



Supporting Mental Wellness Initiatives: A Podcast for Law Enforcement Leaders

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- Nick B.: Hello. Welcome, and thank you for joining us today for this SAFLEO Sessions Podcast. I'm Nick Breul, a senior project manager with the National Law Enforcement Officers Memorial Fund. We are partners in the SAFLEO Program working with the Bureau of Justice Assistance and the Institute for Intergovernmental Research as we strive to improve the health and well-being of our nation's law enforcement officers. I'm pleased to be joined here today by Chief Maggie DeBoard with the Herndon, Virginia, Police Department for discussion about the need for agencies to promote and educate officers about well-being and how dedicated wellness programs can be created to support this goal. Chief, thanks very much for joining us today.
- Maggie D.: Nick, thank you for having me. I really appreciate the opportunity to talk about this important subject.
- Nick B.: Yeah, it really is an important subject. Before we get into it, if you could, Chief, just give us a little bit of a history of your background in law enforcement.
- Maggie D.: Sure. I've been a law enforcement professional for just about 37 years now. My first 26 years were with the Fairfax County Police

Department where I retired in 2012 as the deputy chief. When I was at Fairfax, I was always interested in programs that promoted officers' wellness and safety. Actually, while I was there, I developed and initiated a comprehensive officer safety program that was one of the first of its kind in the nation. When I became Herndon Police Chief in 2012, about five years into my tenure there, I became involved in the profession at the state level, rising to become president of the Virginia Association of Chiefs of Police in 2020. That was a difficult year for all of us. During that time, I worked through police reform and mental health issues, and I still sit on several state boards and stay involved with the Virginia chiefs as their legislative chair.

Nick B.:

Right, right. I've been with the National Law Enforcement Officers Memorial Fund now for about eight years in a number of different capacities, but you and I met in 2015 as we were initiating the Destination Zero Program, and you were working on wellness issues and, I think, doing research into law enforcement wellness programs across the country and had sort of come to pick our brain about what was happening. You're definitely a leader in this area. We see a lot of agencies submit their programs for consideration in the National Officer Safety and Wellness Awards, which is a national award that the Memorial Fund gives out every year in a number of categories. You have so many wonderful things going on. If you could, take us through what you've done in the Herndon Police Department to promote wellness and well-being in your agency.

Maggie D.:

Yeah, I'd like to give a quick precursor to that too, and because I got involved in the state level, one of the things that we did was, we helped liaison a national wellness survey for—public safety survey. That was distributed throughout Virginia and also around the country, but we had good participation in Virginia, and that was a collaborative effort from a few key people, Lieutenant Jay Carson, who works for me in Herndon; and Joe Malloy and Colby Mills, both clinicians; and retired psychologist Michael Burke from U.S. Marshals. What we found out from that survey is that we really do have a crisis. There's a lot of people that need help. Largely, what we found—that we have officers out there that are really working while wounded. I mean, they are struggling mentally from all the things, so we looked at what can we do to provide support for our officers.

One of the other things that we found from that survey, and I think it's important to talk about from a leadership perspective, is that not only did we see a huge issue among the participants in their survey results, but we also saw that we have an issue with leadership, and

we saw that when we could not proactively get chiefs and sheriffs to willingly distribute that survey in their agency. So, when we look at programs, we're trying to look at ways to target these programs from two different prongs: from our leadership perspective and also from the officer perspective.

Nick B.: Right, right. I know it can be a challenge with some agencies, trying to get behind some of these initiatives.

Maggie D.: Yeah, it's not easy because it's still culturally acceptable in all parts of our profession. We know the mental health issues have been there for a long time, but it's important for us to recognize, fully recognize that the problem is not just about physical injuries that we have been ignoring, much like we've seen in our military veterans who have been suffering for many years without support but are getting it from many fronts now. Our officers are never off duty. Our officers are never out of country and back in, they are always on, and they are exposed. They say the average officer can be exposed to as many as 180 traumatic incidents over the course of their career. You think about the average layperson, they say that number is three to four. So, when you start putting those traumas, one after another, on top of officers, in their brain—we have got to do something to provide support and treatment in recognition of those as they move through their career.

