Building an Accessible and Sustainable Behavioral Health Program



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What is Your Department's History?

- How many of you have experienced a suicide within your department?
- How did your department and personnel respond to this event?
- What type(s) of programs does your department have?





Taj Wright June 23, 1980 – September 6, 2017





- Following the death of Taj, there was a significant outpouring of love and compassion from within the department and the city.
- Soon after his funeral, members of the DFR Executive Team (Fire Chief and five Assistant Chiefs) met to discuss the suicide.
- At that time, this was the third firefighter suicide in the department in just the past five years (2012-2017).
- What do you think we discovered?





First Responders and Suicide

"Police Officers and firefighters are more likely to die by suicide than in the line of duty" (Nissim, Bill, Douglas, Johnson, and Folino, 2022, p.2).

"Paramedics have the highest rate of PTSD among first responders" (Drewitz-Chesney, 2012).

More firefighters died by suicide than in the line of duty in 2017 (Hayes, 2018).

Burnout Syndrome is also commonly experienced by first responders and is defined as a combination of "overwhelming exhaustion, feelings of cynicism and detachment to the job, and a sense of ineffectiveness and lack of accomplishment" (Cigognani, 2009, p.450).



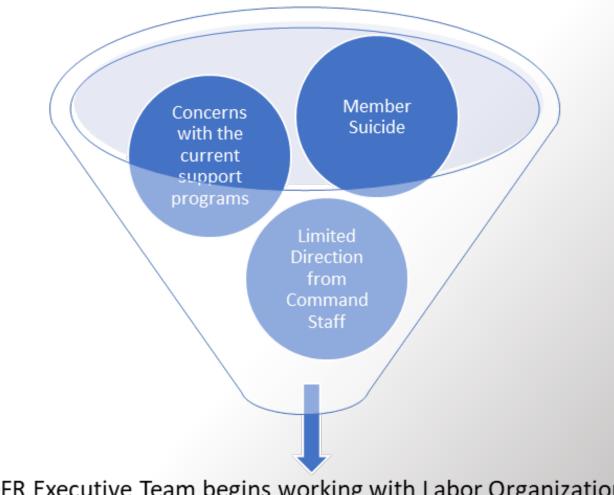


DFR Began Holding Biweekly Meetings

- The Executive Team
- Representatives of the three firefighters' associations (IAFF Local 58, the Black Firefighters Association, and the Dallas Hispanic Firefighters Association)
- Department Chaplains
- Department Medical Director
- Peer Support and Critical Incident Stress Team Representatives
- Budget Director
- Friends of the Dallas Fire-Rescue Department







DFR Executive Team begins working with Labor Organizations, Chaplains, Medical Director, Peer Counselors, and others





Our Focus – to identify "gaps" in the policies and practices regarding behavioral health in the department

- Discipline
- Administrative duty
- Relief from duty
- Tracking of personnel
- Employee Assistance Plan (EAP)
- Holistic Approach





DFR Member committed suicide - August 2017

Following the funeral, DFR Executive Team meets to discuss past actions to similar events - no past actions had occurred Working group begins program evaluation over a period of six months (mindfulness, resliency, etc.)

"Gap Analysis" working group identifies multiple failure points and gaps that need to be addressed



Decision made to move forward with implementing program to address various mental health issues being experienced by members

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DFR Begins regular meetings in August 2017 with Executive Team, reps from three firefighter associations, chaplains, etc. Working group makes determination to create website and 24-hour phone access for members linking them to trained personnel

Meetings take place with DFR Commad Staff and information is provided to DFR Chiefs & Company Officers (1st Point of Contact)

Resiliency Training is created and provided to all new-hire members of DFR at training academy (March 2018)





Working Group begins evaluating vairous devices to evaluate member wellbeing (March 2018)

Working group receives feedback - through evaluations - on how new programs are being received by personnel Feedback received by the DFR Chaplains and Peer counselors is positive more people self-reporting issues



Program implementation (initial concept to full implementation) takes approximately ten months



Decision made to adjust new-hre resiliency training based on feedback received. Working group changes meeting schedule from onece every two-weeks to once per month (March 2018) DFR Chaplains advise that there is an increase in company officers coming forward asking for help for members

Primary point of contact for working group transitions to Deputy Chief of Safety

Working group continues to receive feedback and is now meeting monthly



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EXTENSION SERVICE



FIRST RESPONDER WELLNESS PYRAMID

Chaptains	
Counselors (psychological)	
Behavioral Health Personnel	
(non-psychological)	
Peers / Mentor	
Wellness Coordinator	
Resiliency trainer	
Intervention	
Treatment	
Monitoring	

Resources

Chaplaine

Challenges / Opportunity
Academic Involvement
Research Opportunities
Funding
Member Agency Involvement
Member Scalability
Urban
Suburban
Rural
Resiliency Olympics
Physical Resiliency Resources
Physical Therapy
Athletic Trainer/Strength Coach
Performance Nutritionist

DRAFT

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Crisis Response Rapid Response to a member at risk of harm or violence Incident Response Peer & Professional Response to potential triggering event **Recurrent Training**

Leadership Involvement and **Emphasis on the Program**

Wellness Program

Daily Development of the Body & Mind & Spirit

Initial Training

Detailed unveiling of program to cadets/new employees

Suicide Risk to Self **Risk to Others** Substance Abuse

Deployment of peer support teams to assist members with managing difficult incidents/events.

