

NATIONAL PRESS CLUB LUNCHEON WITH SENATOR CREIGH DEEDS

SUBJECT: MENTAL HEALTH REFORM

MODERATOR: ANGELA GREILING KEANE, FORMER PRESIDENT OF THE NATIONAL PRESS CLUB

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**ANGELA GREILING KEANE:** (Sounds gavel.) Good afternoon, and welcome to the National Press Club. My name is Angela Greiling Keane. I'm a White House correspondent for Bloomberg News and the 2013 National Press Club President. The National Press Club is the world's leading professional organization for journalists committed to our profession's future through our programming with events such as this while fostering a free press worldwide. For more information about the National Press Club, please visit our website at [www.press.org](http://www.press.org). To donate to programs offered to the public through our National Press Club Journalism Institute, please visit [press.org/institute](http://press.org/institute).

On behalf of our members worldwide, I'd like to welcome our speaker today and those of you attending today's event. Our head table includes guests of our speaker as well as working journalists who are Club members. And if you hear applause in our audience, I'd note that members of the general public are attending so it is not necessarily evidence of a lack of journalistic objectivity.

I'd also like to welcome our C-SPAN and Public Radio audiences. You can follow the action on Twitter using the hashtag NPCLunch. After our guest's speech concludes, we'll have a question and answer period. I will ask as many questions as time permits. Now it's time to introduce our head table guests. I'd like to ask each of you to stand briefly as your name is announced.

From your right, Ralph Winnie, Jr., Vice President of Global Business Development at the Eurasian Business Coalition; Sue Sutter, Senior Editor of the Pink Sheet; Anna Mederis Miller, Associate Editor of the *Monitor on Psychology* magazine and a health columnist at *The Daily News*; Julie Bykowicz, a national political reporter at Bloomberg News; Susan Heavey, Reuters correspondent and Chairwoman of the National Press Club's Membership Committee; Siobhan Deeds, wife of the speaker.

Skipping over the podium, Jerry Zremski, Chairman of the National Press Club's Speakers Committee and the Washington correspondent for the *Buffalo News*; skipping over our speaker momentarily, Myron Belkind, an adjunct professor at the George Washington University and this year's President of the National Press Club; Derrick Perkins, the Executive Editor of the *Alexandria Times*; Nikki Schwab, Washington Whispers editor for *U.S. News and World Report*; Amy Morris, morning news anchor at WNET all news 99.1; and Pat Host, a reporter for *Defense Daily*. (Applause)

Our guest today is here because of an unspeakable personal tragedy. Virginia Senator Creigh Deeds lost his son, Gus, to suicide in November and was seriously wounded himself in an attack by his son. This happened after Senator Deeds had tried unsuccessfully to get mental healthcare for his son only to be denied by a system he's since tried to fix and that system told him there were no beds available for care.

In the four months since November, Senator Deeds has recovered from his physical wounds and led the Virginia legislature to enact mental health reform legislation adding millions more dollars to try to prevent another family from experiencing a tragedy like his did.

The measure extends the amount of time a mentally ill person can be held in emergency to eight hours, and insures a bed is available for that person, unlike what happened with Senator Deeds' son Gus on November 19<sup>th</sup>. Before making mental health his signature issue, Senator Deeds was a county prosecutor known for authoring a law allowing public access to the Virginia sex offender registry. He was elected to the Virginia House of Delegates in 1991 and left the House in 2001 to join the state senate representing Bath County. He was the Democratic nominee for governor in Virginia in 2009. Please help me give a warm National Press Club welcome to Virginia State Senator, Creigh Deeds. (Applause)

**SENATOR DEEDS:** Thank you for that generous introduction. I want to acknowledge my wife, Siobhan. She gave up this for her birthday. (Applause) And I also want to acknowledge so many friends and members of my extended political family, some of whom have been with me since 1991. I appreciate you being here, I appreciate your support. They told me I could speak for 20 minutes, and I'll probably fill that up. And that might scare some of you. I'll do the best I can.

Thank you for allowing me to speak about a critically important, yet overlooked, issue. Despite the warning signs of a system failure and despite the fact that as many as one in four Americans suffer from some form of mental illness, mental health is routinely

set aside in our public policy discussions and in our private conversations as well. When I spoke on the floor of the Senate of Virginia, I referenced the consignment of Boo Radley in *To Kill a Mockingbird* as a good analogy for the way we deal as a society with mental health; out of sight and out of mind. In order to effect change, we have to bring mental health out into the daylight and have an open and honest discussion about the successes and failures of our mental health laws and services.

My purpose today is not to rehash what happened on November 18<sup>th</sup> and 19<sup>th</sup> of last year. I won't talk about the specific events of those days any more than passing reference. The issue was much bigger than any one individual's experience. Likewise, I will not answer any questions about those days.

