FROM THE FIELD

*Investigative Commentary*

# Immediate Behavioral Health Response to the Virginia Tech Shootings

Diana J. Nordboe, MEd, Edward M. Kantor MD, FAPA, Harvey Barker, PhD, Amie Ware, and Bill Armistead, MPH

On April 16, 2007 the deadliest mass shooting on a school campus in modern US history took place at Virginia Polytechnic Institute and State University (Virginia Tech) in Blacksburg. Twenty-eight students and 5 teachers were killed and 29 people were injured during 2 separate attacks. Each of these brutal incidents of mass violence was a tragedy not only for Virginia but also for the nation.

## IMMEDIATE PHASE

The immediate phase of the behavioral health response began on April 16, 2007, the day of the shootings, with the designation of a Virginia Tech Emergency Response Team and implementation of emergency plans. On campus, Virginia Tech, along with community mental health responders, immediately set up counseling centers, conducted outreach to students, and established centers for families to reunite with students. The Cook Counseling Center (Student Mental Health Services at Virginia Tech), New River Valley Community Services (NRVCS), ValueOptions (the Employee Assistance Program serving Virginia Tech), and faculty resources coordinated a wide range of individual and group services. The psychiatrist at the Cook Counseling Center began communications with the Disaster Committee of the Psychiatric Society of Virginia and received guidance in early intervention, support materials, and logistical support for psychiatric referrals in coordination with the American Psychiatric Association (state and national). A Virginia Tech liaison was assigned to each family who lost a family member or had a family member injured to assist with arrangements and access to services. An information site was established on campus for parents to meet and gather information.[1]

During the first 3 weeks, the NRVCS, the public behavioral health organization for the area, deployed 74 trained disaster behavioral health responders, who worked more than 1500 hours and made more than 7000 contacts. Initially, NVRCS behavioral health responders worked at the family information site and supported families, friends, and students seeking news on the status of loved ones. NVRCS also supported families before, during, and after death notification and helped provide debriefing for identified groups both on and off campus.[2]

Classes were cancelled for 1 week following the shootings. NVRCS, NRV Mental Health America, and the Community Disaster Response Coalition (CDRC) organized 276 behavioral health volunteers from throughout the region, who were on campus during the first 2 days that classes resumed (April 23 and 24, 2007) after the shootings. These volunteers offered behavioral health services (eg, education, informal discussion, referrals) in high-risk areas, such as buildings where the shootings occurred, classrooms, student centers, the cafeteria, and other areas.[1,2]

During the graduation weekend of May 11, 2007, more than 20 ceremonies were held across campus. More than 40 behavioral health responders from NRVCS, Cook Counseling Center, CDRC and the community were present during the graduation ceremonies that were considered "high risk," as well as at other locations on campus. They also offered around-the-clock services to family members of the deceased or injured who were staying at 2 residence halls.[1]

The demand for mental health services extended well beyond the Virginia Tech campus, and the needs of the larger community continue to emerge over time. In the first few weeks after the event, NRVCS reported a dramatic increase in the number of hotline calls, requests for emergency services, and visits to emergency rooms, especially during the second and third weeks following the shootings. The NRV Mental Health America began conducting "grief groups" (information and support groups for people who are grieving the loss of friends, family, neighbors, or colleagues) throughout the area. NVRCS and CDRC volunteers attended meetings in the community and disseminated more than 30,000 brochures on the symptoms and signs of stress and how to obtain help from NVRCS, CDRC, and mental health support organizations, such as NRV Mental Health America.[1,2]

Since the April 16, 2007 shootings, NVRCS has received numerous requests from public schools to evaluate students who exhibit dangerous behaviors. It is anticipated that once classes resume in the fall at Virginia Tech, faculty and staff may also be more likely to be more sensitive to student behaviors, leading to an increase in mental health referrals for evaluation.[2]

The high casualty count and exposure to the aftermath of the shootings have greatly affected the first responders of the mass shooting incident, some of whom also are students at Virginia Tech. Past mass-casualty incidents, such as the Columbine High School shootings, September 11, 2001, and the Oklahoma City bombing, demonstrated that first responders are a high-risk group, yet they are often reluctant to seek help. Some studies have shown that first responders exposed



