

Transcript of presentation to open panel on 7/18/07 by Bela Sood MD

*Honorable Col. Massengill and Panel Members,*

*Our panel has been tasked by Governor Kaine to look at the specifics of the tragedy at Va. Tech, to examine issues relevant to the incident, and opine on the lessons learned from the event. Each panel member brings their own expertise and opinions about what is right and wrong with the system and we can speculate what could have gone wrong with the system. However, our job is to specifically look at the data that emerges out of the enquiries we make...and confine our assessment and recommendations to the facts that are found. Unlike many aspects of the case such as emergency response/preparedness, the police response, the interventions set up for the victims and their families which succeeded the event and of which we have very minute knowledge, perhaps of the greatest interest are the inner workings of the mind of Mr. Seung-Hui Cho that allegedly contributed to his actions on that fateful day and about which we have factual information albeit limited in nature because of missing information that we are painstakingly trying to piece together: As we speak we continue to add to the information which has been slow in coming. The years preceding his behavior that contributed to what made him the person who he was is also of interest: i.e. his mental wellness or mental health as a child In addition his interaction with the world he lived in which either supported or detracted from the development of risk and protective factors. It is these that pose the most difficult conundrum for the panel as these are vital to the understanding of the motivations behind this senseless and horrendous tragedy that has immutably changed the life course of 32 innocent families. For a while we struggled with laws governing information sharing protected by both HIPPA and FERPA i.e. the university, its counseling center, the community service board, the hospital and the family of Mr. Cho. We now have overcome most of the hurdles posed by the restrictions imposed by these laws but now are face to face with missing pieces of information either lost or unavailable. While all of us appreciate why clinical/personal information is sacrosanct and how each one of us here under circumstances remotely similar would be similarly protective of our personal information becoming public but this tragedy has raised speculations whether these laws truly help the individual, his family or the institution. Are there provisions within HIPPA and FERPA that could have allowed the sharing of important and critical info with family, between diff agencies within the university and the public mental health system and the hospital that could have prevented this tragedy; are these*

*laws being interpreted differently by agencies? As we continue to access relevant information by virtue of privilege at this point we base what we know through slivers of information made available to us from the OIG report, information that is now in the public domain, what we know from public and private interviews with many and on assumptions that are made from observed behavior via student witnesses of the incident, witnesses of his behavior on campus and from police/other personnel who interacted with him. The information we have obtained raises many questions rather than give us a complete set of answers. These are serious questions about the gaps in our system of care for mental health and perhaps the institutions that Mr. Cho interfaced with. Hopefully we will have all the data sets that are known to family, kin and friends, professors at tech that will allow us to say that due diligence was done and no stones were left unturned as we face the task of an independent review. There have been numerous articles written and interviews about the very issues that we are tackling: some informative, many well thought out and some speculative at best. I and other panel members have read them with interest and also been approached by the media to speculate but have tended to decline to do so because it has been important to retain a sense of neutrality about interpreting data until we gather all information and write our final report to save any backpedaling if contrary facts emerge.*

*At this time our line of enquiry is informed by our expertise in the understanding of human psychology, psychopathology and an appreciation of the constraints within our service systems: our schools, our colleges, our mental health delivery systems. On another level our prevailing values about mental health needs attention: stigma about MH, access to appropriate MH care that is intimately connected to legislative priorities and related appropriations of funds for health and human services, and the degree of our tolerance as a society for the tension between individual freedom dictated by the founding principles of democracy and the collective freedoms of our communities that needs to be kept safe by ensuring a responsibility towards identifying risk, managing it and keeping the a population healthy.*

*So with that framework in mind, our efforts have been to take a careful look at what transpired at Va. Tech, develop a best guesstimate from that of Mr. Cho and his mind, his thinking and then in parallel explore the systems related to MH and Law that played an important part in the unfolding of this tragedy, explore how they work, their limitations and strengths, the barriers that exist and develop probable suggestions for policy based on "lessons learned" ....although that would only be released when the final report is written: a synthesis of fact finding and confluence of data gathered that will hopefully yield some answers for the families of the victims of April 16th and recommendations that will eventually minimize the risk of such an event*

*occurring again not only in universities but in many different settings. As sensible people we all recognize that this tragedy could have occurred anywhere. MH issues are not a zebra: 1 in every 5 person suffers or knows of someone close with a mh problem knows of often institutions have policies but these policies and procedures exist on paper rather than in reality: that is perhaps more dangerous than institutions that acknowledge upfront the paucity of resources and thus services....*

