## Contents

- **Introduction** .................................................................................................................. 3  
- **Methodology** ................................................................................................................. 4  
  - Analytic Methods .............................................................................................................. 4  
  - Prioritization Process and Criteria ................................................................................. 4  
  - Information Gaps ............................................................................................................... 4  
  - Collaborating Organizations .......................................................................................... 4  
- **About the Austen Riggs Center** ..................................................................................... 5  
  - Mission and Services ...................................................................................................... 5  
  - Erikson Institute ............................................................................................................... 7  
  - Patient Profile .................................................................................................................. 8  
- **Definition of Community Assessed** ............................................................................. 9  
- **Secondary Data Assessment** ......................................................................................... 10  
  - Berkshire County ........................................................................................................... 10  
  - Regional Community ...................................................................................................... 15  
  - Literature Review ........................................................................................................... 20  
- **Primary Data Assessment** ............................................................................................... 25  
  - Findings: External Stakeholders ...................................................................................... 25  
  - Findings: Internal Stakeholders ...................................................................................... 31  
  - Participants, Informants, and Interviewees ................................................................. 34  
  - Other Agencies and Resources ...................................................................................... 36  
- **Summary of Significant Community Health Needs** ..................................................... 37  
- **Sources** ............................................................................................................................ 38
Introduction

This community health needs assessment (CHNA) was conducted by the Austen Riggs Center, located in Stockbridge, Massachusetts (Riggs or the hospital), because the hospital wants to understand better 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 every three years 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.¹

To be reported, community need for the activity or program must be established. Community need can be established 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).”² 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, and maintains local relationships as well.

¹ Instructions for IRS Form 990, Schedule H, 2018.
² Notice of Proposed Rulemaking for IRS REG-106499-12
The assessment identifies list of significant community health needs. Riggs will be preparing 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 multiple data sources, including structured interviews, an online survey, and electronic communications 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.

**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 has been noted.

**Information Gaps**

No information gaps have affected Riggs’s ability to reach reasonable conclusions regarding priority community health needs.

**Collaborating Organizations**

Riggs did not formally collaborate with any organizations for this assessment. However, many individuals provided input for this assessment through interviews, an online survey, 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 and research. Its 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. The hospital consistently is among the top-ranked psychiatric hospitals in the United States, according to U.S. News and World Report.

In 2018, Riggs had an average daily census of about 60 patients.

- Riggs admits between 60 and 70 patients annually.
- 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.
- At any given time, the waiting list at Riggs averages 6 to 7 patients.
- In 2018, the average length of stay for discharged patients was 295 days; the median stay was 153 days in duration.

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 abuse, 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 artistic forms. Patients can also work in the nursery school, the greenhouse, or in various jobs in the work program. Each person works with staff to find the combination of services and activities suited to them, and no two treatments are exactly alike.

Treatment at Riggs includes:

- A minimum six-week length of stay (evaluation and treatment);
- Individualized services that involve a range programs, including psychotherapy, psychopharmacology, family work, psychological assessments, substance use disorder services, medical services, and nutrition counseling;
- Nursing support for patients to assist patients at every level of care. 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

---

2 The Austen Riggs Center.
with medication management, assessment, and intervention in crises and encouragement in developing relationships with others in the Therapeutic Community;

- 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 Riggs Nursery School.

Riggs “continually build[s] on [their] distinguished past, helping [their] patients develop personal competence in a completely open setting that emphasizes the individual’s capacity to face and take responsibility for his or her life—past, present, and future.” The Riggs treatment approach emphasizes the importance of human relationships both in creating and in resolving problems; the value of symptoms as an effort, in many cases, to communicate something essential about the trouble; and the necessity of respecting patients’ authority in their own lives, including in the treatment process.

Austen Riggs also has a unique community of Alumni, comprised of more than 1,200 former patients, former staff, and former Trustees who meet regularly for programs and every three years for a Reunion on the Riggs campus.

According to Riggs, the hospital's 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.

Through the Erikson Institute for Education and Research (Erikson Institute), Riggs extends its learning from this unique treatment approach and brings that work into dialogue with society through a program of education and training, research, and application.
Erikson Institute

The Erikson Institute offers programs that include education and training, research and application.

EDUCATION AND TRAINING

The education and training programs of the Erikson Institute offer opportunities for learning and application of psychodynamic thought and treatment. From post-doctoral/post residency Fellowships in psychodynamic psychotherapy, elective rotations, and research internships to continuing education through conferences and presentations, the Erikson Institute provides an array of learning programs, all directed toward an integrated biopsychosocial understanding of the troubled person and their 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.

Riggs also offers the Erikson Scholar Program, an endowed scholar-in-residence program that allows scholars to carry out their research projects in conversation with the clinical staff, typically for a period of fourteen weeks. Scholars are selected both for the centrality of their theme 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

This program studies the psychodynamic and psychosocial aspects of patients’ lives, emotional difficulties, and treatments. Research at Riggs includes empirical, phenomenological, and clinical studies, and inter-institutional collaborations. A Follow-Along Study on more than 200 patients during and ten years after their time at Riggs, along with medical record and psychological testing data, form an extremely rich data bank. Research studies regarding a number of topics, including suicide, psychosis, depression, psychodynamic psychopharmacology, and structural change are in progress. The Austen Riggs Center employs a full-time Research Psychologist and a Director of Research dedicated to supporting these efforts.

APPLICATION

Through application, the Erikson Institute attempts to bring psychodynamic understanding to institutional and societal problems through the College Counseling Service Conference (offered to regional college counseling staff), the Erikson Institute Organizational Consultation Service (offered to human service organizations in Berkshire County), and the International Dialogue Initiative (examining large group differences on an international scale).
**Patient Profile**

Patients at Riggs historically have had the following characteristics:

- **Average Age.** Between 2013 and 2018, average age of admitted patients has ranged from 32-36 years.
- **Gender.** Between 2013 and 2018, about 56 percent of patients were female.
- **Geographic Origin.** Between 2013 and 2018, five (5) states each accounted for more than five (5) percent of admissions (50 percent collectively): New York, Massachusetts, Connecticut, California, and Texas. Four other states (and Canada) each accounted for more than 3 percent of admissions (another 15 percent collectively): New Jersey, Pennsylvania, Virginia, and Florida.

Between 2013 and 2018, patients were admitted from 42 states and from Canada.

