
The DMH Responder

Summer 2024



Office of
Mental Health



Department
of Health

Office of
Health Emergency
Preparedness

Welcome to the **New York DMH Responder**, our newsletter for the Disaster Mental Health community. This issue includes recaps of some of the presentations at the 19th annual Institute for Disaster Mental Health (IDMH) at SUNY New Paltz conference, which was held on May 14 and 15, 2024, at the Culinary Institute of America in Hyde Park. The theme of this year's event was **Beyond the Call: Sustaining Resilience in the Responder Community**. The cross-disciplinary gathering included individuals from police, fire, military, and EMS backgrounds, along with mental health professionals interested in working with these responders to fortify resilience and support their peers and colleagues. Generous sponsorship from the New York State Division of Homeland Security and Emergency Services, New York State Office of Mental Health, and Ulster County meant attendance was free for all state employees. Full presenter biographies can be found on the [conference website](#). If you weren't able to attend, we hope you'll enjoy these highlights.

As always, your feedback and suggestions for topics to cover in future issues are welcome; please email any comments to ohcp@health.ny.gov and prepedap@health.ny.gov.



“Service to others is the rent you pay for your room on this earth.”

- Mohammed Ali, quoted by IDMH Conference keynote speaker, Carl Dickens, Ph.D., Federal Bureau of Investigations



Responder Resiliency & Buffalo's 5/14

**André JC Stokes,
Senior Director,
BestSelf
Behavioral Health**

The first day of the conference fell on the second anniversary of the horrific Tops Supermarket shooting in Buffalo, referred to in the community simply as “5/14,” so it was fitting to have a key member of the local mental health response present to speak about some of the support activities for residents since the attack – and the toll that the response has taken on some helpers. André JC Stokes is a Buffalo native, a Master Social Worker, Credentialed Alcoholism and Substance Abuse Counselor (CASAC), author, and Senior Director at BestSelf Behavioral Health in Buffalo, NY. With 17 years of experience in the field of behavioral health, he has worked as a Case Manager, Wellness Specialist, Mental Health & Substance Use Counselor.

After describing his upbringing in East Buffalo and recounting his horror upon learning about the racially motivated shooting in 2022, André recalled the moments after he arrived at the scene: “I was semi in crisis as I was on my way, not knowing what I'm going to get myself into. So as I approach the city line, and get more towards Jefferson Ave., I see a sea of red and blue. I see people and the flashing lights. There's the caution tape. I see police cars, ambulances, fire trucks, everything – everything you can imagine. As I approached, I saw a few of my [BestSelf] co-workers.... I had also contacted some other independent counselors and private clinicians as well to come in and provide whatever assistance; compensation can be

dictated later.”

He continued: “What I saw within the community, within the people who were there, was a lot of pain. There's a lot of despair, confusion. Everyone was hurt, tears, hugs, everything.... We put together a plan to simply ask the community members what they needed. And the community members informed us that they wanted Black counselors to come in and provide the assistance.” Within days, the Black Mental Health Response Team was formed, which consisted of counselors, peer advocates, nurses, case managers, a few psychiatrists, and an M.D. They also brought in spiritual care providers, as many in the community were more comfortable with a faith-based approach than with clinical counseling due to stigma about mental health issues as well as negative past interactions with secular providers.

Members of the team worked tirelessly to support traumatized community members – until many could no longer sustain the pace of the early months due to general burnout and, especially, Compassion Fatigue (CF), the focus of Stokes’ next section. He defined CF as “the physical, emotional, and psychological impact of helping others, often through experiences of trauma and stress and trauma” – the precise situation for all who tried to help in East Buffalo and the rest of the city on and after 5/14. That included the police officers who responded, the EMS workers who were first on the scene trying to save lives, medical professionals providing care for the wounded, social workers and counselors, and members of every other profession who are exposed to trauma on a daily basis through their work, even outside of major events like the attack.

