

Catalyst

Historic Victory for People with Severe Mental Illness

The strongest mental health reform bill in the last 50 years passed the US House of Representatives in July, signaling a new era of care for the most vulnerable and their families.

In July, legislators set political differences aside and took action for people with severe mental illness and their families by passing the Helping Families in Mental Health Crisis Act (HR 2646) by an unprecedented vote of 422-2.

"The incredible bipartisan momentum behind the Helping Families in Mental Health Crisis Act offers real hope to families and their loved ones who have been locked out of care. This is a powerful moment for our nation," said John Snook, executive director of the Treatment Advocacy Center. The bill now goes to the Senate.

Summary of HR 2646

Among the most important reforms, the Act:

- **Reforms SAMHSA:** Creates an assistant secretary of mental health and substance use disorders, a position that will finally ensure the federal government prioritizes severe mental illness care
- **Funds AOT:** Authorizes funding for the assisted outpatient treatment demonstration grant program until 2022 to catalyze communities to implement this lifesaving, evidence-based treatment program (see related story on page 3)



"THIS IS A POWERFUL MOMENT FOR OUR NATION."

– John Snook

- **Addresses P&A:** Provides important oversight and reporting requirements for federal Protection & Advocacy organizations to ensure that these vital programs are properly focused on their mission.

Other major fixes:

- Codifies the recently released Institutions for Mental Disease (IMD) rule, allowing for up to 15 days per month of inpatient psychiatric care for many Medicaid beneficiaries (see related story on page 6)
- Takes important steps to begin the reform of HIPAA, including requiring passage of new regulations detailing when and how mental health information can be shared with families and caregivers
- Strengthens community crisis response, including grants for the creation of databases to track inpatient bed availability and Crisis Intervention Training teams
- Authorizes grant funding to create new assertive community treatment teams.

"For far too long, we have abandoned people in need of treatment to a jail cell or the streets," Snook continued. "Our children will recognize this as the moment when the country finally

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**SAMHSA
AOT grants
awarded!**

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A MESSAGE FROM THE Executive Director

Leading the Way in a Changing World

If you have been following recent issues of *Catalyst*, you have no doubt noticed a trend — attention to mental illness that was once unimaginable is now commonplace.

Just years ago, any national discussion of serious mental illness was considered a victory. Now, presidential candidates announce their mental illness reform plans to national media attention, and world-famous investigative journalists release months-long series on the failures of state mental illness systems. The world is changing and the Treatment Advocacy Center is stepping up to meet this challenge.

This issue of *Catalyst* is devoted to those two topics — taking a moment to celebrate the results of our years of hard work while detailing the steps the Treatment Advocacy Center is taking to ensure that success continues.

The results are definitely to be celebrated.

Real mental health reform passed in the House of Representatives by an overwhelming margin. The first-ever federal assisted outpatient treatment (AOT) grants have been awarded, bringing this lifesaving program to communities across the country. (page 3) The first substantial IMD reforms in a generation are set to reshape the national landscape of psychiatric bed availability. (page 6) And our reports on the criminalization of mental illness, the burdens faced by caregivers and the nationwide psychiatric bed shortage are reshaping the conversation in newspaper headlines, Congress, and state capitals across the nation.

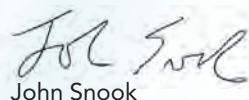
It is tempting to rest on our laurels. But we know that we cannot let up now, especially as we are so close to achieving many of our goals. Consequently, the Treatment Advocacy Center is stepping up in a host of areas.

We have launched a redesigned website to give you the tools and information you need to make the case for reform. Our new AOT implementation team is on the ground providing guidance to communities across the nation. New initiatives with organiza-

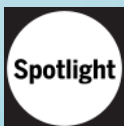
THE WORLD IS CHANGING AND THE TREATMENT ADVOCACY CENTER IS STEPPING UP TO MEET THIS CHALLENGE.

tions like the Margaret Clark Morgan Foundation, the International Association of Chiefs of Police and Public Citizen are providing us with unprecedented opportunities to scale up our efforts. And our new national advocacy campaign *aBedInstead* will be a game-changer, bringing the Treatment Advocacy Center's advocacy into the 21st century.

Together, we have already accomplished so much. The record is clear: Your support has made a significant difference in your community and on Capitol Hill. But we're not done. Join us as we embark on this next chapter.


John Snook

SPOTLIGHT SERIES ON MENTAL ILLNESS



The *Boston Globe's* Pulitzer Prize-winning Spotlight Series Team is shining its light on how the misguided policies of the Massachusetts' mental health system are failing those in need. More than a year in the making, the investigation began with reporters using the Treatment Advocacy Center's unique Preventable Tragedies Database to explore the role of serious mental illness in acts of violence in Massachusetts. Over the months, team members turned to us repeatedly for data and other information not tracked elsewhere.

The resulting multi-part investigative series entitled "The Desperate and the Dead" documents a host of failures we have long decried, from the devastating consequences of the Commonwealth's psychiatric bed shortage to their refusal to embrace AOT.

In Massachusetts' mental health system, accountability for care of the most severely ill is often "lost or nonexistent," the Spotlight Team concluded in its August piece of the series. As a result, those with a severe mental illness "bounce from hospital to hospital, caregiver to caregiver, until, with some frequency, something awful happens."

