

Violence Prevention

*A Commentary Statement submitted to the StarTribune January 18, 2011
from the Minnesota Psychiatric Society,
The Barbara Schneider Foundation,
and SAVE - Suicide Awareness Voices of Education*

Minnesota is not immune from individual or mass violence. The last mass shooting in this state was March 21, 2005, at Red Lake where 9 people were murdered, 5 wounded and 1 died by suicide. The recent violence in Arizona are an important reminder to us of the challenges and opportunities that we have in better responding to members of our communities who live with severe mental illnesses.

The current budget challenges must not lead to further reductions in our already fragile mental health response system and capacity. Some have noted that in the Arizona county where the shooting occurred, nearly 50% of mental health recipients were removed from funding because of budgetary concerns and that the rate of suicide attempts, hospitalizations and law enforcement encounters had all gone up. This is the wrong path to take and as citizens we need to ensure our legislators understand this to protect Minnesotan's and those who visit our state. We must create more entry points to the mental health system and make them more accessible. According to the Minnesota Department of Human Services, less than half (only 36 out of 87 counties) provide mental health crisis services. Most hospitals lack psychiatric services and even hospital security. This is a problem that needs to be addressed now, before another Red Lake or Tucson tragedy occurs. Appropriate mental health crisis response training needs to be conducted in hospitals and for law enforcement the Crisis Intervention Team (CIT) model trains officers how to respond to mental health crises. This model was introduced in Minnesota 10 years ago and has proven effective, yet although several police and sheriff agencies are adopting this model and training CIT officers and 911 dispatchers, most public safety agencies in Minnesota have yet to train their officers in CIT. To fully protect our state, legislators must endorse and support this important public safety training.

The evidence suggests that many of the people involved in mass shootings have alcohol and drug problems and psychotic symptoms. In addition, their social behavior leads to isolation and conflict at home, school, and work. They often have contacts with law enforcement because of behavioral problems. Family members and coworkers are often at a loss in communicating with them and helping them. Systems available for crisis intervention are not consistently available and the best pathway of care is not always applied. Families are often left dealing with a developing crisis and cannot get help.

This is a public health and public safety issue. We need to approach this as we would other public health issues by preventing the crisis.

We believe that the best approach to addressing these incidents is to make them a priority and determine what can be done to prevent them. This includes:

1. Mobilizing existing resources that are frequently not used prior to the incident, including the consistent application of public education about violence and aggression as possible symptoms of some mental illness, legal interventions including CIT, and psychiatric treatment.

2. Increasing access for individuals with severe mental illnesses to quality psychiatric care and support in the communities where they live.
3. Redefining quality psychiatric care for symptomatic individuals with aggressive behavior and violence.
4. Establishing a national database of incidents for further research on the problem.

We can take concrete steps to reduce the chance of violence. Let's make it a priority.

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