

Treatment Advocacy Center: MEDIA ATTENTION MAKES THE DIFFERENCE

Unfortunately, the consequences of lack of treatment appear in the news every day – headlines tout terrible tragedies, lost opportunities and potential, and sad results. The Treatment Advocacy Center works to ensure that media coverage can also be used to truly educate and inform about the need for treatment to prevent tragedies and terrible headlines. TAC also educates about the value of assisted outpatient treatment as a mechanism to help those who otherwise refuse treatment.

COURTS UPHOLD KENDRA'S LAW. In the five years since Kendra's Law was enacted to bring assisted outpatient treatment to New York, the state's courts have repeatedly ruled it constitutional. This year, the state's highest court unanimously agreed. Despite some claims to the contrary, courts throughout the country continue to recognize that these laws provide lifesaving care while upholding individual civil rights and liberties.

Newsday, "Kendra's Law is Good for both the Public and Mentally Ill," February 20, 2004
New York Post, "A Win for the Mentally Ill," February 22, 2004

FLORIDA PASSES NEW LAW. Led by advocates and the Florida Sheriffs Association and supported by a broad coalition, including Gov. Jeb Bush, Florida became the 42nd state to allow assisted outpatient treatment.

South Florida Sun-Sentinel, "New Law will Ease Burdens," July 2, 2004
Florida Times Union, "Let's Reform the Baker Act: Costs, Consequences, and Civil Rights," February 3, 2004

TAC KEEPS PRESSURE ON ADMINISTRATION. The President's "New Freedom" Commission on Mental Health released its final report this year. Sadly, among some of its commendable recommendations, this Commission left out the people who needed them most, ignored powerful tools proven to save lives and money, and reinforced harmful stereotypes about those whose illness hampers their recovery.

The 40th anniversary of President Kennedy's 1963 signing of the Community Mental Health Centers Act also led to media attention. The act promised to improve conditions and save millions of dollars by treating consumers in small community clinics rather than in large and expensive state hospitals – but it mostly added to the growing wave of deinstitutionalization.

Some managed well on antipsychotic medications with attendant social services, but many others landed on the streets and in jails. Today, at least a third of the homeless and up to one quarter of those incarcerated have severe mental disorders such as schizophrenia and bipolar disorder.

New York Post, "The Bushies Pass," August 4, 2003

New York Times, "Out of the Asylum, Into the Cell," November 1, 2003

LOS ANGELES COUNTY IMPLEMENTS LAURA'S LAW. Los Angeles County is the first to implement Laura's Law (AB 1421), California's new legislation allowing court-ordered, intensive outpatient treatment for people with severe mental illnesses who refuse medication because their illness impairs their ability to make rational decisions.

Los Angeles Times, "True Help on Mental Illness," February 14, 2004

FAMILY ADVOCATES AFFECT EDITORIAL BOARDS. Letters to the editors and op-ed pieces affect not only those in the general public who read the papers, but also those on staff. Two examples: In Florida, family member Ceida Houseman wrote a powerful op-ed piece that was later quoted in the *Tampa Tribune's* editorial reversing its earlier position to support legislative reform. And in Maryland, family member's passionate letters are cited in a *Washington Post* editorial supporting that state's reform effort.

Tampa Tribune, "Florida's Baker Act Fails Mentally Ill and their Families," April 6, 2003

Tampa Tribune, "Let Judges Help People Before tragedy Strikes," December 28, 2003

The Washington Post, "Leaving Treatment Untreated," August 27, 2002

NAMI MEMBERS' LETTERS BLANKET THE COUNTRY. Advocates who take every opportunity to raise awareness of these issues are well-represented on letters pages in the biggest – and smallest – papers in every state.

Orange County (California) Register, "Laura's Law Fills a Gap for Mentally Ill Who Need Help Most," February 15, 2004

Sacramento Bee, "Mental Care Tools," April 23, 2004

Reader's Digest, "Last Rights," February 2004

CHANGE IS SPARKED BY MEDIA. Although tragedies get the media's attention, it is the personal stories and statistics about the successes in other states that keep the press interested in reform efforts. In Florida, two grieving family members fought for reform in their state, and are supporting it in others. In New Jersey, a family who lost someone is fighting to help others. In Michigan, an activist editorial board is refusing to let a bill die. And in West Virginia, a powerful judge demands that his state benefit from the good AOT laws can bring.

Huntsville Times (Alabama), "Widow, Sister, Turn Grief into a Cause," January 11, 2004

Courier Post (New Jersey), "South Jersey Family Lobbies for Law," September 28, 2003

Kalamazoo Gazette (Michigan), "Pass Kevin's Law This Time Around," October 26, 2003

Charleston Daily Record (West Virginia), "People Deserve Timely Treatment," March 6, 2004

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Kendra's Law Is Good Both for Public and Mentally Ill

A recent decision by New York's top court declaring Kendra's Law constitutional was a triumph of common sense. The Court of Appeals cut a careful path through a thicket of due process arguments and concluded that the state's compelling interest in protecting the public can sometimes trump the right of the mentally ill to refuse treatment.

The law was named for Kendra Webdale, who was pushed to her death from a Manhattan subway platform in 1999 by a man with a history of psychiatric illness. It authorizes court-ordered assisted outpatient treatment for mental patients who can function in the community with medication and supervision, but who are likely to become dangerous and re-

quire hospitalization without that support.

Forty states have similar laws. But New York's was challenged by a patient who said it violated his due process rights by failing to require a hearing before involuntary hospitalization, or a court finding of incapacity before allowing an order for assisted outpatient treatment. The court was right to reject the claims.

Kendra's law does require a hearing. Before a court orders assisted outpatient treatment, there must be "clear and convincing" evidence that a person is mentally ill and unlikely to make it in the community without supervision. A history of failing to stick with treatment must be established and recent hospitalizations, jail terms or violence documented. A

judge must also be convinced that assisted treatment will prevent a relapse and is the least restrictive appropriate option.

Kendra's law does not require a finding of incapacity — the standard for forcibly medicating a patient — because it doesn't authorize forcible medication. Failure to comply with an outpatient treatment order simply triggers heightened monitoring of a patient. That scrutiny can, and often should, lead to a 72-hour involuntary hospitalization under the well established laws that apply in all cases of mental illness.

Used properly, Kendra's law lets doctors and relatives intervene before a mentally ill person poses a danger to himself or others. That's good for everyone, including the mentally ill.

SUNDAY

NEW YORK POST

SUNDAY, FEBRUARY 22, 2004

A Win for the Mentally Ill

We've had our differences with the New York Court of Appeals, but the justices of the state's highest judicial body rendered an important service last week by unanimously upholding Kendra's Law.

That's the measure, enacted in 1999, that lets interested parties get a court order to force a mentally ill patient to comply with medical treatment — including taking prescribed medication.

The state Legislature passed the law after Kendra Webdale was shoved in front of a subway train by Andrew Goldstein, a schizophrenic with a long history of violent behavior who had gone off his meds.

It's still an unsatisfying way to deal with the shutdown of state mental hospitals, which has kept thousands of mentally ill people, even potentially dangerous ones, on the streets.

This sometimes represent an immediate threat to the general public, a fact of urban life that the Court of Appeals wisely noted.

