

**STATEMENT OF BENJAMIN B. TUCKER
FIRST DEPUTY COMMISSIONER
NEW YORK CITY POLICE DEPARTMENT**

**BEFORE THE NEW YORK CITY COUNCIL
COMMITTEE ON PUBLIC SAFETY
COMMITTEE ON FIRE AND EMERGENCY MANAGEMENT
COMMITTEE ON MENTAL HEALTH, DISABILITIES AND ADDICTION
COUNCIL CHAMBERS, CITY HALL
SEPTEMBER 17, 2019**

Good morning Speaker Johnson, Chair Richards, Chair Borelli, Chair Ayala, and Members of the Council. I am Benjamin Tucker, the Department's First Deputy Commissioner, and I am joined by Assistant Chief Matthew Pontillo, Commanding Officer of my office, and Assistant Deputy Commissioner for Legal Matters Oleg Chernyavsky. On behalf of Police Commissioner James P. O'Neill, we are pleased to offer testimony about an issue that is very personal to us and to every member of the NYPD, the mental health crisis facing our officers.

While it is routine for the Department to appear before the Council to account for how the 55,000 members of the department help others, I want to thank this body for convening this forum to highlight the crisis we are facing and to acknowledging the urgency of finding ways we can help our officers and offer them resources to help themselves. At the outset, I want to make clear to every active duty and retired police officer, as well as our civilian members of the service, that you need not suffer in silence and you are never alone. Help is always available, whenever and wherever you need it, so please reach out.

Our officers are no less immune from the myriad challenges and stresses many people experience in both their personal and professional lives. However, unlike most professions, police officers, as well as other first responders, are required to involve themselves in what are often unpredictable and intense situations when they respond to emergency calls, perform their patrol duties and investigate the horrific crimes that can occur in this city. Imagine coming into work and routinely responding to and investigating domestic violence, child abuse or exploitation, violent rapes, or murders. These experiences, and the images they imbed in the mind, simply don't go away at the end of a tour. The fear of a victim or the helplessness and innocence of a child can take their toll. And there is no question that the culture of antagonism and disrespect towards our officers that we have recently witnessed in the streets and on social media, are powerful emotional stressors. Unfortunately it is nothing new, but it can have a cumulative effect.

The stress of the job, coupled with the personal stresses of life weigh heavily and continuously on the minds of our officers. As you all well know, we have seen a significant increase in the number of NYPD officers taking their own lives this year. There have been nine such tragedies to date, and seven since June alone. In response, Commissioner O'Neill declared a mental health crisis in June, and empaneled a taskforce that immediately began to implement short-term solutions and to develop longer-term strategies to assist our officers.

Death by suicide, unfortunately, is not new to the law enforcement community. In a typical year, we may see four or five of such tragic incidents in the city, but recent years have shown an upward trend. The risk of suicide for first responders is higher than the general population, and police officer suicides now outnumber line-of-duty fatalities nationwide.

The Department has put in place response protocols to these tragedies, has a number of services available to our officers and is seeking to establish additional services and programs. We recognize the laudable aims of **Intro. 1704**, which seeks to address and fund the services we have begun to, or intend to, put in place. I want to thank Councilmembers Levine and Richards for meeting with us, and all of the bill's sponsors for standing with us in this difficult time.

Our Force Investigation Division investigates each death by suicide, and we conduct a "psychological autopsy" to help us gain further insight into what led to the event and to learn what we can to prevent future suicides. The Department also employs "post-vention" techniques to address any post-suicide "contagion" effects, which might lead to other suicide attempts in the immediate aftermath of an officer taking their own life.

For some time now, the Department has taken affirmative steps to offer assistance to officers in need of help. Our **Employee Assistance Unit (EAU)** offers access to Peer Counselors who are both uniformed and civilian active duty members of the service in a variety of ranks and titles. It also provides access to clinicians and social workers on a referral basis. EAU members are available around the clock and are frequently deployed to assist officers at critical incidents, including officer suicide, by lending counsel to the responding officers. EAU staff then makes follow-up visits to the effected command to assess any lasting traumatic effects on officers. The primary role of Peer Counselors is to "listen and refer". The Peer Counselor will lend a sympathetic ear in a private and confidential environment. Having a peer validate ones concerns by taking the time to listen is an important first step. Often, this is all that is needed, but the circumstances where more must be done, the Peer Counselor can provide the officer with informational materials and referrals to mental health professionals or other supportive outlets. Information on these resources is available in every command, posted on the NYPD intranet, and retrievable through an app on Department-issued smart phones.

The **NYPD Chaplains Unit** provides members of the service of all faiths with access to confidential counseling, spiritual assistance, and moral guidance from faith leaders of various faiths. This tradition dates back over a hundred years and is a steadfast and enduring pillar of the Department's commitment to the well-being of our officers.

Lastly, the **Police Organization Providing Peer Assistance**, or POPPA, is an independent volunteer, police-support-network that provides a confidential, safe, and supportive environment for officers and retirees alike. POPPA's services of intervention, prevention, self-care and resilience are now provided by a volunteer network of approximately 280 active and retired uniformed members, serving as Peer Support Officers. POPPA also maintains a network of 120 clinicians skilled at working with officers referred by the POPPA volunteers. At any given time, about 25 officers in crisis situations are receiving support from POPPA's clinician referral network. Operating 24 hours a day, every day of the year, POPPA assists officers in coping with

personal life stressors and stress related to the law enforcement profession. POPPA has a specific focus on preventing and reducing Post Traumatic Stress Disorder, marital problems, substance abuse and suicide. The POPPA network reduces the gap between essential support services and officers' access to these services.

Yet, much more must be done. The Department is in the process of augmenting these programs and implementing new programs and initiatives. As with many challenges, listening, collecting relevant information and effectively disseminating information is key. The Department has partnered with ThriveNYC to provide evidence-based training for members of the service in all ranks.