Nick B.: We stretch this out over, for me, it was a 25-year career. So, if we're ignoring that, we're ignoring a huge problem.

Maggie D.: I'll just tell you really quickly, just I'll give you four or five quick numbers—just in Virginia alone, we found out that 19 percent of the people who participated in this survey had clinical levels of depression, 20 percent had clinical levels of anxiety, 12 percent had clinical levels of significant PTSD, and 12 percent had thoughts of suicide ideation.¹ When you think about those numbers, Nick, these are people that not only recorded these numbers through the survey—and by the way, that was a validated research survey that was done—these are people that are out there serving our communities right now. These are not people on the shelf. They're out there working every day.

Nick B.: Yeah, yeah. As I said, it's sort of a continuing problem. I mean, Herndon—you have 53 officers, if I'm correct. What other things have you put in place that are proactive that are really helping your

¹ "VACP Releases Preliminary Virginia Results of National Wellness Survey for Public Safety Personnel." VACP—Virginia Association of Chiefs of Police & Foundation. https://www.vachiefs.org/blog_home.asp?Display=200.

officers deal with these issues that we're talking about in terms of depression and anxiety and even some PTSD?

Maggie D.:

Yeah, so I'll talk about the various pieces of this program. By the way, they're all tools. So, people respond to different types of tools. So, we try to put various resources and tools in place to help officers when they're struggling. Our first priority, and really the highlight of our wellness program, is the relationship we have developed with culturally competent clinicians. So, these are people that are used to dealing with first responders and that know how to treat first responders who work in the job. What we have done is we have initiated mandatory—we call them wellness education checks. They're really check-ins with our clinicians once a year. They're done virtually. So, an officer can sit there on their phone when they're scheduled to connect with their clinician and just talk about life.

During that time, the clinician can just give them some coping skills and mechanisms to deal with the issues if they're not really struggling about anything. But these are mandatory, including all the way up to my level, through chief. Before we did these, though, part of putting these programs in place, and I can't stress this enough, is to make sure that you put the programs and policies in place in a manner that the officers feel that they can trust you. So, our clinicians, we introduced them to our officers through roll calls ahead of time. We had them explain the program and how the wellness checks would happen. They talked about the confidentiality that's involved in those conversations. Really, the only time a clinician would have to let us know that there was a problem would be if somebody was a danger to harm themselves.

But that process was good because they got to see the clinician, they got to meet them ahead of time, they were much more relaxed. We had a little apprehension at first, but officers quickly warmed up to that when they said their experience was positive, and that kind of spread throughout the building. I will say that it's really, also important that people know that these clinicians are there for our officers who are dealing with traumatic exposures at work. They are not there for their personal issues, necessarily, even though some of those discussions may happen, but if you have an officer that you are going to send for fitness of duty because of struggles and emotional issues that are related to work performance, if it is a fit for duty assessment, we do not use these clinicians. So, officers know that they can talk freely with these clinicians and not have that come back to the chief.

Nick B.: Right, right. That confidentiality piece is really so important. You also mentioned the cultural competence that is so important. I was going to ask you about, what are some of the hurdles that you have to overcome? Because, again, in my experience, we didn't have any of this kind of stuff when I was on my agency. I remember the first time I had a very traumatic event with an accident where a woman was run over by a backhoe. I went to my sergeant to say, "I'm not feeling too good." People were joking with me. They were like, "Yeah, you changed six shades of green on the scene there," and all this kind of stuff. There really wasn't any help. I just think that that's so important that you put in place those elements that officers can go and get confidential support and that, as you said, we move away from the days of old where people are afraid of the rubber gun squad, if you will, and that kind of thing. It sounds like you were able to achieve some buy-in. How did that come?

