

TAC Study Reveals Severe Shortage of Psychiatric Beds

UNITED STATES NEEDS APPROXIMATELY 100,000 MORE BEDS

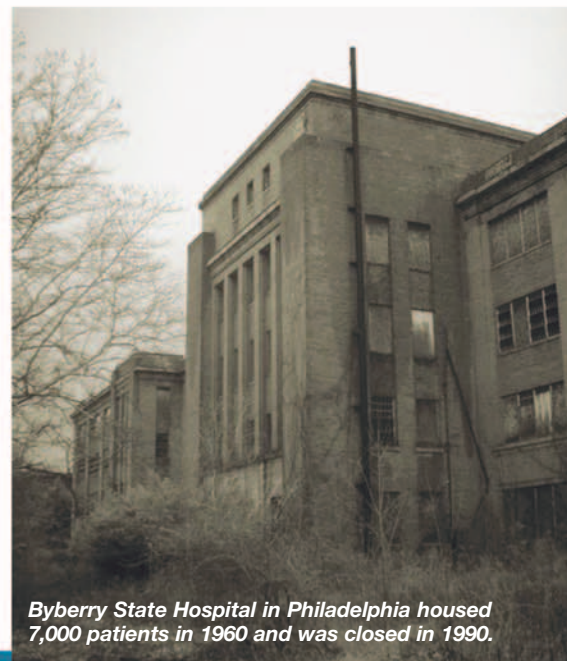
ARLINGTON, VA. — A report released in March by the Treatment Advocacy Center reveals that for every 20 public psychiatric beds in the United States in 1955, only 1 such bed remained in 2005. According to *The Shortage of Hospital Beds for Mentally Ill Persons*, in 1955 there were 340 public psychiatric beds available per 100,000 U.S. citizens. By 2005, that number had plummeted to a staggering 17 beds per 100,000 persons. This study found that the aggregate shortage of public psychiatric beds across the U.S. is 95,820.

“The failure of our nation to provide care for the most seriously mentally ill individuals is disgraceful,” said lead author, E. Fuller Torrey, M.D., founder of the Treatment Advocacy Center. “Our communities are paying a high price. Untreated persons with severe mental illnesses have become major problems in homeless shelters, jails, public parks, public libraries, and emergency rooms. People with severe mental illnesses commit over 5000 sui-

cides annually and are responsible for at least 5 percent of all homicides.”

The rapid decline in public psychiatric beds over the past 50 years can be traced to several causes. The advent of new anti-psychotic drugs allowed many more patients to function outside of an institutional setting. The publicity of abuses and overcrowded conditions in state mental hospitals in the 1950's led to a strong movement toward deinstitutionalization. Also, because federal law precluded Medicaid payments to most state mental hospital inpatients, states were strongly incentivized to release severely mentally ill patients into the community.

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Byberry State Hospital in Philadelphia housed 7,000 patients in 1960 and was closed in 1990.

“The failure of our nation to provide care for the most seriously mentally ill individuals is disgraceful.”

— Dr. E. Fuller Torrey

Torrey Award Winners Share Lessons at NAMI Conference

In June, nearly 100 people listened attentively for more than one hour to learn how they could become more effective advocates in their communities. “Of all of the excellent workshops at the 2008 NAMI Annual Conference, this one offered the most valuable and practical opportunity to equip family members and others to improve their local treatment laws and practices,” said Kurt Entsminger, Executive Director of the Treatment Advocacy Center.

The workshop was entitled: “One Person Can Make A Difference: Learn to be a Catalyst for Change and Treatment.” The three panelists sharing their stories along with many valuable lessons were Karen Gherardini, Jeanette Castello, and Janice DeLoof, the three winners of the 2007 Torrey Advocacy Commendation. Entsminger served as moderator.

Each of the three panelists had unique and compelling stories to tell.

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www.TreatmentAdvocacyCenter.org



Executive Director's Corner

Dear Friend,

Every day in America, more than two million people struggle with an untreated and severe mental illness. Many of these people end up living on the streets among our homeless. Many more end up in our prisons and jails. Untreated and severely mentally ill people account for up to 5 percent of all homicides in the United States, and over 5,000 lose their lives to suicide every year.

Our mental health system is broken and desperately needs repair. For nearly 10 years, the Treatment Advocacy Center has fought to improve treatment laws and practices

for people who are the sickest of the sick. TAC exists to restore reason to a system that continues to value the right to remain psychotic above common sense and the safety of all people.

You are among our most loyal friends in carrying out this most important work. That is why I am pleased to send you a copy of our new and improved *Catalyst* newsletter. We are committed to publishing this newsletter four times

a year in order to keep you informed of our ongoing advocacy efforts and other important developments relating to the treatment of severe mental illness. You deserve to know how the Treatment Advocacy Center is investing your generous donations to make a difference for people who are too sick to help themselves.

TAC exists to restore reason to a system that continues to value the right to remain psychotic above common sense and the safety of all people.

From Our Supporters

"I'm so proud to be part of TAC. The work you do is invaluable."

– Judith Perlman, Highland Park, Illinois

"Thank you for all you do — I think your organization has benefited the mentally ill more than any other organization I know."

– Katherine Porovich, Clearlake Oaks, California

Please send your comments about the new and updated version of *Catalyst* to info@TreatmentAdvocacyCenter.org or Treatment Advocacy Center, 200 N. Glebe Road, Suite 730, Arlington, VA 22203 Attn: *Catalyst*.

For updated news stories and the latest entries to TAC's Blog, visit our website at www.TreatmentAdvocacyCenter.org.

In each future edition of *Catalyst*, we will strive to share with you timely news about the most important events affecting our issues. We will also include an "Around the States" section summarizing pertinent events happening all across the nation. We will introduce you to key people who help the Treatment Advocacy Center to carry out its important mission. In this edition, we introduce you to Kristina Ragosta, our newest advocate on staff.

