Survey of State Mental Health Administrators

Summary of Results

Produced by The National Center on Domestic Violence, Trauma & Mental Health (NCDVTMH), in partnership with the National Association of State Mental Health Program Directors (NASMHPD)

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The NCDVTMH Survey of State Mental Health Administrators was developed in partnership with The National Association of State Mental Health Program Directors (NASMHPD). The purpose of the survey is two-fold: to collect baseline data on what state mental health departments are currently doing to respond to DV and trauma; and to assess state mental health directors' interest in partnering with DV organizations in their state. This is the first systematic, nationwide survey of its kind and the issues addressed by this survey are vital to the development of more coordinated services and support for DV survivors and their children. After gaining Institutional Review Board approval, the survey was distributed via email to 55 state and territory mental health administration commissioners and directors. Data were collected from July 1st through September 10th, 2013 and then between January 30th and February 18th, 2014. Of the 55 state and territory mental health commissioners/directors who were invited to participate in the survey, a total of 43 (78%) participated in the survey. 39 states (71%) answered questions after item #1. Four states did not answer any questions from item #2 onward and the percentages used below reflect this. Survey items, along with the results, are presented below.

1. **Are you currently engaged in a trauma initiative in your state?**
    - 32 survey respondents (76%) said yes, with 10 respondents (24%) saying no. One respondent did not answer this question but provided responses to subsequent items.
        - Of the 10 respondents who said no to this question, 6 nonetheless reported that mental health providers in their state/territory incorporate trauma treatment into the services provided, and 1 respondent reported coordinating activities with state-level DV organizations to address trauma and DV.

2. **Do mental health providers in your state incorporate trauma treatment into the services they provide?**
    - 36 survey respondents (95%) said yes, with two respondents (5%) saying no to this question. One respondent did not answer this question but provided responses to later items.

3. **Are you coordinating any activities with state-level domestic violence (DV) organizations to address trauma and domestic violence?**
    - 17 survey respondents (45%) said yes, with 21 respondents (55%) saying no. One respondent did not answer this question but provided responses to subsequent items.
    - 15 of the 17 survey respondents who said yes to this question provided additional information about coordination of activities with state-level DV organizations within their state to address trauma and DV.
        - Eight states described collaborating on programming, including prevention programs and those focused on improving systems' responses to DV and sexual assault survivors' mental health-, trauma-, and substance abuse-related needs.
        - Eight states provided information about co-membership on boards, committees, and coalitions, including trauma-specific boards, boards integrating professionals working in the substance abuse and DV fields, committees focused on supporting children and parenting, and DV lethality review boards.
        - Seven states described collaborative efforts pertaining to training (e.g. cross-training, collaborative training-of-trainers initiatives, co-development of training materials).

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- **Please check any of the following that are part of your effort to coordinate with DV organizations, coalitions or state funders of DV programs to address trauma, and indicate where it occurs (state level, county level, local program level).** The 17 states involved in coordinating efforts provided responses to this item. Therefore, the percentages listed below are based on those 17 states.

Coordination effort	State N %	County N %	Local N %
Cross-training on domestic violence, trauma and mental health	13 (77%)	4 (24%)	4 (24%)
Guidelines for providing mental health/trauma treatment in the context of DV	9 (53%)	3 (18%)	3 (18%)
Policy, protocol or guidelines for incorporating routine questions about domestic violence into mental health intake and assessments	9 (53%)	2 (12%)	3 (18%)
Policy, protocol or guidelines for incorporating referrals to DV agencies into treatment planning	8 (47%)	2 (12%)	4 (24%)
Policy, protocol or guidelines for incorporating DV safety assessments into mental health intake and assessments	7 (42%)	2 (12%)	5 (29%)
Policy, protocol or guidelines for incorporating brief counseling on DV into treatment planning	6 (35%)	1 (6%)	4 (24%)
Task force engaged in policy review	6 (35%)	0 (0%)	2 (12%)
Increased use of peer support services to address trauma-related needs of DV survivors	4 (24%)	1 (6%)	1 (6%)
Rapid access to mental health services for DV survivors referred from DV programs	3 (18%)	0 (0%)	2 (12%)
Wrap-around/onsite/co-located services to survivors being served in DV programs	2 (12%)	1 (6%)	4 (24%)
Telepsychiatry to provide services to domestic violence survivors experiencing trauma in rural and/or under-resourced areas	2 (12%)	0 (0%)	1 (6%)
Other: • *"We have contracted child trauma specific services with select domestic violence crisis service providers in the state. With our recent disasters, based on past experience and trends seen in prior events, we have been sure to include the impact disaster can have on domestic and interpersonal violence."* • *"The (state division) was recently created in response to the identified need for improved biopsychosocial integrated care and services that more aptly meet the needs of (state residents) and their communities. The new model, under this Division, strives to address all issues through community partnering with identified coalitions and by blending fiscal and human resources. DV issues fall under the mission of public and behavioral health services and it is our intent to be actively involved with the solutions."*	3 (18%)	0 (0%)	0 (0%)

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4. **What challenges has your state faced in your efforts to coordinate with domestic violence agencies to address trauma? What about barriers, or lessons you may have learned?**
   - 25 respondents provided information about challenges, barriers, or lessons learned in efforts to coordinate with DV agencies to address trauma.

