

Ep. 23: Mental health crisis intervention

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Good day, Gladiators. Francis Martinez, director of psychological health for the 960th Cyberspace Wing here with a very special guest. - Hello, how are you doing? - Good. Ernie Stevens is a San Antonio police officer with the mental health crisis unit. - Correct, yeah, I've been there for 25 years now. - And let me first off, start with congratulations on your Emmy award-winning documentary. It's on HBO called Ernie & Joe: Crisis Cops. - Yes, thank you. It's it wasn't honor, even just to be nominated, whereas you get nominated for two Emmy's. And the Emmy that was won was for the editing part of the a film, and it was just a dream come true that day, you know, watching it on television and hearing them call the name of the film. So thank you for that. - Yeah, and I mean, I've seen it a few times, you know, I've known you for like six years or so. And so I was really proud to see when the film first came out. And then again, you know, when you guys won, so can you tell our listeners a little bit about the film? - Sure, so the film was a three-year project. A lot of people think that when they watch a documentary, it was maybe filmed over six months a year, no. This one to three years. And the way it came about really was there was an article written on us by a writer by the name of Anne Snyder. And she did an article called Policing With Velvet Gloves for the Atlantic. And ABC News Nightline got ahold of that story and saw what we were doing in San Antonio with the calls that we respond to involved mental health crisis, and just, it's a totally radical approach compared to what a lot of police departments do. So Byron Pitts from ABC came down and rode with us and ran that story. And he ran that story three times nationally, which was the most they ever run a story because of all the police involved, incidents involving the use of force against vibrant mental illness. Well, that story went out and the filmmaker incredibly talented, Jen McShane, saw the broadcast from ABC, actually knew the writer, Anne Snyder that did the story on us from the Atlantic and contacted her and said, "Hey, what's going down. You know, what's going on in San Antonio, they're getting a lot of press down there with their mental health unit and Anne told her, look, you got to go down and meet Ernie and Joe, these guys aren't like regular cops. They're, like social workers, but they have a gun, like don't know how to explain it." So, you know, when we get a call from Jen McShane and she catches the idea of a documentary and she shows up. And she's got no camera, no sound crew. And I'm thinking, you know, what kind of filmmaker shows up like totally unprepared, but really when she wanted to do Francis, was get to know us that day and just do a ride along with us and get a feel, right? And without being the intrusiveness of bringing a camera or sound people, and within 30 minutes of her ride along, she knew that she had a story because I remember it was

the first call, was for an individual that was homicidal at a group home. And he wanted to kill the person in charge of the group home. So we talked to him for a few minutes outside, deescalated him, and then asked him, you know, would you be willing to go get some help? He agreed that was the best choice. But then he said, but I'm not going to ride in the back of a police car. Now, mind you were in plain clothes and the vehicle that we drive as unmarked. But if you look at it, it has the look of a police car, right? - The characteristic. - It has the look, which causes everybody to slow down and put their seatbelt on. But when I said, that's fine, if you want to ride up front, I'm fine with that. And the filmmaker like kind of grabbed me by the elbow and pull me backwards. And she goes, "What are you doing?" And I'm like, "I'm not tracking, what are you talking about?" "Dude, you're gonna let them right up front with your partner, Joe?" And I'm like, "Yeah." I go, "He's not under arrest. He's a patient at this point that just needs a ride to the hospital." And she's from the east coast up near New York and they don't have that kind of response there. So it was eye opening to her. And that's really what started the idea of the documentary. And then it just, you know, we went from there and for three years we filmed. - Right, I remember you guys filming because we were at Strack and the film crew came and I was like, oh Lord, please don't put me on camera. I don't want to be on camera. But luckily I wasn't. But yeah, I mean, you guys have an amazing story, you know, and me talking to other, John and James and everyone training other officers in different States, right? Your guys' approach. And I don't think people really understand, you know, mental health and a crisis and how the police, you know, intervene. It's not always, you know, arrest and go to jail. - Right. And I certainly didn't understand it when I first went to the training. In fact, I got signed up for the training on my day off, somebody signed me up to go to the training. And then when I got back to work, they're like, hey, we're going to be going to a weeklong crisis intervention-training course. And I'm like, "Well, it sounds cool. What's it about?" And they said, "Well, it's about how to recognize and deescalate somebody in a mental health crisis." And right there, I was immediately turned off because in the police Academy, I hadn't learned anything about mental health. I didn't know what it looked like. I didn't know how it presented. All I knew is what I saw on television, which was extremely inappropriate, right? Compared to what reality really is. But I went to the training and on day four, a lady by the name of Janine Owens, I will always give her credit for this. You know, she, she made a profound statement to the officers that were there. And I was, you know, of course in the audience. She about 70 years old and she was talking about her adult son that has schizophrenia. And she said, you know, one day, one of you officers might have to come to my house and you might have to shoot and kill my son because you're not gonna understand his behavior and it's going to scare you. And I just want you to know it's okay, because I know that you have a family to go home to, and I want you to be safe. And when she made that statement, you know, as a parent, I could never stand in front of a group of strangers, police officers and say, it's okay if that happens, because you'll never understand what I'm living like. And I knew right then, like my career path was going to change forever. I mean, I was on a high-speed unit, tactical response unit, everything that's sexy about police work is what I was doing at the moment. And right then I said, I'm gonna dedicate my life, my career now, somehow to get a mental health unit started, I don't know

