

Responding to a high-profile tragic incident involving a person with a serious mental illness

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Today's Presentation

Introduction

Illinois Incident

Toolkit - Before the Tragic Event

Toolkit - During the Tragic Event

Toolkit - After the Tragic Event

Reactions to the Toolkit

Mental Health & Violence

Resources



Introduction

Learning Objectives

- ▶ Introduce the NASMHPD/Justice Center Toolkit.
- ▶ Understand the impetus for the Toolkit.
- ▶ Learn practical approaches on how to prepare for and respond to tragic incidents involving a person with serious mental illnesses.
- ▶ Understand the relationship between mental illnesses and violence.



Introduction

The Need for a Toolkit

- ▶ Commissioners are often called on to account for perceived failures in the public mental health system.
- ▶ Incomplete and/or inaccurate information quickly spreads.
- ▶ Some debates have resulted in calls for extreme measures, such as re-institutionalizing large numbers of individuals in state psychiatric facilities.

Illinois Incident

Background

- ▶ In 2008, a Northern Illinois University student shot and killed five students and wounded 18 others before taking his own life.
- ▶ The student had a history of psychiatric inpatient care and allegedly stopped taking his medications.
- ▶ Though he had been discharged from the Army in 2002 for withholding information about his mental illness, he was still able to acquire an Illinois firearm identification card and purchase a firearm.

Illinois Incident

Proactive vs. Reactive Responses

Proactive:

- ▶ In response to VA Tech, the Governor convened the Campus Security Task Force.
- ▶ Interoperable radios were distributed to over 70 campuses.
- ▶ Trainings on campus security awareness and regional emergency response were conducted.
- ▶ Surveys of MH services on campuses were completed.
- ▶ Statutory changes were made to the FOID Act and MH Code.

Reactive:

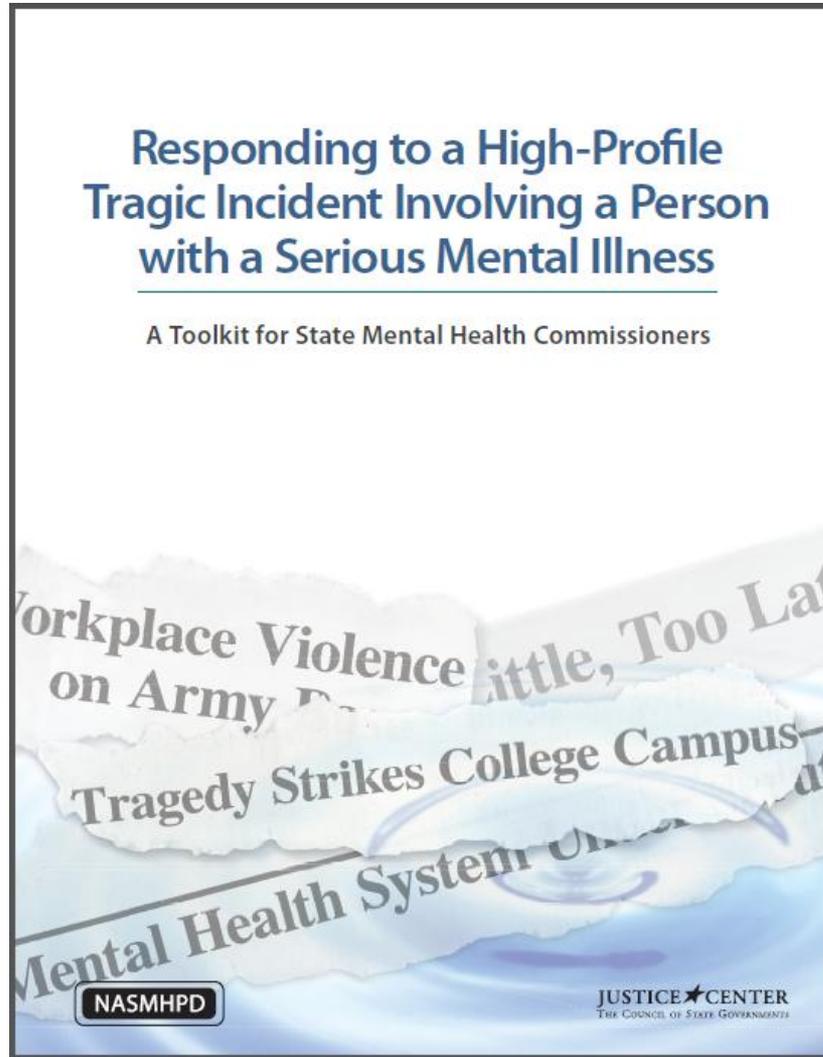
- ▶ Governor signed into law the Campus Security Act:
 - ▶ Required training exercises
 - ▶ Campus violence prevention plans
- ▶ SMHA developed accessible information on MH laws governing civil commitment, early signs of MI, and service access.
- ▶ SMHA institutionalized the process for credentialing volunteers.