- **Patient Diagnoses.** During the past five (5) years, about 86 percent of patients were diagnosed with mood disorders (e.g., depression and bipolar disorder), 82 percent with personality disorders (most often borderline personality disorder), and 11 percent with eating disorders. About 46 percent of patients were diagnosed with secondary substance abuse.
- **Patient History.** Based upon the results of the Riggs Follow-Along Study, 41% of our patients had six (6) or more self-destructive episodes, 50% had at least one serious suicide attempt, 60% had three (3) or more previous hospitalizations, and 60% suffer from early deprivation/abuse.
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 and Research, the Center provides educational, training, and research programs to clinicians throughout the U.S. (and internationally). It also provides outreach, education, and consultation programs to organizations and clinicians in Berkshire County and the Northeast (defined as New England plus NY, PA, and NJ).
- Riggs also maintains relationships with health and human services agencies 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 application. More specifically:

- While few of the Center’s patients come from the local community, the Center offers education, outreach, and consultation to local clinicians and organizations.
- At the regional level, 51% 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 and most significant community. This encompasses the Center’s full patient population as well as the population of treaters served through education, training, and research 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 2018, the county had an estimated population of 126,348. Pittsfield and North Adams are the largest cities ([Exhibits 1 and 2](#)).

**Exhibit 1: Map of Berkshire County**

![Map of Berkshire County](source: Wikimedia, 2019.)
According to the U.S. Census, the population of Berkshire County declined between 2010 and 2018. However, Berkshire County has a large number of second home owners which could contribute to the apparent decline in population. Compared to Massachusetts, Berkshire County has a smaller proportion of people under 18 years of age, a higher proportion of residents 65 years of age and older, and a higher proportion of residents who are veterans.

The county is comparatively less diverse than the commonwealth. Berkshire County is predominately White (92 percent). Approximately four percent 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 percent of residents have at least a high school-level education (91 percent).
**Economic Indicators.** Many health needs are associated with poverty. According to the U.S. Census, in the 2013 to 2017 time period, 10.5 percent of people in Massachusetts and 11.3 percent of people in Berkshire County lived in poverty. At $55,190, the median household income in the county has been below the Massachusetts average (Exhibit 2).

**Mental Health Indicators.** Exhibits 3 through 6 provide comparative, county-level indicators regarding the supply of mental health professionals, self-reported mentally unhealthy days, excessive drinking, suicide rates, and mental health-related hospitalizations.

**Exhibit 3: Mental Health Providers by County, 2018**

<table>
<thead>
<tr>
<th>County</th>
<th>Mental Health Providers</th>
<th>People/Provider Ratio</th>
<th>Z-Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barnstable</td>
<td>1,042</td>
<td>200:1</td>
<td>0.67</td>
</tr>
<tr>
<td>Berkshire</td>
<td><strong>1,110</strong></td>
<td><strong>130:1</strong></td>
<td><strong>-1.26</strong></td>
</tr>
<tr>
<td>Bristol</td>
<td>2,542</td>
<td>220:1</td>
<td>0.89</td>
</tr>
<tr>
<td>Dukes</td>
<td>100</td>
<td>170:1</td>
<td>0.11</td>
</tr>
<tr>
<td>Essex</td>
<td>4,008</td>
<td>190:1</td>
<td>0.46</td>
</tr>
<tr>
<td>Franklin</td>
<td>529</td>
<td>130:1</td>
<td>-0.94</td>
</tr>
<tr>
<td>Hampden</td>
<td>3,915</td>
<td>120:1</td>
<td>-1.47</td>
</tr>
<tr>
<td>Hampshire</td>
<td>1,323</td>
<td>120:1</td>
<td>-1.37</td>
</tr>
<tr>
<td>Middlesex</td>
<td>8,277</td>
<td>190:1</td>
<td>0.49</td>
</tr>
<tr>
<td>Nantucket</td>
<td>37</td>
<td>300:1</td>
<td>1.65</td>
</tr>
<tr>
<td>Norfolk</td>
<td>3,877</td>
<td>180:1</td>
<td>0.26</td>
</tr>
<tr>
<td>Plymouth</td>
<td>2,524</td>
<td>200:1</td>
<td>0.65</td>
</tr>
<tr>
<td>Suffolk</td>
<td>5,968</td>
<td>130:1</td>
<td>-0.94</td>
</tr>
<tr>
<td>Worcester</td>
<td>3,840</td>
<td>220:1</td>
<td>0.81</td>
</tr>
<tr>
<td><strong>Massachusetts</strong></td>
<td><strong>39,072</strong></td>
<td><strong>180:1</strong></td>
<td><strong>n/a</strong></td>
</tr>
</tbody>
</table>


In 2018, Berkshire County had one mental health provider for every 130 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, 2014-16

<table>
<thead>
<tr>
<th>County</th>
<th>Percent Frequent Mental Distress*</th>
<th>Percent Excessive Drinking**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barnstable</td>
<td>11%</td>
<td>20%</td>
</tr>
<tr>
<td>Berkshire</td>
<td><strong>12%</strong></td>
<td><strong>19%</strong></td>
</tr>
<tr>
<td>Bristol</td>
<td>13%</td>
<td>20%</td>
</tr>
<tr>
<td>Dukes</td>
<td>11%</td>
<td>22%</td>
</tr>
<tr>
<td>Essex</td>
<td>12%</td>
<td>19%</td>
</tr>
<tr>
<td>Franklin</td>
<td>12%</td>
<td>21%</td>
</tr>
<tr>
<td>Hampden</td>
<td>13%</td>
<td>20%</td>
</tr>
<tr>
<td>Hampshire</td>
<td>12%</td>
<td>24%</td>
</tr>
<tr>
<td>Middlesex</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>Nantucket</td>
<td>11%</td>
<td>23%</td>
</tr>
<tr>
<td>Norfolk</td>
<td>10%</td>
<td>21%</td>
</tr>
<tr>
<td>Plymouth</td>
<td>12%</td>
<td>22%</td>
</tr>
<tr>
<td>Suffolk</td>
<td>13%</td>
<td>26%</td>
</tr>
<tr>
<td>Worcester</td>
<td>11%</td>
<td>21%</td>
</tr>
<tr>
<td><strong>Massachusetts</strong></td>
<td>12%</td>
<td>20%</td>
</tr>
</tbody>
</table>

Source: BRFSS 2014-16 via County Health Rankings, 2019. * 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 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or 2 (men) drinks per day on average. Retrieved from: [https://www.countyhealthrankings.org/app/massachusetts/2019/measure/outcomes/42/data](https://www.countyhealthrankings.org/app/massachusetts/2019/measure/outcomes/42/data) and [https://www.countyhealthrankings.org/app/massachusetts/2019/measure/factors/49/data](https://www.countyhealthrankings.org/app/massachusetts/2019/measure/factors/49/data)

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 19 percent of adults reporting either binge or heavy drinking.