When I decided to speak up publicly about mental illness and about my family's tragedy, I had three broad goals in mind. First, I wanted to work to de-stigmatize mental illness and do my part to bring about equity in the treatment of mental health. Second, I wanted to use the experience to change the law to make it less likely that others will undergo similar heartbreak. Third, I wanted to make sure that my son is remembered more for his living than for his dying. I tend to organize this talk generally around those three points. In every sense of the word, my son was my hero. Gus came to this world on May 6<sup>th</sup>, 1989. He was named Austin Creigh after his paternal great-grandfather, but called Gus after a maternal great-great uncle. From the beginning, Gus was bright, inquisitive and a little small for his age. In fact, he really didn't grow into his brain until he'd be even average size until his teen years.

He was reading simple books by age three, and as he grew would take volumes of the encyclopedias to bed to read. He amazed people at church, reciting the Lord's Prayer and the Apostle Creed from memory before starting school. In elementary school, he excelled at everything. That continued through high school. Gus holds the record for the most perfect standardized test SOL scores in Bath County.

But Gus did so much more than make good grades. He tore through a drum kit at age seven, began trombone lessons a few years later and taught himself to play the harmonica, piano, guitar, banjo, fiddle, mandolin and practically any other instrument he picked up. He wrote songs, entertained and performed throughout the area.

In addition to his gift with music, Gus could learn any language he put his mind to learning. He mastered Spanish in high school and could explain the differences among the various Latin American dialects. He could lecture you on the development of languages. He was learning Arabic and Cantonese. He had a lifelong history in Gaelic history, language and culture. He was athletic, he played soccer, he started as a freshman for the Bath County High School varsity soccer team. He won numerous awards. He was a member of the high school band and was valedictorian of his class. He could sing and dance with the best of them. He was handsome and witty; he had it all going for him.

Now, Gus and his sisters were raised in the country. And at an early age, he knew how to bait a hook, fire and clean a rifle and build a fire. He loved the woods and he

loved to garden. He spent many summers in the nature camp in Vesuvius, Virginia, an academic camp devoted to the natural world. He helped at Camp Poppy, a camp run by a cousin of mine at home. He developed lifelong friendships and a deep appreciation for the outdoors and our natural resources through these camps.

At an early age, Gus developed an intense religious interest. At the age of 20, on a one-man trip across the country, he was baptized a second time, born again. That prompted a renewed religious interest and zeal that his friends and his family came to accept. When he returned from this trip, Gus and our family embarked on a new journey. Our family's experience with the mental health system and the care my son did or did not receive is a clear demonstration of the problems we as a society have in dealing with the issue. Neither his mother nor I wanted to accept the fact that our brilliant, beautiful, precious son was sick.

In 2010 after we divorced, Gus was out of school, unemployed and living with his mother. She was concerned about his moodiness and his fixation on a knife he was building in the shed, or he was making in the shed. I talked him into letting me hold the life for him and it's still under my truck seat. He went to the Indiana Dunes National Park and worked there for a few months, but he returned home. We still don't know what happened out there.

Some time that fall, Gus's mom went to the local CSB and arranged for him to enter a crisis intervention center near Charlottesville. He stayed there for a week or two. During one of my visits, he spoke for the first time about going on disability. I just couldn't believe my son, Gus Deeds, was talking this way. I didn't understand. He was my child, but he was also an adult and I was not privy to any information about his diagnosis or his medication.

When he came home, I helped him obtain a job. He spent that winter washing dishes. My brilliant valedictorian son was a dishwasher, but he was happy. The next year, Gus lost that job for reasons unknown to me and then came to live with me. His behavior was even more erratic. He was manic and talked about suicide. I went to the magistrate and had him committed. A short time later, we went through the process again. Both times, Gus was released from the hospital with medication and put under the care of a psychiatrist.

At no time was I ever able to talk with the psychiatrist or get a detailed accounting, or even an un-detailed accounting, of what Gus's problems were. A psychologist or a social worker at the second hospital told me Gus was somewhat bipolar, but not a classic case. He said that the medication Gus was on would be reduced eventually. I kept hoping that Gus would be all right. He lacked direction, seemed agitated and certainly was not his old self when he got out of the hospital the second time, but he seemed more stable while he was taking medication.

He kept appointments with his psychiatrist and even made plans to return to William and Mary. I began to relax. In the summer of 2012, Gus returned to the nature

camp. He wasn't manic as he had been before, he continued to abide by his appointments. I'd go to the camp and take him to the psychiatrist and he managed his medication. He returned to William and Mary in the fall of 2012 and made the dean's list again.

That fall, he even brought a friend, a foreign exchange student home, because the boy had nowhere else to go during the break. Christmas was pretty much uneventful. Gus helped me around our property and went back to William and Mary in January. I went to a pharmacy, refilled his medication and left him with a prescription card and trusted him to keep it filled.

Some time in the spring of 2013, Gus stopped taking his medicine. When he returned home after school while his grades continued to be good, it was clear that his behavior and attitude had changed. He went back to nature camp last summer. Even in my son's illness, his heart, his love, was always evident. He was known at camp, even last summer, for his kindness to homesick campers. He always had time for lonely strangers. He was the guy that was always giving people on the streets looking for a dime, he'd give them a dime. He lived as his brother's keeper, the Good Samaritan.