   State mental health administrators shared the following barriers and challenges in coordination efforts:
   - Six respondents reported that limited resources (e.g. time, money, staffing) pose a barrier.
   - Five respondents offered that they have not experienced any barriers, and that their state domestic violence agencies have been easy to coordinate with in addressing trauma.
   - Five respondents described challenges related to working in silos and general difficulties with coordinating with other organizations.
   - Two respondents shared how issues around confidentiality, legality, and safety may get in the way of ongoing collaboration.
   - Two respondents described challenges related to creating meaningful systems change, including when partners only meet periodically or staff turnover occurs.
   - One respondent mentioned that challenging political attitudes within the state are a barrier.
   - One respondent shared that many women receiving DV services cannot access services in state-funded community mental health centers because they do not meet the psychiatric diagnostic eligibility criteria.
   - One respondent cited the lack of local data on DV as a challenge.
   - One respondent said that more partnerships are needed overall.

   Five respondents shared lessons learned in their coordination efforts with domestic violence agencies:
   - The importance of cross-training in enhancing understanding between the mental health and domestic violence fields
   - The usefulness of pre-existing materials in avoiding “beginner’s” pitfalls
   - The benefits that a trauma-informed perspective provides in working with those who have mental health concerns and co-occurring conditions.
   - The usefulness of telemedicine in addressing confidentiality and safety concerns that may impede ongoing collaborations.

5. **Are you interested in collaborating with domestic violence organizations to address DV among people receiving MH services?**
   - 34 respondents (87%) said yes, and one respondent (3%) said no to this question. Eight respondents did not provide an answer.
   - 16 of the 34 had not yet coordinated any activities with state-level DV organizations to address trauma and domestic violence (responded “no” to question #3).

6. **What recommendations do you have for building collaboration with DV organizations?**
   - 14 respondents provided recommendations for building collaboration with DV organizations:
     - Six respondents recommended cross-training activities
     - Four mentioned that working together on projects related to policy or specific programs is helpful
     - Three respondents mentioned that it is beneficial to make contact or reach out to DV organizations first
     - Two respondents said that it is helpful to join together around trauma-informed care

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- One respondent said that it is important to take the time to understand the culture of DV organizations
- One respondent said that sharing and tracking data together is useful.

7. **Please indicate which of the following you would like to pursue as part of collaborating with independent DV organizations and state funders of DV programs.** The percentages listed below are based on the number of states (34) interested in collaborating with DV organizations and state funders of DV programs.

Yes	Possible Collaborative Efforts
79%	Tools and guidelines for incorporating routine inquiry about DV into mental health assessments
79%	Incorporating DV into peer support initiatives and programming
77%	Approaches for working with domestic violence survivors with substance abuse disorders
77%	Approaches for working with children exposed to domestic violence and their non-abusive caregivers
74%	Approaches for working with domestic violence survivors who receive mental health services
71%	Fostering collaborations and partnerships with your state domestic violence coalition, the state domestic violence administrator, and/or domestic violence programs/shelters within your state
71%	Developing policies, procedures, protocols, or practice guidelines on responding to domestic violence within mental health services
53%	Legal issues in addressing domestic violence and mental health
53%	Documentation, information sharing, and confidentiality issues in the context of DV
44%	DV safety planning
3%	Other: Ways to obtain data or share data among agencies; how to formalize these efforts into day-to-day practice.

Summary and Next Steps

Taken together, these results describe a range of ways that state mental health departments are incorporating an understanding of trauma and DV into their policies and services. The vast majority of respondents reported ongoing work in incorporating an understanding of trauma into mental health treatment services, including through state-wide trauma initiatives. Less than half of respondents reported current work in partnership with DV organizations to address trauma and DV. However, those working with DV coalitions or programs reported 13 types of collaborative activities across state, county, and local levels. Coordinating with DV organizations on cross-training activities emerged as both the most commonly reported form of collaborative work, and as the most frequently recommended way to deepen relationships between the DV and mental health fields. Collaborative work on policy or specific programs, especially those pertaining to trauma, was also mentioned as especially helpful in building partnerships across sectors.

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Despite a number of challenges, including limited resources and general difficulties in coordinating with other organizations, the vast majority of respondents (87%) indicated that they are interested in working with DV organizations to address DV among people who receive mental health services. Furthermore, when asked about their interest in pursing ten possible types of collaborative efforts with DV programs, state mental health administrators showed a high level of interest in nearly all of the efforts mentioned: More than half of all respondents expressed interest in nine of the ten listed coordination efforts. Of particular interest to state mental health administrators is incorporating DV into peer support initiatives and training, as well as the development of tools and guidelines for incorporating routine inquiry about DV into mental health assessments. This and other areas of interest will be further explored in the next phase of this project, which involves follow-up interviews with state mental health administrators.

The purpose of the follow-up interviews is to learn more about mental health services available to DV survivors within each state/territory, each state/territory's goals and priorities in the provision of mental health services, and any barriers or opportunities within each state/territory to address DV and trauma. 33 respondents indicated that they are available to complete these interviews. The information collected from both this survey and the subsequent interviews will be used to inform NCDVTMH's work, including the provision of future technical assistance, training, and other supports to state mental health departments. The findings of the survey and interviews will be synthesized into a final report with additional information, analysis, and implications for the DV and mental health fields, to support the development of more integrated responses to trauma and domestic violence.

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