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**THE COUNCIL OF THE CITY OF NEW YORK**

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**COMMITTEE ON FIRE AND EMEGERGENCY MANAGEMENT**

Hon. Joseph C. Borelli, Chair

#### **September 17, 2019**

**Oversight: Preventing Suicide and Promoting Mental Health for First Responders**

**Int. No. 1704**: By Council Members Levine, Richards, Cumbo and Adams

**Title**: A Local Law to amend the administrative code of the city of New York, in relation to requiring the department to provide mental health information, training, and support services to officers.

**Administrative Code**: Adds section 14-181.

**Reso. No. 1041**: By Council Members Borelli and Kallos

**Title**: Resolution declaring the third week in May of each year to be recognized as First Responder Mental Health Awareness Week.

1. **INTRODUCTION**

On September 17, 2019, the Committee on Public Safety, chaired by Council Member Donovan Richards Jr., the Committee on Mental Health, Disabilities & Addiction, chaired by Council Member Diana Ayala, and the Committee on Fire and Emergency Management, chaired by Council Member Joseph C. Borelli, will hold a joint hearing on the mental health and wellness of first responders in New York City. The Committees will hear Introduction Number 1704 (Int. No. 1704), a local law to amend the administrative code of the city of New York, in relation to requiring the New York City Police Department (NYPD) to provide mental health information, training, and support services to officers, sponsored by Council Member Levine and pending in the Public Safety Committee. The Committee will also hear Resolution Number 1041 (Reso. No. 1041), declaring the third week in May of each year to be recognized as First Responder Mental Health Awareness Week, sponsored by Council Member Borelli and pending in the Fire and Emergency Management Committee. Those invited to testify include members and representatives of the NYPD, the New York City Fire Department (FDNY), the FDNY Bureau of Emergency Medical Services (EMS), representatives from the Department of Health and Mental Hygiene (DOHMH), the Mayor’s Office of Criminal Justice (MOCJ), mental health clinicians, advocates, and members of the public.

1. **BACKGROUND**

In this year alone, ten NYPD officers have reportedly died by suicide. Eight have occurred since June.[[1]](#footnote-1) The string of suicides began when a respected deputy chief and an experienced detective died within twenty-four hours of each other.[[2]](#footnote-2) Days later, a twenty-nine-year-old officer with six years on the job died by suicide behind the NYPD’s Staten Island police precinct where he worked.[[3]](#footnote-3) And on June 26, a fifty-year-old officer passed away from a self-inflicted gunshot wound during a family gathering at his home.[[4]](#footnote-4) According to Police Commissioner James O’Neill, the NYPD has averaged between four and five suicides a year over the past five years.[[5]](#footnote-5) That number has doubled already in 2019, and the number of police deaths by suicide this year alone is the highest in at least a decade.[[6]](#footnote-6) The estimated number of law enforcement officers who died by suicide outnumbered those who died in-the-line of duty for the third straight year in 2018.[[7]](#footnote-7) The National Alliance on Mental Illness (NAMI)[[8]](#footnote-8) reports that the suicide rate for police officers is nearly four times the national average.[[9]](#footnote-9)

For other first responders, such as firefighters and paramedics, the statistics are similarly troubling. The most recent available data shows that more firefighters took their own lives than died on the job between 2014 and 2017.[[10]](#footnote-10) This past August, a FDNY captain was found dead of an apparent suicide in his Staten Island home.[[11]](#footnote-11) And many worry that such figures will increase based on the growing frequency of mass casualty events and strain on emergency personnel.[[12]](#footnote-12)

For police officers, firefighters, EMS personnel, and other first responders (known collectively as “first responders”), mental wellness is critical to remaining active and effective on the job.[[13]](#footnote-13) Every day, first responders face potential danger, uncertainty, and stress, which can take a serious toll on their mental health.[[14]](#footnote-14) However, in a nationwide survey of more than two thousand first responders, eighty-five percent reported having mental health symptoms, with one-third reporting having a clinical diagnoses of depression or post-traumatic stress disorder (PTSD).[[15]](#footnote-15) Seven out of ten of those surveyed also claimed mental health services are rarely or never used, with almost half reporting concerns over potential repercussions for seeking help at work.[[16]](#footnote-16)

1. **First Responders**

The term “first responders” typically includes police, law enforcement personnel, firefighters, search-and-rescue personnel, and emergency and paramedical teams.[[17]](#footnote-17) First responders in New York City include:

