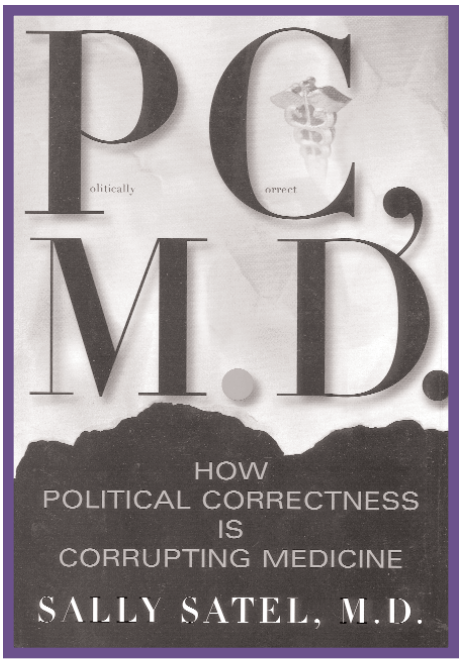
Catalyst
TREATMENT ADVOCACY CENTER Volume 3, No. 1 January/February 2001



PC, M.D.—How Political Correctness Is Corrupting Medicine

by Sally Satel, M.D.

Chapter 2
Inmates Take Over the Asylum

Around midday on October 5, 1998, forty-six-year-old Margaret Mary Ray set her backpack and purse down by the railroad tracks in a small Colorado town. Then she knelt in front of an onrushing coal train and was instantly killed. Ray, who suffered from schizophrenia, had become infamous for stalking David Letterman, the television personality; she harbored the delusion that she was having a love affair with him. She had once left cookies and an empty whisky bottle in the foyer of the Letterman home in New Canaan, Connecticut.

Ray's history of mental illness had been long and troubled. Since her twenties, she had been in and out of psychiatric hospitals and jails. On antipsychotic medication she did well, but eventually she stopped taking the medicine and quickly deteriorated. Two months before her suicide she was arrested for the last time. At the hearing at which she was freed, the *New York Times* reported, "A judge openly lamented the absence of any legal mechanism to make sure she received medical help."

In fact, such a mechanism does exist. In a form of involuntary treatment called outpatient commitment, a court may order a regime of therapy and medication, and the patient may be rehospitalized if she fails to comply. Because of activism by a small but vocal group of former psychiatric patients, however, supported by civil liberties lawyers, thousands of people like Ray are not receiving the treatment they need to get well or at least to be safe. These activists call themselves "consumer-survivors" (also "psychiatric survivors"). The term "consumer" denotes a user of mental health services, and "survivor" refers to one who has endured psychiatric care. "'Survivor' is not used in this term in the same sense as 'cancer survivor,' someone who has had cancer and survived it," says the psychiatrist and researcher E. Fuller Torrey. "Rather," he points out, "it is being used like 'Holocaust survivor,' an individual who has been unjustly imprisoned and even tortured." Some consumer-survivors have requested that the mental health profession "make an apology to consumers for past abuses of power." As we will see, radical consumer-survivors are the ones who more properly owe apologies to patients for standing in the way of constructive treatments and policies. [Excerpt from pages 45-46.]

Their Crusade, Your Tax Dollars

Unfortunately, the federal government and state mental health agencies across the country are giving moral and financial support to the consumer-survivor movement. One of the biggest boosters is Bernard Arons, director of CMHS. Under him, CMHS funds the National Empowerment Center, an advocacy organization that is flatly against treatment by psychiatrists. "Our primary physicians must be ourselves," writes Scott Snedecor, program manager of a consumer-operated drop-in center in Portland, Oregon. In his center's newsletter, Snedecor claims that, "medication can be worse than psychosis." Pat Deegan, a consumer activist and Snedecor's colleague at the Portland

Dr. Sally Satel, M.D., author of PC, M.D.

Editor's note: Dr. Sally Satel's recently published book, PC, M.D. is an extraordinarily thoughtful and compelling look at how public health policy has been compromised by political correctness and victim politics. Dr. Satel devotes an entire chapter to the destructive impact that the radical psychiatric consumer-survivor movement has had in erecting barriers to treatment for the most severely mentally ill. She exposes federal and state agencies' complicity in legitimizing the consumer-survivor anti-psychiatry movement. In PC, M.D., Dr. Satel reveals just how absurd and dangerous are the basic tenets of this group of individuals who go to such extremes to prevent us from providing needed care to those who are really suffering from severe mental illnesses. This article includes excerpts from the chapter entitled, Inmates Take Over the Asylum, but we strongly recommend that you read the entire chapter—it is an eye-opener.

Catalyst

Catalyst is published six times a year by the Treatment Advocacy Center (the Center).

TREATMENT ADVOCACY CENTER
3300 North Fairfax Drive
Suite 220
Arlington, VA 22201
Phone: 703-294-6001
Fax: 703-294-6010
Web Site: www.psychlaws.org
E-mail: info@psychlaws.org

BOARD OF DIRECTORS
E. Fuller Torrey, M.D., President
James Copple, Secretary
Gerald Tarutis, Esq., Treasurer
Ray Coleman
Thomas N. Faust
Fred Frese, Ph.D.
Carla Jacobs
D.J. Jaffe
Kenneth Kress, J.D., Ph.D.

EXECUTIVE DIRECTOR
Mary T. Zdanowicz, J.D.

EDITOR/Desktop Publisher
Lorraine Gaulke

FUNDING SOURCES
Stanley Foundation
Individual Donors

The Center is a nonprofit organization dedicated to eliminating legal and clinical barriers to timely and humane treatment for the millions of Americans with severe brain diseases who are not receiving appropriate medical care.

Current federal and state policies hinder treatment for psychiatrically ill individuals who are most at risk for homelessness, arrest, or suicide. As a result an estimated 1.5 million individuals with schizophrenia and manic-depressive illness (bipolar disorder) are not being treated for their illness at any given time.

The Center serves as a catalyst to achieve proper balance in judicial, legislative and policy decisions that affect the lives of persons with serious brain diseases.

center, is interested in "rehabilitating mental health workers." She produced a project called "Spirit Breaking: How the Helping Professions Hurt." Paolo Del Vecchio, a CMHS consumer affairs specialist, explained to me why he and his colleagues oppose involuntary treatment: it reminds patients of "their own personal Holocaust and leaves them feeling hopeless, believing they will never recover." [Excerpt from page 47.]

