Reforming treatment of seriously mentally ill

By DJ Jaffe & Theresa Bish 3 p.m. Dec. 19, 2013

Congressman Tim Murphy recently introduced a bill to require the federal government to focus its mental health budget on the most seriously mentally ill, rather than the highest functioning patients. California and San Diego County should do the same.

The problem in Washington, Sacramento and San Diego is identical: The mental health industry has been put in charge of how funds are spent and rather than treating the 5 percent to 8 percent with serious mental illnesses, they're spending the funds to "improve the mental health" of all others. Helping people get better marriages, more fulfilling jobs or higher grades are declared unmet mental health needs and showered with dollars, while the seriously ill with schizophrenia continue to live under lice-infested clothing, eating from Dumpsters, screaming at voices only they can hear. Nationwide, the mentally ill are three times as likely to be incarcerated as hospitalized. In California, it's almost four times.

Money is not the problem, mission-creep is, and San Diego could be the poster child. Before deciding how to distribute nearly \$30 million in Prevention and Early Intervention MHSA (Mental Health Services Act) funds, San Diego conducted an extensive "stakeholder process" primarily within the mental health industry. Instead of services for people with serious mental illnesses, industry stakeholders wanted to create stigma and media campaigns targeted at those without.

San Diego Behavioral Health rubber-stamped the stakeholders by allocating the lion's share of the \$30 million to this "outreach." San Diego's outreach programs are based on the mistaken assumption that the reason people don't get care is that they are so asymptomatic the public needs special training to identify them — and once identified, treatment will be available. Neither is true. According to Carla Jacobs of the California Treatment Advocacy Center, "Moms with children known to be seriously mentally ill, and known to need help, can't get help for their loved ones no matter how they beg and plead for it."

Due to failure to provide treatment, the mentally ill being released from San Diego jails have a 65 percent recidivism rate; 71 percent of those readmitted four times or more to San Diego hospitals had schizophrenia. Providing services to those individuals known to have serious mental illness rather than attempting to identify the asymptomatic would be a more efficient, productive, humane use of taxpayer funds. And it would keep everyone safer.

While fully funding the media and outreach campaigns, San Diego behavioral health refuses to fund real services like Laura's Law. Laura's Law allows courts to require those who have a history of arrest, violence or needless hospitalization to stay in treatment as a condition of living in the community. The combination of case management and court-ordered treatment reduces arrest, incarceration, re-hospitalization and deterioration wherever used. It is the exact type of program some of the 2,500 homeless mentally ill in San Diego need, but can't access.

Rep. Murphy, R-Penn., proposes to reign in mission-creep at the national level by creating an assistant secretary position for mental health who would reorient services toward the most seriously ill. In California, Gov. Jerry Brown should appoint new commissioners to oversee MHSA spending. Only three of the 16 commissioners are required to come from within the mental health industry, but primarily due to Brown's appointments, at least 10 do. The state auditor found commissioners "provided little oversight of county implementation of MHSA programs and their effectiveness" and as a result "the state has little current assurance that the funds directed to counties for Mental Health and Services Act programs have been used effectively." The commissioners are currently promulgating regulations designed to free MHSA spending from being "evidence based" so ones they believe have industry "consensus" can be funded. By allowing mob rule to trump science they can line their pockets while sacrificing the ill.

The San Diego board of supervisors can help end mission-creep by overruling the Behavioral Health director, implementing Laura's Law, and funding it with the money being spent on public outreach campaigns. Nothing in MHSA law prevents that.

The nation's seriously mentally ill don't suffer from a dearth of outreach, stigma or media campaigns targeted to the public. They suffer from lack of services. Until the nation, California, and San Diego focus its mental health expenditures on the most seriously ill, rather than the not-at-all ill, we will continue to spend more, get less, and put patients, public, police and taxpayers at risk.

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