As presents, we continued to believe that we could get our son back, that the illness which had never been fully explained, at least not to me, had not taken over and that Gus would be able to lead a productive life. Friends and family assured me that he'd grow out of it. Parents understand what to do when their child has a runny nose or a fever, or even a more serious physical ailment. But what about mental illness?

Likewise, we as a society long to cure or find treatment for physical illnesses such as cancer or heart disease, Alzheimer's, and we also look for cures. We ought to look for treatments. But what about mental illness? As a society, we treat mental illness so much differently than we treat other illnesses. Not only are we embarrassed by it, we act as if the brain and the nervous system are not parts of the body. If my son had cancer or heart disease, we would have known what to do and we would have known how to pay for it. With mental illness, there is no assurance.

Two generations ago, we began the process of deinstitutionalizing the mentally ill, of closing the giant warehouses where people were kept. We decided that we could save money and protect an individual's civil rights, by providing care in communities. Some of our instincts were good, but our implementation's been a failure. Men and women with mental illness fill our jails and prisons. We have never adequately funded a community-based system of treatment.

The result has been that community service boards, at least in Virginia, spend so much focus on looking for money that the urgency for care is lost. Not only is there a lack of equity in insurance payments for mental illness, there's a desperate lack of services in some parts of the country. Across the river from this building is one of the most affluent parts of Virginia. But there are many other regions where unemployment is high and people are poor. Graduate students, medical school graduates, who finish school with hundreds of thousands of dollars in debt are not likely to want to practice in those

areas. They want to go where they can make enough money to repay that debt and live well, and who can blame them?

And those who complete the requirements to be psychiatrists certainly don't flock to rural Virginia. So a problem that's bad in most places is worse in rural areas and in inner cities. Not only is it impossible sometimes to pay for psychiatric care, but in many places the care is just not available.

Last November as I tried to put my arms around my new reality, I began to wonder about the law and how to effect change, real change. I decided on a two-pronged approach. First, we were interested in finding ways to improve the crisis intervention process. In Virginia, we have a two step process. If a loved one is in crisis, you can petition a magistrate for a four hour custody emergency order. Law enforcement will serve the order and detain the individual to obtain a mental health evaluation.

The four hours start as soon as the order is served and can be extended for another two hours. That change is one we made following the Virginia Tech tragedy. If the person is deemed to be a danger to himself or others, the evaluator obtains a 48 hour detention order from a magistrate.

Several changes seemed obvious. The mental illness professional conducting the evaluation needs more time to make that evaluation. The evaluator needs better tools for identifying possible placements rather than having to call each individual facility. And limited bed space throughout Virginia should not result a person in crisis being denied treatment and sent back home. Think about it. Under existing law, the magistrate cannot issue a temporary detention order, a TDO, even if that person meets criteria until a bed has been identified.

That makes absolutely no sense. An emergency room cannot turn away a person in cardiac arrest because the ER is full. A police officer does not wait to arrest a murder suspect or a bank robber until jail space is identified. When a crisis emerges, our system responds to protect the individual and the community. Why should a mental health crisis be any different?

The changes we made in that process are simple. And I saw George Barker and Barbara Favola here, and they were both part of it. They serve with me in the Senate in Virginia. First, we added a requirement for law enforcement to notify the local mental health agency tasked with completing the evaluations, the community service boards, or CSBs, upon the execution of an emergency custody order. Current law was silent as to whose responsibility it was to notify the CSB. As a result, hours may pass before the evaluator even lays eyes on a person in crisis. That lack of notice is a tragic flaw in existing law allowing precious time in a life or death situation to be lost.

Second, we mandated that a real time psychiatric bed registry be developed and made available immediately for use in these situations. The state's mental health department has been working on a registry for many years. It will go forward now. In

fact, an early version of the registry went online earlier this month. The registry will need to be upgraded to provide real time information. An evaluator will no longer waste time calling each individual facility looking for a bed.

Third, we lengthened the evaluation time to eight hours, eliminated the good cause extension, particularly in rural areas traveling to be heard by a magistrate eats up valuable time. And we require the provision of a state bed, of a hospital bed if a private bed cannot be identified at the end of eight hours. The state hospital has an additional four hours to find an appropriate facility if another placement makes more sense.

What all that means is that a person determined to be in need of services will have a bed at the end of eight hours. The practice of streeting, where someone in crisis and a danger to himself or others is released because a bed cannot be found will no longer take place in Virginia. Every one of these situations is life and death and this critical change will save lives.

Among other changes we made, we also extended the temporary detention order from 48 to 72 hours. This extension will insure that there's sufficient time to properly begin treating and stabilizing the individual. After the 72 hours, if additional treatment is needed, a civil commitment hearing can be held before a judge and the person can be committed for an additional 30 days. These changes were described by the *Washington Post* as modest. And I would agree. But they are significant changes to the front end of the crisis intervention process and I'm convinced they will save lives.

The second prong of my approach was based on my belief that there are organic problems in Virginia's system for delivery of mental healthcare services. Finding fixes to the problems will not come quickly or inexpensively. In the past, small legislative victories diffused the pressure for change and the sense of urgency. Given a degree of success, people lose focus despite the significant problems that remain. I hope and pray that will not be the case this time.

