

Public Safety Mental Health Initiatives



Civil Service and Labor Relations Workshop

February 1-3, 2023
Sugar Land, Texas

The Irving PD Story



The Journey from Then to Now

- *How it Started*
- *Taking the First Steps towards Transformation*
- *Giant Steps*
- *What it Looks Like Today*



- Police officers have one of the poorest cardiovascular disease health profiles of any occupation.
- According to the American Heart Association, the average age of a police officer who suffers a heart attack is 49 years old, compared to 67 years old for the general public.
- Police officer life expectancy is almost 22 years less than the general population.
- From national health statistics
- 33% of police officers have diabetes.
- 25% of police officers have high blood pressure.
- 40% of police officers are clinically obese.
- From a national survey:
- 47% of police officers screened positive for PTSD (9/10 X greater than gen pop)
- 29% of police officers screened positive for moderate to severe anxiety (twice the rate of gen pop)
- 37% of police officers screened positive for moderate to severe depression (5 X greater than gen pop)

The statistics cited above should make it clear that the law enforcement profession is confronting a public health crisis of escalating proportions.

It must be addressed with the same degree of research and care that is employed in developing therapeutic interventions for public health crises in other populations in our country.

Arguably, it should be even higher on our public policy agenda, since the health of law enforcement officers has a direct impact on the communities they serve.

The Status Quo is No Longer Acceptable

Several factors affect the mental health of our officers. On average, officers witness 188 critical incidents (trauma) during their careers.

Exposure to trauma can lead to several mental health conditions, including depression and posttraumatic stress disorder (PTSD).

However, the problems of chronic stress and trauma go beyond mental health implications. Research shows that untreated stress can lead to a host of long-term effects that impact an officer's performance, including increased use-of-force incidents.

Bystanding officers frequently report feeling unprepared to intervene in or discuss observations of a colleague's mental duress or distress for fear of insulting an officer if they are wrong.

Suicide Rates Amongst Texas Law Enforcement Officers

From 2019 to 2021 Texas was in the top three states for highest rates of law enforcement deaths by suicide in the country.

In Texas, 1 in every 3,700 officers will die by suicide.



But first: Texas

Texas is a geographically large state with a demographically varying population, vast landscapes, and an array of department types and sizes.

Anything we do statewide requires innovation and creativity of scale.

2,842 law enforcement agencies

78,368 sworn personnel

Across 268,597 square miles

Home to 2 of the country's 10 largest police departments. The only state to host more than one.

However, 95% of our law enforcement agencies have 100 or fewer sworn personnel.

Senate Bill 64 of the 87th Regular Texas Legislative Session

- *Signed by Governor Abbott on June 14, 2021; SB 64 was groundbreaking.*
 - Established first state-wide state supported (non-grant funded) LEO peer network.
 - Provided for confidentiality, anonymity, and licensure protection.
 - Addressed rural needs, training and clinical service connections.
 - Allowed contracted operations for assurance the state's licensure agency was not overseeing peer services for officers.

