



# AUSTEN RIGGS CENTER

COMMUNITY HEALTH NEEDS ASSESSMENT  
2022

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Conducted by the Austen Riggs Center

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## Introduction

This community health needs assessment (CHNA) is conducted every three years by the Austen Riggs Center, located in Stockbridge, Massachusetts, because the hospital wants to understand better the needs that are present in the communities it serves and to respond to emerging regulatory requirements.

Federal regulations require that tax-exempt hospital facilities conduct a CHNA in three-year intervals and develop an implementation strategy that addresses priority community health needs. Tax-exempt hospitals also are required to report information about community benefits they provide on IRS Form 990, Schedule H. As described in the instructions to Schedule H, community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs. Community benefit activities or programs also seek to achieve objectives, including:

- improving access to health services,
- enhancing public health,
- advancing increased general knowledge and,
- relief of a government burden to improve health.<sup>1</sup>

To be reported, community need for the activity or program must be established. One way that community needs can be established is by conducting a community health needs assessment.

The 2010 Patient Protection and Affordable Care Act (PPACA) requires each tax-exempt hospital to “conduct a [CHNA] every three years and adopt an implementation strategy to meet the community health needs identified through such assessment.”

CHNAs seek to identify priority health status and access issues for particular geographic areas and populations. Proposed regulations that implement the PPACA requirements allow hospital facilities to define the “community served” based on “all of the relevant facts and circumstances, including the geographic area served by the hospital facility, target populations served (for example, children, women, or the aged), and principal functions (for example, focus on a particular specialty area or targeted disease).”<sup>2</sup> Because the Austen Riggs Center is licensed as a psychiatric hospital, this CHNA focuses specifically on needs that relate to mental health.

As described later in this report, the assessment reviews mental health needs that are local (in Berkshire County, Massachusetts), regional (across nine states), and national in nature. This framework recognizes that Riggs admits patients from across the United States (and other countries), provides educational opportunities for mental health professionals, advocates for access to care at all levels, and maintains local relationships as well.

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<sup>1</sup> Instructions for IRS Form 990, Schedule H, 2021: <https://www.irs.gov/pub/irs-pdf/i990sh.pdf>

<sup>2</sup> Notice of Proposed Rulemaking for IRS REG-106499-12: <https://www.irs.gov/pub/newsroom/REG-106499-12.pdf>

The assessment identifies a list of significant community health needs. Riggs will be preparing and adopting a separate implementation strategy that will describe how the hospital plans to address the significant needs described in this CHNA report.

## Methodology

### *Analytic Methods*

This assessment is based on structured interviews with persons who represent the broad interests of the community and those with expertise in public health. Other sources include assessments and studies prepared by other organizations regarding local and regional mental health needs, data provided by Riggs regarding patient characteristics, a literature review, and analysis of relevant quantitative indicators regarding mental health status and access to services.

Since inaugurating the assessment process in 2013, Riggs has endeavored to preserve the longitudinal integrity of the questions by making relatively few modifications to the questions asked during the interviews. For the current report, however, in response to onset of the COVID-19 pandemic and the social upheaval in the wake of the George Floyd murder in 2020, administrators added questions to the survey pertaining to Diversity, Equity, and Inclusion; the impact of the pandemic on mental health; and the use of telehealth technologies that increased with the pandemic.

Verité Healthcare Consulting, LLC assisted with the CHNA process.

### *Prioritization Process and Criteria*

Riggs relied on a ranking methodology to help prioritize the needs identified by the assessment. Issues identified throughout the assessment have been listed, and the frequency and intensity with which certain common themes emerged have been noted.

### *Collaborating Organizations*

Riggs did not formally collaborate with any organizations for this assessment. However, many individuals provided input for this assessment through interviews and electronic communications. A list of organizational affiliations for primary data sources/interviewees is included in the report.

## About the Austen Riggs Center

### *Mission and Services*

The Austen Riggs Center is a vital therapeutic community, open psychiatric hospital, and institute for education, research, and advocacy in the field of mental health. In addition to its residential program, Riggs also offers a fully online course of treatment for college students and other emerging adults via its Remote Access Intensive Outpatient Program (IOP).

Riggs' mission is to promote resilience and self-direction in those with complex psychiatric problems—to help people take charge of their lives. Its work is grounded in the conviction that an individual's problems are inherently meaningful, that such problems are best understood in a social context, and that treatment leads to a more fulfilling life when the sources of suffering are addressed.<sup>3</sup>

### *Riggs Residential Program Overview*

- Each year, the hospital receives well over 2,000 inquiries from prospective patients, their families, or their clinicians. Three percent of these inquiries result in admission.
- Riggs admits between 55 and 75 residential patients annually.
- At any given time, the waiting list for residential services at Riggs averages six to seven patients.
- In 2021, the average length of stay for discharged patients was 378 days; the median stay was 171 days in duration.<sup>4</sup>

The clinical program at Riggs has at its core individual psychotherapy with a clinical psychologist or psychiatrist. Supporting the psychotherapy is an interdisciplinary team of professionals, including nursing staff, social workers, teachers, and experts in psychopharmacology, substance use disorders, and nutrition. A sophisticated therapeutic community program surrounds the individual services, offering opportunities for participation in patient government, in social and recreational activities, and in reflective process groups. Balancing the clinical work is a novel Activities Program in which working artists provide instruction in painting, ceramics, woodworking, theater, and other art forms. Patients can also work in the nursery school, the greenhouse, or in various jobs in the work program. Each person engages with staff to find the combination of services and activities suited to them, and no two treatments are exactly alike.

Residential treatment at Riggs includes:

- A minimum six-week length of stay (focused on evaluation and treatment);
- Individualized services that involve a range of programs, including psychotherapy, psychopharmacology, family work, psychological assessments, substance use disorder services, medical services, and nutrition counseling;
- Nursing support that assists patients. Each patient has a Nursing Care Coordinator, either a registered nurse or a mental health worker, who provides support and guidance in managing daily life at Riggs. Nurses offer education and assistance with medication management, assessment, and intervention in

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<sup>3</sup> The Austen Riggs Center. (2021). Retrieved from <https://www.austenriggs.org/about/mission>

<sup>4</sup> The Austen Riggs Center.

crises and encouragement in developing relationships with others in the Therapeutic Community. Nursing support tapers as patients move through the continuum of care;

- A Voluntary Hospital Program (VHP), that provides a short-term, fully open, and voluntary inpatient level of care with more intensive engagement for patients to re-establish their ability to work collaboratively to keep themselves safe in the open setting, or to clarify their need for the interventions available in a more secure setting;
- The Therapeutic Community Program, which allows patients to experiment with new ways of being in relationships, using some of the insights that arise in psychotherapy. Patients have the opportunity to get involved with nearly 50 group meetings each week on a range of topics;
- Continuity of treatment with the same clinicians throughout the treatment process;
- Continuum of care with a range of step-down programs; and
- An Activities Program that allows patients to take up the role of student in a variety of artistic and intellectual endeavors from theatre to painting to work in the Austen Riggs Nursery School.

### ***Riggs Residential Patient Profile***

Residential patients at Riggs historically have had the following characteristics:

- **Average Age:** Between 2019 and 2021, the average age of admitted patients was 32 years, with a median of 29. The minimum age was 18 and the maximum 72.
- **Gender:** Between 2019 and 2021, patients identified as: Female: 91; Gender neutral: five (5); Male: 76; No-response: 21; Non-binary: two (2); Other: two (2); Transgender: three (3). (Total 200).
- **Geographic Origin:** Between 2016 and 2021, four (4) states each accounted for more than five percent (5%) of admissions (52.72% collectively): New York, Massachusetts, Connecticut, and California. Three other states each accounted for three percent (3%) to five percent (5%) of admissions (another 10.92% collectively): New Jersey, Pennsylvania, and Virginia. Between 2016 and 2021, patients were admitted from 43 states (including the District of Columbia) and from the Bahamas, Bermuda, Canada, the Cayman Islands, and the United Kingdom.
- **Patient Diagnoses:** During the period covering 2015 - 2021, about 84% of patients were diagnosed with mood disorders (e.g., depression and bipolar disorder), 74% with personality disorders, and 11% with eating disorders. About 47% of patients were diagnosed with secondary substance use disorder.

### ***Riggs Remote Access Intensive Outpatient Program Overview***

*(Information in the IOP section reflects data gathered from November 1, 2021, to November 8, 2022.)*

After nearly a year of research and development, Riggs launched its Remote Access Intensive Outpatient Program (IOP) on November 1, 2021. Building on Riggs' existing relationships with college counseling services, the pilot phase of the program was specifically focused on students enrolled in Massachusetts colleges and universities. In 2022, the program was broadened to include non-student emerging adults as well as people residing in New York State. During this period, the IOP partnered with 18 colleges in Massachusetts and New York; received approximately 130 inquiries; and admitted 30 patients.

The IOP was created with several goals in mind, among them: to bring the fundamental elements of Riggs treatment to a group of patients from diverse geographic locations in Massachusetts, and subsequently New

York; and to offer treatment to people from socio-economic and racial backgrounds that the Riggs residential program has not previously been able to serve in similar numbers.

### *Riggs Remote Access IOP Patient Profile*

- **Total Number Patients Admitted:** 30
- **Average Age:** 19 - 24 years: 83%; 25 - 29 years: 17%

Age at Admission	#
19	4
20	7
21	8
22	5
24	1
25	2
26	1
28	1
29	1

- **Gender:** Birth sex: Female: 21; Male: nine (9) Gender Identity: Cis: 22; Non-binary: five (5); Trans/Non-binary: one (1); Trans: two (2)
- **Race:**

Race	#
African American	1
Asian	3
Black	2
Latinx	2
Latinx, white	1
South Asian	5
White	16

- **Geographic Origin:** Massachusetts, including international students from China and India
- **Number of Students Receiving Financial Aid:** 24
- **Average Length of Enrollment in the IOP:** 72.8 days
- **Patient Diagnoses:** 86% major depressive disorder; 20% eating disorder; 30% personality disorder
- **Patient History:** Approximately 50% of patients had a history of psychiatric hospitalization for suicidality
- **Cost:** Average patient responsibility is \$500 per week
- **Measurable Outcomes:** None of our patients with a history of psychiatric hospitalization (nearly half) required hospitalization while in our program or at discharge; decrease in PHQ-9 depression scale from “moderately severe” to “mild to moderate”; decrease in GAD-7 anxiety scale from “moderate anxiety” to “mild anxiety.”

## *Riggs Alumni Community*

Austen Riggs also has a unique community of alumni, comprised of over 2,000 former patients, former staff, and former trustees who meet regularly for programs and every three years for a reunion on the Riggs campus.

### *Key Values*

Riggs' key values are:

- affirmation of the dignity and responsibility of the individual;
- recognition, appreciation, and enhancement of individual strengths;
- importance of human relationships;
- respect for individual differences;
- centrality of the psychotherapeutic relationship;
- learning opportunities in a community of differentiated voices;
- importance of examined living;
- attention to the conflict between individual choice and the requirements of a community;
- openness to innovation and creativity;
- open setting to promote personal responsibility and freedom of choice in treatment;
- importance of recognizing and preserving multiple roles, including those of student and community member; and
- provision of treatment based on quality and outcome, not profit.



## ***Erikson Institute for Education, Research, and Advocacy***

Through the Erikson Institute for Education, Research, and Advocacy (Erikson Institute), Riggs extends its learning from its unique treatment approach and brings that work into dialogue with society through a program of education and training, research, and advocacy. The Erikson Institute offers numerous in-person, hybrid, and online programs. Additionally, it provides access to resources such as the Austen Fox Riggs Library and Archives as well online information repositories.

### ***EDUCATION AND TRAINING***

The education and training programs of the Erikson Institute offer opportunities for learning about clinical and applied psychoanalysis within a biopsychosocial context. From a post-doctoral/post residency Fellowship in adult psychoanalysis and hospital-based psychotherapy, elective rotations for medical students and psychiatric residents, clinical internships in social work, and research internships to continuing education for mental health professionals through conferences and presentations, the Erikson Institute provides an array of learning programs, all directed toward an integrated biopsychosocial understanding of human suffering and the familial and social contexts. The annual Fall Conference is a major offering of the Erikson Institute, bringing together expert presenters in an examination of current clinical, interdisciplinary, and societal issues. Similarly, Riggs offers a number of other smaller conferences throughout the year in collaboration with the community and other learning institutions.