In dismissing a complaint by the lawyer for a patient forced to take medication, the court ruled: "The state's interest in

immediately removing from the streets noncompliant patients previously found to be, as a result of their noncompliance, at risk of a relapse or deterioration likely to result in serious harm to themselves or others is quite strong."

Added the justices: "The outpatient's right to refuse treatment is outweighed by the state's compelling interests."

Indeed, they added, Kendra's Law — if complied with — "may enable patients who might otherwise require involuntary hospitalization to live and work freely and productively through compliance with necessary treatment."

It's difficult not to appreciate how many tragedies might have been avoided if New York had enacted a Kendra's Law even earlier, as 40 other states had done.

Kendra Webdale would likely be alive.

So would Gidone Busch, the mentally ill man gunned down by police on a Borough Park street in an incident exacerbated by his refusal to take medication.

The Court of Appeals' ruling is an important step in protecting society from the mentally ill — and those same poor souls from their own tragic demons.

MENTAL ILLNESS NEW LAW WILL EASE BURDENS

With a stroke of the governor's pen, Florida became a more enlightened place on Wednesday.

Gov. Jeb Bush signed into law HB 463/SB 700, important legislation that reforms the state's mental health law, known as the Baker Act. The measure was backed by the Florida Sheriffs Association and advocates for the mentally ill.

The new law, which takes effect Jan. 1, will allow court-ordered outpatient treatment for people with severe and persistent mental illness who have a history of non-compliance with treatment and either repetitive

**Involuntary commitment
has been the only option
available until now.**

Baker Act commitments or serious violence.

Until now, Florida has been one of only nine states that do not allow court-ordered outpatient treatment. Involuntary inpatient commitment, after the person has become a danger to himself or others, has been the only option available under the Baker Act to those seeking help for the mentally ill.

Studies show that when people with severe and persistent mental illness receive appropriate treatment, they are no more violent or dangerous than people who are not mentally ill. It is when they fail to comply with treatment that they can become a danger to themselves or others. Mental illness is chronic, so continuity of care is vital. Waiting until they reach the danger point before ordering them to comply often means waiting too long.

Court-ordered outpatient treatment provides for earlier intervention and is a less restrictive and less expensive alternative to inpatient commitment. In other states that have tried it, it has been an unqualified success. In the first three years after New York's "Kendra's law" took effect, for instance, people placed in court-ordered outpatient treatment experienced 63 percent fewer hospitalizations, 55 percent less homelessness, 75 percent fewer arrests and 69 percent fewer incarcerations. Participation in substance-abuse programs doubled.

While Florida's new law will bring significant benefits to the mentally ill and their families, it also has an important public safety component. "Assisted treatment provides for early intervention to prevent a crisis," said Wayne Dreggors, chairman of the Florida Council for Community Mental Health. And when it comes to the mentally ill, preventing a crisis often means preventing a crime.

Under current law, too many people who are guilty of little more than mental illness are clogging jails in South Florida and throughout the state, incarcerated over and over again for minor offenses such as trespass and disorderly conduct. Their recidivism is a drain on law enforcement resources and an enormous burden on the taxpayers.

Baker Act reform, therefore, was desperately needed. Now that it has been achieved, the challenge is to make sure the law is used effectively by police officers, mental health professionals and judges.

The new law does more than commit a patient for treatment. It commits the mental health system to help that patient. That commitment must be kept.

MONDAY, APRIL 21, 2003

The Florida Times-Union

Let's reform the Baker Act

Floridians with untreated severe mental illnesses are in great peril.

Florida law ignores overwhelming scientific evidence that schizophrenia and bipolar disorder are diseases of the brain and that half of those with severe mental illnesses lack insight into their illness and cannot recognize their own need for treatment.

Because of reluctance to update the Baker Act, Florida remains one of only nine states that does not allow courts to order outpatient care for people with untreated severe mental illnesses. In addition, the law is often interpreted to require an imminent danger before courts can order humane intervention. That means situations must escalate to crisis before help can be summoned.

Can Florida afford the consequences, costs, and civil rights infringements that come with maintaining the status quo? Can Florida afford not to reform the Baker Act?

Alan Mark Houseman of Hyde Park was shot and killed in an altercation with police last month, one year after Vincent Zirakian of Deltona met a similar tragic end. Both men had an untreated severe mental illness.

In that same time period, at least 40 people with mental illnesses were killed in encounters with police nationwide. Eight of those tragedies — 20 percent — were in Florida, although Florida has less than 6 percent of the U.S. population.

Tragic encounters with law enforcement are just one of the consequences of lack of treatment. More than 15,000 Floridians with untreated mental illnesses are homeless. Between 7,511 and 10,798 inmates with severe mental illnesses are in Florida's jails — at least three times more than are being treated in remaining state psychiatric hospitals. People with untreated severe mental illnesses are 10 to 15 times more likely to commit suicide than the general population — and severe and persistent mental illness is estimated to be a factor in 10 percent to 15 percent of violence.

The consequences of reforming the Baker Act are equally as compelling. In New York, of those placed in six months of assisted outpatient treatment through Dec. 3, 77 percent fewer were hospitalized, 85 percent fewer experienced homelessness, 83 percent fewer were arrested and 85 percent fewer were incarcerated.

Using cost data from the Department of Children and Families, doing nothing cost Florida approximately \$32 million for 11,209 additional adult Baker Act cases in 2001.

Proposed reform focuses on recidivists trapped

in a revolving door of ineffective services. 540 individuals had eight or more Baker Act emergency examinations in one 24-month period (2000 to 2001), averaging at least one every three months. This is expensive. For instance, in 2002, just one person received 41 Baker Act examinations. The cost? Conservatively \$81,000 — not including court costs, law enforcement resources, or long-term treatment.

And the number of recidivists is growing. In 2001, nearly 9,000 adults were "Baker Acted" two or more times. The number of Baker Act examinations for recidivists increased 50 percent between 2000 and 2002.

Non-treatment also costs money in lost productivity, ambulances, emergency room visits, and court, police and social services, and in intangible costs, from the deterioration of public transportation to reduced usage of public parks to human suffering.

Court-ordered outpatient treatment saves money by reducing hospitalization rates, arrests and violence — and increasing medication compliance, which can generate tremendous savings. One study calculated that nationwide, over two years, the direct cost of rehospitalization attributable to non-compliance is approximately \$700 million.

People like Houseman and Zirakian had rights. They had a right to live free of psychoses, a right to treatment, a right not to be killed.

But their ability to make rational treatment decisions was compromised by brain disease.

When an Alzheimer's patient walks into the woods at midnight, we bring her home, knowing that her disease inhibits her ability to reason.

Half of people with schizophrenia and manic-depressive disorder have similarly impaired awareness of their illness.

It is not a true exercise of rights to make decisions in a state of psychosis. In fact, the majority of those who initially object to hospitalization or medication retrospectively agree with the decision to hospitalize or treat them.

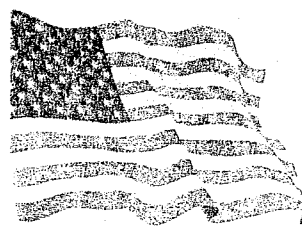
Florida's proposed reform maintains all the civil rights safeguards in present law. And it goes a step further, offering court-ordered outpatient treatment as a less restrictive treatment alternative.

