TREATMENT ADVOCACY CENTER

15 years

A Newsletter from the Treatment Advocacy Center | Fall 2013

Catalyst

American Psychosis:

HOW THE FEDERAL GOVERNMENT DESTROYED THE MENTAL ILLNESS TREATMENT SYSTEM

Fifty years ago Halloween day, President John F. Kennedy Jr. signed the Community Mental Health Centers (CMHC) Act of 1963 into law – the last bill he signed before his assassination.

The CMHC concept called for a system of community-based centers where "reliance on the cold mercy of custodial isolation will be supplanted by the open warmth of community concern and capability." The ideal was never fulfilled. Public psychiatric hospitals – the last resort for treatment of those with the most acute or chronic severe mental illness – were instead replaced by the merciless cold of the streets, jails and prisons, victimization and untimely death for countless men and women.

Dr. E. Fuller Torrey's devastating dissection of the CMHC Act and the failed experiment it precipitated is hitting book stores this fall as the counterweight to a nationwide series of anniversary events and a gala celebration focusing on the ideal rather than the reality of the law. "Vintage Torrey," as one reviewer called it, *American Psychosis: How the Federal Government Destroyed the Mental Illness Treatment System* uncovers and explores how the landmark law came to be, what it produced and how to reverse some of its catastrophic effects.

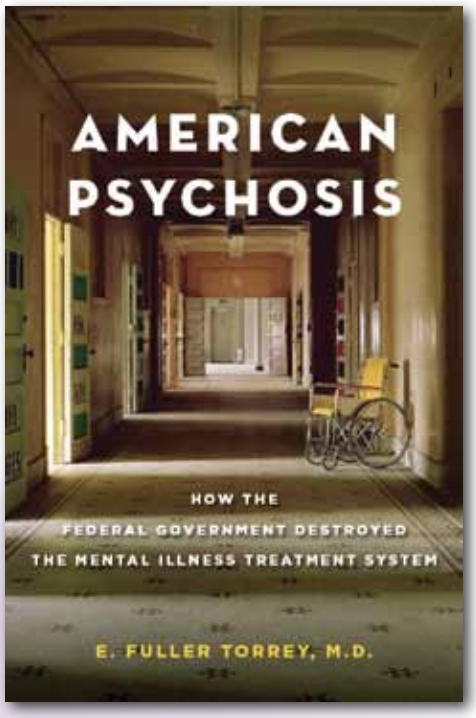
"Torrey is the conscience of the country and its most articulate spokesperson when it comes to public mental health care," American Psychiatric Association President Jeffrey A. Lieberman, M.D., says of Dr. Torrey's 20th book. "His latest installment, *American Psychosis*, is a scathing analysis of the abject failure of U.S. mental health care policy written in his usual lucid and compelling style."

The perfect storm we now call deinstitutionalization resulted when the swirl of Kennedy family dynamics, national political and fiscal currents, and emerging social trends converged in the early 1960s, Dr. Torrey writes. The lofty vision of the CMHCs vanished within 20 years. As it was fading, the U.S. population grew 39% while 432,633 public hospital beds disappeared. By the end of 1976, 548 of the federally funded community mental health centers had been opened, but they served few of the people ill enough to have been hospitalized. "(D)einstitutionalization per se was not the mistake," the author says. "The mistake, rather, was our failure to provide continuing treatment and rehabilitation for these individuals once they left the hospitals."

In his introduction, Dr. Torrey writes, "If we are to correct our errors, it is necessary to understand how we got where we are. We have made many mistakes in how we care for the most vulnerable among us…. What can we learn from the past?"

American Psychosis was written to teach and guide us. It is recommended reading for anyone who lives or works with severe mental illness and hopes to reverse some of the many ills that resulted from an ideal unrealized in the half-century since its inception.