* NYPD - the Department is the largest and one of the oldest municipal police departments in the country, with 36,000 officers and 19,000 civilian employees.[[18]](#footnote-18) It is divided into major bureaus for enforcement, investigations, and administration. There are seventy-seven patrol precincts with patrol officers and detectives covering the entire city, and transit districts and police service areas policing the subway system and patrolling public housing developments.[[19]](#footnote-19)
* FDNY - the Department is the largest Fire Department in the United States.[[20]](#footnote-20) FDNY handled a record 1.8 million calls last year, which included deadly fires and life-threatening medical issues.[[21]](#footnote-21) The overwhelming majority of 911 calls to the FDNY in 2018 fell under EMS units.
* EMS – in 1996, the New York City Health and Hospitals Corporation’s EMS Division merged with the FDNY, creating the largest Department-based EMS system in the country.[[22]](#footnote-22) EMS includes Emergency Medical Technicians (EMTs), paramedics, physicians, EMS officers and Emergency Medical Dispatchers (EMDs).[[23]](#footnote-23)
1. **Common Mental Health Issues Among First Responders**

First responders often face challenging and dangerous situations.[[24]](#footnote-24) Their duties place first responders at an increased risk of trauma,[[25]](#footnote-25)as they frequently see the worst of the human experience.[[26]](#footnote-26) While intensive training may prepare them for the physical demands of protecting their community, their work can also take a serious toll on their mental health.[[27]](#footnote-27) As one officer noted: “[y]ou’re dealing with traumatic stuff and the worst days of people’s lives over and over and over again. I think that a lot of us just learn how to compartmentalize things, put things away.”[[28]](#footnote-28) The devastating effects of fire, community emergencies, threats of personal attack, constant stress, and the inability to save everyone can take its toll.[[29]](#footnote-29) Other factors, such as long shifts, working with others who are also struggling with mental health disorders, difficulties at home, and other personal issues may contribute to higher rates of mental health disorders among first responders.[[30]](#footnote-30) Academic research indicates that multiple forms of mental illness are more common among first responders than civilians.[[31]](#footnote-31) Notably, it is not just major traumatic events, such as mass shootings, that can traumatize first responders; everyday “minor” events that can cause trauma.[[32]](#footnote-32)

**1. Post-Traumatic Stress Disorder (PTSD)**

PTSD is a condition resulting from exposure to “death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence.”[[33]](#footnote-33) An individual suffering from PTSD may persistently re-experience the event through flashbacks and nightmares.[[34]](#footnote-34) And the person’s general well-being is typically impacted through symptoms such as difficulties sleeping, trouble concentrating, irritability, feelings of isolation, and self-blame.[[35]](#footnote-35) There are different manifestations of PTSD, and not all individuals exhibit the same symptoms.[[36]](#footnote-36)

The rate of PTSD is higher for firefighters than for civilians, regardless of geographic region (urban vs. rural), ethnicity, and paid versus volunteer status.[[37]](#footnote-37) Similarly, between 7and 19 percent of police officers experience PTSD symptoms, compared to 3.5 percent of the general population.[[38]](#footnote-38) 34 percent of EMS personnel report being formally diagnosed with PTSD, roughly 10 times the rate of the general population.[[39]](#footnote-39) First responders’ proximity to death, the severity of the trauma they encounter, and perceived threats to their lives are all associated with the development of PTSD.[[40]](#footnote-40) Additionally, the effects of being an emergency medical dispatcher (EMD) are also becoming clearer: in 2013, it was named the thirteenth most stressful job in America,[[41]](#footnote-41) with the risk of PTSD somewhere between 18 and 24 percent.[[42]](#footnote-42) EMDs can experience emotional distress and vicarious trauma at the same rates as police officers.[[43]](#footnote-43)