When these workers reach the point of CF, it impacts their personal as well as professional lives since, as Stokes noted, people who gravitate to these fields tend to put the needs of others above their own. Symptoms of CF can occur in multiple realms:

Physical Signs:

- Exhaustion
- Sleep problems
- Headaches and migraines
- Increased susceptibility to illness
- Muscle tension

Behavioral Signs:

- Increased use of alcohol
- Anger and irritability
- Impaired ability to make decisions
- Refusing or ignoring help
- Difficulty separating personal and professional life

Psychological Signs:

- Guilt
- Depression

- Loss of hope
- Decreased ability to feel empathy
- Dread of working
- Anxiety
- Hypervigilance

And when the first responders, healthcare providers, and mental health professionals are experiencing these symptoms, the effects trickle down to community members, negatively impacting consumer/community member satisfaction with services, and causing dysfunction in responder-consumer interactions as well as increasing the risk of error within duties. Stokes acknowledged his own case of CF after working weeks of 14-hour shifts back-to-back after 5/14, leading not only to personal suffering, but to him making a mistake on paperwork that impacted a client's access to services. Fortunately, the situation was resolved and the client forgave Stokes, but it was a wake-up call to him that he needed to take some time off in order to return to functioning effectively.

After outlining some of the initiatives Buffalo officials implemented to support police, EMS, and other responders, Stokes concluded by offering some tools for improving responder resiliency, including regularly scheduled time off, vacations, meditation, staying connected to meaning, and above all, being kind to yourself: "I had to teach myself how to give myself grace. I beat myself up pretty badly if I made a mistake or if I felt like I didn't do something correctly with a client. And I had to remember that I too, am a human being.... Sure, I have duties, but as a human, going through the 5/14 motions for me was kind of like a double duty. Because again, growing up [in the community], I was in a position to help other people. But at times I forgot that I also am the people from the neighborhood."

**Struggling Well:
Understanding Post
Traumatic Growth
with Robert Dabney
Jr., Executive Director,
VetPark's A.T.V. peer
support program for
veterans**



After spending nine years as a Combat Medic, including two tours in Iraq, and three years as a hospital chaplain, Robert Dabney Jr. said he experienced a rock bottom of isolation and struggle, which led him to the importance of peer support. The way he saw it, if someone was going to help him, it had to be someone who had gone through it. After experiencing peer support through Boulder Crest, he became a peer support specialist himself. He said it was important for him to learn at this time that it is okay for good things to happen after bad things. Of course, he noted that it's important to teach the symptoms of Posttraumatic Stress Disorder (PTSD), but that we also need to teach the conditions and signs of Post-Traumatic Growth, because people can't aim for it if they don't know that it exists.

Post-Traumatic Growth (PTG), a term coined by psychologists Rich Tedeschi and Lawrence Calhoun, is part of how we make sense of things after a traumatic event. It involves growth, transformation, and a life that is more purpose-filled. Before traumatic events, Dabney said, people often experience themselves, others, and the world in one way. They may see themselves as capable, others as trustworthy, and the world as good. But following a traumatic event they may no longer see themselves as capable, others may be seen as untrustworthy, and the world may be seen as inherently bad. But this change in perception also offers an opportunity for growth.

Forms of PTG can include new possibilities, deeper relationships, personal strength, appreciating life, and spiritual or existential change. One of the ways Dabney suggests to help support someone in experiencing this growth is to help them see beyond what they are experiencing in the present. You can do this by normalizing struggle, acknowledging that when we struggle poorly that it is because of lack of training, not a defect in character, and that struggling well is possible. For Dabney, "struggling well" means having trust and connection at the center of everything you do. It also involves disclosure, which can take some of the so-called rocks out of your rucksack to help you move forward instead of being stuck in the past. Then, you become the author of your own story, and you can create a new interpretation rather than one that is rooted in circumstance. After that, he recommends continuing your journey by offering service to others in a reciprocal fashion, which is a common ethos for those in the first-responder community. Before closing with some breathing exercises, Dabney noted that it is important to lean on mentors and support networks during this time, and to cultivate healthy habits like meditation and breathing practices. This can help us avoid negative spirals and keep on a growth trajectory.

Resources for Responders

The following books and websites were recommended by presenters throughout the conference.

