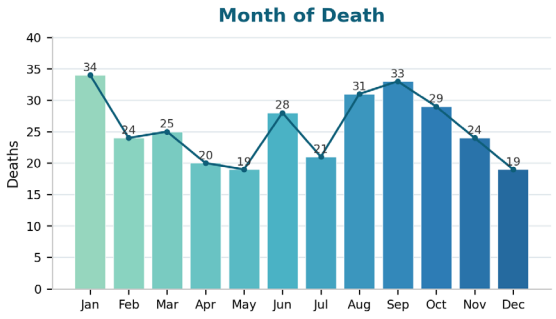


n=306

(Total is less than n = 307 because classification was missing for 1 case.)

N. Month of death

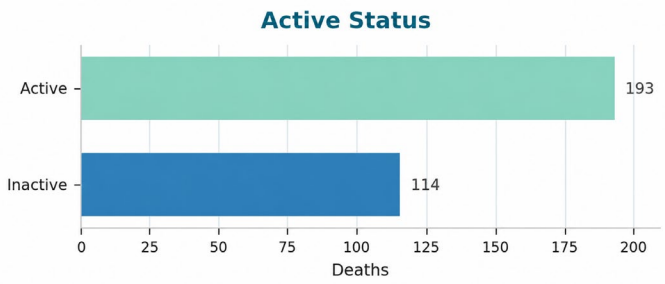
- Deaths occurred throughout the year rather than clustering in a single season, which means prevention cannot rely on one annual awareness campaign or one training window.
- The highest monthly proportions were January, 11.1%, September, 10.7%, August, 10.1%, and October, 9.4%.
- The higher percentages in late summer and early fall are somewhat different from patterns often seen in the general population. However, more empirical analysis is needed before drawing firm conclusions.
- Prevention implication: agencies should maintain year-round access to support and consider proactive check-ins during months with higher observed deaths, as well as after major incidents, deployments, or organizational disruptions.



n=307

O. Licensure status**

- Active-status data indicate that 62.9% were active and 37.1% were inactive at the time of death.
- The number of inactive members is important because it suggests suicide risk may continue after a member's license expires, they separate from service, retire, or become disconnected from the workforce in other ways.
- Inactive status does not necessarily mean that a person was retired or unemployed. However, it does identify a group that may no longer be reached through department-based training, internal communication, and other workplace support.
- Former responders may continue to carry occupational exposure, injury, grief, identity loss, or reduced connection to the fire service community.
- Prevention implication: transition planning should include direct connections to support, retiree and alumni outreach, family-facing resources, and clear pathways back to clinicians who understand fire service culture and the challenges that can come with leaving active status.

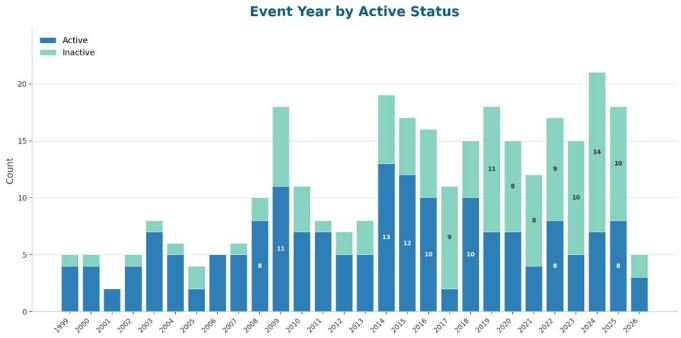


n=307

***Active status should be interpreted within the limits of available linked administrative data.*

P. Licensure Status by Year

- Active-status patterns changed over time, with inactive cases appearing more often in several more recent years, especially 2017, 2019, 2023, 2024, and 2025.
- This more recent-year visibility may reflect an aging workforce, more members moving into retirement or inactive status, or more members becoming disconnected from department support.
- The chart reinforces that suicide prevention cannot stop at the point of separation, credential expiration, or retirement.
- Key transition points, including injury leave, medical retirement, discipline, resignation, retirement, post-critical incident leave, and family disruption, may be important opportunities for proactive outreach.
- Prevention implication: a statewide prevention system should help maintain connection with inactive and formerly credentialed members through periodic check-ins and clear, confidential pathways back to care.



n=307

***Active status should be interpreted within the limits of available linked administrative data.*

Conclusion

This analysis provides a data-informed foundation for better understanding suicide deaths among fire service members in Florida and for translating those findings into action. From January 1, 1999, through March 1, 2026, n= 307 suicide deaths were identified among individuals linked to firefighter certification, EMS licensure, or both. These findings are descriptive and cannot explain why any individual death occurred. However, they provide important insight into when, where, and among whom suicide deaths are occurring, and identify opportunities to strengthen prevention, intervention, postvention, data surveillance, and continuous system improvement.