We have many accomplishments for which to be thankful. None would have occurred without the loyal and strong support of friends like you. Kendra's Law has been in effect in New York for over nine years and has helped thousands of people with severe mental illnesses to function normally again. Because of the advocacy of the Treatment Advocacy Center, many other states have adopted new laws that allow people with severe mental illnesses to receive help before they deteriorate to a point where they harm themselves or others.

But there is much, much more work to be done. The tragedy of Virginia Tech in April of 2007 reminded us how much our laws and our current system still fall short of ensuring that all people with severe mental illnesses can receive the help they need before it becomes too late.

I enthusiastically invite you to join us at the Treatment Advocacy Center as we begin a new decade of work to improve the treatment of severe mental illness. There is much at stake, and we must not delay.

Sincerely,

Kurt Entsminger, Executive Director

P.S. I welcome you to share your feedback about the information that we share in *Catalyst*.

Catalyst

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Catalyst is a quarterly publication of the Treatment Advocacy Center (TAC) to update friends and supporters about our programs and activities and other news and developments affecting the treatment of severe mental illness.

TAC is a private, nonprofit, 501(c)(3) organization. TAC does not accept funding from pharmaceutical companies or entities involved in the sale, marketing or distribution of such products. For additional information about TAC, visit our website at www.TreatmentAdvocacyCenter.org, or send an email to info@TreatmentAdvocacyCenter.org.

TAC Study

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To determine the minimum number of beds needed today to provide adequate care to people with severe mental illnesses, a panel of 15 leading psychiatric experts was consulted. This panel was asked to look at specific criteria such as number of individuals who need hospitalization, the average length of hospital stays, and current state and federal financing structures. Using these criteria, the panel concluded that 50 public psychiatric beds per 100,000 individuals is the absolute minimum number required to meet current needs.

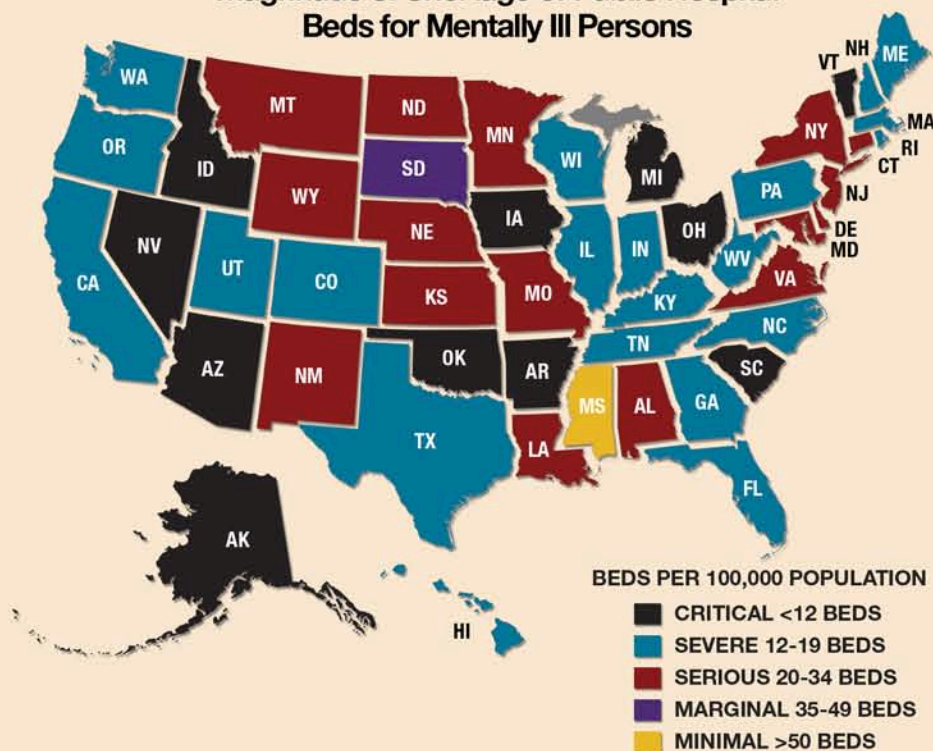
All states, except Mississippi, fell below the 50 bed standard. The states with the fewest beds in 2005 were: Nevada (5.1 beds per 100,000 people), Arizona (5.9), Arkansas (6.7), Iowa (8.1), Vermont (8.9) and Michigan (9.9). The states with the most beds available were South Dakota (40.3) and Mississippi (49.7). In 32 states the bed shortage was critical or severe, 42 states had less than half the minimum number of beds needed, and six states had less than 20 percent of the minimum beds needed to provide adequate care.

“One small consolation in this otherwise alarming study is that Mississippi just meets the 50 bed standard,” said study co-author and Treatment Advocacy Center executive director, Kurt Entsminger. “If the state which ranks last in per capita income can achieve the 50 bed standard, then states with greater wealth have no excuse for their failure to do so.”

Because there are so few beds available, individuals with severe psychiatric disorders who need to be hospitalized are often unable to get admitted. Those who are admitted are often discharged prematurely and without a treatment plan. The TAC study found that the consequences of the radical reduction in psychiatric hospital beds were most clearly evidenced in the following areas:

- **Homelessness.** 500,000 single men and women are homeless in the United States at any given time and approximately

Magnitude of Shortage of Public Hospital Beds for Mentally Ill Persons



one-third have a serious mental illness.

- **Jails and Prisons as Psychiatric Hospitals.** Since the radical reduction in public psychiatric hospital beds, there has been a massive increase in severely mentally ill persons in jails and prisons. Over 10 percent of all people imprisoned across the United States suffer from a severe mental illness.
- **Hospital Emergency Room Overflow.** Emergency rooms are often used as waiting rooms for people in need of a psychiatric bed. This backs up the entire hospital system and compromises other medical care. In Arlington, Virginia, county officials had to call 31 hospitals before finding one that would accept a patient.
- **Violent Crime.** Studies have shown that between 5 to 10 percent of seriously mentally ill persons who are not receiving treatment will commit a

violent act each year. Such individuals are responsible for at least 5 percent of all homicides.