**2. Depression**

Depression can be diagnosed as mild, moderate, or severe. [[44]](#footnote-44) It can also be a symptom of another mental health disorder, such as PTSD, and can be worsened or driven by substance abuse and addiction.[[45]](#footnote-45) Studies of law enforcement officers show the prevalence of depression is higher within the profession than in the civilian population.[[46]](#footnote-46) The rate of depression for firefighters was 11 percent, compared to 6.7 percent for the general population.[[47]](#footnote-47) For police officers, the depression rate was as high as 31 percent.[[48]](#footnote-48) Research indicates that work stress and trauma exposure may place first responders at heightened risk for developing depressive symptoms.[[49]](#footnote-49) Depression is sometimes referred to as the “silent killer” in law enforcement because it often builds up slowly and unnoticed, due to constant work-related fatigue and other stressors.[[50]](#footnote-50) Common signs of depression include, but are not limited to: withdrawing from other officers; reckless drinking of alcohol; feeling sad and hopeless for more than a few days; and trouble functioning in one’s personal life.[[51]](#footnote-51) Organizational factors such as long shifts, time pressure, and inadequate resources may also contribute to the development of depressive symptoms.[[52]](#footnote-52)

**3. Substance Abuse**

Addiction to drugs or alcohol is defined by the compulsive use of a drug of choice, despite the negative consequences that may result.[[53]](#footnote-53) It is considered a chronic disease that causes physical and discernible changes in the brain, and thus in the person’s mental and physical health and personality.[[54]](#footnote-54) A diagnosis of addiction means the person is unable to stop using or drinking on their own and requires professional detox and addiction treatment.[[55]](#footnote-55)

A survey of 7,000 firefighters in California and New York found that twenty-seven percent have struggled with substance abuse.[[56]](#footnote-56) Further, heavy consumption or binge-drinking alcohol within the past month was reported in about 50 percent of male firefighters, and driving while intoxicated was reported in nine percent.[[57]](#footnote-57) Binge drinking was reported in almost forty percent of female firefighters, compared to 12 to 15 percent of females in the general population.[[58]](#footnote-58) Additionally, police officers are nearly three times as likely to suffer from addiction as others.[[59]](#footnote-59) On average, one out of four police officers on the street have an alcohol or drug issue, and substance use disorders among officers are estimated to range between 20 and 30 percent, compared to under 10 percent in the general population.[[60]](#footnote-60)

**4. Consequences of Mental Health Disorders**

Dying by suicide is among the most devastating consequences of mental health disorders, and numerous studies document the extent to which mental illness (including alcohol abuse, depression, and PTSD) is a risk factor for suicide among first responders.[[61]](#footnote-61) A prevalent feature of first responder suicides is an underlying mental health issue often related to traumatic stress.[[62]](#footnote-62) In 2017, both firefighters and police officers nationwide were more likely to die by suicide than in the line of duty.[[63]](#footnote-63)

In a survey of more than one thousand firefighters across the country, almost 50 percent reported thinking about or imagining suicide at least one time during their career.[[64]](#footnote-64) Two 2017 studies found that elevated levels of PTSD and/or depression in firefighters was associated with a higher likelihood of thinking about suicide and/or having a history of suicide attempts.[[65]](#footnote-65) Further, existing research suggests that EMS personnel may be more likely than the general population to think about and attempt suicide.[[66]](#footnote-66) The lifetime prevalence of suicidal ideation in police officers was 25 percent in female officers and 23 percent in male officers, with suicide attempt rates ranging from 0.7 to 55 percent.[[67]](#footnote-67) Officers with burnout[[68]](#footnote-68) showed significantly greater suicide risk, with a 117 percent greater likelihood of suicidal thoughts.[[69]](#footnote-69)

Mental health can have a negative impact on physical health. All humans exert stress hormones such as cortisol, and moderate levels of these hormones are normal and healthy.[[70]](#footnote-70) But when levels of stress become toxic and hormone levels increase, this exerts a physiological toll on the body, and heightened levels of cortisol may disrupt functioning of the immune and metabolic systems.[[71]](#footnote-71) Elevated stress levels may lead to both mental and physical changes, including emotional exhaustion, irritability, sleep disturbances, fatigue, problems with interpersonal relationships, concerns for individual safety, and intrusive images.[[72]](#footnote-72) Further research has shown that occupational stress of police work is directly related to higher rates of heart disease, divorce, and acute stress disorder.[[73]](#footnote-73)

1. **UNDERSTANDING THE CRISIS**

It is not uncommon to experience some distress in response to traumatic events, even when such events are faced routinely.[[74]](#footnote-74) Many people experience a mild degree of insomnia, fear, worry, or sadness that lasts for a short period of time, and is generally mild enough to not interfere greatly with general function. For others, symptoms may last longer and be more serious. Research shows that people who have experienced prior trauma are more likely to develop mental health issues than those who have not.[[75]](#footnote-75) Thus, first responders who experience trauma repeatedly as part of their work are at an increased risk for such disorders.[[76]](#footnote-76) Such persons may find it difficult to seek help, or feel reluctant to do so, for a variety of reasons.

