



Modernize New Mexico's Mental Illness Treatment Law: Pass Mandated Community Treatment

New Mexico needs mandated community treatment

Mandated community treatment allows a judge to issue a court order requiring a person who meets specific criteria to adhere to a prescribed outpatient treatment plan. The main goal of mandated community treatment (MCT) is to foster more consistent adherence to treatment for people whose severe mental illnesses impair their ability to seek and voluntarily comply with treatment.¹ Non-compliance with treatment, specifically non-adherence to medication, is strongly associated with hospitalization,² arrest,³ and violence⁴ among people with severe mental illnesses.

Based on New York's experience with Kendra's Law, MCT would be used to help a relatively small number of people in New Mexico – an estimated average of only 75 individuals per year.⁵ But these 75 individuals are among the most severely and consistently ill, and as a result, are the individuals for whom consistent treatment will make the biggest difference. MCT would not apply to the majority of people with severe mental illnesses, and would in no way adversely affect the rights of those who are able to make their own decisions regarding treatment.

New Mexico is one of only eight states that does not provide for MCT as an alternative to involuntary hospitalization for people with severe mental illnesses. The practical result of New Mexico's failure to do so is that community mental health services are only available to people who are able to accept services voluntarily. The rest are left untreated until their condition deteriorates to the point that they pose a "likelihood of serious harm to themselves or others."⁶ New Mexico's law essentially forces people who lack insight into their illness to hit rock bottom before they can be helped – and then the only option is one of the state's scarce remaining psychiatric hospital beds.

MCT addresses the most common reason for refusing treatment - lack of insight (anosognosia)

Extensive research since the early 1990s has revealed that some people with schizophrenia and bipolar disorder experience a neurological deficit called "anosognosia," a condition also commonly found in people suffering other brain disorders such as Alzheimer's or complications from a stroke.⁷ Anosognosia impairs the ability of individuals to recognize that their symptoms are caused by a brain disorder.⁸ A leading researcher detailed the severe consequences of this condition:

[P]oor insight in schizophrenia is associated with poorer medication compliance, poorer psychosocial functioning, poorer prognosis, increased relapses and hospitalization and poorer treatment outcomes.⁹

The most common reason that people with severe mental illnesses are not being treated is that they do not believe that they need treatment.¹⁰ A severe lack of insight into illness can “seriously interfere with [a patient’s] ability to weigh meaningfully the consequences of various treatment options.”¹¹

New York’s experienced success in its first five years using MCT

Among individuals in first five years of New York’s mandated community treatment program (Kendra’s Law), far fewer experienced hospitalizations (77 percent less), episodes of homelessness (74 percent), arrests (83 percent), and incarceration (87 percent), significantly more individuals had improved medication compliance (50 percent more) and participation in substance abuse treatment (65 percent).¹² Participants also had marked reductions in harmful behavior; and those in MCT for longer periods had even greater reductions in violent behavior. Hospital days were reduced dramatically from an average of 50 days over a six-month period before starting MCT, to an average of 22 days during the first six months of MCT, to an average of only 13 days in the six-month period after MCT. That is a full 74 percent reduction in hospital days for the six months after termination of the court ordered treatment when compared with the six months prior to the initiation of MCT.

In July of 2005, the New York Legislature recognized the success of Kendra’s Law and voted 204-1 between both houses to extend the benefits it provides. As Governor Pataki explained, “The results are clear. Kendra’s Law works.”¹³

People with severe mental illnesses report improved quality of life with MCT

More than 75 face-to-face interviews have been conducted with participants in New York’s MCT program to assess their opinions about MCT, including their perceptions of coercion and stigma associated with the court order and their quality of life as a result of MCT. When asked about the impact of the pressures and other measures that people took to get them to stay in treatment:

- 75 percent of interviewed recipients reported that MCT helped them gain control over their lives,
- 81 percent said that MCT helped them to get well and stay well, and
- 90 percent said MCT made them more likely to keep appointments and take medication.

A randomized control study of MCT showed similar results. Researchers assessed the impact of MCT on quality of life of people with severe mental illnesses, covering a range of areas including social relationships, daily activities, finances, residential living situation, and global life satisfaction. They found remarkable evidence that subjects who underwent sustained periods of MCT had measurably greater subjective quality of life at the end of the study year. It appears that MCT exerts its effect largely by improving treatment adherence and decreasing symptoms.¹⁴

A randomized control study shows that MCT significantly reduces the consequences of nontreatment

The most comprehensive, randomized controlled study of MCT, referred to as the Duke Study, involved people who “generally did not view themselves as mentally ill or in need of treatment.”¹⁵ The study compared people who were offered community mental health services with people who were offered the same services while under a court order requiring participation in those services (*i.e.*, the difference was the court order). The Duke Study showed that combining a court order with services for at least six months reduced hospitalization (up to 74 percent), arrests (by 74 percent), reduced violence (up to 50 percent), reduced victimization (by 43 percent) and improved treatment compliance (by 58 percent).¹⁶