“There’s no question we need more public psychiatric beds, but the consequences of the severe bed shortage can also be improved with widespread utilization of PACT and Assisted Outpatient Treatment (AOT),” said Dr. Torrey. “Both of these outpatient treatment options are proven successful ways to treat people with severe mental illnesses in the community. AOT has proven to reduce psychiatric hospitalizations by more than 70 percent.”

The release of the TAC bed shortage report has received wide national attention. Articles sighting the study have appeared in the New York Sun; Los Angeles Daily News; Daytona Beach News Journal; Wyoming Tribune Eagle; and The Greenville News. The study also received extensive regional television and radio coverage especially in states where the shortage is the most severe.

For the complete report, state-by-state ranking of beds lost, and list of recommendations visit: www.TreatmentAdvocacyCenter.org.

For more than six years, Karen Gherardini worked to make it easier for people in Illinois to get treatment for severe mental illnesses. Frustrated by the struggle to get treatment for her loved one with paranoid schizophrenia, she worked to lower Illinois' strict treatment standard and help others get life-saving treatment. Last fall,

Dale Righter, the bill's chief sponsor. "Karen's perseverance, persistence and dedication to this issue, in addition to the support of so many other families who have loved ones that suffer from a mental illness, have finally paid off."

As the mother of a son who lost his life after not receiving effective treatment for bipolar disorder, Janice

DeLoof fought for years to bring about laws that would allow for assisted outpatient treatment (AOT) in Orange County and throughout California. Her efforts contributed to the enactment of Laura's Law. She has also worked to reduce the stigma of mental illness by creating and exhibiting art-work and facilitating art

Families in Action advocacy group. Its goal was to establish a Program of Assertive Community Treatment (PACT) in Bucks County, PA. After two years of advocating for her family member and others in Pennsylvania who have severe mental illnesses, Bucks County implemented PACT. Castello has spoken about PACT at NAMI conferences, and continues to serve on the PACT advisory committee. Currently, Castello is fighting to change Pennsylvania's outdated assisted outpatient treatment standard.

The Torrey Advocacy Commendation is presented annually by the Treatment Advocacy Center's Board of Directors. The award is named for Treatment Advocacy Center founder E. Fuller Torrey, M.D., a nationally known and respected psychiatrist, researcher, and advocate whose unflagging resolve to remove barriers to treatment for people with severe mental illnesses sparked a national reform movement. This award recognizes the courage and tenacity of those who selflessly advocate — despite criticism and opposition — for the right to treatment for those who are so severely disabled by mental illnesses that they do not recognize the need for treatment.

"Karen's perseverance, persistence and dedication to this issue, in addition to the support of so many other families who have loved ones that suffer from a mental illness, have finally paid off."

— Sen. (IL.) Dale Righter

Gherardini's efforts were realized when Illinois Gov. Rod Blagojevich signed SB 234, loosening the strict standard to allow earlier intervention for people with incapacitating symptoms of illnesses like schizophrenia and bipolar disorder.

"The passage of SB 234 is a monumental victory for the mental health system in the State of Illinois," said Sen.

workshops that deal with mental health issues. Today, she continues to fight to ensure others don't have to face the same barriers to treatment her son faced.

In December 1999, Jeanette Castello began advocating for treatment of severe mental illnesses in Pennsylvania by founding the National Alliance on Mental Illness (NAMI)

Did You Know?

A new study funded by the National Institute of Mental Health found the following:

- Serious mental illness (SMI) costs Americans at least \$193 billion a year in lost earnings, alone.
- Survey participants with SMI reported receiving about 40 percent less in earnings than those without serious mental disorders, who earned an average \$38, 852.

"The results of this study confirms the belief that mental disorders contribute to enormous losses of human productivity," lead researcher, Ronald C. Kessler, of Harvard University, said. "Yet this estimate is probably conservative, because the [survey used] did not assess people in hospitals or prisons, and included very few participants with autism, schizophrenia or other chronic illnesses that are known to greatly affect a person's ability to work. The actual costs are probably higher than what we have estimated."

SOURCE: US NEWS & WORLD REPORT — MAY 8, 2008

TAC Profiles

Kristina Ragosta — TAC Advocate

Today we are pleased to introduce our newest advocate at the Treatment Advocacy Center. Kristina Ragosta began work as our Legislative and Policy Counsel in February, 2008 after moving to the Washington, DC area from Rhode Island. The second of four children, Kristina was born in Connecticut and grew up in Essex Junction, Vermont. She graduated from the Roger Williams University School of Law in May 2007.

Q. HI KRISTINA, CAN YOU SHARE WITH US WHAT ATTRACTED YOU TO COME TO WORK AT THE TREATMENT ADVOCACY CENTER?

My personal experiences and my interest in healthcare first attracted me to the Treatment Advocacy Center. But, ultimately, the reasons I came to work here are the people at TAC, the mission of the organization, and TAC's willingness to stand up and fight for treatment of those most in need. Specifically, I am glad for the opportunity to help improve the lives of those people who would otherwise be ignored. It is shocking to me how many people use civil liberties as a justification for the terrible commitment laws that currently exist in many places across the country. So many people's lives have been ruined because they could not access the treatment they desperately needed. I have lost friends who were not sick enough or "dangerous" enough to warrant help. I don't know for sure if a law like Kendra's Law would have saved their lives, but it very well may have.

Q. BEFORE JOINING TAC, WHAT PREVIOUS EXPERIENCE DID YOU HAVE IN THE ADVOCACY FIELD?

I was the Area Manager in Rhode Island for the American Diabetes Association. One of my roles was to oversee the legislative activities that were affecting people in Rhode Island. I helped to build a strong grassroots network, worked with state legislators to adopt progressive laws that benefit people with diabetes, and educated policymakers and the public about the mission of the American Diabetes Association.



Q. WAS THERE A PARTICULAR EXPERIENCE IN YOUR LIFE THAT SPARKED YOUR PASSION FOR SERVING PEOPLE IN NEED?

I began my career working in Finance. I think the moment I realized I needed to change career paths occurred when I was volunteering as a mentor to homeless children in Boston for an organization called the Horizon's Initiative. I quickly realized that helping people with their investment portfolios was not helping those most in need. The problems facing the children I worked with were not going to be helped by a better return on investment but, rather, by a better system and more effective laws.

