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Mitigating Mass Violence

What can a healthcare organization and its community do?

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National Council Medical Director Institute

- Medical directors from mental health and substance use treatment organizations from across the country.
- Advises National Council members, staff and Board of Directors on issues that impact National Council members' clinical practices.
- Champions National Council policy and initiatives that affect clinical practice, clinicians employed, by member organizations, national organizations representing clinicians and governmental agencies.

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Membership

- Chief Medical Officers of behavioral health organizations
  - 22 Provider Representatives
  - Four Affiliate Representatives
  - Board Liaison
- Diverse Backgrounds
  - Psychiatrists and Primary Care
  - Child/adolescent, addiction, academic, emergency, geriatric
  - CMHCs, FQHC, Addiction Treatment, Hospital systems, MCOs, Foundation, Consulting

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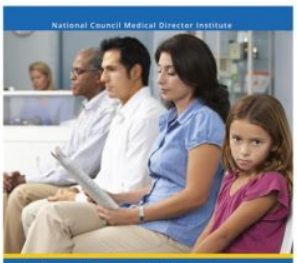

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3/20/2019

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Mass Violence Expert Panel

- Held in Chicago October 7-8, 2018
- 30 expert diverse expert panel members
  - Practitioners
  - Administrators
  - Policymakers
  - Patients/Peers
  - Researchers
  - Innovators
  - Law Enforcement
  - Managed Care
  - Professional Associations
  - Member Executives
  - Payers
  - Advocates
  - Educators
  - Judges

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Community BH Response to Sandy Hook: A view from ground-level

John Santopietro, MD, DFAPA
Senior Vice President, Hartford HealthCare
Physician–In–Chief, Behavioral Health Network, HHC
Assistant Clinical Professor of Psychiatry, Yale School of Medicine
Assistant Professor of Psychiatry, University of Connecticut School of Medicine

Hartford HealthCare
Behavioral Health Network

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The (mostly) Obvious

- Timeline - Clinic call, Local calls, National calls
- Linkages - APA, Red Cross, CSMS, CT AACAP, DMHAS, Gov
- Descent onto the Scene - National, Local, Government, Press, Families
- Battlefield Reports - confusion, misinformation, multiple data streams = norm
- Lessons - better infrastructure (training, active list with cell phone numbers, eg) and better connections to outside agencies, names, meetings ahead of time

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The Not So Obvious

- Volunteerism - 150 psychiatrists in 24h - 3h shifts 7-7
- 'Informality' - 'therapy by walking around' - little things (pizza)
- Resilience – victims, families, teachers, first responders
- Proximity effect
- My reaction - kids same age, wear and tear

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December 21, 2012 6:59 AM

John,

At WestConn we spent most of the time walking around the floor making sure that those who seemed to be struggling had supports. They had stuffed animals we could hand out and it provided a nice way to step in and start the conversation. The Red Cross staff was indeed excellent and it was good to be paired with them. Most of the grieving was appropriate and people had supports with them. There were a few kids in the chorus that had a rough time but their peers and teachers handled things well.

At Reed yesterday I saw 3 families with middles and elementary school kids. All had at least one child at Sandy Hook. The work was mostly grief counseling, parents bringing their kids in because they were having a hard time. Some of the kids were struggling but all the parents needed reassurance and support and greatly appreciated guidance and psycho-education, anticipatory guidance and be reminded of their own resilience. One family gave me permission to share that they got a puppy to help them through it and named the dog "Hope." Brilliant. The therapy dogs that arrived were great. They greatly facilitated our work and brought out some unexpected smiles.

The various colleagues present were splendid to work with. We worked in teams and in between supported each other. As to the holiday week, I'm on the road today picking up my youngest from college. After the weekend I am home on vacation so have more freedom than usual. I could be available to do a couple of shifts if needed including Christmas or Christmas eve. AM, PM, whatever. Plans are fluid and will evolve as my kids arrive. It would be helpful if you could let me know where and when the needs are and I could quickly get back to you. If that's not possible, just let me know and I will find a way.

It's a privilege to be able to help these folks.

Sincerely, Richard J. Miller, MD F.A.A.C.A.P.

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From Sue Klebold

"There was chaos where there should have been leadership."

- Love isn't enough
- Shut up and listen (to your kids)
- Everyone should receive Mental Health First Aid and/or suicide gatekeeper training

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Mitigating Mass Violence: What Can a Healthcare Organization and its Community Do?

