



15 years

Special Anniversary Edition

Catalyst

Celebrating 15 Years of Bringing Treatment for Severe Mental Illness Out of the Shadows

E. Fuller Torrey, M.D.

The Treatment Advocacy Center was born 15 years ago when Vada Stanley gave me a call. At the time, Ted and Vada Stanley had been for several years generously supporting our research on schizophrenia and bipolar disorder at the Stanley Medical Research Institute. Vada had just finished reading *Out of the Shadows*, which had recently been published, and asked what could be done to improve the distressing lack of treatment for individuals with these psychiatric diseases.

In the book, I had made many recommendations for improving treatment, including four specific reforms to the nation's civil commitment laws that struck me as particularly feasible:

- Recognizing the role of involuntary treatment in recovery from acute mental illness;
- Including a "need for treatment" provision in treatment laws so that intervention became an option before dangerousness occurred;
- Including an individual's past psychiatric history among the criteria for civil commitment;

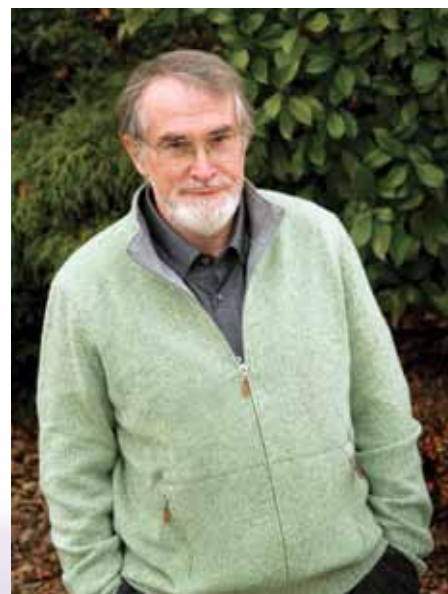
OUR MISSION

The Treatment Advocacy Center is a national nonprofit organization dedicated to eliminating barriers to the timely and effective treatment of severe mental illness. We promote laws, policies and practices for the delivery of psychiatric care and support the development of innovative treatments for and research into the causes of severe and persistent psychiatric illnesses, such as schizophrenia and bipolar disorder.

ENTER THE TREATMENT
ADVOCACY CENTER, ARMED
ONLY WITH THE STONES OF
COMMON SENSE WITH WHICH
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- Making court-ordered outpatient commitment (assisted outpatient treatment) available for individuals with mental illness who could live safely in the community provided they took their medications and otherwise stuck to their treatment plans.

None of us expected that accomplishing these goals would be easy. Discussion in the mental health community about the need for involuntary treatment was politically incorrect. Talking about violent behavior by people with untreated serious mental illness was blamed for increasing stigma. It was emphatically stated by the "experts" that mentally ill people, even if untreated, were *not* more dangerous than the general population. Anosognosia – lack of insight into illness – was unrecognized. Well-funded opponents of civil commitment were continuing to change state laws to make involuntary treatment all but impossible. No federal agency, no professional organization and no mental health advocacy organization would even discuss these problems, much less do anything about them.



Enter the Treatment Advocacy Center, armed only with the stones of common sense with which to attack this Goliath of non-treatment. Now, as we celebrate our first 15 years, it is gratifying to see just how effective such stones can be. We have a long way to go, but we have fundamentally changed the public dialogue and dozens of state laws on these treatment issues.

Our goal was and remains promoting recovery for anyone with severe psychiatric disease by assuring that reasonable treatment laws are on the books in each state and that they are used.

We will know when we have succeeded. The number of people with serious mental illnesses who are homeless, victimized or incarcerated will be markedly fewer. Suicides and homicides, including mass killings by individuals with untreated mental illness, will decrease in incidence. And at an individual level, the quality of life for many seriously ill individuals – especially those who do not know they are sick – will be much better.

The road is long but, 15 years of reform later, we are well on our way.

Saved by Eight Months – and the Treatment Advocacy Center

by Doris A. Fuller



"Less than a year ago, we couldn't have gotten your daughter into the hospital."