Q. MOVING TO THE WASHINGTON D.C. AREA CAN BE AN ADVENTURE. WHAT HAVE YOU ENJOYED ABOUT THE AREA SO FAR?

I now live in Old Town Alexandria, which has been great. I am an avid runner (or was at one point), so living in Old Town gives me no excuse not to run—our apartment is right across the street from a bike path, which my black lab, Abbey, is thankful for. I love being outside, although I hear that I may change my mind come July and August. I have a kayak that I need to test out in the Potomac soon, and I plan to head to the Shenandoah to do some hiking. So far, the only problem with living here is keeping up with all the activities going on!

Q. AS YOU FOCUS ON TAC'S WORK AHEAD, WHAT ARE YOUR PERSONAL HOPES AND ASPIRATIONS FOR WHAT CAN BE ACCOMPLISHED?

After being immersed in the mental health area for a short period of time, the one thing that is clear to me is that the system is in disarray. I am excited about the opportunity to continue to educate the public and legislators about AOT and other laws that will improve the lives of those suffering from a severe mental illness. My hope is that we can revise and incorporate modern scientific knowledge regarding the nature and treatment of mental illness in the community and streamline its efficiency in today's environment, ultimately helping to save lives.

THANK YOU, KRISTINA. WE ARE VERY THANKFUL TO HAVE YOU ON OUR TEAM!

Around the States



Idaho New Commitment Law Among Nation's Best

After sweeping through the Idaho legislature without a single nay vote, S.B. 1426 was signed into law by Gov. Butch Otter in April. This new law encompasses key reforms strongly recommended by the Treatment Advocacy Center.

"This offers needed treatment for a small group of people who are extremely ill," said Kurt Entsminger, Executive Director of the Treatment Advocacy Center. "With this reform, Idaho has become one of only a handful of states that has a commitment standard based upon true need and that allows for both inpatient and outpatient treatment for people with severe mental illness before they become an imminent danger to self or others."

Senate Bill 1426 provides assisted outpatient treatment as an option at all commitment hearings in the state. The reform allows Idaho courts to order individuals brought in for crisis evaluations to receive outpatient treatment. Currently, Idaho judges must release all those for whom inpatient care is not appropriate. Assisted outpatient treatment is a less restrictive, less expensive treatment alternative for people who need intervention but do not require inpatient hospitalization.

The new law also substantially broadens the definitions of "likely to injure himself or others," and "gravely disabled," the current eligibility criteria for court-ordered placement in both inpatient and outpatient treatment. Not only does the new law broadly expand these definitions, it makes these new criteria grounds for inpatient commitment as well as assisted outpatient treatment. This new law took effect on July 1, 2008.

"With this reform, Idaho has become one of only a handful of states that has a commitment standard based upon true need and that allows for both inpatient and outpatient treatment for people with severe mental illness before they become an imminent danger to self or others."

*~ Kurt Entsminger, Executive Director
of the Treatment Advocacy Center*



Virginia Makes Only Modest Reforms

In the aftermath of the tragic massacre at Virginia Tech in April 2007, the Virginia Legislature made mostly cosmetic changes to the state's mental health laws, leaving them among the most restrictive in the nation. The Virginia legislature has changed the governing commitment standard previously requiring a person to present an "imminent danger" to self or others to one allowing involuntarily treatment if it can be shown that, "the person will, in the near future, cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm."

"The degree of difference between this new standard and the old standard is very slight," said Treatment Advocacy Center Executive Director, Kurt Entsminger. The most significant way the new Virginia law improved the prospect of obtaining earlier treatment for people overcome by severe mental illness was by adding language that allowed for placement in treatment of those who are substantially likely to suffer serious harm due to their lack of capacity to protect themselves from harm.

Not surprisingly, the Virginia reforms also included an overhaul of assisted outpatient treatment procedures. Prior to going on the shooting rampage that left 33 dead, Cho Seung-Hui had been ordered to undergo assisted outpatient treatment but had gone unmonitored. Although the Virginia

legislature enacted procedural safeguards to guard against such lapses in the future, the Senate gave up an opportunity to make assisted outpatient treatment more widely available to severely mentally ill persons who do not pose an immediate threat or danger to self or others. Senate Bill 177, which closely mirrored New York's Kendra's Law, was introduced but rejected in committee during this session. In the meantime, a special subcommittee has been appointed to consider whether such a law should be considered during next year's session.

Dedicated advocates from all across Virginia joined with Treatment Advocacy Center attorneys in pointing out what should have been painfully obvious — the system is broken and needs substantial repair. One advocate, Kathy Harkey, movingly testified before the legislature about how her son lost his life to suicide when he was unable to receive the treatment he desperately needed. "I am grateful for the efforts of so many passionate family members like Kathy Harkey. I can only hope that these important messages will finally sink in next year," said Entsminger.

Dedicated advocates from all across Virginia joined with Treatment Advocacy Center attorneys in pointing out what should have been painfully obvious — the system is broken and needs substantial repair.



TAC Officials Visit New York Assisted Outpatient Treatment Program

In May, representatives from the Treatment Advocacy Center visited the Queens, New York Assisted Outpatient Treatment Program (AOT) to learn more about the specific practices that make this program a success. Since 1999, thousands of people with severe mental illnesses have benefited from services offered under New York's AOT Program. Director Dr. Danny Garza shared: "The program works well here because our dedicated staff and participating providers are strongly committed to providing the comprehensive treatment that our patients need to remain well."

While in Queens, Treatment Advocacy Center representatives met with key program personnel at Elmhurst Hospital and attended AOT court hearings. The purpose of this and other similar visits is to gather relevant information that can be published in a new AOT best practices manual.

"There are some really dedicated professionals already successfully using assisted outpatient treatment to benefit patients that would otherwise go untreated.

There is so much to learn from them!" said Rosanna Esposito, Senior Legislative & Policy Counsel. "Our goal is to take the best of what is already being achieved in key programs across the nation and to make these practices more widely known and used."