Copyright © Lippincott Williams & Wilkins. Unauthorized reproduction of this article is prohibited.

to events of mass violence, such as 9/11 and the Oklahoma City bombing, sought help for the first time 5 years after the event.[1]

Another area of concern in the aftermath of the event are the cultural issues that arise both in caring for those exposed and the potential scapegoating of specific populations. In the Virginia Tech case it is postulated that the Korean community has experienced both self-imposed shame and anxiety and hostile incidents that appear to be racially motivated because Seung-Hui Cho was born in South Korea. People with serious mental illnesses already face social stigma and there is fear in the mental health consumer community that a consequence of the Virginia Tech tragedy will be a reversal of legislative advancements to Virginia's mental health system that promote recovery, community integration, and self-determination as envisioned by the President's New Freedom Commission on Mental Illness.[1]

College students throughout Virginia and the nation have been affected by the shootings. The realization that mass violence can happen on any campus has created fear and concerns regarding safety. On June 11, 2007 a large community stakeholders meeting was held with schools, first responders, churches, health care, the international community, mental health and other advocacy groups in attendance to plan for the short-term and intermediate aspects of recovery, as well as to develop a collective vision toward relevant longer term community supports and mental health services.[2]

## LESSONS LEARNED

It is important to note that 2 major traumatic events occurred at Virginia Tech within 9 months. The first event occurred on the first day of classes, August 20, 2006, when the town of Blacksburg and the Virginia Tech campus were under a lockdown while law enforcement officials conducted a manhunt for an escaped prisoner, William Charles Morva. Previous incidents of mass violence in Virginia have demonstrated that when individuals and communities experience multiple tragedies in a short period of time, crisis counseling services have proven effective in promoting individual recovery and building both individual and community resilience (see the guest editorial commentary by Frederick Nucifora and colleagues in this issue).

The well-coordinated mental health response among the various public, quasi-public, and private sector organizations is a small positive note in the wake of great tragedy. Still, taking the lessons learned and working to further improve in areas of prevention, systems integration, and early intervention, as well as in the follow-up will be the priorities. Developing a realistic evaluation of the mental health response to date and in the future, and identifying research opportunities to improve our understanding of how to help individuals and communities recover will be an important direction for the Commonwealth of Virginia and the nation in the future.[3] The coordinated response to the tragedy at Virginia Tech may serve as a model for mental health response to future incidents of mass violence.

## About the Authors

*The authors are with the Commonwealth of Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services, New River Valley Community Services, and the University of Virginia School of Medicine, Department of Psychiatry and Neurobehavioral Services.*

*Correspondence and reprint requests to Beth Nelson, MSW, Commonwealth of Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services, PO Box 1797, Richmond, VA 23218 (e-mail: beth.nelson@co.dmhmrsas.virginia.gov).*

*Received for publication June 19, 2007; accepted June 28, 2007.*

## Acknowledgment

Bill Armistead, disaster coordinator for Virginia's Department of Mental Health, Mental Retardation and Substance Abuse Services, retired this summer after 19 years of leading the Commonwealth's disaster behavioral health response. His leadership and commitment to disaster behavioral health made it possible for Virginia to respond immediately and effectively to some of the nation's most challenging emergencies and disasters. The authors thank Mr Armistead for his support and dedication to serving victims of natural disasters, terrorism, and mass violence.

ISSN: 1935-7893 © 2007 by the American Medical Association and Lippincott Williams & Wilkins.

DOI: 10.1097/DMP.0b013e318149f51a

## REFERENCES

1. Commonwealth of Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services. Project Rebound, Behavioral Health Response to the Virginia Tech Shootings: SERG Intermediate Grant Application. April 30, 2007.
2. Interview with Harvey Barker, Director of ACCESS, Emergency and Adult Clinical Services, New River Valley Community Services; June 12, 2007.
3. National Institute of Mental Health. *Mental Health and Mass Violence: Evidence-Based Early Psychological Intervention for Victims/Survivors of Mass Violence. A Workshop to Reach Consensus on Best Practices*. NIH Publication No. 02-5138, Washington, DC: US Government Printing Office; 2002.



Copyright © Lippincott Williams & Wilkins. Unauthorized reproduction of this article is prohibited.