### Exhibit 5: Suicide Rate, 2016

<table>
<thead>
<tr>
<th>County</th>
<th>Suicide Count</th>
<th>Suicide Crude Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berkshire</td>
<td>21</td>
<td>11.8</td>
</tr>
<tr>
<td><strong>Massachusetts</strong></td>
<td><strong>682</strong></td>
<td><strong>9.2</strong></td>
</tr>
</tbody>
</table>


A suicide rate of 11.8 per 100,000 was reported for Berkshire County in 2016, which compares unfavorably to the commonwealth average (Exhibit 5).

Youth suicide (ages 10-24 years) has been identified as a commonwealth-wide issue by the Massachusetts Department of Public Health. The average rate of youth suicide between 2011 and 2015 was 5.9 per 100,000 compared to 8.4 per 100,000 (between 2011 and 2015) in the U.S. Young men accounted for the majority of suicides.
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.\(^5\) Two current Riggs staff members serve at President and Vice-President of the BCSP (as of June 2019).

**Exhibit 6** portrays per-capita admission rates for alcohol/substance abuse conditions.

**Exhibit 6: Substance Abuse Hospitalization Rates, 2013-2015 (per 100,000)**

<table>
<thead>
<tr>
<th>Hospitalization</th>
<th>Berkshire</th>
<th>Massachusetts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol-related in-patient stays</td>
<td>1,087</td>
<td>897</td>
</tr>
<tr>
<td>Opioid-related in-patient stays</td>
<td>1,091</td>
<td>399</td>
</tr>
<tr>
<td>Cannabis-related in-patient stays</td>
<td>736</td>
<td>230</td>
</tr>
<tr>
<td>Stimulant-related in-patient stays</td>
<td>495</td>
<td>167</td>
</tr>
</tbody>
</table>


Berkshire County hospitalization rates for substance abuse were well above the Massachusetts averages in 2009.

**Berkshire County Community Health Assessment**

In April 2019, Berkshire Health Systems (in collaboration with the County Health Initiative, which includes Berkshire Medical Center, Fairview Hospital, Berkshire County Boards of Health Association, Berkshire Public Health Alliance, Tri-Town Health Department, Pittsfield Health Department, Berkshire Regional Planning Commission, Berkshire United Way and Northern Berkshire Community Coalition) published a “**Berkshire County Community Health Assessment**.” That assessment assessed 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 ten health risks as “most significant,” including: tobacco use, obesity, **substance abuse**, excessive drinking, opioid and heroin use and overdose, motor vehicle accidents, teen pregnancy, **depression/suicide**, diabetes, and hypertension.
- General poverty, domestic behavior issues, children in poverty, children in single parent households, public safety due to an increase in crime were among the most problematic socio-economic issues.
- The assessment also highlighted issues with:
  - Adolescent use of alcohol, marijuana, and tobacco
  - Youth suicide rates/suicidal behaviors (which was found to be higher than those in state and nation)

**Youth Substance Use in Berkshire County**

For the past several years (2009, 2011, 2013, 2015, 2017) the Berkshire Youth Development Project has sponsored the Prevention Needs Assessment Survey for Berkshire County. In 2017 2,930,

---

\(^1\) For more information, see: https://www.sprc.org/grantees/massachusetts-department-public-health
students in grades 8, 10, and 12 in Berkshire County participated in the survey. The results are compared to national benchmarks (Monitoring the Future Survey and the Bach Harrison Norm).

**Berkshire United Way Summary of Substance Abuse**

- 8th + 10th grade substance use is broadly decreasing
- Lifetime and 30-day rates are decreasing for 8th and 10th graders. 12th grade substance use remains HIGH
- Rates remain above national average. Rates to focus on:
- Alcohol, marijuana, electronic cigarettes, binge drinking, drunk or high at school, and playing the lottery
- About 17% of 12th graders indicated that they had been drunk or high at school.

**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**

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 abuse 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, 2015-2017

<table>
<thead>
<tr>
<th>State</th>
<th>Mentally Unhealthy Days (in last 30 days)</th>
<th>Percent Excessive Drinking</th>
<th># Mental Health Providers</th>
<th>Mental Health Provider Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connecticut</td>
<td>3.8</td>
<td>18.0</td>
<td>13,079</td>
<td>270:1</td>
</tr>
<tr>
<td>Maine</td>
<td>4.4</td>
<td>21.0</td>
<td>6,075</td>
<td>220:1</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>4.0</td>
<td>20.0</td>
<td>39,072</td>
<td>180:1</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>4.2</td>
<td>20.0</td>
<td>3,805</td>
<td>350:1</td>
</tr>
<tr>
<td>New Jersey</td>
<td>3.4</td>
<td>17.0</td>
<td>18,061</td>
<td>500:1</td>
</tr>
<tr>
<td>New York</td>
<td>3.6</td>
<td>19.0</td>
<td>52,899</td>
<td>370:1</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>4.3</td>
<td>21.0</td>
<td>24,328</td>
<td>530:1</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>4.3</td>
<td>17.0</td>
<td>4091</td>
<td>260:1</td>
</tr>
<tr>
<td>Vermont</td>
<td>4.0</td>
<td>21.0</td>
<td>2705</td>
<td>230:1</td>
</tr>
<tr>
<td>U.S.</td>
<td>3.9</td>
<td>19.0</td>
<td>234.7</td>
<td>N/A</td>
</tr>
</tbody>
</table>


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 in set forth in the DSM-IV.
Exhibit 9: Prevalence of Mental Illness and Depression, 2016