Treatment Advocacy Center representatives completed earlier AOT site visits to Akron, Ohio; Columbus, Georgia; Salt Lake City, Utah; and Iowa City, Iowa.

AOT TREATMENT RESULTS

N.Y. data on program recipient experience before and after AOT treatment. Compared to three years before AOT:

- 74 percent fewer experienced homelessness;
- 77 percent fewer experienced psychiatric hospitalization;
- 83 percent fewer experienced arrest; and
- 87 percent fewer experienced incarceration.



Louisiana Passes Nicola's Law

Republican Governor Bobby Jindal and Democratic Senator Cheryl Gray successfully joined to push for a key mental health reform that will give Louisiana judges the authority to mandate treatment for potentially violent patients suffering from severe mental illness. The assisted treatment bill has been labeled "Nicola's Law."

The new law was prompted by the shooting of New Orleans police officer Nicola Cotton by a man who had reportedly been in and out of mental institutions his entire adult life. A sister says he stopped taking his medication when he was not in an institution. This law is modeled on the proven and dramatically successful Kendra's Law program in New York.

Nicola's Law easily passed through the Democrat-controlled Louisiana State Legislature, in the Senate by a vote of 37-0 and the House 97-0. The passage of Nicola's law without opposition votes confirms the compelling need and justification for this type of reform.

The Treatment Advocacy Center joined in this successful legislative effort by working closely with a network of local advocates and by educating public officials in Louisiana about underlying issues. Adopting Nicola's Law will allow mental health professionals to intervene in psychiatric crises at a point when less restrictive court-ordered outpatient treatment program is a viable alternative to costly inpatient hospitalization.

Louisiana's present restrictive commitment standard allows people in crisis because of a severe mental illness to

be placed in obviously needed treatment only if they are a demonstrable and immediate physical danger to themselves or others. That type of strict standard for commitment prizes the right to remain psychotic over the ability to get treatment. Such an archaic standard hurts both people lost to the symptoms of acute psychiatric disorders and those around them.

Although inadequate treatment for people with severe mental illnesses remains a major national crisis, this problem was particularly exasperated in Louisiana by hurricanes Katrina and Rita. In the New Orleans area alone, Katrina destroyed 500 psychiatric beds. Outpatient services were also devastated. Just when they were needed most, mental health professionals left the Crescent City.

Nicola's Law will now go on for official signing by Governor Jindal, who proposed it.



Louisiana Governor Bobby Jindal

[TAC] joined in this successful effort by working closely with a network of local advocates and by educating public officials in Louisiana about underlying issues.



New Illinois Standard Effective in June

In June, Senate Bill 234 officially took effect providing a new and much improved treatment standard in Illinois. After a legislative battle that took many years, Gov. Rod Blagojevich signed this bill into law last September. The new law allows earlier intervention for people with incapacitating symptoms of illnesses like schizophrenia and bipolar disorder. This standard will also make it easier to use assisted outpatient treatment (AOT) in Illinois. AOT has been shown to reduce rates of hospitalization, homelessness, arrests, and incarceration, saving both lives and money.

"This measure opens far wider the door to needed treat-

ment for a small group of people who are extremely ill," said Jonathan Stanley, Treatment Advocacy Center's Deputy Executive Director of Advocacy. Stanley worked with many local advocates to fight for this new standard.

Sen. Dale Righter, the bill sponsor, credited family member Karen Gherardini for first bringing the legislation to his attention and subsequently into law. "Karen has struggled for years to help a loved one receive appropriate help and treatment. Karen's perseverance, persistence and dedication to this issue, in addition to the support of so many other families who have loved ones that suffer from a mental illness, have finally paid off," Righter said.

Gherardini, whose frustrated efforts for treatment for her family member sparked her five-year quest for the reforms embodied in SB 234, said, "I am thankful to the many legislators who stood strong and believed a real change was necessary to save lives. I am elated for the many people that will now be given the opportunity to receive treatment to prevent the progression of a cruel disease. At the same time a part of my heart is very sad...because it comes too late for my family member."

The new law allows earlier intervention for people with incapacitating symptoms of illnesses like schizophrenia and bipolar disorder.



New Hampshire Woman Found Starved After Release from State Hospital

In May, the body of Linda Bishop, 52, was discovered in a vacant farmhouse in Concord, New Hampshire. Entries in her daily journal indicate Bishop died of starvation in January. Her last days were spent relying on melted snow for water, apples from an orchard for food, and making daily entries in her journal.

Linda Bishop suffered from bipolar disorder and psychotic spells. She was treated as an inpatient at New Hampshire Hospital for nearly a year, but was released into the community in October 2007. Bishop gave the hospital a fake address, and travelled to the vacant farmhouse soon after her release.

Bishop's family blames the hospital's poor follow-up procedures for the tragic death. "The hospital never checked whether this was a valid place for her to live," said her sister Joan Bishop. "She was released with no follow-up services, no medical appointments — nothing." The family had no knowledge of Bishop's whereabouts until after her body was discovered. The hospital refused to comment on the case citing privacy concerns.

Bishop had a long history of severe mental illness that had contributed to periods of homelessness and incarcerations. According to relatives, Linda was able to function normally when she took her medications but began to deteriorate without them. During her final hospitalization, a judge denied a request that a guardian be appointed to assist Bishop in taking medications.

There is no indication whether assisted outpatient treatment was ever meaningfully considered as an option for Bishop. New Hampshire law allows for involuntary inpatient or outpatient treatment to be ordered when a person with a severe mental illness has had a recent involuntary admission, when there is a history of non-compliance with medications, and when there is a clinical determination that the patient's refusal to accept treatment may lead to death, serious injury, or serious debilitation.



Texas Kidnapping Ends with Safe Child but Many Questions

When Mothercare Day Care in Houston, Texas hired 21-year-old Raeshala Morris in March, they did not know that she was suffering from untreated schizophrenia and living on the streets. Nor did they know that Morris's 2-year-old child had been recently removed from her care by social workers because of child neglect.

