

# The Virginia Tech Tragedy: Lost in Transition

## Issue Brief - July 2007

*We can't help but wonder if April's tragedy at Virginia Tech could have been avoided if the shooter, Seung Hui Cho, had received the court-ordered treatment for his serious mental illness. It's easy to blame flaws in the mental health care system for Cho's failure to receive treatment, but the real issue is a failure to communicate – the failure of the criminal justice and public mental health systems to communicate with each other and for both systems to communicate with Cho and his family.*

According to *The Washington Post*, two years prior to the tragic shooting, a Virginia judge found that Cho met the legal standard for commitment to a hospital or outpatient setting. Although the judge found Cho to be an "imminent danger" to himself, he ordered Cho to receive outpatient services - services Cho never received because no one except Cho was made responsible for his care. Asking a dangerously despondent young person to follow up on treatment without providing any support or oversight is a recipe for disaster.

Imagine how different things might be today - for 33 young people and their families - if Cho's case had played out this way:

- The court received assurance that a specific mental health provider was able to treat Cho immediately on an outpatient basis (without such an assurance, the court should have ordered hospitalization to ensure Cho's safety).
- The court order named the provider that Cho should go to and contained a follow up date for the provider and Cho to report back to the court.
- The court provided a copy of the court order to the provider, in person or by fax.
- Provider staff reached out to Cho - preferably in court the same day he was ordered into treatment - to make the first appointment.
- Provider staff reached out to Cho's family to provide them with a copy of the court order, which is public information, and ask for their assistance in getting Cho to his appointments.
- The provider communicated back to the court if Cho failed to show up for his appointment after the provider made three attempts by phone or in person.
- The court acted swiftly to hospitalize Cho if he was unable to keep his outpatient appointments and was still in imminent danger of harming himself.

The above scenario is not unrealistic. In fact, Virginia law already requires both the court and local mental health agencies to be held accountable in such instances. But that doesn't help unless critical information is shared right away.

If we are to stem the tide of those, like Cho, who are "lost in transition," then we need better communication, collaboration, and coordination of treatment and services among various community systems designed to serve individuals with mental illnesses. Mental healthcare providers must have adequate resources and staff to attend commitment hearings and conduct mobile outreach with individuals in need of treatment to ensure a solid hand-off from court to treatment.

### **Stemming the Tide: Ensuring Continuity of Care for Students and Other Individuals with Serious Mental Illness**

States can stem the tide of students and other individuals who are "lost in transition" every day. A recent study of college students' health revealed that students may need special attention to address their mental health needs. The American College Health Association found that over 40% of students reported that the "felt so depressed it was difficult to function" one or more times during the school year. Almost 1

in 10 reported that they has “seriously considered attempting suicide” one or more times during the school year.<sup>1</sup> Students identified depression/anxiety/Seasonal Affective Disorder as one of the top ten health impediments to their academic performance—impediments that caused students to “receive an incomplete, drop a course, or receive a lower grade in a class, on an exam, or on an important project.”<sup>2</sup>

What can states do to address these serious needs? There are several important ways states can address the mental health needs of students and other individuals:

- Focus on Prevention.
  - States should ensure that young adults have ready access to necessary services and are encouraged to take advantage of these services before a crisis occurs.
  - Community-based mental health centers can train college and university staff, students, resident advisors, campus police and others who come into contact with students. Everyone should be familiar with the signs of mental illness and suicide risk, know how to access the full range of services in the community, and know how to respond in an emergency situation.
- Be Prepared for Emergencies.
  - States should ensure that communities have a range of emergency and crisis services available 24 hours a day, 7 days a week.
  - Community-based mental health centers can provide crisis lines, mobile crisis units to evaluate and stabilize a young person in crisis, and support to individuals who must be transported to emergency rooms when they are not safe to remain in the community.
- Make Sure Everyone is Working Together.
  - States should ensure that the different systems an individual can encounter are working together so that the young person is not “lost” between systems.
  - Community-based mental health centers can attend commitment hearings, make contact with the patient and his or her family, share their expertise with the court, and know what the court expects from them. Community-based mental health centers can work with hospitals to ensure that a workable treatment plan is in place before the individual is discharged—and work with the individual and his or her family to smooth the transition from hospital to community treatment.

A scarcity of resources and lack of communication, cooperation and coordination of treatment and services often results in individuals discharged from inpatient settings being placed on long waiting lists for community-based programs. States must ensure that mental health providers have sufficient resources to address the full range of community needs, from prevention programs to crisis services to long-term care.

In the end, the Virginia Tech tragedy is not about needing a new law or about blaming one system or another. It's about talking to one another. It's about providing sufficient resources. It's about working together to make our communities safer for those with mental illnesses and everyone around them.

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*The National Council for Community Behavioral Healthcare is a not-for-profit, 501(c)(3) association of 1,300 behavioral healthcare organizations. Our members offer medical, social, psychological, and rehabilitation services in community settings to help people with mental illnesses and addiction disorders recover and lead productive lives. Medicaid pays for up to 75 percent of the services our members provide to six million adults, children, and families in communities across the country.*

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<sup>1</sup> American College Health Association National College Health Assessment, Journal of American College Health, Vol. 55, No. 4, at 205 (Table 17) (Spring 2006). See <http://www.acha-ncha.org/docs/JACH%20January%202007%20SP%2006%20Ref%20Grp.pdf>

<sup>2</sup> Id. at 198 (Table 2).