A June installment focused on families affected by untreated mental illness. "Few have paid a higher price for the nation's mental health crisis than the loved ones of severely mentally ill people," the *Globe* writes.

As the state legislature prepares to convene in January, our advocates are working closely with families and legislators to ensure that the problems highlighted by the Spotlight series lead to accountability and change. Stay tuned.

SAMHSA Announces Winners of AOT Start-Up Grants

The US Substance Abuse and Mental Health Services Administration (SAMHSA) has announced the winners of 17 federal grants, ranging from \$500,000 to \$1 million and totaling more than \$13.4 million, to establish new assisted outpatient treatment (AOT) programs over the next year, with possible continued funding through 2018. The first payments were distributed in September; the new AOT programs are expected to be operational within four months of that date.

The Treatment Advocacy Center hopes these grants will prove to be a watershed in our long quest to make AOT a routine practice of every public mental health system in the nation. The idea for the grant program began as a Treatment Advocacy Center policy recommendation in 2013 to the White House Gun Violence Task Force and the US Congress. Later that year the proposal was adopted by Rep. Tim Murphy (R-PA) as a component of his landmark Helping Families in Mental Health Crisis Act. In 2014, the grant program was “spun off” from the Murphy bill and enacted in other legislation. Finally, at the end of 2015, we and our partners successfully advocated for a federal appropriation to fund the program in the current fiscal year.

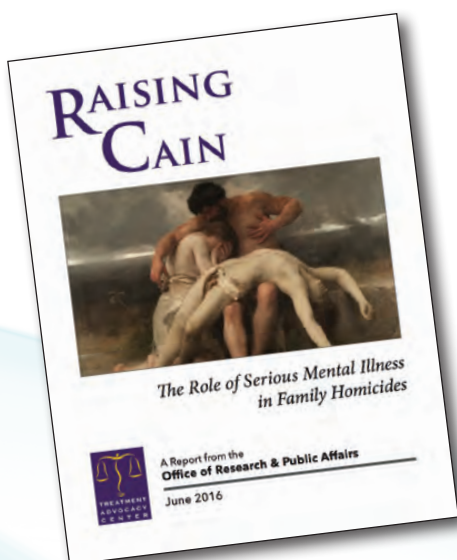
After SAMHSA released its Funding Opportunity Announcement in April 2016, the Treatment Advocacy Center assisted state and local mental health systems across the US in applying for grants. We are delighted that several of the groups we worked with are now among the grantees.

We congratulate all grantees and look forward to sharing our expertise to help

each of them establish first-rate AOT programs. SAMHSA will conduct a cross-site evaluation of their effectiveness in helping people with severe mental illness avoid tragic outcomes. We are committed to seeing these new programs prove their mettle and, in time, lead to much wider federal and state investment in the lifeline known as AOT.

RECIPIENTS OF AOT FEDERAL GRANTS

- Altapointe Health Systems – Mobile, Ala.
- Ventura County Behavioral Health – Oxnard, Calif.
- Lifestream Behavioral Health Center – Leesburg, Fla.
- Cook County Health & Hospitals System – Chicago, Ill.
- Mountain Comprehensive Care Center – Prestonsburg, Ky.
- Behavioral Health Systems Baltimore – Baltimore, Md.
- Pine Belt Regional Mental Healthcare – Hattiesburg, Miss.
- Hinds County Regional Mental Health Commission – Jackson, Miss.
- Northern Nevada Adult Mental Health Services – Sparks, Nev.
- Cuyahoga County ADAMH Board – Cleveland, Ohio
- Oklahoma Dept. of Mental Health and Substance Abuse Services – Oklahoma City, Okla.
- Puerto Rico Mental Health and Addiction Services Admin. – Bayamon, Puerto Rico
- Tarrant County MHMR – Fort Worth, Texas
- Tropical Texas Behavioral Health – Edinburg, Texas
- Utah Dept. of Human Services – Salt Lake City, Utah
- King County Dept. of Community and Human Services – Seattle, Wash.
- Wyoming Dept. of Health – Cheyenne, Wyo.



Untold Pain of Caregivers Brought to Light

The Treatment Advocacy Center has long been willing to tackle issues others consider taboo. We do so because we know that until we confront these issues openly and honestly, we will never solve them. *Raising Cain: The Role of Serious Mental Illness in Family Homicide* takes a careful look at the relationship between psychiatric disease and family violence and finds families in crisis too often suffering in silence. The first study to examine these issues, *Raising Cain* finds that a serious mental illness is present in nearly 30% of all family homicides. It is estimated to be a factor in 50% of cases when parents kill children and in nearly 70% when children kill parents.

Around the States



WASHINGTON

A Special Master was appointed in July to oversee the admission process at Western State Hospital, which is the subject of a state lawsuit over its practice of psychiatric boarding in local emergency rooms. Also in July, a federal lawsuit against Washington's mental health department for unconstitutional wait times for competency evaluation and restoration treatment led to an Order of Civil Contempt and daily fines being imposed for failure to make adequate progress to shorten the wait times.