Illinois Incident

Lessons Learned

- ▶ Leadership tone is critical.
- ▶ Understand your role in managing the crisis (“Stay in your lane”).
- ▶ Be as prepared for a crisis as early as possible.
- ▶ Know state mental health laws.
- ▶ Have command of key facts/create “teachable moments.”
- ▶ Develop an internal management structure:
 - ▶ Liaison to media
 - ▶ Liaison to Crisis leadership structure
 - ▶ Liaison for resource management (volunteers, federal assistance, etc.)

NASMHPD and CSG Justice Center Toolkit



NASMHPD and CSG Justice Center Toolkit

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NASMHPD and CSG Justice Center Toolkit

- ▶ Tips and specific tools are designed to guide ***before, during and after*** a critical incident. Each of these sections is divided into the following four parts:
 - ▶ **Understand your role**—Outlines your key responsibilities at each stage of a critical incident.
 - ▶ **Understand your agency**—Helps you prepare your agency for an appropriate and timely response.
 - ▶ **Understand your state**—Highlights knowledge you need to have about state laws, policy and operations.
 - ▶ **Understand crisis communications**—Helps you prepare for and respond to media inquiries and foster public information efforts.

Before the Incident

▶ **Understand Your Role:**

- ▶ Identify what role you will be expected to play.
- ▶ Communicate with the governor's office before an incident occurs so you know quickly who is in charge.
- ▶ Determine when it's appropriate for you to be the person answering questions.
- ▶ Find a mentor among your colleagues who has dealt with a high-profile, tragic incident and develop a working relationship.

Before the Incident

▶ **Understand Your Agency**

- ▶ Give someone on your management team the responsibility of implementing and updating this toolkit in your agency. This will be an ongoing duty/process as key contacts and laws/regulations frequently change in your state.
- ▶ Identify your internal crisis management team.
- ▶ Identify your internal crisis communications team.
- ▶ Develop a list of emergency contacts for your agency.
- ▶ Review, revise and practice your state's disaster mental health plan regularly.

Before the Incident

▶ **Understand Your State:**

- ▶ Become intimately familiar with your state's mental health policies and laws on such hot-button issues as:
 - ▶ Involuntary commitment
 - ▶ Firearms regulations/gun control laws
 - ▶ Privacy laws
- ▶ Become familiar with your state's procedures and policies for the following:
 - ▶ Managing disasters
 - ▶ Accessing resources
 - ▶ Coordinating volunteers
 - ▶ Assisting victims

Before the Incident

► Understand Your State:

- Develop an expanded list of emergency contacts.

MY AGENCY EMERGENCY CONTACTS LIST

Use, expand and/or adapt the following form to include those individuals within or closely connected with your agency who you want to have on hand in the event of a high-profile, tragic incident involving a person with a history or current diagnosis of serious mental illness. Be certain to update this list regularly and file it with your other emergency preparedness materials.

Deputy Commissioner

Name: _____ Cell: _____
Work E-mail: _____ Phone: _____
Home E-mail: _____ Phone: _____

Attorney

Name: _____ Cell: _____
Work E-mail: _____ Phone: _____
Home E-mail: _____ Phone: _____

Public Information Officer

Name: _____ Cell: _____
Work E-mail: _____ Phone: _____
Home E-mail: _____ Phone: _____

Disaster Coordinator

Name: _____ Cell: _____
Work E-mail: _____ Phone: _____
Home E-mail: _____ Phone: _____

Issue Expert (add as many as needed)

Name: _____ Cell: _____
Work E-mail: _____ Phone: _____
Home E-mail: _____ Phone: _____
Areas of Expertise: _____

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Before the Incident

▶ **Understand Crisis Communications**

- ▶ Determine who in your agency will speak with media and under what circumstances.
- ▶ Identify people outside government who have valuable expertise and respect in both government and public circles on key issues.
- ▶ Develop a list of local, regional, state and national media that cover MH and CJ issues.
- ▶ Network with reporters in advance of a crisis.
- ▶ Help the media understand the complexity of accurately reporting on mental health issues.
- ▶ Prepare some materials in advance.

