

# CALIFORNIA TREATMENT ADVOCACY COALITION

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Assemblymember Betty Karnette  
State Capitol Building  
PO Box 942849  
Sacramento, CA 94249

March 25, 2006

Dear Assemblymember Yee:

Re: AB 2357 Sponsorship

The California Treatment Advocacy Coalition, a group of over 600 family members, consumers, professionals and organizations knowledgeable in the applications of the Lanterman Petris Short Act, is pleased to sponsor AB 2357. Thank you for introducing this vital legislation.

When it comes to getting help for someone in California overcome by mental illness, the law –or lack of application of the law--is often our worst enemy. For people too sick to realize their own need, there is no treatment available. Instead they eat out of dumpsters, shunning outreach attempts, hallucinating and delusional, too frequently ending in our jails and prisons.

Recent American studies report that approximately half of all individuals with severe mental illnesses have received no treatment for their illnesses in the previous 12 months.<sup>1</sup> We used to believe that stigma and dissatisfaction with services were the reason people with mental illness did not seek treatment. A recent study by Kessler, et al, included interviews with individuals who have serious mental illness to ascertain why they were not receiving treatment. Few said they were “not satisfied with available services” or “concerned about what others might think.” ***The greatest reason for non-treatment by far (55%) was the person's lack of awareness of their illness***<sup>2</sup>

Simply put, without recognizing that he or she suffers from a treatable illness, the person sees no reason to accept even the best of services offered. This limited awareness of their illness is called anosognosia and is caused by changes in the frontal lobe and other areas of the brain due to the disease process.<sup>3 4 5</sup> Such individuals will not voluntarily utilize psychiatric services, no matter how attractive or accessible those services are, because they do not believe that they have an illness.

The burden on families and individuals who suffer from anosognosia is tremendous. Family members have an alarming increased mortality rate because of the stress of care giving.<sup>6</sup> Living with untreated mental illness can

<sup>1</sup> Briefing Paper: Percentage of people with severe mental illness untreated and why Treatment Advocacy Center, [www.psychlaws.org](http://www.psychlaws.org)

<sup>2</sup> Kessler RC et al. The prevalence and correlates of untreated serious mental illness. Health Services Research 36:987-1007, 2001.

<sup>3</sup> Young, DA; Davila R. & Scher H, Schizophrenia Research, 10:117-124, 1992

<sup>4</sup> Kasapis C, Amador XF, Yale SA, Strauss D, Gorman JM. Schizophrenia Research, 20:123, 1996

<sup>5</sup> Young DA; Zakzanis, KK; Bailly C; Davila R; Griesse J; Sartory G & Thom A. Journal of Nervous and Mental Disease, 186, 44-50. 1998.

<sup>6</sup> Study finds mental diseases are among hardest to cope with

be life threatening, gravely disabling and deeply traumatic for family members.<sup>7</sup> Violence caused by untreated mental illness is most frequently targeted towards families.<sup>8 9</sup>

Individuals with untreated mental illness are victims of violence. In a study by Hilday et al of North Carolinians with mental illness referred from acute care hospitalization to outpatient committal (aka AOT), 8.2% reported having been the victim or a violent crime (assault, rape or mugging) prior to their hospitalization, a rate 2.7 times higher than the annual rate of victimization in the United States.<sup>10</sup> Suicide is the number one cause of premature death among people with schizophrenia, with an estimated 10 to 13 percent killing themselves. People suffering bipolar are even more likely to take their own lives.<sup>11</sup>

Fifteen percent of people in local jails have mental illness.<sup>12</sup> But, it is a mistake to think that people with mental illness who are incarcerated were unknown to the mental health system prior to their arrest. In a study of male inmates in a California jail, 90% had prior psychiatric hospitalizations. The author of the study found the population to be a generally “uncared-for” group, arrested for minor criminal acts that were ‘really manifestations of their illness, their lack of treatment and lack of structure in their lives’.”<sup>13</sup>

A study in the Los Angeles County jail showed that of the identified bipolar inmates who had previously been enrolled for community treatment in the Los Angeles County Mental Health system, the majority were manic and psychotic at time of their arrest. Sixty two percent of these inmates had received inpatient treatment in the 3 months preceding their arrest, 31% were released from an inpatient setting in the week prior to their arrest. Most simply had not engaged with the community mental health system before or after their arrest. Overall, only 21% of the entire cohort had an open outpatient case at time of the arrest.<sup>14</sup>

The authors concluded, and we agree, that the community mental health system must have stronger legal authority and structure to help reduce criminal offending by this population.