how we're gonna do it. We don't have one, but we're going to get one started. And we're going to help people like her every single day. And let the community know that we feel there need to be, you know, represented properly when it comes to, you know, the way that we respond and try to help the community that entrusts us with that trust that they lend to us, you know, because really it's our gift back to them what we do with that trust. - And, you know, people that are in crisis, they're not only the schizophrenics, they're not only the people with severe mental illness, right? It's like people like you and me, I mean, anything can happen at any time. You know, I've seen, you know, active duty members had to be on an emergency detention, police officers brought in on an emergency detention and, you know, everyone needs help at some point, it's okay. You know, and I think there's a big, again, the big stigma of mental health. - Yeah, you know, and I always say, it's okay not to be okay. It's just not okay to stay that way. - Right. - Right. - And for helpers, the helper profession, first responders, military, there's such that fear that if I say that I'm not doing okay, then I'll lose my status. I'll lose the position I'm in. I won't be fit for duty. And you know, that mindset has got to change because if you look at the definition of resilience, so you'll see the word toughness, right? But what really is toughness? I think if we redefine what toughness means, then we'll have more people ask for help. You know, toughness for me is saying, hey, this is tough, but I'm going to say it anyway. I'm not doing good today. And I really could use some advice, some help somebody to listen to me. To me that's being tough because it's taking you out of your comfort zone and allowing you to do something that you normally wouldn't do. And that's the message that we're trying to get across to the police officers this year at in-service. And I think we're doing a good job because we've placed 22 officers this year into treatment or counseling services or therapy that would have never asked for help before. So, you know, this is a good thing, you know, that we're finally starting to see that shift and that pendulum is swinging a little bit now towards wellness, officer wellness. - And that's what we all want, right? We want wellness, we don't want illness, you know? We don't want that negative piece to it. And that's why I have you here today. You know, with the air force, we are on track to exceed our last year suicide rate. We were averaging about three suicides a week in the air force. Suicide is the number one killer for the air force. - Yeah. Last year, I saw in the police side of it, 228 officers committed suicide, which was the most by far in years. 228, you know, that's, you know, families that were affected, friends that were affected, communities that were impacted because these officers worked in your community. So I can't even imagine, you know, going on the side of the military, but that does, because the military is a very tight knit group. You know, I've seen it personally with officers that come from the military and joined the police department, they still have this bond that is, you know, I don't even have words to describe it. I'm listening to them talk. And I was like, well, I was a Cub Scout. I mean, you know, doesn't that count for something? But it's just different. So, and I love what the military is doing, especially the air force, because I actually came through Lachlan to take the officer resiliency course that they had here. And it was amazing to hear the service members in the class really respond to the concept of wellness. - Right, and that's where we're trying to, you know, shift, you know, right now everyone has that mindset of suicide prevention is a checkbox. I've done the

