



## Filling the Void: Safer Communities Through Mental Health Care and Violence Prevention

In 1999, two students shot and killed 15 people (including themselves) and wounded many others at Columbine High School in Littleton, Colo.<sup>1</sup> Thirteen years later, 12 people were shot and killed—and an additional 58 wounded—in a similar, movie theater massacre in Aurora, Colo.<sup>2</sup> Christopher Colwell, MD, director of emergency medical services at NAPH member Denver Health, treated the victims of both. As the attending physician during both of these tragedies, Colwell knows all too well the devastation firearms—in the hands of the wrong people—can cause.

On Dec. 14, 2012—just 5 months after the shooting in Aurora—a man broke into Sandy Hook Elementary School in Newtown, Conn., and shot and killed 20 first graders—6 and 7 year olds—and the six staff members trying to protect them. “Despite witnessing these tragedies again and again and again, nothing could have steeled the nation for what would

happen in Newtown,” the Obama administration said in response.<sup>3</sup>

The list of recent mass shootings is long, much longer than what’s mentioned here. And as Colwell notes, the devastation per firearm-related incident has been increasing. NAPH members also report increased trauma and death from gunshot wounds in recent years. According to one member, “The severity of the injuries has increased dramatically, causing more death prior to arriving at the hospital. Increased trauma severity can be attributed to increased access to higher-caliber firearms.”

Ease of access to firearms has gained national focus since the Newtown shooting. And it is important to note that people with mental illness are among those who can access these weapons with ease. As Colwell notes, “I have treated patients who have obtained firearms, legally, in mere weeks after being evaluated.” This fact becomes even more alarming given the connection

between mental illness and violence. As Thomas R. Insel, MD, director of the National Institute of Mental Health, stated in recent congressional testimony, “The risk of violent behavior is reduced 15-fold for people who receive treatment for psychosis compared to those who do not.”<sup>4</sup>

While Congress and the administration will determine whether to place tighter restrictions around access to firearms, NAPH members remain focused on serving the needs of mental health patients, which has become a crucial area of neglect in the health care industry.

### Mental Health Services Are Lacking Nationwide

Even though NAPH members are committed to serving those in need, nationwide shortages in psychiatric hospital beds and mental health professionals have left patients in communities across the country struggling to access mental health

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services. For example, the availability of state psychiatric hospital beds declined from 50,509 in 2005 to 43,318 in 2010 (14 percent), and according to research from the Treatment Advocacy Center, no state meets the ratio for minimum number of beds deemed necessary for adequate psychiatric services (i.e., 50 beds per 100,000 population).<sup>5</sup> In addition, government resources show that 91.7 million people, or 29.2 percent of the U.S. population, live in a mental health professional shortage area, which is defined as an area exceeding a population to practitioner ratio of 10,000 to one.<sup>6,7</sup>

Both adults and children are suffering for lack of these services, and minorities in particular are not receiving needed care. For example, in 2009, more than one-third (36 percent) of adults experiencing a major depressive episode, which is a period of at least 2 weeks with symptoms of depression, did not receive treatment. Among this group, Hispanics and African Americans received even less treatment than whites, with more than half of these minorities lacking care. Children overall seem to fare slightly worse than adults—in 2007, 40 percent of those needing mental health care did not receive treatment.<sup>8</sup> In addition, a 2006 to 2010 study of Medicaid-eligible youth showing symptoms

of depression found only 59 percent received minimally adequate psychotherapy and only 13 percent received minimally adequate pharmacotherapy.<sup>9</sup>

Recent budget cuts have only exacerbated the problem. A 2011 report stated that since fiscal year 2009, states have cut more than \$1.6 billion in general funds from their mental health agency budgets for mental health services, even though demand for such services increased significantly during this period.<sup>10</sup> However, even under these circumstances, NAPH members are continuing to provide mental health services for each patient who comes through their doors, helping to fill the void left by providers that have reduced or eliminated this care.

### **Safety Net Hospitals Fill the Gap in Mental Health Care**

NAPH members have long been innovating to increase patients' access to mental health services. Efforts include finding ways to better integrate mental health services into primary care and emergency preparedness planning and participating in federal and state programs to improve treatment and follow-up for patients suffering from mental health conditions. In addition,

safety net hospitals often serve as the largest or only provider of mental health services in their communities. According to the American Hospital Association’s (AHA’s) 2010 database—which includes information from 130 NAPH members—NAPH acute care member hospitals represented 9.4 percent of the total inpatient psychiatric care bed supply nationwide, despite constituting just 2 percent of the nation’s acute care hospitals. Many NAPH members also provided other specific services either at their hospital or hospital system,

in a community network, or in partnership with outside providers.