When I went to the General Assembly this past January, it had been six weeks since the incident and was the first time I'd been publicly visible. There were many people, some of whom were my friends, who were shocked and some even relieved by my appearance. Nobody lost sight of our incredible needs in the area of mental health, not this session, not when I was there every day with scars and tears. I promise you that I've not lost my focus or sense of urgency.

Now the real work begins. We've done the easy things. We've addressed failures in the process that my situation exposed. To be clear, I'm not saying that my situation occurred because of flaws in the law. I don't believe that for a minute. I believe the sadness my family went through last November and continues to endure could be prevented. But with the changes in the law, we've insured that in the future, families with similar sets of circumstances will not suffer as mine did. I know we prevented future tragedies, but we have so much more work to do.

While the legislation addressing crisis intervention received the most attention, the most significant legislative proposal that passed was a study resolution. Now, study resolutions are introduced and killed every year as a matter of course in Virginia. Government is often ridiculed for studying things to death. So the Virginia legislatures typically avoided passing any study resolutions at all, or just a couple a year, in recent years.

But this year, we made the case that our mental health system has such fundamental problems that a thorough, comprehensive and deliberate examination as needed in order to develop solutions, some of which will be difficult to reach and some of which may be expensive. Senate Joint Resolution 47 creates a four year study, legislative study commission, to examine our mental healthcare delivery system. Out of that process, I'm committed to making improvements to insure the efficient delivery of service in every corner of the commonwealth and to provide adequate funding for those services.

We can start by reviewing the reports prepared by our inspector general. For example, one study exposed that our system has a shortage of psychiatrist beds because state hospitals are slow to release patients. The study will serve as a way to keep mental health policy at the forefront of our discussions in Virginia and I'm hopeful the end result can be a model for other states.

In the beginning of the study, my mind is completely open. There are no sacred cows within the current system. Everything is on the table. I do not bind to the argument, at least not yet, that we just need to spend more money. Nothing about my family's experience with our system in Virginia inspires confidence. I'm reminded of the Biblical story of Esther, the Jewish teenager who ended up in the Babylonian king's house as his queen. When she was faced with a moral dilemma that would require her to put her life at risk, she saved her people, the Jewish people. She acted in response to a question. "Who knows but that you have come to your royal position for a time such as this?"

I'm not suggesting that my situation is as grave but through the loss of my son, I was face to face with deficiencies of a system that I and other legislators created. Far more simply, I could either be lost in my grief or I could act. I chose to act. One of the most heartrending responses to my family tragedy have been the letters, emails, phone calls, even Facebook messages from people all over the country, frankly, who have gone through similar tragedies. I'm a member of the state legislature and ran for statewide office. My name might not be the easiest name, but I'm fairly well known. That this could happen to me and my family garnered a significant amount of media attention.

The reality is that people die and are hurt frequently in very similar circumstances. In fact, some of the worst tragedies that we've seen in this country have been because a person with mental illness was not receiving proper care and treatment, or the illness was ignored or underestimated and tragic consequences ensued. Events last fall took my son, but I survived. I hope the result of my survival is that my son is remembered for his living and not for his dying. That we improve our laws and prevent future tragedies and that we finally de-stigmatize mental health illness and put mental



healthcare on equal footing.

Virginia has an opportunity to lead. We cannot afford to pass up this chance. We have a lot of work to do and we owe it to the memories of my son and the other lost children, parents, siblings and friends to be successful. Thank you. (Applause)

**MS. GREILING KEANE:** Thank you, Senator. You talked about how this is not something that's a one-time issue that can be solved with one action and one piece of legislation. What can be done to keep mental health issues at the forefront of lawmakers' minds in subsequent years and how about in the minds of the general public?

**SENATOR DEEDS:** As I said, this past session-- there were some people that didn't think I was going to show up. Well, these guys that have supported me all these years, worked for me, knew I would show up. But there were people that didn't think I'd show up. And so when I was there every day, I was red-eyed and red-faced, that kept it in the forefront. But we've got this study commission created and we actually-- it's a pretty strong commission. It's going to be for four years and it had bipartisan support and my scars aren't going away.

So I can tell you that as long as I'm there-- and there are others that are going to make sure that it stays there, at least in Virginia. And the number of, you know-- it's just amazing the number of requests I get to speak all over the place. So this is an issue not just in Virginia, but all over the country. I think what we do-- a lot of people are going to be watching very carefully what we do in Virginia. When I was trying to get this passed, the problem with passing study resolutions in the past few years has been the majority in the House of Delegates. Well, I went to the speaker and I went to the chairman of the appropriates committee both of whom I've known for a long time. And I looked them in the eye, and I didn't get any nos. They were behind what we're doing and they understand that we might be doing something very big in Virginia and that we might need to spend a lot of money to fix the situation.

But I can tell you that it takes determination. And we have an opportunity now in Virginia to lead and I hope we're going to. (Applause)

**MS. GREILING KEANE:** Does the legislation in Virginia go far enough or is it a first step or an incremental step to something else?

