REHABILITATION & COMMUNITY PROVIDERS ASSOCIATION

Written Comments for

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My name is Richard Edley and I am the President and CEO of the Rehabilitation and Community Providers Association (RCPA), a statewide association representing over 350 providers of health and human services across the Commonwealth, and our member organizations serve well over 1 million Pennsylvanians annually. RCPA is among the largest and most diverse state health and human services trade associations in the nation. RCPA members offer mental health, drug and alcohol, intellectual and developmental disabilities, brain injury, medical rehabilitation, physical disabilities and aging services through all settings and levels of care for individuals of all ages.

I am joined today by Dr. Jack Rozel. Dr. Rozel has been working in emergency mental health for over 25 years and has been the medical director of resolve Crisis Services UPMC Western Psychiatric Hospital since 2010. He is the President of the American Association for Emergency Psychiatry, the leading national organization dedicated to the improvement of compassionate, evidence-based care for people with psychiatric emergencies. As the medical director of resolve Crisis Services, he leads a team of 150 crisis professionals who deliver over 130,000 services every year to the residents of Allegheny County through phone, mobile, walk-in and overnight programs delivered through a person centered, recovery-oriented model. Dr. Rozel trains and consults with teams across UPMC and the country on projects related to violence and threat management, staff injury prevention, and firearm injury prevention. He is board certified in general, child and forensic psychiatry. Dr. Rozel is a Fellow of the American Psychiatric Association and a 2018 recipient of the Exemplary Psychiatrist award from the National Alliance on Mental Illness.

Dr. Rozel and I want to express our appreciation to Senator Baker and the Senate Judiciary Committee for holding this hearing. I will not read the written comments that we supplied to the Committee, instead I will summarize them for you, so the Committee has an opportunity to ask questions. The written comments deal mental health, substance abuse and mass violence. The comments are based upon a study done by our national association, the National Council for Behavioral Health (National Council), *Mass Violence in America: Causes, Impacts and Solutions*, as well as through research done by Dr. Rozel and his colleague, Dr. Edward P. Mulvey. Based upon their research, Drs. Rozel and Mulvey penned an article, *The Link Between Mental Illness and Firearm Violence: Implications for Social Policy and Clinical Practice*. A copy of the National Council's study and Drs. Rozel and Mulvey's article have also been submitted to the Committee with our written testimony.

Over the past few years, mental health and mass violence have become an area of concern to the public and elected officials. Among advanced countries, the US has a unique problem with mass violence — defined as crimes in which four or more people are killed in an event or related series of events. A

substantial majority occurs by shooting. Both the rate at which mass shootings occur and the number of people killed are increasing. Frequently, in the wake of such tragedies, policymakers and the public raise the specter of mental illness as a major contributing factor.

Despite the fear and public scrutiny, they evoke, mass shootings are statistically rare events. While there is some variation amongst definitions, most of the research indicates that mass shootings account for 1% or less of all firearm homicides. Importantly, suicides account for approximately 60% of all firearm deaths and firearms account for approximately 50% of all suicides. Most gun deaths are suicides, not homicides, and mass shootings are rare.

While perpetrators of mass violence can be categorized with respect to motivation, the characteristics of individual perpetrators cut across demographic, sociologic, cultural and occupational groups. The characteristics that most frequently occur are males, often hopeless and harboring grievances that are frequently related to work, school, finances or interpersonal relationships; feeling victimized and sympathizing with others who they perceive to be similarly mistreated; indifference to life; and often subsequently dying by suicide. They frequently plan and prepare for their attack and often share information about the attack with others, though often not with the intended victims.

Mental illness and substance abuse play an important but limited role in mass violence. Incidents of mass violence — especially those that appear to be senseless, random acts directed at strangers in public places — are so terrifying and traumatic that the community responds defensively and demands an explanation. After such events, political leaders often invoke mental illness as the reason for mass violence, a narrative that resonates with the widespread public belief that mentally ill individuals, in general, pose a danger to others. Because it is difficult to imagine that a mentally healthy person would deliberately kill multiple strangers, it is commonly assumed that all perpetrators of mass violence must be mentally ill.

The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DMS-5), provides a catalog of diverse brain-related health conditions that impair a person's normal ability to reason and perceive reality, regulate mood, formulate and carry out plans and decisions, adapt to stress, behave and relate to others in socially appropriate ways, experience empathy, modulate consumption and refrain from intentional self-injury — or various combinations of such problems. While a subset of people perpetrating mass violence has one of the more severe mental illnesses or personality disorders, many do not. Lumping all mental illness together, and then assuming that acts that seem incomprehensible to the average person are due to mental illness, results in millions of harmless, nonviolent individuals recovering from treatable mental health conditions being subjected to stigma, rejection, discrimination and even unwarranted legal restrictions and social control.