1. **Stigma on the Job and in the Community**

Although most first responders believe mental health and wellness is important, the stigma associated with mental health counseling may be preventing first responders from acquiring the help they need.[[77]](#footnote-77) A recent survey looking at first responders’ perceptions about mental health had nearly all participants agreeing that mental health is as important as physical health and more than eight in ten believing that those who receive counseling generally get better.[[78]](#footnote-78) But 47 percent also indicated that they believe there would be repercussions on the job for seeking professional counseling; among those, the repercussions cited most often included receiving different treatment from coworkers or supervisors and being viewed as weak by colleagues and peers.[[79]](#footnote-79)

First responder culture is not always readily acceptable to open discussions on stress and traumatic experiences from the line of duty on a therapeutic level.[[80]](#footnote-80) There is a persistent belief that if an officer discusses any mental health problems, their job is likely to be “modified,” for example by confiscating the officer’s gun.[[81]](#footnote-81) Ultimately, the perception is that honesty around mental illness could be “career destroying.”[[82]](#footnote-82) For example, within the NYPD, although some programs address issues surrounding officer mental health,[[83]](#footnote-83) the challenges in achieving open and effective discourse is punctuated by a desire to wear a “cast iron shield”[[84]](#footnote-84) and by concerns among officers that any admission of mental health issues can affect their careers or employment with the force. [[85]](#footnote-85) While first responders, such as police officers, often work a high-stress job with constant, chronic exposure to trauma, many have been slow to expand access to mental health resources and to avoid policies that feel punitive, such as automatically seizing an officer’s gun and badge, or moving them to desk duty if they ask for help.[[86]](#footnote-86)

In addition to concerns about how those at work may respond to an admission of mental health symptoms, many first responders fear the response from the community at large.[[87]](#footnote-87) They may be reluctant to admit to their family that they are struggling and worried that they may be treated differently as a result. Overall, the stigma against mental health issues for first responders is a tremendous obstacle to treatment. By not wanting to call attention to their struggles and preferring to focus on the job, many do not want to acknowledge that they may need treatment or that their symptoms may be complicating their ability to function physically or mentally.[[88]](#footnote-88) Often, this leads to feelings of isolation. Ron Clark, Chairman of Badge of Life, an organization that seeks to educate and train law enforcement on mental health and suicide prevention,[[89]](#footnote-89) has stated that countless officers who have struggled with mental health issues have told him that they feel like an orphan in their own department.[[90]](#footnote-90) This culture of stigma remains a significant barrier to engaging strategies and allocating resources to support mental health for all first responders.[[91]](#footnote-91)

1. **MENTAL HEALTH SERVICES FOR FIRST RESPONDERS**
2. **Current Mental Health Resources**

Current resources available for first responders in New York City are as follows:

NYPD

* *Employee Assistance Unit (EAU)* – The EAU is an internal resource for members of the NYPD and available 24 hours a day, seven days a week. [[92]](#footnote-92) Anyone who is on- or off- duty can contact an EAU Peer Counselor to discuss any type of personal issue. The peer counseling staff consists of both uniformed and civilian active duty members with various ranks/titles. Calls to the EAU may be made anonymously. The main duty of a peer counselor is to “listen and refer” and provide recommendations for self-care. For more serious conditions, such as clinical depression and anxiety disorder, EAU peer counselors are trained to recognize when referrals to licensed psychologists or psychiatrists are warranted.[[93]](#footnote-93)
* *Chaplain’s Unit* – the NYPD website lists the Chaplain’s Unit as an internal resource, which provides “spiritual help and guidance regardless of our member’s faith or beliefs.”[[94]](#footnote-94)
* *Police Organization Providing Peer Assistance* *(POPPA)* – POPPA is a non-profit organization dedicated to providing stress management and counseling for police officers. [[95]](#footnote-95) Although it is independent from the NYPD, it is listed as an internal resource on the Department’s website due to its strong support.[[96]](#footnote-96) POPPA was founded in 1996 following the death of twenty-six officers by suicide between 1994 and 1995.[[97]](#footnote-97) It has about 280 active and retired uniformed members working as Peer Support Officers, who provide confidential, safe, and supportive environments for mental health provision. POPPA retains a network of 120 clinicians skilled at working with law enforcement personnel for referrals. At any given time, about twenty-five officers in crisis situations are receiving support from the clinician referral network. In 2002, the organization implemented teams of two PSO’s and a clinician to attend training at precincts and unit commands to discuss POPPA services and available programs. This model developed into the Resiliency Support Program, which educates officers about stress, trauma, and self-care. POPPA’s Trauma Response Team (TRT) responds to traumatic situations within four hours of being notified to assist officers and are on call twenty-four hours a day.