I was a dazed and terrified parent. In the space of a month, my honor-student college daughter had plunged

from normalcy into psychosis and a spiral of bizarre behavior that already had brought the police to her door.

"A year ago, she would have had to be dangerous to be hospitalized," the state's designated examiner told me.

Until weeks before, I didn't even know what a "designated examiner" was. I hadn't watched my child's rationality disappear. I'd never made panicked calls to the university psychiatrist. I hadn't gotten midnight calls from a bail bondsman. I didn't have the direct telephone number of the city attorney. I'd never seen mental deterioration that appeared to have no end in sight.

Now this soft-spoken man was talking to me about "gravely disabled" and "need for treatment."

"Eight months ago, the governor signed a bill that made it possible for people like your daughter to be ordered into treatment," he said.

"Lacking in insight, unwillingness or inability to comply with treatment, at risk of deterioration in future to being in danger...." That's what the expanded law said.

She was all of that.

Just eight months earlier, I would have had no option but to wait for her life or someone else's life to be in jeopardy before she could be hospitalized.

Instead, a bill written by the Treatment Advocacy Center and overwhelmingly supported by the legislature had made the need for treatment part of the state's civil commitment code. The governor had signed it. The state had thrown my daughter a lifeline back to sanity.

Doris A. Fuller is executive director of the Treatment Advocacy Center.

Reforming Laws

15 Years of Making Treatment Possible

Current federal and state policies hinder treatment for psychiatrically ill individuals. The Center is working on the national, state and local levels to educate civil, legal, criminal justice and legislative communities on the benefits of assisted treatment. – from the "Welcome Issue" of the Treatment Advocacy Center newsletter *Catalyst*, 1999

Nearly 15 years after this statement was published, current public policies continue to hinder treatment for individuals with psychiatric disease. But not as widely or thoroughly as they did before the Treatment Advocacy Center existed.

As a direct result of our work, state laws that authorize court-ordered treatment of severe mental illness and determine who is eligible for it have been reformed in 24 states. Because of these reforms, many individuals who otherwise would have deteriorated from non-treatment have received hospital care sooner. People who might have relapsed while living in the community instead remained stable as a result of assisted outpatient treatment (AOT).

As they did, their families escaped the roller coaster of anxiety and crisis that untreated severe mental illness creates. Communities that embraced these reforms benefited as homelessness, hospitalization and violence were reduced, and lives were not lost, arrests not made, families not shattered.

The vignettes on the following pages showcase a few of the milestone laws that brought reform after a preventable tragedy finally moved lawmakers to change civil commitment laws overdue for their attention. Often, these and other legal reforms followed years of determined groundwork that included day-by-day efforts to raise awareness and create understanding that ... severe mental illness is a disease ... treatment works ... when people are too ill to seek treatment, they need assistance into treatment ... assisting them is the humane and rational thing to do.

In this 15TH anniversary edition of *Catalyst*, we both celebrate the achievements this groundwork produced and recognize the challenges: Some states have yet to recognize that waiting for people to become dangerous before treating their mental illness is waiting too long. There's no state law that couldn't be further improved. Every state could make more complete and humane use of the laws it has.

In another 15 years, public policies may still hinder treatment for some individuals with psychiatric disease. Our pledge is that both the hindrances and those who suffer because of them will be fewer yet.

to Save Lives and Families

KENDRA'S LAW • AUGUST 1999 • NEW YORK

The namesake: Kendra Webdale, a 32-year-old Buffalo native, was killed on January 3, 1999, after being pushed into the path of a New York City subway train by Andrew Goldstein. Goldstein, 29, was diagnosed with schizophrenia and had a history of noncompliance with treatment.



The outcome: Kendra's family partnered and worked tirelessly with the Treatment Advocacy Center to promote the passage of Kendra's Law, which made New York the first state to mandate assisted outpatient treatment (AOT) in every county. The reform was first proposed in 1989 and authorized on a pilot basis in the 1990s but finally won overwhelming

support after Kendra's death. "I vowed to do something to help prevent future tragedies," her mother Patricia Webdale said. And she and the rest of the Webdale family did.

Kendra's Law allows courts to order certain individuals who meet a strict set of criteria to receive treatment while living in the community. By March 2013, more than 10,600 recipients had been treated. The state added improvements advocated by the Treatment Advocacy Center to the law early in 2013.