Simplistic conclusions ignore the fact that mass violence is caused by many social and psychological factors that interact in complex ways; that many, if not most, perpetrators do not have a major psychiatric disorder; and that the large majority of people with diagnosable mental illnesses are not violent toward others.

Substance intoxication and active substance use disorders are a common and significant risk factor for violence in general however they do not appear to be significantly linked to public place mass violence offenders.

While there is a modest link between mental illness and violence, there is no basis for the public's generalized fear of people with mental illness. Having a psychiatric diagnosis is neither necessary nor sufficient as a risk factor for committing an act of mass violence. While there is increasing demand to identify potential perpetrators of violence and develop preventive measures, there has been insufficient research on the root causes of the problem or resources to address them. Such causes include social alienation and social problems (including deficiencies in the educational system, poverty, discrimination, the lack of job opportunities, etc.), as well as the lack of quality and comprehensive mental health care.

Threat assessment and management may help prevent mass violence. Threat assessment, a term that originated in law enforcement, is a strategy to prevent violence targeted at public figures and other people who are threatened by someone. Threat assessment is no longer considered a single assessment but rather an ongoing assessment process with interventions designed to prevent violence.

A threat assessment team within a business or school is a multidisciplinary group that includes representatives from security and law enforcement, behavioral health care, human resources, legal and management, among others. Rather than examine individual characteristics, the team looks at where a person is on the pathway to violence and assesses the individual's risk factors. There are many points along that pathway at which the situation can be defused. For example, school-based teams identify the need for services and offer in-house or referral services.

Though schools are much safer than the public might believe, school shootings grab national headlines that lead to some ill-considered policy decisions. One example is the use of zero-tolerance policies in schools. The result is that students are suspended for a variety of minor misbehaviors, sometimes unnecessarily, potentially creating isolation and resentment that can lead to more and more serious, problematic behaviors.

In addition, excessive security measures include bulletproof building entrances, electronic door locks, metal detectors and panic rooms with video monitors. The use of school-shooter drills, in some cases not announced in advance, may lead students and staff to believe that an active shooting is occurring and can be psychologically traumatizing. Though some safety drills are warranted, those that evoke fear and create trauma do more harm than good.

Mass violence is a communitywide problem that can't be solved by any one organization or system alone. The following play a key role:

Primary Care Providers offer a potential opportunity to uncover, diagnose, refer and treat underlying mental disorders (e.g., conduct disorder, depression, psychosis). In response to mass violence, primary care and behavioral health teams have developed innovative ways of working together to support children and their families.

Behavioral Health Providers, although there is a modest link between mental illness and violence, the timely availability of quality mental health treatment can be limited, especially in some rural areas of the Commonwealth, but communities can assist in identifying the best access points.

Community mental health centers and mental health treatment providers play an essential role in the systems of care for individuals with mental health symptoms, especially those with the greatest, often unmet, needs. Additionally, they play a vital role in the community response to a mass violence incident. Behavioral health providers offer support to victims and their families, to first responders and to the community at large and deliver a variety of evidence-informed, trauma-specific therapies. They play an important role in the critical incident response and command structure and leverage key relationships to support a reeling community. Sometimes they are called on to define the role that mental illness may have played in the incident.

Law Enforcement. In many parts of the country, local, state and federal law enforcement officials are being trained to respond to calls that involve people in crisis, including but not limited to those with mental illnesses. The goal is for officers to divert these individuals from the legal system by diffusing the situation, working collaboratively with their mental health colleagues and the individuals' natural supports and linking the individuals to services.

Courts. There are now more than 3,000 problem-solving courts (e.g., drug courts, mental health courts) across the country. These interdisciplinary and collaborative courts help fill gaps in psychosocial services, provide early identification and intervention with individuals who may be at risk for violence and extend the

reach of an often under-resourced and overworked behavioral health treatment system. In an increasing number of states, judges can order extreme-risk protection orders resulting in the temporary removal of firearms when there are high levels of concern that gun violence could occur. The legal system across the spectrum — from family/juvenile courts to domestic violence, truancy, veterans', mental health and DWI courts — may be viewed as early interveners in identifying potential dangerousness.