Consumer-survivors have been spreading the word to other countries as well. In September 1999 a group of fifteen flew to Santiago, Chile, to attend the biannual meeting of the World Federation for Mental Health (an otherwise mainstream conference), courtesy of travel scholarships funded by CMHS. Among the scholarship recipients was David Oaks, director of the National Support Coalition International, based in Eugene, Oregon.

Oaks, a Harvard graduate who suffered a psychotic episode as a young man, is staunchly opposed to psychiatry. He talks about having been a "guinea pig" for doctors and psychiatric drugs ("a hundred times worse than a bad acid trip") and vows to lead a "guinea pigs' rebellion." Oaks insists that mentally ill people can recover through diet, exercise, meditation, writing and peer support. Most dramatically, he claims to have organized what coalition members call an "underground railroad" to help patients cross state lines in order to "escape forced outpatient psychiatric drugging." A month before the Santiago conference, he helped kill several involuntary treatment bills under consideration by the Oregon legislature. [Excerpt from pages 48-49.]

Alternatives '99: The Guinea Pigs' Rebellion

Since 1985 CMHS has funded an annual consumer-survivors' conference called *Alternatives*. At one *Alternatives* conference a psychologist named Al Siebert presented a talk entitled, *"Successful Schizophrenia—The Survivor Personality,"* advertised in the conference program as a discussion of "how schizophrenia is a healthy, valid, desirable condition, not a disorder." According to Siebert: "Schizophrenia has never been proven to be an illness or disease. What is called schizophrenia in young people appears to be a healthy transformational process that should be facilitated instead of treated." How ironic that CMHS is supporting a movement that minimizes the severity of mental illness and discourages the treatments and programs for which CMHS itself, in its role as the government's administrator of public funds for mental health treatment, is paying.

I attended the four-day *Alternatives '99* conference in Houston in October of that year. There were seminars on grassroots organizing and on creating openings for consumer-survivors on the boards of managed care organizations and other social services agencies. Consumer-survivors were given ample instruction in how to lobby congresspeople, stop involuntary commitment bills and get more funding from the federal government. Everyone seemed to agree that the state-level success of the consumer-survivor movement had to be replicated at the national level.

There were a number of distractions during the four-day event: poetry readings, clay-molding sessions, group skits. Perhaps appropriately, the nearby Caruso Dinner Theater was putting on a production of *Shear Madness*. I also heard dozens of personal testimonials about the abuses of the "system" and the triumphs of self-help. The Memorial Wall was meant to be a palpable reminder of the failure of organized psychiatry. Mounted on three huge poster boards were scores of colored three-by-five cards, each a remembrance of someone who had died. "Dickie Dow, Portland, Oregon. Consumer killed in police custody, Fall 1998," read one. "Rupert: a good friend and next door neighbor—from all of us, Merit Hall, Long Beach." "In Memory of Jacky Jachner: Your star shined brightly, Barbara." It was a sad and touching

Inside this issue...

display, yet I could not help but wonder how many of these people would have still been alive if involuntary treatment laws were more widely in use.

To concede that involuntary treatment is sometimes necessary, however, was beyond the capacity of these consumer-survivors, who already felt so subjugated and powerless. In fact, a major theme of the meeting was that consumer-survivors are the "last minority." "I've always been struck by the similarities between our struggles and those of women, minorities and homosexuals," said Jean Campbell, a consumer-survivor who is on the faculty of the University of Missouri School of Medicine in Columbia. "We are all disempowered, stigmatized, discriminated against, denied our humanity." [Excerpt from pages 50-52.]

A Brief History of Consumerism

The radical consumer-survivor movement grew out of the 1960s liberationist ethos, which saw mental patients as a class of social dissident and psychiatry as an agent of social control. In the words of the Marxist social critic Herbert Marcuse, psychiatry was seen as "one of the most effective engines of suppression." Explanations for the origins of psychosis abounded. Some implicated psychiatry itself. According to Erving Goffman, author of the influential *Asylums* (1961), the mental hospital itself imposed "abasements, degradation, humiliation and profanations of the self," reinforcing the psychopathology it was meant to cure. R. D. Laing, a Scottish psychiatrist, thought of psychosis as a rational adaptation to an insane world. In the popular culture, films like *King of Hearts* (1966) and books like Ken Kesey's *One Flew over the Cuckoo's Nest* (1962) sentimentalized the insane as embodying truth, spontaneity and innocence, their souls crushed by stone-hearted authoritarians. "Every psychotic is a potential sage or healer," wrote the physician Andrew Weil, later famous as an alternative medicine guru, in his 1972 book *The Natural Mind*.

By 1974 the number of patients in psychiatric hospitals had been more than halved, from slightly more than five hundred thousand in the mid-1950s. Once released, many of these ex-patients gravitated to one another. "In daily life they were shunned and stigmatized," write

A Lesson from Minnesota and California

by E. Fuller Torrey, M.D., President
Treatment Advocacy Center

When we started discussing the possible formation of a Treatment Advocacy Center almost three years ago, friends warned that we were taking on a difficult—perhaps impossible—task. They said we would be strongly opposed by the civil libertarian lawyers, well meaning but psychiatrically naïve individuals whose knowledge of mental illness had come primarily from the writings of Thomas Szasz. We would also be opposed by a small but noisy group of ex-patients who called themselves "psychiatric survivors." And always, behind the scenes, there would loom the virulently anti-psychiatry Church of Scientology and its Citizens Commission on Human Rights (CCHR), whose founder, L. Ron Hubbard, taught that the forces behind psychiatry come from other planets.

Dr. E. Fuller Torrey presenting a lecture for the Manhattan Institute at the Harvard Club in New York City.

My friends were correct in the opposition we have faced. But despite such opposition, I can say that helping to set up the Treatment Advocacy Center is one of the most important things I have ever done. And, I am reminded of why it is important on a daily basis.

Minnesota and California are cases in point. In both states it is virtually impossible to treat an individual with schizophrenia or manic-depressive illness unless the person voluntarily agrees to treatment. Never mind the fact that multiple studies have shown that approximately half of such individuals do not know that they are sick. Many of these individuals will never accept treatment voluntarily, because they are certain that the CIA really did implant electrodes in their brains, which cause their voices. The physical illness of their brain has affected the part of the brain that governs self-awareness. They are biologically unable to understand that they are sick and need treatment.

Both Minnesota and California had state legislation introduced in 2000 to amend their treatment laws so as to make it easier to treat such individuals before they become homeless, commit misdemeanors that land them in jail, or become violent. State Representative Mindy Greiling introduced the bill in the Minnesota legislature, and State Assemblywoman Helen Thomson headed the legislative effort in California. And in both states, the legislation was blocked by opposition forces.