<table>
<thead>
<tr>
<th>State/Commonwealth</th>
<th>Serious Mental Illness in the Past Year, 18+</th>
<th>Any Mental Illness in the Past Year, 18+</th>
<th>Major Depressive Episode in the Past Year, 12-17</th>
<th>Major Depressive Episode in the Past Year, 18+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connecticut</td>
<td>4.16%</td>
<td>18.18%</td>
<td>9.7%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Maine</td>
<td>4.60%</td>
<td>19.01%</td>
<td>13.16%</td>
<td>6.97%</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>4.76%</td>
<td>20.57%</td>
<td>13.60%</td>
<td>7.56%</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>5.28%</td>
<td>19.15%</td>
<td>13.91%</td>
<td>8.29%</td>
</tr>
<tr>
<td>New Jersey</td>
<td>3.67%</td>
<td>16.19%</td>
<td>11.17%</td>
<td>6.05%</td>
</tr>
<tr>
<td>New York</td>
<td>3.83%</td>
<td>17.61%</td>
<td>11.46%</td>
<td>6.49%</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>4.44%</td>
<td>17.98%</td>
<td>12.23%</td>
<td>6.82%</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>4.52%</td>
<td>19.59%</td>
<td>13.30%</td>
<td>7.41%</td>
</tr>
<tr>
<td>Vermont</td>
<td>5.41%</td>
<td>19.84%</td>
<td>12.83%</td>
<td>7.60%</td>
</tr>
<tr>
<td>U.S.</td>
<td><strong>4.38%</strong></td>
<td><strong>18.57%</strong></td>
<td><strong>13.01%</strong></td>
<td><strong>6.89%</strong></td>
</tr>
</tbody>
</table>


Across the region and the U.S., approximately four percent of residents were estimated to have experienced serious mental illness in the past year; nearly 20 percent were estimated to have any mental illness.

Exhibits 10 presents the prevalence of thoughts of suicide and suicide rates in 2016.

Exhibit 10: Prevalence of Suicidality and Suicide, 2016

<table>
<thead>
<tr>
<th>State</th>
<th>Serious Thoughts of Suicide in the Past Year, 18+</th>
<th>Suicide Rate Per 100,000, Total Population, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connecticut</td>
<td>4.05%</td>
<td>10.0</td>
</tr>
<tr>
<td>Maine</td>
<td>3.99%</td>
<td>15.7</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>4.57%</td>
<td>8.7</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>4.89%</td>
<td>17.3</td>
</tr>
<tr>
<td>New Jersey</td>
<td>3.41%</td>
<td>7.2</td>
</tr>
<tr>
<td>New York</td>
<td>3.68%</td>
<td>8.1</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>4.28%</td>
<td>14.7</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>4.78%</td>
<td>11.1</td>
</tr>
<tr>
<td>Vermont</td>
<td>5.31%</td>
<td>17.3</td>
</tr>
<tr>
<td>U.S.</td>
<td><strong>4.19%</strong></td>
<td><strong>13.4</strong></td>
</tr>
</tbody>
</table>

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Use and Health (NSDUH), 2016-17, and Centers for Disease Control and Prevention, National Center for Health Statistics, 2016.

Vermont, New Hampshire, and Maine were estimated to have the highest suicide rates in the region.
Exhibit 11 presents suicide rates for each state and for the United States by age group.

### Exhibit 11: Suicide Rates by State and Age Group, 2008-2014*

<table>
<thead>
<tr>
<th>Age Group</th>
<th>CT</th>
<th>ME</th>
<th>MA</th>
<th>NH</th>
<th>NJ</th>
<th>NY</th>
<th>PA</th>
<th>RI</th>
<th>VT</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-14</td>
<td>1.02</td>
<td>1.83</td>
<td>0.92</td>
<td>2.23</td>
<td>0.51</td>
<td>0.88</td>
<td>1.55</td>
<td>2.26</td>
<td>N/A</td>
<td>1.48</td>
</tr>
<tr>
<td>15-19</td>
<td>5.45</td>
<td>9.88</td>
<td>5.63</td>
<td>7.82</td>
<td>4.77</td>
<td>4.93</td>
<td>7.20</td>
<td>4.56</td>
<td>10.28</td>
<td>7.97</td>
</tr>
<tr>
<td>20-24</td>
<td>10.47</td>
<td>17.76</td>
<td>8.25</td>
<td>15.94</td>
<td>9.54</td>
<td>8.45</td>
<td>14.57</td>
<td>7.66</td>
<td>17.68</td>
<td>13.46</td>
</tr>
<tr>
<td>30-34</td>
<td>9.48</td>
<td>16.85</td>
<td>9.69</td>
<td>20.30</td>
<td>7.87</td>
<td>8.45</td>
<td>14.80</td>
<td>13.38</td>
<td>18.02</td>
<td>14.21</td>
</tr>
<tr>
<td>35-39</td>
<td>12.76</td>
<td>21.04</td>
<td>11.67</td>
<td>17.93</td>
<td>9.21</td>
<td>9.33</td>
<td>15.76</td>
<td>15.29</td>
<td>24.05</td>
<td>15.42</td>
</tr>
<tr>
<td>45-49</td>
<td>15.25</td>
<td>24.49</td>
<td>14.34</td>
<td>22.44</td>
<td>11.24</td>
<td>12.34</td>
<td>22.53</td>
<td>20.50</td>
<td>23.83</td>
<td>19.06</td>
</tr>
<tr>
<td>55-59</td>
<td>16.18</td>
<td>19.46</td>
<td>12.98</td>
<td>22.21</td>
<td>12.08</td>
<td>12.22</td>
<td>18.53</td>
<td>15.12</td>
<td>22.63</td>
<td>18.95</td>
</tr>
<tr>
<td>60-64</td>
<td>10.82</td>
<td>19.19</td>
<td>9.51</td>
<td>15.52</td>
<td>9.38</td>
<td>10.01</td>
<td>16.09</td>
<td>15.50</td>
<td>19.54</td>
<td>15.71</td>
</tr>
<tr>
<td>65-69</td>
<td>10.14</td>
<td>15.31</td>
<td>7.64</td>
<td>14.27</td>
<td>8.18</td>
<td>9.51</td>
<td>12.96</td>
<td>8.41</td>
<td>17.68</td>
<td>14.15</td>
</tr>
<tr>
<td>70-74</td>
<td>8.90</td>
<td>14.37</td>
<td>7.78</td>
<td>15.02</td>
<td>8.04</td>
<td>9.59</td>
<td>14.15</td>
<td>7.82</td>
<td>25.50</td>
<td>14.55</td>
</tr>
<tr>
<td>75-79</td>
<td>12.17</td>
<td>17.41</td>
<td>7.00</td>
<td>12.36</td>
<td>8.09</td>
<td>9.39</td>
<td>13.86</td>
<td>10.18</td>
<td>16.69</td>
<td>15.54</td>
</tr>
<tr>
<td>80-84</td>
<td>10.19</td>
<td>21.04</td>
<td>7.65</td>
<td>15.31</td>
<td>11.46</td>
<td>9.94</td>
<td>15.41</td>
<td>6.64</td>
<td>25.75</td>
<td>17.79</td>
</tr>
<tr>
<td>85+</td>
<td>8.30</td>
<td>23.50</td>
<td>7.4</td>
<td>16.66</td>
<td>9.19</td>
<td>9.41</td>
<td>12.90</td>
<td>7.90</td>
<td>20.64</td>
<td>17.64</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>9.9</td>
<td>14.0</td>
<td>9.1</td>
<td>14.9</td>
<td>8.2</td>
<td>8.0</td>
<td>12.4</td>
<td>12.3</td>
<td>16.9</td>
<td>12.4</td>
</tr>
</tbody>
</table>

Source: CDC WISQARS™ 2008-2014; N/A - Rates are unreliable due to small sample size (fewer than 20 deaths). *Rates are crude rates per 100,000 population. Retrieved from https://wisqars.cdc.gov:8443/cdcMapFramework/mapModuleInterface.jsp

Suicide is the tenth leading cause of death in the U.S., second leading cause of death for those aged 10-34, fourth leading cause of death for those 35-54, and eighth leading cause of death for those 55-64.  