Several findings point to the need for sustained, coordinated, and statewide prevention infrastructure. Annual counts trend upward over time, with elevated recent complete years, suggesting that prevention cannot rely on short-term awareness campaigns or only respond after high-count years. Fire service suicide prevention should be treated as an ongoing system responsibility that includes leadership engagement, early identification, occupationally competent care, peer support, family- and retiree-facing resources, and regular review of emerging data.

The findings also indicate that prevention work must be put into practice across fire service roles. Deaths occurred among single certified firefighters, Fire/EMTs, and Fire/PMDs, with dual fire and EMS credentials accounting for nearly 60% of identified deaths. This reinforces the need for strategies that reflect both fireground and EMS-related experiences, including repeated trauma exposure, high-acuity calls, sleep disruption, cumulative stress, injury, organizational strain, and barriers to confidential care. Prevention efforts should be embedded across the full fire and EMS system rather than limited to a single role, credential, or point of service.

Age and licensure patterns further indicate that prevention must extend across the full career and post-career lifespan. Deaths were most concentrated among members ages 35 to 54, while nearly one-third occurred among members ages 55 and older. Average age at death also trended modestly upward over time, suggesting the need to continue monitoring whether deaths are shifting toward later-career members and retirees. This is important in the fire service, where members may retire before the traditional retirement age of 65. In addition, 37.1% of deaths with known status occurred among inactive members, reinforcing that risk may continue after licensure lapse, separation, retirement, or disconnection from department-based supports. At the same time, the young adult and early-career period remains a key prevention window, when members are developing the habits, norms, relationships, and expectations that shape how they manage stress and seek support throughout their careers.

The prominence of firearm-related deaths is one of the most actionable findings. Firearm discharge accounted for 66.4% of identified suicides, and veterans were more likely than non-veterans to die by firearm. These patterns support the need for firearm-specific prevention strategies that are practical, respectful, and occupationally credible. Firearms and other lethal means safety should be a core part of fire service suicide prevention, including voluntary safer storage, temporary transfer options, family education, veteran-informed messaging, and training clinicians to communicate directly and respectfully about firearms.

Geographic findings reinforce the importance of balancing statewide consistency with local responsiveness. Higher counts appeared in more populated counties, likely reflecting larger general populations and larger fire service workforces. However, deaths were present across many regions of the state, including rural and lower-count counties. In smaller or more tightly connected departments, even one death can have a broad occupational and social impact. This supports a prevention model that pairs statewide baseline resources with targeted regional review, confidential referral pathways, cross-agency peer support, and rapid postvention when a death occurs.

These findings should be interpreted with appropriate caution. The analysis relies on linked administrative data, including vital statistics, EMS licensure records, and firefighter certification records. Missing, outdated, inconsistently recorded, or non-linkable information may have resulted in cases being missed or misclassified. Administrative data may not fully capture volunteer service, retirement, current employment, agency affiliation, out-of-state service, or the nature of an individual's connection to the fire service. Because the findings are counts, not rates, they cannot determine relative risk without accurate workforce denominators. Even with these limitations, the data provide a stronger surveillance foundation than voluntary reporting or anecdotal information alone.

Most importantly, this report reinforces the need to move beyond a framework focused only on counting and preventing deaths. The goal is to build a fire service culture and system that strengthens connection, resilience, help-seeking, and access to competent care well before a crisis. UCF RESTORES is conducting related research to move from descriptive findings toward more advanced analyses of relative risk, geographic distribution, protective factors, firearm-related suicide risk, and prevention opportunities. Future work should connect mortality surveillance with non-fatal mental health data, workforce denominators, implementation measures, and continuous quality improvement. Over time, these efforts can help state agencies, fire service leaders, clinicians, peer teams, families, and prevention partners monitor trends, act earlier, strengthen systems of support, and build a proactive culture that sustains members and families throughout the full fire service career and post-career lifespan.