*As the lead panel member on mental health issues I have framed issues related to Mr Cho and his environment in the following manner.*

*The early detection and Identification of mental Illness in SHC:*

*Although allusions have been made about him being quiet and withdrawn, were these really symptoms of illness or merely Mr. Cho being a misfit amongst his peers.. What age did his first symptoms emerge?*

*Was there a formal diagnosis made and who made it? and how did a referral ensue .....*

*An exploration of what may have system failures for this family that created barriers to accessing care; lack of funding of MH rx (parity issues, insurance coverage, lack of transport, parents too busy acculturating/stigma issues/culture specific issues). Systemically, does the existing mental health system both in school and at the university level and in CSB's train people in cultural competence so that families of varied ethnic background feel comfortable and are encouraged to seek and receive MH intervention.*

*What other factors could have been involved in the exacerbation of this young mans problems:*

*To what extent was he bullied: children are expected to 'figure" out the pecking order... This is an editorial comment from my background in MH: Bullying needs to be approached with intolerance.... bullying generates extreme marginalization, anger and creates a powder keg for a volatile reaction in the bullied.. that person may not be picked up initially as harboring negative feelings towards the world but the explosion may come downstream when some perceived injustice becomes the last straw in the camels back.*

*A) Signs of first trouble*

*Entrance and recommendation letters an untenable waiting period. What is the ratio of counselors/provider to students Were the recommendations adequate in intensity?*

*What were the barriers they faced in having recommendations implemented?*

*Overarching issues relating to the system:*

*How do schools/universities systems deal with concrete threats vs. the possibility or risk of self/other harm or for that matter any observed*

*disturbances of behavior... how does the system protect others and further the mental health of its students:*

*The tension of establishing fiscal priorities: how should resources be allocated to the core mission of an academic setting vs. ancillary services such as mental health.... next is the issue of stigma that partially sets the tone for the prevailing culture of an environment: the manner in which issues related to what is seen as human weakness: mental illness is handled: and whether leadership within these systems i.e. schools and universities believe that mental health interventions produce good vs. poor outcomes .... these attitudes determine how resources get allocated, increased or whittled down to nothing... Specifically what is the Virginia Tech culture like as far as attitude towards seeking mental health treatment... do they actively help students out who may be developing problems? Is the intervention primarily disciplinary in nature versus a more of a mediation type of intervention?*

*How are suicide attempts treated? Is a student dismissed?*

*How is substance abuse on campus viewed and how are Substance abuse problems handled?*

*What resources are available to students to address distress which may not meet intensity levels to qualify as a diagnosable disorder but is a "cry for help"?*

*How is safety, health safety and mental health safety promoted on campus?*

*How is violence on campus viewed....what is the degree of tolerance regarding stalking, verbal and physical harassment and how is it handled?*

*What is the relationship between law enforcement in the city of Blacksburg and the University Campus?*

*What are the local community's perceptions about mental health and need for intervention: positive/negative*

*What is the perception of human rights/civil liberties vs. public safety in the community in Blacksburg...?*

*What is the local community/university's attitude/tolerance for physical violence/gun violence/gender violence?*

*Colleges and Universities are getting more and more children who were perhaps diagnosed with illness such a depression, ADHD, Bipolar disorders but who need to identify their needs before obtaining any accommodations within the college setting. Dr. Kay has identified many of the elements that should be part of the college mental health system. Although ADA and other laws prevent discrimination based on mental illness, an investigation of how polices and procedures that exists on paper are really implemented within*

*the University by asking parents and students their thoughts on availability of access to mental health/substance abuse services at Tech. However one has to be very careful in not being cavalier in assigning culpability because we do not want to go in a direction that makes universities become selective about not accepting students with disabilities. The liability that such students could potentially pose could cause the development of an adversarial system within our institutions of higher learning.*

*How do we solve this problem: some of the bright minds of this country wonder:*

*Do we move towards a middle ground where universities may serve as loco parenthesis . countered by robust grievance policies that keep students feel safe and not unfairly targeted because they acknowledged 'Problems'.*