By providing this type of access to mental health services, NAPH members are helping to improve lives and create safer, more productive communities. As studies show, better access to mental health services improves treatment outcomes for mental illness.<sup>11</sup> Research also shows that homicide rates are directly linked to lack of access to mental health care. For example, fewer admissions and/or shorter lengths of stay in psychiatric inpatient beds increases homicide rates

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TABLE 1 Mental Health Services Provided by NAPH Members		
Mental Health Service	Percentage of Membership Providing Service	Percentage of All Hospitals Providing Service
Psychiatric child/adolescent services	68 percent	26 percent
Psychiatric consultation/liaison services	78 percent	38 percent
Psychiatric education services	66 percent	31 percent
Psychiatric emergency services	75 percent	39 percent
Psychiatric geriatric services	66 percent	36 percent
Psychiatric outpatient services	75 percent	35 percent
Psychiatric partial hospitalization program	43 percent	22 percent

SOURCE AHA 2010 database

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by 1.08 per 100,000.<sup>12</sup> What's more, as serious mental illness is estimated to cost society \$193.2 billion in lost earnings, the care NAPH members provide helps enhance productivity in the overall economy.<sup>13</sup>

However, even though NAPH members provide much of the mental health care in their communities, they too face significant challenges. Budget constraints have forced some bed reductions in emergency department (ED) extension programs that provide a quiet, more controlled environment for ED patients with mental health needs. Other members have had to curb community-based clinic and day treatment services. Some are feeling pressure from managed care payers to reduce length of stays or avoid inpatient admissions for mental health patients altogether.

These types of cuts not only threaten the quality of care mental health patients receive, but they also cause capacity and service-level issues for providers. Many mental health patients end up overcrowding EDs because they lack another source of care. NAPH members echo this sentiment, noting increases in the number of patients presenting to the ED needing mental health services and difficulty providing these patients with both inpatient and outpatient services.

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## **NAPH Members Work Beyond the ED to Prevent Community Violence**

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While providing ready access to mental health services is clearly a key component of effectively combatting violent crime in our communities, not all violent crime stems from mental illness. Environmental factors such as socioeconomic status, lack of education, and limited job opportunities can propel people along a path toward crime and violence,<sup>14</sup> which often ends in jail or the hospital—if not the morgue.

As demonstrated by the role of Denver Health's ED in recent tragedies, safety net hospitals see many victims of this type of violence. In fact, trauma care is among the most important services offered by safety net hospitals. In many communities across the country, NAPH members are the only level I trauma center—or only trauma center at all.<sup>15</sup> And while caring for victims of violent injury is of critical importance, many NAPH members aren't satisfied with simply healing these patients' physical wounds and sending them right back into the environment that facilitated the injury in the first place.

NAPH members often provide public health services such as cancer screenings and reproductive health education to give the vulnerable

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members of their community access to preventive services that can improve their health and keep them out of the hospital. Preventing violent injury is no different. Being on the front lines of trauma care for so many victims of violent crime has prompted many members to reach far into their communities and work toward reducing violence and improving the lives of those at risk for violent behavior. The following are just a few examples of the work being done across the membership to reduce violence and create safer, healthier communities across the country.

#### **ALAMEDA HEALTH SYSTEM**

In the 1990s, Alameda Health System's Highland Hospital partnered with Youth ALIVE! to develop Caught in the Crossfire, a youth violence intervention program in which intervention specialists work with victims of violent crime in the hospital to prevent retaliation and then provide case management for the 6 to 12 months following discharge. As of 2009, 95 percent of all active Caught in the Crossfire participants avoided re-injury, and 90 percent were not arrested. The program became a founding member of the National Network of Hospital-Based Violence Intervention Programs and has become a model to be replicated throughout the country. Highland

staff have since implemented additional violence prevention efforts, joining initiatives such as Oakland Unite and Operation Ceasefire and hosting Youth Leadership Tours through the hospital.