The family: Patricia and Ralph Webdale, Kendra's father, say the law is working. "It has dramatically reduced hospitalizations, incarcerations, homelessness and danger to self and others. It has helped countless people who, because of the nature of brain disease, may not even recognize that they have a mental illness," they wrote in the New York Daily News on the 14TH anniversary of their daughter's death.

The Webdale family was awarded the Torrey Advocacy Commendation in 2009 for their efforts on behalf of Kendra's Law and similar measures in other states.

LAURA'S LAW • SEPTEMBER 2002 • CALIFORNIA



The namesake: Laura Wilcox was a 19-year-old college sophomore working at a public mental health clinic during her winter break. On January 10, 2001, Scott Harlan Thorpe, a 41-year-old who suffered from schizophrenia and whose family had tried repeatedly to get him help, drew a handgun and shot Laura four times. He

then killed two other individuals.

The outcome: The Wilcox family joined the Treatment Advocacy Center and California-based advocates to promote passage of the law named after Laura. Advocates had worked for years to win support for reform like Laura's Law, which provides community-based, assisted outpatient treatment to individuals who – as

a result of their mental illness – are unable to access community mental health services voluntarily and who meet other criteria.

All of California's 58 counties are eligible to implement Laura's Law, but the law requires each county board of supervisors to pass a resolution opting into the law. Only Laura's own Nevada County had fully implemented the law by early 2013. Los Angeles County operates a pilot program, and a number of additional counties were considering implementation.

The family: "California passed Laura's Law to help make sure the same thing doesn't happen to another family," Laura's father Nick Wilcox has said. The law "makes it possible for people who are severely ill to get the mental health care they so desperately need."

Laura's parents, Amanda and Nick Wilcox, were awarded the 2009 Torrey Advocacy Commendation for their advocacy for Laura's Law.



Governor Jeb Bush signing the Baker Act in 2004

BAKER ACT REFORM • JUNE 2004 • FLORIDA

Deputy Sheriff Eugene Gregory, 55, was killed during a 13-hour standoff in Seminole County, Florida, on July 8, 1998. Alan Singletary, a 45-year-old man with a history of mental illness, pulled a gun when his landlord evicted him. The landlord fled, law enforcement officials arrived, and Singletary shot Gregory dead with one bullet. SWAT team members later killed Singletary.

The outcome: As in other states, reform efforts were underway in Florida well before this tragedy occurred. The events provided a catalyst for concerned legislators to take thoughtful, considered action.

After Deputy Sheriff Gregory's death, Seminole County Sheriff Donald Eslinger created a Mental Health Task Force to reform mental health and substance abuse services and laws in Florida. A remarkable partnership of Linda Gregory, Deputy Gregory's widow, and Alice Petree, Alan Singletary's sister, joined Sheriff Eslinger and others, including the Treatment Advocacy Center, to advocate for changes.

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Reforming Laws

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After four years of diligent efforts, the legislature overwhelmingly passed the assisted outpatient treatment law (called “involuntary outpatient placement”). Governor Jeb Bush signed the Baker Act, making Florida the 42ND state to make court-ordered treatment available.

The family: For their dedication and tenacity, Sheriff Eslinger, Linda Gregory and Alice Petree received the 2005 Torrey Advocacy Commendation. In addition, Florida’s House of Representatives adopted in 2005 House Resolution 9205, which read, in part:

“Sheriff Donald Eslinger, Linda Gregory, and Alice Petree are recognized for their successful advocacy in honor of Deputy Sheriff Gene Gregory and Alan Singletary and all people with severe mental illnesses who will benefit from their efforts.”

KEVIN’S LAW • DECEMBER 2004 • MICHIGAN

The namesake: Kevin Heisinger, a 24-year-old University of Michigan graduate student, was killed in a Kalamazoo bus station by a man with untreated mental illness. Brian Williams, 40, who suffered from paranoid schizophrenia, said voices made him beat Kevin to death on August 17, 2000.