The Network Is Not

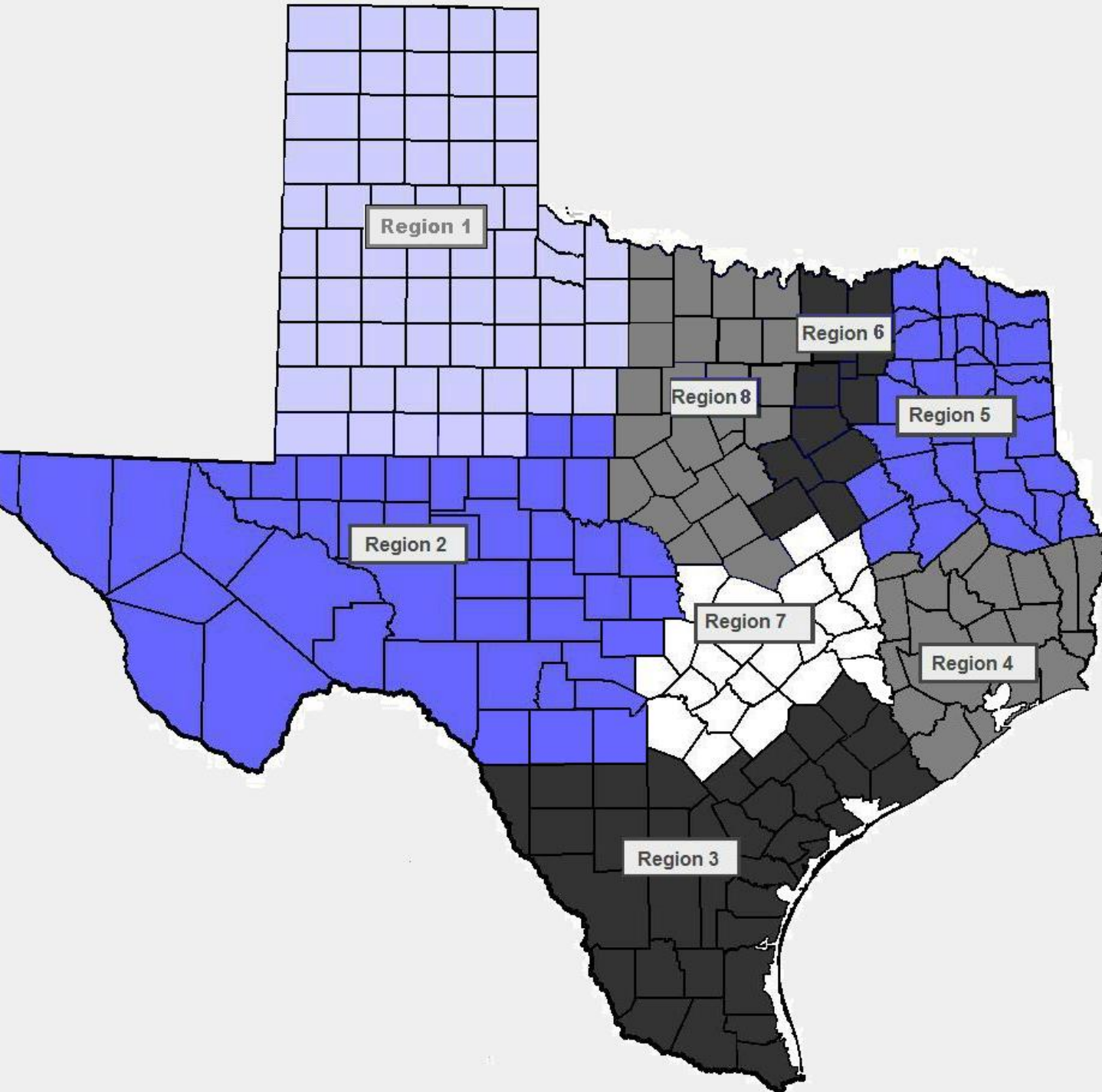
- ❖ Mandatory
- ❖ Grant funded
- ❖ Department based
- ❖ Privately operated
- ❖ Regional
- ❖ Non-Profit Group
- ❖ Replacement for clinical care

The Network is not a replacement for or “competition to” any other existing non-profit, regional, community, or department-based network or program or effort.

The Network Is

- ❖ Voluntary
- ❖ State funded through legislative appropriations
- ❖ Free of departmental reporting
- ❖ Codified in Statute (Occupations Code 1701) *with licensure protections*
- ❖ Operational and open statewide
- ❖ A State of Texas organization
- ❖ Free self initiated clinical screenings, access to culturally competent and clinically capable listing directory, and often a first step for clinician and service introductions

The Network is a collaborator, supporter, champion of, and partner to all beginning and existing non-profit, regional, community, or department-based networks and programs.



Overcoming Barriers Working the Problem

- We received half the funding identified as necessary and could fund 3 regional hubs rather than 7.
- The Network Established
- State Director – HQ Dallas (6, 5)
- West Texas Region – Odessa PD (1, 2)
- Central/Eastern Region – Belton PD (8, 7)
- Valley/Southern Region – Pharr PD (3, 4)

Solutions

Statewide *rapid* (within 4 hours) peer access for any officer through software application.