With the arrival of the COVID-19 pandemic in 2020, the Erikson Institute modified its in-person programming to provide online professional education via Zoom. In addition to the live, online presentations, the majority of the events have been recorded and offered as asynchronous learning courses free of charge to the professional community. As of December 31, 2021, Riggs had 7,197 registrations for our virtual events and 2,753 registrations for our recorded online courses.

Riggs also offers the Erikson Scholar-in-Residence Program, an endowed program that allows scholars to carry out their research projects in conversation with the clinical staff, typically for a period of 14 weeks. Scholars are selected both for the relevance of their academic inquiry to the work of the staff and for the potential of that work to enrich and be enriched by interaction with the clinical program. Academicians, clinicians, and other professionals are invited into the clinical and intellectual life at Riggs through participation in seminars, lectures, case discussions, and other interdisciplinary activities.

### ***RESEARCH***

The research program focuses on developing a deeper understanding of complex psychiatric problems, particularly suicide and personality disorders. Research in psychological testing and assessment allows Riggs to understand the range of underlying psychological problems in its patient population. Other areas of research include psychosis, psychodynamic psychopharmacology, program evaluation of a local community collaborative care project, and the development of research using ecological momentary assessment to study patient experience in a granular and longer-term fashion. Ongoing data collection in the residential program and IOP support research outcomes. Studies within the Riggs research program over the past six years have been supported by the American Foundation for Suicide Prevention, the American Psychological Foundation, and the National Institute of Mental Health.

The Austen Riggs Center employs a full-time director of research, two research assistants, and research interns dedicated to supporting these efforts.

## **ADVOCACY**

Our advocacy and outreach initiatives range from supporting local community partnerships to work at the national level promoting equitable access to care, implementation of mental health parity laws, and reduction of health disparities.

Through our Human Development Initiative, we actively support local schools, pediatricians, and mental health providers in developing and assessing the effectiveness of a collaborative care model for at-risk children and families.

Riggs' regional and national advocacy efforts include creating, promoting, and providing letter templates for clinicians to assist their patients and family members to secure insurance coverage and coordinating with and supporting other leading advocacy organizations such as the Kennedy Forum, the Psychotherapy Action Network (PsiAN), the National Association of Behavioral Health (NABH), the American Association of Colleges of Pharmacy (AACP), the National Council for Behavioral Health (NCBH) and the National Alliance on Mental Illness (NAMI) to support access to care that pursues recovery, rather than mere crisis stabilization. Riggs staff participate in several regional and national professional groups such as the American Psychiatric Association and the American Psychological Association as well as contribute to litigation to implement parity and increase access to care or provide education about insurance appeals.

## **Definition of Community Assessed**

In defining the community to be assessed, Riggs took into account the following facts and circumstances.

- Riggs is licensed as a psychiatric hospital and residential treatment center and provides treatment for patients with mental illness.
- Riggs provides clinical care for patients from all over the United States and from other countries.
- Through the work of its Erikson Institute for Education, Research, and Advocacy, the Center provides educational, training, and research programs to clinicians throughout the U.S. (and internationally). It also provides outreach, education, consultation, and advocacy resources to organizations and clinicians in Berkshire County, the Northeast (defined as New England plus NY, PA, and NJ), and nationally.
- Riggs also maintains relationships with health and human services agencies, as well as social and cultural institutions located in Berkshire County.

Taking the above considerations into account, Riggs has defined the community to be assessed for this CHNA as follows.

Riggs serves local, regional, and national communities. These communities are comprised largely of patients with complex psychiatric disorders (e.g., multiple co-morbid conditions, severe and persistent psychiatric symptoms, and functional impairment) and the professionals (and organizations) who serve them. Service to these communities includes treatment, education and training, research, and advocacy. More specifically:

- While few of the Center's patients come from Berkshire County, Massachusetts (the local community), the Center offers education, outreach, and consultation to local clinicians and organizations.

- At the regional level, 62.6% of the Center’s patient population is drawn from the Northeast (New England states plus NY, PA, and NJ), and a robust program of education, consultation, and outreach is provided to clinicians who treat patients with complex psychiatric disorders in the region.
- The national population of patients with complex psychiatric disorders, and the clinicians who treat them, is the broadest, all-encompassing community. This includes the Center’s full patient population as well as the population of treaters served through education, training, research, and advocacy efforts.

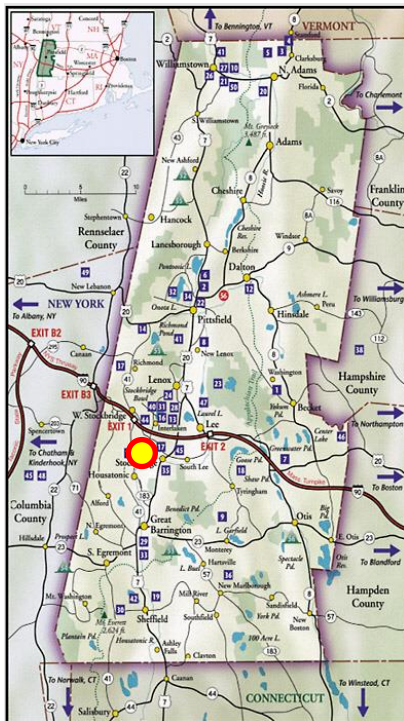
## Secondary Data Assessment

This section presents secondary data regarding mental health needs in the local and regional communities served by Riggs. Data include demographics, mental health indicators, summaries of assessments prepared by other organizations, and related information for the local community (Berkshire County) and for the regional community (comprised of New England states plus NY, PA, and NJ).

### *Berkshire County*

**Demographics.** The local community is defined as Berkshire County in western Massachusetts. In 2021, the county had an estimated population of 128,657. Pittsfield and North Adams are the largest cities (**Exhibits 1 and 2**).

#### Exhibit 1: Map of Berkshire County



Source: WikiMedia, 2019.

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## Exhibit 2: Demographic Profile: Berkshire County and Massachusetts

Demographic Information	Berkshire County	Massachusetts
Estimated population, 2021	128,657	6,984,723
Population, 2010	131,219	6,547,629
Population change, 2010 to 2021	-2.0%	6.7%
Persons under 5 years, 2021	3.9%	5.0%
Persons under 18 years, 2021	16.3%	19.5%
Persons 65 years and over, 2021	24.6%	17.4%
White, 2021	91.5%	78.9%
Black or African American, 2021	3.8%	9.3%
American Indian and Alaska Native, 2021	0.4%	0.5%
Asian, 2018	1.7%	7.5%
Native Hawaiian and Other Pacific Islander, 2021	0.1%	0.1%
Two or More Races, 2021	2.5%	2.7%
Hispanic or Latino, 2021	5.5%	12.8%
White alone, not Hispanic or Latino, 2021	87.0%	70.1%
Living in same house 1 year & over, 2016-2020	87.0%	87.4%
Foreign-born persons, 2016-2020	5.6%	16.9%
Language other than English spoken at home aged 5+, 2016-2020	7.5%	23.9%
High school graduate or higher aged 25+, 2016-2020	92.9%	91.1%
Bachelor's degree or higher aged 25+, 2016-2020	35.3%	44.5%
Veterans, 2016-2020	7,908	290,648
Owner-occupied housing unit rate, 2016-2020	70.0%	62.5%
Households, 2016-2020	54,786	2,646,980
Median household income, 2016-2020 (in 2020 dollars)	\$62,166	\$84,385
Persons below poverty level, 2016-2020	10.0%	10.4%
Population per square mile, 2020	139.2	901.2

Source: U.S. Census Bureau, (2021). County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, Economic Census, Building Permits. Retrieved from <https://www.census.gov/quickfacts/fact/table/MA,berkshirecountymassachusetts/PST045221>

According to the U.S. Census, the population of Berkshire County decreased between 2010 and 2021, however, there was an increase between 2019 and 2020. Compared to Massachusetts, Berkshire County has a smaller proportion of people under 18 years of age and a higher proportion of residents 65 years of age. The county is comparatively less diverse than the commonwealth. Berkshire County is predominately White (91.5%). Approximately 5.5% of the population is of Hispanic (or Latino) ethnicity. Comparatively few residents are foreign born or speak a language other than English at home. Over 90% of residents have at least a high school-level education (92.9%).



**Economic Indicators.** Many health needs are associated with poverty. According to the U.S. Census, in the 2016 to 2020 time period, 10.4% of people in Massachusetts and 10.0% of people in Berkshire County lived in poverty. At \$62,166, the median household income in the county has been below the Massachusetts average (Exhibit 2).

**Mental Health Indicators.** Exhibits 3 through 5 provide comparative, county-level indicators regarding the supply of mental health professionals, self-reported mentally unhealthy days and excessive drinking, and suicide rates.

**Exhibit 3: Mental Health Providers by County, 2020**

County	Mental Health Providers	People/ Provider Ratio	Z-Score
Barnstable	1,129	190:1	0.82
<b>Berkshire</b>	<b>1,131</b>	<b>110:1</b>	<b>-1.16</b>
Bristol	2,875	200:1	0.94
Dukes	122	140:1	-0.09
Essex	4,688	170:1	0.48
Franklin	589	120:1	-0.81
Hampden	4,597	100:1	-1.47
Hampshire	1,543	100:1	-1.44
Middlesex	9,705	170:1	0.44
Nantucket	46	250:1	1.49
Norfolk	4,451	160:1	0.30
Plymouth	2,896	180:1	0.69
Suffolk	6,951	120:1	-0.94
Worcester	4,325	190:1	0.87
<b>Massachusetts</b>	<b>45,080</b>	<b>150:1</b>	<b>n/a</b>

Source: HRSA's Area Resource File via County Health Rankings, 2020. Retrieved from: <https://www.countyhealthrankings.org/explore-health-rankings/massachusetts?year=2021&measure=Mental+Health+Providers&tab=1>

In 2020, Berkshire County had one mental health provider for every 110 persons, indicating a greater availability of providers in the county than in all but two other counties in Massachusetts.

#### Exhibit 4: Mentally Unhealthy Days and Excessive Drinking by County, 2018

County	Percent Frequent Mental Distress*	Percent Excessive Drinking**
Barnstable	13%	26%
<b>Berkshire</b>	<b>15%</b>	<b>26%</b>
Bristol	16%	24%
Dukes	13%	26%
Essex	13%	25%
Franklin	14%	23%
Hampden	15%	23%
Hampshire	14%	23%
Middlesex	11%	23%
Nantucket	12%	24%
Norfolk	12%	22%
Plymouth	14%	26%
Suffolk	13%	23%
Worcester	14%	22%
<b>Massachusetts</b>	<b>12%</b>	<b>24%</b>

Source: BRFSS 2018 via County Health Rankings, 2021. \*Percentage of adults reporting 14 or more days of poor mental health per month. \*\*Percent of adults that report either binge drinking, defined as consuming more than four (women) or five (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or two (men) drinks per day on average. Retrieved from: [https://www.countyhealthrankings.org/explore-health-rankings/massachusetts?year=2021&measure=Frequent+Mental+Distress\\*&tab=1](https://www.countyhealthrankings.org/explore-health-rankings/massachusetts?year=2021&measure=Frequent+Mental+Distress*&tab=1) and <https://www.countyhealthrankings.org/explore-health-rankings/massachusetts?year=2021&measure=Excessive+Drinking&tab=1>

According to the CDC's Behavioral Risk Factors Surveillance System, Berkshire County recently ranked in the bottom half of Massachusetts counties for self-reported frequent mental distress. County residents also reported a similar percentage of frequent mental distress to others in Massachusetts. Berkshire County ranked in the bottom quartile of Massachusetts counties for excessive drinking, with 24% of adults reporting either binge or heavy drinking.

#### Exhibit 5: Suicide Rate, 2020

County	Suicide Count	Suicide Crude Rate per 100,000
Berkshire	22	17.1
<b>Massachusetts</b>	<b>615</b>	<b>8.7</b>
<b>United States</b>	<b>45,979</b>	<b>13.5</b>

Sources: Massachusetts Violent Death Reporting System, Injury Surveillance Program, Massachusetts Department of Public Health; NCHS Vital Statistics System for numbers of deaths. Bureau of Census for population estimates. Retrieved from <https://www.mass.gov/info-details/suicide-data-reports#2020-data->; <https://wisqars.cdc.gov/fatal-reports>

A suicide rate of 17.1 per 100,000 was reported for Berkshire County in 2020, which compares unfavorably to the commonwealth and U.S. averages (**Exhibit 5**).