At the executive level, we have completed a new **Executive Health and Wellness Training** program, to ensure that every executive understands how critical their leadership will be as we move ahead with our reform efforts. All Captains and above, as well as civilian executives, took part in the three-hour training last month. The training focused on suicide as a health issue, stress, and mental health as it relates to police-culture. It covered what Department leadership can do to support officer wellness, providing executives with updated information on internal and external resources for those in their charge. Leadership must set the tone that it is not only okay, but essential, to seek help. This training is an important first step in raising awareness among our executive leaders.

At the borough level, every patrol borough is sending officers from each precinct to eight-hour **Mental Health First Aid** trainings supported by ThriveNYC with DOHMH. We have completed seven sessions, with almost 200 officers trained so far. This training will continue indefinitely. The officers trained thus far are in addition to the over 8,000 Department members, including school safety agents, 911 call takers, and traffic agents, who have already received this training as part of the ongoing Mental Health First Aid training program begun by ThriveNYC in 2016.

At the command level, we are collaborating with ThriveNYC's NYC Well initiative to provide training sessions for all personnel in the field, at every precinct, PSA and Transit District. This training covers risk factors and warning signs, how to talk to someone who may be in crisis, and where to go for help. We have also mandated that all officers take the online Shield of Resilience training offered by the Substance Abuse and Mental Health Services Administration, a division within the U.S. Department of Health and Human Services. This training provides coping mechanisms for officers confronting stress in their personal and professional lives. Over 24,000 NYPD officers have completed the training to date.

Looking beyond the expansion of training on mental health issues, the Department has important structural changes that are also underway. We are establishing a new **Health and Wellness Section** within the office of the Deputy Commissioner of Employee Relations. The new section will encompass a Peer Support Unit, a Wellness Outreach Unit, and the already existing Employee Assistance Unit.

The **Peer Support Unit** is an expansion and re-imagining of the existing peer counseling model I mentioned previously. With the expansion, Peer Support Officers will be embedded in each command and will eventually number between 400 and 600 volunteers. The volunteers'

responsibilities will be to Ask, Listen, and Encourage. *Ask* the officer about his or her struggles, *listen* to what they have to say, and *encourage* them to have faith in themselves and to seek help if needed. Training of the new Peer Support Officers is currently underway.

The **Wellness Outreach Unit** is modeled on a successful LAPD program. It will provide officers with the highest level of targeted intervention available within the Department. The Unit will deploy Wellness Outreach Teams consisting of a psychologist, a social worker, and a liaison from the Employee Assistance Unit. After the full rollout the unit will consist of approximately 58 teams, or one team per 1,000 members of the service. Teams will regularly visit each command to establish familiarity and build rapport with members of the command, and will proactively reach out to members to offer services.

Lastly, the Department has also begun the process of reviving **Project Cope**, an initiative started in the wake of 9/11. Back then the Department partnered with a private hospital to provide counseling sessions with private clinicians and a 24-hour hotline without charge to officers coping with trauma from the attacks. We are in the process of an expedited procurement to establish such a service again, with a full RFP to follow.

We look forward to working with the Council to continue to find creative solutions to stem the tide of this crisis.

The Department has a solemn duty to do everything in our power to support our officers' well-being and to build a comprehensive support infrastructure that provides them with a catalogue of resources to choose from to meet each individual's unique needs. We have to ensure that every officer knows that the Department will be there for them in their time of need, just as our officers are there for New Yorkers in their times of need. Officers respond every day to the call of duty. Now it is our turn, as a Department and a City, to fulfill our obligations to them. It is literally a matter of life and death.

Thank you for the opportunity to speak to this critical issue and we look forward to answering any questions you may have.



September 17, 2019

Testimony of Dr. David Shmerler, Director of Counseling Services Unit, FDNY
Oversight: Preventing Suicide and Promoting Mental Health for First Responders

Good morning Chair Borelli, Chair Richards, Chair Ayala, and all of the Council Members present. Thank you for the opportunity to speak today on the topic of preventing suicide and promoting mental health for first responders. My name is Dr. David Shmerler and I am the Director of the FDNY Counseling Services Unit. I am joined today by Captain Frank Leto, Deputy Director of the Counseling Services Unit.

At the Fire Department, the mental health of our members is of utmost importance. My background is as a civilian psychologist and Captain Leto is a fire officer with over 36 years of experience with FDNY. We know that, while our members are highly-trained to respond to the most dangerous situations that arise, they are still human. Issues such as anxiety, depression, post-traumatic stress disorder, job-related stress, family or emotional issues, or substance abuse can impact their ability to perform their duties. We have very strong internal support systems among our uniformed ranks, but there are times when our members need assistance from licensed mental health providers, healthcare professionals, and our certified peer support personnel. We know that it is critically important that the Department provide avenues for our members to seek that assistance, and that they are able to do so without feeling stigmatized or feeling the need to hide that they are in need of some support.

The Counseling Service Unit (CSU) was established to provide resources for FDNY members and their families. We are proud of the work that our staff and volunteers perform. Every day, the New York City Fire Department is involved with traumatic incidents. The CSU has been in operation for over 30 years and, in that time, has become the gold standard for providing mental health services for first responders. In addition to serving our own members, we

frequently dispatch staff, when requested, to traumatic events around the country to provide support for our fellow first responder agencies and members of the public. Recent prominent examples of this include the Oakland "Ghost ship" fire that killed 36 civilians, the school shooting in Parkland, Florida, and the mass shooting at a country music concert in Las Vegas. In addition to providing direct services, we work with other fire departments to strengthen their own mental health and behavior health programs, and many have patterned their program after ours.

The CSU has offices in five locations – Manhattan, Queens, Staten Island, Long Island, and Orange County. Our resources are available to all uniform and civilian employees of the Fire Department and their families 24 hours a day, seven days a week, and they are free and completely confidential. Services are provided on site and we also provide referrals to other providers when appropriate. Our professional staff includes 25 full-time and six part-time licensed counselors, including social workers, licensed mental health counselors, a licensed creative art therapist, and, for World Trade Center issues, psychiatrists, nurses, and nurse practitioners. We also have roughly 60-80 uniformed members of our peer support team. We work closely with our unions, as we realize that strengthening those partnerships leads to best practices that benefit our members.