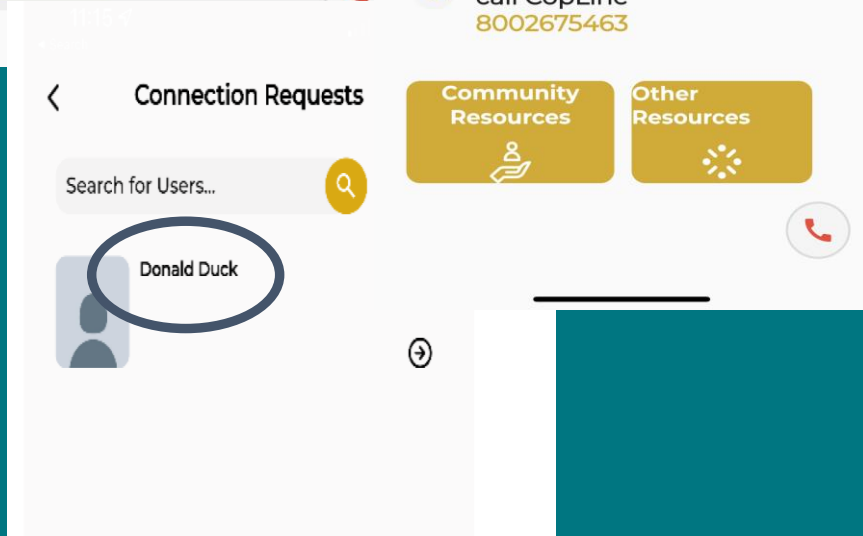
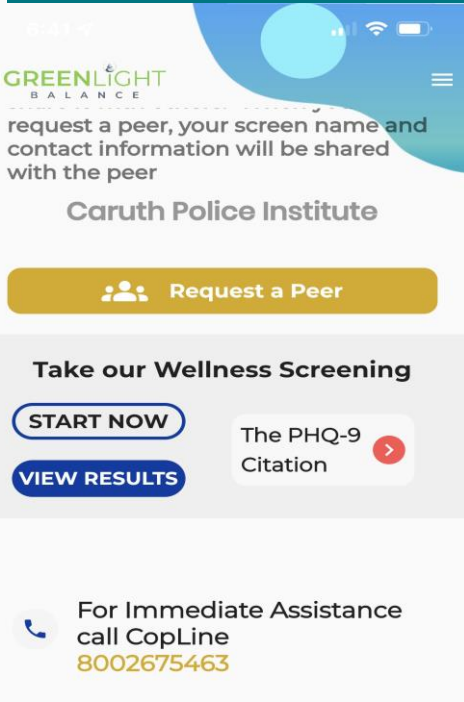
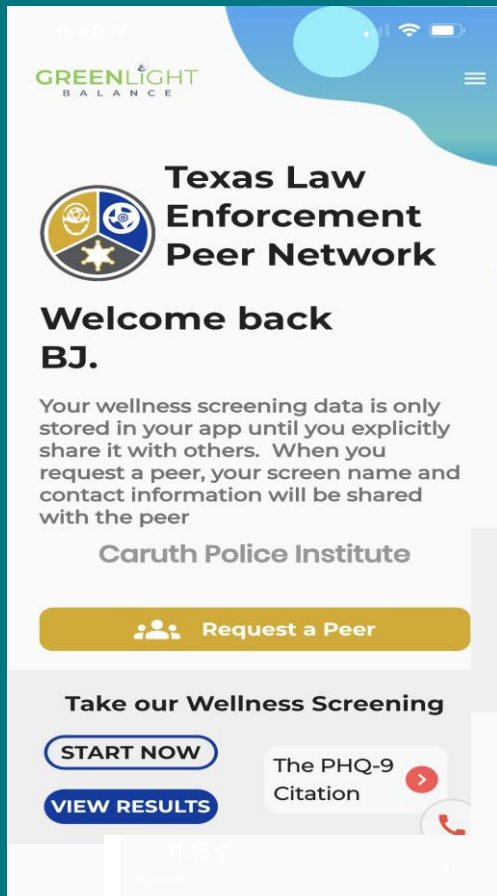
Officers can choose peers at a distance from their location for anonymity.

Access within 24 hours by email.