The outcome: The Heisinger family actively worked with state legislators and the Treatment Advocacy Center to advance the bill modeled on New York’s Kendra’s Law. The measure authorizes court-ordered outpatient treatment for individuals with mental illness unable to help themselves or likely to present a risk to others. “The aim of Kevin’s Law is to ensure intervention before violence occurs,” co-sponsor Rep. Virg Bernero said of the bill.

The family: When Kevin’s Law was signed into law, co-sponsor Senator Tom George echoed the sentiments of family members.

“Kevin’s Law will make our communities safer and at the same time provide compassionate, earlier care for people who seriously need it. Until today, families had to wait until their loved ones made a threat or actually hurt someone before they could get help, and then the only option was inpatient care. Now people can be helped earlier and on an outpatient basis. If the treatment is successful, the person never needs to reach a crisis point and hospitalization may be altogether averted.”

AFTER AMY BRUCE’S DEATH • APRIL 2010 • MAINE

The victim: Amy Bruce died after being struck with a hatchet by her son, William, as she sat at the desk in her home on June 20, 2006 – her 48th birthday. William Bruce was 24 years old and suffering from untreated paranoid schizophrenia. William later told police the Pope had ordered him to kill his mother because she was involved with Al Qaeda.

Three months earlier, William had been released from Riverview Psychiatric Center against the wishes of his parents, Joe and Amy, and his doctors.

The outcome: After Amy’s death, Joe Bruce worked tirelessly to turn the family’s tragedy into a case for better treatment laws and standards in Maine, where he continues to live and where his son William remains. After reading about pending treatment law reform proposals in a newspaper piece authored by the Treatment Advocacy Center, Joe joined our efforts to improve Maine’s laws. When Governor John Baldacci signed the legislation, Maine became the 44TH state to add assisted outpatient treatment to its civil commitment code.

The family: William Bruce was found not guilty by reason of insanity and today is a patient at Riverview Psychiatric Center. With the benefit of treatment, his psychiatric condition has greatly improved. He submitted the following statement as testimony to a legislative subcommittee:

“Before the crime happened, I was hospitalized but I refused medication. If I had been on medication and in an outpatient treatment program I would not be writing you this letter today. I struggle with this on a daily basis. At the time everything seemed clear to me. I was a clandestine operative and I believed my mother was an Al Qaeda operative, and I was being ordered to kill her. I did not realize how distorted my mind was and how much the delusions had taken over. My dad tells me everyone could see there was something wrong with me, but I couldn’t. This is when I should have been treated.”

Joe Bruce was awarded the Torrey Advocacy Commendation in 2009 for his crucial contributions to the bill’s passage.

THE TREATMENT ADVOCACY CENTER HAS WORKED SINCE ITS FORMATION IMPROVING STATE CIVIL COMMITMENT LAWS TO MAKE IT EASIER TO GET HELP FOR INDIVIDUALS OVERCOME BY UNTREATED SEVERE MENTAL ILLNESS. THE EFFORTS HIGHLIGHTED ON THESE PAGES TYPICALLY WERE UNDERWAY LONG BEFORE TRAGEDY FINALLY MOBILIZED THE PUBLIC AND POLICY MAKERS TO ENACT LONG-NEEDED REFORMS.



Jonathan Stanley

Helping Families in Distress

The Treatment Advocacy Center's founders decided at the outset not to take help calls. Cold, but there was logic. Our efforts were best aimed at creating and passing laws that could help (and now *have helped*) tens of thousands of people. It was just a matter of pure efficiency.

We might as well not have bothered. Billed as we were for being dedicated to the sickest of the sick, the families of the sickest found us as soon as our doors opened. Compounding the attraction was the E. Fuller Torrey effect: People believed that Dr. Torrey's organization could help even when none of the others could. The more people we helped, the more came. I answered thousands of such calls in my years on staff.

The stories stick ... a son who thinks he is Jesus, walking barefoot in the snow for days; a psychotic young man in his room for literally five years; parents with secu-

rity locks inside their bedroom doors; the daughter being released from jail after assaulting her parent but still off meds ("Should I let her back in my home?"). The common thread: psychosis and irrational laws that protect it.