Inquiries to the family of Morris would have quickly revealed that she had stopped taking medications for the schizophrenia that had led to her involuntary hospitalizations in the past. A routine background check would have revealed that Child Protective Services had taken custody of her child after deeming Morris an unfit parent due to her untreated mental illness.



Instead, Morris was hired by Mothercare Day Care without any reference or background check. Two weeks later, Morris abducted a 21-month-old child from the daycare facility. Thankfully, the child was found unharmed in a vacant building with Morris about four hours after being reported missing.

Upon arrest, Morris claimed to authorities that the child she abducted was hers. While acknowledging that this child was not the same one taken away from her by social workers, she claimed the child was one that she bore in an earlier life thousands of years ago.

This story raised many public questions about how a day care center could be so neglectful in hiring such a potentially dangerous employee. Another puzzling question is why the Texas mental health system neglected to offer assisted treatment to such a delusional woman with a severe mental illness.

For more news from your state and around the country, visit our website www.TreatmentAdvocacyCenter.org.

MEMORIALS & TRIBUTES

(NOVEMBER 1, 2007 – MAY 15, 2008)

The Treatment Advocacy Center expresses our deepest appreciation to all who have supported TAC's mission with a donation in memory or in honor of someone very special to you.

We are also grateful to all those who support our efforts but choose not to make their donation public. Your names do not appear here, but the result of your contribution appears in everything TAC does. Thank you.

Mary Alexander, Millis, MA
Mary Alexander, Millis, MA
Kim Antoinette & everyone at
Muto-Little, Los Angeles, CA
Ben Atkins, Woodbridge, CT
Margaret Atkins, Morgantown, WV
Anonymous
Kevin and Nancy Bagnall, Andover, MA
Thomas and Marcia Barnes, Buffalo, NY
Sondra Beach, Montoursville, PA
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Patricia & Walter Corcoran,
N. Andover, MA
David & Kathleen Crawford,
Las Vegas, NV
Thomasine Cubine, Virginia Beach, VA

In memory of Janet P. Alexander
In memory of Frank DeRosa

In memory of Shirley Reedy
In memory of Ben Freet
In memory of Benjamin L. Freet
In memory of Calvin Little
In memory of Frank DeRosa
In honor of Gregory Barnes
In honor of Jennifer Rene D.
In honor of Nelson & Terry Goguen
In honor of Christina Bell
In memory of Kathy Logsdon
In honor of Elizabeth Bell
In memory of the mother
of David Logsdon

In honor of TAC
In memory of Hollis L. Booth
In honor of Michael
In memory of Isabelle McSherry
In honor of all my friends that live
and suffer with mental illness
In memory of Tommy Buffington
In honor of Rosanna Esposito
In honor of Mary A. Bell
In honor of Michael L. Carey
In honor of Daniel B. Carter
In Honor of PA Mental Health
In honor of Evan Joseph Brown

In memory of Frank DeRosa
In honor of Erick M. Clark
In loving memory of Stanley Gargas
In memory of Richard Hamann
In honor of Michelle Clontz Stephens
In memory of Scott L. Helt

In memory of Frank DeRosa

In memory of Isabelle McSherry

In memory of Audrey Lou Benn
In honor of Jon Stanley
& Dr. E. Fuller Torrey

Joe & Bev Delaney, Brooklyn Park, MN
Lacy Anne Dial, Seattle, WA
Cecelia Diggins, Providence, RI

Eleanor Dio, Pt. Lavaca, TX
Denise Fazio, Longmont, CO
Mildred Fine, Lynbrook, NY
Alice and David Fitzcharles, Media, PA
Eric and Melinda Fitzcharles, Lexington, KY
Diane Fleming, Renton, WA
Ira & Pam Fonshill, Boise, ID

Penny & Fred Frese, Hudson, OH

Lucy & Gordon Gay, Shenandoah Jct., WV
Sidney & Goldie Gelb
Nelson and Theresa Goguen, Ashby, MA
Nelson and Theresa Goguen, Ashby, MA
Mary Ellen Gonzalez, Miami, FL

Madeleine Goodrich, Concord, MA
Madeline Goodrich, Concord, MA
Linda Gregory, Jacksonville, FL
Yvonne Guerrini, Sulpher, LA
Jeanne Gullickson, Kent, WA
Arnold Hanawalt, Andover, MA
J. Christopher Hardman, Callaway, MD
Katherine Harkey, Doswell, VA
John and Bonnie Harrison, Dade City, FL

Custis Haynes, Grass Valley, CA
Kristopher Headley, King City, CA
Phyllis M. Henning, Ocala, FL
John & Jackie Herum, Ellensburg, WA
Ron & Lynda Honberg, Rockville, MD
Anne Hudson, Grosse Pointe, MI
Laura Hawley Jarvis, Silver Spring, MD
Paula John, Shorewood, WI
James Johnson, Juneau, AK
Elyse Jones, St. Clair, MI
Mary Ellen Jones, Tulsa, OK
June Judge, Iowa City, IA
David and Jean Kelly, E. Providence, RI

In memory of Isabelle McSherry
In memory of Shannon Harps
In memory of Joseph V. Diggins,
from his mother
In memory of Kathy Logsdon
In memory of Peter George Fazio
In honor of Madeleine Goodrich
In honor of Jeanette Castello
In honor of Alice & David Fitzcharles
In memory of Mark Putnam
In honor of our loved ones
with mental illnesses
In honor of
Dr. E. Fuller Torrey & Jon Stanley

In memory of Benjamin K. Gay
In memory of Frank DeRosa
In memory of Elizabeth E. Hunt
In memory of Frank DeRosa
In honor of my son who
doesn't know he is sick
In memory of Patrick Michael Brown
In honor of Harriet Comfort
In memory of Deputy Eugene Gregory
In memory of Frank Guerrini
In memory of Pat Mevissen
In memory of Frank DeRosa
In memory if Scott Hardman
In memory of Joshua Steven Collins
In memory of Betty Jean (Hess) Mox
& Stephen J. Mox