Generally, we perform three types of outreach: We make routine visits to firehouses and EMS stations, we visit work locations when requested by an officer, and we respond proactively to major events. During our visits to firehouses and EMS stations, we speak to members about what services are available from CSU. When we respond to the scene of major events, we provide both immediate and long-term outreach, as sometimes trauma is not initially revealed in the immediate aftermath of an incident. Some examples of incidents to which we send members include a line of duty death or serious injury, a serious vehicular accident, a mass casualty incident, a pediatric event, a terrorist threat, and shootings. We send our teams to visit the incident scene, members at the hospital, the firehouse and EMS stations where members serve, and we conduct follow up visits in the ensuing days and weeks.

In addition to job-related stress, we also provide support to members and their families dealing with non-job related incidents and issues. These include issues such as an illness or a death in the family, marital issues, mental health problems, family member substance abuse, and other personal problems. We have a 24-hour hotline that is staffed by our certified peer support personnel. We also offer a wellness program that includes yoga. We work closely with other programs within the Fire Department such as the Family Assistance Unit to offer services to the family of deceased members and to promote CSU services.

A major focus of the CSU is working to destigmatize the use of support services. We give presentations at the Fire Academy and the EMS Academy to new firefighters and EMT's and to officers when they are training for new roles. We provide information to members when they receive their annual medical evaluations, and we publish information on the Fire Department's internal communication and training platform, Diamond Plate.

The Counseling Service Unit has evolved over time to fit the changing needs of our members. The World Trade Center attack created such a great demand that it generated innovation in the services and the tactics that CSU employs. We found that members helping members was especially effective, so we enhanced the Peer Support program. We learned members were having trouble, especially during off hours, so we created our 24-hour hotline. We found that conducting regular check-ins produced better results than stationing staff inside houses for long periods of time and adjusted our practices accordingly. We are pleased with the progress that we have made, but we are also in a constant state of exploring new ideas about how to improve the services that we provide. Currently, we are undertaking an opioid awareness campaign, visiting roughly half a dozen firehouses a day to discuss the dangers of opioid addiction and provide resources for members and their families who are dealing with what has become a widespread problem. We are also working with the Mayor's ThriveNYC program to develop and participate in Mental Health First Aid, which is an evidence-based program

designed to educate civilians in recognizing mental illness and substance abuse issues. To date, more than 350 members of FDNY staff have been trained in Mental Health First Aid.

The Fire Department's most important asset is our members, and we know the importance of supporting them not only with physical training and equipment, but also with resources that enable them to deal with the trauma that they are exposed to on a regular basis. We have a strong program – we believe that it is the strongest in the country – but we will continue looking for ways to enhance it to better serve our members. Talking about these issues and the importance of seeking assistance – including through public discussions like the one we are having here today – helps to remove the stigma and encourage first responders to seek help when they need it. I thank the Council for the opportunity to engage in this important discussion.

I would be happy to take your questions at this time.

RECOMMENDATIONS FOR REPORTING ON SUICIDE[®]

Developed in collaboration with: American Association of Suicidology, American Foundation for Suicide Prevention, Annenberg Public Policy Center, Associated Press Managing Editors, Canterbury Suicide Project - University of Otago, Christchurch, New Zealand, Columbia University Department of Psychiatry, ConnectSafely.org, Emotion Technology, International Association for Suicide Prevention Task Force on Media and Suicide, Medical University of Vienna, National Alliance on Mental Illness, National Institute of Mental Health, National Press Photographers Association, New York State Psychiatric Institute, Substance Abuse and Mental Health Services Administration, Suicide Awareness Voices of Education, Suicide Prevention Resource Center, The Centers for Disease Control and Prevention (CDC) and UCLA School of Public Health, Community Health Sciences.



IMPORTANT POINTS FOR COVERING SUICIDE

- More than 50 research studies worldwide have found that certain types of news coverage can increase the likelihood of suicide in vulnerable individuals. The magnitude of the increase is related to the amount, duration and prominence of coverage.
- Risk of additional suicides increases when the story explicitly describes the suicide method, uses dramatic/graphic headlines or images, and repeated/extensive coverage sensationalizes or glamorizes a death.
- Covering suicide carefully, even briefly, can change public misperceptions and correct myths, which can encourage those who are vulnerable or at risk to seek help.

Suicide is a public health issue. Media and online coverage of suicide should be informed by using best practices. Some suicide deaths may be newsworthy. However, the way media cover suicide can influence behavior negatively by contributing to contagion or positively by encouraging help-seeking.

• **Suicide Contagion or “Copycat Suicide”** occurs when one or more suicides are reported in a way that contributes to another suicide.

References and additional information can be found at: www.ReportingOnSuicide.org.

INSTEAD OF THIS:



- Big or sensationalistic headlines, or prominent placement (e.g., “Kurt Cobain Used Shotgun to Commit Suicide”).
- Including photos/videos of the location or method of death, grieving family, friends, memorials or funerals.
- Describing recent suicides as an “epidemic,” “skyrocketing,” or other strong terms.
- Describing a suicide as inexplicable or “without warning.”
- “John Doe left a suicide note saying...”.
- Investigating and reporting on suicide similar to reporting on crimes.
- Quoting/interviewing police or first responders about the causes of suicide.
- Referring to suicide as “successful,” “unsuccessful” or a “failed attempt.”

DO THIS:



- Inform the audience without sensationalizing the suicide and minimize prominence (e.g., “Kurt Cobain Dead at 27”).
- Use school/work or family photo; include hotline logo or local crisis phone numbers.
- Carefully investigate the most recent CDC data and use non-sensational words like “rise” or “higher.”
- Most, but not all, people who die by suicide exhibit warning signs. Include the “Warning Signs” and “What to Do” sidebar (from p. 2) in your article if possible.
- “A note from the deceased was found and is being reviewed by the medical examiner.”
- Report on suicide as a public health issue.
- Seek advice from suicide prevention experts.
- Describe as “died by suicide” or “completed” or “killed him/herself.”