All royalties from American Psychosis *have been assigned to the Treatment Advocacy Center.*



"TORREY IS THE CONSCIENCE OF THE COUNTRY AND ITS MOST ARTICULATE SPOKESPERSON WHEN IT COMES TO PUBLIC MENTAL HEALTH CARE."

– American Psychiatric Association President Jeffrey A. Lieberman, M.D.

WHAT'S INSIDE

A MESSAGE FROM THE
Executive Director

Hope Amid Tragedy

This is a message of hope, even if it doesn't look like it at the outset.

After the Navy Yard shootings, we are again absorbing the tragedy of multiple lives lost to what appears to be an untreated psychiatric disease. At the Treatment Advocacy Center, we are again answering calls from the media asking, "Why does this keep happening? What could have prevented Navy Yard (or Sandy Hook, Tucson and Aurora)? What needs to change?"

The change we strive for is to remove the barriers that come between people, like Aaron Alexis, who are desperately ill, and the treatment that would restore their sanity.

How do we do that?

First, we stop closing public hospitals and start restoring sufficient psychiatric beds to meet the needs of those who are acutely or chronically ill and cannot seek the care that would begin their recovery. Look no further than Dr. Torrey's new book, *American Psychosis*, for a devastating account of where and why those beds disappeared and what price we have all paid for their disappearance.

Next, we reform laws that keep people from getting the treatment they need just because they're too sick to seek treatment themselves. The law in Rhode Island, where police found Alexis terrorized by hallucinations in a hotel room, says an individual with mental illness needs to be dangerous before qualifying for court-ordered intervention. Waiting for Alexis to become dangerous was waiting too long.

Then, we recognize that mental illness is a disease, not a lifestyle choice. We admit that abandoning people to the worst of these diseases deprives them of dignity, accomplishment, freedom and, too often, life itself. We agree that people too sick to help themselves deserve help, too. And we help them.

The Treatment Advocacy Center exists to bring down barriers to treatment, and we are making headway. Celebrate with us the impact that dedicated advocates like Karen Easter and Mark Munetz are having (page 3). See "Around the States" for some of the laws that have been improved just since our spring *Catalyst* (pages 4 and 5). Read the good news about how involuntary outpatient treatment saves money as well as lives (page 6). Share our gratitude for the donors listed in our "In Recognition" (special pull-out).

And, please, don't miss Dr. Torrey's tribute to Vada Stanley, whose vision and hope to remove barriers is what made our progress possible.

Remembering Vada Stanley

Vada Stanley was the founding inspiration and devoted champion of the Treatment Advocacy Center and its efforts to eliminate barriers to the treatment of severe mental illness. She died July 13.

In 1998, I received a call from Vada Stanley. I had known her for nine years by then, ever since she and her husband, Ted, had started generously supporting our research efforts to find the causes and better treatments for schizophrenia and bipolar disorder. In getting to know her, I had become aware of Vada's enormous empathy for others and her efforts to find ways to help people, both friends and people whom she had never met.

Vada called because she had recently read my book, *Out of the Shadows: Confronting America's Mental Illness Crisis*, and was very concerned by what it described. In 1998, the number of seriously mentally ill individuals remaining in the state mental hospitals had dropped to 57,000. That meant 500,000 others – half a million people – had been deinstitutionalized since the state hospital high-water mark reached 40 years earlier.

What had become of them? Many had become homeless. Others who had been deinstitutionalized were living in jails or prisons, typically charged with crimes directly attributable to untreated mental illness. Still other deinstitutionalized patients were committing violent acts as a consequence of not being treated. It was at that time that Russell Weston, diagnosed with schizophrenia but not being treated, shot his way into the U.S. Capitol building, killing two police officers in the process.

These were the kinds of stories about which Vada expressed concern, and it was within this context that she offered to help. We had a long discussion about possible forms her help might take. Getting such individuals treatment for their mental illness seemed to be the key, yet state laws governing treatment had been changed in almost every state, making access to treatment much more difficult.