Legislators should swiftly pass House Bill 1197 to reform Florida's Baker Act. The price of inaction is too great, the consequences of maintaining the status quo too severe — and the civil rights of our citizens who are most ill are at stake.

E. Fuller Torrey, M.D., is president of the Treatment Advocacy Center in Arlington, Va., a national non-profit organization working to eliminate barriers to treatment of severe mental illness.

POINT OF VIEW

E. Fuller
Torrey



NEW YORK POST

MONDAY, AUGUST 4, 2003

The Bushies Pass

I ENCOUNTER the mentally ill every day. I step over them on the sidewalks, I ignore their rantings, I look the other way when they rummage through the trash. I do this not because I'm hardhearted, but because in New York there's really no other choice. Anyone living in any major urban area in America probably does the same.

During recent decades, we have literally dumped severely mentally ill people onto our streets, abandoning them to their disease and delusions. This is a great national shame, hidden in plain view. On July 22, President Bush's New Freedom Commission on Mental Health released a report that was an opportunity to address this neglect, but it, disgracefully, took a pass.

Most of the mentally ill roaming the streets are too sick to know they are sick. Roughly 50 percent of schizophrenics and those with bipolar disorder do not know they are mentally ill. Therefore, if seeking treatment is left as an entirely voluntary choice — as it has been in recent decades — these people will choose continued illness and misery.

Powerful forces oppose caring for the unwilling mentally ill: the American Civil Liberties Union, which maintains essentially that there is a right to be an untreated schizophrenic; the Scientologists, who hate psychiatry as a matter of faith; "psychiatric survivors," the formerly mentally ill who were treated involuntarily



**RICH
LOWRY**

and are ideologically committed to keeping it from happening to anyone else ever again.

The president's commission aped the language and concerns of this anti-involuntary treat-

ment bloc, calling the mentally ill "consumers" and emphasizing the need for their participation in their "plans for recovery." Fine, so long as the mentally ill people in question know they are ill.

The focus on "choice" fits with a long-running trend toward deinstitutionalization. In 1955, there were 559,000 people in state psychiatric hospitals. Today there are less than 50,000. If the situation in 1955 had held, adjusting for population growth, there would be more than 900,000 people in state hospitals today. Many of these people are out in their communities and doing fine, but others are living a nightmare on the streets or in jail.

There are some 450,000 homeless people in the United States, and about a third are mentally ill. Roughly 16 percent of prisoners in state and local jails have psychiatric illnesses. According to Dr. Fuller Torrey, president of the Treatment Advocacy Center: "The Los Angeles County jail, with 3,400 mentally ill prisoners, is de facto the largest psychiatric inpatient facility in the United States. New York's Rikers Island jail, with 2,800 mentally ill prisoners, is the second-largest."

Opponents of involuntary treatment maintain that the severely mentally ill

would choose to get care if only mental health services were better. Nonsense. Says Torrey, "You could set up a suite in the local Hyatt with free coffee and cigarettes and these people would show up, but they still wouldn't take their treatment."

Opponents also argue that the "stigma" of mental illness keeps sick people from admitting that they need help. This is self-defeating nonsense. It is allowing mentally ill people to go untreated and roam the streets, free to do harm to themselves and others, that adds to the stigma of psychiatric disorders.

The severely mentally ill refuse treatment simply as part of their illness. The only answer is to treat them involuntarily, and there is a budding trend toward this solution in state laws. According to Sally Satel and Mary Zdanowicz, critics of the Bush commission's work, "Studies consistently show that the majority of patients initially treated without their consent agree with the decision when asked about it in retrospect."

There is no liberty in psychosis, and it is medication that offers mentally ill people true freedom. Unfortunately, the president's commission lacked the moral courage to make a stark statement to this effect and recommend policies in keeping with it. Meanwhile, on street corners all over America, very sick people are left to rot.

E-mail: comments.lowry@nationalreview.com

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Out of the Asylum, Into The Cell

By Sally Satel

WASHINGTON
A new report by Human Rights Watch has found that American prisons and jails contain three times more mentally ill people than do our psychiatric hospitals. The study confirmed what mental health and corrections experts have long known: incarceration has become the nation's default mental health treatment. And while the report offers good suggestions on how to help those who are incarcerated, a bigger question is what we can do to keep them from ending up behind bars at all.

The Los Angeles County jail, with 3,400 mentally ill prisoners, functions as the largest psychiatric inpatient institution in the United States. New York's Rikers Island, with 3,000 mentally ill inmates, is second. According to the Justice Department, roughly 16 percent of American inmates have serious psychiatric illnesses like schizophrenia, manic-depressive illness and disabling depression.

Life on the inside is a special nightmare for these inmates. They are targets of cruel manipulation and of physical and sexual abuse. Bizarre behavior, like responding to imaginary

How to help the
mentally ill stay out
of prison.

voices or self-mutilation, can get them punished — and the usual penalty, solitary confinement, only worsens hallucinations and delusions.

How did we get here? Actually, with the best of intentions.

Forty years ago yesterday, President John F. Kennedy signed the Community Mental Health Centers Act, under which large state hospitals for the mentally ill would give way to small community clinics. He said of the law that the "reliance on the cold mercy of custodial isolation will be supplanted by the open warmth of community concern and capability."

Kennedy was acting in response to a genuine shift in attitudes toward the mentally ill during the postwar years. The public and lawmakers had become aware of the dreadful conditions in the state hospitals, largely through exposés like Albert Deutsch's book "The Shame of the States" and popular entertainment like the movie "The Snake Pit," both of which appeared in 1948. In addition, Thorazine, an anti-psychotic medication, became available in the mid-50's and rendered many patients calm enough for discharge.

Between Kennedy's signing of the mental health law in 1963 and its expiration in 1980, the number of patients in state mental hospitals dropped by about 70 percent. But asylum reform had a series of unintended conse-

Sally Satel, a psychiatrist and a fellow at the American Enterprise Institute, is co-author of the forthcoming "One Nation Under Therapy."

quences. The nation's 700 or so community mental health centers could not handle the huge numbers of fragile patients who had been released after spending months or years in the large institutions.

There were not enough psychiatrists and health workers willing to roll up their sleeves and take on these tough cases. Closely supervised treatment, community-supported housing and rehabilitation were given short shrift. In addition, civil liberties law gained momentum in the 70's and made it unreasonable hard for judges to commit patients who relapsed but refused care. Those discharged from state hospitals were often caught in a revolving door, quickly falling in the community and going back to the institution. And they were the lucky ones — many others ended up living in flop-houses, on the streets or, as Human Rights Watch has reminded us, in prison.

Reforms like segregating mentally ill prisoners in treatment units would help. Of course, the ultimate solution is keeping psychotic people whose criminal infractions are a product of their sickness out of jails in the first place. This requires a two-part approach. The first entails repairing a terribly fragmented mental health care system. The most important change would be liberating states from the straitjacket of federal regulations surrounding the use of money from Medicaid and Medicare — programs that account for two-

thirds of every public dollar spent on the mentally ill.