So what difference does it make? For many citizens in both Minnesota and California, the failure to enact modern treatment laws makes a very big difference-the difference between life and death. In Minnesota, for example, on November 1, Alfred Sanders was killed by the police after he threatened them. Less than 24 hours earlier, Sanders' family had

(continued in box on page 4)

(continued from box on page 3)

attempted unsuccessfully to have him psychiatrically hospitalized and treated because of his severe mental illness. In October, Lawrence Dame, another Minnesota man who was receiving no treatment for his severe mental illness, killed his sister and four members of her family. On the last day of the year in Duluth, Thomas B. Dougherty, who had a history of mental illness and had been hospitalized twice in the last year, shot himself and his girlfriend.

In California in November, Steven Abrams, who had deliberately driven his car into a playground killing two children in an effort to stop his auditory hallucinations, was sentenced to life in prison. In October, Gabriel Estrada, who had stopped taking his medication for schizophrenia, stabbed a neighbor to death. Also in October, Jared Essig, overtly delusional and untreated, stabbed one of his professors at Pomona College. In September, Jonathan Baker, suffering from a severe psychiatric disorder and having stopped his medication, was killed by police after he stabbed a guard in an emergency room. And in September, Marie West, diagnosed with manic-depressive illness but not taking her medication, deliberately ran her car into an elderly man, killing him.

These are just a sampling of the tragedies in Minnesota and California from the closing months of this year. They are merely the tragedies that came to public attention. They don't include the thousands of daily tragedies of severely mentally ill individuals who are homeless and seeking food in garbage cans in Minneapolis and San Francisco. Or the thousands of individuals with schizophrenia and manic-depressive illness who have ended up in the county jails of Minnesota and California because they did not receive treatment for their illness.

Almost all of these tragedies could have been prevented if Minnesota and California had enacted modern treatment laws. That is the lesson from Minnesota and California, and that is why the Treatment Advocacy Center exists.

In 2001, concerned legislators like Mindy Greiling and Helen Thomson will again introduce legislation to update their state treatment laws. The Treatment Advocacy Center will provide support for their efforts, as we did in New York in successfully getting Kendra's Law passed. We will also support efforts in other states in which citizens have seen enough of these tragedies. In a civilized society, such tragedies should not be happening. The Treatment Advocacy Center will continue to play an essential role in these efforts; and, I am proud to be part of it.

Rael Jean Isaac and Virginia Armat in *Madness in the Streets*. They found solace in "an ideology that cast them as romantic figures combating oppression, individuals whose perceptions of the world had equal if not greater validity than those of 'sane' society." [Excerpt from pages 60-61.]

The Consumer-Survivor Code of Silence

To be sure, not all psychiatric patients oppose involuntary treatment, reject psychiatric medication or regard mental illness as a transformative experience. "You get excommunicated from the consumer-survivor movement if you speak against the status quo," says Eve, a former psychiatric patient who works with a visiting nurse service in New York City. Most of her patients suffer from schizophrenia or manic-depressive illness. Thirty-eight, married and the mother of a seven-year-old daughter, Eve spent much of her late adolescence institutionalized. After her daughter was born, her postpartum depression was treated with ECT. Several years later she suffered another bout of depression and agreed to have ECT again. Now she takes an antidepressant and a mood stabilizer and is doing well. Like Ken Steele, she calls herself a consumer-survivor, but unlike Steele, Eve feels that she has to go along with the party line. She refused to let me use her real name.

Eve was once active with the radical consumer-survivor movement but has pulled back because, she says, "it is too closed-minded." But she is reluctant to disagree openly lest she be frozen out altogether. She departs from the consumer-survivor party line in two ways. She favors involuntary commitment (about half of her patients are under court order to receive treatment and take medications), and she sees value in ECT. Eve tells of a tenant of a housing program who stopped his antipsychotic medication, began hallucinating and went back to using crack cocaine. Psychotic and aggressive, he got into a fight and broke his arm—a stroke of luck since it landed him in the hospital. Otherwise, Eve says, the housing director would have "just let him deteriorate, because that was what her politics said she should do." Eve didn't protest—she knew it wasn't right to let the man remain so sick, but she also didn't want to get fired for being a troublemaker. [Excerpt from pages 66-67.]

Denying the Reality of Mental Illness

The vast majority of severely mentally ill people can lead safe and comfortable lives in the community as long as they continue to take medication to control such psychotic symptoms as hallucinations and delusional thinking. Without medication, however, they risk the fate of Margaret Mary Ray. That's why outpatient commitment was developed. Such intervention can also interrupt the downward spiral into violence. True, only a small percentage of psychotic individuals ever inflict serious bodily harm—and when they do, it is mostly upon other family members—but the assaults and killings that do occur are tragedies that often could have been avoided.

The potential for violence is a reality of mental illness that we don't hear very much about. In 1998, however, a MacArthur Foundation study found no difference in commission of violent acts between a sample of mentally ill people and the general population. This was a predictable finding since the study largely excluded subjects with the greatest potential for aggression, but it was touted as a refutation of the "myth" that mentally ill people pose a greater threat than the rest of us. "It's time we kill our cultural fantasy of deranged psychotic killers on the loose," said the president of the National Mental Health Association following the study's publication in the Archives of General Psychiatry.

Left to right: Jeffrey Houston, Mary Zdanowicz, and Phil Chadsey, Esq., after presenting panel discussion at NAMI-Multnomah County Mental Health and the Law Conference. Ms. Zdanowicz's trip to Portland, Oregon, was under-written by the Mary Boos Memorial Fund.

But the well-documented fact is that psychotic individuals not taking medication are indeed more prone to violence. Thirty years of data show this. A study of three hundred patients discharged from California's Napa Valley State Hospital between 1972 and 1975 showed that their arrest rate for violent crimes was ten times higher than that of the general population. In Finland the risk of committing homicide was seven to ten times greater among individuals with schizophrenia than it was among the general population. According to the Department of Justice, approximately one-quarter of all offspring who kill their parents have a history of serious mental illness. As Professor John Monahan of the University of Virginia School of Law summed it up:

> The data that have recently become available, fairly read, suggest the one conclusion I did not want to reach: Whether the measure is the prevalence of violence among the disordered or the prevalence of disorder among the violent, whether the sample is people who are selected for treatment as inmates or patients in institutions or people randomly chosen from the open community, and no matter how many social and demographic factors are statistically taken into account, there appears to be a relationship between mental disorder and violent behavior.