AT FIRST, THESE CALLS ROCKED ME. MY PARENTS COULD HAVE ONCE BEEN ON THE OTHER END OF THE PHONE ABOUT ME. BUT, AFTER A WHILE, I STEELED MYSELF TO THE SADNESS. I TOLD MYSELF THE BEST WAY TO HELP WAS TO OFFER ADVICE RATHER THAN EMPATHY.

At first, these calls rocked me. My parents could have once been on the other end of the phone about me. But, after a while, I steeled myself to the sadness. I told myself the best way to help was to offer advice rather than empathy.

One plight broke through that façade. I helped a wonderful and capable set of

parents whose son was like I once was: same age, circumstances, illness (bipolar with psychotic features). I followed the situation for months as they sat helpless with a psychotic son who could not be helped because he was not a danger under the law. He went missing. When they learned he was in a large city hundreds of miles away, they went there, posted fliers trying to find him and contacted everybody they and I could think of.

Not hearing from them for some weeks, I assumed he was finally in a psychiatric facility. Then the mother called. She asked how she could arrange for

memorial contributions to the Treatment Advocacy Center. They had found their son but only after he jumped off a bridge.

I was not so efficient after that. I closed my office door, and I cried.

Jonathan Stanley was a legislative advocate and deputy executive director of the Treatment Advocacy Center for nine years and now serves on the board of directors.

GREGORY'S LAW • AUGUST 2009 • NEW JERSEY

The namesake: Eleven-year old Gregory Katsnelson was on his way to meet friends on October 17, 2002, when Ronald Pituch, 27, killed the elementary schooler in the woods less than a mile from where he lived. Diagnosed with paranoid schizophrenia, Pituch had killed his mother first and then fled his home. He happened upon Gregory and stabbed the child to death. According to reports, Pituch's mother unsuccessfully had tried to get help for her son.



The outcome: Gregory's parents, Cathy and Mark Katsnelson, joined the Treatment Advocacy Center and other advocates who had been working for years to improve the treatment law in New Jersey. Six years after Gregory was killed, their efforts were successful. The resulting law named for

Gregory created an option for court-ordered community treatment (New Jersey's term for assisted outpatient treatment) for individuals who, like Pituch, have severe mental illness and a history of non-compliance with treatment. After considerable delay blamed upon budget constraints, the New Jersey Department of Human Services awarded five counties the first contracts to operate AOT programs in 2012. Following multiple tragedies in December 2012, Governor Chris Christie ordered the program implemented statewide immediately.

The family: "Our goal has always been to help patients and their families, and to protect potential victims like our family," Cathy Katsnelson has said. "We hope it accomplishes what we set out for it to do."

Cathy and Mark Katsnelson were awarded the Torrey Advocacy Commendation in 2011 for their efforts on behalf of Gregory's Law.

15 Years of Treatment Advocacy Milestones

STATE	DATE	DESCRIPTION
New York	January 2013	Increased maximum length of initial Kendra's Law court order to 1 year; made technical improvements and extended the law to 2017
National	March 2012	Assisted outpatient treatment found by the Department of Justice to be an "effective" and "evidence-based" practice for reducing crime and violence
California	September 2012	Extended Laura's Law to 2017
Tennessee	May 2012	Created assisted outpatient treatment pilot program in Knoxville
Virginia	April 2012	Established new legal avenue for "mandatory outpatient treatment" (MOT), allowing family member or caregiver to petition for MOT upon a person's discharge from involuntary hospitalization
Maine	March 2012	Expanded list of who may file an application for the progressive treatment program and required examiners to consider history of an individual when available
Virginia	March 2012	Extended to families the right to petition the court directly for MOT, without community services board involvement
West Virginia	March 2012	Expanded state-assisted outpatient treatment pilot program throughout the state and established new statewide services to facilitate implementation
Illinois	July 2010	Clarified the "gravely disabled" and "need for treatment" commitment standards
Maine	April 2010	Created assisted outpatient treatment (called "progressive treatment program" or "PTP")
New York	June 2010	Extended Kendra's Law to 2015
New Jersey	August 2009	"Gregory's Law" signed by governor to authorize assisted outpatient treatment
Mississippi	July 2009	Revised treatment standard to add definition of "substantial likelihood of harm"
Louisiana	June 2008	"Nicola's Law" signed by governor to increase access to assisted outpatient treatment and revise treatment standard
Idaho	April 2008	Increased options for ordering assisted outpatient treatment; revised and combined treatment standard
Virginia	April 2008	Revised treatment standard; reformed assisted outpatient treatment procedures
Illinois	September 2007	Revised treatment standard to eliminate requirement of actual physical danger to self or others
National	May 2006	Treatment Advocacy Center commended by the American Psychiatric Association for "extraordinary advocacy"
West Virginia	May 2005	Created pilot AOT program in four to six judicial circuits
Florida	May 2005	Supporters Sheriff Donald Eslinger, Linda Gregory and Alice Petree commended by the Florida House of Representatives for their Baker Act Reform (AOT) advocacy