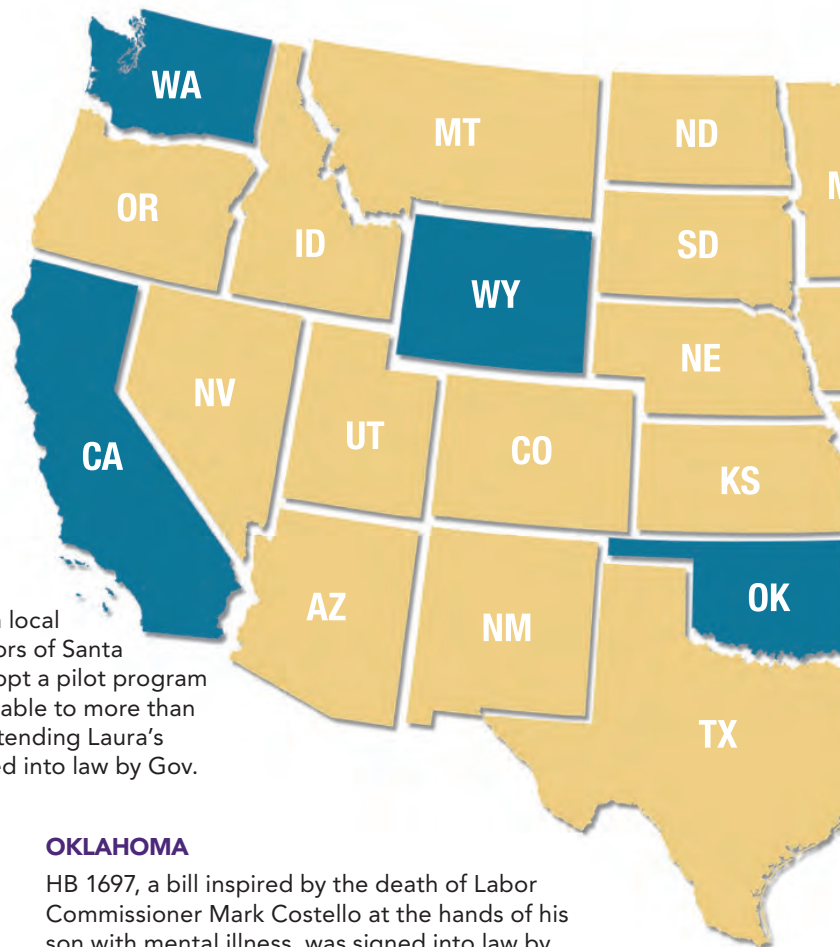
CALIFORNIA

After years of our advocacy efforts with local family members, the Board of Supervisors of Santa Barbara County voted on May 10 to adopt a pilot program for Laura's Law. Laura's Law is now available to more than 24 million Californians. A bill (AB 59) extending Laura's Law through January 1, 2022, was signed into law by Gov. Jerry Brown in early September.



WYOMING

In March, Wyoming enacted a law that clarifies and strengthens the process and criteria for AOT. The sweeping reform includes a robust need-for-treatment standard that modernizes the legal threshold for providing treatment.



OKLAHOMA

HB 1697, a bill inspired by the death of Labor Commissioner Mark Costello at the hands of his son with mental illness, was signed into law by Gov. Mary Fallin on April 26. The bill drastically improves and clarifies Oklahoma's assisted outpatient treatment laws.

FLORIDA

On April 15, Gov. Rick Scott signed SB 12, major legislation to streamline and enhance Florida's behavioral health delivery system. Among its many improvements to the state's mental health civil commitment law (the Baker Act), SB 12 clarifies the criteria for outpatient commitment, expands the range of professionals who may initiate an emergency psychiatric evaluation, and allows for such evaluation on the basis of a belief that without treatment, a person "is likely to suffer from neglect or refuse ... care" and consequently faces "a real and present threat of harm to his or her well-being."

MICHIGAN

After a long summer break, the Michigan Senate reconvened and moved HB 4674 out of the Senate Health Policy Committee. The bill, which provides clarity to Kevin's Law, passed the House of Representatives in 2015 by a vote of 103-2. We joined several organizations representing law enforcement, judges and mental health advocates, and sent a letter urging the committee chair to vote the bill out of committee. Lt. Gov. Brian Calley has been a strong proponent of the bill since its introduction by Rep. Tom Leonard.

NEW HAMPSHIRE

Partnering with New Hampshire State Rep. Renny Cushing and American Friends Service Committee, in August we submitted a letter of complaint with exhibits to the Department of Justice (DOJ), Special Litigation Unit. We are asking DOJ to investigate the practice of placing civilly committed individuals (male and female) at the Secure Psychiatric Unit in the men's prison in Concord.