### Exhibit 12: Suicide Rates by Gender, 2008-2014*

<table>
<thead>
<tr>
<th>State / Commonwealth</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connecticut</td>
<td>4.43</td>
<td>15.24</td>
</tr>
<tr>
<td>Maine</td>
<td>6.32</td>
<td>25.76</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>3.83</td>
<td>13.75</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>6.28</td>
<td>23.67</td>
</tr>
<tr>
<td>New Jersey</td>
<td>3.27</td>
<td>12.61</td>
</tr>
<tr>
<td>New York</td>
<td>3.59</td>
<td>13.01</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>5.18</td>
<td>21.59</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>4.75</td>
<td>17.58</td>
</tr>
<tr>
<td>Vermont</td>
<td>6.52</td>
<td>27.11</td>
</tr>
<tr>
<td><strong>U.S.</strong></td>
<td><strong>5.38</strong></td>
<td><strong>24.14</strong></td>
</tr>
</tbody>
</table>

Source: CDC *Rates are crude rates per 100,000 population.

---

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#](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 to impact conditions such as: substance abuse, tobacco, and alcohol dependency, chronic health problems, psychiatric disabilities, poor diet and nutrition, and a lack of physical activity.
  - More services focusing on recovery, family, home health, and peer support services.
- Services focusing on specific populations, including:
  - Culturally and linguistically diverse populations/minorities;
  - 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 abuse 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.
- Lack of available outpatient services along with access to care issues (due to shortage of psychiatrists/prescribers; uninsured individuals; underinsured individuals).
**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.”

Lifetime prevalence estimates for mental illness are as follows:

- 28.8% for anxiety disorders
- 20.8% for mood disorders
- 24.8% for impulse-control disorders
- 14.6% for substance abuse 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 10 million Americans meet the criteria for “Serious Mental Illness” (SMI) in any given year. Of these individuals, “between 50 and 60 percent ... receive treatment.”

“One in 17 people in America lives with a serious mental illness such as schizophrenia, major depression, or bipolar disorder. About one in 10 children live with a serious mental disorder.”

In 2019, NIMH published the following statistics:

- Approximately 11.2 million U.S. adults (1 in 25) had a serious mental illness in 2017; more than one-quarter of these adults had co-occurring substance dependence or abuse.
  - In 2017, 18.9 percent had a mental health disorder in the past year.
  - In 2017, more than 47,000 deaths in the U.S. were due to suicide.

---


8 Ibid.


10 Ibid.

In 2017, more than 30 percent of adults with SMI reported not receiving any treatment. Commonly cited reasons why individuals with SMI do not receive treatment include: financial barriers, "situation barriers" (such as inability to leave family or work settings), patient perceptions regarding lack of treatment effectiveness, and patients “wanting to solve the problem on their own.”

The literature consistently finds that substantial disparities exist in access to mental health services. Access is most challenging for racial and ethnic minorities.

Regarding the prevalence of treatment-resistant mental illness:

- There are “no agreed-upon estimates of the prevalence of [Treatment-Resistant Depression (TRD)] exist.”
- "Best estimates indicate 12-month prevalence rates of ~3% for Stage 1 TRD (failure to respond to 1 adequate trial of an antidepressant) and ~2% for State 2 TRD (failure to respond to 2 adequate trials)."
- 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.”

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, pharmacology, deep brain stimulation, and other modalities.
- Growing recognition regarding “the limitations of medications and awareness of the problem of treatment resistance.”
- 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, prompted by shootings and other forms of violence.\textsuperscript{18}
- Expanded health insurance coverage through Medicaid and health exchanges, and efforts to assure parity between medical and mental health benefits.\textsuperscript{19}
- Economic forces such as “massive cuts to non-Medicaid state mental health spending.”\textsuperscript{20}
- 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,”\textsuperscript{21} 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.\textsuperscript{22} Several studies have found large effect sizes.\textsuperscript{23}

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

---


\textsuperscript{22} Ibid.

\textsuperscript{23} Ibid.
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.
- 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 percent compared to a 12.3 percent 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 percent 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 4 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.\textsuperscript{24}

Among other accomplishments, Riggs is known for its work regarding psychosocial aspects of psychopharmacology.\textsuperscript{25} This work suggests that focusing on \textit{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.”\textsuperscript{26} As described in the next section, one interviewee suggested that additional research into this aspect of treatment would be very valuable to the field.

In addition, the Austen Riggs Center has compiled a comprehensive and growing list of references that lend support to its particular approach to treatment.\textsuperscript{27, 28}

\textsuperscript{24} 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
Primary Data Assessment

Community input was gathered through interviews, online surveys, and electronic communications with external stakeholders and internal staff.

Findings: External Stakeholders

A compilation of telephone interviews, online surveys, and electronic communications were utilized to gather information and feedback from external informants by Riggs staff. A total of 14 informants provided feedback between May and June 2019. 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 members from the Massachusetts Department of Mental Health.

Interviews and the online survey were conducted using a structured questionnaire, while electronic communications asked participants to think about changes in needs, trends, and services in the last several years. All participants were assured that their responses would be confidential (no comments to be attributed directly to any specific individuals).

For the interview and online survey, 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 served; and ideas regarding how Riggs can enhance its ability to address needs.

Riggs staff carefully reviewed comments made by all participants to identify common themes and insights. The following summary is based on feedback from interviews, the online survey, and electronic communications with key informants.

Worth noting, one participant stated, “I would say that everything is largely much as it was six years ago. The same needs still exist, but perhaps in even greater amounts.”