STATE	DATE	DESCRIPTION
Michigan	December 2004	"Kevin's Law" signed by governor to authorize assisted outpatient treatment and revise treatment standard
Florida	June 2004	"Baker Act Reform" signed by governor to authorize assisted outpatient treatment (called "involuntary outpatient placement") and create separate progressive treatment standard
New York	February 2004	Kendra's Law ruled constitutional by New York's highest court (In the Matter of K.L.)
Illinois	August 2003	Revised treatment standard to include consideration of prior history
Maryland	May 2003	Modified emergency evaluation criteria to eliminate requirement of "imminent" dangerousness
North Dakota	April 2003	Improved treatment standard by deleting some requirements and adding broader considerations
Utah	March 2003	Revised treatment standard to eliminate requirement of "immediate" danger and include additional criteria
California	September 2002	"Laura's Law" signed by governor to authorize assisted outpatient treatment
Wisconsin	July 2002	Need-for-treatment standard ruled constitutional by Wisconsin Supreme Court (State v. Dennis H.)
Idaho	March 2002	Revised treatment standard to redefine "gravely disabled"
California	October 2001	Revised treatment standard to include consideration of prior history and to mandate consideration of family member testimony
Wisconsin	September 2001	Maintained progressive treatment standard beyond sunset date
Minnesota	June 2001	Revised treatment standard to include need for treatment to prevent deterioration
West Virginia	May 2001	Revised treatment standard to include voluntary treatment agreement, consideration of previous history
Montana	April 2001	Clarified assisted outpatient treatment and other provisions
Washington	April 2001	Required "great weight" be given to evidence of prior history or pattern of decompensation and discontinuation of treatment
National	August 2000	Published Model Law for Assisted Treatment
Ontario	June 2000	"Brian's Law" enacted to authorize community treatment (AOT) orders
South Dakota	February 2000	Revised treatment standard to consider past treatment history
New York	August 1999	"Kendra's Law" signed by governor to authorize assisted outpatient treatment
Nevada	May 1999	Revised treatment standard to include consideration of past treatment history to determine probability of harm
Wyoming	March 1999	Revised treatment standard to include probability of destabilization

Telling Our Story



Our world – and information-sharing and storytelling – has changed a lot since our founding in 1998. Then, Google didn't exist, and cell phones were just telephones. Today, information is accessed nearly anywhere, anytime, around the clock, around the globe, and cell phones are portable computers and TV sets. When a preventable tragedy occurs, we may begin to hear about it and see images within minutes.

Internet sites are beyond number, and competition for media attention is intense in this 24-hour global news cycle. But, when tragedy strikes, the public, lawmakers and media find the Treatment Advocacy Center fast. Our experts, studies, Preventable Tragedies Database, civil commitment information and other resources begin to be cited within hours.

Our opinions make headlines.

Here is just a sampling of publications where our op-ed commentaries have been published over the years:

Albuquerque Tribune
Boston Globe
Chicago Tribune
Detroit Free Press
Harrisburg Patriot-News
Hartford Courant
Huffington Post
Los Angeles Times
Milwaukee Sentinel Journal
Nashville Tennessean
National Review
Newsweek
New Jersey Star Ledger
New York Times
Portland Tribune
Psychiatric Services
Sacramento Bee
Salt Lake Tribune
San Francisco Chronicle
Sheriff Magazine
St. Petersburg Times
USA Today
Variety
Wall Street Journal
Washington Post

These are among the news outlets on which our experts have been interviewed.

