Testimony of Dr. Mark Hurst

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Chairwoman Lehner, Chairman LaRose, members of the Joint Senate Education and Senate Public Safety, Local Government & Veterans Affairs Committee, I am Dr. Mark Hurst, Medical Director for the Ohio Department of Mental Health (ODMH). I am a psychiatrist and addiction psychiatrist. I have over 20 years of experience in the mental health field and have served in my current capacity since March of 2012.

I would like to thank Senators Lehner and LaRose for the invitation to address the committee today on this important topic. The mass shootings that have occurred throughout our country recently, including the one in Chardon just about a year ago, are of great concern to all of us. When the tragedy occurred in Connecticut last December, it touched each of us and filled us with concern for the children, their educators, their families, the responders and all those with even a remote connection to the tragedy. It certainly affected me, as a physician who practices psychiatry, as a father and as a member of our society.

On the day of the Newtown shooting, ODMH immediately responded in several ways:

- We reached out to the Geauga County ADAMH Board to offer support and assistance, in recognition that such events can re-trigger feelings of apprehension and trauma in areas and individuals previously affected by such events.
- We reaffirmed the importance of screening for access to firearms in patients admitted to our state-operated regional psychiatric hospitals. Guidelines for this have been in place since at least 2008.

- We confirmed that all of our hospitals were adhering to laws requiring reporting of individuals adjudicated as mentally ill to the Bureau of Criminal Identification (BCI)
    - The latter two steps also occurred following the shooting in Aurora, Colorado, last summer

Additionally, a memo was sent to all licensed hospitals, agencies and community mental health boards in Ohio stressing the importance of addressing firearms access in actively mentally ill individuals as a safety issue for the patient and society. This memo also addressed the importance of filing BCI forms on appropriate individuals and following clinical and legal procedures to address duty-to-protect interventions in those deemed to present a risk to themselves or others. A copy is included with my testimony today. I feel certain that taking these steps when treating individuals who have mental illness decreases the risk of violent acts being committed by such individuals—and has done so many times.

Separately, Governor Kasich also announced the one-time dedication of five million dollars from CHIPRA funds to ODMH and the Department of Developmental Disabilities to address the needs of high risk children, adolescents, young adults and their families. Specific recommendations for the use of these funds to achieve maximum benefit are forthcoming. We are currently working with stakeholders to develop the best use of these funds.

Whenever these tragic events occur, the mental state of the perpetrator is invariably called into question, leading to concerns about the tendency for violence among individuals with a mental illness. In some cases, it is clear that the perpetrator had a mental illness. In others, it is clear that he or she did not have a mental illness. In many situations, we simply do not know.

In reality, only a small number of violent acts directed toward others are committed by individuals with mental illness, and these acts are more common among individuals who are not actively in treatment and who are abusing substances. Most estimates find that only about five percent (5%) of violent acts are attributable to mental illness, and it is much more likely for individuals with mental illness to take their own lives. About 30,000 deaths in the U.S. each year are a result of suicide, with more than half of these suicides accomplished using a firearm. This amounts to about 500 deaths by suicide with a firearm in Ohio and 15,000 deaths by suicide with

a firearm in the U.S. each year. In the U.S., it is more than three times more likely for a person to die of suicide than to die of homicide before age 18.

It goes without saying that when individuals with certain mental illnesses are actively experiencing symptoms, they may be impulsive, misperceive reality and have impaired judgment. If firearms are available, the risk to themselves and others markedly increases. By identifying individuals who may be at risk for committing violent acts against themselves or others, providing treatment (including substance abuse treatment) and addressing firearm access, we may well be able to avert more of these tragic school shootings.

There has been substantial research in recent years to identify the profile of a school shooter. The information obtained is retrospective and reveals *that there is not a single profile*. Additionally, very, very few individuals who have the characteristics similar to these perpetrators ever commit violent acts. Nonetheless, this information is helpful in identifying intervention strategies that may prevent future events.

We only need to reflect on recent events to see some common traits among the shooters — they are typically young Caucasian males who are good students from affluent families and had easy access to firearms. In fact, more than two-thirds acquired the weapon (or weapons) they used from their own home or that of a relative. Many were frequent viewers of violent media and/or engaged in violent writings. Some had a preoccupation with previous school shootings. The most frequent motivation of the attack was retribution for real or perceived rejection. Seventy-five percent felt bullied, persecuted or threatened by others. Many had experienced significant loss in the moths prior to the shooting, such as a death, a divorce in the family, or a broken relationship. Social rejection appears to be a frequent theme among these individuals.

Almost all (95%) were current students at the school (Adam Lanza being a notable exception) and planned the event in advance (93%). The same number (93%) had engaged in some behavior that had led others to be concerned, and in around 80% of the circumstances, at least one person had some knowledge that the attacker was thinking about the school attack, almost always a peer, friend, schoolmate or sibling. The majority of the time, more than one person was aware.

For effective education to occur, students must both *BE* safe and *FEEL* safe. The medical community, and particularly the behavioral health community, can play an important role in this area by working with educators, students and families. Some potential strategies would be:

1. Early recognition and referral of youth who are "at risk" from a behavioral health perspective. "Mental Health First Aid" is one of many effective prevention strategies.
2. Encouragement of all members of the school community to bring concerns about violence forward to a responsible adult.
3. Ready access to behavioral health resources/services in a school setting.
4. Access to behavioral health services in the broader community.
5. Continuity of care and information flow across providers, including the school setting to avoid any treatment-school disconnect.
6. Anti-bullying programs to prevent and identify bullying (involving students, teachers, parents and administrators).
7. Education about gun safety and firearms access for vulnerable individuals.

While there is much attention paid to the mental health of the school shooters, we cannot neglect the mental health of those who survived the attack, including both those who experienced physical injury and those who may have witnessed the shooting or been troubled by it in other ways. A timely response to deal with the trauma of these events is essential, both immediately following the shooting and thereafter, to minimize the lingering effects of events such as these.

Health care providers have no duty more important than to maintain the wellness and safety of patients and the community. While it is unlikely we will be able to prevent all of these terrible events, by working collaboratively with all concerned individuals we can most certainly prevent more. This includes doing our best to ensure that artificial barriers to behavioral health treatment, including substance abuse, are reduced ***and*** addressing appropriate access to firearms for those with behavioral health concerns. Any lives saved are well worth it.

Thank you for your time today. I would be happy to address any questions you might have.