Characteristics of Austen Riggs

Understanding distinguishing characteristics of Austen Riggs is important to understanding 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 treatment resistant and with complicated psychiatric disorders. For many, Riggs is “a last opportunity to get better” and is “a place where …treatment resistant individuals with lots of potential take control of their lives.”
- The favorable staff to patient ratio was noted as a strength of the clinical system.
• 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. 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. One interviewee stated: “The Riggs model could be successful with any background, but the Riggs setting leads it to be a resource for more affluent people.” Others echoed this observation, stating that Riggs was a place for “people with 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.

• Riggs' work with patients on the “meaning of taking medications” was cited by several interviewees as particularly helpful to patients and to the field.

Erikson Institute

• The Erikson Institute provides education, research, and social application, and a connection with the academic community. One interviewee stated: “Erikson [Institute] provides a laboratory for Riggs to transmit knowledge. Erikson [Institute] activities are where the [societal] give back comes in.”

• 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 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 topics such as treating returning war veterans and other traumatized patients (including those with intergenerational trauma); others were mentioned by interviewees as valuable to the field. Conferences are “planned and executed very well.”

• 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 needs of treatment resistant patients. Local clinicians participate in Riggs-sponsored study groups, use the Riggs library, and interact/consult with staff.

The Organization

• Riggs is 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 has a “tiny staff” that makes a “big impact.”

• 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 (which interviewees acknowledge are somewhat different because inpatient services are provided in locked units). Other facilities that used to
share characteristics in common with Riggs (such as Chestnut Lodge, the Institute of Living, and Sheppard Pratt) “really changed over time due to reimbursement pressures.”

- Participants have suggested that no other facilities could be described as exactly comparable to Riggs. Riggs uniquely recognizes the role of “all the forces in the community in the program of treatment,” including the impact of each patient on the community. Riggs also strives to continue treating patients until they are “really ready for discharge.”

**Characteristics of Riggs Patients**

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

- who are treatment resistant (including resistance to 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 only; but are not so severe that they require a locked/restricted setting;
- who are in significant clinical need, are not overly psychotic, and who are verbal;
- who are interested in an open setting, have some curiosity about their own internal experience regarding what has gone wrong, 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; and
- who have (or whose families have) the resources necessary to afford their course of treatment.

Participants have 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 no longer to admit adolescent patients due to challenges in maintaining a safe, 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 “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.” Some in the community incorrectly perceive that Riggs does not take insurance coverage and that the facility exclusively serves a “wealthy clientele.”
- While Riggs is not known for treating patients from Berkshire County, its educational resources (seminars, conferences, and library) are utilized by local clinicians.
- Local interviewees/participants cited several periodic and highly valued examples of collaborations with Riggs.
The Berkshire County District Attorney’s Office and Riggs collaborated in facilitating a full-day symposium on Youth Violence (after the 1999 shootings at Columbine High School).

Riggs staff also facilitated meetings with Berkshire County School District staff to help address the aftermath of shootings in Newtown and other incidents. The School District refers children and families to Riggs clinicians for assessment, treatment planning, and possible services.

Riggs Human Development Initiative piloted and helped establish a Newborn Behavioral Observation (NBO) system for a local hospital.

Riggs provides consultation to local organizations such as the Railroad Street Youth Project and Riverbrook Residence for Women.

Riggs supports staff involvement in local organizations such as the Berkshire County chapter of the American Foundation for Suicide Prevention (AFSP), Berkshire Prevention Coalition, and Western MA NAMI.

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, Berkshire Psychoanalytic Institute, and other local organizations.

Riggs convenes regular “Community Dinners” with a cross-section of community organizations and leaders to help facilitate networking, collaboration, and more efficient delivery of services to local community members.

- One interviewee stated that having Riggs present in the area enhances the entire “therapeutic community.” Some clinicians that train at Riggs have remained in the community upon completion of their Fellowship.

Trends in Need for Riggs Services

Participants were asked to identify trends that affect need or demand for Riggs services. Virtually all have 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 similar 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.

- Over the years, views regarding the effectiveness of psychotherapy have changed. Due to payer pressures, advances in medication, and a comparative dearth of 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 is “re-educating people about the value of talking” and is helping the field recognize that “there has been too much focus on the biological.”

- 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.

- However, one participant stated that advances in neuroscience increasingly are allowing clinicians to understand how specific patients metabolize psychiatric medications. “Demand is growing exponentially” for genetic profiling that facilitates the tailoring of medications to improve patient tolerance, potentially leading to fewer refractory patients.

- Participants stressed that the future of psychiatry is unpredictable. As limitations of medications become better understood, “people will be looking for alternatives.” Treatments such as transcranial magnetic stimulation, and diagnostic procedures such as MRI, PET scanning, and other approaches are being and will continue to be explored. Demonstrating the cost-effectiveness of services offered by Riggs will continue to be important.

- Some participants noted the “trend toward using cognitive behavioral therapy, coping skills, and psychoeducation” as well as the “importance of sensory items. . . to help patients learn how to deescalate and get control.”

- Participants indicated that while “we have a lot more people reporting disorders,” 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 emphasized that while there is “enormous need for the Austen Riggs Center and its specialist staff,” for most people Riggs is unaffordable.

- One participant noted the difference emerging technologies may have for the provision of care: “The opportunity for Riggs to meet the needs of the various distinct communities it serves has been made easier by advances in secure video conferencing (like Zoom), opening a door to providing help which previously could only be done on an in-person, face-to-face basis.”

- A few participants mentioned trends involving specific patient populations.
  - One participant mentioned a growing need for treatment services for “women of middle age” who have eating disorders and substance abuse issues. Returning disordered eating has been observed later in life and associated with strained family relationships.
  - One participant stated that aging of the population is likely to increase the incidence of mental illness, for patients with complex medical needs (e.g., cancer) that affect neurological status.
  - Another emphasized growing psychiatric needs for veterans suffering from PTSD and other disorders.
  - Several participants identified a growing need to assist mental health professionals who themselves are impaired with mental illness. These individuals were described as “different than the usual person” and needing specialized assistance.
  - A few participants noted a “real trend in the state of aggression, violence in both the emergency department setting and on inpatient units.” They also noted that “the root of that is trauma and exposure to violence.”

Berkshire County: Local Needs and Characteristics

Participants included 10 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 “wealth and poverty.” Much of the county is described as rural in character, with the exception of Pittsfield/North
Adams. Some families have been in the community for generations. “The disparity between soci-economic groups seems greater,” remarked one participant.