AVOID MISINFORMATION AND OFFER HOPE

- Suicide is complex. There are almost always multiple causes, including psychiatric illnesses, that may not have been recognized or treated. However, these illnesses are treatable.
- Refer to research findings that mental disorders and/or substance abuse have been found in 90% of people who have died by suicide.
- Avoid reporting that death by suicide was preceded by a single event, such as a recent job loss, divorce or bad grades. Reporting like this leaves the public with an overly simplistic and misleading understanding of suicide.
- Consider quoting a suicide prevention expert on causes and treatments. Avoid putting expert opinions in a sensationalistic context.
- Use your story to inform readers about the causes of suicide, its warning signs, trends in rates and recent treatment advances.
- Add statement(s) about the many treatment options available, stories of those who overcame a suicidal crisis and resources for help.
- Include up-to-date local/national resources where readers/viewers can find treatment, information and advice that promotes help-seeking.



SUGGESTIONS FOR ONLINE MEDIA, MESSAGE BOARDS, BLOGGERS & CITIZEN JOURNALISTS

- Bloggers, citizen journalists and public commentators can help reduce risk of contagion with posts or links to treatment services, warning signs and suicide hotlines.
- Include stories of hope and recovery, information on how to overcome suicidal thinking and increase coping skills.
- The potential for online reports, photos/videos and stories to go viral makes it vital that online coverage of suicide follow site or industry safety recommendations.
- Social networking sites often become memorials to the deceased and should be monitored for hurtful comments and for statements that others are considering suicide. Message board guidelines, policies and procedures could support removal of inappropriate and/or insensitive posts.

MORE INFORMATION AND RESOURCES AT:

www.ReportingOnSuicide.org or the following local resources:

HELPFUL SIDE-BAR FOR STORIES



WARNING SIGNS OF SUICIDE

- Talking about wanting to die
- Looking for a way to kill oneself
- Talking about feeling hopeless or having no purpose
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious, agitated or recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

The more of these signs a person shows, the greater the risk. Warning signs are associated with suicide but may not be what causes a suicide.



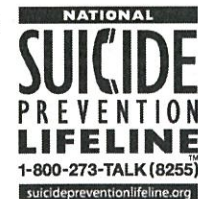
WHAT TO DO

If someone you know exhibits warning signs of suicide:

- Do not leave the person alone
- Remove any firearms, alcohol, drugs or sharp objects that could be used in a suicide attempt
- Call the U.S. National Suicide Prevention Lifeline at 800-273-TALK (8255)
- Take the person to an emergency room or seek help from a medical or mental health professional

THE NATIONAL SUICIDE PREVENTION LIFELINE 800-273-TALK (8255)

A free, 24/7 service that can provide suicidal persons or those around them with support, information and local resources.





The Uniformed EMTs, Paramedics and Inspectors – F.D.N.Y.



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Good afternoon, thank you for giving me the opportunity to speak on this vital issue that many first responders are dealing with.

FDNY EMTs & Paramedics are highly-trained medical personnel whose work is an extension of a physician's performed on the streets of our city. This happens during the heat of summer, in the freezing temperatures of a blizzard, in the highest of crime-ridden areas of the city. In the course of a shift an EMT or Paramedic may find a teen lying in a pool of his own blood after being shot. An EMT or Paramedic may be called to the scene of a baby in cardiac arrest. He or she will be summoned to revive a drug addict who stopped breathing, all this along with dealing with difficult environments and high patient acuity, all while operating a 5 ton ambulance "lights and siren" through the most congested streets in the nation.

Our members are exposed to violence, trauma, child/elder abuse, burned victims and death are seen on a daily basis. The routine exposure to the above is medically proven to cause mental illness. The working conditions for the FDNY EMS professionals are, to say the least, less than ideal. There's never enough funding to field an appropriate number of ambulances to meet the ever increasing call volume. There is never enough staffing to ensure there are enough people to share the workload, making mandatory overtime a daily fact of life. The pay is far too low for the unpredictable situations that routinely define a "normal" day at work.

The stressors of high call volumes, overtime, shift work, abuse of the 9-1-1 system, unstable and dynamic working conditions, maintaining skills proficiency managing protocol changes coupled with a draconian discipline system that treats the most minor infractions as major felonies has resulted in among all emergency service workers, EMTs & paramedics have the highest rate of PTSD. EMTs & Paramedics suffer from PTSD with an estimated

prevalence of 14.6%. This compares to 7.3% among firefighters and 4.7% for police.

PTSD is rarely a stand-alone issue. Other behavioral health disorders, such as addiction and depression, are often associated with PTSD. These have a direct relationship with one another, making them co-occurring issues. For EMTs and paramedics, this can manifest in many different ways, including a combination of a substance abuse and depression. For instance a paramedic who is dealing with depression may use alcohol to self-medicate. This combination can result in destructive behavior, disruptions on the job and translates into a divorce rate of 40%.

The Department offers the EMT or Paramedic help through the Counseling Services Unit. They, while making a valiant effort, are handcuffed by Department policy. The practitioners that staff CSU are unable to grant time away from the job. As of July of this year the FDNY Counseling Service Unit has a Psychologist on staff, however, our members are seen by clinicians, leaving them unable to file claims thus workers compensation will not accept a claim made by one of my members. If a member needs time to decompress he must use his own leave balances. If he needs advanced care he must file a claim with his insurance company. That claim is often denied leaving the member no choice but to return to full duty and re-enter the cycle that led to his PTSD in the first place.

I look forward to working with this committee on improving the mental health of all first responders.