These regulations force many states to make rigid rules dictating what services will and won't be reimbursed, which forces practitioners and administrators to perform bureaucratic gymnastics to circumvent them. For example, Medicaid will not pay for clinicians who provide "assertive community treatment" — a system in which professionals work as a team, making home visits, checking on medication and helping patients with practical day-to-day demands. Yet such teams have been proved to reduce re-hospitalization rates by up to 80 percent.

Relaxing regulations would be great progress in helping those mentally ill people who seek treatment. Unfortunately, about half of all untreated people with psychotic illness do not recognize that there is anything wrong with them. Thus the second part of any sensible reform would be finding ways to help patients who have a consistent pattern of rejecting voluntary care, going off medication, spiraling into self-destruction or becoming a danger to others.

One approach is encouraging their cooperation with "treatment through leverage." This process, not new but underused, involves making social welfare benefits, like subsidized housing and Social Security disability benefits, conditional to participation in treat-

ment.

A more formal approach is to have civil courts order people to enter community treatment. New York State's Kendra's Law, named in memory of a woman killed in 1999 after being pushed into the path of a subway train by a man with schizophrenia, is a good model. From 1999 to 2002, about 2,400 people spent at least six months in mandatory community treatment under the law.

And for those who end up committing crimes, some states have developed special mental-health courts that can use the threat of jail to keep minor offenders with psychosis in treatment and on medication at least long enough for the offenders to make informed decisions about treatment. Such efforts may get help from Washington: last Monday the Senate approved a bill authorizing \$200 million for states to develop more mental-health courts and other services for nonviolent, mentally ill offenders; it awaits action in the House.

For many thousands of mentally ill people, America has failed to make good on John F. Kennedy's promise of 40 years ago. Releasing them from the large state institutions was only a first step. Now we must do what we can to free them from the "cold mercy" that comes with criminalizing mental illness. □

Los Angeles Times

SATURDAY, FEBRUARY 14, 2004

True Help on Mental Illness

Los Angeles is the only county to implement the state's 2002 "Laura's law," which allows a judge, under closely monitored circumstances, to order severely and often violently mentally ill people to accept treatment.

The other 57 counties, which tend to view the law as controversial and expensive because it lacks state funding, should look at Los Angeles County. A limited pilot program has stopped dozens of people from cycling in and out of jails, hospitals and prisons.

Marvin Southard, the director of the county's mental health department, found money to begin implementing Laura's law (named after a young woman killed by a mentally ill man in a Northern California clinic) by transferring some seriously mentally ill people out of guarded psychiatric wards — where they each cost the county about \$100,000 a year — and into supervised, locked board-and-care facilities where they cost from \$28,000 to \$56,000.

Using savings generated by the transfers, Southard established a program in which mental health teams closely followed a small number of seriously mentally ill people after their discharge from jail. Before the passage of Laura's law, such people were typically released with a sheet of paper referring them to a mental health clinic. Then they were forgotten. Today, if one of the lucky few in the pilot program fails to comply with his treatment plan, the team can find him, drive him to a clinic or other prescribed social service and give him a chance to get back on track.

Critics of Laura's law argue that it, in its coercion, drives the ill away from treatment. Tell that, however, to Amy Cabonce, who last summer argued to Mateo County mental health professionals that they ought to compel her 41-year-old son, Jerry, to be treated after he had stopped taking medications to control his schizophrenia.

The officials told her that because they had not implemented Laura's law, they could not compel Cabonce to be treated, even though he had stabbed his brother-in-law after stopping medication a few years earlier.

Just weeks later, Jerry Cabonce stuck a butcher knife into two San Francisco police officers. Three weeks ago, San Mateo Superior Court Judge Craig Parsons found him too mentally ill to stand trial. He is expected to be sent to a state psychiatric

hospital, where he will cost state taxpayers about \$100,000 a year.

There's no empirical evidence to prove that Laura's law is cost-effective: It is too new and its implementation too limited to have been academically documented. But had San Mateo County treated Cabonce, it could have billed the federal government for at least 50% of the cost of his care through Medicaid. Since Washington doesn't reimburse state psychiatric hospitals or prisons, the county now shoulders the whole cost.

California counties should implement Laura's law, even partly, because it's the morally right thing to do. Given the state's current budget crisis, the money-saving potential should also be better explored.

Los Angeles County has embraced 'Laura's law' by launching a pilot program of court-ordered treatment. It's time for other counties to do the same.

THE TAMPA TRIBUNE

and The Tampa Times

TBO.com • THE TAMPA TRIBUNE • SUNDAY, APRIL 6, 2003 • COMMENTARY • 3

LETTERS

Florida's Baker Act Fails Mentally Ill And Their Families

By CEIDA and DAVID HOUSEMAN

Alan Mark Houseman was killed in an encounter with a law enforcement officer March 8. Alan had schizophrenia and was off his medication. The day before he died, we had yet again filed papers to have him committed against his will under Florida's Baker Act.

Sadly, this was only the final time the system failed our brother. Florida law does not allow court-ordered outpatient treatment — something that is available in 41 other states. And the state law is interpreted as requiring someone to be imminently dangerous before the courts intervene.

In our case, that meant that the many times we knew Alan was deteriorating — including only a month before he died, when he threatened David's life — we would call for help to no avail.

More times than we can count, we

never even got as far as a Baker Act order. Over and over we reached out for help and were told Alan couldn't be committed because he wasn't an imminent danger to himself or others. The times that he did meet the standard and was brought in under the Baker Act, the law permitted Alan — someone who was floridly delusional — to check himself out and go home. More than a dozen times we watched with relief as he was taken in, and with horror as he was released with no order to stay on medication. After Alan died, we were saddened to discover that no part of our tragedy is unusual or uncommon.

Alan was not the first person with a severe mental illness to stop taking medication because he didn't think he was sick. About half of those with severe brain diseases like schizophrenia or bipolar disorder lack the full capacity to understand that they have the disease. Studies have shown that

such individuals will not voluntarily utilize psychiatric services, no matter how attractive those services are.

Alan was not the first person to be killed in an encounter with law enforcement. In fact, people with severe mental illnesses are four times more likely to be killed in an encounter with police than people who aren't ill.

Alan was not the first person to be repeatedly "Baker Acted." Approximately 7,500 adults each year in Florida are taken into custody under the law two or more times.

Like so many other families touched by these terrible statistics, we tried to be the squeaky wheel to get Alan the help he needed. We called the police. We went down in person to talk to people who wouldn't return our phone calls. We kept in close contact with his doctors and caseworkers. We would plead with them: Alan is deteriorating; we know the signs so well. Eventually he will hurt himself.

Eventually he will be Baker Acted. Eventually he will be in your system anyway. But in waiting for that day to come, Alan will be far sicker and harder to help than he is now.

People like Alan overburden the system. They use up a huge share of services — in police visits, ambulance costs, emergency room services, court time. And because they can't be compelled to stay in treatment, they cycle in and out, never getting better, sucking up an escalating quantity of resources.

Anyone who has ever balanced a checkbook can do the math: It is more expensive to repeatedly use a service poorly than to use it once effectively. In 2002, one individual alone accounted for 41 Baker Act examinations at an approximate cost of \$81,000 — not including court costs, law enforcement resources or long-term treatment.

After Alan died, one of his friends,

another man who has a severe mental illness, asked David a question that has haunted us ever since. "If someone kills me," he asked, "will you stand up for me too?"