- 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 participant described Berkshire County as having “three distinct parts:”
  - Southern Berkshires (its most affluent part, where Riggs is located), described as “gentrified” and “upscale;”
  - Pittsfield (the largest city in Berkshire County, with significant poverty and racial diversity), described as “very different from the Southern Berkshires;” and,
  - North Berkshires (North Adams), an area proximate to Williams College and still recovering from the recent economic downturn.
- Immigration into the county reportedly has increased. Questions were raised about how mental health needs of the growing Latino population are being met.

**Treatment Resources and Gaps**

- Participants noted that people with limited means who need mental health treatment have better access to care in Massachusetts than patients in other states. The Massachusetts Department of Mental Health contracts with an array of providers across the commonwealth to provide access to treatment for MassHealth and low-income residents. Riggs does not contract with the Department of Mental Health for this purpose.
- One participant noted, “There seems to be a significant increase in anxiety, decreased confidence in the future, increased drug use.”
- 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. Historically, police have not been trained on how to recognize PTSD in the community or within the Police Department itself.
- 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 the Austen Riggs Foundation. The Brien Center currently serves approximately 11,000 residents, 4,000 of which are children. Brien maintains a contract with the Massachusetts Department of Mental Health under which services are provided.
- Berkshire Health System provides acute inpatient mental health services and operates a crisis center that one interviewee described as “overtaxed.”
- According to participants, Berkshire County has a greater supply of mental health professionals than average. A number are “people who completed Fellowships at Riggs and stayed.” Still, some noted a lack of availability of psychiatrists and therapists in the area.
- One (non-physician) participant indicated local psychologists and social workers would appreciate the willingness of additional psychiatrists to assess individual patient medication needs (psychiatric evaluation for medications), without assuming all aspects of therapy.
- Another participant indicated that “lots of non-profits” operate in the county and seek to address substance abuse, prevention, and related issues. However, no “obvious organizing body” is in place to help plan and coordinate these efforts.
Participants stated that there are no inpatient child psychiatric services available in Berkshire County. Another reported that there are no inpatient substance abuse beds available for teenagers, emphasizing that “there are tons of at-risk youth.” Several were aware of reports that Berkshire County had the highest rate of teen suicide in Massachusetts.

There are substantial mental health (and substance abuse) needs within the House of Corrections in Pittsfield. The system employs mental health and substance abuse clinical staff, but also relies heavily on contracted providers. Additional resources to address the needs of inmates would be appreciated.

Several participants mentioned that a significant problem with substance abuse (particularly prescription medications) is present across Berkshire County. These issues are particularly problematic for teenagers, many of whom find life in the community to be “boring.” Rates of substance abuse usage are described as extremely high. Adolescents and teens incorrectly perceive that prescription medications are safe. Local law enforcement cites a resurgence of marijuana use as well. One stated: “drug related problems and addiction are prevalent.”

Aggression was noted as a trend in the state of MA worth noticing, with a possible root in early trauma and exposure to violence.

Participants perceive that gaps in addressing “adolescent and teen behaviors” are present. Manifestations of these problems include a comparatively high rate of teen pregnancy, higher than average rates of motor vehicle accidents, and above average mortality for teenagers.

Other significant gaps noted included “drugs, poverty, teenage guidance, family structure issues;” “lack of clinical staff and turnover, too few psychiatrists;” “transportation needs;” “lack of providers;” “slow access to outpatient services;” and “trauma and substance use.”

One expert from the MA Department of Mental Health noted, “I think the bottom line and the root cause [of rise in suicide and serious mental illness] is often trauma in childhood.”

In summary, local participants identified the following mental health and substance abuse needs in the county:

- A means to deal with the opioid epidemic and its impact in Berkshire County
- Provider resources for children and adolescents, including inpatient acute psychiatric capacity
- Substance abuse and trauma services for teens and adults
- Resources to continue addressing comparatively high rates of teen suicide, including expertise to help schools identify risks and prevent such incidents
- Enhanced outreach to patients by nurses and other professionals to help assure medication compliance
- Safe, affordable housing for low-income and mentally ill residents
- Enhanced mental health and substance abuse services within the House of Corrections
- Psychiatrists willing to assess individual patient medication needs (psychiatric evaluation for medications) for psychologists and social workers, without assuming all aspects of therapy

**Findings: Internal Stakeholders**

Input regarding health needs in the communities served by Austen Riggs was solicited from 6 internal staff. Interviews, online surveys, and electronic communications followed a structured guide, and participants were encouraged to identify and discuss needs in Austen Riggs’ local, regional, and national communities.

The following needs were highlighted by the internal staff.
Berkshire County

- **Increase in Children with Behavioral Health Problems.** Local schools are seeing a marked increase in children with behavioral health problems in preschool and elementary school.

- **Suicide.** Berkshire County has one of the highest rates of suicide in the state.

- **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.

- **Adolescent Behaviors.** Interviewees expressed concern about adolescent behavior problems in Berkshire County. Many mentioned high rates of adolescent suicide, cutting, and drug and alcohol use. Interviewees also expressed concern about bullying, especially in middle and high schools, and also mentioned problematic rates of teen pregnancy and prevalence of eating disorders.

- **Drug Use.** Drug use in adults and youth was identified as a concern. Opioids were the most frequently mentioned abused substance. Staff also indicated that there has been an increase in the number of drug-related burglaries in the community.

- **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.** 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 experiencing a crisis also could be helpful.

- **Growing Vulnerable Populations.** Berkshire County is home to a growing number of vulnerable people, such as returning veterans, other individuals dealing with trauma, and elderly people with Alzheimer’s or who are unable to live independently. These populations would benefit from access to additional support services.

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 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 who 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 abuse, eating disorders, and other high risk behaviors. Patients with mental illness frequently have comorbid conditions, such as obesity, pain disorders, eating disorders, and substance abuse 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 16 internal informants and 24 external stakeholders. **Exhibit 12** provides information regarding the organizations with which these individuals are affiliated.