During the Incident

▶ **Understand Your Role**

- ▶ Determine who the initial spokesperson will be.
- ▶ Remember that *you won't have all the facts right away*.
- ▶ Be clear about whether there is any remaining threat to public safety (if applicable) and urge calm.
- ▶ Be empathetic for the victims and your support for them, their families and others who are directly and indirectly affected.
- ▶ Provide guidance to your team on crafting and managing your message.

During the Incident

▶ **Understand Your Agency**

- ▶ Activate your internal crisis management team.
- ▶ Activate your internal crisis communications team.
- ▶ Assign administrative personnel to support your communications and crisis management teams.
- ▶ Begin notifying your in-house experts that they may be called upon.
- ▶ Activate your state's disaster mental health plan.

During the Incident

▶ **Understand Your State**

- ▶ Contact any external experts who can brief you on these issues as well as speak to the media and the public.
- ▶ Brief legislators responsible for agency appropriations about the facts as you understand them and establish ongoing communications with them.
- ▶ Be in touch with the leaders of any existing state-level groups, such as criminal justice-mental health collaborations or campus safety committees.
- ▶ Anticipate calls for immediate legislative solutions and be prepared to respond.

During the Incident

- ▶ **Understand Crisis Communications**
 - ▶ Activate a response.
 - ▶ Coordinate your involvement and stay informed.
 - ▶ Communicate with your employees, the media, the public and stakeholders.
 - ▶ Refine and add to your message (and the way in which you release information).

After the Incident

▶ **Understand Your Role**

- ▶ Resist the temptation to become defensive.
- ▶ Prepare to cooperate fully with any and all outside reviews.
- ▶ Begin to address calls for legislative responses.
- ▶ Prepare for “anniversary reactions.”

After the Incident

▶ **Understand Your Agency**

- ▶ Confirm that members of your crisis management team and communications team continue to document conversations with everyone they speak to and record everything they do.
- ▶ While the crisis is fresh in your mind, consider how your crisis management and communications plans work.
- ▶ Keep lines of communication open between yourself, your public information officer and the governor's office, as well as with your agency's stakeholders—particularly consumer groups, key legislative leaders and your in-house and outside experts.

After the Incident

▶ **Understand Your Agency**

- ▶ In the case of an incident that involves mass casualties, two groups will require special attention and support:
 - ▶ First responders who have witnessed the aftermath of violence and cared for traumatized victims.
 - ▶ Staff who may have experienced trauma as part of their work in an emergency operations center or other aspects of disaster relief.

After the Incident

▶ **Understand Your Agency**

- ▶ Conduct a formal review of your crisis management plan.
- ▶ Revise your plan accordingly. Remember to update it as conditions warrant.
- ▶ Ask communications or operations staff to draft a debriefing document (sometimes referred to as an after action report).

After the Incident

▶ **Understand Your State**

- ▶ Have information about your own state laws and policies readily available.
- ▶ Use the additional scrutiny of the public mental health system to identify service gaps and propose remedies.
- ▶ Remember that some individuals who have witnessed or responded to a tragic event may be from other communities or states. This is particularly true for an incident on a college campus or military base.

After the Incident

- ▶ **Understand Crisis Communications**
 - ▶ Review your communications plan.
 - ▶ Revise your communications plan.
 - ▶ Remain connected with the public and key stakeholders.
 - ▶ Showcase “what works” about your agency’s policies and programs.

NASMHPD and CSG Justice Center Toolkit

▶ **Commissioner Reactions**

- ▶ Arizona SMHA had most recent experience calling upon use of the toolkit.
- ▶ Toolkit was invaluable, “spot on.”
- ▶ Specific value found in:
 - ▶ Talking points/facts on MI and violence.
 - ▶ Direction to gather information on relevant state laws, relevant contacts.
 - ▶ Guidance on “understanding role” in crisis and leadership approach.

NASMHPD and CSG Justice Center Toolkit

▶ **Initial Reactive Responses**

- ▶ SMHA developed educational materials on identifying mental illnesses and how to access to mental health services for website.
- ▶ In collaboration with the National Council, SMHA conducted Mental Health First Aid training across the state using train-the-trainer model.
- ▶ Public Health is more involved with anti-stigma campaigns.