**SENATOR DEEDS:** You know, last November, I was in a hospital bed trying to think about what we could do, and believe me, I'm not done, but in terms of legislation, I knew what we had to do was address the crisis intervention piece. And that's just incremental because that's the part that clearly broke down in my situation. And we could find ways to address that. And honestly, they weren't all my ideas. George Barker and Barbara Favola, and others, were involved in developing those ideas, Democrats and Republicans, developing those ideas in Virginia.

But because I believe there are bigger problems in our system. And our system's not unique. I think there are problems in systems all over the country. That's why I pushed the study resolution. This was just an incremental change. We changed an important piece of the mental health picture in Virginia, mental healthcare picture. But the real work lies ahead. We have to reform the system and our work will be a failure unless we do. We have to use this opportunity of a study resolution to spend four years looking very hard and very intensely at the Virginia process. We have to see what works and what doesn't, and we have to come back with real changes over the next four years.

In Virginia, at least, it's incremental, the change we pass. Did it go far enough? I think we changed what we could change this year. Politics, government, is about compromise and it's about accomplishment of what you can. It's into about what you wish, it's about what you can do. We're going to do more down the road. (Applause)

**MS. GREILING KEANE:** What about next year? Are you planning to wait for the results of the commission's work, or do you plan on more legislation on this topic next year?

**SENATOR DEEDS:** The study resolution calls for a report at the end of the two years. I guess in 2015 and 2017, so we'll have legislation basically in 2016 and 2018. But if good ideas spring up before then, we'll introduce those. My goal basically is to remake the system into a system that works for every part of Virginia. And we might already have it in place, I don't know. And I won't know until we conduct the study. But the plan right now calls for legislation in 2016 and 2018. If there are good ideas that come up before then, we'll go forward.

**MS. GREILING KEANE:** Can you comment on the handling of the IG investigation given the concerns that were voiced last week by the author of that report?

**SENATOR DEEDS:** Sure. You know, I met with Mr. Bevelacqua the week after I got out of the hospital and I found him to be compassionate, knowledgeable, and determined to get to the bottom of the situation. Once I found out about this 2012 report, and I'm embarrassed to say that I didn't know that he'd made a report in 2012 that would have addressed many of the issues that were exposed in my incident. I've looked at that report and I talked-- after Mr. Bevelacqua resigned, I guess in early March or late February, I met with the inspector general. He assured me that the only-- that there were differences of opinion about some of the opinions, that he was only changing adjutants. He told me that all the recommendations that Mr. Bevelacqua would go forward.

The inspector general's a retired FBI guy and I kind of have faith in the law enforcement community. I think Mr. Bevelacqua's comments put an explanation mark to the inspector general's report and makes clear that we've got big problems in our mental health system. I wish we'd had the results of the inspector general's report prior to the passage of all the legislation because I think that would have enforced a lot of what we were trying to do and perhaps allowed us to go a step or two further.

**MS. GREILING KEANE:** The investigator, of course, resigned in protest saying that the findings in that report were censored. Are you concerned about the contents of the report or are you okay with how it ended up?

**SENATOR DEEDS:** Yeah, I'm okay with the report. But there were other investigations as well. The state police conducted a pretty thorough investigation that-- and I think the inspector general's report is consistent with the findings-- with the investigation. I think Mr. Bevelacqua probably would have taken it a step further. But I don't know that it's his findings-- I don't know that the inspector general's findings are inconsistent with the state police report. I think it's all out there. I'm not that concerned.

**MS. GREILING KEANE:** One of the things the report recommends is decentralizing the Virginia Department of Behavioral Health into "regional authorities." Do you think that more authority on mental health treatment in Virginia should move away from Richmond?

**SENATOR DEEDS:** Well, I'm one of those guys that generally believes that the government closest to the people is the best and most responsive. I think that will certainly be an idea that's on the table before the study commission. But we've not even started the work of the study commission yet so it's premature to say that any approach is going to be taken.

**MS. GREILING KEANE:** Now that you've seen the findings in the report, do you blame any individuals or organizations for possible failures? Or do you think what happened is representative of a larger problem with mental healthcare in Virginia or in the nation?

**SENATOR DEEDS:** You know, there's some things I don't want to talk about. I think that what happened was a system failure. It's both there were people at fault, there were organizations at fault, but it's representative of what can happen just about anywhere else and what does happen in other places. That doesn't relieve the individuals who were in positions to do something from any responsibility for their actions.

**MS. GREILING KEANE:** What was your opinion of Virginia's mental health system prior to your involvement with it with your son? Was the need reform clear only once you got a close up view, or was it something that you'd paid attention to before that?

**SENATOR DEEDS:** That's a great question. You know, as legislators, my primary connection to the mental health system was folks from the CSBs coming to me and telling me they needed more money, they needed more funding. And I visited with community service boards, I've gone to many functions for the various community service boards in the area that I've represented. But it wasn't really something that was at the top of my agenda.