After years of denying the association between untreated mental illness and aggression, the National Alliance for the Mentally Ill has come full circle. Carla Jacobs, an alliance board member from California, became an activist for involuntary commitment after her mother-in-law was fatally stabbed and shot by a mentally ill relative. "We used to think it was stigmatizing to acknowledge violence," Jacobs tells me. "Now we recognize that violence by the minority tars the majority and makes communities less likely to welcome the community-based housing that can facilitate treatment and reduce violence." Too many of our relatives are hurting others and winding up in jail, she laments. "The first step to helping the mentally ill lies in admitting there is a problem." [Excerpt from pages 68-69.]

The True Shame

In 1948 Albert Deutsch shocked the world with *Shame of the States,* his exposé of abuses in state psychiatric hospitals. The horrors he described have mostly disappeared, although newspapers still carry the occasional investigative account of abuses in a state facility. In the dystopic worldview of the radical consumer-survivors, however, the mental health system remains a snake pit. Yet that very system provides the money with which they have financed a small industry of grievance and entitlement. It is the same hated system that has bent over backward to create places for consumer-survivors in its organizational charts. So much for oppression.

The point of imposing treatment is to help patients attain autonomy, to help them break out of the figurative straitjacket binding thought and will. So many people with untreated schizophrenia become incapable of facing even the modest challenges of ordinary life, much less exercising their rights as individuals. Being required to take medication is hardly a violation of the civil rights of a person who is too ill to exercise free will in the first place. The freedom to be psychotic is not freedom.

As a psychiatrist and a taxpayer, I find it a tragedy that consumer-survivors spend their time and energy—and public funds that could be going to patient care—fighting against policies that can help thousands who are far sicker than they are and, one hopes, will ever be. I realize that the political fight may itself be a form of therapy for consumer-survivors: it gives them focus, identity and a social network. It funnels their energies and large reserves of anger. They are right to want a sense of purpose; we all need one. But the price of their "therapy" must not be paid by the very people they purport to protect.

I must also reserve criticism for the mental health administrators, some of whom are psychiatrists. Tragically, they seem willing to sacrifice the needs of those with the most severe illnesses to political correctness and to the expediency of placating the vocal and annoying consumer-survivor lobby. We have more effective treatments, both social and pharmacological, than ever in the history of psychiatry, and it is a shame when ill people are denied them. By supporting consumer-survivor activities—or by simply saying nothing when they are given funding or administrative control—mental health administrators are promoting a movement that has had disastrous consequences for people with severe psychiatric illness. [Excerpt from pages 75-76.]

Survey of Commitment Process

Charles J. Kennedy, a doctoral student in clinical psychology at Fielding Institute, is conducting a study of family members/caregivers to elicit their opinions of their experience in a civil involuntary commitment hearing.

A survey is being conducted for the purpose of investigating family members/caregivers opinions of their experience in a civil involuntary commitment hearing—one in which their family member or friend was admitted involuntarily to a psychiatric hospital. Each state has slightly different procedures and districts within states can differ also. The family member/caregiver who has attended and testified in an involuntary psychiatric commitment of their relative or friend is eligible. The outcome of the hearing does not matter. This can have occurred presently or within the past three months. If you are interested in participating in this study (the 31-question survey is completely anonymous) either contact him by phone, email or write him and he will send you further information. Charles J. Kennedy, PO Box 1444 Indiana, PA 15701; Phone: 724-459-0137; Email: Cjkhms@cs.com.

Treatment Advocacy Center Honorary Advisory Committee

The Committee is composed of distinguished individuals who are devoted to improving the lives of individuals who suffer from severe mental illnesses. Each individual has made his or her own contributions to furthering that goal. We thank them for their work and for supporting our mission.

HONORARY ADVISORY COMMITTEE

S. JAN BRAKEL, J.D.
Vice President
Isaac Ray Center, Inc.
Chicago, Illinois

JOHN DAVIS, M.D.
University of Illinois
at Chicago

HONORABLE PETE V. DOMENICI
United States Senate
New Mexico

LAURIE FLYNN
Alexandria, Virginia

JEFFREY GELLER, M.D.
University of Massachusetts

HONORABLE MARCY KAPTUR
House of Representatives
Ohio

RICHARD LAMB, M.D.
University of Southern California

HONORABLE JIM McDERMOTT
House of Representatives
Washington

HONORABLE LYNN RIVERS
House of Representatives
Michigan

HONORABLE TED STRICKLAND
House of Representatives
Ohio

NEW BOARD MEMBERS

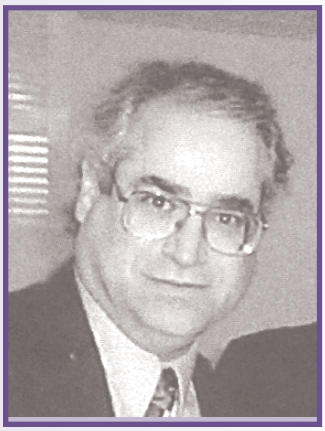
Thomas N. Faust
Executive Director
National Sheriffs' Association (NSA)

We are very pleased to announce that Thomas Faust accepted an invitation to join the Board of Directors of the Treatment Advocacy Center. Mr. Faust has been the Executive Director of the National Sheriffs' Association (NSA) since July 17, 2000. He has been a friend of the Center and very supportive of our mission. He first visited the Center when he was Sheriff of Arlington County, Virginia, a position he held for 10 years. He served a total of 24 years in law enforcement as both deputy sheriff and sheriff.

Mr. Faust has been a long time member of the National Sheriffs' Association and is a member of several other organizations, including the Virginia Sheriffs' Association, Virginia Law Enforcement Professional Standards Commission, American Correctional Association, and the Southern Criminal Justice Association. He is also a past-president of the American Jail Association.

Mr. Faust received his B.S. Degree at the Virginia Polytechnic Institute & State University (Virginia Tech) and a Masters Degree in Public Administration at George Mason University. In addition to completing numerous other training courses in law enforcement, he attended the Northern Virginia Criminal Justice Academy, National Center for State Courts; FBI Training School in Quantico, Virginia, and National Academy of Corrections.

His many years experience in law enforcement and his understanding of, and compassion for, the problem of criminalization of individuals with severe mental illness will be a tremendous asset to the Center.