The average annual rate of youth (ages 10-24) suicide in Massachusetts between 2015 and 2019 was 6.0/100,000 persons. This was significantly lower than the average annual U.S. youth suicide rate of 10.0/100,000 persons. While suicide rates for White, non-Hispanic youth were significantly lower in Massachusetts compared to the country as a whole (6.5/100,000 persons vs. 12.0/100,000 persons, respectively), the suicide rate for Asian, non-Hispanic youth in Massachusetts was almost identical to the national rate (8.0/100,000 persons vs. 8.3/100,000 persons, respectively).

Sources: CDC, WISQARS Fatal Injury Reports, National, Regional and State, 1981-2019; MA Violent Death Reporting System. Retrieved from: [https://www.mass.gov/doc/oca-report-on-youth-suicide-in-massachusetts/download#:~:text=Massachusetts%20Adolescent%20suicide%20rates%20in,average%20\(see%20chart%20below\).&text=\(Ages%2010%E2%80%9424%20Years\),5.9%20deaths%20per%20100%2C000%20persons.](https://www.mass.gov/doc/oca-report-on-youth-suicide-in-massachusetts/download#:~:text=Massachusetts%20Adolescent%20suicide%20rates%20in,average%20(see%20chart%20below).&text=(Ages%2010%E2%80%9424%20Years),5.9%20deaths%20per%20100%2C000%20persons.)

Recognizing this unfortunate statistic, the Berkshire Coalition for Suicide Prevention (BCSP) was formed, and concerned participants applied successfully for grant funds and initiated the Youth Suicide Prevention Project in 2008.<sup>5</sup> One current and two former Riggs staff members are actively involved in the BCSP (as of December 2021).

### **Berkshire County Community Health Assessment**

In 2021, Berkshire Health Systems published a “[Berkshire Community Health Needs Assessment](#).” That assessment examined health status trends and identified health and human service needs of Berkshire County residents. Data regarding social determinants of health, the area’s economy, and health status were assessed.

The study identified the following as priority issues impacting the health of Berkshire County: suicide in Berkshire County; heart disease mortality; cancer mortality; diabetes; adult smoking; opioids and prescription drugs; infant and prenatal care and controlled substances; health conditions and behaviors impacting youth; and COVID-19 in Berkshire County.

Poverty, the physical environment, safety, education, and food insecurity were listed among the social and economic determinants that impacted health.

The assessment highlighted “Mental Illness and Mental Health, including Suicide Prevention and Treatment” stating:

“In addition to the high level of reported poor mental health days in the Berkshire Community, rates of suicide are among the highest in the state at 17.4 per 100,000. A recent survey of youth revealed a similarly high level of suicidal behaviors with between 14-17% of youth stating that they had planned a suicide attempt in the past 12 months and 7-11% of youth having attempted suicide in the past 12 months.”

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<sup>5</sup> For more information, see: <https://www.sprc.org/grantees/massachusetts-department-public-health>

## Exhibit 6: Summary Results of Youth Health Behaviors, 2021

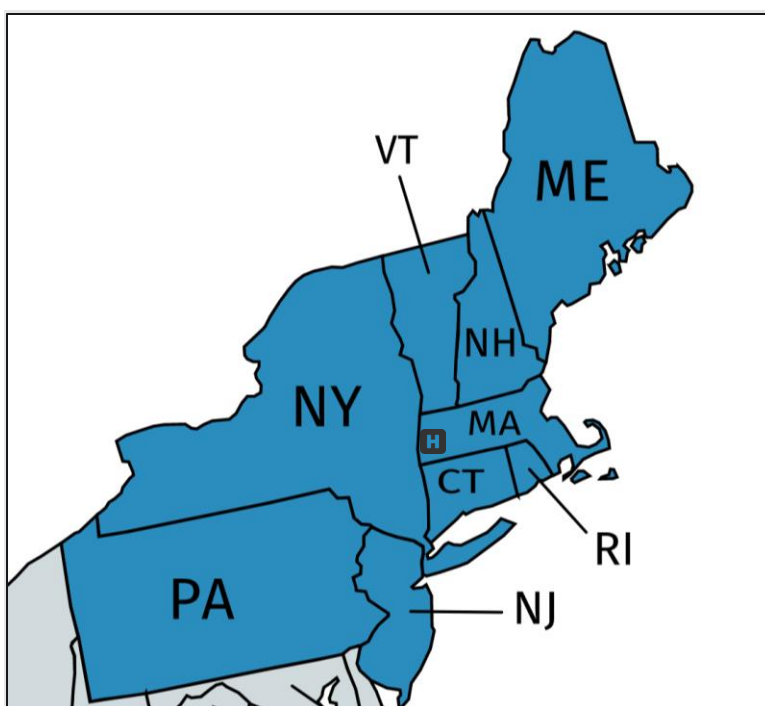
Youth Behavior	North 2021 (N=842)	Central 2021 (N=831)	South 2021 (N=314)
Alcohol Use	31.50%	37.50%	36.90%
Cigarette Use	6.80%	9.30%	10.10%
E-Cigarette Use	22.00%	26.10%	17.20%
Marijuana Use	21.00%	27.30%	17.30%
Planned Suicide in last 12 months	17.20%	14.10%	15.20%
Attempted Suicide in last 12 months	7.70%	10.40%	8.00%

Source: Berkshire County Prevention Needs Assessment, 2021. Berkshire County is divided into North, Central, and South sections.

## Regional Community

The regional community that was assessed is comprised of the following states: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont (**Exhibit 7**).

## Exhibit 7: Regional Community



The Austen Riggs Center

Source: Mapchart.net 2019



## Mental Health and Substance Abuse Indicators

A variety of indicators are available at the state level and illustrate potential mental health and/or substance use disorder needs in the region.

**Exhibit 8** provides comparative, state-level indicators regarding the supply of mental health professionals, self-reported mentally unhealthy days, and excessive drinking.

### Exhibit 8: Mental Health Providers, Mentally Unhealthy Days, and Excessive Drinking by State, 2019-2021

State	Mentally Unhealthy Days (in last 30 days)	Percent Excessive Drinking	# Mental Health Providers	Mental Health Provider Ratio
Connecticut	3.9	19.0	15,622	230:1
Maine	4.7	22.0	6,964	220:1
Massachusetts	4.0	22.0	39,072	190:1
New Hampshire	4.8	21.0	4,746	290:1
New Jersey	3.8	16.0	23,167	380:1
New York	3.9	19.0	62,880	310:1
Pennsylvania	4.6	20.0	30,391	420:1
Rhode Island	4.5	22.0	4,714	220:1
Vermont	4.7	23.0	3,184	200:1
<b>U.S.</b>	<b>4.5</b>	<b>20.0</b>	<b>1,857,394</b>	<b>350:1</b>

Sources: Poor Mental Health Days & Excessive Drinking = Behavioral Risk Factor Surveillance System, 2019; Mental Health Providers = CMS, National Provider Identification, 2021. Retrieved from <https://www.countyhealthrankings.org/> November 2022.

Excessive drinking appears problematic in nearly every state within the region with only three states falling below the national average. Vermont, Maine, and Massachusetts reported a higher number of mental health providers on a per-capita basis.

**Exhibit 9** presents the state-level prevalence of serious mental illness, any mental illness, and major depressive episodes in 2016. “Serious mental illness” is defined as “having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder, that met the criteria found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) and resulted in serious functional impairment,” while “any mental illness” does not require “serious functional impairment.” The prevalence of a major depressive episode follows the definition set forth in the DSM-IV.

### Exhibit 9: Prevalence of Mental Illness and Depression, 2018-2019

State/Commonwealth	Serious Mental Illness in the Past Year, 18+	Any Mental Illness in the Past Year, 18+	Major Depressive Episode in the Past Year, 12-17	Major Depressive Episode in the Past Year, 18+
Connecticut	4.50%	18.85%	9.7%	7.06%
Maine	6.03%	22.10%	14.41%	8.19%
Massachusetts	5.16%	21.15%	15.61%	8.08%
New Hampshire	4.85%	23.37%	15.85%	8.27%
New Jersey	4.08%	16.37%	12.71%	6.19%
New York	4.35%	19.52%	13.29%	6.82%
Pennsylvania	4.94%	19.70%	12.88%	7.69%
Rhode Island	5.05%	22.38%	14.64%	8.72%
Vermont	5.83%	22.25%	16.36%	8.75%
<b>U.S.</b>	<b>4.91%</b>	<b>19.86%</b>	<b>15.08%</b>	<b>7.51%</b>

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2018-19 (Retrieved from <https://www.samhsa.gov/data/report/2018-2019-nsduh-state-prevalence-estimates>) Note: This is the most recent comprehensive data set available, as SAMHSA notes 2020 data should not be compared to data from previous years.

Across the region and the U.S., nearly five percent (5%) of residents were estimated to have experienced serious mental illness in the past year; nearly 20% were estimated to have any mental illness.

### Exhibit 10: Prevalence of Suicidality and Suicide, 2018-20

State	Serious Thoughts of Suicide in the Past Year, 18+	Suicide Rate Per 100,000, Total Population, 2020
Connecticut	4.46%	9.3
Maine	5.44%	16.4
Massachusetts	4.77%	8.4
New Hampshire	4.68%	16.4
New Jersey	3.79%	7.1
New York	4.21%	8.0
Pennsylvania	4.83%	12.6
Rhode Island	4.59%	8.5
Vermont	5.66%	18.1
<b>U.S.</b>	<b>4.58%</b>	<b>13.5</b>

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2018-19 (Retrieved from <https://www.samhsa.gov/data/report/2018-2019-nsduh-state-prevalence-estimates>), and Centers for Disease Control and Prevention, National Center for Health Statistics, 2020 (Retrieved from: <https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm>).

Vermont, New Hampshire, and Maine were estimated to have the highest suicide rates in the regional community.

Exhibit 11: Suicide Rates by State and Age Group, 2018-2020\*

Age Group	CT	ME	MA	NH	NJ	NY	PA	RI	VT	U.S.
10-14	n/a	n/a	n/a	4.90	1.39	1.42	3.11	n/a	n/a	2.74
15-19	6.44	16.77	5.04	10.72	5.32	5.58	8.24	n/a	10.50	10.82
20-24	9.42	19.11	10.16	23.43	9.71	10.29	16.38	5.75	19.15	17.52
25-29	12.30	25.92	10.59	24.47	9.29	9.43	16.55	12.35	23.65	17.58
30-34	12.42	19.99	11.15	24.15	10.26	10.01	18.76	14.73	34.55	18.05
35-39	12.88	23.11	10.80	20.84	9.44	10.86	18.50	13.61	23.44	18.03
40-44	10.75	25.70	12.37	23.44	8.95	10.79	18.17	16.30	20.31	17.73
45-49	17.61	22.84	14.08	27.06	10.66	11.32	20.24	13.08	19.69	19.02
50-54	18.37	31.18	15.66	29.41	12.78	12.76	20.28	15.88	29.33	19.43
55-59	17.32	26.49	15.58	21.81	13.58	13.56	22.79	19.18	22.53	20.11
60-64	17.25	17.67	14.02	21.16	11.26	11.01	16.67	11.44	21.65	17.49
65-69	13.81	17.76	10.60	21.13	9.51	9.83	15.38	10.09	26.14	15.52
70-74	12.43	22.08	9.82	12.36	8.41	8.93	14.47	7.79	15.08	15.27
75-79	14.56	19.99	9.42	22.96	8.77	9.18	18.40	14.53	21.43	18.29
80-84	14.00	33.26	8.45	19.68	10.20	9.64	16.86	17.18	n/a	19.07
85+	12.47	24.75	9.46	20.85	11.05	11.09	17.71	n/a	n/a	20.03
<b>Overall</b>	<b>10.41</b>	<b>18.04</b>	<b>8.98</b>	<b>17.67</b>	<b>7.81</b>	<b>8.19</b>	<b>13.83</b>	<b>9.58</b>	<b>17.53</b>	<b>14.40</b>

Source: CDC WISQARS™ 2018-2020; n/a - Rates are unreliable due to small sample size (fewer than 20 deaths). Rates are age adjusted rates per 100,000 population. Retrieved from <https://wisqars.cdc.gov:8443/cdcMapFramework/mapModuleInterface.jsp>

Suicide rates increased 30% between 2000-2018 and declined in 2019 and 2020. Suicide is a leading cause of death in the United States, with 45,979 deaths in 2020. In 2020, suicide was among the top nine leading causes of death for people ages 10-64. Suicide was the second leading cause of death for people ages 10-14 and 25-34.<sup>6</sup>

**Exhibit 12: Suicide Rates by Gender, 2018-2020\***

State / Commonwealth	Female	Male
Connecticut	4.89	16.34
Maine	6.60	30.13
Massachusetts	4.35	14.05
New Hampshire	7.36	28.32
New Jersey	3.67	12.28
New York	3.61	13.18
Pennsylvania	5.84	22.35
Rhode Island	4.28	15.29
Vermont	7.14	28.27
<b>U.S.</b>	<b>5.90</b>	<b>22.33</b>

Source: CDC WISQARS™ 2018-2020 Rates are age adjusted rates per 100,000 population. Retrieved from <https://wisqars.cdc.gov:8443/cdcMapFramework/mapModuleInterface.jsp>

In every state within the region, suicide rates for men are more than triple that of women (**Exhibit 12**).

