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Compassion, Compulsion and the Mentally Ill

By E. Fuller Torrey

The debacle of deinstitutionalization continues to worsen with each passing year. In 1955, there were 559,000 individuals in America's state mental hospitals. By 2005, there were only 47,000 state hospital beds left in the country, a number that continues to fall. Numerous studies have documented the tragic effects of releasing hundreds of thousands of seriously mentally ill individuals from state hospitals while failing to ensure that they receive treatment.

The latest, carried out by Jason Matejkowski and colleagues at the University of Pennsylvania, found that individuals with serious mental illnesses are responsible for 10% of all homicides in Indiana. That translates into approximately 1,700 out of 17,034 total homicides in the U.S. in 2006. Over the past 20 years—during which time the public mental-health system has progressively deteriorated—that would mean 38,000 of 388,311 total homicides.

**More evidence that
setting them 'free'
has been a disaster.**

The University of Pennsylvania study examined the records of 723 individuals convicted of homicide between 1990 and 2002 in the Hoosier state. The results were published in the *Journal of the American Academy of Psychiatry and the Law*.

Examples of such homicides include Joseph Corcoran, diagnosed with paranoid schizophrenia, who shot four people in Fort Wayne because he thought they were talking about him. And Frank Salyers, also diagnosed with paranoid schizophrenia, who killed a policeman in Goshen after his parents tried unsuccessfully to get treatment for him at a local mental-health facility.

Although the Indiana study is the largest research of its kind in the U.S., two earlier but smaller studies reported that seriously mentally ill individuals were responsible for 10% of homicides in Contra Costa County, Calif., and 29% of homicides in Albany County, N.Y.

Most of these homicides were preventable, since the perpetrators in most cases were not being treated. Nontreatment, a past history of violent behavior and substance abuse are strong predictors of potential dangerousness in this population. We have proven op-

tions for decreasing such violence, including outpatient commitment. These programs require mentally ill individuals at high risk for violence to continue taking medication as a condition for living in the community.

Kendra's Law, passed in New York state in 1999, established one such program. A 2005 study by the New York State Office of Mental Health showed that physical acts of violence—as well as suicide attempts and arrests—by patients compelled to undergo treatment under Kendra's Law dropped dramatically in just six months; a similar reduction in violent behavior was shown in a North Carolina study.

Despite such data, assisted outpatient treatment is seldom used in the 42 states in which it is available and does not even exist in the other eight states. Even in New York, only a few counties use Kendra's Law widely. Why not? One reason is the reluctance of mental-health professionals to mandate treatment, even for patients with a history of violence and noncompliance with treatment.

Another is the misconception that such programs are expensive. In fact, it is our failure to use such laws that is expensive. Repeated hospital readmissions, incarceration costs, and the costs of homicides and other associated violence take a far greater toll on local, state and federal coffers.

The societal cost of not treating the seriously mentally ill is staggering. They constitute at least one-third of the homeless population. Unable to defend themselves because of their disabilities, they are often exploited and victimized. Approximately 5,000 commit suicide each year—one-sixth of all suicides. An estimated 230,000 are in jails and prisons, 10% of all incarcerations.

According to a 2006 study by the U.S. Justice Department, 56% of state prisoners, 45% of federal prisoners, and 64% of local jail inmates suffer from mental illnesses. In fact, there are now more individuals with a serious mental illness in state prisons than in state mental hospitals.

In the end, involuntarily treating people with serious mental illnesses—who, because of their illnesses, are not aware they are sick—does not infringe on their civil rights. The fears of civil libertarians notwithstanding, the paramount civil right of someone who is severely mentally ill should be adequate treatment.

As Supreme Court Justice Anthony Kennedy wrote in 1999: "It must be remembered that for the person with se-

vere mental illness who has no treatment, the most dreaded of confinements can be the imprisonment inflicted by his own mind, which shuts reality out and subjects him to the torment of voices and images beyond our powers to describe."

Dr. Torrey is the author, most recently, of "The Insanity Offense: How America's Failure to Treat the Seriously Mentally Ill Endangers Its Citizens," out this month by W. W. Norton.