20/20
60 Minutes
ABC World News Tonight
with Peter Jennings
Anderson Cooper 360
California News 10
CBS Evening News with Katie Couric
CSPAN
Dateline NBC
Fox & Friends
Geraldo At Large
Good Morning America
Michael Medved Show
Montreal Radio
MSNBC
Nightline
PBS NewsHour with Jim Lehrer
Public Radio International
The Diane Rehm Show
The Osgood File with Charles Osgood
The Situation Room
with Tucker Carlson
The Takeaway
To the Point
West Virginia Public Radio

WALL STREET
JOURNAL

Charting Preventable Tragedy

The Treatment Advocacy Center's Preventable Tragedies Database is one resource whose growth we don't celebrate.

The Database is one of the ways we monitor and record the human costs associated with untreated mental illness. Essentially every work day from our inception, a designated staff member has searched the news for incidents reported by the media about a violent episode in which either a victim or a perpetrator suffered severe mental illness (usually untreated). An off-site consultant inputs, codes and publishes the incident reports in the online Preventable Tragedies Database linked from virtually every page of our website.

From the beginning, the collection has served as a unique resource and powerful tool for reform and research. Mined by

authors, activists, policymakers, reporters, researchers and students, visited by family members who are consoled that their loss is not forgotten, the Database is a cautionary memorial to the avoidable deaths and injuries associated with not treating severe mental illness.

At our 15-year mark, the Preventable Tragedies Database contains more than 6,000 names. Sadly, more are added daily. Originally a collection of stories Dr. E. Fuller Torrey clipped from newspapers beginning long before he started the Treatment Advocacy Center, the Database has outgrown its technical infrastructure.

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Feeding Information to a Knowledge-Hungry World

Words like “unique” and “one of a kind” rarely live up to their billing. Not so for the resources developed and freely distributed by the Treatment Advocacy Center to inform the public, support families and promote mental illness treatment policy reform.

Treatment Advocacy Center educational resources are delivered in numerous formats in a variety of ways. Here are a few that meet the “unique, one-of-a-kind” standard:

- **The most comprehensive website** about mental illness treatment policy and related topics on the worldwide web; more than 2,000 web pages in all, many of them among Google’s most-visited sources of information on their subject
- **The Treatment Advocacy Center Model Law** providing a “cautiously considered proposal” for legal standards of civil commitment that promote clinical and judicial efficiency and protect consumer and family rights; a reference used nationwide
- **Centralized state-by-state civil commitment information** for emergency hospitalization, court-ordered inpatient and outpatient treatment and who can initiate involuntary treatment; gives families and professionals crucial information for responding in a psychiatric crisis or with a chronically ill loved one
- **Preventable Tragedies Database**, the only public record of violent acts associated with untreated mental illness, including officer-involved violence related to mental illness (see “Charting Preventable Tragedy,” page 8)
- **Cost information, outcome data and practical tools for using court-ordered outpatient treatment**, including “A Guide for Implementing Assisted Outpatient Treatment (AOT),” our 64-page manual to help mental health professionals put AOT to work in their communities

- **Studies of mental illness trends not reported elsewhere**, including “More Mentally Ill Persons Are in Jails and Prisons Than Hospitals,” “Trends and Consequences of Closing Public Psychiatric Hospitals 2005-2010,” “Problems Associated with Mentally Ill Individuals in Public Libraries” and “The Impact of Mental Illness on Law Enforcement Resources”
- **Backgrounders on topics neglected by other organizations**, including anosognosia, assisted outpatient treatment and consequences of not treating severe mental illness (e.g., homelessness, suicide, victimization and violence)
- **Help for families in crisis**, including our Psychiatric Crisis Resource Kit funded by a generous grant from the Val. A. Browning Foundation that equips local agencies and organizations to quickly and economically build a local resource guide for use by families and caregivers dealing with psychiatric emergency
- **Catalyst**, our full-color newsletter, still printed and mailed to homes with news and developments in mental illness treatment

NEXT UP

In its first decade, the Treatment Advocacy Center delivered information to supporters primarily through its *Catalyst* newsletter, its website and broadcast emails. In the following five years, we expanded into social media and video.

