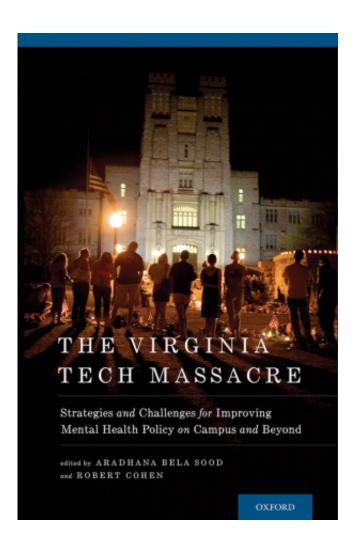


New book examines shortcomings in US mental health system

December 18 2014, by Anne Dreyfuss



In the months leading up to Myron May's shooting rampage at a Florida



State University library, his friends made at least three unsuccessful attempts to admit the FSU alumnus into a mental health clinic. The 31-year-old lawyer who shot three students before being fatally shot himself by police had been hearing voices, suffering from panic attacks and demonstrating erratic behavior since late summer, but every time his friends attempted to help they were told he didn't qualify for care.

The obstacles that prevented Way's treatment before the Nov. 20 shooting at FSU illustrate a national problem regarding access to mental health care in the U.S.

A new book co-edited by psychiatry professors at Virginia Commonwealth University and Northern Arizona University identifies gaps in mental health services and offers recommendations for improving the system.

"The Virginia Tech Massacre: Strategies and Challenges for Improving Mental Health Policy on Campus and Beyond," (Oxford University Press), edited by Robert Cohen, Ph.D., a visiting scholar at Northern Arizona University, and Aradhana "Bela" Sood, M.D., a professor in the Department of Psychiatry, VCU School of Medicine, is geared toward legislators and mental health professionals but will also be of interest to readers who are concerned about gun violence and mental health on university campuses and beyond.

Sood based much of the book on her experience serving on the Virginia Tech Review Panel, an eight-member advisory board appointed by former Gov. Tim Kaine that was charged with investigating the April 16, 2007, massacre. The former medical director and chair of child psychiatry of VCU's Virginia Treatment Center for Children was asked to consult specifically on the mental health system shortcomings that preceded the shooting.



Sood recently discussed her new book and suggested reforms she believes are needed to improve the quality of <u>mental health service</u> delivery in the U.S.

Can you tell me about the book? What is its central premise?

The Virginia Tech massacre was an incident that allowed us to examine in depth the gaps and fragmentations within the mental health system in the U. S. The book chronicles [Sueng Hu Choi's] journey through life to his death and his struggles with mental illness, which began early. As we followed him from school into Tech, it became clear that there was a stark contrast between the care he received at the middle and high school level, which met his mental health needs and allowed him to be successful, versus the virtual lack of services at the college level despite numerous warning signs of an unraveling mind. My work on the front line was echoed in the life of this person as it brought home the fragmentation in the educational and health care systems in the manner in which we do not serve the public and the consumers, and the difficulties that people face in accessing care. This is not just Virginia. It is a national tragedy. The validation of what I intuitively knew, which I faced in my daily work, led to my delving into policy and how that connects to gaps in service delivery that has such a horrific impact on the lives of consumers of health care.

The book has three sections: one is a psychological autopsy of Sueng Hu Choi because no one knows why he did what he did. The second section examines college mental health as this tragedy has turned the focus of the nation on the safety of college campuses. The third section examines how we compare to other nations in terms of the way mental health services are delivered, gaps in services, legislative challenges, barriers and examination of stigma around mental health, and, most importantly,



solutions.

What were the fragmentations in the mental health system that Choi experienced?

He received the appropriate support when he was in high school and middle school. He did quite well. Then when he went to Tech he did not disclose his mental health problems and sought no support. When he exhibited behaviors that would have made any reasonable person say "There's a problem here," no one was able to connect the dots because the college campus was ill-equipped to pick that up. Even though his professors were acutely concerned about his unraveling behavior they were unable to move the system to provide him with that very assistance that had been so valuable in stabilizing him early in life, underscoring that his condition did respond to treatment.

What were the main critiques of the actions taken by the state in response to the Virginia Tech shooting?

The commonwealth of Virginia responded admirably soon after Tech by allocating more than \$42 million to revamping the mental health systems in the state. With the economy tanking that money disappeared before it really appeared. The public memory is very short and it takes crises to galvanize us into action. Whether we acknowledge it or not, our systems are crisis oriented. We should not be responding to the crisis of the moment. We have to look at systemic failures. If we just manage the crisis of the moment, it doesn't take care of those large systemic problems that are going to raise their heads in some other shape or form. Prevention of crises and complications of illness is what our focus must be. We have a very shallow bench of services that keep people from being well in the mental health arena and then we spend a great deal on highly expensive services when people become very ill.



How are U.S. institutions of higher education doing in terms of meeting the mental health needs of their students compared to colleges around the world?

In contrast to many other industrialized nations, the U.S. has disconnected mental health from physical health. There is very little access to mental health services. If someone needs to see a mental health provider in the regular scheme of things—if they're not having a major crisis, but they need to be seen—it takes about eight months to get to a trained professional, which is just unacceptable. Access is a big problem.

What recommendations did you suggest to improve the system of mental health delivery on college campuses?

There are two chapters that talk about the failures in campus mental health and the last section discusses recommendations. One of the outcomes of the Virginia Tech tragedy is that there have been remarkable improvement in the security of college campuses in response to crises. I think colleges kind of woke up and said, "We live in a community and we cannot afford to have this happen." However, we have not done well with the provision of adequate and good quality care not only in college counseling centers but across the board with mental health. That is very patchy. It reflects the national problem of access to care as well as societal attitudes regarding stigma and mental health. We have a long road to travel but conversations such as these open a dialogue for change.

What do you think is needed to bring about the change in access to care?



The statistics indicate that one in five people either have mental illness or know someone very close to them who suffers from a mental illness and needs intervention. Mental illness is very common and is intimately connected to our physical health. We must approach both in an integrated fashion. This will involve providing adequate services, which is connected to training an adequate workforce and developing a system of care that allows patients and families to move through without feeling like they are in a maze. For that we have to be clear about what a good system should look like. I think our consumers have many of those answers provided we begin to ask them for input. Unless we begin to have this deep and earnest conversation, we are not going to progress. Answers are going to be difficult, but we have to start somewhere.

Provided by Virginia Commonwealth University

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