Laura’s Law combines legal authority with best-evidence community practices to provide a treatment modality that will reduce suicide, violence, homelessness, incarceration and neglect.

#### Laura’s Law

- Allows courts to authorize care for individuals who are too ill to accept or stay in community treatment without the therapeutic jurisprudence of a court order.
- Commits the mental health system to providing intensive care to that individual so that they receive the services they need to get well
- Provides that that the individual can “contract” for care via a settlement order that has the full authority of the court behind it.
- Allows choice to the individual as they engage in the development of their own particular treatment plan.
- Provides a less restrictive environment than the hospital or jail for those individuals who can survive safely in the community so long as they have intensive structure and supervision
- Prevents violence by intervening before the person becomes a danger to themselves or others

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March 17, 2006, Dailypennsylvanian.com reporting on Medicare study by researchers at University of Pennsylvania

<sup>7</sup> Family Toll, Christopher Amenson, Ph.D., A New Vision for Mental Health Treatment Laws, pg. 65

<sup>8</sup> Steadman et al, “Violence by People Discharged from Acute Psychiatric Facilities and by Others in the Same Neighborhoods,” Arch Gen Psychiatry. 1998; 55:393-401, Ma 7 1998

<sup>9</sup> “Violence and Violent Patients,” The Harvard Mental Health Letter, June (Part I) & July 1991 (Part III)

<sup>10</sup> Hilday, VA, et al, “Criminal Victimization of Persons with Mental Illness,” Psychiatric Services, 50:62-68, 1999

<sup>11</sup> Fact Sheet: Consequences of Non-Treatment, Treatment Advocacy Center, www.psychlaws.org

<sup>12</sup> (U.S. Department of Justice, Bureau of Justice Statistics, 1991).

<sup>13</sup> Lamb, H.R., (1996) Severely Mentally Ill Persns in Jails and Prisons: A Review

<sup>14</sup> Quanbeck et al, Clinical and Legal Correlates of Inmates with Bipolar Disorder at Time of Criminal Arrest, J Clin Psychiatry 65:0, Month 2004

Since the passage of Laura's Law, we have even more proof that Assisted Outpatient Treatment works. It's sister bill in New York, Kendra's Law, has achieved increased participation in case management, increased engagement in services and adherence to prescribed medication, improved community and social functioning and reduced incidence of harmful behavior along with reduced hospitalization, homelessness, arrest and incarceration. Recipients of AOT acknowledge that Kendra's Law helped them gain control over their lives, keep appointments and take prescribed medication to get well and stay well. Additionally, the increased collaboration and accountability between the mental health and court systems resulted in a more efficient and effective cross-agency delivery system, which helped every one with mental illness regardless of their legal status.<sup>15</sup>

The sunset in Laura's Law must be extended so that it can be implemented as more and more counties recognize its value. Study after study, in the United States and other countries, show that programs like Laura's Law save lives and money.

Extending the sunset via AB 2357 will grant California counties the option to achieve these results themselves. More importantly, it will offer those who have been besieged by the most virulent forms of mental illness a chance at their recovery.

Thank you for authoring this most vital bill.

Sincerely,

Carla Jacobs  
Co-coordinator  
California Treatment Advocacy Coalition

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<sup>15</sup> Final Report on the Status of Assisted Outpatient Treatment, New York State Office of Mental Health, 2005, [http://www.omh.state.ny.us/omhweb/Kendra\\_web/finalreport/](http://www.omh.state.ny.us/omhweb/Kendra_web/finalreport/)