You know, my son for the last three years of his life, 3 ½ years of his life, were pretty difficult. And I was in constant contact, at least when he allowed me because

he was-- when your children are over 18, you can't make them go to the doctor, you can't make them take their drugs, you can't make them return phone calls or keep appointments. So, I was in pretty constant contact with the community service board folks or with not necessarily the CSB people but I was in contact with him. The psychiatrist wouldn't talk to me and I cannot tell you that reform was really on my mind before all this occurred. The only issue that really ever came to me was we need more money from the CSBs. And I want to point out I think that there are CSBs in our state that function very well. The ones that function the best are those that receive a lot of funding from the local governments. We don't do a very good job of funding CSBs in Virginia, but that doesn't excuse everything. That doesn't excuse what happened to my son. (Applause)

**MS. GREILING KEANE:** There's a couple of questions on patient privacy and family or parent access to information that you've referred to a couple of times. What changes, if any, would you propose in confidentiality laws regarding mental health professionals communicating with families of the people they're serving?

**SENATOR DEEDS:** You know, it's very difficult for me to talk about that at a state level because we're guided by HIPAA, by federal law, and there's very little we can do at the state level to undercut some of HIPAA. Now, if I were the king and changing things on a big scale, I might reform HIPAA and young people with certain mental illness have a kind of curve between the ages of 18 and 35. And perhaps parents need to be more involved in those years with their young people. I mean, sometimes the only thing you know about it is the bill that comes in that has to be paid. And you're welcome to pay the bill, but not to know what's going on with your kid. And your kid might be 25 or 30 years old, but they're still your kid. That's very difficult.

So I would probably make major changes to HIPAA if I were at the federal level, but I'm not at the federal level and have no desire to be. (Laughter)

**MS. GREILING KEANE:** We have had campaign announcements made from this podium before. On that topic, in addition to HIPAA or besides HIPAA, what would be the best thing the federal government could do to improve the nation's mental health system?

**SENATOR DEEDS:** You know, I don't know that I'm prepared to answer a question like that. I'm not real encouraged that too much productive work occurs in this city. (Laughter)

**MS. GREILING KEANE:** You talked about the practice of streeting, or denying patients who are in need of care a bed and care. Should there be a zero tolerance policy for streeting people with mental illnesses who might pose a danger to themselves or others?

**SENATOR DEEDS:** In my view, there should be. And in my view, that's what we did in Virginia this year. You know, the point I tried to make was that when a crisis

occurs with a bank robber or a murderer running down the street, you don't stop the guy and say, "Well, let me see if I can find a jail cell for you." We put them in jail and there shouldn't be a difference between what you do in a mental health crisis.

And the comment I made about Washington, I don't want to be totally derogatory about-- sitting back here is Mary Ann Hovis. Now, let me tell you about Mary Ann. In 1964 and '65, when Congress really did things that matter and the Voting Rights Act and the Civil Rights Act, there was one congressman in Virginia that voted for those and he wasn't from Fairfax County or Arlington. He wasn't from Loudon, he wasn't from Charlottesville, he wasn't from Norfolk, he wasn't from Richmond, he wasn't even from Roanoke, he was from Marion, Virginia. Now, most of you probably don't know where Marion is, but for those of you who think Roanoke is southwest Virginia, Marion is in another world probably. But it's southwest Virginia. It was Maryann Hovis's father, who was a congressman from rural Virginia, was the last congressman, I would suggest, that took heroic votes to make a difference in this country. Now, he paid for it, Pat Jennings was his name.

**MS. GREILING KEANE:** In addition to the problem of patients being denied care in the first place, what do you have to say about hospitals discharging patients with a serious mental illness when they still need care?

**SENATOR DEEDS:** You know, that's a big issue. My son was hospitalized twice and both times when he was first hospitalized I visited him. He was under the 48 hour order and he said, "Dad, this is where I need to be. I realize it now. They're getting my medicine straight. This is where I need to be." About six weeks later, we were back in the very same situation. He was released within the 48 hours and we had a problem. By the time we'd gone to the next hospital-- you know, Gus was one of the smartest people I've ever met, maybe the smartest, and he could figure things out.

You know, there was no psychiatrist or pathologist he couldn't talk out of or into whatever he wanted to do. He knew what answers to give the evaluators. So, that was one reason we changed 48 hours in Virginia to 72, to give people more time to provide-- to do that hospitalization. But in the long term, I don't know. I think one problem we've got that we have to address in the study group is while we're focused on crisis intervention, what do we do long term? How do we provide for people long term?

Now with my son, you know, the plan was-- and this broke my heart. I've spent the last three years of my son's life worried that he was going to end up homeless or in prison. That's not such a bad option now. But the plan was once Gus got committed was to end up with a long-term placement at Western State Hospital. And that's a tough thing to think about. So we're going to be looking at long-term care, we're going to be looking, I hope, at how we make sure that people aren't released until they're ready to be released. But I don't know the answers right now.

**MS. GREILING KEANE:** This questioner says we hear a lot about the need for an improved mental health system and improved access to it. But what is your message

to people within that system, to mental health professionals? What can they do as individuals to improve the system in which they work?

**SENATOR DEEDS:** Stay focused on the patient. Stay focused on-- every situation is a life and death situation. You have a system with the public, system with mental health. Every system is life and death. My experience has been that too often people are pretty cavalier about the situation they're in. Often, they're not. There are lots of good people. You know, do your job. I don't know, I don't have answer that probably is fit for C-SPAN.