Books:

[The Code of the Warrior: Exploring Warrior Values Past and Present](#)

Shannon E. French

[Leaders Eat Last: Why Some Teams Pull Together and Others Don't](#)

Simon Sinek

[Pararescue: The Skill and Courage of the Elite 106th Rescue Wing - The True Story of an Incredible Rescue at Sea and the Heroes Who Pulled It Off](#)

Michael Hirsh

[Kitchen Table Wisdom: Stories That Heal](#)

Rachel Naomi Remen

These online mental health resources were recommended by Keita Franklin, Specialist Executive, Deloitte & Co-Director of the Columbia Lighthouse Project:

What is Depression? | SAMHSA

<https://www.samhsa.gov/mental-health/depression>

Anxiety Disorders | SAMHSA

<https://www.samhsa.gov/mental-health/anxiety-disorders>

National Action Alliance for Suicide Prevention

<https://theactionalliance.org/>

The Columbia Lighthouse Project on suicide prevention

<https://cssrs.columbia.edu/>

Facts About Suicide | CDC Suicide Prevention

<https://www.cdc.gov/suicide/facts/index.html>

Disaster Behavioral Health Resources | SAMHSA

<https://www.samhsa.gov/dtac/disaster-behavioral-health-resources>

Coping with a Disaster or Traumatic Event | CDC

<https://emergency.cdc.gov/coping/index.asp>

Disaster Behavioral Health | ASPR TRACIE

<https://asprtracie.hhs.gov/dbh-resources>

Research Brief: New York State First Responder Mental Health Needs Assessment

Near the end of the conference, Institute for Disaster Mental Health Executive Director Amy Nitza presented new data from a study that was recently conducted as a

collaboration between IDMH and the Benjamin Center for Public Policy Initiatives at SUNY New Paltz along with the NYS Division of Homeland Security and Emergency Services. The online survey was completed by just over 6,000 first responders statewide, including fire service (52% of respondents), emergency medical services (37%), law enforcement (29%), emergency manager (9%), emergency communications / emergency call taker / dispatcher (7%), administrative (6%), and other (1%). The survey included 27 questions covering demographic information, stressors associated with work, mental health challenges, and barriers to seeking and receiving care. The findings are enlightening about the vast range of stressors these responders encounter at work, and the stigma about help-seeking many experiences. Here is a sample of the responses.

Sources of distress in first responder work (participants could select all that applied, so totals add up to more than 100%):

- Traumatic events: 56%
- Not enough time to spend with friends and family: 45%
- Public perception of the profession: 45%
- Situations encountered on the job: 44%
- Difficulty with colleagues: 40%
- Shift work: 39%
- Risk of being injured on the job: 38%
- Overtime: 37%
- Lack of understanding from family and friends about your work: 36%
- Limitations to social life: 34%
- Paperwork: 28%

It's not surprising that traumatic events lead the list, but it's revealing that many of the other common forms of stress result from more ordinary kinds of hassles, like paperwork and scheduling issues. And these stressors negatively impacted participants in their home life (80%), physical health (79%), social life (75%), and friendships (67%), demonstrating their wide-ranging effects. Additionally, 56% of respondents stated they have experienced symptoms of anxiety resulting from their work; 53% had symptoms of depression; and 38% had symptoms of PTSD. And 15% acknowledged having had thoughts of suicide – quadruple the 4% rate in the general New York State population.

The participants strongly endorsed several services they felt would improve responder mental health, if free and accessible: individual therapy (97%), peer support programs (93%), couples / family therapy (91%), and wellness activities (87%). However, they also noted many barriers to seeking care, with stigma and negative repercussions for those who do:

- Concern that peers will think they're unreliable / "not up to the job": 78%
- Concerns about negative career impact: 74%
- Concerns about what others think of them: 74%
- Concerns about confidentiality: 72%
- Concern about losing pistol license: 68%
- Concern about losing service weapon: 61%

So, our first responders recognize the mental health toll of their work, and believe many services would be beneficial, but ongoing stigma and concerns about career impacts continue to prevent many from actually seeking support. This is a clear workplace culture issue that needs to be addressed from the top, and hopefully the many managers present at the event will take that message to heart – a wish that was reinforced by the Commissioner of the New York State Division of Homeland Security and Emergency Services, Jackie Bray, in her remarks closing out the 19th Institute for Disaster Mental Health conference.

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