## Regional Mental Health Needs

Every state that requests Community Mental Health Services Block Grant (CMHS BG) funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) publishes a state behavioral health assessment and plan. Plans for each state in the identified regional area were accessed via:

<https://bgas.samhsa.gov/Module/BGAS/Users#>, SAMHSA's Web-based Block Grant Application System.

These plans and assessments describe current attributes of each state's public mental health system, available services, strengths and weaknesses, unmet needs, and the state's priorities. The assessments identified mental health-related needs across the region served by Riggs, including:

- more services focusing on, and resulting in, positive outcomes for persons with mental health conditions, such as:
  - health and wellness impact conditions such as: substance use, tobacco, and alcohol dependency, chronic health problems, psychiatric disabilities, poor diet and nutrition, and a lack of physical activity; and
  - more services focusing on recovery, family, home health, and peer support services;
- services focusing on specific populations, including:
  - culturally and linguistically diverse populations/minorities;

<sup>6</sup> Centers for Disease Control and Prevention. (2022). *Preventing Suicide*. Retrieved 2022, from <https://www.cdc.gov/violenceprevention/suicide/fastfact.html>



- seniors;
- youth and young adults (and, in particular, LGBTQ youth);
- native Americans
- geographically disparate, rural, and homeless populations; and
- veterans and military populations;
- prevention initiatives, particularly targeted at youth and young adults;
- additional training for mental health professionals and law enforcement that focuses on utilization of evidence-based practices;
- new research that focuses on youth, transition age youth/adults, and suicide prevention strategies;
- improved funding, coordination, and collaboration between state agencies, mental health organizations, and providers of care;
- increased access to and integration between primary care and behavioral health, mental health, and substance use disorder services and between acute and continuing care services;

Other emerging concerns or issues that were fairly consistent across states in this region included:

- perceived lack of harm of marijuana use by the public due to decriminalization and, in some cases, legalization; and
- lack of available outpatient services along with access to care issues (due to shortage of psychiatrists/prescribers; uninsured individuals; underinsured individuals).

## COVID-19 Prevalence and Mortality

The Centers for Disease Control and Prevention (CDC) provides information, data, and guidance regarding the COVID-19 pandemic. The pandemic has represented a significant public health emergency in all the communities served by Austen Riggs. The pandemic also has exposed the significance of problems associated with long-standing community health issues, including racial health inequities, chronic disease, access to health services, mental health, and related issues.

Part of the CDC's work has included identifying certain populations that are most at risk for severe illness and death due to the pandemic. Populations most at risk include:

- older adults;
- people with certain underlying medical conditions, including cancer, chronic kidney disease, COPD, obesity, serious heart conditions, diabetes, sickle cell disease, asthma, hypertension, immunocompromised state, and liver disease;
- people who are obese and who smoke;
- pregnant women; and,
- black, Hispanic (or Latino), and American Indian or Alaska Native persons.

Research has demonstrated that the COVID-19 pandemic contributed to “elevated levels of adverse mental health conditions, substance use, and suicidal ideation.”<sup>7</sup>

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<sup>7</sup> Czeisler MÉ, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic – United States, June 24-30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049-1057.

**Exhibit 13** provides comparative statistics regarding COVID-19 cases, deaths, and vaccination rates in Berkshire County, the Regional Community, and the United States.

**Exhibit 13: COVID-19 Cases, Deaths, and Vaccination Rates (as of November 29, 2022)**

Area	Confirmed Cases	Confirmed Cases Per 100,000 Population	Total Deaths	Deaths Per 100,000 Population	Percent of Adults Fully Vaccinated
Berkshire County, MA	33,279	26,339	429	339.5	63.7%
Connecticut	922,355	25,817	11,564	323.7	88.2%
Maine	301,305	22,512	2,721	203.3	87.0%
Massachusetts	1,920,177	27,936	22,369	325.4	79.6%
New Hampshire	358,900	26,459	2,806	206.9	74.4%
New Jersey	2,841,617	31,898	35,093	393.9	82.5%
New York	6,366,571	32,579	73,337	375.3	74.4%
Pennsylvania	3,350,584	26,162	48,271	376.9	75.8%
Rhode Island	407,629	38,553	3,741	353.8	83.4%
Vermont	143,615	22,931	760	121.4	66.0%
<b>U.S.</b>	<b>96,445,983</b>	<b>29,561</b>	<b>1,059,683</b>	<b>324.8</b>	<b>74.4%</b>

Source: SparkMap (<https://sparkmap.org/>). Data in this table reflect numbers accessed on November 29, 2022. Users can access the SparkMap link to retrieve more current data by selecting for state and county information.

Over 1,000,000 deaths have been attributed to the pandemic. Mortality rates in five of the nine Regional Community states have been above the U.S. average. In Berkshire County, the COVID-19 mortality rate has been above average, and the percentage of adults fully vaccinated has been comparatively low.

## Literature Review

A literature review was conducted to inform the CHNA. The review focused on the following topics:

- Prevalence of mental illness in the United States
- Factors that may affect future need/demand for mental health services
- Effectiveness of psychodynamic psychotherapy and psychoanalytic methods

### Prevalence of Mental Illness

Research indicates that “about half of Americans will meet the criteria for a DSM-IV disorder sometime in their life, with first onset usually in childhood or adolescence.”<sup>8</sup> Lifetime prevalence estimates for mental illness are as follows:<sup>9</sup>

- 28.8% for anxiety disorders
- 20.8% for mood disorders
- 24.8% for impulse-control disorders
- 14.6% for substance use disorders
- 46.4% for “any disorder”

Sociodemographic variables appear related to lifetime risk of psychiatric disorders. For example, men appear to be a greater risk for impulse-control and substance use disorders. Non-Hispanic whites have a higher risk of anxiety, mood, and substance use disorders than non-Hispanic blacks and Hispanics.

Approximately 14 million Americans meet the criteria for “Serious Mental Illness” (SMI) in any given year.<sup>10</sup> Of these individuals, “9.1 million (64.5%) received mental health treatment.”<sup>11</sup>

“1 in 20 U.S. adults experience serious mental illness each year. One in six U.S. youth aged 6-17 experience a mental health disorder each year.”<sup>12</sup>

In 2022, SAMHSA published the following statistics based on the 2020 National Survey of Drug Use and Health:

Approximately 14.2 million U.S. adults (1 in 220) had a serious mental illness in 2020; more than half of these adults had co-occurring substance dependence or abuse.

- In 2020, 21% had a mental health disorder in the past year.
- In 2020, 44,834 deaths in the U.S. were due to suicide.
- In 2020, more than 30% of adults with SMI reported not receiving any treatment.<sup>13</sup>

<sup>8</sup> Kessler, R.C., Berglund, P., Demler, O., Jin, R., Merikangas, K.R., Walters, E.E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Replication. *Archives of General Psychiatry*, 62(7), 593-602. Retrieved from <http://archpsyc.jamanetwork.com/article.aspx?articleid=208678>

<sup>9</sup> *Ibid.*

<sup>10</sup> National Institute of Mental Health, *Mental Illness*, January 2022, [https://www.nimh.nih.gov/health/statistics/mental-illness#part\\_2539](https://www.nimh.nih.gov/health/statistics/mental-illness#part_2539)

<sup>11</sup> *Ibid.*

<sup>12</sup> National Alliance on Mental Illness. (2022). *Mental Health By the Numbers*. Retrieved from <https://nami.org/mhstats>.

<sup>13</sup> Substance Abuse and Mental Health Services Administration (2022). *Key Substance Use and Mental Health Indicators in the United States: Results from the 2020 Survey of Drug Use and Health*. Retrieved from: <https://www.samhsa.gov/data/sites/default/files/reports/rpt35325/NSDUHFFR1PDFWHTMLFiles2020/2020NSDUHFFR1PDFW102121.pdf>

Commonly cited reasons why individuals with SMI do not receive treatment include: financial barriers, lack of insurance coverage, stigma, and lack of mental health workforce (particularly in certain under-served areas).<sup>14</sup>

The literature consistently finds that substantial disparities exist in access to mental health services. Access is most challenging for underserved and disenfranchised populations, including racial and ethnic minorities, sexual and gender minority groups, those experiencing homelessness or incarceration or with a co-occurring SUD.<sup>15</sup>

Regarding the prevalence of treatment-resistant mental illness:

- “Major depressive disorder (MDD) is a psychiatric condition that clinically manifests through changes in mood and cognition as well as a loss of interest or pleasure lasting at least two weeks. Annual prevalence of a major depressive episode among U.S. adults is 7.1%, among whom half receive medication treatment for their condition. Failure to respond or achieve remission after two or more trials of medication treatment for MDD of adequate dose and duration is typically referred to as treatment-resistant depression (TRD) but a universally accepted definition of TRD is lacking. Estimates of the prevalence of TRD vary widely in the literature (12%-55%) in part due to the lack of uniformity in the criteria used to define it.”<sup>16</sup>
- Other estimates suggest that “... 15-50% of patients with mood disorders have treatment-refractory illness and ... only a minority of depressed patients recover fully on medications.”<sup>17</sup>
- Greater risk of suicide with TRD.<sup>18</sup>

## Factors Affecting Future Need/Demand for Mental Health Services

The literature review suggests that the following factors are likely to influence future need and demand for mental health services.

- Growing evidence regarding the efficacy and cost-effectiveness of various forms of mental health treatment, including psychodynamic psychotherapy, other therapies, pharmacology, transcranial magnetic stimulation, and other modalities.
- Growing recognition regarding “the limitations of medications and awareness of the problem of treatment resistance.”<sup>19</sup>
- Growing evidence that mental illness contributes to overall health care spending, including hospital readmissions both for psychiatric disorders and for medical reasons.
- National dialogue regarding the role of behavioral health in public life—the COVID-19 pandemic forced a reimagination of the future of behavioral health.<sup>20</sup>

<sup>14</sup> Mongelli, F., Georgakopoulos, P., & Pato, M. T. (2020). Challenges and Opportunities to Meet the Mental Health Needs of Underserved and Disenfranchised Populations in the United States. *Focus (American Psychiatric Publishing)*, 18(1), 16-24. <https://doi.org/10.1176/appi.focus.20190028>

<sup>15</sup> *Ibid.*

<sup>16</sup> Zhdanava M, Pilon D, Ghelerter I, et al. The prevalence and national burden of treatment-resistant depression and major depressive disorder in the United States. *J Clin Psychiatry*. 2021;82(2):20m13699.

<sup>17</sup> Plakun, E. (2012). Treatment resistance and psychodynamic psychiatry: Concepts psychiatry needs from psychoanalysis. *Psychodynamic Psychiatry*, 40(2), 183-209. <https://doi.org/10.1521/PDPS.2012.40.2.183>

<sup>18</sup> Plakun EM. Editor and chapter author. *Treatment Resistance and Patient Authority: The Austen Riggs Reader*. Norton Professional Books, New York, 2011

<sup>19</sup> Mintz, D.L., Flynn, D. (2011). How (not what) to prescribe: Nonpharmacologic aspects of psychopharmacology. *Psychiatric Clinics of North America*, 35, 143-163. Retrieved from <https://www.sciencedirect.com/science/article/abs/pii/S0193953X11001171?via%3Dihub>

<sup>20</sup> Substance Abuse and Mental Health Services Administration. (2021). *Ready to Respond: Mental Health Beyond Crisis and COVID-19* Retrieved from: <https://www.samhsa.gov/sites/default/files/ready-to-respond-compendium.pdf>

- Expanded health insurance coverage through Medicaid and health exchanges, and efforts to assure parity between medical and mental health benefits.<sup>21</sup>
- Economic forces including inflation, unemployment, and other social determinants of mental health.<sup>22</sup>
- Continued efforts to reduce stigma associated with mental illness and to enhance screening for mental disorders by primary care clinicians and within schools.
- Direct to consumer advertising by pharmaceutical companies.

