

# Mental Illness and Violence Toolkit

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# Toolkit Purpose

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This toolkit is intended to serve as a resource for State Mental Health Commissioners, policymakers, advocates, and others who need to navigate high profile incidents in which individuals with mental illnesses commit violent crimes that capture significant media or legislative attention.

The project is a joint venture of NASMHPD and the Council of State Governments.

# What makes an incident “high-profile?”

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- Prominent media coverage, likely to contribute to stigma against people with mental illnesses
- When violent acts occur and a person with mental illness is explicitly or implicitly related to the act
  - When the perpetrator has a mental illness
  - When the perpetrator is presumed to have a mental illness
- Does not include natural disasters (e.g., mental health system responses in the aftermath of a hurricane)

# What makes an incident likely to be picked up by the media?

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- Sensational nature of the incident
- Perceived failure of the mental health system to provide appropriate treatment to the person (i.e., they “slipped through the cracks”)
- Perceived failure of legislators to provide adequate funding to law enforcement or mental health treatment
- Perceived failure of the mental health system in collaborating with law enforcement and other criminal justice agencies

# Examples of high-profile incidents

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- Virginia Tech
  - A student who had been declared mentally ill by a Virginia special justice purchased a gun and killed 32 people and wounded many others before taking his own life
- Northern Illinois University
  - A student with a history of inpatient care shot and killed 5 students and wounded 18 before taking his own life
- Kendra Webdale
  - A woman after whom a New York State outpatient commitment law was named, who was pushed in front of an oncoming subway train and killed by a person with schizophrenia
- Recent shootings at Fort Hood, TX

## In the wake of such incidents, the public...

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- Often misunderstands the likelihood of violent behavior among individuals with mental illnesses and the role of the mental health system in preventing and/or responding to such incidents
- May believe that treatment is ineffective and that re-institutionalization in State psychiatric facilities is the answer

# In the wake of such incidents, State Mental Health Commissioners must...

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- Respond appropriately to the specific tragedy
- Be champions for the principles of recovery
- Promote public safety
- Coordinate the responses of law enforcement, educational institutions, military installations, etc.
- Field media and legislative inquiries
- Many of these tasks seem to conflict with one another; all happen quickly, under intense pressure and outside scrutiny.

# Toolkit Development

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- Meeting September 30, 2009, including:
  - State commissioners who have been involved in high-profile incidents
  - Advocates
  - Crime victims
  - Consumers of mental health services
  - Media experts
- Professional writer and media expert developing text
- Input from you

# Consensus on the need for...

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- Accurate, defensible information on the relationship between mental illness and violence
- Resources for 4 stages of an incident:
  - Pre-event planning
  - Immediate aftermath
  - Short-term response
  - Long-term response
- Customizable checklists
- Case studies of successful and unsuccessful approaches

# Toolkit Outline

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- Introduction/Background
- Anatomy of a Crisis (with resources and case studies in each section)
  - Pre-event: Preparing for crisis
  - Immediate: Responding to crisis
  - Short-term: Managing the crisis
  - Long-term: Preventing future crises
- Additional Resources

# Introduction/Background

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- Rationale for the product
- The need for resources at each stage of an incident
- How to use this toolkit
  - Know your role
  - Know your agency
  - Know your State
  - Know the media

# Pre-event planning/Your role

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- Understand in advance who will play a key role in shaping the message (may be the Governor's office).
- It is important not to step into a role that you don't have the authority or resources to take on.

# Pre-event planning/Your agency

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- Internal communications checklist
  - Who speaks to press
  - Who receives updates and communicates with Governor/other lawmakers
  - The need to develop or review formal policies
- Internal emergency management team checklist
  - Who is a member
  - How and when they are convened
  - To whom they report
  - What responsibilities they have

# Pre-event planning/Your State

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- External emergency management team checklist
  - Know your relationship to other agencies (e.g., Governor's office, police, substance abuse and public health agencies, military installations, etc.)
- Applicable State and Federal laws checklist
  - Outpatient commitment
  - HIPAA
  - Gun registration
  - Victims' services
  - Others
  - Resources for information in these areas

# Pre-event planning/The media

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- Media checklist
  - Contact information
  - Advice on establishing working relationships with reporters
  - Links to resources for communicating with the media in a crisis
- Fact sheet: Key talking points about mental illness and violence

# The truth about mental illness and violence

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- “Denying that mental disorder and violence may be in any way associated is disingenuous and ultimately counterproductive” (Monahan, 1992).
- Among persons with severe mental illnesses, substance abuse coupled with medication non-adherence is a significant predictor of serious violent acts (Swartz et al., 1998).
- However, “most people who are violent are not mentally ill, and most people who are mentally ill are not violent” (Friedman, 2006).

# Immediate aftermath/Your role

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- Compassion, action, perspective
- Fact sheet: Predictable reactions to tragic events
- Fact sheet: Responding to different communities (e.g., college campus, shopping mall, military installation, etc.)

# Immediate aftermath/Agency, State, Media

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- Fact sheets on what to do/what not to do
  - Agency—gather your emergency team; brief your public information officer
  - State—brief your external partners
  - Media—make yourself accessible, with tips for how to do so

# Short-term/Your role

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- Ongoing support
- Reassurance
- Information
- Resources

# Short-term/Agency, State, Media

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- Fact sheets on what to do/what not to do
  - Agency: Record everything you do
  - State: Anticipate calls for immediate legislative responses (with examples of how other States have responded)
  - Media: Provide regular updates; keep local media in the loop

# Long-term/Your role

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- Be prepared for anniversaries
- Be proactive in planning for future incidents
- Learn from your successes and your mistakes

# Long-term/Agency, State, Media

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- Fact sheets on what to do/what not to do
  - Agency—review what did and didn't work; revise internal communications and emergency plans, as needed
  - State—review with partners what did and didn't work; commit to revise plans, as necessary
  - Media—maintain ongoing relationships, update contact lists, invite press critiques

# Additional Resources

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- FAQ on mental illness and violence, with references
- Contact information for State and national experts on mental illness and violence who have agreed to speak to reporters

# Next Steps

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- Research on mental illness and violence
- Research on emergency communications and disaster planning
- Brief interviews with State commissioners and topic experts
- Draft text for review by NASMHPD/CSJ
- Final copy to be available in downloadable files on the NASMHPD website

# Questions for Discussion

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- Within the proposed framework, what additional materials would be helpful to you?
- What resources can you share?
- How will you use the toolkit?

Send additional ideas to David Miller at  
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