In honor of Tom Trulli
In honor of Brandi & Nana
In memory of Steven Todd Henning
In memory of Beth Skahill
In honor of Mary Zdanowicz
In memory of Ellen Rouse
In memory of Susan Marie Dovel
In memory of Elise K. John
In honor of James A. Johnson
In honor of Lisa Jones
In honor of Kevin Jones
In memory of John Judge
In memory of Joseph Diggins

Buck and Marianne Kernan, Pinehurst, NC	In honor of those suffering with a mental illness	Norman & Barbara Petterson, Kirtland Hills, OH	In honor of Rosanna Esposito
Herbert Kleinman, Pacific Palisades, CA	In memory of Mark Kleinman	Michael & Patricia Petrizzo, Wesley Chapel, FL	In memory of Michael David Petrizzo
Gertrude Kornfein, Niskayuna, NY	In honor of Shari Kornfein	Dorothy Peagler, Seymour, IN	In honor of Suzanne D. Moore
Kourie Family Trust, San Juan Capistrano, CA	In memory of Frank DeRosa & Isabelle McSherry	Bill & Alice Petree, Sanford, FL	In memory of Alan Singletary
Jake Larimer, Marco Island, FL	In honor of Bryan Larimer	Vera Pfifferling, Durham, NC	In honor of Paul Pfifferling
Michael Leff, Cheltenham, PA	In honor of Koby Leff	Louis Pouliquen, Annapolis, MD	In honor of Lindsay Ervin
Ray and Leanne Lembke, Havre, MT	In memory of Paul Campenella, Jr.	Gloria Sandberg, Wilmington, DE	In memory of Sharra Taylor Hurd
Kevin and Francine Levine Wilkinson	In honor of Max Levine Wilkinson	Neal & Mildred Schaefer, Ormand Bch., FL	In honor of Scott N. Schaefer
Shirley Levinson, Tewksbury, MA	In memory of Isabelle McSherry	Louise Schnur, Auburn, CA	In memory of Teddy Jack Jones
Linda Marie Lewis, Davenport, IA	In honor of Patrick Lewis	Linda Schoepf, Lavalette, NJ	In memory of Marie Zeigler
Robert Liberman, Lake Sherwood, CA	In honor of Dr. E. Fuller Torrey	Hattie Segal, Maplewood, NJ	In honor of Stephen Segal assuming the presidency of TAC
Dori Linn, Lakewood, OH	In honor of Chris and Charles Linn	Paul & Eileen Shakespear, Cambridge, MA	In memory of Frank DeRosa
Marian Little-Flores, San Jose, CA	In memory of Calvin Little	Steven & Margaret Sharfstein, Baltimore, MD	In honor of Jon Stanley
Alan and Mary Lou Lowry, Glen Ellyn, IL	In memory of Joanna Lowry	Chris Sigurdson, Byron, MN	In honor of Dr. Ruth Westrick
Mary Main, Dallas, TX	In honor of Dr. E. Fuller Torrey	Hilary Silver, Stockton, CA	In honor of Aram Silver
Materialize Dental, Inc. Glen Burnie, MD	In honor of Kisha Hill	Marge Simeone, Natick, MA	In honor of my son, Paul Simeone
Michael & Marcia Mathes, Orlando, FL	In memory of Deputy Eugene Gregory & Alan Sing	Grace Simpkins, Rockville, MD	In honor of Mark Abromaitis
Gail Matsumiya, Salt Lake City, UT	In memory of Tyrone Taylor	Sonja Soleng, Kensington, MD	In honor of Karsten B. Soleng
Andrea Mayland-Bachner, Andover, MA	In memory of Frank DeRosa, a truly dedicated father	Mason Somerville, Utica, NY	In honor of Michael B. Somerville
Martin & Terry McCue, Red Bank, NJ	In memory of Joan T. McCue	Maria Sowakinis, Wayne, NJ	In honor of Brian Sowakinis
James and Agnes McFarlane, Jamison, PA	In honor of Jeanette Castello	Dee Smith, Nazareth, PA	In honor of families touched by mental illness
Barry & Nicolee McMahon, San Diego, CA	In memory of William & Patrick Sheehan	Robin Steinmetz, Plantation, FL	In honor of D.J. Jaffe
Arnaud & Joan Michaud, Largo, FL	In honor of Nancy E. Michaud	Stockwell Family, Indianapolis, IN	In honor of Samuel A. Roach
Jerney Minshew, Elm City, NC	In memory of Sadie Minshew	Peter Stoll, Salt Lake City, UT	In memory of Ernest Stoll
Clare Minat, Londonderry, VT	In memory of Isaiah Slade	Georgia & John Strozyk, W. Long Branch, NJ	In honor of Mary Zdanowicz
Karen Mitchell, New Braunfels, TX	In honor of W. D. Frank	Deborah Sturm, Tuscon, AZ	In honor of Matthew Shoup
Robert Molinaro, Waterloo, IA	In memory of our son, Henry I. Molinaro – a victim of suicide	Al & Dorothy Supino, Ramsey, NJ	In honor of A.J. Supino
Frances Moon, Plant City, FL	In honor of Ted Urbanski	Michael Szczerban, New York, NY	In memory of Kathy Logsdon
Rosemarie Moretz, Allentown, PA	In memory of Mr. & Mrs. Stephen Moretz	John and Marianne Tamenello, King of Prussia, PA	In memory of Mark Forry
Michelle Morgan, Laguna Hills, CA	In memory of Steven Lyon Harmon	Joanna Taylor, Buffalo, WY	In memory of Tyrone Taylor
Mary Morrow-Bax, Alexandria, VA	In honor of Dan Morrow	Team Integrated Engineering, San Antonio, TX	In honor of Tod Merola
Faye Morton, Lexington, KY	In honor of Timothy Morton	Alagu Thiruvengadam, Ellicott City, MD	In honor of Raj
Nike Mourikes & Charalambos Partidos, Chicago, IL	In memory of Sally Terisi	Dorothy Thorman, Altadena, CA	In honor of Carol Thorman
Donald & Nancy Mulvey, Andover, MA	In memory of Frank J. DeRosa	Donald & Judith Turnbaugh, Palm Harbor, FL	In honor of Danny Moschelli
Wesley & Rita Murray, Whittier, CA	In honor of Carla Jacobs, Randall Hagar, Chuck Sos	Associates of University Hills Hardware, Highlands Ranch, CO	In memory of James O'Bryan
Ralph & Denise Nelson, Visalia, CA	In memory of Laura Wilcox	Alan & Linda Vanbroeke-Pierce, Austin, TX	In honor of Everett A. Drake, our beloved cousin
Jon & Susan New, Victoria, TX	In memory of Kathy Logsdon	Joanne Varrichio, Brookhaven, NY	In honor of Dennis King
Melinda Newlin	In honor of Alexa	Jeanne Walter, Sumner, WA	In memory of Jan Geary
Dana Nicol, San Diego, CA	In honor of Dane Morasch	Susan Warren, Albuquerque, NM	In honor of Eric Livingston
Kathryn Obermeyer, Seattle, WA	In memory of C. Thomas Spitz	Carol Waters, Sarasota, FL	In memory of Carter Waldron
Norman & Betty Ohler, Endwell, NY	In honor of Phil Ohler	Jane Weaver-Sobel, Charlotte, NC	In memory of Adam Weaver Roach
Dorothy Pacharis, West River, MD	In memory of Scott C. Baker	Meera Werther, Natick MA	In memory of James Swiman
V. Jan & Mary Palic, Rockville, MD	In honor of IEMH and Dr. Rao	Maurice Wilbert, Burke, VA	In honor of Dr. Alexandra Powell
Doreen Parks, Oro Valley, AZ	In honor of Matthew Parks	Nick & Aman Wilcox, Penn Valley, CA	In memory of Laura Wilcox
Michael & Ruth Parsons, Watkinsville, GA	In memory of John M. Owens, Jr.	Cindy Yorks, Villa Park, CA	In honor of Alice Yorks
		David Zielke, Brooklyn, NY	In memory of Kathy Logsdon
		Joe & Jo Ann Zwack, St. Paul, MN	In honor of Kyle Zwack