training once a year. I'm trying to flip that and do it, suicide prevention is every single day. We're gonna talk about suicide as much as I can to reeducate people and to change that culture, you know, that's, that's a goal, my goal, that's the shift that we're going and, you know, that's why I'm always bringing it up. I want people to be protected. - Yeah, but what you're describing right there is you're focusing on the person and not the problem, right? Because the problem is usually going to be temporary. - Right. - Yet it seems like there's no other way out, but you know, for your listeners and there's probably somebody who's listening right now that has had thoughts of suicide here in the last probably 24 hours. Please understand, I lost my best friend to suicide, who was a police officer. And to this day, you know, it still hurts because I'm supposed to be an expert in crisis intervention. I'm supposed to see all the red flags. And he got right by me. And when I got the news that he had killed himself, to this day, it's still just, I can't go to places I would go with him to breakfast. It's just, it's difficult. So please, you know, for your listeners that are going through a difficult and rough time, you know, ask for help because you're not just helping yourself, you're helping the people that love you and care for you as well. - Yeah. And you know, some people say that, like you, Ernie, you know, I have that friend, I have a coworker that I'm always with. I know, I know, why I didn't see the signs and family members are the same, right? Cause they're not, a lot of them aren't educated to understand what the signs and distress symptoms are. So in December of this year, I'll be starting equipping family members to help airmen in distress, to recognize those signs, know the protective factors and how to get help. - Yeah. I love that. And what we're looking to do as well is invite the families of the cadets that are going through training. And as the cadets are getting training as law enforcement officers, the family is getting training on the side of what to look for. You know, when your loved one is starting to work, you know, three times the amount of overtime or they're overspending, or they're no longer doing the hobbies that they used to do and enjoy because you got to think about this. The police department will hire you at age 21. You know, the human brain doesn't even finish developing for men. Sorry, men, until you're about 27 years old, right? So there's not a whole lot of lived in life experience yet for a lot of these cadets and they're graduating and then have to volunteer for the most horrific crime scenes out there for experience. And what is that going to do over a 20-year career? You know, the trauma, you know, the estimates are that an officer in a 20-year career will see or experience 188 traumatic events and a civilian maybe in 20 years, one or two. So if you can imagine what that does to an individual over that amount of time. And then how does that translate to the family? Is it divorce? Is there bankruptcies? Are there, you know, separations problem with the children, you know, this whole adverse childhood experiences that, you know, we're teaching them as well about trauma growing up, that all correlates to, you could be an indicator for dangerousness to yourself as a risk of suicide. - Right. And so how do we get people to want the help, right? That's the hard part. And, you know, I worked in the inpatient psychiatric facility for a long time trying to talk to people. I'm really recommending you to get help. And then it's like, no, sorry, I just thought I was coming to talk to a counselor for a second. I didn't know this is the route for going and I've had to call you before to come and assist. - Right, so I think really the answer to that question is Francis, is we have to

normalize it. We have to normalize talking about suicide. You know, if I say, "Hey, Francis, do you wanna go bowling with me next Thursday?" And your response is, I wish I could, but I'm seeing my therapist on Thursday. That should not shock me. That should not shock my conscience. And then self-talk myself saying, "wow, what's wrong with Francis? Why is she going to see a therapist? That should be, every human being ought to have a therapist I think, you know? Especially what we've seen in 2020. So I think by talking about it, by normalizing it, by letting people know, hey, this is just as just another opportunity to get educated on a subject that can save our lives. We talk about diabetes, we talk about nutrition, physical health, spiritual health, mindfulness, gratefulness. We do all these things, but then we don't take care of our own minds. And that can change. I mean, for example, I have a gratitude app on my phone and every single morning I open that app and the first thing I do is talk about three things I'm grateful for and why, because I want to start my day in a positive mindset. Because with everything going on, it's so easy to focus on the negative that if we can shift our perspective, just that easy in the morning, with something as simple as a gratitude app that you can download, it's just another way to protect yourself. I mean, people spend what, three minutes a day brushing their teeth. Why don't they spend five minutes a day taking care of their mind and it can be done. You just have to normalize it. - Right. So, you know, we've recently had, like I said, three suicides a week is what we're averaging. And we recently had an event in Texas and, you know, I'm just trying to help those who are refusing treatment and their family members. How, how can they get the help if someone's at home refusing treatment? - Yeah, I know, you know for us, we had to put together a peer support program because officers weren't comfortable going to our psych services or they weren't comfortable going to see a counselor. They felt more comfortable talking to another officer. Maybe that's been through something similar. Same thing with family members. You know, these tight-knit groups that helps form military first responders. It's very difficult for them to go outside of that bubble, right? And go into a civilian world and ask for help, but help is available. There's more help now available than I've seen in many, many years. - Right. - And you know, I also believe that the leadership has to embrace that, right? If your leadership is not on board with that and the service member or the officer doesn't feel comfortable because of that, they're gonna be very hesitant, right? To get help. So it starts at the top. It has trickle all the way through mid management. I know for us, on the police side it does. In order for the officer to say, hey, everybody's on the same page with wellness and it's okay not to be okay. It's okay if we're mandated just to check in with psych services once a year, even if I have nothing to say, at least it's another opportunity to give me something to say if something's bothering me. - And as far as crisis out in the community, most people don't know like what an emergency detention is or an order of protective custody is. And they automatically think if I go get help, you know, I'm going to lose my job, I can't have a weapon. I can't do X, Y, and Z, which is not true. - Correct, it's not true. So an emergency detention, really, for lack of a better word, it's a unscheduled doctor's appointment that you have to go to, right? So if an individual presents suicidal or homicidal, or they're mentally be compensated to the point that they are a danger to themselves or others, and they're refusing treatment, then an officer by statute has the right