OHIO

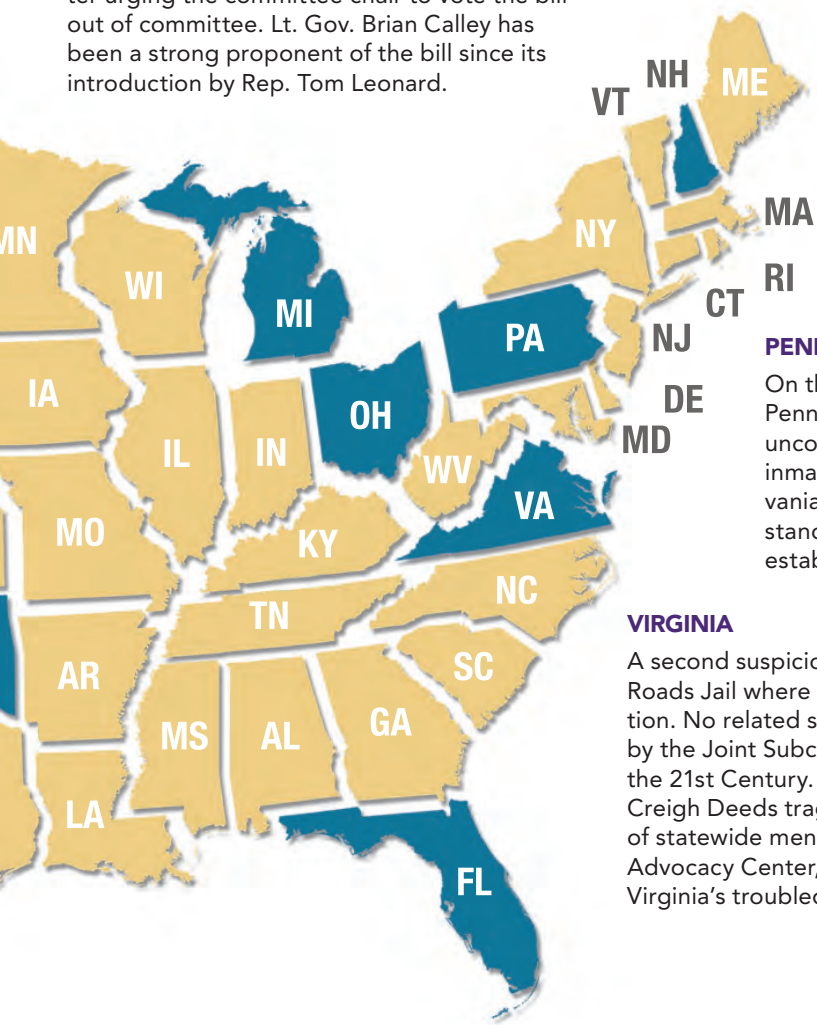
Since the April 21 symposium, "Developing an Effective Court-Ordered Outpatient Treatment Program in Your County" (see inset), four more counties have taken steps toward full implementation of AOT, including Cuyahoga, Franklin, Richland and Seneca counties. There are plans later this year to publish an implementation manual that will provide a blueprint to any remaining counties seeking to implement successful programs.

PENNSYLVANIA

On the heels of an ACLU settlement with the Pennsylvania Department of Human Services over unconstitutional delays in treatment for mentally ill inmates, we are working with partners in Pennsylvania to draft and introduce a bill to clarify a new standard for assisted outpatient treatment and to establish AOT as a criminal justice diversion tool.

VIRGINIA

A second suspicious death occurred recently in the Hampton Roads Jail where Jamycheal Mitchell died last August of starvation. No related statutory changes have yet been recommended by the Joint Subcommittee to Study Mental Health Services in the 21st Century. The Subcommittee, convened in reaction to the Creigh Deeds tragedy, heads into its final year in 2017. A coalition of statewide mental health advocates, including the Treatment Advocacy Center, continues to press for meaningful reform of Virginia's troubled mental health treatment system.



COMMUNITIES COME TOGETHER FOR AOT

As highlighted in the spring 2016 *Catalyst*, Ohioans recently came together to pass a comprehensive new assisted outpatient treatment (AOT) law to help those most in need. Now the work to implement that law has begun.

Judges, sheriffs, mental health professionals and advocates from throughout Ohio attended a symposium April 21 coordinated by the Treatment Advocacy Center to learn how they can collaborate to make AOT a success in their communities.

More than 30 counties sent teams to the *Developing an Effective Court Ordered Outpatient Treatment*

Program in Your County conference held in Columbus. Funding for the symposium was provided by the Margaret Clark Morgan Foundation.

During the first-of-its-kind event, the nearly 200 attendees learned how to help people with untreated serious mental illness get access to care, reviewed the core elements of an effective AOT program and discussed next steps for implementation.

If you're interested in holding a similar event in your state, let us know! Contact **Brian Stettin**, stettinb@TreatmentAdvocacyCenter.org.

The Bed Crisis Deepens in 2016

Nearly 20% of the hospital beds for the nation's most disabled and dangerous psychiatric patients were eliminated in the last five years, at the same time demand for them skyrocketed.

According to our new study, *Going, Going, Gone: Trends and Consequences of Eliminating State Psychiatric Beds, 2016*, the nation's psychiatric bed shortage has deteriorated to beyond disastrous — only 3.5% of the state hospital beds that existed in 1955 were still in operation by the first quarter of 2016.

Of the remaining beds, approximately half were occupied by patients charged with or convicted of crimes, leaving about six state hospital beds per 100,000 people for civil patients, the study released in June reported. By comparison, the average number of psychiatric beds in 34 other countries is 68 beds per 100,000 people, virtually all of them public.