TAC Study Reveals Severe Shortage of Psychiatric Beds

UNITED STATES NEEDS APPROXIMATELY 100,000 MORE BEDS

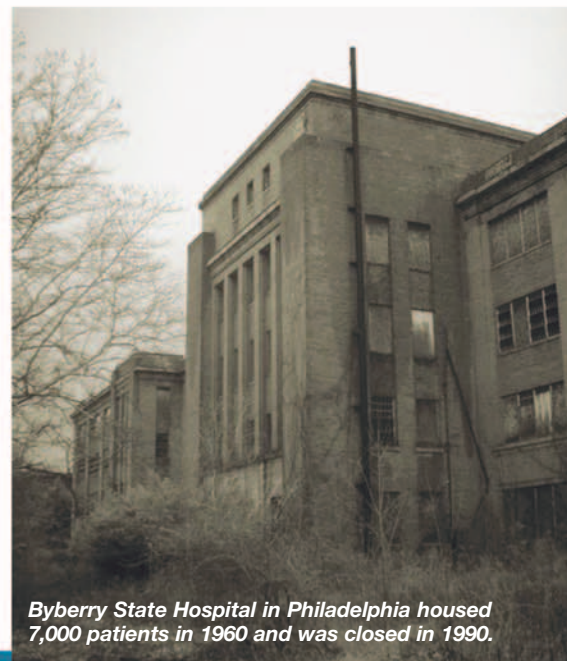
ARLINGTON, VA. — A report released in March by the Treatment Advocacy Center reveals that for every 20 public psychiatric beds in the United States in 1955, only 1 such bed remained in 2005. According to *The Shortage of Hospital Beds for Mentally Ill Persons*, in 1955 there were 340 public psychiatric beds available per 100,000 U.S. citizens. By 2005, that number had plummeted to a staggering 17 beds per 100,000 persons. This study found that the aggregate shortage of public psychiatric beds across the U.S. is 95,820.

“The failure of our nation to provide care for the most seriously mentally ill individuals is disgraceful,” said lead author, E. Fuller Torrey, M.D., founder of the Treatment Advocacy Center. “Our communities are paying a high price. Untreated persons with severe mental illnesses have become major problems in homeless shelters, jails, public parks, public libraries, and emergency rooms. People with severe mental illnesses commit over 5000 sui-

cides annually and are responsible for at least 5 percent of all homicides.”

The rapid decline in public psychiatric beds over the past 50 years can be traced to several causes. The advent of new anti-psychotic drugs allowed many more patients to function outside of an institutional setting. The publicity of abuses and overcrowded conditions in state mental hospitals in the 1950's led to a strong movement toward deinstitutionalization. Also, because federal law precluded Medicaid payments to most state mental hospital inpatients, states were strongly incentivized to release severely mentally ill patients into the community.

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Byberry State Hospital in Philadelphia housed 7,000 patients in 1960 and was closed in 1990.

“The failure of our nation to provide care for the most seriously mentally ill individuals is disgraceful.”

— Dr. E. Fuller Torrey

Torrey Award Winners Share Lessons at NAMI Conference

In June, nearly 100 people listened attentively for more than one hour to learn how they could become more effective advocates in their communities. “Of all of the excellent workshops at the 2008 NAMI Annual Conference, this one offered the most valuable and practical opportunity to equip family members and others to improve their local treatment laws and practices,” said Kurt Entsminger, Executive Director of the Treatment Advocacy Center.

The workshop was entitled: “One Person Can Make A Difference: Learn to be a Catalyst for Change and Treatment.” The three panelists sharing their stories along with many valuable lessons were Karen Gherardini, Jeanette Castello, and Janice DeLoof, the three winners of the 2007 Torrey Advocacy Commendation. Entsminger served as moderator.

Each of the three panelists had unique and compelling stories to tell.

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www.TreatmentAdvocacyCenter.org