The Prescription for Mental Health Care & Violence in America

Fort Lauderdale, FL, 06/28/2022 - As we once again digest the unimaginable tragedy of a mass shooting in America, this time the loss of 19 beautiful young children and two selfless teachers in Uvalde Texas, we are confronted by politicians, media pundits, and experts on what needs to be done to stop this senseless and all too frequent slaughter. Teenagers and /or mentally unstable individuals legally purchasing military-style assault weapons, designed and engineered to wreak havoc on flesh, organs, and bone; we again ask ourselves how this can happen time after time in America.

The answer, of course, is layered and complex. Blame can be assigned, and no doubt shared, amongst our legislators in Congress, state houses, lobbyists, and us as citizens of this exceptional, yet deeply flawed country. In the *Violence Project: How to Stop a Mass Shooting Epidemic*, the authors "reveal striking commonalities among the perpetrators of mass shootings and suggest a data-backed, mental health-based approach could identify and address the next mass shooter before he pulls the trigger — if only politicians are willing to actually engage in finding and funding targeted solutions¹." This is not a new concept and proposals have been presented time and again to the school systems and powers that be.

As we collectively cry out for change and agonize at each tragic event, we continue to consume the news, social media, the spin ads targeting one disaffected group or another, and then demonstrate a total lack of urgency when and where it counts, at the ballot box or when faced with instituting processes in schools and with gun reform overall. If the numbers are accurate, roughly 75% of the country support common-sense gun legislation. In fact, according to a Public Policy Polling survey, 83 percent of gun owners support expanded background checks on sales of all firearms, including 72 percent of all NRA members². This is, simply put, on us.

That said, this is <u>not</u> an editorial on red versus blue, the second amendment, red flag laws, mental health care funding, or a deep dive into the genesis of this intricate and deeply embedded problem. Rather, it is a call to action, a prescription for how we move forward with the unfortunate knowledge that another mass shooting will soon devastate lives and change the fabric of a community forever (by the time this is published, a new tragedy will likely have already transpired). Though this is noted with a heavy heart and impending sense of doom, we need to steel ourselves and prepare for the worst. As a licensed and seasoned mental health professional with experience in treating violent offenders - children, adolescents and adults with complex trauma, abuse, PTSD, and a multitude of other behavioral disorders, I am advising my fellow citizens with the utmost urgency to ask for help, seek out qualified care, and pay attention to your loved ones, friends, and coworkers.

Similar to the Covid pandemic that took over 1,000,000 American lives, we are now learning to "live" with it. We vaccinate, we boost, we wear masks, or none of these; yet somehow, someway we are coming out of isolation and embracing life as we once knew it. There is an implicit recognition that Covid is still lurking, illness still very much possible, but most of us are again carrying on at school, at work, planning summer vacations, and "learning" to live with it. What choice do we have?

¹ https://www.politico.com/news/magazine/2022/05/27/stopping-mass-shooters-q-a-00035762?utm_medium=email&utm_source=pocket_hits&utm_campaign=POCKET_HITS-EN-DAILY-SPONSORED&SMARTASSET-2022_06_03&sponsored=0&position=3&id=5fb2d857-7694-4e62-831c-800afbaebef3

² https://www.americanprogress.org/press/release-gun-owners-overwhelmingly-support-background-checks-see-nra-as-out-of-touch-new-poll-finds/

The American Psychological Association (APA) defines mental health care as "a category of health care service and delivery provided by several fields involved in psychological assessment and intervention (psychology, psychiatry, neurology, social work, etc.). This type of care includes but is not limited to psychological screening and testing, psychotherapy and family therapy, and neuropsychological rehabilitation³." Note the first sentence, "a category of health care service and delivery," in other words, a part of the overall assessment and treatment of the whole person. Further to this point, the American Medical Association (AMA) notes that "many medical conditions are greatly affected by patients' mental health and behavioral choices. Physician-led primary care teams often must address many common mental health disorders, such as depression, anxiety, and substance abuse⁴." The AMA published over 300 articles here that address behavioral health care – seeking treatment, removing the stigma, primary care team integration, and on and on.