Working with the Media Can Help Educate the Public. In the age of 24-hour cable news and the internet, it has become increasingly difficult to control the narrative about a mass violence event. Before many facts can be gathered, real-time speculation of the role of mental illness — by reporters, pundits and mental health professionals with little concrete information — can lead to unjust characterizations of all people with mental illness, as well as unfair speculation about the links between violence and mental illness.

Subject matter experts may have an opportunity to help educate the media and the public about mental illness by dispelling myths about mental illness and violence, providing a framework for understanding these rare but disturbing events and offering general information about mental illness treatment and services and the problems caused by lack of access to them.

In the National Council study on *Mass Violence*, the study included the following recommendations:

General Recommendations

- Identify root causes of mass violence and develop strategies to alleviate them instead of focusing only on quick fixes downstream from the sources of the problem.

- Mental health providers and advocacy groups must acknowledge the role mental illness plays in mass violence and support efforts to prevent the subset of mass violence perpetrated by people with mental illness.

Recommendations for Legislation and Government Agencies

- Pass legislation to increase the availability of threat assessment training at the local and state levels.

- Where threat assessment is established, a payment methodology or direct funding for threat assessment and management should be provided. Such payment methodology should not compromise funding that exists for other critical ventures and should not be construed as solely related to mental health and taken out of mental health budgets.

- Promote expansion of the Certified Community Behavioral Health Clinic (CCBHC) model because these clinics are required to provide extensive crisis response capability and the CCBHC prospective payment model can support the development and operation of a multidisciplinary threat assessment team. Work with the Pennsylvania to modify CCBHCs to allow for developing and participating on local community threat assessment and management teams, where appropriate.

- Work with the PA Congressional Delegation to award funding to Pennsylvania and other states to teach educators basic skills in providing support to grieving students and students in crisis and establish statewide requirements related to teacher certification and recertification.

- Require training in the evidence-based assessment of potentially lethal violence toward self and/or others and credentialing in relevant behavioral health disciplines.

- Enact state red flag or gun violence prevention laws that will permit police, family or anyone with a relationship to a person (e.g., clergy, educator, employer, coach, colleague, neighbor or other person in a position to be aware of the gun owner's statements and actions) to petition a state court, judge or magistrate to order the temporary removal of firearms from an individual for whom there is sufficient evidence that he or she poses a danger to themselves or others.
    - The determination to issue the order should be based on statements and actions of the firearms owner, rather than labels or classes of individuals.
    - The removal of firearms should be time-limited, subject to renewal after rehearing and with a clear process and criteria for restoration of a firearm. This process should be independent from any other civil actions that may or may not be temporally related. It should not be discriminatory in its application or processes and not dependent on an individual's health status.
    - Recommend that all officers executing these extreme-risk protection orders receive CIT or other de-escalation skills training, with knowledge of resources available for the individual.
- Work with the PA Congressional Delegation to fully implement the existing federal background check requirement and/or implement or expand statewide background check requirements.
- Expand and create more rigorous background checks for firearms purchases, including closing loopholes where background checks are not required, such as private sales or inheritance of firearms, while protecting emergency transfers from people at imminent risk of suicide or violence to trusted friends or family members.
- Enact or actively enforce current criminal and/or civil sanctions for people who knowingly provide firearms to people already lawfully barred from possession of a firearm.
- Enact mental health Good Samaritan laws to protect from civil or criminal liability individuals making good-faith reports to law enforcement or others about people whose conduct and/or statements raise concerns about risk to self and/or others.
- Allow the Pennsylvania National Guard, state and local agencies to report circumstances that disqualify an individual from legal gun ownership to state and national (NICS) databases and clarify and broadly disseminate these disqualifying circumstances.
- Evaluate the effectiveness of state statutes that prevent those who have misdemeanor violent crime convictions from owning firearms.
- Consider expanding school based mental health assessments by adding a question about homicidal ideation, as well as related questions about the comfort of telling an adult in the school about concerns of homicidal ideation in a peer.
- Pass or amend state laws to explicitly allow sharing information when a person presents a risk of harming others and implement national training.
- Pass or amend state law(s) for the purpose of sharing information when a person presents a risk of harming others.

The below are further recommendations for various groups:

Recommendations for Health Care Organizations

- Establish multidisciplinary threat assessment and management teams that include representatives from security, human resources, legal and law enforcement.
- Implement ongoing quality improvement around the issues of violence risk assessment and threat assessment and management.
- Train staff in lethal means reduction. This is a rational strategy for lethal violence reduction and very helpful in combating suicide.
- Prepare staff for vicarious trauma and compassion fatigue. Provide resources for self-care rituals and support for staff needs.