**MS. GREILING KEANE:** Given that many mental health advocates want to play down the possibility of violence with people with mental illnesses, are there any changes you think should be made in educating families about the possibility of violence?

**SENATOR DEEDS:** You know, part of the problem with mental health as I indicated in my prepared remarks is that for most of us it's out of sight and out of mind. It's something we don't want to think about. I think as families, we need to think about mental illness. We need to think about what to look for in our young people. We need to think about how to deal with it.

You know, my son had this thing with knives and made a lot of knives. But there was never any indication that he was going to be violent, at least not-- I never sensed violence on my son's part. I know that my former wife was concerned about it, but I never felt that there was a threat of violence with Gus. I think that before we can really begin to address the possibility of violence, we need to be honest about mental illness. We need to understand that it's like cancer. It's in every family. It's either within your family or it's within your circle of friends. Somebody you know is suffering, whether it's addiction or depression or something more severe, something, bipartisan or schizophrenia. Once we start to deal honestly and openly with mental health issues, then we can think about violence.

You know, in my circumstance, there was never any reason-- I never felt afraid. I never felt afraid, you know. I don't know how to answer that question properly.

**MS. GREILING KEANE:** You talked about how the age of onset of serious mental illness is often in young adults. How do you think access to care can be improved for young people who are new to their mental illness and may well not accept or even recognize that they are ill?

**SENATOR DEEDS:** That's very difficult and that's the exact circumstance I was in. My son was 20 years old before there was ever a sign. And the only thing I could do was go to a magistrate and have my son hospitalized. So, that's one thing we have to look at, I think, in our study. But candidly, the bigger issue is what can we do under federal law? With HIPAA, what can you do with someone who's unwilling to be treated? I don't know what the answer to that is, either.

**MS. GREILING KEANE:** What advice do you have for parents who may fear their child is suffering from a mental illness?

**SENATOR DEEDS:** Love your children. Love your children and do whatever it takes to protect them, even if that hurts you. I mean, nobody wants to believe that their children, their precious children are sick. Nobody wants to believe that-- I mean, to think of cancer or physical illness, that's bad. But to think of a mental illness that might not be fixable is tough. All you can do is protect your children and love them.

**MS. GREILING KEANE:** You talked about returning to the Virginia Statehouse after your tragedy and how hard that was. Tell us, what were the best and worst things your colleagues did or said to you? And what advice, in general, would you give to others on how to approach someone who's been through a tragedy such as yours?

**SENATOR DEEDS:** You know, everybody is different. Everybody approaches these things differently and you never know how to respond. With me, you know, people in Richmond, or at least my colleagues, were fair and honest. They know me, they know I'm kind of quiet and pretty shy and I like to be left alone. And that's under the best of circumstances. And this time I really wanted to be alone. I mean, people that know me, this is the 23<sup>rd</sup> year I've been in Richmond. And generally, my door is open and anybody that wants to visit with me, they have a chance to visit with me. I see constituents or different people all day long all session. But this year, my door was shut and I didn't visit with people. Even good friends, they'd come by and they'd visit with me and they'd text me and they'd say, "Are you kidding?" And I'd say, "No, I'm not kidding."

There were some lobbyists that just continued to press me and continued to hound me and that bothered me. I mean, people just didn't-- people that didn't respect my privacy, that bothered me a lot. Most people did. Most people just kind of left me alone because that's where I wanted to be. I told people-- somebody texted me about some-- that I hadn't visited with a local group of people that I represented, a group of-- some business group. And I just texted back, "I'm here to do my job. That's all I can do."

And frankly, you know, it was-- [49:29] Miller wrote that he never met a psychiatrist that didn't need a psychiatrist. But I promised Siobhan after all this happened that I'd find somebody to talk to. But the work was the best therapy that I had. I mean, I couldn't imagine before, I was sweating. I was scared to death going back because I'd have to be in front of people. But now I can do this, so it--

**MS. GREILING KEANE:** You told us about the online real time bed registry and how it's in a test phase. Tell us a little more about how that works and when does the next step of that registry come to fruition?

**SENATOR DEEDS:** We will see when it comes to fruition. It's been in the works since about 2009 or 2010. The Department of Behavioral Health says their funding's been cut out from under them and they weren't able to establish it. And I have no doubt that their funding's been cut. But with everything that's on the internet these

days it seems to me that a kid with-- any of my kids could have set up a real time registry. What they've got now is not real time. And we've looked at different things, it's updated every day or updated-- every day right now, I think. But it just went online the first of the month. So it'll take a little more time to develop something more real time.

The reality of this, right now when a CSB worker and an evaluator goes in, they have a list of hospitals they have to call through. Well, this registry will not mean that they won't have to make those calls because they still will to make sure that the bed is still available. The second, the real time might be 35 minutes ago, but they're going to have to make the calls. But it'll tell them which hospitals not to call because it'll tell them which hospitals don't have any beds. And that will save time.