*Prevailing knowledge, attitudes and above all an appreciation of the cost and the potential cost of inadequately treated mental illness within a college system go to the heart of the matter. It is not the best kept secret that those who need mental health services find a woefully under funded and inadequate system that just does not have the resources to do even an adequate job leave alone a stellar one. This is perhaps more obvious for children and young adults who are transitioning into adulthood without immediate family support, at a very vulnerable age when they are struggling with separating from their parents and developing their own personalities. How are students insured, what is the mechanism to cover mental health problems as they arise which goes to larger systems issues that have to do with parity of coverage for mental illnesses ...this disparity between coverage for physical vs. emotional illnesses is another disincentive for seeking help but in fact it merely postpones the inevitable.*

*C) Ongoing issues and escalating problems: the MH Interface with the legal system:*

*Perhaps the second most important area of scrutiny is the law and how it impacted this tragedy. We have long known the inadequacy of the existing laws and the fact that Chief Justice of the Supreme Court of Virginia, Leroy Hassell Sr has asked a commission in October 2006 to work on reforming commitment laws. Mr. Bonnie has provided us a good overview of the commission's current work which has been very encouraging and useful to the panel. The notion of "Imminent dangerousness": as the threshold for commitment in order to get treatment, the lack of adequate number of inpatient beds with diversion of seriously ill non-hospitalizable individuals into prisons, absence of step down less restrictive OP treatments, lack of providers and also services in the community settings, coercion into treatment: "... above all the role of the IE and the CSB in the commitment process and the gaps in this system have been a focus of our work. Was*

*inpatient stay adequately long for assessment of imminent dangerousness or any assessment that could lead to a rational follow up plan?*

*Was OP commitment suggested?*

*What "teeth" did that directive have?*

*Were there safeguards to make sure that any follow up was occurring ie was the loop closed on a student who was identified by multiple people as disturbed*

*Who would that responsibility fall on?*

*We have interviewed the personnel in the administration from Va.Tech who had anything to do with student affairs, student health, the "Care Team" the Cook Counseling center at Va. Tech, students and professors who had interfaced with Mr. Cho, faculty re their knowledge about the prevailing culture at Tech re the management of mental health concerns as they surface in students; we also have gathered information from several CSB's in Southwest Virginia and the New River Valley CSB, the special justice on this case and obtained relevant/accompanying information to shed light on the standard practices and practice specific to this case by which commitment to MHI occur in that area, and finally experts on law and psychiatry in the nation. In addition we also have reviewed and interviewed personnel from Mr. Cho's high school. We are now at a point we are beginning to explore earlier developmental phases in his life. We already have spoken with chairs of major committees representing the American Psychiatric association and the comments in the final report will acknowledge the best opinions on this subject from national experts.*

*In addition one issue that creates a definite flashpoint and polarization comes out of this incident is the carnage wreaked by the use of firearms and how this young man was able to stockpile the weapons and ammunition "legally"...a number of people speculate about the availability of guns to the victims but as a mental health professional I certainly wonder that if Mr. Cho had not been committed in December 2005, he would have not have been stopped from amassing this fire power even with our current laws in place... not all people with MH problems end up being committed..... the data indicates that 3 % of gun/violent crime can be attributed to mental illness but the rest of the 97% of gun related violence has little connection to mental illness yet "mental illness" constitutes one of the few conditions for the prohibition for firearm purchase... here the capacity to inflict this carnage is being attributed to mental illness and not to the instruments/means he used. Indeed the playfulness and premeditated nature of the behavior on the day of the commission raises questions regarding his mental status on that day i. e.*

*was he in perfect possession of good reasoning at that time of the crime.*

*In closing this aspect of the case will challenge us to examine multiple levels of criss- crossing issues of which mental health, well intentioned but inadequate commitment laws, privacy laws and responsibility of the field to the public for a safe and just society, exploration of stigma and how it affects help seeking behavior and legislative priorities most importantly the system gaps that appear to be directly linked to not a lack of will but to the funding and resources allocated to the mental health delivery system that at least on the surface appears abysmal: both the frequency and intensity of service delivery is a national shame. Crises and tragedies are unfortunately what drive these explorations into neglected but ubiquitous problems in our society. Much as we want to find smoking guns we hope that what this report will really do is to identify what went wrong here, what could we do to reduce risk from lessons learned by building a better equipped mental health care delivery system that optimizes the best outcome possible that is only limited by our existing knowledge and not by the lack of funding/resources. We have an opportunity to get it right. Let's do so ...and move forward.*