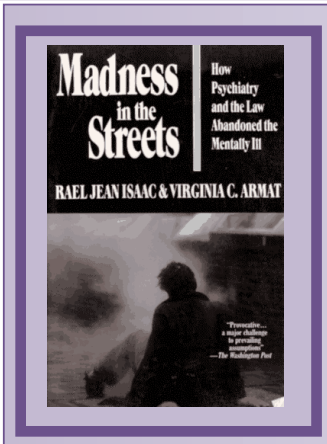
Kenneth Kress, J.D., Ph.D.
Professor
University of Iowa College of Law

We are honored to welcome Professor Kenneth Kress of the University of Iowa College of Law to the Treatment Advocacy Center's Board of Directors. Professor Kress is the Director of the Civil Commitment Project at the University of Iowa and filed a successful friend of the court brief in a recent civil commitment case in the Iowa Supreme Court on behalf of NAMI-Iowa.

Professor Kress championed an assisted outpatient treatment bill in Iowa that was protective of patient rights while ensuring that those most in need of treatment could get it. While the bill did not pass in last year's legislative session, Professor Kress has vowed to try again this year.

Professor Kress was awarded a J.D. as well as a Masters and a Ph.D. in Jurisprudence and Social Policy from University of California, Berkeley. His practice areas include: civil commitment, substance abuse, therapeutic jurisprudence, violent sexual predator commitment, torts, product liability, conflicts, criminal law, discrimination law and family law.

Professor Kress has made many presentations and has numerous publications about the law and mental illness, including, *An Argument for Assisted Outpatient Treatment for Persons with Serious Mental Illness Illustrated with Reference to a Proposed Statute For Iowa* (85 Iowa Law Review 1269 (2000)).



TAC Publishes New Edition of MADNESS IN THE STREETS: How Psychiatry and the Law Abandoned the Mentally Ill

Authors: Rael Jean Isaac and Virginia C. Armat

The Treatment Advocacy Center is proud to republish *MADNESS IN THE STREETS: HOW PSYCHIATRY AND THE LAW ABANDONED THE MENTALLY ILL,* a powerful history of deinstitutionalization by Rael Jean Isaac and Virginia C. Armat, originally published by the Free Press/Macmillan in hardback and paper in 1990. This latest edition includes an epilogue by TAC Executive Director, Mary Zdanowicz.

MADNESS IN THE STREETS pioneered a new understanding of the role changes in the law in the 1960s and 70's -some through legislative action, some by virtue of court decisions-have played in creating the intolerable situation we see today: despairing families, huge numbers of homeless mentally ill condemned to wander the streets, and prisons and jails housing vastly more mentally ill people than do hospitals. The book also traces the ideas that lay behind the transformation of our commitment laws: in this case a mad idea, with no basis in medicine, that mental illnesses do not exist: The so-called anti-psychiatry movement, popularized in the counter-cultural 1960s, simply dismissed mental illness as a myth (as Thomas Szasz insisted) or a way of perceiving reality more accurately (the view of Ronald D. Laing).

Anti-psychiatrists believed psychiatric patients needed liberation, not treatment. The only justification for holding individuals with an 'alternative' view of reality (i.e., psychotic patients) arose when they posed an imminent danger to themselves or others. As laws and court cases changed the landscape for commitment over the last thirty years, even for involuntarily committed patients, the right to refuse treatment replaced the right to receive treatment. And "dangerousness to self or to others" replaced the need for treatment standard in commitment law. An activist, "mental patient liberation bar," in the words of the authors, brought seminal court cases, painstakingly chronicled in *MADNESS.*

Many of the seminal cases were brought as "right to treatment" cases. Lawyers charged (with much justification) that under-funded state hospitals were failing to provide adequate treatment. But their underlying aim was to abolish, not improve state hospitals; in their hands "the right to treatment" was simply a cover for an anti-psychiatric, anti-treatment, scorched earth agenda. This became evident when they refused to participate in the effort (spearheaded by Dr. Morton Birnbaum) to overturn the Medicaid exclusion, which barred Medicaid funds from being used to pay for patients under 65 in state hospitals. As a result of the Medicaid exclusion, state officials focused on emptying the state hospitals that threatened to empty state coffers. Today, one of TAC's goals is to end the discriminatory Medicaid exclusion so as to make longer-term hospitalization available to those who need it.

MADNESS IN THE STREETS provides essential information for all those who agree that reforming the standards for commitment law is crucial. Those who have a clear understanding of how our present, untenable "system" came about are more knowledgeable-and effective-advocates for change. *MADNESS IN THE STREETS* is credited by people who successfully reformed mental health laws in the Canadian provinces of British Columbia and Ontario as an important factor in shaping their thinking-and the thinking of judges and legislators whom they persuaded (in some cases by entering the book as evidence) to read it.

TAC advocates have always valued *MADNESS IN THE STREETS* for its unflinching reporting and in-depth research, including over 400 interviews and 1300 footnotes. After Macmillan/Free Press was bought by another company that chose not to keep *MADNESS* in print, we saw it as a unique resource we wanted to ensure would remain available. We are delighted to become the new publisher of this fascinating and valuable work.

When MADNESS IN THE STREETS first appeared, TAC founder Dr. Fuller Torrey said in his review in the *Los Angeles Times* that it was "an important book both for understanding what went wrong with deinstitutionalization, and how to make it right." Senator Pete and Nancy Domenici said: "*MADNESS IN THE STREETS* should be read by all concerned with the care of the mentally ill and, above all, by policy makers." Don Richardson, past president of NAMI, called it "a vital source of information for the families, the general public, as well as professionals."

MADNESS IN THE STREETS is available from TAC for $18.15 ($14.95 plus $3.20 S&H, less for bulk orders) by calling toll-free 866-829-8291. The authors are also available for media interviews and speeches and can be reached at 301-907-9294**.**

Your Voice— Will Make a Difference

I just read the L.A. Times Commentary by E. Fuller Torrey and Mary T. Zdanowicz.

I'm a police officer on LAPD. Southern California is home to a high number of mentally ill who are homeless and to those who are adult children still living with and frightening their parents.

Every day officers in my division respond to a call involving such a subject. It is discouraging to be able to do nothing more than stand there with my hands in my pockets because current legislation doesn't allow much more.