Recommendations for Schools

- Revise zero-tolerance policies and the effects of suspensions and expulsions as they are ineffective and harmful practices. Rely instead on a well-trained multidisciplinary threat/risk assessment and management team.
- Avoid measures that create a correctional facility-like atmosphere such as bulletproof glass, armed security guards and metal detectors. More commonsense measures such as limited entry points into the school can be just as effective and cost little to implement.
- Refrain from high-stress security drills (for example, those in which students are not informed they are participating in a drill), which can themselves be traumatizing.
- Encourage an emotionally connected safe-school climate where each student can feel comfortable coming forward to a responsible adult with matters of concern.
- Emphasize and train staff in interpersonally based and emotionally supportive prevention measures that include the impact of trauma and indications for referral for mental health treatment, such as Child and Youth Mental Health First Aid, bereavement support and academic accommodations.
- Implement universal social-emotional learning and add mental health to the school health curriculum.

Recommendations for Communities for Identifying and Intervening with Higher-Risk Groups and Individuals

- Create and support broad community partnerships that include behavioral health, law enforcement, schools, the faith and medical communities, etc., to strengthen the connections among those systems that interact with individuals who have mental illnesses and addictions and may be at risk for committing violence.
- Prioritize as high risk those individuals with narcissistic and/or paranoid personality traits who are fixated on thoughts and feelings of injustice and who have few social relationships and recent stresses and those with new onset psychosis.
- Establish threat/risk assessment and management teams. These multidisciplinary teams should include representatives from mental health, security, human resources, legal and law enforcement.

- Provide training in Mental Health First Aid, which teaches skills to respond to the signs of mental and substance use disorders.

Recommendations for Judicial, Correctional and Law Enforcement Institutions

- Develop a basic educational toolkit for judges on the nuances of risk assessment, the role of trauma and the need for additional supports for individuals who may pose risks for violence.
- Involve mental health professionals in threat assessments conducted by law enforcement and implementation of red flag laws.
- Provide training in Mental Health First Aid, which teaches skills to recognize and work with individuals who have mental illnesses, for law enforcement, corrections and public safety officials.
- Pass legislation to increase the availability of threat assessment training at the state and local levels.
- Develop a payment methodology for threat assessment and management.
- Promote expansion of the Certified Community Behavioral Health Clinic (CCBHC) model because these clinics are required to provide extensive crisis response capability, and the CCBHC prospective payment model can support the development and operation of threat assessment teams.
- Enact state red flag or extreme-risk protection orders that allow the temporary removal of guns from individuals who are known to pose a high risk of harming others or themselves in the near future.
- Fully implement the existing federal background check requirement for firearms purchases.

Recommendations for Research

- Support research on the nature and factors that contribute to mass violence, including neurobiological, psychological and sociological factors.
- Support research on methods and instruments for identifying and predicting perpetrators of mass violence.
- Support research on methods of intervention and prevention of mass violence.
- Create a standardized, mandatory investigation/analysis of each mass violence incident conducted by a multiagency team lead by the Department of Justice.
- Evaluate extreme-risk protection orders in states that have enacted them to assess both the process of implementation and their effectiveness.

Recommendations for Working with the Media

- Build close working relationships with media representatives ahead of any crisis-situation.
- Choose and disseminate existing guidance, such as that offered at https://www.reportingonmassshootings.org/, and encourage reporters to follow these guidelines.

- Train behavioral health staff who will respond to the media. Develop protocols about who should respond to what type of request and what they should say. Develop these messages well in advance of a tragic event.

- Talk about the role of treatment in helping people at risk of violence. Highlight the fact that most people with mental illnesses will never become violent. Speak to untreated or undertreated mental illness in combination with other risk factors.

- Work with the media to develop guidance for the general public on risk factors for violence. Help the public understand the importance of "see something, say something."

In conclusion, while there is a modest link between mental illness and violence, there is no basis for the public and government's generalized fear of people with mental illness. Simplistic conclusions ignore the fact that mass violence is caused by many social and psychological factors that interact in complex ways; that many, if not most, perpetrators do not have a major psychiatric disorder; and the large majority of people with diagnosable mental illnesses are not violent. RCPA and its members as well as the National Council stand ready to work with the General Assembly to assist with implementing the above recommendations regarding mental health and substance abuse in relation to mass violence.

Respectfully submitted by:

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