We are trying to stand up for him now, while he is alive, as we tried to stand up for Alan.

Current law keeps families from helping those they love until after tragedy has struck. Florida legislators should stand up for them now. Not because it will save money, although it will. Not because it will increase public safety, though it will. But because people like Alan deserve to be helped — before they end up on the street, in jail — or in the morgue.

Ceida and David Houseman live in Clearwater. Alan Houseman lived in Tampa.

OUR OPINION

Let Judges Help People Before Tragedy Strikes

In early March, David Houseman filed papers to have his brother, Alan, a Hyde Park resident diagnosed with paranoid schizophrenia, committed to a hospital—for the fourteenth time.

Alan, it seems, refused to take the medications that helped him.

But before he could be picked up, Alan attacked a police officer with her own baton. In self-defense, she shot and killed him.

"Sadly, this was only the final time the system failed our brother," David Houseman and his wife, Ceida, wrote in the Tribune.

The Housemans' story is repeated often by families coping with a mentally ill relative or friend who refuses to acknowledge the illness. These people watch their loved ones deteriorate but can do little about it.

They know that eventually, when the patient becomes an imminent threat to himself or others, he can be committed under the Baker Act.

Eventually,

And that's the problem. Today there are four times more people with mental illnesses in local jails than in psychiatric hospitals because they don't meet the statutory definition needed for hospitalization. Moreover, many of these inmates, if properly treated, would pose no threat to anyone.

For the second year, the Florida Sheriffs Association and mental health advocates have proposed legislation to allow court-ordered outpatient treatment, something that's permitted in 41 states.

The reforms would allow judges to intervene early. If a mentally ill person refuses to take his drugs and has a history with the police, the judge could order that person to take his medication. The hope is that getting hauled before a judge will get his attention.

If that doesn't work, the judge could send him to an outpatient treatment program. In the end, a judge cannot force someone to take their drugs, but the judicial threat just might keep people from deteriorating into a dangerous mental condition.

Consequences Reduced

During the last session of Florida's Legislature, we cautioned that the proposed reforms could pose too great a burden on the judicial system and suggested setting up a pilot project to show whether the proposals would succeed. We have reconsidered.

Statistics from other states with similar laws show that patients ordered into treatment programs have stayed on their medications and out of hospitals and jails.

Take New York, which passed

Kendra's Law after a young woman visiting Manhattan was pushed in front of a subway car by a deranged man off his medications. Kendra's Law allows judges to order people into treatment. Since it took effect in 1999, the need for hospitalizations has dropped by 63 percent. Homelessness among the mentally ill has fallen by 55 percent and arrests by 75 percent.

Moreover, the burden on New York judges and those in other states hasn't proven to be too much.

"[W]e are dealing with these cases one way or another," Wisconsin trial judge Ralph Johnson told the sheriffs association. "That is, if we do not handle the cases on the civil docket for court-ordered treatment, we will have to deal with them on the criminal docket when crimes are committed, often as a result of the untreated symptoms of their illness."

Indeed, as Seminole County Sheriff Donald Eslinger puts it, "There is a serious downside to not adopting the Baker Act reforms: ... continued arrests, homelessness, victimization, violence and suicide by people who, because of their mental illness, do not recognize their own need for treatment."

The changes should not cost the state more money because the people who would otherwise have been in jail at state expense would be placed into treatment programs.

Saving A Life

The Housemans are convinced such a program could have saved their brother's life. He would have taken his medication if ordered by a judge, Ceida Houseman insists. She remembers him as a wonderful man when he took his medicine.

"We knew it was a bad system, we knew that a lot of people were affected, but we didn't know that the law could be changed to deal with people like my brother-in-law," she said.

When Alan stopped taking care of himself and they tried to help, they became the villains. Alan would love them or loathe them, depending on whether he took his medicine.

"After he was killed, we heard from so many people, calling us to console us and asking, 'How do we help ourselves?'" she recalled.

They can help by contacting their legislators and urging them to support Baker Act reform.

A To read the bill and contact legislators, go to TBO.com and click on Links We Mentioned. Then click on the Baker Act links.

To read "An Act Of Desperation," a Tribune series on the Baker Act and children, go to TBO.com and type in the keyword Baker Act.

The Washington Post

AN INDEPENDENT NEWSPAPER

Leaving Treatment Untreated

THE MARYLAND General Assembly wrapped up its session without passing a bill to relax the standards under which people with serious mental illnesses can be involuntarily evaluated and admitted to hospitals for treatment. The bill, which was killed by a Senate committee, deserves another look when the legislature reconvenes next year.

Under current law, a judge or police officer can secure an emergency mental evaluation of an unwilling person only if that person poses a "clear and imminent danger" to himself or someone else. And hospitalization requires a showing that the patient "presents a danger to the life and safety" of someone. This sort of restrictive language is meant to protect the autonomy and freedom of people who, while ill, should lawfully be entitled to make their own decisions about the costs and benefits of treatments. But among people whose thought is gravely and pervasively compromised by mental illness, the idea of choice can be a bad joke. And the restrictions can operate to preclude the state from intervening and detaining someone while help is still possible. The result of delay is, all too often, suicide or crime—and, if crime, the person is then detained as a criminal rather than as a patient.

Letters published on this page in recent weeks have testified to the cruelty the current

law can inflict. One reader wrote that her son, a paranoid schizophrenic, was examined at an emergency room after having purchased a gun. She said the hospital could not admit him, however, saying that "at that moment, he did not 'present a danger.'" Two weeks later he used the gun to commit suicide." Another wrote that he has been unable to get treatment for his wife. Though she is so disabled that her children cannot live at home with her, she "is not dangerous, and it is wrong to hope that she becomes dangerous [so she can] get the treatment she needs." Still another reader wrote that his wife had been in and out of the hospital 10 times since 1997: "As soon as she left the hospital she again had the 'right' to refuse to take the drugs her doctors prescribed to calm her delusions. Thus the cycle began again."

The bill would have permitted evaluations of those who could be "reasonably expected" to pose a danger. And it would have allowed hospitalization of those who are "gravely disabled"—defined as "incapable of making an informed decision" and so impaired that substantial harm is "probable." Whether this is the right standard or not is open to reasonable discussion. There are civil liberties concerns that caution against making it too easy to lock people up. But current law is not working. It needs to be improved.

THE ORANGE COUNTY REGISTER

SUNDAY

Feb. 15, 2004

'Laura's law' fills a gap for mentally ill who need help most

Orange County is lucky to have a man like Xavier Espinosa chairing the mental health board ["His empathy plays role in mental-health policy," Local, Feb. 6]. Hopefully, his philosophy about people with severe mental illnesses will translate into Orange County's adoption of California's "Laura's law."

New York's implementation of a similar law has led to staggering results – after six months in outpatient commitment, there was a sharp decline for those in the program in incidences of hospitalization, homelessness, arrest and incarceration from pre-outpatient commitment levels. There were also significant reductions in harm to self and harm to others.

"Laura's law" is designed to help a small group of people who are the most ill, people who use a disproportionate share of services with no long-term benefit. It provides the missing components, which have for too long prevented these mentally ill from getting the care they need and deserve.