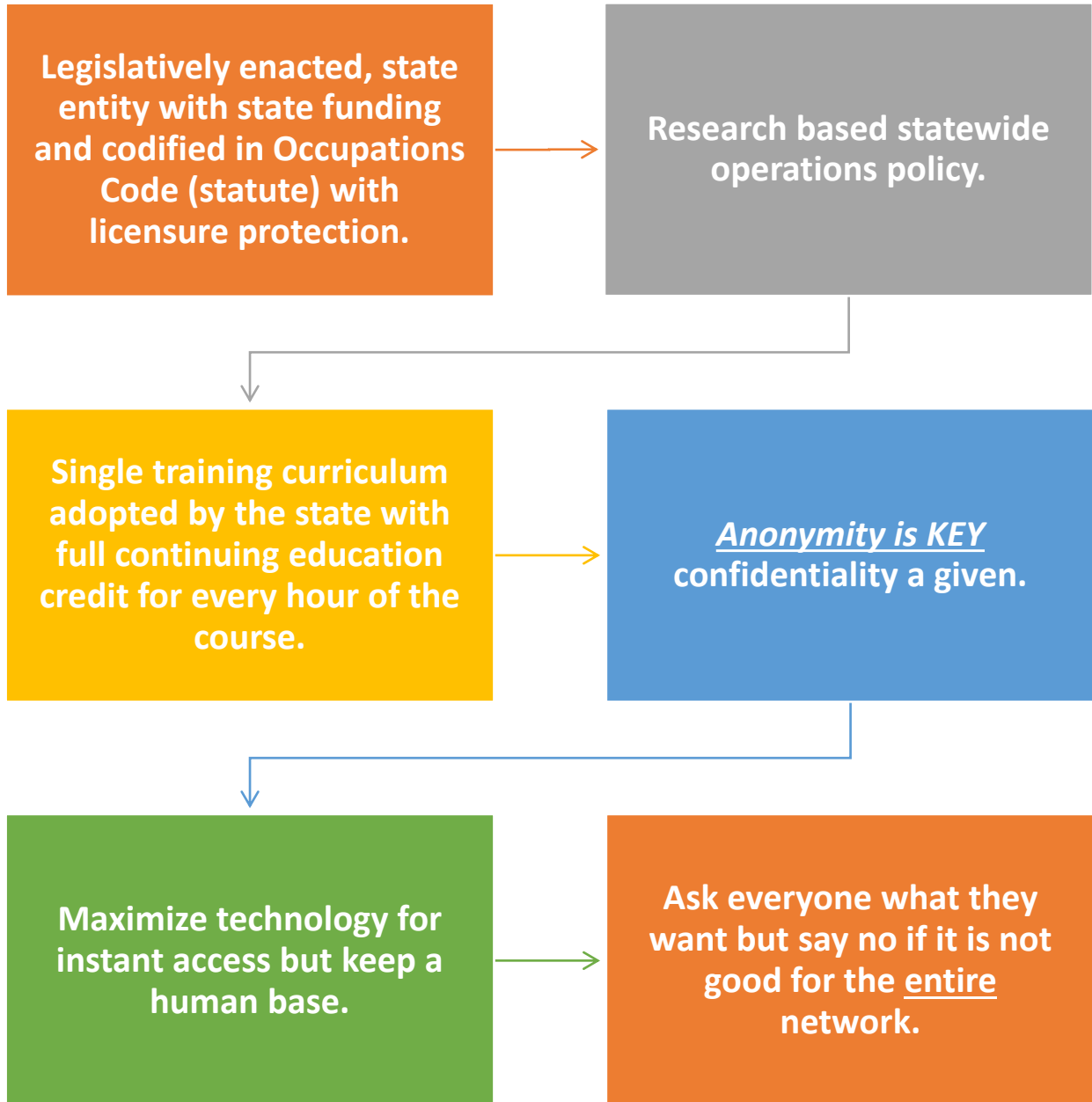
Hotline partnership with CopLine for 24-hour 7 day a week crisis line.


Clinical partnership with Endeavors Services and lists of statewide culturally competent and capable clinical providers available to peers as referrals and debriefing partners.

Our in-person Regional Directors conduct peer volunteer recruitment, training, network awareness, and marketing across the state



Quick Keys To Success



An aerial view of a city skyline, likely Denver, Colorado, featuring several prominent skyscrapers and a mix of urban buildings. In the foreground, a large, white, three-bladed wind turbine is partially visible, with its hub and one blade extending across the top and right sides of the frame. The sky is bright blue with scattered white clouds.

ABLE and the TLEPN Observe, Decide, Act

- Most traditional peer programs teach peers to enhance awareness and offer support when someone needs it.
- We have adopted the active bystandership principles within the TLEPN program and peer to peer training.
- Teaching the skills to overcoming inhibitors to actively intervening when a colleague believes a fellow officer needs support.
 - Go Get Them
 - No One Waits
 - Do Not Make Someone Hurting Have to Ask

Why ABLE

- **ABLE: Saving Careers, Saving Lives**
- Active Bystandership in Law Enforcement is a groundbreaking Peer Intervention *program* designed in part based on the research of Dr. Ervin Staub.
- The *program* is heavily based in the science of active bystandership and peer intervention with built-in procedural incentives for every member of a Department.
- **Reduce Mistakes**
- **Reduce Misconduct**
- **Increase Good Health and Mental Wellness**

Bystander Inhibitors Include:

Fear Of

- Standing alone
- Being wrong
- Making things worse
- Crossing boundaries
- Retaliation

Lack Of

- Internal impetus to act
- Knowledge or skill
- Confidence in effectiveness
- Empathy for others
- Courage

Passive versus Active Bystander

- Most people are passive bystanders, assuming no responsibility for the actions of others often due to Bystander Inhibitors.
- However, active bystanders speak up and take-action, stop harmful behavior when they see it.

As Leaders, how can you help?

01

Support with your example

02

Encourage the use of mental health recourses.

03

Lead from the front

04

Invest the time in your organization to have officers download the app and save the contact information

05

Look for opportunities the normalize using the network or other mental health support

QUESTIONS