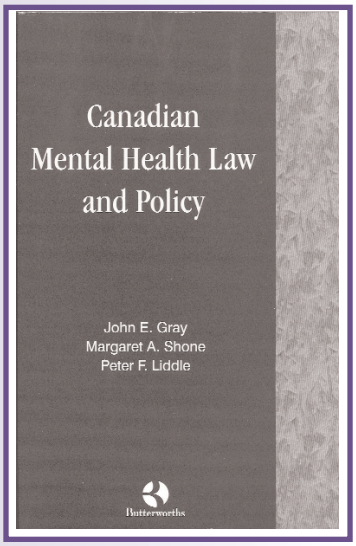
I cannot put handcuffs on a person and

CANADIAN MENTAL HEALTH LAW AND POLICY

Reviewed By Dr. Richard O'Reilly

Authors: John E. Gray, Margaret A. Shone, Peter F. Liddle

Publisher: Butterworths, Canada



This exceptional book is of the same pedigree as *Madness in the Streets* and *Out of the Shadows*. The authors, a mental-health administrator, a lawyer and a psychiatrist, come together to provide a genuinely holistic analysis of each important aspect of Canadian mental-health legislation. The pillars of the book are its chapters on criteria for involuntary admission, treatment authorization for incapable individuals and assisted community treatment. Gray, et al., incorporate what they describe as the "human-needs" perspective in analyzing these issues. They describe the libertarian viewpoint but reject mental health legislation that is based exclusively on the libertarian perspective as inadequate to meet the needs of people with serious mental illness. They provide eight well-reasoned arguments why involuntary committal criteria based solely on physical dangerousness is outdated and inappropriate. Moreover, they argue it is legally, clinically and humanely wrong for the state to deprive someone their freedom of movement because of mental illness (involuntary committal) and then not provide that person with conventionally accepted treatment so that they can regain freedom.

Unlike many legal texts the authors go beyond an exclusive focus on legal considerations by presenting clinical vignettes, which highlight the consequences of lack of treatment in various common scenarios. Readers from the United States will be particularly interested in learning about the medically based approach to legislation taken by Canadian provinces and territories where the physician, rather than a judge, determines if an individual meets committal criteria, or has capacity to decide upon treatment. A review of these decisions is made by a quasi-judicial tribunal, only if requested. Also of interest is the chapter reviewing the various models of assisted community treatment. This chapter discusses the empirical evidence for the effectiveness of assisted community treatment (e.g., outpatient committal, conditional discharge, etc.), recent changes in Canadian law, and the pros and cons of alternative procedures such as advanced directives. The book also provides, in appendices, the text of the involuntary admission criteria and treatment authorization provisions for the Canadian jurisdictions.

The book is essential reading for scholars in the field and will be of major interest to advocates for people with severe mental illness, policy-makers, lawyers and clinicians who are involved in changes in the legislation in their own jurisdiction.

Copies can be purchased for $83.00 (US Funds) including postage, from: John E. Gray Ph.D., 2761 Shoreline Drive, Victoria, BC Canada V9B 1M7.

take away his liberty without probable cause to arrest or without clear guidance from California's Welfare and Institution Code. If I do, I lose MY liberty, my house, etc..

When a parent insists I take his son away because he refuses to take his medication and is acting out I can only suggest they consult their doctor—that the family is responsible.

Cuts in state funding the last few years have forced many cases away from mental health professionals into the laps of police officers. Most of these officers are young, and have only a high school education and cursory classroom instruction in how to handle the mentally ill.

I continue to hope that, with our "booming economy" some funding can be found to give more help where it's needed.

Thank you for your hard work!

Richard Andert
West Hills, CA

In your July/August 2000 *Catalyst* your first article on the Model Law says hospital admissions fell after the adoption of need for treatment laws in Texas. I asked my psychiatrist about this because I always worry about returning to homelessness like over 15 years ago in Michigan. My psychiatrist said that Texas judges were more than reluctant to use current law to commit and force treatment on patients. No wonder hospital admissions have fallen. I felt safer back in Michigan because I knew if I deteriorated that I would be re-hospitalized whether or not I was dangerous to myself or others. My psychiatrist said Texas judges were even reluctant to commit under the standards of dangerousness. So what do we do about judges who won't use the law? I have more job possibilities here in Texas and the climate is more conducive to my health that I hesitate to move back to Michigan. Fortunately, I have not been hospitalized or severely symptomatic in over 8 years. Assisted treatment does work, it just requires more than a quick investment. Once homeless, I now work full time as a research technician at the Baylor College of Dentistry. I see the psychiatrist only every three months. We need a federal approach to mental health rather than this state-by-state piecemeal approach to treatment.

Petra Moessner, Dallas, Texas

The Model Law is very much needed. Thank you, Dr. Torrey, for your excellent leadership in this up-hill battle.

Jesse C. Stinson, Jr.
Birmingham, Alabama

Dear Dr. Torrey and Mary: Even though we are a small group we realize how important the Treatment Advocacy Center (TAC) is for the citizens in this country with severe and debilitating mental illnesses—especially for those wandering around without proper and effective treatment. Members of the Citizens' Guild of WSH/AMI know how inhumane this is and the difficulties involved in trying to get their loved ones the help that is so desperately needed.

At our meeting in September we voted

to send a donation to TAC. Thank you for all you do.

Susan Cleva, President
Citizens' Guild of Western State
Hospital Alliance for the Mentally Ill
Bellevue, Washington

Please send 50 copies of *Catalyst.* Our local NAMI affiliate is teaching the Family-to-Family Education Course and we would like to have copies for all the students, plus I would like to have them available on our resource table at our monthly General Meeting.

I am enclosing my personal check because I feel strongly about your mission and support "Model Law" wholeheartedly.

Today, there is an article in my local newspaper, *San Diego Tribune*, *MAN GETS 16 YEARS TO LIFE FOR KILLING BROTHER*. Richard Allison, 39 of Lakeside, California, will likely spend the rest of his life in prison because he has had a mental illness beginning at age 13 that was not continuously treated. In 1983 Richard stabbed four movie patrons in Mission Valley. He was guilty by reason of insanity and sent to a state mental hospital, which released him after four years. The article does not go into details after that but I can hazard a guess that he did not continue his medication on a regular basis. Late last year Richard decided that killing his 40-year-old brother would end the world. After the killing Richard looked up at the sky and waited, he realized that he was wrong so he went inside, called police.

Please continue your advocacy for assisted treatment. I have written many, many letters to the Assemblymen and women in support of AB1800 and was so pleased that this bill passed 53-16; all San Diego area Assemblypersons voted yes.

. . . I feel continued education is the answer and the *Catalyst* allows me to do this gently.

Sandy Boone, Carlsbad, CA

Court Rules Kendra's Law Constitutional

By Jonathan Stanley, Assistant Director, Treatment Advocacy Center

Kendra's Law has withstood a serious judicial attack. An action, In re Urcuyo, 2000 NY Misc. LEXIS 417 (NY Sup. Ct. Sept. 20, 2000), was brought in Kings County Supreme Court that could have resulted in New York's assisted outpatient treatment law being ruled unconstitutional.

