



Mental Health Critical Incident Response Teams

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Brandon P.: Hi. I'm Brandon Post with the National Suicide Awareness for Law Enforcement Officers or SAFLEO Program and host for this SAFLEO Sessions Podcast. I recently retired from the Provo, Utah, Police Department after over 20 years as an officer, and I'm excited to be with you today. Today, I'm joined by our guest, Captain Jo-Nathan Nell, from the South Carolina Department of Public Safety. Jo, thank you very much for joining us today.

Jo N.: Thank you, Brandon.

Brandon P.: Jo, do you mind just taking a minute or two—tell our listeners just a little bit about your background and your current assignment please?

Jo N.: Yes, sir. I started in public safety first as a fireman in Charleston, South Carolina, then I joined the South Carolina Highway Patrol in 1985. I spent 35 years on the Highway Patrol. I went up the ranks from a trooper to a captain. I was

a captain for 11 years. During that time, I was also on the peer team that we called it in South Carolina, I worked with SCLEAP, South Carolina Law Enforcement Assistance Program, and I retired two years ago, and the patrol brought me back, and I am now their peer support wellness coordinator for the South Carolina Department of Public Safety and also a liaison between the patrol and also SCLEAP.

Brandon P.: That's awesome. For today's podcast, considering your current assignment and expertise, I would really like to focus on the peer support team. I know we probably have a wide spectrum of listeners who have been using a peer support team for years and others who may just be at the very beginning or are even just considering starting a team. With your experience, I'm confident we can provide some information today that will prove helpful for both, so how about we just start out basic? What is a peer support team? What does it do?

Jo N.: A peer support team provides support for law enforcement employees during the time of professional or personal crisis. The support comes from a fellow employee who shares this same experience, who understands law enforcement, understands their career, the demands. Now, we're not mental health professionals or anything like that. We just help each other because we've been through it, and we use the existing resources that we have.

Brandon P.: I helped start our peer support program at our department and, yeah, just somebody who knows what you're going through, understands the career, that you can talk to. There's a lot of value there. So, who all else is on your team?

Jo N.: Well, my team—for the patrol, we have DPS, which is we call the STP guys and the PEEP guys who work at the State House, but our big team with SCLEAP is different law enforcement agencies in the state, county, city, officers, dispatchers. We also have wives of officers, significant others.

Brandon P.: Oh, really? That's interesting.

Jo N.: Yes, sir, because it affects everybody.

Brandon P.: Family members of your employees can reach out to the peer support team, too, and speak to other family members?

Jo N.: Yes, sir.

Brandon P.: Oh, that's brilliant. That's brilliant. I love that. Does that get used very often?

Jo N.: Yes, sir, a lot because, again, when we go through these—the situations of these, the trauma that we go through in different incidents, everybody says, "Hey, we're not going to take it in the house. We leave it outside," and that's not going to happen.

Brandon P.: Yes, you are 100 percent right.

Jo N.: The significant others—the only thing they want to know is how they're doing. They just want to know how their officer is doing.

Brandon P.: Yep. I think that's brilliant because if the officer is in crisis, the family is in crisis. We like to think that we can completely separate our personal and professional lives, and that's not something we as human beings are able to do. I mean, your personal is going to bleed into your professional, your professional is going to bleed into your personal. It's part of who we are.

Jo N.: Yes, sir.

Brandon P.: I think it's brilliant. How do you pick your team members?

Jo N.: Well, through their incidents they have—going to debriefings. We have post-critical incident seminars, we call them PCISs, when they're in there and they're going through the course. And some people who want to get on because they have been helped and they say, "Hey, I want to give back."

Brandon P.: Awesome. Once you've determined the individuals, what training do you offer? How do you prepare someone to be a peer support team member and understand their role?

Jo N.: Well, we use the Critical Incident Stress Management System. And they have to go through classes like assisting individual crisis, also group crisis. It's like an on-the-job training.

Brandon P.: Okay. You obviously have a very large multijurisdictional team that you're part of. What services do you offer?

Jo N.: We use one-on-ones. We assist them on suicide prevention; counseling; also alcohol rehabilitation services; critical incident briefings; sudden traumatic loss syndrome seminars that we have; and, like I said, the post-critical incident seminars also we do.