The NYPD has also recently sent out a survey comprised of twenty-two questions, asking officers how familiar they are with the Department’s counseling services, and how comfortable they are using those services.[[98]](#footnote-98) The survey states that the Department is developing comprehensive “Health and Wellness” initiatives to meet staff needs. The survey is voluntary, anonymous, and confidential, and seeks to break down respondents by gender, demographics, experience, education level, and prior military service. Additionally, officers have been recognized for acknowledging and confronting mental health concerns within their units or departments, and for taking steps to address these concerns.[[99]](#footnote-99)

FDNY

* *FDNY Counseling Service Unit*

The FDNY’s Counseling Service Unit (CSU) provides active, retired, and civilian FDNY employees with free and confidential mental health services.[[100]](#footnote-100) With offices in Manhattan, Queens, Staten Island, Suffolk, and Orange Counties and a 24-hour phone hotline, the CSU offers support designed for the unique needs of FDNY members and their families.  To address the often multifaceted mental health needs of service members, the CSU offers therapy for individuals experiencing depression, trauma, workplace stress, substance use disorders, and grief or bereavement. [[101]](#footnote-101)  These services include individual, couples and family therapy; addiction treatment programs; peer outreach counselors who visit firehouses and EMS stations; and Eye Movement Desensitization and Reprocessing (EMDR) therapy for individuals experiencing PTSD and trauma.[[102]](#footnote-102) Initially established in 1966 to provide support for firefighters with alcoholism, the CSU expanded significantly following the September 11th attacks, and as of 2011 the CSU employed nearly 30 professional counselors and 40 peer counselors.[[103]](#footnote-103)

* *Independent Service Providers*

Friends of Firefighters is one of several organizations that emerged following 9/11 to provide mental health support for the FDNY community. It operates in a revitalized firehouse in Red Hook, Brooklyn, and provides mental health and support service tailored to the needs of FDNY members.  Offering counseling, peer support, acupuncture, yoga, and other services, Friends of Firefighters serve as a valuable resource to members of the FDNY who prefer targeted services outside of those provided by the Department.[[104]](#footnote-104)

In addition, a peer program funded by the FDNY Foundation allows current and retired FDNY members to meet members of the FDNY at their places of work, acting as “a bridge to the clinical services.”

1. **Other** **Jurisdictions’ Approaches** **to Addressing First Responder Mental Health**

 An upsurge in prevention and education efforts across support organizations for active first responders and retired veterans has helped increase awareness of how common mental health issues may be among first responders.[[105]](#footnote-105) Various online resources from organizations and nonprofits provide recommendations for officers, law enforcement leaders, and the public on how they can help to proactively address these issues, from simply letting officers know that help is available, to assigning mental health managers to help implement mental wellness programs.[[106]](#footnote-106) Tools such as Mental Health First Aid’s Fire/EMS module, can help foster understanding of the common mental health challenges experienced by first responders and help develop skills to identify and respond to someone who may be in a crisis.[[107]](#footnote-107) The program also teaches post-crisis strategies for first responders to better assess and access support for themselves, their colleagues, and community members.[[108]](#footnote-108)

 First responders and police departments have been experimenting with different intervention models. In Los Angeles, for example, there have been no reported suicides of officers since July 2017.[[109]](#footnote-109) Over three hundred Los Angeles Police Department (LAPD) police officers have been trained in peer support, which is how most officers first access clinical psychologist services.[[110]](#footnote-110) The LAPD has sixteen full-time clinical psychologists who are embedded in its force, each assigned a station that they visit most weeks, participating in ride-along sesions and offering free counseling with no limits on sessions.[[111]](#footnote-111) The LAPD staff psychologists who conduct debriefing sessions with officers after traumatic incidents or hold private counseling sessions - unlike those at most police departments, including the NYPD - are not the same personnel who oversee fitness-for-duty examinations under the health department, so that officers are more likely to be candid with the psychologist because they understand it that it won’t impact the results of their fitness-for-duty examinations.