Studies throughout the country demonstrate that MCT works

- In Arizona, among patients who had been outpatient committed, “71 percent of the patients voluntarily maintained treatment contacts six months after their orders expired” compared to “almost no patients” who had not been put on outpatient commitment.¹⁷
- In Washington, D.C., hospital admissions decreased from 1.81 per year before to 0.95 per year after outpatient commitment.¹⁸

- In Ohio, the number of hospital admissions decreased from 1.5 to 0.4 per year. Outpatient commitment increased patients' compliance with outpatient psychiatric appointments from 5.7 to 13.0 per year and attendance at day treatment sessions from 23 to 60 per year.¹⁹
- In Iowa, average hospital admissions were reduced from 1.3 to 0.3, total hospital days from 33.3 to 4.6, and length of hospital stays from 26.7 to 18.6.²⁰
- In North Carolina, admissions for patients on outpatient commitment decreased from 3.7 to 0.7 per 1,000 days.²¹
- In North Carolina, only 30 percent of patients on outpatient commitment refused medication during a six-month period compared to 66 percent of patients not on outpatient commitment.²²

Caregivers report reduced strain as a result of sustained MCT

Families and friends who are caregivers for people with severe mental illnesses experience significant strain, particularly when their loved ones refuse treatment. In a study of the effect of MCT on caregivers, extended outpatient commitment contributed significantly to reduced caregiver strain.²³

Consumers believe the benefits of MCT outweigh the potential disadvantage of perceived coercion

In a survey of people with schizophrenia concerning preferences related to MCT, "being free to participate in treatment or not" was the least important outcome. When asked to rank their preferences, they answered that reducing symptoms, avoiding interpersonal conflict, and avoiding re-hospitalization outranked avoidance of outpatient commitment.²⁴ Studies show that a majority of people with severe mental illnesses who received mandatory treatment later agreed with the decision.²⁵ An informal survey of consumers of services for people with severe mental illnesses by a fellow consumer revealed that a majority supported outpatient commitment.²⁶ A formal survey published in July 2004 found that a majority of consumers regard mandated treatment as effective and fair.²⁷

New Mexico cannot afford *not* to have MCT

In the wake of deinstitutionalization, people with severe mental illnesses have filled prisons and jails and become one-third of the chronic homeless population. Many have taken their own lives and, less frequently, those of others. The cause of these tragedies is more often than not the symptoms of these disorders for which there are effective medications. To bring care to those most afflicted with severe psychiatric disorders in the post-deinstitutionalization treatment framework, 42 states have turned to mandated community treatment – New Mexico should do so as well.

ENDNOTES

¹ Swanson, J.W., Swartz, M.S., Elbogen, E.B., Wagner, H.R., Burns, B.J. (2003). Effects of involuntary outpatient commitment on subjective quality of life in persons with severe mental illness. *Behavioral Science and the Law*, 21, 473-91.

² Weiden, P.J., Kozma, C., Grogg, A., Locklear, J. (2004). Partial compliance and risk of hospitalization among California Medicaid patients with schizophrenia. *Psychiatric Services*, 55, 886-91. Medication gaps as small as one to ten continuous days in a one-year period were associated with a two-fold increase in hospitalization risk.

³ Munetz, M.R., Grande, T.P., Chambers, M.R. (2001). The incarceration of individuals with severe mental disorders. *Community Mental Health Journal*, 37, 361-72. Nearly 90 percent of a sample of individuals with severe mental illness in a local jail were partially or completely non-compliant with medication in the year before they were incarcerated.

⁴ Swartz, M.S., Swanson, J.W., Hiday, V.A., Borum, R., Wagner, H.R., Burns, B.J. (1998). Violence and severe mental illness: The effects of substance abuse and nonadherence to medication. *American Journal of Psychiatry*, 155, 226-31. Substance abuse, medication non-compliance and low insight into illness operate together to increase violence risk.

⁵ As of March 2005, 3,908 individuals received treatment orders under Kendra's Law. This translates to an average of 747 individuals per year. According to the U.S. Census Bureau, New Mexico's population is approximately 10 percent of New York's (19,190,115 vs. 1,903,289 persons). Based on the experience in New York, it is estimated that New Mexico will have an average of 75 people receiving court orders per year.

⁶ N.M. STAT. ANN. § 43-1-11(C).

⁷ Treatment Advocacy Center (2005, June) *Impaired awareness of illness (anosognosia): A major problem for individuals with schizophrenia and bipolar disorder*. Retrieved July 23, 2005, from <http://www.psychlaws.org/BriefingPapers/BP14.htm>; McGlynn,

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- ¹¹ Grisso, T., & Appelbaum, P.S. (1998). *Assessing competence to consent to treatment: A guide for physicians and other health professionals*. New York: Oxford University Press.
- ¹² New York State Office of Mental Health. (2005, March). *Kendra's Law: Final report on the status of assisted outpatient treatment*.
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- ¹⁴ Swanson, J.W., Swartz, M.S., Elbogen, E.B., Wagner, H.R., Burns, B.J. (2003). Effects of involuntary outpatient commitment on subjective quality of life in persons with severe mental illness. *Behavioral Science and the Law*, 21, 473-91.
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