Maggie D.: Well, I do want to say before we go to the buy-in piece, what's important too is that I know there are agencies out there that have access to clinicians, but they have to go through a process, to go through their supervisor, or go through the command staff. Our officers are given our clinicians' direct contact information, so they do not have to go through any supervisor, commander, or my chief's office to get permission to talk to somebody. That has been really important because they know they can go directly to that clinician, have a private conversation about something they're dealing with, and never have to worry about the stigma of how they'll be looked at by a supervisor or commander in the ranks.

So, we got buy-in by a couple things. We talk about it all the time. We talk about mental health. We talk about how important it is. When I didn't have money to initiate these wellness checks initially, and we took the survey in Herndon and I got, as an agency, I got the results back for my agency, they were anonymous. So, I just saw the collective results. I took that to my town manager, and I said, "Look, we live in a jurisdiction that has had no violence during the reform movement. No real issues here. Yet, look how badly our folks are suffering." He immediately gave me a chunk of money in my budget for wellness checks because he saw the extent of the problem. So, part of that was me willing to give up other things in my budget to put a priority on that, but ultimately, I didn't even have to go that direction.

Nick B.: And in getting over some of these hurdles, and you had mentioned other agencies, chiefs and sheriffs not wanting to participate in the survey, what do you think are the most important things to make sure that you can keep the energy up? In other words, what are the

hurdles you're encountering that you encountered? Were there things in policy that needed to be changes? Were there any legislative issues or anything that you really felt like you had to work towards overcoming to make sure you could get your pieces in place?

Maggie D.: Yeah. Part of that was just actually enacting policies and programs. I'll just give you a list of stuff real quick. We made sure we had a very viable peer support program. We got our peer support program certified by the state of Virginia. Once they're certified, that means that they attach confidentiality to them so officers could feel comfortable with that. We put it in a nap room, we call it our restoration and recovery room, but it's a nap room. It's also a room that officers can go and meditate. But we did that to address fatigue and alertness on duty, especially for our night shift and our dispatchers so they can go in there, and we put a policy attached to that, but they can go in there for 30 minutes and take a quick nap or whatever they need to do to stay alert on duty.

Nick B.: That's fantastic because that's, you know, fatigue—and if you're putting something in place for your officers to be able to get that restorative time, again, I think that's very forward thinking and it's not very common though. There's some agencies that are doing this, but, Chief, you're one of the few agencies that I hear of that are making these provisions for officers who have been in court all day or who have, for whatever reason, gotten very little sleep and need to get that restorative nap. I think that's really important.

Maggie D.: Yeah. Maybe they were up all night with their kids, and they didn't have any control or up all day with their kids if they're working night shifts. So, we want them to be alert on duty because we want them making sound decisions, and we want them to be safe. Part of that fatigue part is also making sure that you have policies in place to address fatigue, that you don't allow them to work so many hours past their shift or so many days in a row. Those are all things that contribute to that. But we also know that sleep is a huge issue. So, we don't want them sleeping in their cruisers, Nick, and that's what we always used to do, right?

Nick B.: Yeah.

Maggie D.: If they're going to waste 30 minutes on duty, I don't consider it a waste, I'd much rather them come in and close their eyes for 30 minutes instead of sitting there watching TV. So, it only made sense to us. But we use that nap room for meditation. We did do a pilot program with the David Lynch Foundation, and we had over half of

our agency trained in transcendental meditation. I'm not sure how many are actively still using it, but there are a bunch of us that practice that meditation every day, and it has been life changing for many of us as far as dealing with stress.

Nick B.: That's excellent. Yeah. We see more of that now as we look at programs being submitted for Destination Zero, mindfulness, terms like resiliency, meditation, yoga. These are things that are, for me—very new to law enforcement, although now they've actually kind of entered the mainstream, and I think among the younger officers are quite common tools with some agencies. Others, as you say, there's a real resistance to implementing or trying some of these policies or new techniques, however you want to call them.

