

5 Questions With J. William Gardam: Peace River chief speaks about Polk's mental health services



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J. William Gardam, president and CEO of Peace River Center, in Bartow. [SCOTT WHEELER/THE LEDGER]

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Posted Mar 11, 2018 at 9:32 PM

Updated Mar 12, 2018 at 8:27 AM

With mental health issues making headlines since the Valentines Day mass shooting at Marjory Stoneman Douglas High School, The Ledger is taking the opportunity to present a better understanding of the largest behavioral health provider in Polk County by asking five questions of J. William Gardam, president and chief executive officer of Peace River Center.

Peace River Center has 27 locations, 19 of them in Polk County, offering crisis services, outpatient services, recovery services, integrated primary and behavioral health care, and special services such as domestic violence services and rape recovery.

Gardam, 64, arrived in Polk County in July 2013 from Cedar Rapids, Iowa, where he had been president of a family service alliance, Horizons, and earlier had several jobs with the Iowa Department of Human Services.

Gardam and his wife, Marybeth, live in Winter Haven. They have an adult daughter who lives in Iowa City.

Q. Do you think changing the criteria for Baker Act or Marchman Act commitments would reduce the number of mass shooting events?

A. No. I do not.

There are now more than 200 diagnoses listed in the most recent version of the Diagnostic Statistical Manual of Mental Disorders published by the American Psychiatric Association. Not many of these diagnoses actually result in a person meeting criteria for the Baker Act or Marchman Act commitments.

The research actually shows that 19 out of 20 people (95 percent) committing violent crimes do so without having any severe mental health problems.

And, most people with serious mental illnesses are just not violent. Compared to the general population, people with mental illness are more than 10 times as likely to be victims of violence, especially those with complex mental illness and psychotic illnesses.

In the majority of cases when a patient is involuntarily admitted to a crisis stabilization unit or psychiatric hospital, it is not because the person is a risk to others but more often is at risk of harming themselves, as in the case of a depressed, suicidal patient.

An important factor here is that most people, close to 60 percent, including most people with personality disorders, do not seek treatment and are not known to mental health providers.

A recent suggestion has been made that we/society should screen all with mental illness to make sure they will not have violent behavior. Of the 40 million Americans living with mental health conditions, it is impossibly difficult, and impractical, to identify precisely which rare few individuals may behave violently someday down the road, especially given that better indicators of violence than mental illness is being a young male adult with a troubled childhood and problems with drug and alcohol abuse.

Q. In the nearly five years since you became chief executive officer of Peace River Center, what single change in policy or programming has had the biggest impact on mental health/behavioral health services in Polk County?

A. By providing behavioral health services at various partnering agencies' medical clinics, we have "increased access to care, reduced and avoided unnecessary emergency room use and reduced hospitalization while providing less-costly, alternative outpatient options.

The collaborative efforts started in 2013 to serve the county's neediest residents and initially involved Peace River Center, Lakeland Regional Health, the Polk County Health Department and its partners – Parkview Outreach Community Center,

Lakeland Volunteers in Medicine, and the Polk HealthCare Plan.

Since then, the partnerships have expanded to include behavioral health services at Lakeside Pediatrics in Lakeland and at several primary care clinics operated by Central Florida Health Care, as well as to include services for WellCare clients.

In addition, Peace River Center created and operates a small medical clinic for our behavioral health clients at our Lakeland location. And, we have extended the medical services to the New Beginnings substance abuse recovery and transitional housing program operated by Tri-County Human Services.

Q. What gap in mental health /behavioral health services should the community tackle next and how can that be done?

A. A mental health crisis can be an extremely frightening and difficult experience for both the individual in crisis and those around him/her. Loved ones and caregivers are often ill-equipped to handle these situations and need the advice and support of professionals. Frequently, law enforcement or emergency medical technicians are called to respond to mental health crises and they often lack the training and experience to effectively handle the situation.

Mobile crisis teams have the training and know-how to help resolve mental health crises and by intervening early can help prevent costly and unnecessary stays in hospitals and jails.

Peace River Center has been operating a mobile crisis response team 24/7/365 across Polk County for over 10 years. Additional funding could be used to expand access to these services.

Mobile crisis teams can be deployed prior to law enforcement involvement or an individual's arrival at a receiving facility or emergency room to provide immediate assessment, intervention, recommendations, referral, and support services. They also link individuals to appropriate community resources, typically on a 24 hours per day, seven days a week basis. They are designed to be accessible to anyone in the community.

Q. What do you see as other needs that Peace River Center and others in the behavioral health community should tackle?

A. Housing. Any system of care for persons with behavioral health needs must

emphasize safe and stable environments. Affordable housing should be made available for low-income individuals and families. An appropriate range of supportive housing options should include clustered apartments that provide services and support, as well as more structured residential settings for seriously disabled individuals.

Child services. The child welfare system is the first line of defense for children who are neglected, abandoned or abused – children who may be most vulnerable to mental health problems in the future. But this system is too often overwhelmed and underfunded. Children in foster care may need enriched mental health services, such as a wraparound approach that combines family- and youth-focused therapy.

Suicide prevention. As a county we should focus on suicide prevention, just as we focus on reducing obesity and other public health problems. We should implement the nationally recognized Zero Suicide model, which would improve access to services and provide training for clinicians.

Awareness. The stigma around mental health can cause some people to not seek treatment. We could all take action to combat this stigma by reorienting conversations—in our own lives and lobbying to politicians to do the same—away from sensationalized and unsupported links between mental illness and violence and directing the conversation toward mental health parity, integration with physical health care, and better funding and access to mental health screening and services.

We also need to address the gap in mental health services for individuals with developmental and intellectual disabilities, the shortage of therapists, psychiatrists and psychiatric nurse practitioners, and issues related to funding for social services, job training, employment and financial literacy.

Q. If you could model a comprehensive mental health services program for Polk County, what would it provide?

A. It should work with and strengthen the already well-established and nationally accredited community mental health system provider in Polk County (Peace River Center) by bolstering supports and filling gaps.

There should be a focus supporting individuals at all stages of their recovery to live meaningful lives in their community of choice while striving to achieve their full potential.

Mental health needs to be recognized as an essential component of overall health and

well-being for everyone. Not investing in mental health results in massive losses in health, work productivity, and quality of life for many, especially among individuals living with serious mental illnesses, who have alarmingly high rates of health problems and premature death.

Evidence-based, recovery-oriented services should be integrated with general health care to support people at all stages of their lives and should include services that culturally and linguistically reflect the diversity of the community.

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