Nomi Lonky
Yorba Linda



Sacramento Bee

April 23, 2004

Mental care tools

Letter to the editor

Re "Troubled woman, freed of father's control, falls prey to violence," April 13: The second in Diana Griego Erwin's powerful two-part portrait of Carrisa Rolfe made my heart ache. This tragedy might have been avoided. California requires judicial consideration of family testimony and psychiatric history when courts evaluate treatment decisions. Even worse, in Sacramento County the court did not have available a life-saving safety net, Laura's Law (AB 1421, 2002), for court-ordered treatment that is available elsewhere in California and in 40 other states.

Sacramento County has yet to implement Laura's Law, which would have meant release from inpatient care to the community under an outpatient commitment order. New York's similar law demonstrated a sharp decline (for six-month commitments) in hospitalization (63 percent), homelessness (55 percent), arrest (75 percent) and incarceration (69 percent) for participants.

Laura's Law can help the most ill by ensuring continued treatment in the community. The California Psychiatric Association worked very hard to pass both laws. One of those laws was seemingly ignored, another completely unutilized. We have proven tools to help people such as Carrisa. But for tools to work, they must be used.

Randall Hagar, Sacramento
Director of Government Affairs, California Psychiatric Association

rd.com

Reader's Digest

February 2004

Last Rights

MY BROTHER was diagnosed 15 years ago with paranoid schizophrenia ("Dangerous Minds"). Because of his civil rights, we as a family have had our hands tied by the government concerning his care. Yet he is unable to make appropriate decisions regarding his health and refuses to let us help him. He also suffers from severe emphysema and congestive heart failure, and won't use his oxygen, even though his lips are blue.

A mental health professional recently told us, "He will die with his rights on."

CYNTHIA WHIPKEY, Longview, Texas

The Huntsville Times

Victim's widow, killer's sister turn grief into a cause

Sunday

January 11, 2004

Florida women try to help victims of mental illness

By KAY CAMPBELL
Times Staff Writer
kayc@hntimes.com

Her husband had been dead less than a week in 1998 before Linda Gregory found herself telling Florida sheriff Don Eslinger that she wanted to do something to help prevent another tragedy like hers.

Her husband, a deputy well-known in Seminole County, Fla., for his ability to deal with the mentally ill, had been gunned down after a 13-hour standoff between police and Alan Singletary, who had a history of schizophrenia.

"When my husband was

killed by a person with mental illness, it was a tragedy," she said Friday by phone from Orlando. "But the fact that five years later people are being killed and killing themselves because of mental illness - it's even a greater tragedy."

Gregory referred to the Jan. 2 slaying of two Athens police officers. Farron Barksdale, 29, charged with capital murder in their deaths, has been diagnosed as a paranoid schizophrenic.

Besides killing Seminole County Deputy Gene Gregory, Singletary wounded two other deputies before he died in the crossfire.

The idea of making a difference was easier to conceive than to carry out, Gregory said. She will never forget walking

into the room where she knew the sister and brother of the man who killed her husband were waiting to meet her.

"I was shaking," Gregory said of that meeting with Alice Petree and her brother. "By the time I got there, I was crying. Alice stood up and we just went to each other and hugged each other and started crying."

"Then we sat down and talked for a long, long time. It made it easier to understand things from their perspective. They had been victims long before I had - victims of a system that wasn't working."

Making new friends

Gregory and Petree have since traveled Florida and the

nation - last year in Birmingham as guests of the Alabama chapter of the National Alliance for the Mentally Ill - to tell their heart-breaking stories and of their work to prevent other families' tragedies.

"I think it is - for both Alice and I - a healing thing," Gregory said. "It helps to know that we are making a difference."

And Gregory, somewhat to her surprise, has found that her work with Petree has also brought them together as friends. "It's kind of a different way of making friends," she said.

Their work with Eslinger in Seminole County has grown to a statewide Partners in Crisis, a group that brings community, mental health and law enforcement agencies together to address mental health problems. Gregory has also spoken at law enforcement training sessions for Crisis Intervention

Internet resources

Florida Partners in Crisis:

The group now headed by Seminole County Sheriff Don Eslinger. www.floridapartnersincrisis.org.

NAMI, the National Alliance for the Mentally Ill. www.nami.org.

Treatment Advocacy Center: a non-profit group working to eliminate barriers to treatment of severe mental illness. www.psychlaw.org.

Teams, officers trained to deal with mentally ill suspects.

After Gregory's slaying "it became evident that the mental health system in Seminole County was not working," Eslinger has said, "and that law enforcement, whether we liked it or not" has a stake in the mental health system.

One of Gregory's three sons, a deputy, was one of the first officers to join his local CIT, she said.

But Gregory's work has not made as much of a difference as she would like.

Petree, who talked by phone Friday from her job at J.C. Pen-

ney in Orlando, said she has also read of the deaths of Athens police officer Tony Mims and Sgt. Larry Russell.

"It's going to be just an agonizing, long, long thing," Petree said, referring to the emotional pain the families of the slain officers and their accused killer face. "You can't deny the anger and pain that those guys were ambushed."

"But," Petree said, "I know there must be anger from the Barksdale family when they tried so many times to keep both their son and the community safe by getting him help over and over again."

No angels, no satellites

Barksdale, who remains jailed without bond, has a long history of voluntary and involuntary treatment for his mental illness. So did Petree's brother.

It took her a long time to gain any understanding what was going on with her brother, Petree said.

When he was diagnosed with schizophrenia about 15 years before the fatal standoff, psychiatrists told his family to

do everything they could to correct his delusions - to convince him that the angels were not, in fact, talking to him, that their father did not, in fact, own a string of small businesses across the United States, that satellites were not, in fact, beaming into his head.

Now, Petree said, physicians understand that contradicting someone with schizophrenic delusions simply doesn't work and might increase their paranoia.

"Their brain is dysfunctional, it's fragmented," Petree said. "It's so hard to understand, but everything is so very real to them. It doesn't help anything to negate them because it's real to them. It's happening to them."

What does help is medication, said John Snook, legal and policy counsel for the Treatment Advocacy Center, a nonprofit group in Washington, D.C., that works to remove barriers to treatment of severe mental illnesses.

"Medication works," Snook said Friday from his office. "But when they leave the hospital,

Mental illness and crime

■ Being severely mentally ill and not taking medication is a major clinical predictor of violent behavior.

■ About 1,000 homicides a year are committed by people with untreated severe mental illnesses.

■ The primary reason most mentally ill people refuse treatment is that they do not believe they are sick.

■ In 1998, law enforcement officers were more likely to be killed by a person with severe and persistent mental illness than by assailants who had a prior arrest for assaulting police.

■ In 2003, there were 35 instances in which law enforcement officers in the United States were killed or injured by a person with a severe mental illness.

■ In 2003, mentally ill persons faced 50 instances in which they were killed or injured in encounters with law enforcement officers.

Source: Treatment Advocacy Center.

Many states, including Alabama, allow something called outpatient commitment. In circumstances when someone appears to have a mental illness that continues to spiral out of control, resulting in involuntary commitments, a judge is allowed to order the person to comply with medication or face commitment again.

Oddly enough, schizophrenics, even those who are paranoid, seem to respond to authority.

"Our experience," said Mary Zdanowicz, executive director of the Treatment Advocacy Center, "is if mom tells them to take their medication, well, it's just mom. But if a judge tells them, most people actually will."