Thus, out of Vada Stanley's concern for others, was born the Treatment Advocacy Center – to change the laws and improve the treatment system. I have never met a more caring person, and I regard her as a model to which to aspire. Her death is a great loss for all of us and her life a reminder of how we should be living our own.

– Dr. E. Fuller Torrey

PROFILES IN ADVOCACY

Torrey Advocacy Commendation Winners

The Torrey Advocacy Commendation is given in recognition of the courage and tenacity of individuals who selflessly advocate for the right to treatment for people too severely disabled by mental illness to recognize their own need for care.

In 2012, the commendation was awarded to Mark Munetz, M.D., of Ohio and Karen Easter of Tennessee.

DR. MARK MUNETZ

Psychiatrist Mark Munetz, M.D., was awarded the 2012 Torrey Advocacy Commendation for his unwavering commitment to helping those with severe mental illness get effective and timely treatment.

"Dr. Munetz has been inspiring mental illness treatment stakeholders and advocates in Ohio for many years," said Doris A. Fuller, executive director. "He has implemented assisted outpatient treatment (AOT) with widespread support and great success, significantly decreasing hospital admissions in Summit County. His dedication to helping those who are most ill and vulnerable is exemplary."

Dr. Munetz has been a key player ensuring people with severe mental illness avoid unnecessary arrest and incarceration. One example was initiating the Ohio Criminal Justice Coordinating Center of Excellence to promote jail diversion alternatives for those with mental illness. More recently, Dr. Munetz has been involved in efforts to improve the state's assisted treatment standards, Senate Bill 43 (HB 104), which clarifies Ohio's court-ordered outpatient treatment standards.

He is currently the Margaret Clark Morgan Endowed Chair of Psychiatry at Northeast Ohio Medical University and chief clinical officer for the Summit County Alcohol, Drug Addiction and Mental Health Services Board. He previously served as chief clinical officer at the services board for more than 20 years.

Summing up what drives him to advocate, Munetz says, "There are people living with mental illness in our community who need treatment, and they should not be sent to jail for a lack of timely care. My hope is that everyone with a mental illness has the opportunity to receive timely and comprehensive help as early in the course of their illness as possible."

KAREN EASTER

Knoxville resident Karen Easter was awarded the 2012 Torrey Advocacy Commendation for years of effort that led in 2013 to establishment of an assisted outpatient treatment pilot program in Tennessee to help people with untreated severe mental illness who are too sick to seek care.

"Karen has dedicated herself for years to fighting for improvements in the lives of individuals with untreated severe mental illness in Tennessee," the Treatment Advocacy Center's executive director said. "She exemplifies the qualities and achievements the Torrey Advocacy Commendation was established to recognize."

Easter became an activist after a loved one was arrested for behavior resulting from his untreated mental illness. As a Tennessean, she lived in one of the few states without an AOT law authorizing court-ordered treatment in the community for qualifying individuals. She realized that, had AOT been available, it might have prevented his encounter with the criminal justice system. "There are people living with mental illness in our community who are desperate for treatment, and these people should not be sentenced to jail for lack of timely care," Easter says. "My hope is that Knoxville's pilot program will demonstrate this and be implemented throughout the state."

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From *American Psychosis:*

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"In 1963, when the Community Mental Health Centers Act had been signed, there had been a coherent, if flawed, mental illness treatment system, which had been run by the states for over a century."

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"By 1970, local communities were about to be inundated with released state hospital patients, the very patients the federally funded mental health centers had the least interest in serving."