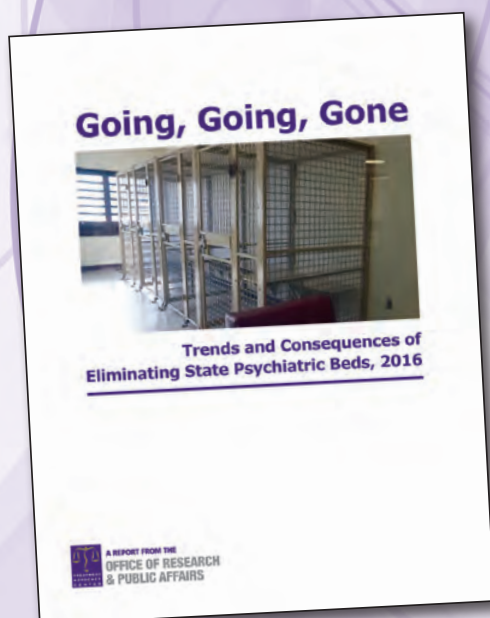
DISASTROUS FOR THOSE IN NEED

"We are forcing acutely ill people to suffer terribly instead of making treatment available the way we would for any other medical condition," said John Snook, executive director of the Treatment Advocacy Center. "The loss of beds has been disastrous for our nation and those most in need."

The study found a host of consequences from the bed shortage, including near-universal "boarding" of psychiatric patients in hospital emergency rooms, widespread waiting lists for hospital admission from jails and prisons, and pending or threatened lawsuits against states from coast to coast as they struggle to cope

with surging demand for inpatient services.

The Treatment Advocacy Center is responding.



Landmark IMD Exclusion Repeal Means More Beds

For more than 50 years, the federal government has discriminated against those with the most serious mental illness. Thanks to our hard work, the tide is finally turning.

Passed and left largely untouched since the 1960s, the Institutions for Mental Diseases (IMD) exclusion prohibits the reimbursement of psychiatric hospitals by Medicaid. This directly fuels the nationwide shortage of psychiatric beds and contributes to a host of negative consequences for those with the most severe mental illness.

At long last, a new federal rule finalized in April 2016 begins to right this wrong. In an unprecedented change, the US Department of Health and Human Services partially repeals the IMD exclusion, providing federal Medicaid reimbursement for up to 15 days of inpatient psychiatric care each month in certain cases.

The potential impact of this change is hard to overstate. But we are not done. A full repeal that extends to all Medicaid beneficiaries and without arbitrary limitations is still needed. Visit our website to learn how you can join the push to end discrimination against mental illness.

A SOLUTION: *aBedInstead*

Our failed mental health treatment system now substitutes appropriate inpatient psychiatric care with a revolving door of jails, prisons, emergency rooms, homeless shelters and a long list of other consequences.

It doesn't have to be this way. And we're taking action. We've launched *aBedInstead*, the Treatment Advocacy Center's first-ever national advocacy and multi-media campaign to address how our nation's state psychiatric bed shortage — reaching levels not seen since 1850 — has left the most severely mentally ill locked out of psychiatric treatment.

aBedInstead will catalyze the media, policymakers, grassroots advocates and our most passionate family supporters to bring about change at the local, state and federal levels. We will:

- Bring national attention to the causes and devastating consequences of psychiatric bed shortages
- Leverage families, supporters and consumers by providing them with concrete actions they can take at home to demand reform and be part of a movement
- Reform policies and practices at the state and federal level to ensure access to needed psychiatric care so those in need have *aBedInstead*.

aBedInstead represents an unprecedented response to an unprecedented crisis. Join us and be a part of the nationwide movement, from your local community and state to the halls of government in Washington, D.C. Use your voice to reshape our country's failure and end the status quo. Make it *aBedInstead*.

*a*bedinstead

Pledge to
Increase Access
to Inpatient **beds**

What Happens When Serious Mental Illness Isn't Treated?

8.1 million
people suffer from
serious mental illness.



Every year,
3.9 million
people have **untreated**
serious mental illness.

This leads to...

**POOR SHORT-TERM TREATMENT AND
EMERGENCY ROOM BOARDING**

90%

of emergency physicians reported that patients with serious mental illness were being "held" in ERs for lack of hospital beds for psychiatric patients.



CRIMINAL JUSTICE AND DIVERSION FROM JAIL

Mental health courts and crisis intervention teams, tactics that help police divert detained people with serious mental illness into **treatment vs. incarceration**, are **available to less than half the population**.



HOMELESSNESS

169,000 homeless adults
have untreated serious mental illness.



44 states and D.C. hold **more people with serious mental illness in jails and prisons** than the largest remaining psychiatric hospital.

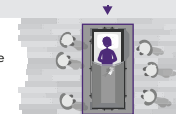
MASS INCARCERATION

95%

of jails report having inmates with serious mental illness.

POLICE SHOOTINGS

People with untreated mental illness are **16 times more likely** to be killed during a police encounter.



SUICIDE

Individuals with bipolar disorder have a suicide risk **15 times higher** than the general population, and suicide is the **most common** cause of death in schizophrenia.

**It doesn't
have to be
this way.**

With the right services and support, people with serious mental illness can stay out of jail and off the streets, living healthy lives.

Take the Treatment Advocacy Center pledge to support more access to inpatient beds.