 Additionally, Yoga for First Responders, a non-profit organization, provides yoga training that is job-specific and culturally informed for firefighters, police officers, and other first responders.[[112]](#footnote-112) It is designed to teach first responders better ways to handle the demands of their job. The organization currently works with 35 police and fire departments across the United States, and the training is also now officially part of the Chicago Police Academy syllabus, meaning every recruit takes yoga sessions before joining the force.[[113]](#footnote-113) In the same vein, organizations such as Responder Canine trains service dogs to work specifically with first responders who suffer from PTSD, and use them as preemptive measures for mitigating or eliminating stress. Trained animals visit first responder facilities directly to provide comfort and judgment-free support and have been fairly effective, according to various anecdotal evidence.[[114]](#footnote-114)

1. **ISSUES AND CONCERNS**

In response to the recent increase in NYPD suicides, Chief Terence Monahan, the Department’s highest-ranking uniformed officer, expressed a desire to increase the number of clinicians and peer volunteers available to counsel police officers and crisis, and to make it easier for officers to connect with therapists who accept their health insurance.[[115]](#footnote-115) These statements reflect a growing urgency within the city to adequately support its first responders and encourage them to seek help when dealing with the everyday trauma that they are exposed to.

Today’s hearing aims to understand the mental health challenges facing first responders, and will explore the resources currently available for increasing mental wellness among them. The Committees will look to address the overall sufficiency of the support services offered to first responders and the effectiveness of those services, as well as: (i) access to counseling/treatment during work hours, especially the issue of EMS requiring to take personal leave to get psychological evaluations; (ii) whether the police and fire academies includes training on coping with stress/trauma and other mental health related issues; (iii) rates in which counseling services being offered are actually utilized; and (iv) whether there are specific protocols administered by the FDNY regarding mental health evaluations following civilian deaths or serious injuries that are similar to NYPD receiving evaluations after shooting incidents.

1. **ANALYSIS OF INT. NO. 1704**

Section 1 of the bill would require the NYPD to contract with or employ a sufficient number of clinicians to provide mental health support services to all uniformed members of service. It would also require the Department to make annual confidential wellness sessions available to each uniformed member of service in order to: provide information to the officer on mental health conditions, risk factors, and symptoms; discuss available resources provide by the department and by third party organizations including peer-based organizations; and discuss personal symptoms and conditions, except that the bill would not require officers to do so. The bill would also require the commissioner to post information about mental health on its website and at each command. Finally, the bill would require officers to receive interactive training on first responder mental health.

Section 2 of the bill would have it take effect 120 days after it becomes law.

1. **ANALYSIS OF RES. NO. 1041**

 May was established as Mental Health Month in 1949 and has since been observed annually throughout the United States. It serves as a time to bring attention to the needs of those living with mental illness and promote the overall mental health of all Americans. Recently, the City has unfortunately seen a sharp rise in first responder suicides, specifically involving members of the NYPD. In an effort to bring greater awareness to first responders suffering from mental health issues, Res. No. 1041 would declare the third week in May of each year be recognized as First Responder Mental Health Awareness Week. The third week of Mental Health Month would be dedicated to first responders in an effort to fight stigma, provide support, educate the public and advocate for policies that support first responders with a diagnosed mental illness.

Int. No. 1704

By Council Members Levine, Richards, Cumbo and Adams

A Local Law to amend the administrative code of the city of New York, in relation to requiring the department to provide mental health information, training, and support services to officers

Be it enacted by the Council as follows:

Section 1. Chapter 1 of title 14 of the administrative code of the city of New York is amended by adding a new section 14-181 to read as follows:

§ 14-181 a. Definitions. For the purposes of this section, the following terms have the following meanings:

Available resources. The term “available resources” means resources available to department employees to treat and address mental health conditions, including, but not limited to, treatment options covered under employee health insurance plans, treatment options provided by community-based or not-for-profit organizations specializing in peer-led mental health provision and treatment options provided through peer-led initiatives.

                     Interactive training. The term “interactive training” means participatory teaching whereby the trainee is engaged in a trainer-trainee interaction, use of audio-visuals, computer or online training program or other participatory forms of training as determined by the commissioner. Such "interactive training" is not required to be live or facilitated by an in-person instructor.