Consistent treatment is the only prevention, said Alice Aebersold, director of communications for Treatment Advocacy Center.

"Treating people early and continuously means they're more likely to get success," Aebersold said. "Every time you have to start again, it's harder to get them back to lucidity."

when they don't think they're sick, they quit taking it - why would they?"

S.J. family lobbies for law

Slain boy's
parents want
mental health
system changes

By **CHRISTINA MITCHELL**
Courier-Post Staff

As they await the trial of the man accused of murdering their 11-year-old son, Mark and Cathy Katsnelson have decided to lobby for New Jersey legislation they believe could spare other families a similar tragedy.

Ronald Pituch, a schizophrenic whose family said he often refused medication, is in Burlington County Jail awaiting trial for capital murder in the Oct. 17, 2002, death of his mother, Josephine, and Gregory Katsnelson. A tentative trial date has been set for Jan. 13.

Pituch, 27, is accused of killing his mother, then stabbing Gregory to death with a kitchen knife in a park near the boy's Evesham home. His body was found in a shallow pond nearby.

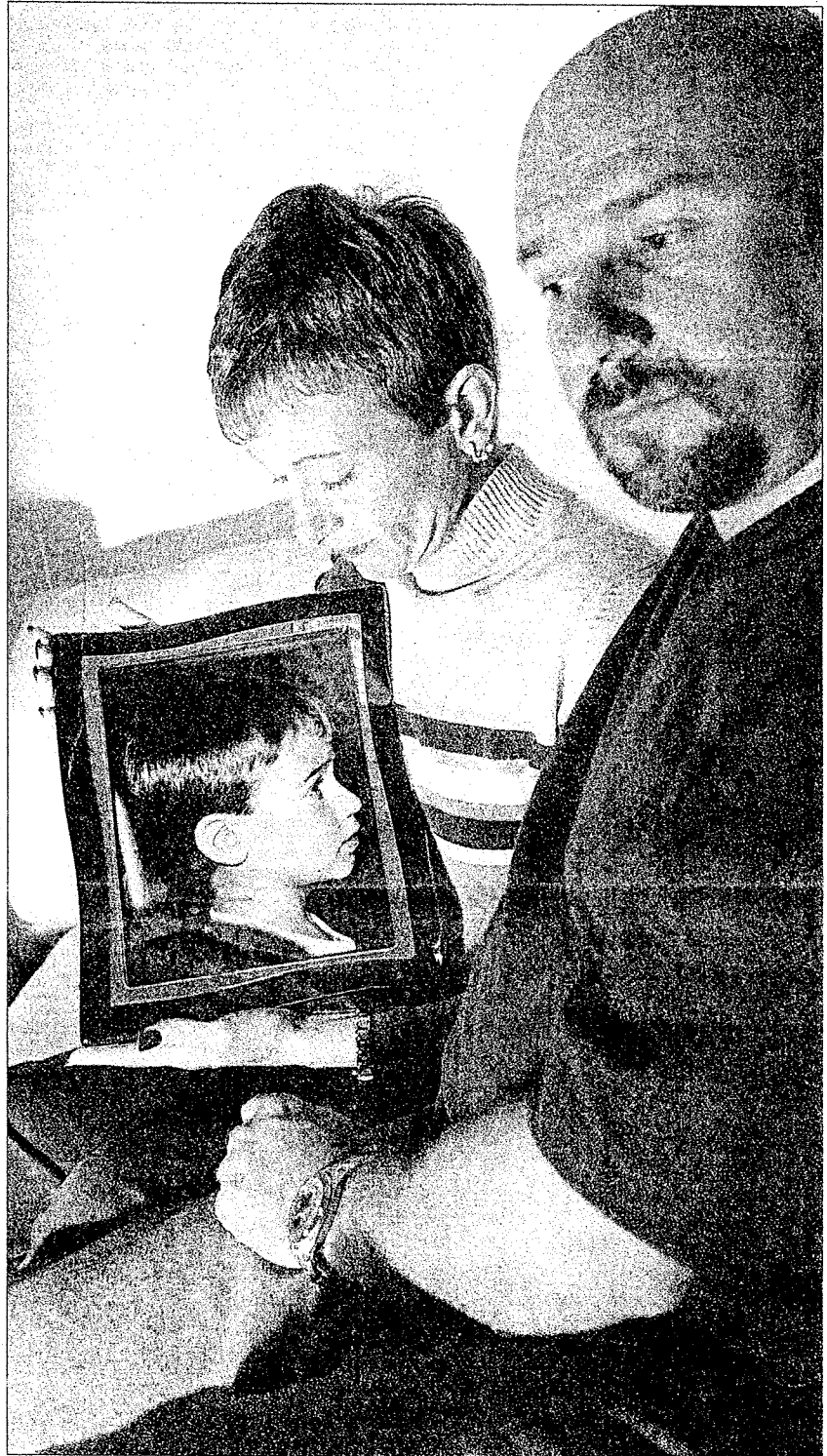
Defense lawyers for Pituch have until Monday to inform the Burlington County Prosecutor's Office when reports will be available from experts who may testify on the defendant's behalf.

Meanwhile, in one of their first interviews since their son's death, the Katsnelsons said last week they will pursue a law modeled on New York's Kendra's Law, named for Kendra Webdale, who was killed in 1999 when she was pushed into the path of a New York city subway train by a mentally ill man.

"Whatever the outcome is, we're going to do whatever we can to make it happen," said Mark Katsnelson, 40.

Kendra's Law allows people suffering from serious mental illness to be ordered into assisted outpatient treatment before they can deteriorate to the point of being a danger to themselves or to others.

Among the criteria for AOT are that an individual be 18 or older and suffering from a mental illness that prevents living safely in the community. A history of noncompliance with treatment that has resulted in hospitalization or violence also is a factor.



JOSE F. MORENO/Courier-Post
Mark Katsnelson and his wife, Cathy, of Evesham, hold a photo of their son, Gregory, who was allegedly killed by Ronald Pituch, a schizophrenic whose family said he often refused medication.

See **LEGISLATION**, Page 6A

Legislation/I couldn't protect my son, father says

Continued from Page 1A

AOT laws exist in 41 states. A preliminary New Jersey bill has been drafted by the Katsnelsons' state senator, Martha Bark, R-Medford.

"When I first read about this terrible tragedy, my (worry) with the whole thing was this gentleman's (Pituch's) mother was trying to do something," Bark said. "She was concerned for her safety, his safety."

Neither Burlington County Prosecutor Robert Bernardi nor Vincent Reilly, the Pennsauken attorney for Pituch's father, Thomas, would comment. Representatives from the state Department of Mental Health, as well as the Public Defender's Office, declined to comment on preliminary legislation.

'Hands are tied'

Before they spoke with Bark, the Katsnelsons reached out to Mary Zdanowicz, the executive director of the Treatment Advocacy Center in Arlington, Va., an advocacy group for the mentally ill.

Zdanowicz, 47, has two siblings with schizophrenia, one of whom she visits monthly at Anacora Psychiatric Hospital in Hammondon.

"This death didn't have to happen," she said, referring to Gregory. "But right now families (of seriously mentally ill) hands are tied."