On balance, the factors cited above are likely to increase demand for mental health treatment services.

## Effectiveness of Psychodynamic Psychotherapy and Psychoanalytic Methods

The effectiveness of psychodynamic psychotherapy has been studied for years. While rigorous, randomized controlled trials (RCTs) are challenging because “it is neither possible to carry out a treatment according to a manual for several years, nor to offer patients who seek treatment no therapy for several years,”<sup>23</sup> RCT-based studies regarding efficacy of psychodynamic psychotherapy have been conducted and have provided evidence for efficacy. Effectiveness studies (carried out under the conditions of clinical practice) have shown that psychoanalytic therapy is effective in the field of clinical practice.<sup>24</sup> Several studies have found large effect sizes.<sup>25</sup> Overall, more than 200 studies support the efficacy of psychodynamic therapy.<sup>26</sup>

Perhaps the most comprehensive statement regarding the effectiveness of psychotherapy was issued in August 2012 by the American Psychological Association (APA). The APA’s Resolution on the Recognition of Psychotherapy Effectiveness listed numerous studies regarding the effectiveness of psychotherapy. The Resolution included the following statements:

- The general or average effects of psychotherapy are widely accepted to be significant and large. These large effects of psychotherapy are quite constant across most diagnostic conditions, with variations being more influenced by general severity than by particular diagnoses.
- The results of psychotherapy tend to last longer and be less likely to require additional treatment courses than psychopharmacological treatments.
- For most psychological disorders, the evidence from rigorous clinical research studies has shown that a variety of psychotherapies are effective with children, adults, and older adults. Generally, these studies show what experts in the field consider large beneficial effects for psychotherapy in comparison to no treatment, confirming the efficacy of psychotherapy across diverse conditions and settings. In contrast to large differences in outcome between those treated with psychotherapy and those not treated, different forms of psychotherapy typically produce relatively similar outcomes.
- In studies measuring psychotherapy effectiveness, clients often report the benefits of treatment not only endure but continue to improve following therapy completion as seen in larger effect sizes found at follow-up.

<sup>21</sup> National Alliance on Mental Illness (2021). *Medicaid Expansion*. Retrieved from: <https://www.nami.org/Advocacy/Policy-Priorities/Improving-Health/Medicaid-Expansion>

<sup>22</sup> Macintyre, A., Ferris, D., Gonçalves, B. *et al.* What has economics got to do with it? The impact of socioeconomic factors on mental health and the case for collective action. *Palgrave Communication* 4, 10 (2018). <https://doi.org/10.1057/s41599-018-0063-2>

<sup>23</sup> Leichsenring, F. (2005). Are psychodynamic and psychoanalytic therapies effective? A review of empirical data. *The International Journal of Psychoanalysis*, 86(3), 841-868. Retrieved from <https://onlinelibrary.wiley.com/doi/abs/10.1516/RFEE-LKPN-B7TF-KPDU>

<sup>24</sup> *Ibid.*

<sup>25</sup> *Ibid.*

<sup>26</sup> Plakun, E. M. (2018). Psychodynamic psychiatry, the biopsychosocial model, and the difficult patient. *Psychiatric Clinics of North America*, 41(2), 237-248. 10.1016/j



- The effects produced by psychotherapy, including the effects for different age groups (i.e., children, adults, and older adults) and for many mental disorders, exceed or are comparable to the size of effects produced by many pharmacological treatments and procedures for the same condition, and some of the medical treatments and procedures have many adverse side-effects and are relatively expensive vis-a-vis the cost of psychotherapy.
- A substantial body of scholarly work has documented the effectiveness of psychotherapy across a range of problems affecting children and adolescents.
- Large multisite studies as well as meta-analyses have demonstrated that courses of psychotherapy reduce overall medical utilization and expense. Further, patients diagnosed with a mental health disorder and who received treatment had their overall medical costs reduced by 17% compared to a 12.3% increase in medical costs for those with no treatment for their mental disorder.
- There is a growing body of evidence that psychotherapy is cost-effective, reduces disability, morbidity, and mortality, improves work functioning, decreases use of psychiatric hospitalization, and at times also leads to reduction in the unnecessary use of medical and surgical services including for those with serious mental illness. Successful models of the integration of behavioral health into primary care have demonstrated a 20-30% reduction in medical costs above the cost of the behavioral/psychological care. In addition, psychological treatment of individuals with chronic disease in small group sessions resulted in medical care cost savings of \$10 for every \$1 spent.
- There is strong scientific evidence to support the links between mental and physical health, and a growing number of models and programs support the efficacy of the integration of psychotherapy treatment within the primary health care system. In fact, early mental health treatments that include psychotherapy reduce overall medical expenses, simplifies and provides better access to appropriate services and care to those in need, and improves treatment seeking.
- Many people prefer psychotherapy to pharmacological treatments because of medication side-effects and individual differences and people tend to be more adherent if the treatment modality is preferred. Research suggests that there are very high economic costs associated with high rates of antidepressant termination and non-adherence, and psychotherapy is likely to be a more cost-effective intervention in the long term.

Riggs staff have studied patient treatment outcomes and have found that “the majority of individuals with treatment-refractory disorders admitted with any of four suicidal and self-destructive phenomena attained sustained cessation of these phenomena over the course of follow-up (median lengths between 6.29 and 7.85 years). By modeling all available data for each subject, sustained recovery was observed in 77.2% of those making suicide attempts at baseline, 73.2% of those to self-mutilated, and 62.5% of those with other self-harm behaviors.”<sup>27</sup>

Among other accomplishments, Riggs is known for its work regarding psychosocial aspects of psychopharmacology.<sup>28</sup> This work suggests that focusing on *how* (in addition to *what*) to prescribe may address some of the reasons why “the problem of depression and treatment resistant depression is growing, not shrinking.”<sup>29</sup> As described in the next section, one interviewee suggested that additional research into this aspect of treatment would be very valuable to the field.

<sup>27</sup> Perry, C. F. (2009, January). Improvement and Recovery From Suicidal and Self-Destructive Phenomena in Treatment-Refractory Disorders. *The Journal of Nervous and Mental Disease*, 197, 28-34. Retrieved from [https://journals.lww.com/jonmd/Abstract/2009/01000/Improvement\\_and\\_Recovery\\_From\\_Suicidal\\_and.6.aspx](https://journals.lww.com/jonmd/Abstract/2009/01000/Improvement_and_Recovery_From_Suicidal_and.6.aspx)

<sup>28</sup> Mintz, D.L. *Psychodynamic Psychopharmacology: Caring for the Treatment-Resistant Patient*. Washington DC: American Psychiatric Association Publishing, 2022.

<sup>29</sup> Mintz, D.L. *Psychodynamic Psychopharmacology: Caring for the Treatment-Resistant Patient*. Washington DC: American Psychiatric Association Publishing, 2022.

In addition, the Austen Riggs Center has compiled a comprehensive and growing list of references that lend support to its particular approach to treatment.<sup>30, 31</sup>

## Primary Data Assessment

Community input was gathered through interviews and electronic communications with external informants and internal staff.

### *Findings: External Informants*

Telephone and virtual video interviews were conducted to gather information and feedback from external informants. A total of 18 informants provided feedback between September and October 2022. The informants included thought leaders in psychiatry, members of the Riggs Board of Trustees, representatives of mental health providers and other health and social services agencies in Berkshire County, representatives of organizations that refer patients to Riggs, and staff from the Massachusetts Department of Mental Health.

Interviews were conducted using a structured questionnaire asking participants to discuss changes in mental health needs, trends, and services in the last several years. All participants were assured that their responses would be confidential (i.e., no comments to be attributed directly to any specific individuals).

After briefly discussing the purpose of the CHNA and how Riggs had defined the communities to be assessed, informants were asked to identify and discuss trends in local, regional, and national mental/behavioral health needs; how Riggs currently addresses identified needs; unique characteristics of Riggs and of patients it serves; and ideas regarding how Riggs can enhance its ability to address needs.

The following summary is based on feedback from the interviews.

### Characteristics of Austen Riggs

Understanding distinguishing characteristics of Austen Riggs is important to considering how the facility addresses local, regional, and national community needs. Interviewees described Riggs as follows.

#### Clinical Programs

- Riggs provides a long-term, intensive program of psychotherapy primarily for patients who have been unsuccessful with other treatment engagements. Riggs specializes in treating patients who are not successful with traditional treatment and who present with complicated psychiatric disorders. For many, Riggs is “a high-end facility” and a “longer-term recovery where patients are in a better position to meet the stressors in their lives.”
- Riggs’ comparatively high staff-to-patient ratio was noted as a strength of the clinical system. Riggs is considered to have premier clinical staff.

<sup>30</sup> Austen Riggs Center. (2022). Patient Outcomes & Results, Retrieved from <https://www.austenriggs.org/our-treatment/outcomes>

<sup>31</sup> Austen Riggs Center (2022). Riggs Resources. <https://www.austenriggs.org/education-research/resources>

- Riggs provides services in a residential, open (unlocked) setting and fosters a supportive and empathetic, therapeutic community. Services are coupled with pharmacology and with activities that are tailored to accommodate patient needs and progress. The open setting is viewed as a critical aspect of treatment. The Center's focus on individual psychotherapy, group work/group relations, and a therapeutic community is unique.
- Riggs' long-standing reputation for clinical excellence was noted by several participants. One informant noted: "The caliber of staff and treatment exceeds other programs."
- Riggs is known for having a highly selective admissions process that considers patient diagnosis and treatment history, the ability of prospective patients to manage in its open setting, impact and integration into the therapeutic community, and financial resources. Many interviewees stated that Riggs was a place for "people with financial means." Others observed that the patient population (and the staff) is not ethnically or racially diverse, which is relevant to accepting patients from the international community and people of color into the community.
- Riggs provides a thorough psychiatric intake assessment. Treatment is tailored to each patient's needs; however, psychotherapy remains a central core.
- One informant described Riggs' excellence in treating individuals with personality disorders. The informant stated: "[Riggs] has the expertise to assist people with personality disorders with a psychodynamic approach."
- Riggs' psychotherapy model was described by many informants as a comprehensive treatment approach that considers the whole person and their complex history, including social and economic circumstances.
- Several interviewees mentioned Austen Riggs' Intensive Outpatient Program for college-aged students as a clinically relevant and helpful program for an underserved population. A few informants mentioned Riggs' ability to bill private insurance for these services as beneficial for financial inclusivity of their mental health treatment.

### Erikson Institute for Education, Research, and Advocacy

- The Erikson Institute provides education, research, and a connection with the academic community. One interviewee stated: "There is a commitment to scholarship and giving that information back."
- Several participants referenced Erikson Institute events (conferences, lectures, trainings) that they had attended and commented on the value of having such educational activities available. Riggs provides conferences on psychological testing, which one participant stated, "is very hard to come by."
- Riggs is known for freely disseminating knowledge through publications, conferences, and other media. Riggs "attends well to the psychoanalytic community." Each year, Riggs holds well-respected conferences on relevant topics. Several interviewees mentioned that Riggs is reaching a "growing audience" because it offers free continuing education credits for clinicians through online lectures.
- Clinical staff are highly sought after to provide seminars and grand rounds, and to help other providers understand patient behaviors. Riggs also provides highly valued "systematic consultation" services for colleges, the military, and other organizations.
- Riggs provides excellent training opportunities for fellows and for others who seek to learn about psychodynamic psychotherapy, psychopharmacology, and addressing the needs of treatment-resistant patients.