ABedInstead.org

*a*bedinstead
Brought to you by the Treatment Advocacy Center

#ABedInstead

You're invited to take the Treatment Advocacy Center pledge to support more access to inpatient beds, and give people experiencing serious mental illness the chance for *aBedInstead*.

Take the pledge at www.aBedInstead.org.

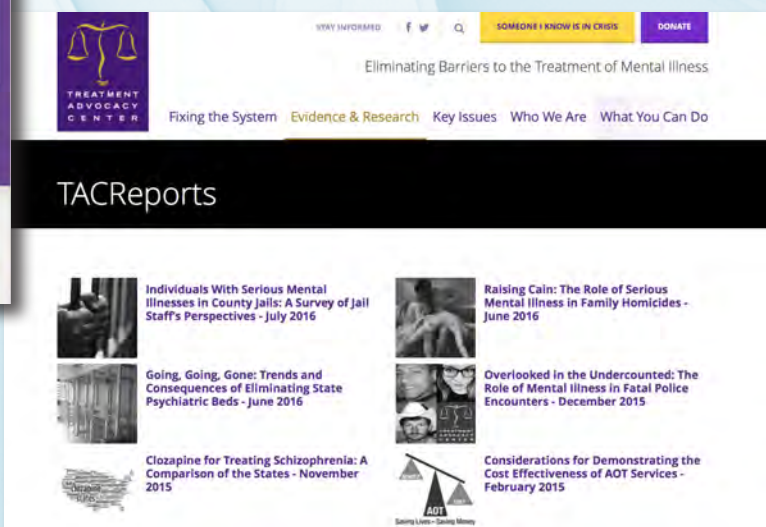
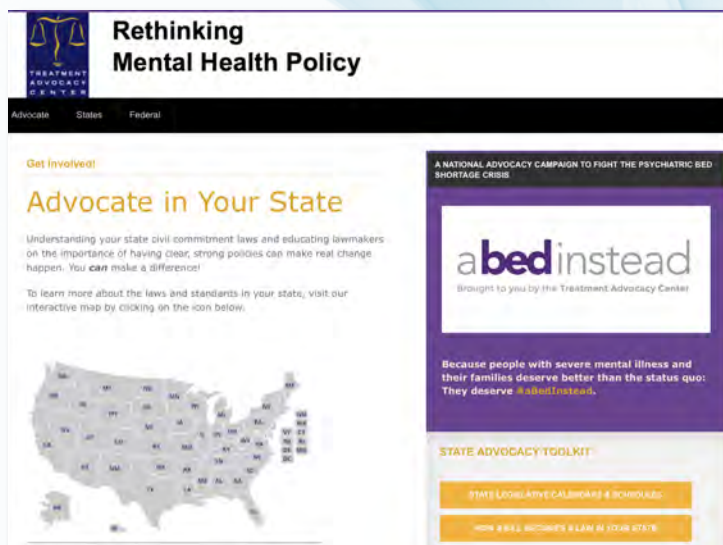
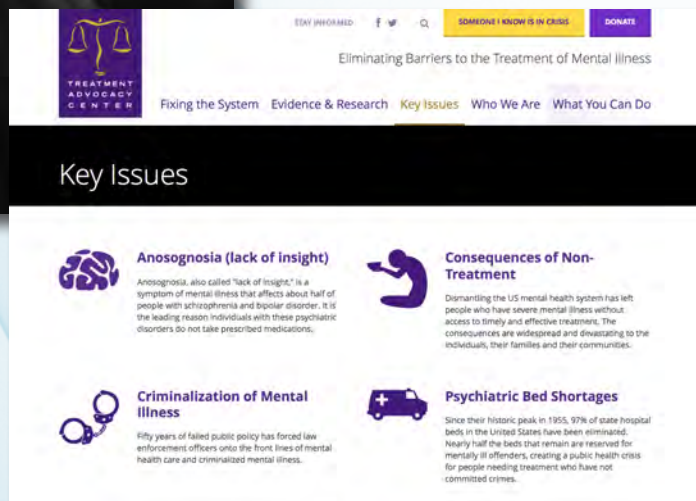
A New Website for a New Mental Health Advocacy World



The world of mental health advocacy is changing, and the Treatment Advocacy Center is responding to stay out in front.

On our newly redesigned website, still www.TreatmentAdvocacyCenter.org, you can more easily engage and connect, find research, policy analysis, news and our experts — and share compelling content with others online.

Drop by the site and take a look around. And bookmark the site so you can easily return often for news, alerts and groundbreaking research.





Presidential Priorities

The 2016 election season has underscored the need for mental health reform, with both Hillary Clinton's and Donald Trump's presidential platforms outlining their plans to address the broken system.

With the momentum of mental health advocates, the federal government, state legislatures, criminal justice and mental health organizations, we assert that this is the moment for reform.

THE TREATMENT ADVOCACY CENTER CALLS ON OUR 2016 PRESIDENTIAL CANDIDATES TO:

- Prioritize serious mental illness in policymaking, and fund programs to provide access to treatment
- Decriminalize mental illness and provide treatment options instead of incarceration
- Support policies that address the psychiatric bed crisis
- Enforce mental health insurance parity
- Collect meaningful data on the role of severe mental illness in public systems.

The Candidates Address Mental Health Reform

The presidential candidates are finally getting serious about mental health as the country moves toward Election Day.