More specifically, attorneys for Mental Hygiene Legal Services, contended that the eligibility standard for Kendra's Law violates the right to refuse treatment of those subject to it because it does not include a separate determination of whether a person placed in the program is competent to make informed medical decisions.

Instead, the focus of the assisted outpatient treatment law is people who are, among other criteria, unlikely to comply with treatment and likely to become a danger to themselves or others if they do not maintain treatment. To be eligible for an assisted outpatient order, a person must also have had non-compliance result in his or her being hospitalized twice in the last three years or an act, threat, or attempt of violence in the last four years.

This standard is designed to catch those who Kendra's Law is meant to help-people with mental illness who rotate through New York's hospitals, jails, and communities because the law did not before provide sufficient supervision and support for them to recover to the point of being able to effectively manage their medication. As a consequence, the criteria place more emphasis on the person with mental illness' recent clinical history rather than, as the Court was urged to rule was mandatory, concentrating exclusively on his or her present state of mind.

For Justice Anthony Cutrona to invalidate the present standard would have left Kendra's Law crippled and effectively useless. But the Justice did not. He issued what should be a resonant endorsement of Kendra's Law, ruling it consistent with both New York and federal law.

Encouragingly, Justice Cutrona seemed to give as great attention to how assisted outpatient treatment benefits those overcome by mental illness as he did to the public safety justifications presented for the law. He pronounced that, "Kendra's Law is a means by which patients who have such a history can be discharged to the community with the supervision and assistance they need to avoid decompensation and rehospitalization," which is exactly what it is meant to do.

As it was not decided by New York's highest court, this case does not preclude future challenges to Kendra's Law. However, Justice Cutrona developed his decision, research, and opinion with exacting detail. It will take a strong-willed judge to go against the ruling in Matter of Urcuyo (James D.).

Jonathan Stanley with Sherry Grenz, VP, NAMI New York State. Ms. Grenz was instrumental in the passage of Kendra's Law.

Respect is due to the New York City Law Department and Attorney General Eliot Spitzer's Office for their able handling of this case. And, the Center for the Community Interest should be especially commended for the remarkable "friend of the court" brief that it filed and with which NAMI New York State and the Treatment Advocacy Center were a part.

Editor's note: In a separate case on December 18, 2000, Queens, NY Supreme Court Judge Charles LaTorella ruled Kendra's Law constitutional "in all respects." The judge wrote:

Kendra's Law is a response by the Legislature to a tragic situation, which had its origins in a serious void in New York's system of caring for the mentally ill. That void arose from the fact that certain patients, who no longer posed a danger to themselves or others while in the hospital and accepting medication and treatment, stopped taking their medication upon release . . . [and] would once again constitute a danger to themselves or others, sometimes with tragic results.

The following memorials and tributes were received by Treatment Advocacy Center since September 2000. Please accept our deep appreciation for choosing to support our mission in memory or in honor of someone very special to you. We are overwhelmed by your response.

. . . Treatment Advocacy Center Board and Staff.

Received From	City and State	In Memory Of	In Honor Of
Cheryl A. Lanane	North Vernon, IL	Oscar 'Gary' Combs	
Robert & Pamela Barnes	Nashville, IN		Candice Barnes
Harold Friedman	Lake Worth, FL		Joyce H. Friedman, President of COFA/MII, Inc.
Susan Cleva	Bellevue, WA	Henry Cleva	
Michael R. Ballard	Kalamazoo, MI	Bev & Patrick Gallagher	
Eileen C. Reilly	Roslindale, MA		Homeless Mentally Ill of Boston
Rosanna M. Esposito	Arlington, VA	Kat Brandon	
Anna Warner	Citrus Heights, CA	Dorothy Duhem	
Theresa V. Martini	Pine City, MN	Scott Hardman	
Rosemarie Moretz	Allentown, PA	Mr. & Mrs. Stephen E. Moretz	
Thomas & Dee Ann Deet	Atlantic Highlands, NJ		Continued Efforts of the TAC
Henry & Danette Dieffenbach	Rockingham, NC		David Hunt
Fred & Bernice Seifter	Matawan, NJ	The Mentally Ill	
Pamela Grabe	Butler, PA	Charles E. Grabe	
Carl & Adele Kaschenbach III	Dallas, PA		Bill Jancik (Brother)
Glenn & Evelyn Flittner	Rockville, MD	Jon Arden Flittner	
Dale & Trude Lawrence	Rockville, MD		Hans Lawrence
Steven & Margaret Sharfstein	Baltimore, MD		Mary & the entire staff
Claire Griffin-Francell	Dunwoody, GA		Edward G. Francell, Jr.
Joseph & Patricia Spoerl	Wauwatosa, WI		Mary & the Center
Jocelyn Phillips	Seattle, WA	Virginia Davis Phillips	
H. Neal & Mildred Schaefer	Ormond Beach, FL	Dale Johnson	
Marion Smith	Crosslake, MN	Scott Hardman from his grandmother	
Robert & Carol Schwartz	Scarsdale, NY	Beatrice Black	
Gail Freedman	Sherman Oaks, CA		Ken Kress
Frances Cassady	Ormond Beach, FL		Christopher Cassady
Pauline Kress	Sherman Oaks, CA		Ken Kress
Morris Perlin	North Hollywood, CA		Ken Kress
Ellen Bachman, Florida Council of Catholic Women	Miami, FL	Scott Hardman	
Jerome & Hazel Byers	Dallas, TX		Mike Faenza, Dr. E. Fuller Torrey
William & Sue Anne Davidson, Jr.	Rome, GA	Martha Davidson Coppedge	
Merry Kelley	Lisbon, IA	My daughter, Bonnie Picard	
A.M. & Blair Gray	San Rafael, CA		Dr. E. Fuller Torrey
Patricia McNamara	Pasadena, CA		Tim and Cary McNamara (twins)
Frances Ashurst	Hemet, CA	Jeanine Erskine	Larry Erskine
Michael & Gloria Pesce	Tappan, NY		Michael Pesce
Edward Francell, Jr.	Dunwoody, CA	Jimmie Canady	
Eileen Rorick	Orange Springs, FL		Michael Rorick
Roy & Jeanne Aeschliman	Buffalo Lake, MN	Scott Hardman	
Tyson & Betty Robertson	Florence, AL		David Robertson
John & Linda Lewis	Davenport, IA		Patrick Lewis
Paul & Ruth Cheney	Emily, MN	Scott Hardman	
Jesse & Sally Stinson	Birmingham, AL		Dr. E. Fuller Torrey
Michael Corr	Park Ridge, IL		NAMI
Daniel Quindazzi	Clearwater, FL	Mary Quindazzi	
Anonymous	from Traverse City, MI		Marjorie Hartnett, President NAMI Grand Traverse/Leelanau

