

DAILY NEWS

Help mentally ill New Yorkers before they hurt others

BY D.J. JAFFE

Wednesday, January 2nd 2008, 4:00 AM

The tragedies are mounting. In November, the police shot two mentally ill people the mental health system refused to treat, Khiel Coppin and David (Dragon) Kostovski. Lee Coleman, shot by police in October during a stabbing rampage, already has a nickname: "The Second Avenue Slasher."

What should we do with people who have mental illness and are dangerous - who, anecdotally at least, seem to be on our streets in increasing numbers? The answer is well-proven and well-known: laws must require the courts to order treatment before these individuals become dangerous, rather than requiring the courts to wait until after.

It's a solution other states have successfully adopted - and it will work in New York, too. We simply need our Legislature to act.

We're halfway there. In 1999, when Kendra Webdale and Edgar Rivera were pushed onto subway tracks by mentally ill individuals, then Attorney General Eliot Spitzer came up with a plan and enlisted the enthusiastic support of Assembly Speaker Sheldon Silver and Senate Majority Leader Joe Bruno to pass Kendra's Law.

It allows a court to order mentally ill individuals who have a history of violence or repeated hospitalizations into outpatient treatment that can prevent future violence.

One of the most important provisions of Kendra's Law is that it permits intervention "to prevent a relapse or deterioration" that would be likely to result in serious harm to the person or others.

The law has been exceedingly successful. After enrollment in Kendra's Law, 74% fewer experienced homelessness; 77% fewer experienced psychiatric hospitalization, 83% fewer were arrested and 87% fewer experienced incarceration.

But if someone needs inpatient, as opposed to outpatient, treatment, the state's hands are still tied by antiquated, unscientific, inhumane and deadly laws and their supporting court decisions that effectively prevent the treatment of someone with mental illness until after they become "immediately" and "provably" dangerous to themselves or others.

That's ludicrous. A recent study showed that adequate treatment for schizophrenia is delayed an average of five months in places that rely solely on dangerousness-based criteria. The study author, Matthew Large, noted: "The requirement to prove dangerousness is both bad law and bad medicine."

Keeping people safe is only one reason we need a change. The other is to help those who can't help themselves. We've passed those kinds of laws to protect children too young to help themselves and help others with disabilities or Alzheimer's.

Other states are ahead of the curve. Some allow for commitment of the mentally ill who, because of their illness, can't provide for their own food, shelter or welfare - regardless of whether they are dangerous. Or they provide for the treatment of the mentally ill if they are "likely to substantially deteriorate if not provided with timely treatment" or "lack the capacity to make an informed decision."

New York must join them in the modern world. When our state relies on the "dangerousness" standard, it must be interpreted more broadly than "immediately and provably." And state law should require judges to consider family member input and the patient's history when making commitments because that's the most reliable way to predict future violence.

Yet despite of all this - and despite support for reform from organizations as diverse as the National Alliance for the Mentally Ill and the National Sheriff's Association - the New York State Office of Mental Health may well oppose any legislation that will require it, rather than police departments, to treat potentially dangerous patients.

If the Office of Mental Health makes this mistake, the result will be predictable: police will wind up incarcerating and killing more mentally ill New Yorkers. Lawmakers must adopt a sane policy - and they must do it now.

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