Oren Barzilay
President
FDNY EMS Local 2507

Good Afternoon Councilmembers,

My name is Regina Wilson and I am the immediate past President of the Vulcan Society, a New York City Firefighter in Brooklyn, N.Y. and a member of the FDNY Ceremonial unit. The Vulcan Society is an African American Affinity group which is comprised of Uniformed and Civilian employees of the FDNY. Our organization has been in existence for 79 years and has played a vital role in some of the critical changes made in the department in regards to fair and equitable treatment for women and people of color. Our organization mission is to support, educate and serve our members our community.

I am here today to address the issue of **Preventing Suicide and Promoting Mental Health for First Responders.** A study conducted by the Ruderman foundation and several article written by Forbes, fire engineering and Fire Rescue 1 reported that more firefighters committed suicide in 2017 than died of line of duty. In fact, the study found that 103 Firefighters and 140 police officers died by suicide in 2017 compared to 93 firefighters and 129 officers' line-of-duty deaths. It is reported that very little has been done to address PTSD, anxiety and depression in responders even though they are five times more likely than civilians to suffer from these symptoms. First responders are constantly exposed to death and destruction and it can exerts a toll in the long run. As a member of the Ceremonial unit, we are exposed to a continuous amount of funeral, plaque dedications, street renaming and memorial services. This elite unit is the very backbone of providing strength and conform to our members in the department who are dealing with the most traumatic part of their lives and their families' lives. We cannot overlook the needs to focus on helping people who spend every day and sometimes every waking moment all that they have to others.

Unfortunately, lot of the suicides for first responders go unreported and are not addressed by the media or press as much as the line-of-duty deaths. I believe it creates a large difference in the way first responders who died

are treated. It is also unfortunate that a lot of the departments do not have an adequate suicide-prevention program that helps to really focus on the treatment of people dealing with depression and suicidal thoughts. These programs should also address the issues of proper mental health services and how each community and gender deals with these mental health issues. As an example, in the African American community, it has always been taboo to talk about seeing a psychologist or speaking to a mental health professional at all. You are seen as "Crazy", unmanageable and to your family and friend just "different". It is important to help to break the stigmas and provide a safe space and atmosphere for those who have grown up believing that getting help is for losers. As a remedy for the issue to the uncomfortably and relatability in speaking about mental health issues for women and people of color, I suggest peer-to-peer counselling or assistance with people who look like them. Begin with a diverse mental health counseling unit and continues mental checkups. The department begin to take the stigma out of the toughness we think we should have as firefighter and begin to feel comfortable to speak about how they feel with our peers. Providing more awareness training for Officers in the department, will help Officers to identify the signs of suicide and depression and begin to have the conversations with the members to help them see that its ok to get help. We need more in-depth training now to deal with a situation that has been masked for so many years. We ask today to provide the funding and help we need as first responders to continue to serve the City we love.

Thank you

Regina Wilson

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Testimony
New York City Council Hearing
Committee on Public Safety and Committee on Mental Health, Disability and Addiction
Preventing Suicide and Promoting Mental Health For First Responders
September 17, 2019

Good Afternoon. I would like to thank the New York City Council Committee on Public Safety and Committee on Mental Health, Disability and Addiction for inviting me to speak. My name is Beatriz Coronel and I am the Senior Program Director for Comunilife's Life is Precious™ program – also known as LIP. LIP, which opened 11 years ago and has Centers in Brooklyn, the Bronx, Manhattan and Queens, is New York City's only suicide prevention program for at-risk Latina teens. The CDC Youth Risk Behavior Survey stated that in 2017 20.9% of Latina teens in New York City seriously considered suicide and that 13.1% attempted suicide. Statistics that are higher than their peers. Today, I am here to speak with you about how our experience developing LIP can be a template for developing culturally and linguistically appropriate suicide prevention strategies.

The recent spate of first responders who have completed suicide is a tragedy for which a strategy must be developed to abate. We know that for every person who completes suicide there are many more who seriously consider suicide. We also know that first responders have their own culture and language; that language goes beyond English or Spanish but includes how words and phrases are perceived.

When we developed Life is Precious™ we knew that there was an epidemic effecting our community and we that we wanted to do something about it, but we did not know the best way. For this, we went directly to the Latinx community. We spoke with teens, parents, educators and community leaders. We learned why they thought this was happening, what services they thought should be provided and most importantly how to destigmatize and talk about the issue. We learned how the topic should be approached!

Fast forward eleven years, LIP remains a community informed program. New activities are developed based on input from our teens and their families, new Centers are opened in neighborhoods where our teens reside or go to school and our social media, web presence and awareness campaigns are developed with their help.

Since our Life is Precious™ program opened in 2008 more than 350 Latina teens have taken part. They are all in school or have graduated, many have gone on to college. Most importantly, not one of our teens has completed suicide.



Our takeaway, for you today, is that any strategies developed to help at-risk first responders must incorporate the language and culture of the first responders. This needs to include education/awareness and services they can access.

Thank you

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**2017 CDC Youth High Risk Behavior Survey (Released June 2018)*
 Latina Teens**

	NYS	NYC	Brooklyn	Bronx	Manhattan	Queens	Staten Island
Feeling Sad or Hopeless	43.2%	42.7%	44.5%	47.9%	40.0%	38.5%	48.2%
Seriously Considered Suicide	20.0%	20.9%	18.9%	22.1%	19.10%	22.6%	20.8%
Attempted Suicide	13.6%	13.1%	13.4%	13.0%	10.1%	16.4%	8.7%

*CDC High School YRBS (2017)
<https://nccd.cdc.gov/youthonline/App/Default.aspx>



TESTIMONIALS

When I was prematurely retired, I felt lost and bewildered about my future. For me, leaving the job before I was ready was a trauma that had to be addressed. Speaking with a counselor at Friends of Firefighters and being able to recreate the continuum of the camaraderie I had when I was on the job was enough to convince me that a healing could begin. My suggestion to FDNY members who are resistant to seeking professional help is this: Building walls will rob you of happiness; realign your thinking, break down your barrier, and understand that it takes strength to be vulnerable.

