

Commentary

Involuntary Treatment Saves Lives

DJ Jaffe 03.07.10, 12:00 PM ET

On Sept. 2, 2008 Isaac Zamora, a mentally ill 28-year-old, went on a shooting rampage that killed six people, including a sheriff's deputy. While the incident was surely tragic, it may have been the best thing to happen to the mentally ill in Washington State.

As a result of this schizophrenia-induced episode, the Washington State legislature is finally voting to change its involuntary treatment law. That's a good thing and could help many patients. Current law in too many states requires an individual to be a "danger to self or others" before involuntary treatment is initiated. And practice often requires the danger to be "imminent."

That's absurd. Laws should prevent violence, not require it. Washington is one of 43 states with an assisted outpatient treatment (AOT) law on the books--but it is rarely used. AOT allows courts to order people with serious mental illness and a history of violence or rehospitalizations to stay in treatment as a condition for living in the community. Patients are given due process protections, treatment plans and case workers to ensure compliance.

AOT carefully balances the civil rights and best interests of the individual with legitimate safety concerns of the public. It's a less expensive, less restrictive, more humane alternative to inpatient commitment. Families--who want better care for their loved ones--have been begging legislatures to pass and use AOT laws since the late 1980s. But until there is an act of violence, most states ignore their pleas.

In California it took the 2001 shooting of college student Laura Wilcox, by an unmedicated mental patient, to get them to enact Laura's Law.

And in New York the 1999 subway pushing of Kendra Webdale and Edgar Rivera by two untreated mentally ill men spurred Kendra's Law. New York was the first to fully implement a statewide AOT law, and therefore it provides the largest and best collection of real-world data.

A study of Kendra's Law, released in February by Columbia University, compared mentally ill individuals receiving AOT with a control group that was not. They found: "Individuals given mandatory outpatient treatment--who were more violent to begin with--were nevertheless four times less likely than members of the control group to perpetrate serious violence after undergoing treatment."

Studies over 10 years have shown Kendra's Law helps the seriously mentally ill by reducing homelessness (74%); suicide attempts (55%) and substance abuse (48%); keeps the public safer by reducing physical harm to others (47%) and property destruction (43%); and saves money by reducing hospitalization (77%); arrests (83%) and incarceration (87%). Surprisingly, 81 percent of those ordered into treatment said AOT helped them get and stay well. Michael Biasotti, who has a stepdaughter in treatment, believes "it saved her life--and maybe someone else's."

But in spite of its success, New York State Office of Mental Health (OMH) Commissioner Michael Hogan opposes making the law permanent come June. Why? NYS OMH has lost its focus. Today through politically correct mission-creep, it serves 650,000 individuals annually--many with a barely diagnosable mental health concern. Yet it is only allowing 1,800 of the most severely mentally ill to receive the services under Kendra's Law. It has closed hospitals, made medicines harder to get and largely abandoned treating mental "illness" in favor of "improving" mental "health."

As a result, there are more mentally ill patients in Rikers' Island jail than in any OMH hospital. Kendra's Law can help reverse that trend by committing the patient to treatment and ensuring the mental health system provides it.

Recognizing that the law improves the lives of patients, keeps the public safer and saves money, the New York State Alliance on Mental Illness joined the New York State Chiefs of Police Association, Greater New York Hospital Association and others in calling on the legislature to overrule OMH and make Kendra's Law permanent. "If Kendra's Law isn't made permanent, and only renewed for a few years, I fear my daughter may eventually be kicked out," says Michael Biasotti. The success of New York's Kendra's Law is undeniable and should pave the way for other states. The problem in New York is that for patients who need commitment, we have an Office of Mental Health that lacks it.

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