You know, when you're dealing with the order, the emergency custody order, whether it's four hours or eight hours under the new law, it's still a limited period of time. So you've got to start-- you've got those precious seconds tick away and this real time registry I'm convinced is going to be very helpful as time moves on.

**MS. GREILING KEANE:** You talked a lot about access to treatment. What about the treatment itself? Have you talked at all with pharmaceutical companies about development of new drugs to treat mental illnesses? And is there anything you see that can be done to create incentives for that development at a state level?

**SENATOR DEEDS:** I'm all ears. If there are things we can do, let's talk about them. My son, I remember he talked about how the drugs hurt him, physically hurt him. And I've heard that from other people, too. Now, I don't know if-- I don't know enough about the medications and I don't know enough about the research, the development of pharmaceuticals. But if there are things we can do at the state level, I'm all ears. I think it's going to take a bigger push. That's probably something that can happen at the federal level. There can be more incentives built in, more tax incentives for the development of pharmaceuticals.

**MS. GREILING KEANE:** And what about the insurance side of things? The Mental Health Parity Act was passed some years ago and of course now today is the Obamacare signup deadline. Do you think that there is enough access to parity for mental health treatment in our insurance system now?

**SENATOR DEEDS:** Well, I don't think there's enough access to parity in mental health. One of the significant achievements of the Affordable Care Act is that there is parity. For instance, if we pass a form of Medicaid expansion in Virginia, that would immediately open up about \$200 million a year for people that are mentally ill. People that are in that phase of Medicaid expansion would have better access to mental health care than a whole lot of other people that have health insurance.

I mean, we don't have enough equity. The problem with the parity law is that it hasn't brought about parity. But the Affordable Care Act does, and so that's significant. (Applause)



**MS. GREILING KEANE:** And we have a couple of questions about veterans, so let's be sure to touch on those. We've had some speakers here at the Press Club in the past talking about veterans need for mental healthcare. Is that something that you think should be done as part of the broader legislation and efforts you're working on Virginia? Or is there anything specific you're looking at about veterans' mental healthcare?

**SENATOR DEEDS:** It's not something specific that I'm looking at. But honestly, when you think about all the-- I mean, people have come home from war forever and they see unspeakable things. They go through unspeakable events that thankfully most people don't have to endure. It's impossible not to be affected by that, a normal human being not to be affected by that. So we have to focus on mental healthcare for veterans. That's not something specifically that's part of the study, but that's certainly something that we'll be looking at in terms of what we can do at the state level.

**MS. GREILING KEANE:** We are almost out of time, but before asking the final question, I've got a couple of housekeeping matters to take care of. First of all, I'd like to remind you about our upcoming speakers. On April 2<sup>nd</sup>, we have John Koskinen, the commissioner of the U.S. Internal Revenue Service. On April 14<sup>th</sup>, Lewis Black, the comedian, will discuss politics and social issues. And on April 23<sup>rd</sup>, General Mark Welsh, Chief of Staff of the U.S. Air Force will be here.

Second, I would like to present Senator Deeds with the traditional National Press Club coffee mug.

**SENATOR DEEDS:** Thanks. (Applause)

**MS. GREILING KEANE:** And for the final question, you told us a lot about Gus. But can you tell us one more untold story that you'd like people to know about your son?

**SENATOR DEEDS:** My son was just an ordinary kid except he had extraordinary ability in many respects. When he was a little boy, I mean this is probably about-- well, '95, he was six years old. And he would travel with me. His sisters and his mother called it-- he'd take one for the team. He would travel with me on my legislative or political journeys and I chaired this thing called the Blue Ridge Economic Development Commission. He sat for three hours one afternoon in a corner at the Squire Center in Blacksburg, Virginia Tech, while we conducted our meeting. I conducted the meeting because I was chair, and he sat there playing with trucks, cars and trucks and a little mini garage.

A couple of years before that, the whole family, we were at a ball game at the Southern Legislative Conference in Norfolk. And the ball park in Norfolk had just been built and we were out in the left field picnic area, family picnic area. And Gus was about-- that was '93, I think, so he would have been about four. And he was sitting across the picnic table from me, we were eating hotdogs or hamburgers. And he looked at these

two little kids rolling around fighting, wrestling. He said, "Dad, those boys are doing just what I like to do, they're fighting." I said, "Yes, Gus, eat your hotdog."

I took another bite out of my hamburger and Gus was gone. And I looked over at the pile and he was right there in the thick of them. He was ordinary in every sense of the word until he was about 20 years old. Until we finished our gubernatorial campaign and then he kind of finished that and was kind of-- had some time on his hands and decided to be mentally ill. That's a joke, he didn't decide. But this came out. But he had this unbelievably sweet nature that was apparent and evident up until the end. He was a great kid. (Applause)

**MS. GREILING KEANE:** Thank you, Senator Deeds. Thank you to all of our audience for coming today. I'd also like to thank our National Press Club staff including our Journalism institute and Broadcast Center for helping organize today's event. Finally, here's a reminder. You can find more information about the National Press Club on our website. And if you'd like a copy of today's program, you can find that there as well at [www.press.org](http://www.press.org). Thank you, we are adjourned. (Sounds gavel.)

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