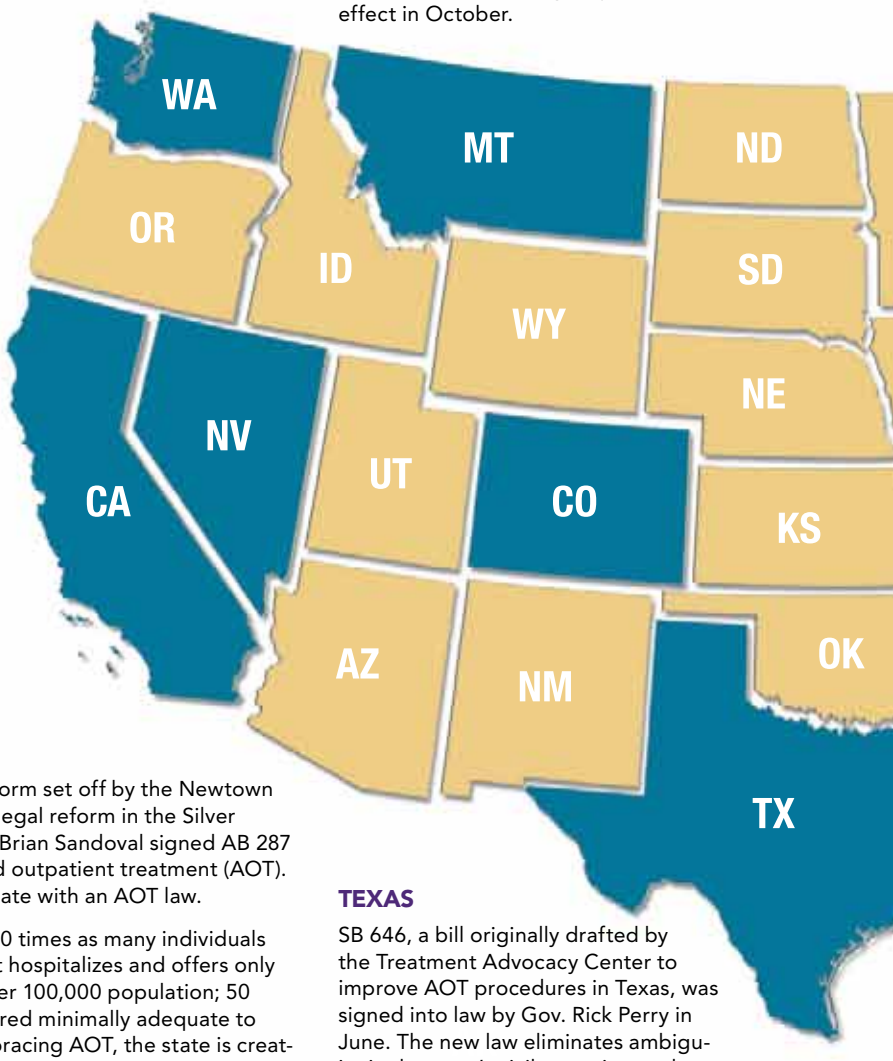
Around the States

WASHINGTON

Washington moved up the date for implementing new and improved procedures for conducting mental health evaluations. Under the old law, designated mental health professionals could base their evaluations solely on their own observations. Under the new law, they are required to factor in witness testimony as well. A process for family members and others to formally submit their testimony to the mental health professionals was established.

MONTANA

HB 16 was signed by Montana Gov. Steve Bullock in May. The new law will make it easier for people with severe mental illness to get treatment by allowing officers to initiate emergency evaluation for individuals with mental illness who appear unable to meet their own basic needs of clothing, shelter, food, health or safety. Previously, the law required imminent danger of death or bodily harm to exist before an officer could initiate an emergency evaluation. The law took effect in October.



CALIFORNIA

In 2004, California voters approved Proposition 63, a ballot initiative establishing the Mental Health Services Act (MHSA). The measure generates money for mental illness treatment through a tax on personal income in excess of $1 million. This summer, the California legislature significantly lowered a barrier to treatment of state residents stuck in the revolving door by passing SB 585. The bill authored by Sen. Darrell Steinberg clarified that MHSA funds may be used to pay for Laura's Law services. Gov. Jerry Brown signed the bill into law Sept. 9. It is expected to reduce opposition to implementing Laura's Law that is based on funding concerns.