Both candidates answered 10 questions sent recently by the International Association of Chiefs of Police, representing 27,000 police chiefs and law enforcement professionals in 50 states. Two of the questions were specifically on mental health reform.

Addressing one of the questions, Democratic presidential candidate Hillary Clinton wrote, "Our failure as a nation to invest in mental health care has turned our criminal justice system into the first, and often primary, source of care for too many Americans who need treatment."

WE MUST ALL BE AGGRESSIVE IN EDUCATING OURSELVES ON THE CANDIDATES' POSITIONS. MENTAL ILLNESS IS A NONPARTISAN ISSUE THAT IMPACTS REPUBLICANS AND DEMOCRATS ALIKE.

"Over half of prison and jail inmates today have a mental health issue," Clinton continued. "Many of these individuals are first-time or nonviolent offenders, and it is likely that many of them would never have had contact with the criminal justice system had they received adequate treatment. This issue is critical for those with mental health issues and their families."

Said Republican presidential candidate Donald Trump, "We will also be addressing mental health reform as part of the revisions we will be advancing in health care reform. Mental health reform will greatly assist in reducing the number of individuals who should be receiving treatment who end up incarcerated."

We must all be diligent in educating ourselves on the candidates' positions. Mental illness is a nonpartisan issue that impacts Republicans and Democrats alike.

**Follow election year developments at
www.treatmentadvocacycenter.org.**

On the Dais and Out in Front

For nearly 20 years, the Treatment Advocacy Center has been a leader in fighting the criminalization of mental illness. Now, as the issue takes center stage with law enforcement organizations and decision makers across the nation, those investments give the Treatment Advocacy Center an outsized role in shaping reform.

One of the Treatment Advocacy Center's key strategies is engaging with law enforcement leaders from around the nation. In April, our director of Advocacy spoke to a standing-room-only audience at the Crisis Intervention Team International Conference in Chicago.

In August, the National Sheriffs' Association held their second

ONE OF THE TREATMENT ADVOCACY CENTER'S KEY STRATEGIES IS ENGAGING WITH LAW ENFORCEMENT LEADERS FROM AROUND THE NATION. IN APRIL, OUR DIRECTOR OF ADVOCACY SPOKE TO A STANDING-ROOM-ONLY AUDIENCE AT THE CRISIS INTERVENTION TEAM INTERNATIONAL CONFERENCE IN CHICAGO.

Criminal Justice Roundtable, bringing together leadership from all facets of the criminal justice system to focus on "Building Community Trust and Legitimacy" as part of President Obama's Task Force on 21st Century Policing. As with the first roundtable, we were the only mental health organization in the room. We also joined staff from the White House and the director of the Department of Justice's Bureau of Justice Assistance to discuss strategies for diverting the mentally ill from jail as part of the National Forum on Criminal Justice.

Treatment Advocacy Center board member and retired New York Chief of Police Mike Biasotti will speak on mental illness issues before more than 7,500 law enforcement professionals at the International Association of Chiefs of Police Annual Conference in October. We are pleased to be able to regularly share our message with law enforcement audiences and to find them such supportive partners.

Decriminalize Mental Illness

The criminalization of mental illness too often leads to tragedy. But the full extent of such tragedies is only now beginning to come to light. Our report, *Overlooked in the Undercounted*, looked at the role of untreated mental illness in fatal law enforcement encounters. We found the risk of being killed during a police incident is 16 times greater for individuals with untreated mental illness than for other civilians approached or stopped by officers.

Now, the US Department of Justice, Community Oriented Policing Services, analyzes the other side of that equation — the role that mental illness plays in cases involving line-of-duty officer deaths. Examining 684 cases over a five-year period (2010–2014), their *Deadly Calls and Fatal Encounters* report found that at least 19% of all officer fatalities in the line of duty resulted from a call that involved a subject with a reported mental illness. Close to half of those reportedly mentally ill suspects were either known to be armed or had previously made threats.

Taken together, these reports help to illustrate the full impact of our national failure to prioritize mental illness treatment. Decriminalizing mental illness is truly a matter of life and death.

Better Data for Informed Decisions

The federal government must do a much better job counting and reporting the number of fatal police encounters that occur nationally. As FBI Director James B. Comey remarked, "It's ridiculous that I can't tell you how many people were shot by police last week, last month, last year."

In August, the Department of Justice (DOJ) announced they would be taking steps to address this concern by updating the systems they rely on to collect information on deadly incidents involving law enforcement officers.

Soon all 19,450 state and local law enforcement agencies and 685 medical examiner or coroner's offices in the United States will be asked to respond to the DOJ on an annual basis to document all "arrest-related deaths." These details, including whether the decedent showed mental health problems, should provide more comprehensive data and allow the Treatment Advocacy Center to more strongly make the case that law enforcement should not be forced onto the front lines of mental health treatment.





PUBLICCITIZEN +



TREATMENT
ADVOCACY
CENTER

County Jails Unequipped, Overwhelmed

A new comprehensive national survey of staff in county jails released by Public Citizen and the Treatment Advocacy Center shows challenges faced by county jails, almost all of which reported housing inmates with serious mental illnesses.