Received From	City and State	In Memory Of	In Honor Of
William & Sylvia Hughes	Albuquerque, NM		Kevin T. Hughes
Alan & Loretta Greenfield	Deland, FL		Brian Peters
Rob & Diane Docherty	Sedona, AZ		Garnet Meyer
Edna Cramer	Riverside, CA		son, Ronald N. Cramer (for his determination)
Carol Waters	Indialantic, FL		E. Fuller Torrey
Craig Rorek	Racine, WI		Craig A. Rorek
Anne Marie Smith	Agawam, MA	Dr. David S. Smith, Ph.D.	
Norman & Betty Lee Ohler	Endwell, NY		Phillip W. Ohler
Alan & Phyllis Hamilton	Indianapolis, IN		Thomas A. Hamilton
Barbara Evink Hillmann	Green Bay, WI		Mark Evink
Michael Long	Mechanicsville, MD	Scott Hardman	
Joan Long	Mechanicsville, MD	Scott Hardman	
Arlene Allen, Homeless-Missing Persons Project	Boynton Beach, FL	Our loved ones who needlessly died while missing	
Edward & Dorothy Thaller	East Hanover, NJ	Stephen Hurley	Your work
Linda Gregory	Enterprise, FL	Deputy Eugene Gregory	
Alvin & Diana Barclay	Truckee, CA		Ed Chaon
Michael & Marie Carter	Folsom, CA		son, Dan Carter
Charles & Gertrud Edmonds	Daytona Beach Shores, FL	Dale Johnson	
June Webb Crouch	Scottsboro, AL	Rick Webb	Dr. Torrey & Laurie Flynn
William & Elizabeth Davis	Tehachapi, CA		Mark Davis
Thomas Brett	Kew Gardens, NY	Arthur Abelman	
Warren & Irene Cook	Manasquan, NJ		Your most admirable work to benefit all those who suffer from mental illness
Eleanore Feldman	Oak Park, IL	Ann Ruth White	
Kandi Williams	Auburn, CA	Michael Williams	
Mary Zdanowicz	Arlington, VA	Ed Keyton	Elizabeth Grojean
Catherine Yelenosky	Austin, TX		Michael Yelenosky
Billie Brackeen	Muscle Shoals, AL		2 bipolar children and 3 bipolar granddaughters
Eda Bower	Dubuque, IA		Eric Wheaton
Gail Husveth	Mendham, NJ		Joseph Mazzetta
The Tara Fund		Jack Atkinson 1969-1998	
Linda Davis	Holmes Beach, FL	Lee & Allen Keyworth	
Chris Hardman	Callaway, MD	brother, Scott Hardman	
William & Elissa Jackson	Berkeley, CA	Susannah Jackson	
Kenneth & Marilyn Fischer	Sheridan, WY		Cathy Fischer
David & Lorraine Gaulke	Crosslake, MN	son, Scott Hardman	
Patti Mars	Mt. View, CA	Matthew Mars	
Calvin & Ruby Smith	Frankfort, KY	Georgia Cummins	
William & Marianne Kernan	Norfolk, VA		William Keith Kernan
Bevinn Badenhausen	Brielle, NJ		Peter
Carl & Blanche Hays	Batavia, IL	Eric Hays	
Sandra Forsythe	Buena Park, CA		Kurtis and Keith
C.M. & Judith Valentine	Sand Point, MI	Barry Pawluk	
Joseph & Cynthia Montano	Old Bridge, NJ		Elizabeth Montano
Richard & Marie Costa	College Station, TX	our son	
Paul Auria	Long Beach, CA		Carl Auria, Jr.
Maxine Barnett	Colfax, CA	David Taylor who died of suicide—paranoid schizophrenia	
Iva Chambers	Wirtz, VA		Dr. E. Fuller Torrey
Robert & Joyce Tone	Sarasota, FL		Elizabeth Tone

TREATMENT ADVOCACY CENTER
CATALYST
Phone: 703-294-6001 ❖ Fax: 703-294-6010
Web Site: www.psychlaws.org
E-mail: info@psychlaws.org
3300 North Fairfax Drive Suite 220
Arlington, Virginia 22201

ADDRESS SERVICE REQUESTED

Nonprofit Organization
U.S. Postage
PAID
Permit No.
8287
Arlington, VA

PLEASE HELP THE TREATMENT ADVOCACY CENTER ACHIEVE ITS MISSION TO ELIMINATE THE LEGAL AND PRACTICAL BARRIERS TO TREATMENT FOR MILLIONS OF AMERICANS WHO SUFFER FROM, BUT ARE NOT BEING TREATED APPROPRIATELY FOR, SEVERE BRAIN DISORDERS, SUCH AS SCHIZOPHRENIA AND MANIC-DEPRESSIVE ILLNESS, AND TO PREVENT THE DEVASTATING CONSEQUENCES OF NON-TREATMENT:

HOMELESSNESS, SUICIDE, VICTIMIZATION, WORSENING OF SYMPTOMS, HOMICIDE, AND INCARCERATION.

I WANT TO HELP THE TREATMENT ADVOCACY CENTER WITH A GIFT OF: $ _____

❑ MY CHECK/MONEY ORDER IS ENCLOSED MADE PAYABLE TO:
TREATMENT ADVOCACY CENTER

❑ CHARGE MY CREDIT CARD (CIRCLE ONE):

VISA MASTERCARD AMEX DISCOVER

ACCOUNT NO. _____ EXP. DATE _____

SIGNATURE (AS ON CARD) _____

❑ GIFT IS IN MEMORY OF: _____
❑ GIFT IS IN HONOR OF: _____

(PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE)

NAME: _____

ADDRESS : _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

GIFTS SHOULD BE MADE PAYABLE TO TREATMENT ADVOCACY CENTER AND MAILED TO:
3300 NORTH FAIRFAX DRIVE, SUITE 220 ❄ ARLINGTON, VA 22201
THANK YOU FOR YOUR SUPPORT!

TREATMENT ADVOCACY CENTER IS A NONPROFIT 501(C)(3) ORGANIZATION; GIFTS ARE TAX-DEDUCTIBLE TO THE EXTENT ALLOWED BY LAW.