



NYPD Pathways to Wellness: "R U OK"

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Policing in the United States and around the world has never been an easy task. In 1970, when a young Bill Bratton walked a beat on the streets of Boston, cops would carry a six-shot revolver, handcuffs, a summons book, and a pocket full of dimes for the pay phones in case they needed to call for assistance with an arrest. As times change rapidly, policing practices and equipment often lag behind. Often lagging along with them is the morale and wellness of the men and women who serve our communities.

In 2014, when we returned to the New York Police Department (NYPD) for a second time, crime had been significantly decreased over the two decades since we had left, thanks to the initiatives we had put in place in the 1990s, but there was a new threat that New York's Finest was up against—terrorism. Our predecessors did a good job of creating one of the most cutting-edge counterterrorism units in the world. But with it came more responsibilities for the officers, more equipment to carry on patrol, and more deployments that were often in addition to their regular scheduled duties. What had been left behind during the continued 20-year success story were the needs of the cops.

For any agency, the importance of inclusion cannot be overstated. Leaders must seek to draw on all the strengths of all their members as they strive for improvement. Think of it as a guiding principle of leadership—even the greatest among us can improve.

We spent much of 2014 in a reengineering process that helped define our goals. It included a cultural diagnostic of the department. We began by forming teams to design and implement change. We held focus groups and conducted surveys across the NYPD. We, as the leadership team, wanted to ensure the membership that we see them. And we found that the members of the department willingly stepped forward with ideas. We had hundreds of both sworn and professional staff working in dozens of groups that generated more than 800 recommendations, the significant majority of which were implemented. It has been said that cops hate two things: change and the way things are. But what they really want is for their voices to be heard.

We learned that many of our officers felt alienated and forgotten about, often due to an overly punitive discipline system. Officers also told us that equipment needed replacing or repair, everything from vehicles that were broken down with no air conditioning to their locker rooms that would flood in the rain. It was clear that the relationship between the NYPD leadership team and the men and women in blue across the city was frayed. The challenge was to win back the trust of

our officers and civilian employees and their enthusiasm for the profession we all love.

As important as upgrading equipment and repairing facilities were, we knew that change must begin at the core of what drives not only officers, but every person. Wellness was a major priority as we righted the ship and asked so much of our members. Our process for feedback identified the dire need for a truly confidential way in which officers could ask for and receive help with their mental health.

The existing structure was not working. Officers felt there was no avenue to reach out without being stigmatized and being subjected to what felt like a disciplinary process. In fact, the resources at the time were provided by the unit that oversaw discipline in many instances. Often, in the past, an officer seeking help would face being transferred, and while the reason for the transfer was not made public, it was often well known by colleagues. It dissuaded officers from getting the help they needed and added an extra worry to an already very stressful career.

We had to act quickly to create an avenue of trusted resources that met the needs of the 52,000 members of the NYPD. Also needed was the proper messaging to reach them. Our campaign became known as "R U OK?" (Are You OK?). It was partially inspired by a similarly named public campaign in Australia. We took a two-pronged approach to this important task of addressing both personnel wellness and suicide prevention. Our messaging directly reached out to any member of the NYPD who may have been in need of help and taught the entire workforce to look to their right and left to identify their fellow officers and professional colleagues who may have needed resources. We began to remove the stigma and had posters hung in every station house in the city—"R U OK?" The posters included practical tips on how to check in with someone as well as both resources within the NYPD and external options. We encouraged members of the department to seek help, ensuring it would be truly confidential. Importantly, we also empowered each and every member of our agency, regardless of title or rank, encouraging them to take action and check in with a co-worker by starting with a simple yet powerful question, "Are you okay?"

As important as the actual change was its sustainability. Our campaign for wellness needed to have the ability to advance under new, engaged leadership. For this, the department collaborated with outside agencies whose missions were mental health, resilience, and suicide prevention. For any successes we had, these partners deserve credit. We relied on the guidance of organizations like the New York City chapter and

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the national office of The American Foundation for Suicide Prevention (AFSP), the Psychiatry Department at Columbia University Irving Medical Center (CUMC), the Crisis Text Line, and the American Association of Suicidology, among others.

Their support was diverse, including ensuring our messaging was based on best practices. When it comes to suicide, we owe it to that fallen brother or sister who died by suicide to understand as much as we can about what happened. Working with these partners ensured we did it in a manner that was evidence-based. This cannot be stressed enough—external collaborations with organizations and researchers are necessary to make meaningful change in policing when it comes to wellness, resilience, and suicide prevention.

An example of how external partnerships led to direct action is one of the NYPD's most successful initiatives built on the "R U OK" campaign—the Peer Support Program. This program was developed in direct partnership with CUMC as well as with other partners like AFSP. In the NYPD model, Peer Support members, who are the rank and file themselves, receive an intensive, 4-day training. During the course, the peers learn about a variety of topics that will help them de-escalate a colleague in crisis. This includes crisis communication skills (adapted from our hostage negotiation training), understanding risk factors and warning signs of suicide, mental health conditions, and the neuroscience of resilience.

Importantly, peers come from a variety of ranks, both uniformed and civilian members. Fighting stigma must involve everyone, and this has to include the civilian workforce. Our peer program included only those members who genuinely volunteered (this is not a "volun-told" program), and part of the program's success was ostensibly counter to police culture—the peer members are 100% independent. There are no reports, meetings on statistical data, or benchmarks to achieve. Independence and confidentiality are the foundation of this program.

As the program grows, more than 400 of New York's Finest continue to be trained (in small groups of a maximum of 26 people)—and likely countless others helped by their colleagues. We proudly look back to a legacy of success, knowing the department continues to take the mission of health and wellness seriously, and share the experiences of what has

been learned with other agencies. That too is worthy of mention—we are not operating in silos, nor are we the only ones doing this. The NYPD wellness team eventually became a permanent unit. The team includes a mental health and wellness coordinator for the agency. As we developed our peer program and other initiatives, we constantly engaged other police partners and organizations across the United States and internationally. The list includes the Police Executive Research Forum (PERF), the Fraternal Order of Police, Metro Nashville Police, the Los Angeles Police Department, Police Scotland, the Australian Federal Police, and the New Zealand Police.

We know that there is not a single cause of suicide and that mental health conditions arise from a variety of complex factors. Therefore, the work being done to prevent suicide and address mental health conditions while also supporting police members needs to be diverse—there is no one quick fix to this. It is complicated. And acknowledging those complications helps to guide our responses.

Much as we tell officers they do not have to take on challenging incidents by themselves while on patrol, addressing suicide prevention, resilience, and mental health should be no different. Reaching out for help is a true sign of strength, not weakness.

It's imperative to work with external experts. As already stated, the NYPD has been fortunate to work with AFSP, PERF, and Columbia, among others. As police agencies across the world continue to address these concerns, embracing genuine external collaborations while promoting an internal message that each individual can play a role is how real change will be made. Everyone deserves to have positive mental health and we need to make sure this message—and our actions—are felt and supported by the men and women in blue.

CONFLICT OF INTEREST DISCLOSURES

The authors declare that there are no conflicts of interest.

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