The survey sought to understand the point of view of front-line workers at county jails, including sheriffs, deputies and other staff who have to care for inmates who are seriously mentally ill. The report describes the numerous challenges faced by county jail staff, as well as the limited training they are given, to address the needs of inmates with serious mental illness.

The incarceration rate for Americans with serious mental illness has reached epidemic levels because psychiatric symptoms lead individuals with these disorders to commit minor crimes (such as trespassing or shoplifting). When they

end up in jail, they may wait months for psychiatric beds to open where they can be evaluated and treated. While they wait, most receive minimal or no mental health treatment, which worsens their symptoms and often leads to behavior that further prolongs their incarceration.

The survey obtained responses from 230 sheriffs' departments in 39 states that operate jail facilities or detention centers. These survey data constitute the most thorough national feedback on the perspective of county jail staff in more than two decades.

Jennifer Hoff, a California resident whose mentally ill son has been incarcerated, said the report resonated with her. "The nightmare began when our son turned 18 and he was able to make his own medical decisions, including discontinuing treatment for his bipolar disorder," Hoff said. "It was like watching my own child drown slowly."

SMRI Update

CONTINUED FROM PAGE 12

in medication-free individuals but also can be caused by medication); and elevated temperature of the cornea. The latter is caused by abnormal temperature regulation as seen in some individuals who, for example, may wear heavy coats in the summer. Another intriguing finding is the well-known fact that individuals who are blind from birth almost never develop schizophrenia.

In our paper, Dr. Yolken and I discuss these symptoms and show how many of them can be explained by infections rather than genetics. We focused especially on *Toxoplasma gondii*, the parasite carried by cats, which is known to cause nystagmus, strabismus, visual acuity and temperature dysregulation in some individuals who are infected. We conclude that infections are more likely than genes to explain the eye symptoms in schizophrenia.

The Stanley Medical Research Institute is a supporting organization of the Treatment Advocacy Center. Dr. Torrey serves as associate director of SMRI, where he oversees groundbreaking research on the causes and treatment of schizophrenia and bipolar disorder.

Historic Victory

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accepted that those with severe mental illnesses like schizophrenia and bipolar disorder deserve appropriate care."

Speaking Out on Capitol Hill

Treatment Advocacy Center was a key voice throughout the House negotiations around mental health reform. Before the House vote, we joined Members of Congress for a rally on the steps of the US Capitol. Doris A. Fuller, research director of the Treatment Advocacy Center, spoke to suicide loss of her own daughter Natalie and the need for reform, explaining, "we've been advocates for decades, against bad laws, discriminatory policies, bed shortages and a system that favors the functional over the severely mentally ill. A system that has turned medical intervention into a police act. HR 2646 is a crucial step toward changing that."

This landmark legislation squarely takes aim at these injustices.

Grateful for Your Support

Mental health reform has been generations in the making, and we couldn't have done it without your support. You used your voice. You wrote letters. You made reform a national movement.

Now, as the focus shifts to the US Senate and the end is in sight, we cannot let our guard down. Join us to tell your Senators that the time is now for real mental health reform. Visit our website's Advocacy section to learn more and get involved.

ON TO THE SENATE

It's up to the Senate to pass meaningful reform. The Treatment Advocacy Center, in partnership with advocates and major national mental health groups, will strongly urge the Senate to capitalize on this landmark momentum for change and bring mental health reform to a vote this year.



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Stanley Medical Research Institute Update E. Fuller Torrey, MD

SCHIZOPHRENIA: THE EYES HAVE IT

Most people don't think of schizophrenia as a disease of the eyes but, in fact, it is. This should not surprise us; the eyes are a direct extension of the brain. Several authors have described symptoms such as distortions of colors, shapes and the intensity of light, especially in the early stages of the illness. Such symptoms are described in the first chapter of my book, *Surviving Schizophrenia*. For example, "Everything looked vibrant, especially red; people took on a devilish look." Human facial features may also be distorted, such as: "People looked deformed, as if they had had plastic surgery, or were wearing make-up with different bone structure." My sister, for example, repeatedly told me that she had seen childhood friends on her hospital ward, even some friends I knew to be deceased. For many years, I thought that her misperceptions were evidence of delusional thinking; more likely, they represented eye symptoms. Another example of this phenomenon may be the Capgras Syndrome in which the individuals with schizophrenia believe that their parents don't look quite right and have been replaced by clones.

Recently, Robert Yolken, MD, and I summarized the studies that have described eye abnormalities in schizophrenia; the paper is published in *Schizophrenia Bulletin* (doi: 10.1093/schbul/sbw113). The most studied eye symptom is nystagmus, which is a tiny interruption of the eye movement as it moves horizontally. In the 1980s and 1990s, this was extensively studied as "smooth pursuit eye movement" and said to occur in up to half of individuals with schizophrenia. There was a belief at the time that such eye movements might be used as a genetic marker for the disease, but genetic explanations ultimately failed. Another eye abnormality found in individuals with schizophrenia and many other neurological conditions is Strabismus, which is when both eyes are not pointed in exactly the same direction. It is sometimes called "lazy eye." The best study of this reported that it is found in 13% of individuals with schizophrenia.

Several other eye abnormalities have been described in schizophrenia. These include an abnormal blink rate; widening of the small veins in the back of the eye; impaired visual acuity (found

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