#### **BOSTON MEDICAL CENTER**

Boston Medical Center's (BMC's) Violence Intervention Advocacy Program (VIAP) aims to assist victims of violence in their physical and emotional recovery and to empower them with the skills, services, and opportunities to make positive life changes and strengthen others in their community. VIAP staff provide victims of violence various levels of service based on the victim's level of recovery and development. Services range from a dialogue about safety and peaceful alternatives to violence to short-term inpatient outreach services and long-term case management relationships. Mental health counselors provide bedside and outpatient services for victims and their families. Started in 2006, VIAP now serves about 500 patients annually, virtually all victims of gunshot or stabbing wounds. A statewide leader in violence intervention programs, VIAP was cited by former Sen. John Kerry (D-MA) as a national best practice model.

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#### DENVER HEALTH

Denver Health Medical Center's At Risk Intervention and Mentoring project (AIM) uses a team of six gang-outreach workers to guide victims of violence—many of whom are gang members—toward a less risky path in life. The hospital works with anti-gang organization Gang Rescue and Support Program, which supplies the outreach workers. The workers are on call to Denver Health daily, with one in the ED from 11 pm Saturday to 5 am Sunday, and provide help ranging from mental health and substance abuse treatment to aid finding a home or returning to school. Though the program is still in its infancy, early results indicate a positive impact. About 150 youth have taken advantage of the program thus far, and the initiative has helped hospital staff better coordinate follow-up services for patients with violent injuries.

#### NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

New York City Health and Hospitals Corporation (HHC) and the Fund for HHC are involved in a number of efforts to prevent community violence. Based at Kings County Hospital Center in Brooklyn, the Kings Against Violence Initiative (KAVI) is a three-pronged violence intervention, prevention, and empowerment program. KAVI works with victims of violence in the ED to prevent retaliation, ensure patient and family

safety, and provide access to resources such as counseling. KAVI also works with high-risk youth from several local high schools to help prevent violent injury (or its reoccurrence) and re-set participants on a more successful path. Activities range from academic tutoring to life and business skills workshops to arts and meditation. After just more than a year in existence, the school program has worked with more than 30 students and seen several accepted into college. The third component is a community-based program also for high-risk youth that emphasizes behavioral health services. The Fund for HHC is working on a number of related programs across HHC, including Six Winners, a mentoring program for new fathers at Harlem Hospital Center, and Guns Down, Life Up, a violence reduction communications campaign that uses nontraditional avenues such as short films, social media, and apparel to connect with youth.

#### SAN FRANCISCO GENERAL HOSPITAL

San Francisco General's (SFG's) Wraparound Project identifies high-risk youth and young adults injured by violent acts and provides them with intensive, individualized case management services. These clients are individually shepherded through community-based organizations so they can gain access to resources such as mental health services, tattoo removal, GED programs, employment,

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and housing. Case managers also perform court advocacy and assist with terms of parole. Over the course of 6 years, the program has enrolled 254 clients, nearly 70 percent of which were injured by gun violence. During this period, only 4.5 percent of participants returned to SFG with a violent injury, compared to the hospital's historical recidivism rate of 16 percent. In addition, researchers studying the program estimate the program can save SFG more than half a million dollars per year. The researchers also found that mental health resources and employment are significantly associated with program success. In fact, if mental health needs were met, a patient was six times as likely to be successful.<sup>16</sup>

#### **WISHARD HEALTH SERVICES**

Wishard Health Services developed Prescription for Hope in May 2009 to reduce the number of victims of violent crime who return to the hospital with a similar injury. The program brings support specialists in to interview patients once they are admitted to find out which risk factors for injury the patients face. Then Wishard creates an intervention program that works to change the patients' environment and behavior. Wishard also teams up with various county agencies to develop health, education, and employment opportunities for program participants. Between May 2009 and May 2012,

Wishard enrolled 174 patients and 83 family members in the program. For the same time period, only 3.1 percent of patients returned to Wishard with a similar traumatic injury—versus 31 percent from a previous 5-year period. Wishard has also developed a number of other violence prevention programs that target different age groups and audiences.

#### **Despite Innovative Efforts, Gaps Remain**

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As these case studies show, NAPH members are confronting the problem of violence in our communities from multiple angles. By treating as many patients with mental health issues as they can and reaching more and more people at risk for violent behavior, NAPH members are reducing the risk of serious injury and death to countless innocent people.

But even the safety net cannot catch all of those in need of care, and many are still falling through the cracks in our mental health care system. Today, after studying their personal diaries, police affidavits, and interviews with witnesses and friends, psychologists describe the two Columbine teenagers as having serious psychological problems.<sup>17</sup> Without proper mental health services many of those who truly need this care and are at risk for violent behavior may go unnoticed—until it is too late. ■

## Notes

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