Maintaining a proactive program making members and providers a part of the team instead of outsiders after an event occurs.

Building Elite Responders – Investing in our team's comprehensive program of diet, rest & exercise designed to improve human performance & empower members to be aware of their stress and deal with it appropriately - as a Team.

Dedicated time during initial training to discuss resiliency. "Engagement" to secure involvement of First Responders. Describe the comprehensive PERFORMANCE PROGRAM. Developing body and mind, like Pro Athletes or SOF Teams.

Pre-Employment

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Strong firefighters ask for help.

Depression, Anxiety, Finances, Family/Marriage, Difficult Calls, Alcohol and Substance Abuse, PTSD, Grief, etc.

The Hotline is answered by DFR firefighters who have been trained to help. It is also supported 24/7 and employees can remain anonymous. The QR Code links to Firestrong.org, where members can search for local support resources and assistance on their own smart devices.







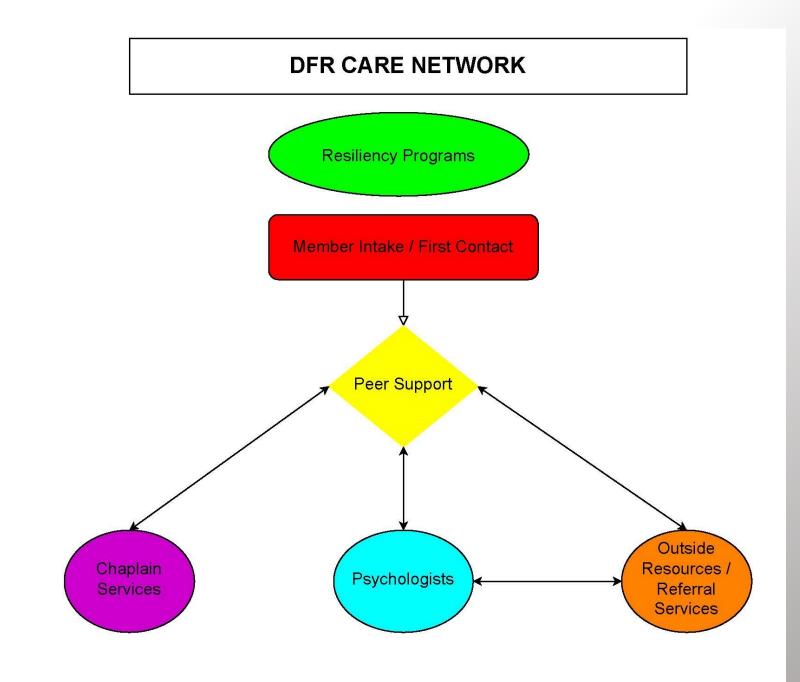
















Never One and Done

- These programs require regular attention and modification
- Your community may not have the same resources Dallas or the Metroplex have
- Engagement of different stakeholder groups is essential to success





Recent Behavior Health Program Enhancements

- Added first of 3 full-time staff Clinical Psychologists in 2022
 - Clinical oversight of Network
 - Pre-employment evaluation and screening
 - Regular Mental Health Check-ins for all Members
 - Counseling / Therapy Services at dedicated office site away from city and departmental facilities, named "The Fire Escape"
- Office of Chaplain Services
- Outside resources / referral services



Stress and Violence in fire-based EMS Responders (SAVER)



get the data

Center for Firefighter Injury Research & Safety Trends Drexel University Dornsife School of Public Health











Recommendations from Robert Douglas, founder of the National Police Suicide Foundation (Nissim, Bill, Douglas, Johnson, and Folino, 2022, pp. 16-17).

Adopt mental health policies that recognize suicide as a significant health problem.

Acknowledge the connection between on-the-job stress and suicide; identify and keep accurate statistical data on suicide deaths.

Adopt a comprehensive crisis response model as a practical framework for understanding and addressing the entire rang of suicide-related issues.

Include basic intervention skills for handling mental health/suicide situations in training programs for recruits.





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(Nissim, Bill, Douglas, Johnson, and Folino, 2022, pp. 16-17).

Develop peer support/critical incident stress management (CISM) protocols that include debriefing opportunities.

➢ Provide bereavement support services to family members and peers.

Develop a spouse/partner/significant other awareness program that should

- Include a step-down CISM awareness element
- Implement suicide awareness training.



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