Brandon P.: Okay. If somebody needs service, how do they reach out? Do they reach out to a specific member on the peer support team? Do they reach out to a general number, then somebody gets assigned? How does that work if somebody finds themselves in need of support?

Jo N.: Well, two or three different ways—we have a program director. They call the program director. We have an app. We have different numbers—

Brandon P.: Oh, I like that.

Jo N.: —that we push out, and we push out also to every law enforcement agency, the sheriffs, the chiefs, all the different entities, and we push out information. It's not just here. Across, we have 13 other states that has also joined us.

Brandon P.: Really?

Jo N.: Yes, sir. Everybody has, like I said, different incidents, and it might be somebody who might have gotten shot who survived, and you might have them in, say, North Carolina, and they don't have a peer that have that same incident. So, we can bring that person in. We share resources in that way.

Brandon P.: That's awesome. It sounds like you can deploy to other areas even outside your state. What places have you deployed to before?

Jo N.: I've been to Ferguson, Missouri.

Brandon P.: I would expect there was some need there?

Jo N.: Yes, sir—been to Georgia when we were needed there. We've been to Texas, also North Carolina, Ohio, Kentucky.

Brandon P.: That's awesome. How would an agency—if they want your team to come out and assist them, how would they request that?

Jo N.: They would just call our program director, and he will find out what's going on, what they need. They just get in contact with him by email, by phone, any means of communications, or it might be by another peer that passes the word to him.

Brandon P.: I love that. It's like the ability for a rapid response team to help agencies after a critical incident or even just accumulation of incidents. I love that. Tell me more about your post-critical incident seminar that you mentioned. I'm interested to know how that works and what you cover.

Jo N.: Okay. All right. Post-critical incident seminars—it originally started with the FBI. They used this program—I don't know if they still use it or not, but when our program director came on 26 years ago, he started tweaking and doing different things and he came up with this.

It's a three-day deal where the first day, that Monday, you come in and you meet people and you tell your story. It's a horseshoe-type deal with the tables. We have tables and chairs behind it. You sit with your significant other or your wife or your husband, and we go around the room.

The first day is the toughest day because you tell your story. A lot of people don't want to tell their story but talking about it is so important because it helps. We've had up to about 50 participants in it. We try to keep it at about 35—that's not counting the spouses or significant others or anything. There, we are able to bring in the food, cook the food there, and everybody eats. We're not going to finish that day until all the stories are told, and then you talk to them, leave them some numbers because everybody's telling their incident. You don't know what comes up. They have a number that

they can call, two or three people or any of the peers, and call if there are any problems that night.

Brandon P.: Nice. You have resources ready to go in case they're needed that day. Cool.

Jo N.: Yes, sir, because there—we have mental health clinicians there. We have our peers there. It's a little tough because when they come in that door, some of them have been voluntold to be there. Some of them they don't want to come. Then Tuesday, we have teaching about coping—just a lot of great teaching. Then after that, we have small groups and there, that's when it is more intimate. They're going to share more in that room because it's probably about maybe six to seven people in there, which you have about three peers inside there—there's no mental health people or anything like that. And then during that time, we have breakout rooms for the mental health personnel, and you are going to see a counselor. We're going to give you that opportunity.

Brandon P.: I like it. Obviously, there's a lot to unpack there, but there's one thing I really want to talk about. You mentioned confidentiality. I think confidentiality is just incredibly important when it comes to a peer support team. Do you mind talking about that for a moment?

Jo N.: Yes, sir. It's very important that we stress confidentiality. Even on the first day where our clinical director—he sits in the middle of all this, and he goes around the room and have everybody's nodding, hey, to keep everything confidential. And it's so important to us that we know without confidentiality, this doesn't work.

Brandon P.: Oh, yeah.

Jo N.: And we all also have a law in South Carolina that our legislators pass for confidentiality.

Brandon P.: And when I was in Utah, there was a law there. I know all states don't have that law, but there are several that do that protect and ensure that the information shared with a peer support team member is confidential. If—the quickest way to make a peer support team fail is if one of the peer support

team members does not maintain confidentiality. So, yeah, that's something we really hammered into our people as well.