-Patrick O'Grady, Retired FDNY Lieutenant

Words cannot adequately express the debt of gratitude I feel for Friends of Firefighters. My husband retired from the FDNY last spring. Around the same time, our son was first diagnosed with ADHD. The couples counseling we have been receiving continues to give us the communication tools we both need to navigate these challenges and more. Thank you Friends of Firefighters for supporting our family.

-Wife of Retired FDNY Firefighter

I wouldn't be here today if it wasn't for Friends of Firefighters.

-Anonymous Retired Lieutenant

I was in a very dark place and checked myself into a hospital but it wasn't until I found Friends of Firefighters that I felt I found my home.

-Anonymous Retired Firefighter

Firefighters are seen as strong and tough so any firefighter who is thinking about counseling normally does not pursue it as most see shame in not being "tough enough". Realizing this myself, I battled with seeking help. My marriage, children and working two jobs to provide for my family began to take its toll on me around year 11. I said to myself "you can handle this, you just need to press on and be strong." That lasted for 16 months. Then I began to look into private counseling and after meeting with someone a handful of times, I felt no connection, uncomfortable and stopped attending.

In the past I had visited Friends of Firefighters and knew of their services. The fact that Friends of Firefighters only deals with firefighters and their families, I felt that if anyone could understand and help me that it would be here. I called and asked if I could see someone and was very vague on my needs and reasons for seeking help. The wonderful staff at Friends of Firefighters took my call and I was in touch with Stephanie a few days later. Stephanie and I easily set up a meeting for the following week. This was 13 months ago.

In April, my father suddenly passed away and Stephanie was a great help with my grieving process. She helped me deal with this huge loss and also helped me explain to my small children what I was going through. I am extremely grateful that I was in counseling already when my father passed.

I have spoken about numerous topics when in a session and always feel free to speak my mind. My personal work is still being done but I am moving in the right direction. I look forward to my sessions and feel "lighter" when I leave. Walking out of a session and not only feeling hope for dealing with my stresses, I feel happy and optimistic. A majority of my life whether marriage, children, work, family or friends, is easier and more satisfying now. I have learned ways to deepen my marriage and relationships. I am in a better place now than I was 13 months ago. I am extremely grateful for Stephanie and Friends of Firefighters and what they have done for me. They make it so easy to seek help and their programs are vast and detailed for firefighters. Once active with Friends of Firefighters, you become a part of the organization and feel like they are another part of your family. All firefighters should take advantage of the great people and programs Friends of Firefighters have to offer. Without them being so available, I'm not sure if I would be in counseling at all or where I would be today mentally.

-Vincent Buatti, Active FDNY Lieutenant



MISSION

Friends of Firefighters is dedicated to addressing the physical, mental health, and wellness needs of New York City's firefighters and their families. Our ongoing mission is to provide long-term support through confidential counseling, wellness services, and other assistance required by firefighters and their families.

PROGRAMS & SERVICES

Friends of Firefighters provides free, independent, and confidential mental health counseling and wellness services to active and retired FDNY firefighters and their family members.

COUNSELING

Brooklyn | Queens | Staten Island | Manhattan | Long Island

WOMEN'S SUPPORT GROUP

Brooklyn – Contact our office

PEER PROGRAM

MONTHLY ON THE ARM BREAKFASTS | KITCHEN TALKS | 1:1 PEER SUPPORT

Brooklyn

ACUPUNCTURE

Brooklyn - By Appointment

FINANCIAL GUIDANCE

By Appointment

CITY OF BERLIN SCHOLARSHIP

Open to college-age children with parents whose health was permanently impaired as a result of 9/11

DISASTER RELIEF

Call 718-643-0980 or email info@friendsoffirefighters.org for more information and/or to make an appointment.



**New York City Council
Committee on Mental Health, Disabilities and Addiction**

**HEARING RE: OVERSIGHT – PREVENTING SUICIDE AND PROMOTING
MENTAL HEALTH FOR FIRST RESPONDERS**

Int. No. 1704 and Res 1041-2019

September 17, 2019

Testimony prepared by:

Lisa Furst, LMSW, MPH
Assistant Vice President, Center for Policy, Advocacy and Education
Vibrant Emotional Health
(Formerly the Mental Health Association of New York City, Inc.)

Thank you, Councilmember Ayala and the Committee on Mental Health, Disabilities and Addiction, for the opportunity to provide testimony regarding the important issue of mental health services and supports to first responders.

Vibrant Emotional Health (Vibrant), formerly known as the Mental Health Association of New York City, has provided direct services, public education and advocacy services to New York City for over 50 years, and throughout its history, has been engaged in suicide prevention activities for vulnerable populations. Vibrant currently administers the National Suicide Prevention Lifeline, which serves nearly 2 million people every year. Vibrant also partners with the Mayor's Office of ThriveNYC and the New York City Department of Health and Mental Hygiene to operate NYC Well, the City's multilingual mental health, substance abuse and crisis intervention service, which is available to all New Yorkers via phone, text and chat 24 hours a day, 7 days a week.

As research demonstrates, people in certain professions, such as law enforcement officers and other first responders, are at increased risk for suicide and may struggle without accessing the supports necessary to address their mental and emotional needs. First responders experience unique stressors associated with their work, including exposure to traumatic events they might witness in the community, such as death or severe injury of others, as well as the stress associated with risks to their own personal safety within the context of their work. They may work frequent shifts, often with long hours, and may work overnight or during other off-hours, which may decrease their opportunities for adequate sleep and decompression time after their work hours¹. An illustration of the effects of these dynamics was reported in a 2016 study which found that 75% of police officers surveyed reported having experienced at least one work-related traumatic event, but fewer than half of those affected reported the effects of this experience in their work places².