Donald W Bechtold, MD
VP, Healthcare and Integration
Chief Medical Officer
Jefferson Center for Mental Health
Wheat Ridge, Colorado

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April 20, 1999 – Littleton, Colorado

- Columbine High School seniors Eric Harris and Dylan Klebold shot and killed 12 students, 1 teacher and wounded 24 others
- 47 minutes later, Harris and Klebold turned their weapons on themselves and committed suicide
- HOWEVER, it required several more hours to secure the building and obtain medical attention for the wounded

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April 20, 1999 – Littleton, Colorado

- Harris and Klebold were described by The Governor's Columbine Review Commission as "two disgruntled seniors … who determined to kill as many teachers and fellow students as possible" with two 20-pound propane bombs, a number of smaller incendiary and pipe bombs and multiple firearms.

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The Governor's Columbine Review Commission

- Created by executive order by Governor Bill Owens
- 15 members commissioned on January 28, 2000
- Members represented law enforcement, the judicial system, education, the legal community, the faith community, the media and Colorado state government
- Final Report issued in May, 2001

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The Governor's Columbine Review Commission – the charge

- "to inquire into the Columbine High School tragedy … and to submit recommendations on several matters:
  - law enforcement handling of the crisis
  - the sufficiency of safety protocols as used at Columbine High School
  - an evaluation of emergency medical response and evacuation techniques employed at Columbine

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The Governor's Columbine Review Commission – Recommendations:

- Relating to Crisis Response Actions
  - "the highest priority of law enforcement officers … at the scene … is to stop any ongoing assault"
  - "the establishment of an incident command system is essential"
- for Improved Communications for Critical Emergencies
  - need multimodal, multifaceted, redundant, interoperable communication systems across the incident command system
  - need a statewide digital trunked communication system

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The Governor's Columbine Review Commission – Recommendations:

- Bearing on Interaction with Media Representatives
  - a media "crush" is to be expected
  - Identify a trained and experienced information officer of command rank and filter communications through her/him
  - organization-specific information officers should also be prepared for the media onslaught

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The Governor's Columbine Review Commission – Recommendations:

- Concerning Detection by School Administrators of Potential Perpetrators of School-Based Violence and Administrative Countermeasures
  - must continue to address the "code of silence"
  - reports and concerns must not be discounted because a student is young
  - all threats, whether direct or indirect, must be taken seriously and evaluated
  - mechanisms like anonymous tip lines should be deployed
  - bullying-prevention programs with proven effectiveness should be implemented
  - a threat assessment team should be established at every high school and middle school
  - Information regarding threatening behavior must be shared across the youth-serving system to the extent allowed by law

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The Governor's Columbine Review Commission – Recommendations:

- "Although security devices can effectively deter certain forms of school crimes … they have not yet been proven to be cost-effective in preventing major school violence … Therefore, the Commission does not recommend the universal installation of metal detectors, video surveillance cameras and other security equipment as a means of forestalling school violence generally; for the present, such security devices can serve only to offer transient solutions to specific problems at individual schools."

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The Governor's Columbine Review Commission – Recommendations:

- Concerning Reuniting Attack Victims and Their Families
  - command centers should include victim advocates to provide accurate information more directly to family and friends. Victim advocates should be members of the community
- Concerning Identification of Victims' Bodies and Family Access to Bodies
  - be sensitive to the immediate emotional needs of families of victims – some usual procedures may need to be relaxed
- Concerning Suicide Prevention in the Aftermath of Incidents Like Columbine
  - an implicit acknowledgment that many incidents of mass violence are at their core murder-suicides, and that from a prevention vantage point, the suicidality of the perpetrator may be more readily identifiable than the homicidality

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Lessons from Columbine: Preventing School Violence

- "*Knowledge About the Perpetrators Before the Columbine Attack* – a most disturbing aspect of the tragedy … was the fact that many people had pieces of information about (the) perpetrators well before they launched their attack, but that information was never acted upon, in part because at the time no protocols or procedures were in place that would have allowed all of the pieces of information to be assembled in one place and evaluated."