NEVADA

The wave of mental health reform set off by the Newtown killings produced a landmark legal reform in the Silver State this summer when Gov. Brian Sandoval signed AB 287 authorizing the use of assisted outpatient treatment (AOT). This made Nevada the 45th state with an AOT law.

Nevada currently jails nearly 10 times as many individuals with severe mental illness as it hospitalizes and offers only 11.2 public psychiatric beds per 100,000 population; 50 beds per 100,000 are considered minimally adequate to meet inpatient needs. By embracing AOT, the state is creating a critical option for vulnerable residents at risk for arrest, incarceration or hospitalization by providing them with needed treatment as outpatients.

Nevada legislators had considered bills authorizing AOT in every session since 2009. For individuals too ill to seek treatment themselves, AOT is an essential boost onto the road to recovery, and Nevada is to be applauded for making it available at last. Assemblyman Lynn Stewart, the Las Vegas Metropolitan Police Department and the Nevada Psychiatric Association were instrumental in promoting passage of the bill.

TEXAS

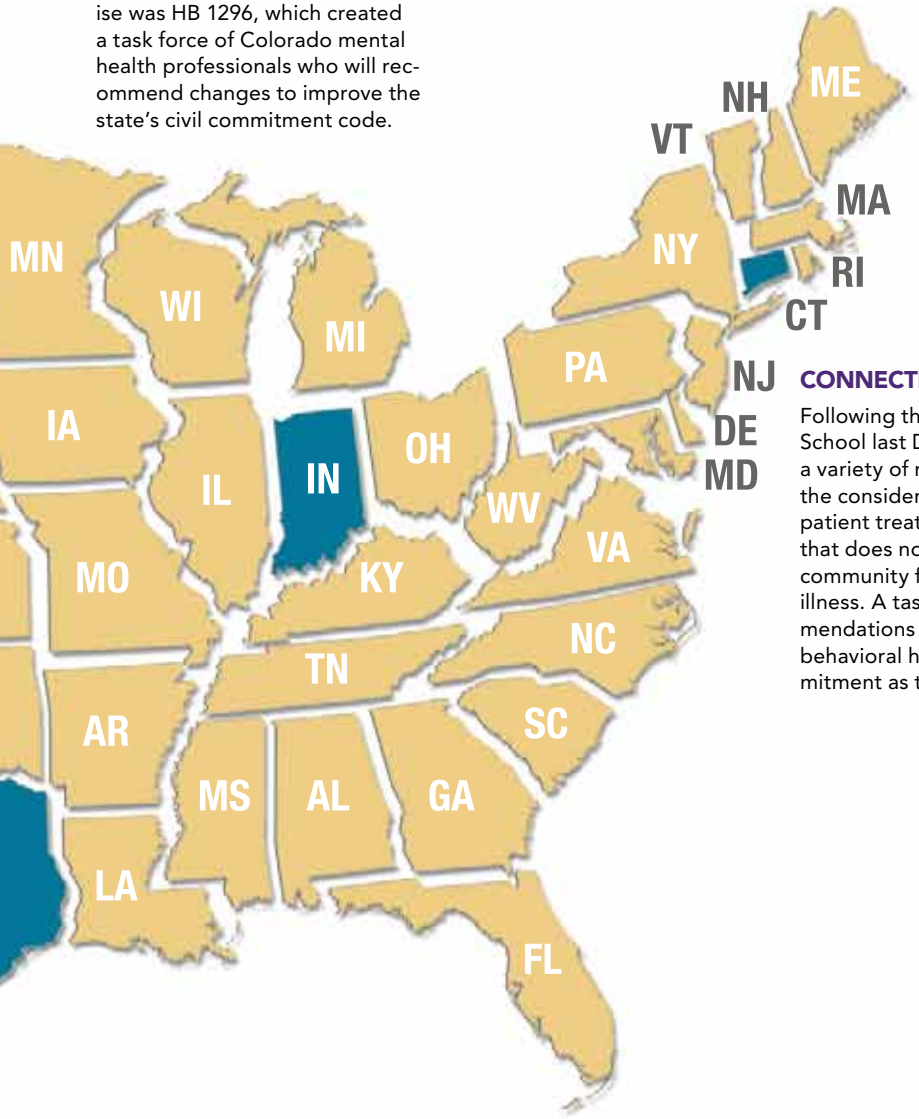
SB 646, a bill originally drafted by the Treatment Advocacy Center to improve AOT procedures in Texas, was signed into law by Gov. Rick Perry in June. The new law eliminates ambiguity in the state's civil commitment law that had made some judges reluctant to issue mandatory treatment orders. We are optimistic this will lead to more widespread use of court-ordered treatment in Texas.