Maggie D.: Yeah. We didn't make that mandatory, by the way. Again, these are just different resources. We asked for people to participate. We did not make that mandatory, but we made it available to anybody who was willing to try that.

Nick B.: Sure, sure. Now, what advice would you give? One of the things that we deal with in the Memorial Fund on a number of levels from line-of-duty deaths to getting information about a case or taking in submissions for Destination Zero is some of these agencies are very small, some of them don't have a lot of resources. Some of the sheriff agencies out west, they really have very, very few resources. But what would you be able to tell a chief in, say, a smaller or similar sized agency as yours about getting a program going? What advice would you give?

Maggie D.: So, there's always a way to do it. Creativity, depending on where you live and your access to resources and partnerships, is key. So, when I was in Fairfax County, of course, it's a large, large agency with abundant resources. Most of the stuff they could do in-house. They had a tremendous budget for that. Coming to Herndon, much smaller agency, so we had to do things a little differently. For example, our clinicians that we contracted with, we actually contract them and use them as we need them—not in-house with us, as an employee in our department.

A lot of the other programs—we have a facility support dog. We partnered with Mutts With a Mission, who provides support dogs for military veterans, who have now expanded to first responder agencies in law enforcement. So, we have a dog that lives in our building with us. He's handled by one of our captains, and he comes to work every day, and he makes us happy and really reduces our stress.

Nick B.: Yeah, yeah. I've heard that other agencies, they call them therapy dogs, or you call it a facility support dog, they really have made a difference. That's been—

Maggie D.: They made a huge difference.

Nick B.: Yeah. That's fascinating. I love that idea.

Maggie D.: They're there for us. They're not there for the community. That's a really different thing and so, again, it's about the attention with the officers. So, it's all about, how can you create these partnerships to bring those resources to you? Now, I will also say, even around the state, what we're encouraging those agencies of Virginia do, especially our more rural agencies or agencies that don't have access to a lot of resources, is to work together. So, put regional resources together. Our peer teams, they're going regional in some areas so that they can help each other when they have an incident. Because even if you're a smaller agency and you have an incident, the likelihood is you're going to need mutual aid because a lot of your people are probably involved in that incident, right?

Nick B.: I was going to say, mutual aid is already being used by smaller agencies and state agencies around the country. So, yeah, same idea.

Maggie D.: So, yeah, it's about looking through your community. Maybe your hospital system can—you can partnership with some of them for some of your clinical stuff. You want to find people who are culturally competent and understand our profession. But when you can work together and develop regional resources that you could all tap in or maybe even share costs with, there is always a way to do these programs.

Nick B.: Yeah. I agree, you've got to get creative. We've seen that creativity with some agencies that are in really rural areas pool their resources. In one case I'm thinking of, they created a peer support team out of all of those law enforcement jurisdictions in one county that—not only they all were trained to the same standard, but that allowed for confidentiality. In a small agency, you could go talk to a cop who was a trained peer support, certified peer support person in another agency and not have to worry about your agency with people's ears burning about whatever your issue may be, so there are ways to do these things.

SAFLEO is really about suicide awareness and creating prevention, but it really is about: wellness and all of these things feeding into what could lead to a tragedy. One of the things that I often worry about and wonder about are retirees. I myself retired in 2013. Of course, I jumped right into another job literally the next day. But I've discovered, you can never really go home again. I've seen some agencies that do some very creative things with their retirees. Are you doing anything with your retirees? Or do you have any insight as to what a good way would be to not only transition your people out and help them, but also maybe keep them as a part of the organization even after they've retired?

Maggie D.: One of the things that for us, as a smaller agency, it's a little harder to keep the retirees close to us. I mean, a lot of the mid, small size agencies, a lot of those officers don't end up retiring from your agency. They go elsewhere. But we do have a number that have left with us. What we do know is that, first five years after retirement typically are the most dangerous for suicide for our retirees. The ones that do not go to another job, that don't have a plan, those are the ones that really lose the connection, right? We've got to find a way to continue to connect with them. So, for us in Herndon, we do an annual recognition dinner. It's out of uniform, involves the families every year, and we always invite our retirees back for that.