Jo N.: And that's another thing you knew, you talked about—how do you pick these people for being peers? And that's one of the big things too, because you have to have somebody also—they might have a great incident, but then too, they have to make sure they understand that confidentiality if they are a talker. And when I say talker, somebody who's going to spread rumors or anything, you don't want that person in there because then nobody's going to come to him.

Brandon P.: One hundred. And it impacts credibility of the entire team just having that person.

Jo N.: Exactly.

Brandon P.: In fact, one thing we did when we were soliciting peer support team members is, we actually, we asked—and this isn't uncommon, but we asked for nominations. So, what's interesting is some of the people who were our best peer support team members were ones who didn't actually put in themselves but were nominated by several other people within the organization. So, people trusted them.

Jo N.: Well, that's one of the ways I was put on the team because I didn't want to do it. I'm going to tell you, I didn't want to do it. And that's how I got on. So, I wasn't a volunteer.

Brandon P.: Well, now that you've done it, maybe it wasn't your initial inclination, but what is your opinion of it now?

Jo N.: As I know, it's the best thing that we've ever done with the South Carolina Highway Patrol because it's helped me. It's helped a lot of people that I've seen. Even the ones who didn't want to come, they even tell you later on, "Hey, it saved my marriage. It saved me." So, that's one of the good things about it. It helps you. And I think I wouldn't be doing it right now if I didn't believe in it, and I'm really—I guess this job has made me a little cynical, but I wouldn't have done it.

Brandon P.: That's awesome. Yeah, think of the impact—not only are you enhancing the officer's quality of life, but their home life, the children who are raised in that home, if they have children,

the family. And then, obviously, it extends to the department and then even the community because healthy officers are better officers. They're better human beings. Perfect.

So, we just talked about confidentiality and we know that's key, but without really revealing location or identity so we can maintain confidentiality, do you have any experience you could share with us where you saw your team make a difference?

Jo N.: Well, I'm going to tell you—as a group, especially during the time of COVID and all the unrest within different areas of the United States with law enforcement, we did a kind of debriefing town hall meeting with officers and their spouses. So, what we did was we got the mental health clinicians together. We had some other peers come in. We fed them dinner. We had the clinician talk about different ways to cope, different things that they can do. You know how things go that they went really well is when everybody stays, and it's a weekday, and they have to get back. But they talked about it, which made them feel a lot better. We still do it now to other agencies that's close to us—when they have problems like that, we go and talk to them.

Brandon P.: I like that—protecting the protectors. That's cool. Like I said a little earlier when we opened, I'm sure we have a wide spectrum of people with vast different experience in peer support teams. Let's say we've got somebody who's working with a well-established peer support team already. Do you have any recommendations that would help someone like that maybe take their team to the next level?

Jo N.: Yes: self-care. We don't take care of ourselves. We as peers, we want to help others, but we forget about ourselves. And I feel to keep it going and make sure you take it to the next step, you have to make sure you take care of yourself, because we still go through it. We hear a lot of stuff and we still working, and it's tough. And I think that's, to me, one of the most important things. Training, yes, is good—you have to have training. But with the training and self-care, that is so vital and important, especially if you're doing peer work.

Brandon P.: Yeah, I agree. It's really difficult to provide support for someone else if your own well has been tapped dry. So, you

shared with me on a different occasion when we were talking that during your career, you sought out help. And I think this is really important key to recognize, and we've kind of talked about this already, but I mean, we're human beings. It is normal human behavior to be bothered by some of the extraordinary things we see and experience in this job. And I'm a firm believer that it is courageous to seek help because it's not easy for us. Can you share with me maybe a little bit more about that? Like, your experience in your career?

Jo N.:

Well, I have two. My father passed away, and it took me—I really didn't accept it for about five years. And I'm still doing peer—I'm still doing everything. But I remember being at a church function, and they were talking about their dads, and I mean, I lost it. I mean, I just—tears and I couldn't talk. And I talked with one of our counselors, and he said, "You need to talk to this counselor, Jo." So, I talked with her. We always been really close, and she helped me out. We had a video that we did on my dad, and I could never look at it. After finishing with her, I was able to look at that video. Sometimes it's still hard to, but I was able to go through it.