COLORADO

The Aurora theater shootings of July 2012 spurred Gov. John Hickenlooper to declare mental health reform a priority for the 2013 legislative session. One of the key bills introduced and passed in fulfillment of that promise was HB 1296, which created a task force of Colorado mental health professionals who will recommend changes to improve the state's civil commitment code.

INDIANA

Indiana Gov. Mike Pence signed HB 1130 into law in March. The new law will give police officers expanded authority to transport for psychiatric evaluation individuals who appear to be gravely disabled by mental illness symptoms. We expect HB 1130 to make it easier to secure treatment for people in psychiatric crisis.



CONNECTICUT

Following the rampage killings at Sandy Hook Elementary School last December, Connecticut legislators considered a variety of reforms to their mental health system. Despite the considerations, the state failed to pass an assisted outpatient treatment bill and remains one of only five states that does not authorize court-ordered treatment in the community for qualifying individuals with severe mental illness. A task force was formed, however, to make recommendations on "employing the use of assisted outpatient behavioral health services and involuntary outpatient commitment as treatment options."

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"It is important to recognize that this failed federal mental health program was not merely a one-time disaster . . . . With each passing decade, the situation has become progressively worse, and it will continue to do so until corrective action is taken."

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"Fifty years after the initiation of this grand experiment, we also look with sadness upon the detritus of mental health dreams and lees of lost lives."

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"The most massive movement of medical care in twentieth-century America, there was no master plan, no coordination, no corrective mechanism, no authority, no one in charge."

Spotlight on Research

"The Cost of Assisted Outpatient Treatment: Can It Save States Money?"

The *American Journal of Psychiatry* in July published a study obliterating the claim that assisted outpatient treatment (AOT) is "too expensive" for local mental health systems to implement. Numerous prior studies had established that AOT vastly improves treatment adherence and reduces incarceration, hospitalization and harmful behaviors among its target population, but none had comprehensively measured the cost savings that result.

After "The Cost of Assisted Outpatient Treatment: Can It Save States Money?" there is no question that AOT is a major net cost saver for public mental health systems. Dr. Jeffrey W. Swanson of Duke Medical School and six other researchers reported that service costs for frequently hospitalized patients with severe mental illness declined 43% in New York City in the first year participants received AOT after hospital release and an additional 13% the second year. Even larger cost savings were reported in five other populous New York jurisdictions also analyzed in the study.

Assisted outpatient treatment is authorized in 45 states but grossly underused in most. The Treatment Advocacy Center and grassroots partners will use the new data to turn the tables on those who cite cost as a reason to forsake AOT. Clearly, the question for law- and policy-makers is whether they can afford *not* to implement this common-sense policy.

Authored by Jeffrey W. Swanson, Ph.D., et al. (July 2013)

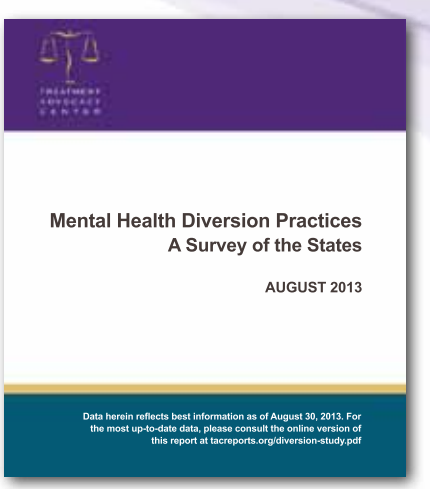
"Justifiable Homicides: What is the Role of Mental Illness?"