## The Organization

- Riggs was described by numerous participants as “reputable” and “psychodynamically based.” Staff members at Riggs are known for “keeping the tradition of psychoanalysis and psychotherapy alive.” One interviewee stated that Riggs is “one of the few hospital residential treatment settings” that “deploys a psychoanalytic presentation. The emphasis is on understanding and insight.”
- Participants identified only a few comparable facilities and programs in the United States. These include residential treatment services at McLean Hospital in Boston and inpatient services at The Menninger Clinic in Houston. Other facilities that were described to share characteristics in common with Riggs were Sheppard Pratt in Maryland and Silver Hill Hospital in Connecticut.
- Participants have suggested that no other facilities could be described as exactly comparable to Riggs. Riggs is described as “unique” and that no other facilities have “an open model that is used so extensively.” One interviewee stated: “I don’t know if there is a comparable residential program. I don’t know any others that meet four times a week with a doctoral-level clinician.”

## Characteristics of Riggs Patients

Interviewees described characteristics of patients admitted to Riggs. Understanding these characteristics also is important to assessing how the facility addresses needs. Participants indicated that treatment at Riggs is most appropriate and beneficial for patients:

- who are not responding to treatments (including medication), who have not been able to form a therapeutic relationship, and/or who have difficulty establishing trusting relationships in general;
- who ambulate from one provider to another, experiencing a “revolving door” of hospital admission and readmission and whose needs remain unmet;
- with severe personality disorders, character disorders, depression, and/or anxiety disorders that are difficult to treat on a short-term basis;
- whose issues are associated with “internal emotional structure” and who are experiencing social withdrawal and disconnection;
- who have made a serious suicide attempt but are not actively suicidal;
- with severe psychiatric disorders, often coupled with drug and alcohol abuse;
- who are unable to function safely on an outpatient basis, but are not so severe that they require a locked/restricted setting;
- who are in significant clinical need, whose symptoms of psychosis are manageable, and who are verbal;
- who are interested in an open setting, have some curiosity about their own internal experience, want intensive psychotherapy, and are willing to “do the work” rather than relying on the “instant gratification” associated with medications;
- who are able to take a “sabbatical” and make a long-term commitment to residential treatment;
- who have (or whose families have) the resources necessary to afford their course of treatment; and more recently
- college-aged students for whom counseling services are insufficient to treat their levels of distress.

Interviewees also noted that many Riggs patients are younger adults (in their 20s and 30s) and Caucasian. At one time, adolescents were treated at Riggs; however, a decision was made to no longer to admit patients younger than 18 due to legal questions about an open setting for this age group.

## Relationship with Berkshire County

- Riggs is not known for treating patients from the local community. The Center is perceived as somewhat “insular” and disconnected from other providers of psychiatric services in Berkshire County.
- Riggs is viewed by some in the local community as “a psychiatric hospital for those who can afford it.” Without full knowledge of Riggs’ services, some in the community perceive that Riggs does not take insurance coverage and that the facility exclusively serves the “affluent.”
- While Riggs is not known for treating patients from Berkshire County, its educational resources (seminars, conferences, and library) are utilized by local clinicians.
- Riggs’ collaboration with local community organizations has decreased since the start of the COVID-19 pandemic. Many previous programs were paused due to social distancing and other preventive measures. Local interviewees cited several periodic and highly valued examples of collaborations with Riggs since the last CHNA conducted in 2019:
  - Riggs supports staff involvement in local organizations such as the Berkshire County chapter of the American Foundation for Suicide Prevention (AFSP), Berkshire Coalition for Suicide Prevention, and the National Alliance on Mental Illness–Western Massachusetts.
  - The Stockbridge Police Department seeks consultations from Riggs regarding people in custody and high-risk behaviors occasionally observed in town.
  - Riggs provides meeting space for the Berkshire Community Diaper Project, Chamber of Commerce, and other local organizations.
  - Riggs offers support and training for local organizations and clinicians. One respondent noted that Riggs has “open training and support to local organizations around traumas that have occurred in the community. They have opened space for different uses by community non-profits. Riggs does fun things, like showing films and having a speaker to discuss the film.”
- While many interviewees described how the clinical excellence that Riggs contributes to the psychiatric field at a national level, a few local informants suggested at Riggs could offer more support and training for local clinicians or community-based programs. Suggested subjects of interest were coping with the current political and economic climate, suicide management and prevention, and support for the LGBTQIA+, youth, and older adult communities in Berkshire County.

## **Trends in Need for Riggs Services**

Interviewees were asked to identify trends that affect the need or demand for Riggs services. Virtually all stated that the number of individuals who would benefit from treatment at Riggs (and at other reasonably comparable facilities) far exceeds available capacity. Participants cited the following factors as influencing the need for services provided by Riggs.

- Over the years, other facilities that were comparable to Riggs have closed. In the 1980s and 1990s, and in response to reductions in reimbursement and the growth of managed care, psychiatry shifted from “listening” to “medicating.” Payers began insisting on short-term, measurable outcomes, and became less willing or able to provide reasonable reimbursement for longer-term, intensive residential treatment. The goal of treatment shifted from recovery to crisis stabilization.
- Over the years, views regarding the effectiveness of psychotherapy have changed. Due to payer pressures, advances in medication, and a frank bias against scientific evidence regarding the efficacy of psychotherapy, the field shifted away from psychoanalysis and towards biological psychiatry. However, due in no small part to the ongoing work of Riggs, recognition of the value and effectiveness of psychodynamic psychotherapy is increasing. Interviewees stated that Riggs “addresses the whole person and their history” and is helping the field recognize that many patients are “overmedicated” without addressing their personal challenges.



- A few participants noted the importance of therapeutic relationships and personalized care in mental health treatment, for which Riggs is exemplary. One participant shared: “American healthcare has become more corporatized... which is really cutting into relationships. The push towards efficiency has deeply undermined a commitment to person-centered care.”
- More recently, limitations of psycho-pharmaceutical treatment are becoming known—and there are no medications currently in pharmaceutical company pipelines expected to make a material impact on treatment. Drug efficacy frequently is measured through clinical trials that involve “a limited number of patients with only one or a limited number of mental health disorders.” However, many patients have multiple disorders. Certain medications likely become ineffective when taken in combination with others—thereby contributing to treatment failure.
- Some participants noted the trend toward using Cognitive Behavioral Therapy (CBT), coping skills, and psychoeducation. One participant noted that “it is rare to find a dynamic psychotherapist. CBT and DBT don’t work for everyone.”
- Participants indicated that while more “people are finally coming forward about mental health” financial pressures, inability to take sabbaticals from employment or family responsibilities, and cultural issues are likely to continue presenting barriers to accessing long-term residential treatment. Most interviewees emphasized that while there is a need for the Austen Riggs Center and its specialist staff, for most people Riggs is inaccessible.
- Many interviewees noted the need for Riggs’ provision of education and research to the general public and clinicians. Video conferencing and educational videos have improved the accessibility of information that Riggs shares. One informant stated: “The number of people who have been signing up for educational offerings has increased dramatically.”
- A few interviewees shared that access to “insight-oriented” and “holistic” mental healthcare is often challenging, especially for those patients who would benefit most. One shared that mental healthcare is “DSM-based” for insurance, stating that it is an “invalid, unreliable, and gender-based system.”
- A few interviewees mentioned trends involving specific patient populations.
  - One interviewee stated that the older adults and aging population are more impacted by mental illness, due to the growing population and isolation from the COVID-19 pandemic.
  - Another emphasized growing psychiatric needs for individuals and family systems to address Post-Traumatic Stress Disorder (PTSD), as well as intergenerational trauma.
  - Young adults and college-aged students were identified by a few interviewees as vulnerable populations.
  - Some also reported that the LGBTQIA+ community is more vulnerable to mental health challenges and discrimination from the healthcare system.
  - Participants noted that many individuals using substances relapsed due to stress and isolation from the COVID-19 pandemic.
  - Many informants reported that “everyone,” to an extent, is experiencing increased stress in the last three years due to political, economic, and social uncertainty. One discussed the large-scale impacts of “trauma, early childhood adversity, social fragmentation, lack of community support... it’s really a systemic problem.”

## Impact of the COVID-19 Pandemic on Needs and Riggs Services

Interviewees were asked to describe the impacts of the COVID-19 pandemic on local and regional, and national mental healthcare needs. Participants were also asked to describe any changes to Riggs services due to the pandemic. Interviewees cited the following factors as influencing the need for services provided by Riggs.

- Almost all informants responded that the COVID-19 pandemic exacerbated mental health challenges that already existed. One participant stated: The pandemic “worsened them but hasn’t caused them... it added a layer of stress to everything.”
- Many participants expressed concern over the workforce shortage for mental health clinicians after the COVID-19 pandemic. This shortage was due to more people seeking mental health services, clinicians decreasing their caseloads, and some mental health workers leaving the workforce due to burnout or low-pay. One interviewee stated, “Behavioral health needs were great prior to the pandemic, in recent years we have really struggled hiring licensed clinicians—we’re in a workforce crisis of direct-care staff.”
- Most informants shared that more individuals are experiencing mental health challenges. One participant stated: “There are statistically significant increases in depression and anxiety around the country.”
- A few informants noted that one positive of the COVID-19 pandemic was a reduction of stigma towards mental health disorders, with more people seeking treatment than ever before.

### Riggs Services in Response to the COVID-19 Pandemic

- A few internal informants explained that Riggs switched many meetings and clinical appointments to a virtual platform during the height of the pandemic. As a result, Riggs was able to continue providing needed services.
- Although Riggs implemented DEI (diversity, equity, and inclusion) initiatives after the COVID-19 pandemic, this work was not mentioned by interviewees.
- Although the research program at Riggs has historically focused on clinical issues within the Riggs patient population, during the COVID-19 pandemic two longitudinal studies were launched which examined broader issues of loneliness and mental health in the general public in response to social distancing mandates.

### **Berkshire County: Local Needs and Characteristics**

Interviews were conducted with eight individuals from Berkshire County. These individuals are not affiliated with Riggs and include representatives from law enforcement, public schools, other mental health providers, professional associations, and health education agencies.

### Demographic and Socioeconomic Characteristics

- Participants indicated that Berkshire County is characterized both by high rates of poverty and wealth. Much of the county is described as rural in character, with the exception of Pittsfield/North Adams which is described as “urban.” As one informant described, the “gap between the haves and the have not’s is big.”
- Berkshire County was described as “following some trends and patterns of rural communities.” Interviewees stated that the “rates of poverty and food insecurity are higher in Berkshire County.”
- Lower-income people reportedly struggle with finding or maintaining affordable housing. One participant stated that most people living in the community would not be able to afford high out-of-pocket costs for mental health treatment at a facility like Riggs.
- One informant described Berkshire County as having “three distinct parts:”
  - Southern Berkshires (its most affluent part, where Riggs is located), described as “more financially resourced;”
  - Pittsfield (the largest city in Berkshire County, with significant poverty and racial diversity), described as “very different from the Southern Berkshires” with “greater rates of homelessness;” and,

- North Berkshires (North Adams), an area proximate to Williams College and still recovering from the recent economic downturn. One respondent noted: “North Berkshire County economically has been challenged for a number of years. The hospital challenges, the level of unemployment, and crime are higher.”
- Immigration into the county reportedly has increased. Questions were raised about how mental health needs of the growing Latino and other immigrant populations are being met.