**Exhibit 12: Informants Providing Input**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Austen Riggs Center</td>
<td>The Austen Riggs Center is a small, not-for-profit hospital which treats psychiatric patients. As the only hospital in the United States which uses long-term intensive individual psychodynamic psychotherapy to treat patients in an open setting, Austen Riggs is a unique resource for &quot;treatment-resistant&quot; patients.</td>
</tr>
<tr>
<td>Berkshire Area Health Education Center</td>
<td>Founded in 1979, the Berkshire Area Health Education Center (AHEC) is located in Pittsfield, Massachusetts. Berkshire AHEC works to improve medical education for health students and professionals. AHEC also supports health services delivery and prevention planning for local healthcare organizations.</td>
</tr>
<tr>
<td>Berkshire Children and Families</td>
<td>Berkshire Children &amp; Families has provided child care, early education services, foster and adoption services, and support for parenting since its inception as the Union for Home Work in 1887.</td>
</tr>
<tr>
<td>Berkshire County District Attorney</td>
<td>The Berkshire County District Attorney's Office prosecutes crimes in accordance with the laws of the Commonwealth of Massachusetts. The District Attorney's office also provides educational opportunities for students, law enforcement professionals, and community members.</td>
</tr>
<tr>
<td>Berkshire Hills Regional School District</td>
<td>The Berkshire Hills Regional School District administers three schools and roughly 1,400 students in the towns of Stockbridge, West Stockbridge, and Great Barrington.</td>
</tr>
<tr>
<td>Brien Center</td>
<td>The Brien Center opened in 1920 and serves as a mental health and substance abuse service provider in Berkshire County. The center emphasizes collaboration - including family involvement in treatment - to help achieve recovery.</td>
</tr>
<tr>
<td>Cambridge Health Alliance</td>
<td>The Cambridge Health Alliance is a Harvard Medical School teaching hospital which serves Cambridge and nearby communities. The behavioral health department provides a variety of mental health services, including child and adult outpatient and hospital care, as well as psychiatric emergency services.</td>
</tr>
<tr>
<td>Childcare of the Berkshires</td>
<td>Child Care of the Berkshires makes care and services available that will assist families in providing their children with quality care through positive relationships. Among their varied offerings are full-day child care services, early literacy initiatives, parent support groups, and community collaboration efforts.</td>
</tr>
<tr>
<td>Commonwealth of Massachusetts Department of Mental Health</td>
<td>The Massachusetts Department of Mental Health licenses and supports services which enable residents to maintain and improve mental health.</td>
</tr>
<tr>
<td>Organization</td>
<td>Description</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Clinical and Support Options</td>
<td>Incorporated in 1955 by 22 concerned citizens interested in providing for the mental health needs of families in Franklin County, today CSO employs nearly 700 multi-disciplinary staff, helping thousands of families throughout Western Massachusetts and the North Quabbin region.</td>
</tr>
<tr>
<td>Menninger Clinic</td>
<td>The Menninger Clinic is a psychiatric hospital affiliated with the Baylor College of Medicine in Houston, Texas. The clinic emphasizes interdisciplinary teams for patient treatment, with the patient participating on the team and helping direct his or her own treatment. The clinic trains mental health professionals and consistently ranks as one of the best psychiatric hospitals in the United States, according to <em>U.S. News &amp; World Report</em>.</td>
</tr>
<tr>
<td>New York Presbyterian Hospital, Weill Cornell Medical College</td>
<td>The Weill Cornell Medical College, affiliated with New York Presbyterian Hospital since 1927, operates 24 different patient care and science departments to analyze health issues across a broad spectrum of need. The department of psychiatry conducts substantial research on a variety of mental health topics, while simultaneously treating over 10,000 patients per year.</td>
</tr>
<tr>
<td>PCH Treatment Center</td>
<td>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.</td>
</tr>
<tr>
<td>Sheppard Pratt Health System</td>
<td>The Sheppard Pratt Health System has operated since 1853. The health system provides a wide spectrum of behavioral health services to patients of all ages in Maryland and Northern Virginia.</td>
</tr>
<tr>
<td>Stockbridge Police Department</td>
<td>The Stockbridge Police Department comprises 12 officers and practices community policing to encourage and promote resident collaboration in police work.</td>
</tr>
<tr>
<td>The Pavilion at McLean Hospital</td>
<td>The Pavilion at McLean Hospital provides a specialized two-week evaluation and diagnostic program for adults with complex behavioral health disorders.</td>
</tr>
<tr>
<td>Riverbrook Residence for Women with Intellectual Disabilities</td>
<td>Established in 1957, Riverbrook is the oldest all-women residence in the Northeast. Riverbrook is a model of care for women with Down Syndrome, cerebral palsy, vision and hearing impairments and other developmental challenges.</td>
</tr>
<tr>
<td>The Western Massachusetts and Albany Association for Psychoanalytic Psychology (WMAAPP)</td>
<td>WMAAPP provides continuing education and support for mental health professionals by providing a forum for psychoanalytic research and discussion.</td>
</tr>
<tr>
<td>Uniformed Services University of Health Sciences</td>
<td>The Uniformed Services University of Health Sciences trains health professionals for the military’s health system. The Uniformed Services University is the only federal health sciences university in the United States.</td>
</tr>
<tr>
<td>Williams College</td>
<td>Williams College is a small liberal-arts college in Williamstown, Massachusetts, in Berkshire County. The college hosts 2,000 students, provides 30 majors, and is ranked first in the nation among liberal arts colleges by <em>U.S. News and World Report</em>.</td>
</tr>
</tbody>
</table>
### Organization Description

<table>
<thead>
<tr>
<th>Organization</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Williams College Department of Health Services</td>
<td>The Williams College Department of Health Services provides health care to students at Williams College, located in Berkshire County. The department provides extensive mental health services, including individual and group therapy, psychiatric services, and consultations.</td>
</tr>
<tr>
<td>Yale Child Study Center</td>
<td>The Yale Child Study Center unites clinical practice, training, and research to generate superior understanding of child growth, adjustment, and psychiatric disorders.</td>
</tr>
</tbody>
</table>

### Other Agencies and Resources

List of available agencies, resources, and community programs in Berkshire County 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 County Community Health Assessment: [http://www.berkshirehealthsystems.org/documents/Health%20Needs%20Assessment/Berkshire%20County%20Needs%20Assessment%202018%20Final.pdf](http://www.berkshirehealthsystems.org/documents/Health%20Needs%20Assessment/Berkshire%20County%20Needs%20Assessment%202018%20Final.pdf)
- Berkshire County Boards of Health Association: [http://bcboha.org/](http://bcboha.org/)
- Berkshire County United Way: [https://www.berkshireunitedway.org/our-partners](https://www.berkshireunitedway.org/our-partners)
- United Way and Massachusetts 2-1-1: [http://www.mass211help.org/](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
- Adolescent and adult substance abuse (prescription drugs [including opioids], alcohol, marijuana, opioids)
- 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

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 psychiatrists and other mental health professionals
- 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
Sources


IRS (2018). Instructions for IRS Form 990, Schedule H.

IRS (2019). Notice of Proposed Rulemaking for IRS REG-106499-12