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Lessons from Columbine: Preventing School Violence

- *The Reasons Students Fail to Come Forward Even Though Worried About Violence:*
  - The Code of Silence
  - Youthfulness of Perpetrators of School Violence
    - The association of youth with "innocence"
    - Developmental and emotional immaturity
    - Youth are dealt with differently across systems

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Lessons from Columbine: Preventing School Violence

- *The Importance of Evaluating Threats*
  - *All threats must be evaluated*
  - *by a trained and competent multidisciplinary team*
  - *considering both the threat AND the broader familial, social, emotional and environmental context*
  - *and the ability of the youth to carry out the threat*

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Lessons from Columbine: Preventing School Violence

- The Need for School Administrators and Law Enforcement Agencies to Share Information (need enabling legislation that allows the sharing of information across all essential community entities)
- For reasons of confidentiality, threat assessment teams should not include students, parents, or teachers. It is "desirable, if feasible, to appoint to each threat assessment team a trained mental health professional"

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Mitigating Mass Violence: What Can a Community Mental Health Center Do?

Harold I. Schwartz, M.D.
Psychiatrist-in-Chief Emeritus
Institute of Living / Hartford Healthcare
Professor of Psychiatry, University of Connecticut School of Medicine

Institute of Living
A Division of Hartford Hospital

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The Governor's Sandy Hook Advisory Commission

- 16 members, commissioned January, 2013
- Members represented local and state government, educators, mental health and pediatric clinicians/administrators, school security consultants, the advocacy community, first responders/law enforcement
- Broad charge to examine school design/operations, law enforcement/gun safety and mental health issues
- Report issued February 2015

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Commission Key Findings/Recommendations re Mental Health

- Catagories:
  - Models of Care
  - Barriers to Access – Insurance and Funding
  - Barriers to Access – Stigma and Discrimination
  - Privacy/Confidentiality and Community Safety
  - The Role of Mental Illness in Violent Events
  - Response, Recovery and Resilience

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Models of Care

- Build systems that go beyond treatment to embrace overall psychological, social and emotional well being
- Target prevention and detection with integrated care stressing family involvement, community resilience and a biopsychosocial focus
- Incentivize providers through reimbursement mechanisms to integrate physical and mental health services

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Models of Care

- Schools must play a critical role in fostering healthy child development and healthy communities
  - Social Emotional Learning (SEL) from pre through high school
  - Anti-bullying strategies
  - Substance abuse prevention curricula
  - School based health centers for prevention programs, screening, treatment and referral (to child guidance clinics and other community based providers)

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Models of Care
Schools

- Schools and community providers should work together to improve access to care
- Schools should form multidisciplinary risk assessment teams
  - Assess risk AND provide support
  - Consider social connectedness in assessments

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Barriers to Access: Insurance and Funding Issues

- Increase reimbursement rates and address workforce issues
- Redefine "care" to consider the whole person – commercial insurance to address housing, vocational, occupational, drop-in services
- Phase out behavioral health carve outs
- Address and regulate provider panel lists
- Appeal care denials through an independent agency

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The Role of Mental Illness in Violent Events

- Mental illness alone is a weak predictor of interpersonal violence
- Untreated illness (the DUI), substance abuse, history of violence, youth, male gender and socio-economic disadvantage all increase risk
- Early intervention, early psychosis programs
- Use behavioral threat assessment, focusing on behavior and communications indicating intent to commit violence rather than trait based profiling

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The Role of Mental Illness in Violent Events

- Multidisciplinary threat assessment teams in schools. Role for community providers?
- Limiting gun eligibility should be evidence based – history of violence, reckless use of alcohol and illegal drugs, clinical finding of dangerousness
- Support for "gun restraining orders"

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Response, Recovery and Resilience

- Develop a comprehensive state-wide plan for crisis response, designate lead agencies, identify short and long term funding mechanisms, integrate behavioral health and education agencies into unified command systems, link to community programs offering bereavement victim services and faith based supportive services
- Empower and train providers within the school and community to ensure that recovery is self-sustaining, plan for long term as well as short term needs
- Attend to vicarious traumatization

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The Connecticut Child Advocates Report

- Lanza
  - Learning issues from childhood, Autism Spectrum
  - Severe deteriorating psychiatric issues – depression, anxiety, OCD, anorexic, ?psychosis?
  - Little treatment, recommendations ignored
  - Consistent failure to address social emotional learning (connectedness, empathy) aspects of his special education needs
  - Withdrawn to homebound schooling, no friends, total isolation
  - Long standing unaddressed murderous rage
  - Unprecedented preoccupation with mass murder
  - Living in cyber community of mass murder enthusiasts
  - Parental appeasement
  - A lifetime of easy access to automatic weapon

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Final Thoughts

- What distinguishes the shooter from hundreds or thousands of others with the same profile who do not shoot?
  - Lanza's life epitomizes the social disconnectedness and failure of empathic development of many shooters
  - SEL needs from early in life, failure to address them, social isolation, school withdrawal, video games and internet preoccupation, no face-to-face developmental contact