In light of our widespread societal failure to use civil commitment and diversion to keep people in mental health crisis out of harm's way, no one should be surprised by the grim findings in the Treatment Advocacy Center newest study examining the role of mental illness in officer-involved shootings, jointly released with the National Sheriffs' Association.

In "Justifiable Homicides: What is the Role of Mental Illness?" principal author Dr. E. Fuller Torrey assessed available data on "justifiable homicides" between 1980 and 2008. The analysis found that even though the total number of justifiable homicides decreased by 5% over the 28 years, those resulting from an attack on a law enforcement officer increased by 67%. Although the association between mental illness and justifiable homicides is not tracked officially, the report notes multiple informal studies and accounts supporting the conclusion that "at least half of the people shot and killed by police each year in this country have mental health problems."

After noting the patent unfairness of leaving the law enforcement community to grapple with the scourge of non-treatment, the report calls upon the U.S. Justice Department to collect more complete and detailed information on the circumstances surrounding justifiable homicides by police.

A joint report by the Treatment Advocacy Center and the National Sheriffs' Association authored by E. Fuller Torrey, M.D.; Sheriff (Ret.) Aaron D. Kennard; Sheriff Donald F. Eslinger; Chief of Police Michael C. Biasotti; Doris A. Fuller (September 2013)



"Mental Health Diversion Practices: A Survey of States"

Without assisted outpatient treatment as a routine, typical practice of local mental health systems, criminal justice systems have been left to deal with the consequences of untreated severe mental illness in their communities. Over the years of this crisis, law enforcement and the judiciary have developed a number of "diversion" practices to keep those who need treatment out of jails and prisons.

In "Mental Health Diversion Practices: A Survey of States," the Treatment Advocacy Center examined the prevalence of two practices designed to keep those who need treatment more than punishment out of jail: Crisis Intervention Team (CIT) policing, which relies upon specially trained teams of police officers to respond to mental illness-related service calls; and "mental health courts," which allow qualifying criminal defendants to receive community-based mental health treatment.

The study found that fewer than half the U.S. population lives in jurisdictions where these basic methods of diversion are used even though both programs have consistently been found to reduce the criminalization of mental illness. In one-third of the states, the diversion practices were each found to be available to less than 20% of the population.

A Treatment Advocacy Center report authored by Brian Stettin, Esq.; H. Richard Lamb, M.D.; Frederick J. Frese, Ph.D. (August 2013)

STATE GRADES FOR MENTAL HEALTH DIVERSION PRACTICES

From "Mental Health Diversion Practices: A Survey of States"