"It does sometimes take an in-



RONALD PITUCH

cident, a tragedy like this, to make us aware of how vulnerable we are."

Mark Katsnelson sees that clearly now.

"I'm the father and I couldn't protect my son," said Katsnelson, a Russian immigrant who moved his family to Evesham's Kings Grant from Philadelphia in 1998.

"I have no control over my life. You do the things you're supposed to do ... move into a nice neighborhood, and none of that matters."

While New Jersey's mental health system already can order a mentally ill person deemed dangerous into hospital commitment, all outpatient programs are voluntary. The state's 21 counties are served by teams —

MORE INFORMATION

■ A scholarship fund has been set up in memory of Gregory Katsnelson. Send donations to P.O. Box 735, Marlton 08053. A Web site dedicated to his memory can be accessed at www.remembergregory.com.

■ For information on pending legislation to allow court-ordered outpatient treatment for the mentally ill, call the Treatment Advocacy Center at (703) 294-6001 or go to the Web site at www.psychlaw.org.

Care Services, a publicly funded provider of mental health services in Cherry Hill. "But without appropriate funding, it's simply one more frustration for families and mentally ill people to face."

"In a system where people have to wait eight weeks or more for treatment, in some cases, it's really not addressing the real problems in a systematic way," explained Phil Lubitz, director of advocacy programs for the New Jersey chapter of NAMI, the National Alliance for the Mentally Ill, in North Brunswick.

"It's not as simple as just putting people into outpatient commitment. You have to have a pretty rich system to make that work."

And the system, agreed Wayne Vivian, president of Paterson-based Coalition of Mental Health Consumer Organizations of New Jersey, is hardly rich enough to pay for mandated treatment.

"We (COMHCO) believe if

there's limited outpatient service in the community, you'd be more likely to be forced into state involuntary hospitals," Vivian said.

The Jersey City resident has had bouts with major depression and panic disorder, and knows the state's mental health system well.

"What keeps people away from treatment ... of course impaired judgment is a major part of it," Vivian said. "But a lot of times that impaired judgment comes from patients' experiences with the system, over years, over time."

"If services are good, and services are accessible ... they (patients) will seek services. The problem is the system doesn't provide people with what they need."

But Zdanowicz argues the state has the resources for AOT. When it closed Marlboro Psychiatric Hospital in Monmouth County in 1996, she said, the state was able to establish 33 PACT teams statewide that each cost \$1 million and can serve 100 clients at an annual cost of \$10,000 each.

"I think they can't afford *not* to have this kind of law," Zdanowicz said. "All of the programs that are in place for outpatient treatment are voluntary, which means that somebody who doesn't recognize they are ill and need treatment won't benefit from those services because they're not going to seek them voluntarily. ... And then, in

many cases, as in (the Pituch case), it's too late."

Parents forge ahead

Despite all the arguments, the Katsnelsons are determined to lobby for AOT legislation at the same time they are facing Pituch's trial.

Once Bark's legislation is finalized, it will have to wait until after the November elections — at the earliest — to be introduced in the Senate.

"I know families (of the mentally ill) who suffer tremendously," Mark said. "It's a tragedy not just for our family, but it's a tragedy for people who have lived with this for a long time."

Evesham Mayor Gus Tambarro, who has been close to the Katsnelsons since the murder, believes they can go all the way, even in the face of unimaginable grief.

"These are people who might be short in stature, but my God, they're long in diligence," he marveled.

"After what's happened to them, there's nothing they can't do. So it's damn the torpedoes and full speed ahead."

"I think we're ready," said Cathy, 39. "Thinking of our son, and thinking of other people that are going to be able to benefit, is what will make me strong."

Staff writer Carol Connejo contributed to this report. Contact Christina Mitchell at (856) 317-7905 or cmitchell@courierpostonline.com.

Sunday, October 26, 2003

Pass 'Kevin's Law' this time around

Sen. George's bills address public safety and humane care for the mentally ill.

Some will argue that "Kevin's Law" would be unconstitutional because it would force some mentally ill people to accept treatment.

If, after all, no one can legally force a diabetic to take medication, lose weight and watch his or her diet, why should it be legal for the government to step in and compel some mentally ill people to receive treatment?

But comparing diabetes and mental illness is like comparing apples and oranges.

Although many mental illnesses are gradually being understood as brain diseases, these brain diseases often affect behavior and decision-making in a way that many other physical ailments do not.

A person with paranoid schizophrenia who refuses to take the medications that will make him well is likely basing such inaction on decision-making clouded by the illness.

"Kevin's Law" is State Sen. Tom George's response to the 2000 killing of Kevin Heisinger, a University of Michigan student, by a mentally ill Ypsilanti man in the men's restroom of Amtrak's Kalamazoo station. The killer, Brian Williams, who is schizophrenic, had not been taking his medication.

We support the idea of "Kevin's Law." Although it may be pitched to Michigan residents as a way to prevent other killings by mentally ill people who refuse treatment, as a way to protect the public, we support it as a humanitarian measure for the mentally ill themselves.

With proper medication and treatment, many people with mental illnesses can live productive, normal lives.

They can live in the community, in their own homes, hold jobs, do volunteer work, and have successful relationships with family and friends.

Without treatment, some mentally ill people — especially those with paranoid schizophrenia — suffer as their lives spiral downward. They often become homeless. Sometimes they are jailed, mostly for petty crimes, and cannot have normal relationships. Ask family members of untreated mentally ill people and they'll tell you of fear and frustration dealing with children or siblings with untreated mental illnesses who cut off contact with their families and become transients.

At a state Senate hearing last week on "Kevin's Law," some advocates for the mentally ill pointed out that officials can't commit someone to the mental health system unless the mental health system also is committed to treating the patient.

Granted, the state's mental health care budget is already strapped. But the solution is not to allow mentally ill people to choose to go without treatment until they harm themselves or others or end up in the corrections system. The solution is to treat mental illnesses more aggressively. It might add to the mental health budget, but it also may mean state and local prison and jail costs will go down.

We agree with Mark Reinstein, president of the Mental Health Association, however, when he suggests that George's bill should be adjusted to allow for a second independent opinion before a person is forced into treatment.

George first introduced the bill in 2001, but it made little headway in the Legislature.

We hope it has greater success this time around.

Charleston Daily Mail

Charleston Daily Mail
Editorial
Saturday March 06, 2004

In January 1999, Andrew Goldstein, 25, pushed Kendra Webdale, 32, into the path of a New York City subway, which killed her. Goldstein has a severe mental illness. Now he is in prison.

That is a double tragedy, which legislators in New York rectified. Kendra's Law simplified the process for getting help to the mentally ill. This has led to a 63 percent drop in hospitalizations, a 55 percent drop in homelessness and a 75 percent decrease in arrests.

Kendra's Law is now before West Virginia lawmakers.

The first aspect of the law would streamline the procedure for involuntary commitments. Current law requires a hearing before any treatment is provided.

The proposed change would allow people to be held for 72 hours once certain due-process standards are met.

"West Virginia is the only state in the union where we convene a full-blown hearing just to get a person in crisis due to mental illness into short-term stabilization and treatment," state Supreme Court Justice Larry Starcher has said.

Lawmakers should change the procedure for involuntary commitments. People need to be able to get timely treatment for severe mental illness.