## Treatment Resources and Gaps

- Participants indicated that “mental health distress” is present in Berkshire County. Several suggested that basic mental health needs “are pretty well covered,” while others identified specific gaps in mental health treatment for lower-income people and for adolescents and teens. Low-income residents are likely to devote limited resources to other needs rather than to mental health treatment.
- One representative of law enforcement highlighted growing local concerns with PTSD and suicide. Historically, police have not been trained on suicide prevention or how to navigate a mental health related call. Another local informant noted the lack of crisis response to mental health concerns in the area. They noted that “people know that the crisis team doesn’t respond in South County.”
- Many local informants discussed youth and adolescent mental health. A representative from the Berkshire School District shared: “school districts screen multiple students a week for suicide risk” and that the school “calls the crisis team once per week for most of the school year.” A few informants discussed the negative impact of Berkshire County having no pediatric inpatient behavioral health treatment facilities. One informant shared: “mental health in youth shows up as anxiety, depression, suicidality, and behavior problems.”
- The Brien Center is the primary Community Mental Health Center (CMHC) located in Berkshire County, and originally began operating in the 1920s as an outpatient department of Austen Riggs. Many informants shared that the Brien Center “serves those most at risk in Berkshire County,” but also “lacks resources” and is “understaffed” for the rising needs of the community.
- According to interviewees, Berkshire County has an undersupply of psychiatrists and therapists for the growing need of the community. Staffing shortages are a major concern in the county. Burnout among providers associated with the pandemic is also a significant concern.
- Financial strain is reported as a barrier to care in Berkshire County, both from economic factors and the price of healthcare. The cost of living in Berkshire County and lack of affordable housing contribute to staffing shortages.
- One informant stated that Berkshire County “has some of the most innovative treatment facilities, but the people in Berkshire County cannot access them” referring to individuals of with limited financial resources.
- Participants stated that there are no inpatient child psychiatric services available in Berkshire County. Another indicated that there are no inpatient beds available for teenagers, emphasizing the need for additional adolescent support due to the pandemic.
- Substance use services are a significant need within the community. A few informants shared that Berkshire County is experiencing “higher rates” of substance use among all demographics (youth, adults, and older adults). One indicated that the uptick in marijuana distributors in the county has contributed to substance dependence in the county. During the pandemic, many participants “turned to substances to escape the painful experience of isolation and loneliness.”
- One interviewee from local law enforcement stated that people “have been more aggressive that they were” and that people in the county are “exhausted” from the pandemic. Representatives of local social

service organizations report increased agitation and worsened mental health states among their clients. Often, these individuals were unable or did not receive care prior to being in a crisis state due to the inaccessibility of services.

- More supported housing is needed in Berkshire County, particularly in the southern part of the county. There is also a need for co-occurring services, as there may be beds available in sober housing for residents, but there is no mental health provider within the facility.
- Local interviewees noted that emergency rooms in Berkshire County are strained with behavioral health issues due to the lack of mental health services. One expert from the MA Department of Mental Health stated with regards to the state of Massachusetts: “Access is extremely strained state-wide. On any given day, we have 500-700 patients in emergency rooms looking for behavioral healthcare.”
- Isolated older adults were mentioned as a vulnerable population within the community needing support due to isolation and growing mental health challenges.
- A few informants described inequity in both physical and mental health care access for people of color. These interviewees indicated that access to mental health treatment is more challenging and inaccessible for people of color within the community.
- In summary, local participants identified the following mental health and substance use needs in Berkshire County:
  - Support for growing rates of depression, anxiety, suicidality, and substance use.
  - Provider resources for children and adolescents, including inpatient acute psychiatric capacity.
  - Substance use and trauma services for teens, adults, and older adult populations.
  - Resources to continue addressing comparatively high rates of teen suicide, including expertise to help schools identify risks and prevent such incidents.
  - Safe, affordable housing for residents who are low-income and have mental illness.
  - Access to co-occurring services, such as substance use and mental health services.
- These issues span all of Berkshire County. Houselessness appears to be highest in Pittsfield, while Southern Berkshire County faces more economic challenges.

### *Findings: Internal Informants*

Input regarding health needs in the communities served by Austen Riggs was provided by six internal staff. The following needs were highlighted by the internal staff.

### **Berkshire County**

- **Increase in Children with Mental Health Challenges.** Local schools are seeing a marked increase in children with behavioral health problems in preschool and elementary school.
- **Suicide and Suicide Prevention.** Berkshire County has one of the highest rates of suicide in Massachusetts. Staff discussed the importance of suicide prevention outreach, particularly for growing vulnerable populations.
- **Poverty.** There has been a recent sharp increase in poverty in the county with a growing number of families with high needs and low resources. Housing prices and economic uncertainty have impacted families in Berkshire County.
- **Substance Use.** Substance use in adults and youth was identified as a concern. Opioids, alcohol, and marijuana were the most frequently mentioned substances.

- **Limited Access to Mental Health Treatment.** Many local psychiatrists do not accept certain types of health insurance, including Medicare, Medicaid, and some private plans. Staff indicated that the area has an undersupply of crisis intervention services and of mental health services for children and adolescents (including early intervention programs). Berkshire County residents, including troubled families, people with severe personality disorders, children who have been diagnosed with ADHD or autism, those who have experienced abuse or trauma, and some mental health professionals, all are in need of services. Mental health professionals can have difficulty accessing mental health services due to confidentiality concerns.
- **Gaps in Mental Health Education and Outreach (Reaching Changing Populations).** Staff suggested that community organizations and mental health providers in Berkshire County could benefit from additional services provided by Austen Riggs, including consultative services and topical education events for community organizations, mental health professionals, and other community members. Education regarding how to support families or children experiencing a crisis also could be helpful.
- **Growing Vulnerable Populations.** Berkshire County is home to a growing number of vulnerable people, such as older adults, the LGBTQIA+ community, children and adolescents, parents of young children, immigrants, and those who have experienced significant trauma. These populations would benefit from access to additional support services.
- **Limited Resources for Acute Mental Health Needs.** Significant mental health issues, such as co-occurring diagnoses and those nonresponsive to outpatient therapies, are more prevalent in the community. There are limited resources, beyond emergency rooms, to support individuals experiencing a mental health crisis. All populations and ages would benefit from a targeted focus on acute and crisis mental health support.

## Regional/National Community

- **Limited Numbers of Psychodynamic Therapists.** The Austen Riggs treatment model involves intensive psychodynamic psychotherapy. Over time, fewer clinicians have been applying this treatment modality in favor of biologically or cognitively based approaches. One factor that has contributed to this trend is the lack of psychodynamic psychotherapy training opportunities. Austen Riggs provides the only psychodynamic psychotherapy-focused post-doctoral fellowship training program that takes place in a longer-term psychiatric hospital. The limited supply of clinicians trained in these approaches reduces access to appropriate treatment for patients who benefit from this type of care.
- **Limited Awareness of Psychodynamic Therapy.** Many patients and clinicians are unaware of salient differences between and benefits of certain mental health treatment modalities. Health would be improved with greater awareness of the benefits of psychodynamic psychotherapy and with more trained therapists providing access to this modality.
- **Appropriateness of Treatment Modality.** There are populations in the regional and national community that need services provided by Austen Riggs but are not appropriate for admission. At Austen Riggs, patients must be able to live independently in an open (unlocked) facility. Patients also must have resources available to finance their stays, cannot have active, acute substance use or eating disorder problems, and must be proficient in English. These requirements place limits on the types of patients appropriate for treatment at Riggs and suggest that certain populations may struggle to access the types of services Riggs provides.
- **Financial and Insurance Barriers to Accessing Mental Health Care.** In most states, there are limited treatment options for low-income, uninsured, and underinsured people with chronic mental illness. Many uninsured people with severe mental illness present at emergency departments for treatment; incarcerated or homeless individuals frequently exhibit untreated mental illness. Even for those with

insurance, cost is a primary barrier to receiving care at Austen Riggs as many insurance providers do not cover long-term inpatient/residential treatment.

- **Factors Contributing to Poor Mental Health.** Staff indicated that many factors contribute to poor mental health status and other health-related issues. Poverty, family dynamics, and past trauma all create or exacerbate issues, as do substance use, eating disorders, and other high-risk behaviors. Patients with mental illness frequently have comorbid conditions, such as obesity, pain disorders, eating disorders, and substance use disorders. Staff noted an increase in the number of children who are prescribed psychiatric medication, allowing the children to function but without getting to the root of the problem. Staff also noted poor integration between primary care and mental health care throughout the nation, especially with regard to medication management.



## *Participants, Informants, and Interviewees*

Participants, informants, and interviewees were comprised of eight internal informants and 13 external informants. **Exhibit 14** provides information regarding the organizations with which these individuals are affiliated.

**Exhibit 14: Informants Providing Input**

Organization	Description
18 Degrees	18 Degrees promotes the well-being and strengths of children, youth, and families to build better communities in Western Massachusetts. They provide education, parenting skills and support, prevention and intervention, advocacy, and life skills across a spectrum of programs serving children, young people, individuals, and families.
The Austen Riggs Center	The Austen Riggs Center is a small, non-profit hospital that treats psychiatric patients. As the only hospital in the United States that uses long-term intensive individual psychodynamic psychotherapy to treat patients in an open setting, Austen Riggs is a unique resource for “treatment-resistant” patients.
Berkshire Hills Regional School District	The Berkshire Hills Regional School District administers three schools and roughly 1,400 students in the towns of Stockbridge, West Stockbridge, and Great Barrington.
Brien Center	The Brien Center opened in 1920 and serves as a mental health and substance use disorder service provider in Berkshire County. The center emphasizes collaboration—including family involvement in treatment—to help achieve recovery.
Commonwealth of Massachusetts Department of Mental Health	The Massachusetts Department of Mental Health licenses and supports services which enable residents to maintain and improve mental health.
Gould Farm	Founded in 1913, Gould Farm is the first residential community in the nation dedicated to helping adults with mental health challenges move toward recovery, health, and greater independence through community living, meaningful work, and clinical support.
Hartford Healthcare	Hartford Healthcare is Connecticut’s most comprehensive health care network. The unique, system-wide Institute Model offers a unified high standard of care in crucial specialties at hospital and ambulatory sites across Connecticut offering unparalleled expertise at the most affordable cost.
Massachusetts Association of Behavioral Health Systems	The Massachusetts Association of Behavioral Health Systems (MABHS) is the only trade association in Massachusetts whose central mission is to focus on inpatient psychiatric and substance use issues.

Organization	Description
Psychological Care and Healing (PCH) Treatment Center	Located in Los Angeles, California, the PCH Treatment Center provides health care to patients suffering from psychological disorders. The center provides inpatient treatment for longer-term stays with a residential program that maximizes patient freedom.
Psych-Appeal Mental Health Insurance Advocacy Firm	Psych-Appeal is uniquely qualified to help patients, clinicians, and treatment facilities navigate the complex process of challenging insurer claims denials.
Railroad Street Youth Project	Railroad Street Youth Project empowers young people by supporting youth-inspired projects that promote responsibility, self-worth, and intergenerational communication.
Silver Hill Hospital	Silver Hill is an independent, not-for-profit psychiatric hospital that is nationally accredited by the independent Joint Commission. Silver Hill has been a standout among the top psychiatric hospitals in Connecticut and beyond, for adults and adolescents, since its founding in 1931.
Stockbridge Police Department	The Stockbridge Police Department comprises 12 officers and practices community policing to encourage and promote resident collaboration in police work.
Tri-Town Health District	The Tri Town Health Department is overseen by a collaboration of board members from the towns of Lee, Lenox, and Stockbridge and is the only regional health department in Berkshire County.
Urban Institute	The Urban Institute is a nonprofit research organization that provides data and evidence to help advance upward mobility and equity.
Virgil Stucker and Associates LLC	Virgil Stucker and Associates LLC is a therapeutic consultant service that offers robust support, advice, and guidance to their clients. Utilizing their 40 years of experience in the mental health field, they help clients access the best care possible by listening to each story and empowering the decision-making process.
Yale Child Study Center	The Yale Child Study Center unites clinical practice, training, and research to generate superior understanding of child growth, adjustment, and psychiatric disorders.

## *Other Agencies and Resources*

The following is a list of available agencies, resources, and community programs in Berkshire County that have been publicized by a variety of community and national organizations. Additionally, the community health assessment conducted by Berkshire Health Systems includes a list of participating organizations.

- Berkshire Health Systems Community Health Needs Assessment: [https://www.berkshirehealthsystems.org/assets/documents/community-benefit-reports/berkshirehealthsystems\\_chna\\_2021.final.pdf](https://www.berkshirehealthsystems.org/assets/documents/community-benefit-reports/berkshirehealthsystems_chna_2021.final.pdf)
- Berkshire County Boards of Health Association: <http://bcboha.org/>
- Berkshire United Way: <https://www.berkshireunitedway.org/our-partners>
- United Way and Massachusetts 2-1-1: <http://www.mass211help.org/>
- Williams College List of Mental Health Services: [http://experiential.williams.edu/files/mental\\_health\\_services.pdf](http://experiential.williams.edu/files/mental_health_services.pdf)

## Summary of Significant Community Health Needs

The following list of significant health needs in the communities served by the Austen Riggs Center was developed based on the assessment.