Behavioral health disorders such as depression, post-traumatic stress disorder (PTSD), and substance misuse have been demonstrated to be higher among first responders than the

¹ Substance Abuse and Mental Health Services Administration (2018). First responders: behavioral health concerns, emergency response and trauma. Disaster Technical Assistance Center Supplemental Research Bulletin. Accessed September 16, 2019 at <https://www.samhsa.gov/sites/default/files/dtac/supplementalresearchbulletin-firstresponders-may2018.pdf>

² Fleischmann, M. H., Strode, P., Broussard, B., & Compton, M. T. (2016). Law enforcement officers' perceptions of and responses to traumatic events: A survey of officers completing Crisis Intervention Team training. *Policing and Society*

general population, and to increase among police officers following exposure to traumatic events, including natural disasters, such as Hurricane Katrina, or terrorist attacks, such as those that occurred on 9/11. In addition, suicidal ideation and suicide attempts have been demonstrated to be higher than the general population in an array of studies of police officers; for example, a literature review published in 2016 found that 25% of female officers experienced suicidal ideation or made an attempt, while the corresponding rate for male officers was just over 23%.³

Research has also identified a number of risk factors associated with behavioral health conditions and suicidal ideation or attempts, including, but not limited to: 1) high levels of job related stress or burnout while on the job; 2) significant mental or physical distress prior to active duty; 3) exposure to work related traumatic events, including those directly experienced by responders, such as physical injury; 4) exposure to long work hours while exposed to traumatic events without adequate time off to decompress; and 5) personal challenges, such as relationship difficulties or financial hardship¹. Research has additionally demonstrated an increased risk of having a suicide plan, as well as increased rates of suicide attempts, if one is a first responder; these risk factors, coupled with job-related access to firearms, are of significant concern and point to the critical need to provide evidence-based interventions to reduce the rate of suicide attempts among this population⁴.

Some of the non-clinical interventions that have been demonstrated to be effective to reduce suicidal ideation among first responders include: 1) psychological first aid training, which is a training that is intended to help people who have experienced disasters or other traumatic emergency events⁵; 2) peer support programs⁶; and 3) ensuring adequate support in

³ Stanley, I. H., Hom, M. A., & Joiner, T. E. (2016). A systematic review of suicidal thoughts and behaviors among police officers, firefighters, EMTs, and paramedics. *Clinical Psychology Review, 44*, 25–44.

¹ Substance Abuse and Mental Health Services Administration (2018). First responders: behavioral health concerns, emergency response and trauma. Disaster Technical Assistance Center Supplemental Research Bulletin. Accessed September 16, 2019 at <https://www.samhsa.gov/sites/default/files/dtac/supplementalresearchbulletin-firstresponders-may2018.pdf>

⁴ Caulkins, C. G. & Wolman, D. (2018). Emergency responder suicidality: An analysis by field and emergency medical services credential. Manuscript submitted for publication.

⁵ Everly, G. S., Jr., Lee McCabe, O., Semon, N. L., Thompson, C. B., & Links, J. M. (2014). The development of a model of Psychological First Aid for non-mental health trained public health personnel: The Johns Hopkins RAPID-PFA. *Journal of Public Health Management and Practice, 20*, Supplement 5, S24–29.

⁶ Marks, M. R., Bowers, C., DePesa, N. S., Trachik, B., Deavers, F. E., & James, N. T. (2017). REACT: A paraprofessional training program for first responders—A pilot study. *Bulletin of the Menninger Clinic, 81*(2), 150–166.

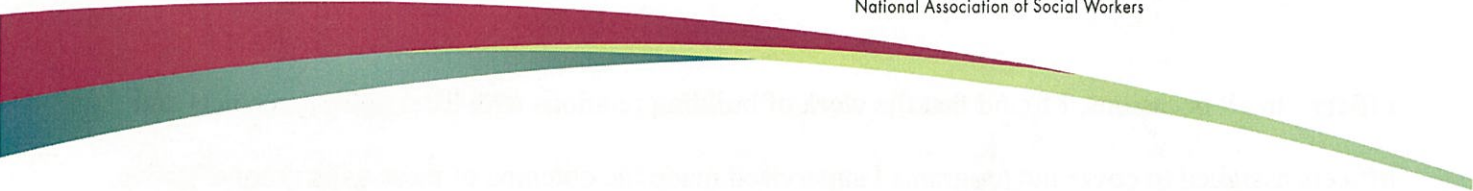
stressful work environments and protection from overwork, while encouraging and supporting help seeking behavior.

There are effective clinical treatments for depression, anxiety disorders, substance misuse, and post-traumatic stress disorder, all of which contribute to increase suicide risk among first responders. But in order to connect first responders to treatment, it is critically important to identify those who may be struggling with clinically significant symptoms and suicidal ideation. For this reason, the value of screening first responders on a routine basis for psychological distress, including suicidal ideation, cannot be understated. Public education must also be provided to ensure that police officers can recognize the signs that their partners in law enforcement may be experiencing emotional distress, have peer-level conversations to provide appropriate support and promote help seeking, and can access treatment services and other supports that can reduce the risk of suicide. All first responders should be made aware of NYC Well and the 24/7 availability of its counselors to provide support, safety planning and connection to treatment services, including to mobile crisis response and emergency intervention services when indicated.

In the wake of the recent increase of suicides among New York City police officers, Vibrant has partnered with Thrive NYC and the NYPD to provide suicide prevention trainings to police personnel during roll call, and as of the date of this hearing, has provided 72 trainings, with the intention of providing training to every police precinct in the city before the end of November. The trainings provide information about how to recognize the risk factors for suicide, how to identify warning signs that someone may be thinking about or planning suicide, how to engage with someone safely to help support them and help them connect with resources, and information about resources, including those that are available internally within the NYPD and those that are available externally, including NYC Well, which can serve as a confidential source of support and crisis intervention to first responders and all other NYPD personnel.

As we are still reviewing the details of the proposed legislation that would require NYPD to provide mental health services and information to officers, we cannot comment specifically on it; however, Vibrant does generally support the provision of additional mental health resources for the New York Police Department. Additionally, Vibrant supports the proposed resolution to declare the third week in May of each year to be recognized as First Responder Mental Health Awareness Week.