under the Health and Safety Code to take that individual in to treatment. They conduct what's called a notification for an emergency detention. All that paper does is it allows the treatment facility that the person went to get an evaluation. Now that paperwork can be good up to 48 hours in order to give the treatment facility time to stabilize and treat that patient. If they need a longer stay then the facility will file what you just mentioned a moment ago an order of protective custody. But in a lot of these cases, Francis, the individual is stabilized, given a treatment plan and released within about a 24-hour period. And because of the HIPAA laws and protection, your job's not going to find out about it unless you tell them about it, right? Nobody's gonna have information to your own medical history, other than you, unless you decide that you wanna sign a waiver and give people the authority to know about your hospital stay. - Right. And that's part of your documentary. It shows someone that was being dropped off out of facility, stabilized and discharged within a 24-hour period of time. - Yeah, and you know, and you had mentioned weapons, right? Like if I get emergency detained, I'm going to lose my weapons. That's actually not true. So in order for you to lose a weapon and not get it back, you actually have to be committed by a judge to, for example, the state hospital, right? And it can be just a one-day commitment. Let me tell you the stats of how that really looks. So we on the police department, San Antonio, average about 1,300 emergency detentions a month, less than 1% of those would ever be committed. So there's, you can look at that as good or bad, depending upon your stance on gun control. And this is not the conversation for it, but really it really takes the act of a judge and two psychiatrists to recommend that. And then the judge has to make that hearing and that final decision. - Right. And you know, when we talk about mental health, I don't want to steer people to think, oh my gosh, it's all hospitalization, because it's really not. There's so many other programs out there, you know, for the military, we have, you know, the military family life counselors, so we have the Endeavors Clinic, the Steven Cohen Clinic, there's, you know, the mental health clinic on base for those that are on active status or dependence, you know? So there's so many options out there. There are also higher levels of care, like day programs, like a partial hospitalization program. And some of the local facilities, you know, they do offer military services or military programs. And I know that's, you know, nationwide as well. - Yeah, and you know, and with today's climate and what's going on with the pandemic, people are actually getting in to see a provider a little bit quicker, although it's virtually in a lot of those cases, but providers can see more patients a day through a virtual connection and it would be, sometimes it would be a six month wait to see a psychiatrist. And now those are being expedited fairly quick. So you're absolutely right. There's a lot of, because of the technology, because of, you know, what we've been through this year, they're finding other ways to provide service and treatment outside the norm. And this is exciting in a way, because now we're finding ways to get people treatment quicker than they've ever had access to care before. - And so I wanted to close on one note, I think, you know, something that people don't realize that we can, everyone can help prevent suicide. It's not my job only. It's not your job. I mean, everyone can be a part of that. So I want everyone to know the Suicide Prevention Lifeline provides 24/7 free and confidential support for people in distress, prevention and crisis resource for you or your loved ones and

best practices for professionals. The number is +1 800-273-8255. Again, that's +1 800-273-8255. Gladiators, I appreciate you listening today. Ernie, thank you so much for coming out and sharing your expertise with us. If you haven't seen his documentary, I encourage you to watch it. It's called Ernie & Joe: Crisis Cops on HBO. Again, thank you so much and Gladiators out. (upbeat music)