So, that's one of the key ways that we have been able to at least reach out to our retirees. We invite them back for Thanksgiving luncheons and holiday luncheons we do at the station, but many of them aren't in the state. So, part of that is just finding ways that you can stay connected, but some of them choose not to be connected as well. So, it's really what works best for your agency. The larger agencies have their retired associations, and they're very active, and they're very vibrant, and there's a lot of support in there. But all the folks that I've talked to, and I've myself lost a few colleagues that retired with me from Fairfax in the last couple years, and people didn't know. So, when they lose that connection is, how do we keep in contact with these people?

Nick B.: Yeah, it's huge. You have law enforcement officers who spend 20, 25, 30-plus years in law enforcement, many with the same agency, and when they retire, they retire. It's almost like you're cut off. I think that can be very traumatic.

Maggie D.: I'd like to mention something, Nick, that I think is vitally important. So, when you think about the retirees that do complete suicide or that are struggling, or even our officers, they're there because they had trauma somewhere that was not treated, that was not

recognized and treated during their career. One of the most important things that we are working on here in Virginia right now is legislation up in the general assembly. In 2020, the Virginia General Assembly passed a PTSD bill for law enforcement and firefighters that would allow workers' compensation to be attached to an officer or firefighter that was diagnosed with PTSD. That was huge. But the problem with that bill was that you had to be fully diagnosed with PTSD to ever get treatment through workers' comp. It did nothing to help prevent the problem.

So, we had to amend that to also allow workers' compensation treatment for anxiety and depressive disorders that have been diagnosed by a clinician for work-related qualifying events. You can imagine what that would be, working some crime scenes, a child death, the use of force incident, those big things in our profession that cause stress for us. This is groundbreaking for us to get this passed. It passed through the House and Senate. We know that treating those precursors to PTSD, anxiety, and depression will help not only prevent that, but will also prevent some of the suicides that we've been experiencing that, as you and I both know, far outnumber our line-of-duty deaths.

Nick B.: Yes. Yeah, they do. They do. Well, that is all really great information. You, as I said, are definitely on the forefront of a number of these issues, which is why we wanted to talk to you today. Anything else on the horizon for you that is perhaps going to come together that you can let us know a little bit about—anything, any new ideas brewing out there?

Maggie D.: Yeah. Actually, we have not publicly launched yet, but myself and some fellow chiefs and fire chiefs have started a foundation for first responder wellness and resiliency, and we're going to launch here in the next few months publicly. But our goal is to build a mental health treatment center, a walk-in treatment center for first responders in this Northern Virginia region. We know what happens with the VA. There's these VA centers around the country, and a veteran can walk in and say, "I need help." But there is nothing like that in the country that is not attached to a government entity. We just want a treatment center where they can come confidentiality, use their health insurance, come in there, and get treated with complete confidence. So, this is going to be a groundbreaking center for us here, and we hope to have that up and built in the next couple years.

Nick B.: Well, that's great. That could serve as a model for other agencies. Chief, I want to thank you for joining me today in this important

discussion about the need for agencies to create and support wellness programs that provide the resources needed to keep our officers healthy. For more information on this topic and other officer safety and wellness issues, I encourage our listeners to visit SAFLEO. Remember, a healthy officer is a better and safer officer. Chief, I want to make sure we leave an open invitation for you to come back and join us, if you would, because I think you have a lot of information, and you're certainly setting a tremendous example, and I want to thank you for joining us today.

Maggie D.: Thank you, Nick. I enjoyed the discussion. It's really important that we continue to have these open discussions.

Nick B.: Yeah, yeah. I absolutely agree and thank you for your time. Until next time, be safe and stay well.

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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