Developing Effective and Sustainable Behavioral Health Programs for Police and Fire
Purpose and Mission For Program

To Encourage our Members to have the Courage to Remake their Lives so as to lessen Stressors that lie in wait and threaten their Careers And Lives.
LET ME NOT PRAY TO BE SHELTERED FROM DANGERS, BUT TO BE FEARLESS IN FACING THEM.
Traditionally: “Are you OK?”
Rockford Fire Department

- Serves a population of 152,000
- 254 line firefighters
- 11 fire stations, shop, and administrative building
- Manage fire, EMS, and 911
- Responded to over 27,000 calls for service in 2015
- Currently use a multi-surfaced approach to mental health needs
INTRODUCTION & BACKGROUND

Rockford Police Department

- Serves a population of 152,000
- 297 sworn police officers
- 3 district police stations
- Reduce crime and enhancing the quality of life of the community.
- Rockford crime rate is 133% higher than the Illinois average.
- 94% higher than the national average.
- Violent crime rate is 313% higher than the Illinois average.
- 325% higher than the national average.
- For every 100,000 people, there are 15.17 daily crimes.
- Rockford is safer than 4% of the cities in the United States.
- In Rockford you have a 1 in 19 chance of becoming a victim of any crime.
Facts

- According to National Institute of Justice,
- P/O's #3 times greater level of D/V;
- #5 times higher rate of alcoholism;
- #10 times more likely to suffer from depression.

Note: More P/O’s commit suicides each year than are killed in the line of duty.

(Hackett, Violanti 2003)
Fay, Kamena, Benner, Berschs, 2009
White male
Married (or LTR)
Average 35 YOA
Patrol
Off Duty
No previous record of misconduct
Alcohol-substance abuse
Relationship: loss of control

Familiar site comfort / pain
home or home-place
Facing Demons
Quick discovery
LEO discovery
Gun-head shot
Home-bedroom
Note or Electronic-physical-journal

National Police Suicide Foundation  Copyright 2009
Warning Signs

- Rise in complaints
- Change in personality
- Giving away property
- Taking risks
- Hopelessness
- Writes a will suddenly
- Subtle suicidal comments “Can’t take this anymore”
- “Calm before the storm”
Common Risk Factors

- Depression
- Loss: death or divorce
- Failed relationship
- Stagnated career
- Under investigation
- Terminal illness
- Involved in shooting
Symptoms of Depression

- Change in sleep
- Change in appetite
- Loss of energy, motivation
- Loss of interest in pleasurable activity
- Feeling helpless, hopeless, apathy
- Inability to problem-solve

- Deterioration of personal appearance
- Deterioration of job performance
Team and Program Implementation

- Identify a Need
- Develop A Peer to Peer Support Committee
- Committee Research and Program Development
- Selection and Interviews of Peer Supporters
- Education of the selected Peer Supporters
- Support Resources (Internal and External)
- Utilize A Tiered Approach To Ensure Program Meets Needs Of Members
Peer Support Team Selection Criteria

- Well Respected by his or her peers
- Trustworthy
- Confidentiality
- Representation Of Department
  - Race, Gender, Sexual Orientation, Labor, Management, Cliques, Life Experiences, Age, Rank, Positions
Budgeting and Considerations

- Team Training
- In-service Training
- No Overtime
- Educational Resources (Firestrong, OSSPS, Safe Call Now, Websites)
- Program support (Illinois Peer To Peer Network, Traumatic Incident Resource, Operation Shattered Stars, Safe Call Now, Greg Lindmark Foundation)
- Community Collaboration (Local Hospitals, EAP, Private Counseling Service Providers)
Peer To Peer Program Services

- CISM - DEBRIEFING
- Peer Support
  - Be observant of risk factors self/co-worker
  - Identify warning signs in self/co-worker
  - Offer support to co-workers
  - Seek confidential assistance for serious critical incidents and depression
- Chaplaincy Programs
- Injured Firefighters
- Substance Abuse
- Training and Education
- Academy Support
- Resources
Professional Resources

- Employee Assistance Program
- Licensed Counselors From Private Sector
- Advanced Behavioral Health Resources
  - Addictions
  - Substance Abuse (Rosecrance)
  - Depression/ Suicidal Ideations
- Regional Resource: Traumatic Incident Resource (CISM)
- Chaplain
- Community Resources
- Government Resources
  - Emergency Management
Potential Program Failures

- Lack of Trust
- Lack Of Professional And Support Resources
- Dedicated Point Of Contact
- Lack Of Training
- Lack Of Direction
- Lack of or Poor Planning
- Unclear Expectations
- Lack Of Peer Engagement
- Lack of Organizational Partnerships
- Peer Supporter Burnout
The Department’s Role – Long Term

Support officers in taking care of one another with training, policies, and support systems.

Take steps to prevent mental health issues from reaching the point at which an officer considers harming him- or herself.

- pre-employment screening
- general wellness programs
- availability of confidential counseling
- health plan that encourages mental health consultation
Fire and Police culture of self-reliance can interfere with an individual’s willingness to seek mental health counseling.

Remove the stigma of seeking help

Enhancing understanding of mental health practices

Incorporating suicide prevention training can have a considerable impact on mental health promotion.

Create an atmosphere in which individuals are encouraged to seek help for their emotional concerns (and to encourage their peers to seek help).

Analogy: seeking professional help for mental illness is much like seeking help for a physical illness.

Expressing concern for a fellow peer’s well-being can be compared to backing him or her up on the street.
Proactive Services

- Programs Focusing On 3 Tenants
  - Resilience
  - Promoting The Family
  - Empowering Leaders To Care For Others
If a family can prove that an agency “knew or should have known” that a Fire Fighter or Police Officer was struggling or at risk, and did nothing, the Agency can be held liable in lawsuit for benefits and punitive awards.