Mental health condition. The term “mental health condition” means a common mental health condition, including, but not limited to, depression, anxiety, post-traumatic stress disorder, and suicide.

Mental health risk factor. The term “mental health risk factor” means a factor that increases the risks of developing or worsening a mental health condition.

Mental health symptom. The term “mental health symptom” means a sign or symptom associated with a mental health condition.

b. First responder support services. The department shall contract with or employ a sufficient number of clinicians to provide mental health support services to all uniformed members of service.

c. First responder wellness sessions. The department shall make available to each uniformed member of service an annual confidential wellness session with a clinician, in order to:

1.  Provide information to the officer on mental health conditions, mental health risk factors and mental health symptoms.

2.  Discuss available resources provided by the department, including confidentiality guidelines related to such services.

3. Discuss available resources provided outside the department by third party organizations, including services that are offered at no cost or reduced cost for uniformed members of service, treatment provided by peer-based organizations and treatment covered by health insurance.

4. Discuss personal symptoms and conditions pursuant to established confidentiality guidelines, except that officers shall not be required to discuss personal symptoms or conditions at wellness information sessions.

d. Mental health information and training. 1. The commissioner shall post conspicuously on the department’s website and at each command information about mental health, including but not limited to mental health conditions, mental health risk factors, mental health symptoms, and available resources for treating mental health conditions.

2. All officers shall receive annual interactive training on first responder mental health. Such training shall include information about mental health conditions, mental health risk factors, mental health symptoms, available resources, and registration for first responder wellness sessions.

§ 2. This local law takes effect 120 days after it becomes law, except that the police commissioner may promulgate any rules and regulations necessary to implement this local law on or before its effective date.

SIL/ D.A.

LS #2085

LS #7028

LS #8346

9/3/19

Res. No. 1041

..Title

Resolution declaring the third week in May of each year to be recognized as First Responder Mental Health Awareness Week

..Body

By Council Members Borelli and Kallos

 Whereas, According to the United States Department of Homeland Security, an estimated 4.6 million career and volunteer firefighters, police, emergency medical technicians, and paramedic workers serve communities all across the nation; and

 Whereas, There are currently more than 11,000 New York City Fire Department (“FDNY”) uniformed personnel and more than 36,500 uniformed New York City Police Officers (“NYPD”) personnel serving the City of New York; and

Whereas, Firefighters, emergency medical service providers, law enforcement and rescue personnel routinely face situations that can impact their behavioral health, which may result in Post-Traumatic Stress Disorder, stress, anxiety, addiction, suicidal thoughts, depression, and/or burnout; and

Whereas, Recently, New York City has unfortunately seen a sharp rise in first responder suicides, specifically involving members of the NYPD; and

Whereas, According to Blue H.E.L.P., a nonprofit organization that tracks law enforcement suicide, as of August 1, 2019, reported law enforcement suicides were up 24% this year over last during the same period; and

Whereas, The National Alliance on Mental Illness reports that police officers are far more likely to die from suicide than from line-of-duty homicide, and that nearly one in four police officers has suicidal thoughts at some point during their lives; and

Whereas, Emergency medical service personnel can be exposed to a variety of work related stressors that may range from critical incidents associated with the provision of patient care to chronic work-related problems such as being assaulted by emotionally disturbed patients; and

Whereas, The New York City Department of Health and Mental Hygiene recommends that community organizations work to reduce suicide risk by encouraging individuals to seek help, dispelling misconceptions about mental illnesses, and reducing social isolation among those struggling with depression; and

 Whereas, Mental Health Month was established in 1949 and has since been observed annually throughout the United States; and

 Whereas, Mental Health Month helps bring attention to the needs of those living with mental illness and promotes the overall mental health of all Americans; and

Whereas, New York City should create better awareness and more programs for first responders, such as those individuals in the NYPD and FDNY who suffer from mental health related issues; and

Whereas, The third week of Mental Health Month should be dedicated to first responders in an effort to fight stigma, provide support, educate the public and advocate for policies that support first responders with a diagnosed mental illness as well as provide support to their families; and

Whereas, The third week of Mental Health Month should be called *First Responder Mental Health Awareness Week* in honor and recognition of those in law enforcement, emergency medical services and firefighting who are battling mental illness; now, therefore, be it

 Resolved, That the Council of the City of New York declares the third week in May of each year to be recognized as First Responder Mental Health Awareness Week.

WJH

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