My second one is, my last five years me being a captain in my area was tough. September 2018, we had the floods and the hurricane. October 3rd, we had what we call the Florence Seven where we had seven officers shot, two were killed. That shooting, it was the last day that we were closing up shops and in—everybody home, doing our final assessments down at the beach. And then we had the shooting, and on the radio, you had one shot and two and then three. And then we finally got there. And it's a place that I ran, a place where I've had friends at, the police officers were friends. And I had a real struggle with that and ended up having to see somebody else for that also, and it helped me out a lot.

For 35 years, you're on this job—you do a lot of stuff and you come in contact with a lot of stuff. It helped me understand it. It helped me help people more because I got myself some help.

Brandon P.:

I like that. Thank you for sharing both of those with us. I'm sorry to hear about your loss but thank you. I know it's probably awkward initially, and in fact, I know it is awkward

initially because I've gone through the process myself of reaching out and asking for help. I think it's so important to share that what we are not saying when we ask for help, because we're not saying we're weak or we can't handle this job.

I really believe the message is that, just—we're worthy of a productive opportunity to process some of the difficult things we've seen and experienced in this job. That's what we're saying when we ask for help. But I think we are all deserving of that kind of support. So, I love the message that it helped you.

Jo N.: Yes, sir. And that's what I tell people when I go to different places and I tell them—just came from Clifton Park, New York, last week. And that's one of the things I told them personally and professionally, it helped me. And like you said, it's not because we are weak. We are normal, and we have a normal reaction to an abnormal event, and that's all it is. But we don't know that, we think something's wrong. Our armor has been hit, and we don't know what to do, and that's when we start spiraling out of control. We're scared, and we are proud. When I came on, and I know with your time on, we were taught, "You don't talk about this."

Brandon P.: Yeah.

Jo N.: You suck it up, you go, and you move on. Well, it's a new day. We have too many resources to help people, and we lost too many people. I know, we lost too many people from law enforcement, first responders from the job because they didn't know what we know today.

Brandon P.: Yes, 100 percent. We have the obligation to provide meaningful resources to our law enforcement professionals, and that's in every position throughout the agency. I think we're all exposed, to some degree, to different stuff. So, yeah, I agree 100 percent. We need to be kind to ourselves and recognize that even though we're cops and we take on extraordinary challenges and we do amazing things, we are still human beings and we're going to respond in human ways to this trauma we're exposed to. So, final takeaway for us today, Jo.

Jo N.: Final takeaway to me is the peer team is very important. If you don't have one, you need to start one. If you have one to keep it going, make sure you keep putting the right people in place. Don't let it go. We have a lot of people that retire—make sure you replace them with good people and just keep learning, and just keep helping and understand, again, it's not weak. We just normal people. We need the help also.

Brandon P.: Yep, excellent summary. I mean, every year, we lose more officers to suicide than we do to traffic accidents and assaults combined. That fact alone mandates a call to action on the part of our profession to provide meaningful resources.

Jo, thank you very much for your time today and for sharing this information with us.

Jo N.: Brandon, it's been a pleasure, and thank you so much for having me on.

Brandon P.: For our listeners, thank you for joining us as well for the SAFLEO Sessions podcast. If you found the podcast valuable, I'd like to encourage you to visit the SAFLEO website, S-A-F-L-E-O.org. There, you'll find more information on this topic and other resources that are focused on officer wellness and suicide prevention. I said it before, but I'd just like to close with it, that in SAFLEO, we firmly believe that a healthy officer is a better and safer officer. So, until next time, be well, stay safe, and be courageous.

Speaker 1: The SAFLEO Program is dedicated to providing training, technical assistance, and resources to law enforcement agencies, staff, and families to raise awareness, smash the stigma, and reduce and prevent law enforcement suicide. For additional information regarding the SAFLEO Program, please visit safleo.org. That's S-A-F-L-E-O.org. Follow us on Instagram, Facebook, and Twitter. The Bureau of Justice Assistance, BJA, Office of Justice Programs, U.S. Department of Justice is committed to making our nation's communities safer through resources, developing programs, and providing grant funding opportunities to support state, local, and tribal criminal justice efforts. All are available at no cost. Please visit www.bja.gov to learn more.

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