Today, we continue to produce additional resources and make them available in new ways. Thanks to a generous grant from the J. Willard and Alice S. Marriott Foundation, many of our psychiatric crisis resources are now available as a mobile website, and informational webinars and conference calls for policy makers, advocates and family members are in our future.

Partnering for Recovery

Nobody knows better than the Treatment Advocacy Center the crucial role that court-ordered treatment can provide in jump-starting recovery from untreated severe mental illness.

Unless it is family members.

Or law enforcement.

Or judges.

Or legislators, mental health professionals, researchers, advocates for the homeless.

Unless it is members of the innumerable other constituencies, organizations and professions who recognize that 50 years of failed mental health policies must be replaced with laws and practices that make treatment – and the recovery it can bring – possible for more people.

Or, most important of all, the individuals who themselves have severe mental illness and know that involuntary treatment can be the turning point where the consequences of non-treatment stop and the stability necessary to recover starts.

Our partners come from every point on the political spectrum and every corner of the continent, all united by a conviction that promoting reforms that promote treatment benefit us all. Here are just a few of them.

- **Stanley Medical Research Institute (SMRI)** – The largest non-governmental source of funds for research on the causes of and treatments for schizophrenia and bipolar disorder. SMRI is a supporting organization of the Treatment Advocacy Center. Directed by Dr. E. Fuller Torrey, the association between SMRI and the Treatment Advocacy Center illustrates the dual need to improve treatment access today while finding scientific answers that will improve lives tomorrow.

- **National Alliance of Mental Illness (NAMI)** affiliates and their members. NAMI is the oldest and largest grassroots mental health organization in the nation, with hundreds of local chapters whose members meet for mutual support and education. Scores of NAMI chapters routinely distribute Treatment Advocacy Center information, educate the public about the value of involuntary treatment and support us with their donations and advocacy.

- **Law enforcement organizations** – The National Sheriffs' Association (our co-author of "More Mentally Ill Persons Are in Jails and Prisons Than Hospitals") and numerous state and local police and sheriff departments and peace officers associations have supported treatment law reform with their public education, resolutions of support and advocacy with decision makers.

- **Grassroots advocates** – From the more than 25 men and women whose tenacity and courage have earned them the Torrey Advocacy Commendation to the innumerable other individual advocates who have testified in public hearings, encouraged their lawmakers, written letters to the editor, posted messages to their Facebook pages and distributed our news and information, grassroots advocates are the feet on the ground in communities everywhere.

- **Consumers and consumer organizations** – Nobody tells the story of recovery better than someone who has benefited from treatment. Numerous individuals with mental illness and their local organizations have partnered with the Treatment Advocacy Center to influence public policy with the powerful personal stories they share in legislative testimony, media interviews, op-eds and letters to the editor and in "personally speaking" essays published regularly on our website.

Charting Preventable Tragedy

CONTINUED FROM PAGE 8

In honor of our 15TH anniversary and its founder, the Bowman Family Foundation is underwriting an update of the database that includes replacement of the software, transfer of all the existing records to a new database and expanded search functions to make the resource even more useful.

With this, the preservation of a resource like no other has been secured for another generation.

SAYING NO TO BIG PHARMA

No nonprofit can survive and thrive without donors who give often and generously, but individuals and private foundations are unusually vital to the Treatment Advocacy Center.

That's because, from the beginning and alone among major mental health organizations, we accept no funding from the corporations most closely allied with mental illness treatment – pharmaceutical companies.

We've taken this position because we advocate for the passage and implementation of laws that can result in individuals with severe mental illness being ordered to adhere to treatment plans that may include medication orders. Our view is that it would be an unacceptable conflict of interest to take money from the companies that make those drugs and therefore stand to profit from the policies for which we advocate.

Further, we have consistently published criticism of pharmaceutical company practices that result in over-prescription of psychiatric medications, especially for children and individuals with dementia, and we would not want in any way to benefit from them.

Celebrating Our Donors

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