Help is available, yet for a myriad of reasons, people are not seeking out care for themselves and their loved ones. Yes, cuts to social service programs that provide for mental health care assessment and treatment, as well as declining insurance reimbursements, continue to be made and that has a tangible effect on those with limited or no resources seeking help. However, this does not mean there is no care available, this does not mean that your school district, local precinct, or neighborhood clinic will turn you away at the door. If you or someone you know is demonstrating behaviors of concern, ie: bullying behaviors, explosive and excessive anger, fixation with any type of weapon, sudden or chronic isolation and withdrawal from others, threats of self-harm or to others, and any expression of planning attacks against others, please intervene now! Hindsight and documented evidence indicate that most perpetrators committing mass violence directly or indirectly telegraphed their intent. How many senseless tragedies could have been prevented if someone intervened and a comprehensive plan of care was implemented?

As a seasoned mental health expert, I readily admit that a single intervention will not prevent this type of violence and destruction. The educated words of a therapist, the compassion of a teacher, or the benevolent police officer conducting a wellness check cannot ultimately prevent someone from committing a heinous act if the desire and intent is there. However, to not act, to not do something, is unacceptable. Most of the youthful offenders of some of the deadliest school shootings were emotionally disturbed, they were "in the system" and had previous contact-of-concern with their school, social service agency, and police department. In other words, it is likely that the system failed them and by extension, we failed them and ultimately, failed their victims.

So again, I ask, what choice do we have? There are reams of studies, data, and evidence that demonstrate the positive impact mental health care and awareness have on the individual. Whether emotionally disturbed or in a situational crisis, we must work within the current system to reach those on the fringe of society, acknowledge their pain, and immediately intervene. If your school guidance counselor is not helping, call your local family services agency. If urgent, call 9-1-1. Please do something! There are resources available and the more comfortable we become calling on them for assistance, the more people we can help.

John F. Kennedy said "there are risks and costs to action. But they are far less than the long-range risks of comfortable inaction." As a country we have shown what these long-range risks look like — unfettered access to guns, cuts to mental health care funding, stasis on legislative action, and more. Even if our politicians could agree that significant and sustained mental health care funding is more effective than

³ https://dictionary.apa.org/mental-health-care

⁴ https://www.ama-assn.org/delivering-care/public-health/behavioral-health-integration-physician-practices

hardening schools, it is safe to say they would not agree on whom and what to fund. Just as the coronavirus permeated every corner of this country, in one form or another, we took action. The loss of life and catastrophic human and economic toll were far too great, but consider the alternative.

Now consider the disaffected, marginalized individual you may know that has revealed behaviors of concern, posted uncomfortable messages online, perseverated on acts of violence, or withdrew into a dark corner, seemingly out of reach. Do any of these concerns, individually or collectively, indicate that this person is intending to commit an unspeakable act of violence against themselves or others? Does it indicate they are mentally disturbed or should be locked up? Of course not, but shouldn't action be taken to mitigate their behavior(s)? Don't we want them to be engaged, productive members of society with their own hopes and dreams?

The system we have is flawed and has consistently shown cracks in its foundation, but it is the bedrock we all walk upon. If and only when profound change is made, highly unlikely today, we must meet the challenge with steadfast resolve and forceful action. Unfortunately, the carnage will not stop, but we can help mitigate some of it with intervention and compassionate care. As we see day after day in town after town, the cost of inaction is another tragic loss of life, a family torn apart, and a community asking why this happened. Action has costs, but the comfort of inaction is a prescription we can no longer afford.

Please direct media inquiries and requests for additional resources to <u>Adam Hertzman</u>. Additional resources include School Safety Programming and Gaming Addiction.