State	Percentage of population served by a mental health court	Percentage of population served by CIT	Average Percentage	Grade
Utah	85%	97%	91%	A+
Florida	67%	97%	82%	A
California	78%	79%	79%	A
Ohio	63%	88%	76%	A
Connecticut	100%	37%	69%	B+
Illinois	78%	59%	69%	B+
Idaho	76%	58%	67%	B+
Nevada	88%	37%	63%	B
Washington	62%	63%	63%	B
Colorado	35%	86%	61%	B
Georgia	49%	70%	60%	B
Maine	34%	83%	59%	B
New Mexico	63%	50%	57%	B
North Carolina	24%	87%	56%	B
Arizona	21%	84%	53%	B-
Minnesota	31%	70%	51%	B-
Delaware	100%	0%	50%	B-
Oklahoma	59%	40%	50%	B-
Pennsylvania	60%	40%	50%	B-
Oregon	54%	38%	46%	C+
Kentucky	28%	61%	45%	C+
Missouri	51%	38%	45%	C+
Alaska	44%	44%	44%	C
Hawaii	70%	12%	41%	C
Nebraska	42%	40%	41%	C
New York	75%	5%	40%	C
Virginia	6%	70%	38%	C
Texas	44%	27%	36%	C
Wisconsin	11%	60%	36%	C
Kansas	18%	49%	34%	C-
Tennessee	16%	51%	34%	C-
Indiana	25%	37%	31%	C-
Maryland	30%	31%	31%	C-
New Hampshire	40%	19%	30%	C-
North Dakota	22%	34%	28%	D
Michigan	48%	3%	26%	D
Wyoming	0%	52%	26%	D
Montana	17%	30%	24%	D
Louisiana	8%	38%	23%	D
New Jersey	7%	33%	20%	D
South Carolina	27%	10%	19%	F
Vermont	35%	1%	18%	F
Alabama	34%	0%	17%	F
South Dakota	0%	29%	15%	F
Iowa	8%	13%	11%	F
Massachusetts	13%	3%	8%	F
Mississippi	2%	13%	8%	F
Arkansas	10%	0%	5%	F
West Virginia	9%	0%	5%	F
Rhode Island	0%	0%	0%	F
Nat'l Average	48%	49%	49%	C+

Treatment Advocacy Center
200 N. Glebe Road, Suite 730
Arlington, VA 22203

TreatmentAdvocacyCenter.org

Stanley Medical Research Institute Update

E. Fuller Torrey, MD

PIONEERING RESEARCH ON INFECTIOUS AGENTS AS POSSIBLE CAUSES OF SCHIZOPHRENIA AND BIPOLAR

The Stanley Medical Research Institute has pioneered research on infectious agents as possible causes of schizophrenia and bipolar disorder. We have ongoing research on a number of viruses as well as a parasite carried by cats, *Toxoplasma gondii*. Recently, interest in this parasite has increased significantly, as illustrated by an article in the March issues of the *Atlantic*, "How Your Cat is Making You Crazy." The article describes how *Toxoplasma gondii* can affect the behavior of animals and humans. Much of this research has been funded by SMRI.

Although *T. gondii* can infect a wide variety of animals, the parasite must get into the intestine of a feline to complete its sexual cycle. Evolutionarily, over millions of years, it has devised ways to do so. For example, when rats become infected, the parasite affects the rat's brain so it is no longer afraid of cat urine and becomes more active. Such behavior makes the rat more likely to be eaten by a cat, and the parasite achieves its goal. Since work in Dr. Robert Yolken's laboratory at Johns Hopkins University had proved that haloperidol and some other antipsychotics effectively suppress *T. gondii*, we then did an experiment with Dr. Joanne Webster at Oxford University and showed that treating *T. gondii* infected rats with haloperidol reversed their *T. gondii*-induced behavior.

In the work described in the article, Dr. Jaroslav Flegr in Prague has shown how *T. gondii* may cause subtle changes in human personality characteristics. More disturbingly, he reported that *T. gondii*-infected humans were more likely than non-infected controls to have automobile accidents. This finding has been replicated by two studies in Turkey. Most recently, a study in Mexico reported that *T. gondii*-infected factory workers had a higher rate of industrial accidents. Another study reported that *T. gondii*-infected individuals have an increased rate of suicide, while yet another study reported an increase in brain tumors.

The interest of SMRI is, of course, the possible association of *T. gondii* with schizophrenia and bipolar disorder. The recent demonstration that this parasite can make dopamine has strengthened this possibility. But the interest of the general public in this parasite has focused mostly on the possibility that an infectious agent can take over our brain and affect our behavior, unknown to us. For anyone interested in how other parasites have been demonstrated to do this, I recommend Carl Zimmer's *Parasite Rex*.

Dr. Torrey serves as executive director of SMRI, where he oversees groundbreaking research on the causes of and treatment for schizophrenia and bipolar disorder.