### Berkshire County

- Youth and young adult suicide prevention
- Treatment for adolescent and adult substance use disorders (prescription drugs [including opioids], alcohol, marijuana, opioids)
- Enhanced access to mental health care services for:
  - low-income populations;
  - populations that historically have experienced inequitable access to services;
  - uninsured or underinsured individuals;
  - those who have experienced childhood or adolescent trauma;
  - children/adolescents;
  - veterans and members of law enforcement with PTSD or other trauma; and
  - other populations whose mental health status worsened as a result of the COVID-19 pandemic.

### Regional/National Community

- More mental health (and primary care) professionals (including psychiatrists) who are trained in psychodynamic psychotherapy, psychodynamic psychopharmacology, and other evidence-based practices
- Continued development and application of research regarding the efficacy and cost-effectiveness of psychodynamic psychotherapy and psychodynamic psychopharmacology
- Enhanced access to mental health care services for low-income and vulnerable populations, including those who historically have experienced inequitable access to services
- Enhanced awareness regarding the benefits and cost-effectiveness of psychodynamic psychotherapy and psychodynamic psychopharmacology among clinicians, patients, and people at large
- Public policies and advocacy that enhance mental health

## Impact of Actions Taken Since the 2019 CHNA

The Implementation Strategy that accompanied the 2019 CHNA identified a number of actions that Riggs intended to undertake in the subsequent three years. Riggs categorized those actions into goal areas, as described below.

Given that the process for evaluating the impact of various services and programs on health outcomes is longitudinal by nature, significant changes in health outcomes may not manifest for several community health needs assessment cycles. Riggs continues to evaluate the cumulative impact.

Goal: Youth and young adult suicide prevention (in Berkshire County)

Action(s):

- Local Organization Collaborations
  - AFSP
  - BCSP

Highlighted Impact(s): Riggs supported the American Foundation for Suicide Prevention (AFSP) Massachusetts Chapter by allocating staff time to help organize and participate in annual Berkshire County “Out of the Darkness” community walks that involved both current staff and patients. Riggs staff members chaired or co-chaired these walks since 2019 and the “Stockbridge Stompers” team raised over \$65,000 between 2019-2022. Riggs allocated staff time to help support the activities of the Berkshire Coalition for Suicide Prevention (BCSP) with current and former staff members serving on the BCSP Board of Trustees in leadership roles. Riggs helped to advertise and promote BCSP conferences locally.

Goal: Adolescent and adult substance use disorders (prescription drugs [including opioids], alcohol, marijuana, opioids)

Action(s):

- College Counseling Service
- Educational Programs for Local Human Service Organizations

Highlighted Impact(s): The Erikson Institute of the Austen Riggs Center’s annual College Counseling Conference convenes therapists, administrators, and other college professionals to think together with clinicians from Riggs about the effect of the larger context (the familial and socio-cultural contexts as well as the context of the counseling service and the college itself) on the students’ emerging identity. In 2019 there were more than 40 participants; COVID derailed the 2020 conference, but it resumed in 2021 in a virtual format. Separately, and through the Erikson Institute. From 2019 to 2021, Riggs offered more than 10 live in-person educational events, more than 30 live virtual events, and made available more than 20 on-demand virtual courses, all of which are available to mental health professionals and most of which are free with CE/CME credits available. Of these events several touched on issues related to adolescent and adult substance use. Thousands of clinical professionals from around the world have engaged with our virtual offerings.

Goal: Enhanced access to mental health care services for:

- Low-income populations
- Uninsured or underinsured individuals

- Those who have experienced childhood or adolescent trauma
- Children/adolescents
- Veterans and members of law enforcement with PTSD or other trauma

Action(s):

- Free Registration for Events (see above)
- Collaboration with Local Human Service Organizations (see above)

Highlighted Impact(s): Riggs created a Remote Access Intensive Outpatient Program with several goals in mind, among them: to bring the fundamental elements of Riggs' psychoanalytic treatment to a group of patients from diverse geographic locations in Massachusetts, and subsequently New York; and to offer treatment to people from socio-economic and racial backgrounds that the Riggs residential program has not previously been able to serve in similar numbers. Since its inception in 2021, it served more than 30 patients, with most receiving financial aid.

Goal: More mental health (and primary care) professionals (including psychiatrists) who are trained in psychodynamic psychotherapy, psychodynamic psychopharmacology, and other evidence-based practices

Action(s):

- Austen Riggs Center Adult Psychoanalytic Training Program and Fellowship in Hospital-Based Psychotherapy
- Educational Programs via the Erikson Institute (see above)
- Grand Rounds and Presentations (see above)
- "The Hospital on Main Street: Human Dignity and Mental Health" Exhibition
- Austen Fox Riggs Library
- Evelyn Stefansson Nef Scholarship
- Internships
- Psychiatric Resident Elective and Medical Students
- Community Collaborations (see above and below)

Highlighted Impact(s): Riggs welcomed 10 Fellows between 2019 and 2021 and saw six Fellows graduate. Separately, 17 medical students and psychiatric residents completed the Elective in Psychodynamic Psychiatry in person, while another seven completed a virtual elective program that was launched in 2020 amidst the pandemic.

Riggs has a long-standing relationship with the Cambridge Health Alliance Psychology Interns providing supervision and two multi-day visits to the Austen Riggs Center. Erikson Institute Faculty also taught clinical psychology graduate students in the Graduate School of Applied and Professional Psychology of Rutgers University. Erikson Institute Fellows provided supervision at the Brien Center, a local community mental health provider. Through our Director of Medical Education, Riggs provided a medical student elective and a residency rotation. Riggs also provided basic education to high school students in the local community and undergraduates. Riggs supported undergraduate internships and nine-month clinical internships for Smith College Social Work students.

The Evelyn Stefansson Nef Scholarship is awarded annually (since 2000) to students from Lenox Memorial High School, Monument Mountain High School, and Lee High School who are selected for their record of academic excellence throughout the high school years, their stated intention to study social sciences or pre-medical studies in a four-year college program, and their demonstrated leadership in community service. Six students received this scholarship between 2019 and 2021.



Internships have been a mainstay at Riggs for a long time. From 2019 to 2021, Riggs hosted five Research Interns and in 2020 Riggs launched a new, nine-month social work field internship program, which brought Riggs four interns from the Smith College School for Social Work during this period.

Statistics for the Austen Fox Riggs Library between 2019 and 2021 are as follows: The library circulated 510 books; added 597 books to the collection; supported five major databases and 13 additional journals in paper/online; fulfilled 387 requests through inter-library loan (July 2020-September 2022).

The Hospital on Main Street exhibition, which chronicled the history of Riggs, from its founding by Dr. Austen Fox Riggs in 1919, to its current position as a leading psychiatric hospital and residential treatment center, saw nearly 100 attend its opening in May of 2019 and more than 3,000 visitors throughout the summer and fall of 2019.

Goal: Enhanced access to mental health care services for low-income and vulnerable populations, including psychiatrists and other mental health professionals

Action(s):

- Graduate Training Conference
- Riverbrook Collaboration
- Human Development Initiative
- College Counseling Service (see above)
- Fee Reductions

Highlighted Impact(s): Riggs offered a virtual Psychodynamic Graduate Training Conference in 2020 and 2021 (Working with Complex and Difficult-to-Treat Patients: A VIRTUAL Conference for Psychiatry Residents). More than 200 residents registered and more than 125 attended.

Riggs clinicians continued to consult to Riverbrook's staff about working with difficult patients and families; Riverbrook is a long-term residential treatment center for women with developmental disabilities.

The Human Development Initiative involves active partnership with local schools, pediatricians, and community mental health providers to support the development of a Collaborative Care model of treatment integrating communication and treatment planning between the local pediatricians, public schools, and community mental health providers. Donna Elmendorf, PhD, and local pediatrician Deborah Buccino, MD, worked together on program development, outcome measures, educational programming, and community dinners so that groups serving this population can interact and learn from one another about challenges in navigating and engaging systems and families in need. The annual Riggs-Yale Conference supports the work of the Collaborative Care providers, bringing both psychoanalytic understanding of development and a systems point of view to this work.

From 2019 to 2021, Riggs awarded \$1,987,000 in fee reductions to admitted patients, based on financial need.

Goal: Enhanced awareness regarding the benefits and cost-effectiveness of psychodynamic psychotherapy and psychodynamic psychopharmacology among clinicians, patients, and people at large.

Action(s):

- Psychodynamic Psychopharmacology
- Suicide Research and Education
- Develop Institutional Review Board

- Scholarship
- The Riggs-Yale Partnership
- Grand Rounds and Presentations (see above)
- Austen Fox Riggs Library (see above)
- Erikson Scholar Program
- Hosting of Professional Groups
- Possible Collaboration with National and Local Human Service Organizations

Highlighted Impact(s): Between 2019 and 2021, our clinical staff members authored or co-authored more than 70 papers in academic journals and gave more than 100 presentations, many related to topics around psychodynamic psychotherapy, psychodynamic psychopharmacology. Riggs allotted staff time to a clinical psychologist to manage a Google Group called Meaning Matters, a place to share information and thinking about meaning-based psychotherapeutic practice, research, education, and application. This group has more than 740 members.

Riggs initiated its Institutional Review Board, which provides ethical review and approval of human subjects research protocols—including research recruitment—before they commence. The IRB monitors research throughout the life of any given study. IRB Members include Riggs clinical and non-clinical staff, Riggs clinical Fellows, Riggs alumni, and representatives of Riggs' regional community.

Director of Psychiatric Education, David Mintz, MD, published *Psychodynamic Psychopharmacology: Caring for the Treatment-Resistant Patient*, in early 2022 (American Psychiatric Association Press).

Several Austen Riggs Center clinical staff, including a full-time research psychologist (now research director), were actively engaged in ongoing research related to suicide.

Riggs-Yale conferences for local mental health providers and educators continued annually (2019, Supporting Clinicians and Educators Who Work with High Risk-Low Resourced Families; 2020 (virtual), Supporting Children, Families, and Communities in the time of COVID-19; 2021 (virtual), Family Process, and Social Context: Back to School: Rebuilding Relationships for Learning). There were more than 100 attendees for all three.

Riggs provided space and logistical support for professional groups between 2019 and 2021, including the Psychotherapy Caucus of the American Psychiatric Association, the International Dialogue Initiative, and the Rapaport-Klein Study Group.

Riggs welcomed three Erikson Scholars-in-Residence between 2019-2021: Swedish psychologist and psychoanalyst Malin Fors; Loyola Marymount University, Bellarmine Postdoctoral Fellow Will Britt, PhD; and literature professor at Siena College Stacey Dearing, PhD.

Goal: Public policies and advocacy that enhance mental health

Action(s):

- Biopsychosocial Advocacy
- Four Freedoms of Mental Health Award

Highlighted Impact(s): The Erikson Institute and the Austen Riggs Center engaged in a number of advocacy initiatives between 2019 and 2021, many of which were squarely aimed at issues surrounding mental health parity and advocating for an approach to treatment that goes beyond crisis stabilization to consider intermediate levels of care like residential treatment.

Riggs supported other leading advocacy organizations such as the Kennedy Forum, the Psychotherapy Action Network (PsiAN), the National Association of Behavioral Health (NABH), the American Association of Colleges of Pharmacy (AACP), the National Council for Behavioral Health (NCBH); and the National Alliance on Mental Illness (NAMI) to support access to care that pursues recovery beyond mere crisis stabilization. Riggs staff participated in several regional and national professional groups such as the American Psychiatric Association and the American Psychological Association as well as contributed to litigation to implement parity and increase access to care or provide education about insurance appeals.

Riggs awarded the “Four Freedoms of Mental Health Award” to Carol Gilligan, PhD, honoring her work to deepen our understanding of humanity and to promote a culture that values human relationships, trust, and empathy; and Senator Chris Murphy (D-CT), saluting his leadership in the U.S. Senate on mental health issues and his advocacy for access to medically necessary treatment.

Riggs awards the Austen Riggs Erikson Prize for Excellence in Mental Health Media annually to media professionals, including journalists, writers, and others who create exemplary work that contributes to a deeper understanding of and greater public awareness about mental health issues. Winners are invited to a public event celebrating their work and providing an opportunity for discussion and learning. Winners between 2019 and 2021 included: Kiese Laymon for his book *Heavy*; Stephen L. Garrett, Christopher McDonough, Kelsey Arbuckle, and Alexa Fults for their documentary *Mine 21*; Hannah Dreier for her *Washington Post* piece “Trust and Consequences”; and Margie Friedman and Barbara Multer-Wellin for their documentary, *Orchestrating Change*.

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