Vibrant looks forward to continued partnership with the Mayor's Office of ThriveNYC and with the NYPD and to reduce the impact of suicide among New York City's first responder communities. We are also grateful to the New York City Council for its leadership in supporting the mental and emotional well-being of first responders and all New Yorkers.



Testimony to Joint Committees of Mental Health, Disabilities and Addictions, Committee on Fire and Emergency Management, and Committee on Public Safety on Int. 1704-2019: Requiring the department to provide mental health information, training and support services
Tuesday, September 17, 2019
City Council Chambers

Benjamin R. Sher, MA, LMSW
President, National Association of Social Workers, New York City Chapter (NASW-NYC)
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New York, NY 10001-60008
212-668-0050
contactus.naswyc@socialworkers.org

Honored Colleagues:

Thank you for allowing the National Association of Social Workers, New York City Chapter to present testimony on T2019-4976 (Oversight-Preventing Suicide and Promoting Mental Health for First Responders) and Int. 1704-2019 (Requiring the department to provide mental health information, training and support services to officers). My name is Ben Sher, and I am the President of the NASW-NYC Board of Directors and a licensed master social worker. The Executive Director of NASW-NYC, Dr. Claire Green-Forde, sends her regrets as she as well could not be here today. Prior to my current position, I spent 21 years working at one of the largest providers of mental health services in metropolitan New York City. Ten of these years were spent in direct oversight of programs serving New Yorkers with serious mental illness. I have been a trainer and consultant on mental health symptoms, mental health risk factors and resources for people for 25 years. I want to begin my testimony by offering my deepest condolences to the families and colleagues of police officers who recently lost people to suicide.

Most of my interaction with first responders has been when I was involved in Emotionally Disturbed Persons (EDP) calls for the clients I served. These interactions were often not easy for all of the parties involved, and demonstrated the inherent stress involved in being a metropolitan police

to ridicule, prejudice, discrimination, and labeling. In fact, in 2016, *The Badge of Life*, a Police Suicide Prevention Program, revealed that nearly 108 law enforcement officers across the country took their own lives. According to the *Firefighter Behavioral Health Alliance*, an estimated 113 firefighters and paramedics took their own lives in 2015.

The statistics are real. The untimely deaths of firefighters, police officers, corrections officers, probation officers, EMTs and the countless other First Responders is preventable. As the largest professional body of social workers, we beg you to consider the barriers and organizational culture within our First Responder organizations that may reinforce these stereotypes and strengthen a system of silence.

1 in 5 people in America will experience a mental health condition in their lifetime. First Responders are not immune from this statistic. Therefore, I applaud the City Council for taking steps to prevent suicide and address the mental health concerns of First Responders. At the same time, I caution the Council to be sensitive to the cultural needs and experiences of First Responders as they develop this legislation. Social workers, through their Code of Ethics, are required to provide culturally sensitive services to populations that have different experiences. Working with First Responders would be part of building that cultural awareness.

We implore you to use every resource at your disposal to support our First Responders. We ask that training on destigmatizing treatment and help is done for everyone in every rank. We ask that this is ongoing and not a one time to check off of a box as “training done”. We ask that comprehensive services and options are provided and accessible to First Responders both in and outside of their agencies. We ask that these services and supports are also extended to their families, because they sacrifice for us too.

Thus, the important aspect of relationship building and understanding culture will be key in developing legislation for T2019-4976 and Int. 1704-2019. Social workers, the nation’s largest providers of mental health services, are uniquely poised to support this work. Social workers are trained

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Name: Insp. Nicole Pammichael

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I represent: NYPD

Address: _____

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I represent: POPPA

Address: 32 Broadway NY NY

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Name: Regina Wilson

Address: 739 Eastern Parkway

I represent: Vulcan Society FDNY

Address: 739 Eastern Parkway

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Name: Amy Anderson

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I represent: Mocada

Address: 80 Hanson Place Brooklyn NY

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Name: Captain Frank Leto, CSU Deputy Director

Address: 9 Metrotech Ctr

I represent: FDNY

Address: 9 Metrotech Ctr

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Name: Dr. David Shmerler, Director FDNY CSU

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I represent: FDNY

Address: 9 Metrotech Ctr

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Name: ORFV BARZILAY

Address: 150-39 14th Ave Whitestone NY 11357

I represent: LOCAL 2507 FONYERS

Address: _____

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Name: Klevon Harper

Address: Staten Island

I represent: Friends of Firefighters

Address: 89 Van Brunt Brooklyn NY 11231

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Name: Eric Knudson

Address: 8701 Shore Road Apt 128 Brooklyn 11209

I represent: Friends of Firefighters

Address: 199 Van Brunt Brooklyn 11231

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Name: Nancy Carbone

Address: 199 Van Brunt St Brooklyn NY

I represent: Friends of Firefighters

Address: same

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in favor in opposition

Date: 9/17/19

(PLEASE PRINT)

Name: Anitha Tyer

Address: 50 Broadway 19th Fl NYC 10004

I represent: Vibrant Emotional Health

Address: same as above

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in favor in opposition

Date: _____

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Name: Dr. Myla Harasson

Address: Assistant Commissioner

I represent: DOHMH

Address: _____

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I intend to appear and speak on Int. No. 1704-2019 Res. No. T 2019-4976

in favor in opposition

Date: 1/17/19

(PLEASE PRINT)

Name: Benjamin Sher

Address: 305 7th Avenue, #13-A

I represent: National Association of Social Workers
NYC Chapter

Address: As above

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in favor in opposition

Date: _____

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Name: Beatriz Coronel

Address: _____

I represent: Communitife, Coalition for

Address: Behavioral Health

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Date: _____

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Name: Asst. Deputy Commissioner Oleg Chernyavsky

Address: NYPD

I represent: _____

Address: _____

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Name: Asst. Chief Matthew Pantillo

Address: NY PD

I represent: _____

Address: _____

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Name: FIRST Deputy Commissioner Benjamin Tucker

Address: NY PD

I represent: _____

Address: _____

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