Mental Health & Violence

- ▶ **What is the connection between mental illness and violence?**
 - ▶ Most people with mental illnesses are not violent, and most people who are violent do not have a mental illness.
 - ▶ Studies show that people with psychiatric diagnoses who have co-occurring substance use disorders or untreated symptoms of psychosis, which means their contact with reality is lost or highly distorted, have an increased risk of violence.
 - ▶ People with serious mental illnesses are anywhere from 2.5 times to nearly 12 times more likely to be the victims than the perpetrators of violence (Teplin, L.A., McClelland, G.M., Abram, K.M., & Weiner, D.A., 2005).

Mental Health & Violence

- ▶ **What are factors other than mental illness that relate to violent behavior?**
 - ▶ Substance abuse significantly increases the risk for violence regardless of a person's mental health status.
 - ▶ Being young, male and of low socioeconomic status are associated with violent behavior.
 - ▶ Many people with serious mental illnesses live in impoverished neighborhoods with few natural or social supports. They report factors associated with violence, including physical abuse, parental criminal acts, unemployment and victimization.

Mental Health & Violence

- ▶ **Can violence in a person with a mental illness be predicted?**
- ▶ No. While violence risk assessment instruments do exist, their ability to predict future violent acts is limited by the complex nature of violence and limited support for the instruments' use.
 - One limitation to violence risk assessments is the fact that generally they do not indicate *why* a person is high or low risk.
 - Knowledge of a factor that increases risk cannot necessarily be used to prevent an incident before it occurs.
 - Most observers believe it is not practical or useful to screen every person seeking treatment for a mental illness for violence. The absolute number of people with mental illnesses at risk of violence is low, and both false positives and false negatives would be high.

Mental Health & Violence

- ▶ **Can violence in people with mental illnesses be prevented?**
- ▶ Research is inconclusive about the extent to which specific interventions for people with mental illnesses who are at risk of violence can prevent future violence.
 - The success of outpatient commitment depends on the availability of enhanced services, not the use of legal coercion alone.
 - Some violence among people with serious mental illnesses is associated with their not taking medications.
 - Some violence is related to co-occurring substance use disorders, so access to integrated mental health and substance abuse treatment is needed.
 - Some violence takes place for the same reasons that people without mental illnesses commit violence, so access to certain treatments that have demonstrated effectiveness (e.g., cognitive behavioral therapy) is good public health and public safety policy.

Mental Health & Violence

- ▶ **Should the public fear being harmed by a stranger with a mental illness?**
 - ▶ Studies indicate that violence committed against strangers is rare.
 - ▶ The people most likely to be the targets of violence by a person with or without a mental illness are family members and friends who are in their own homes or in the individual's home.
 - ▶ Though tragic incidents involving people with mental illnesses who are violent are relatively rare, they tend to draw intense media and public attention, which can exacerbate the misperceptions about the relationship between mental illness and violence.

Resources

NASMHPD and CSG Justice Center Toolkit Backgrounders:

- ▶ **Mental Illness and Violence**
- ▶ **Involuntary Commitment Standards**
- ▶ **Firearms Regulations/Gun Control Laws**
- ▶ **Understanding Privacy Laws**
- ▶ **Crisis Communications**
- ▶ **Effective Crisis Leadership**
- ▶ **Working with the Media**

Resources

- ▶ *Responding to a High-Profile Tragic Incident Involving a Person with a Serious Mental Illness*, available online at:
http://www.consensusproject.org/jc_publications/tragic-incident/Responding_to_a_High-Profile_Tragic_Incident_Involving_a_Person_with_a_Serious_Mental_Illness.pdf
- ▶ *Improving Responses to People with Mental Illnesses: Tailoring Law Enforcement Initiatives to Individual Jurisdictions*, available online at:
http://www.consensusproject.org/jc_publications/tailoring_le_responses/Tailoring_LE_Initiatives.pdf
- ▶ *Joint Guidance on the Application of FERPA and HIPAA to Student Health Records*, available online at:
<http://www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hipaa-guidance.pdf>
- ▶ *Dispelling the Myths about Information Sharing Between the Mental Health and Criminal Justice Systems*, available online at:
http://www.gainscenter.samhsa.gov/pdfs/integrating/Dispelling_Myths.pdf

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Resources

- ▶ “Firearms Laws, Patients, and the Role of Psychiatrists,” available online at:
<http://ajp.psychiatryonline.org/cgi/reprint/163/8/1392>
- ▶ *State of Illinois Campus Security Task Force Report to the Governor*, available online at:
http://www.ready.illinois.gov/pdf/CSTF_Report_PartI.pdf
- ▶ Council of State Governments Justice Center website:
www.consensusproject.org
- ▶ National Association of State Mental Health Program Directors website:
www.NASMHPD.org

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