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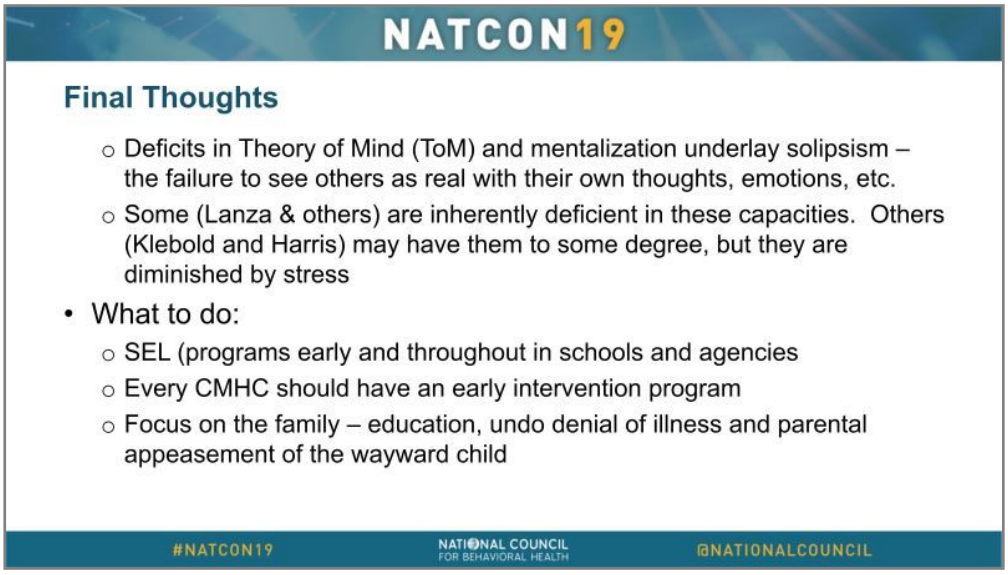
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Final Thoughts
Deficits in Theory of Mind (ToM) and mentalization underlay solipsism – the failure to see others as real with their own thoughts, emotions, etc.
Some (Lanza & others) are inherently deficient in these capacities. Others (Klebold and Harris) may have them to some degree, but they are diminished by stress
What to do:
SEL (programs early and throughout in schools and agencies
Every CMHC should have an early intervention program
Focus on the family – education, undo denial of illness and parental appeasement of the wayward child
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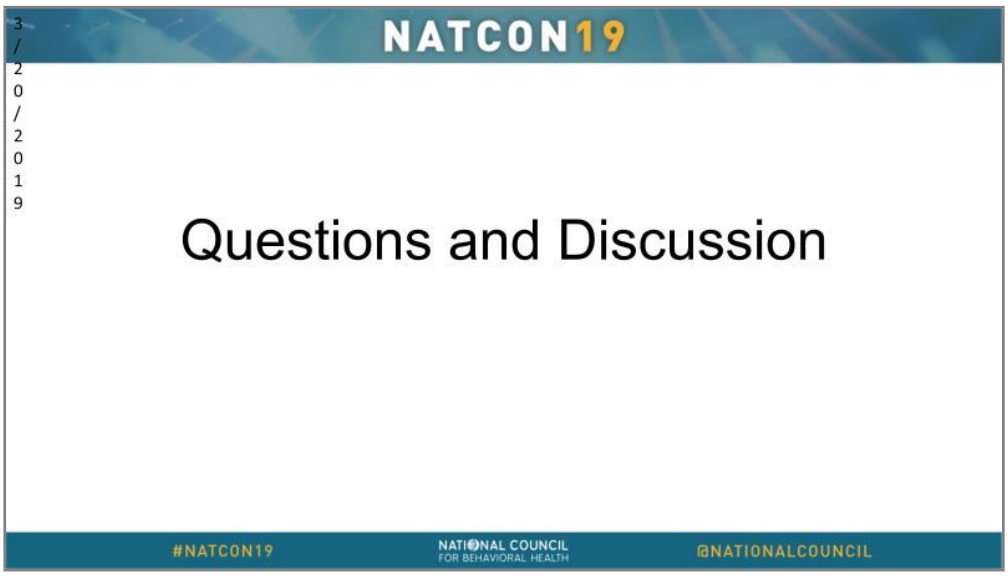
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Questions and Discussion
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