"A Reality Check on Mental Health Policy"

Texas Tech Mental Health Law Symposium
Lubbock, TX
November 18, 2016

By:
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Policy Director
Treatment Advocacy Center

TREATMENT ADVOCACY CENTER

"Mental Illness" …

… is a really big tent

"Serious Mental Illness" (SMI)

"[A]dults with a serious mental illness are persons 18 years and older who, at any time during a given year, had a diagnosable mental, behavioral, or emotional disorder that met the criteria of DSM-III-R and … that has resulted in functional impairment which substantially interferes with or limits one or more major life activities[.]"

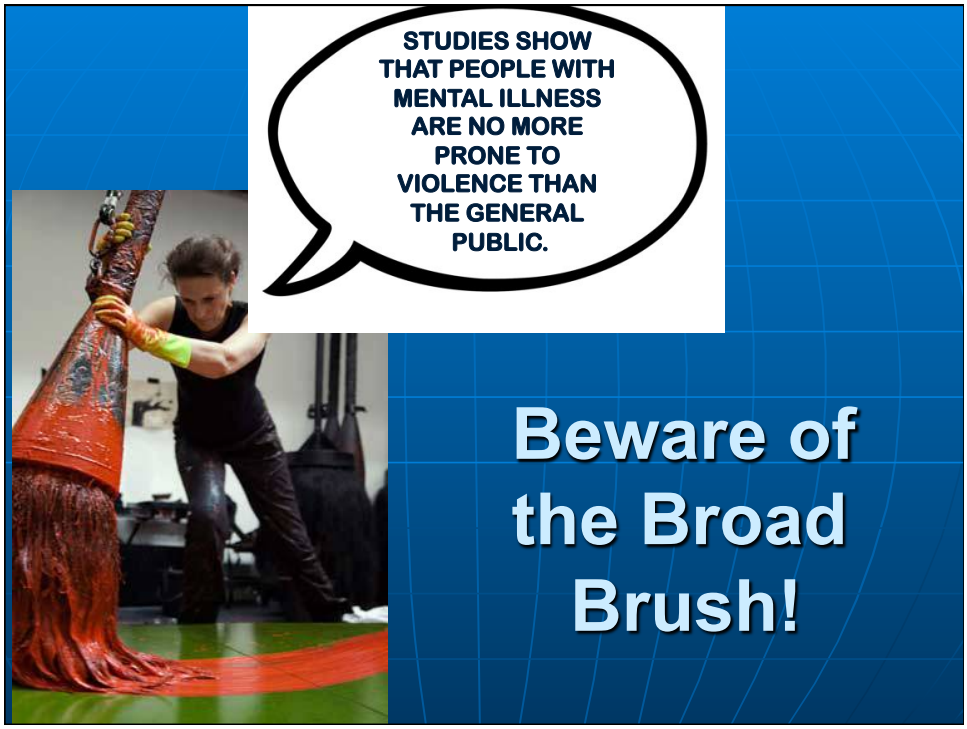
CMHS, SAMHSA, DHHS: Fed Register 6/24/99

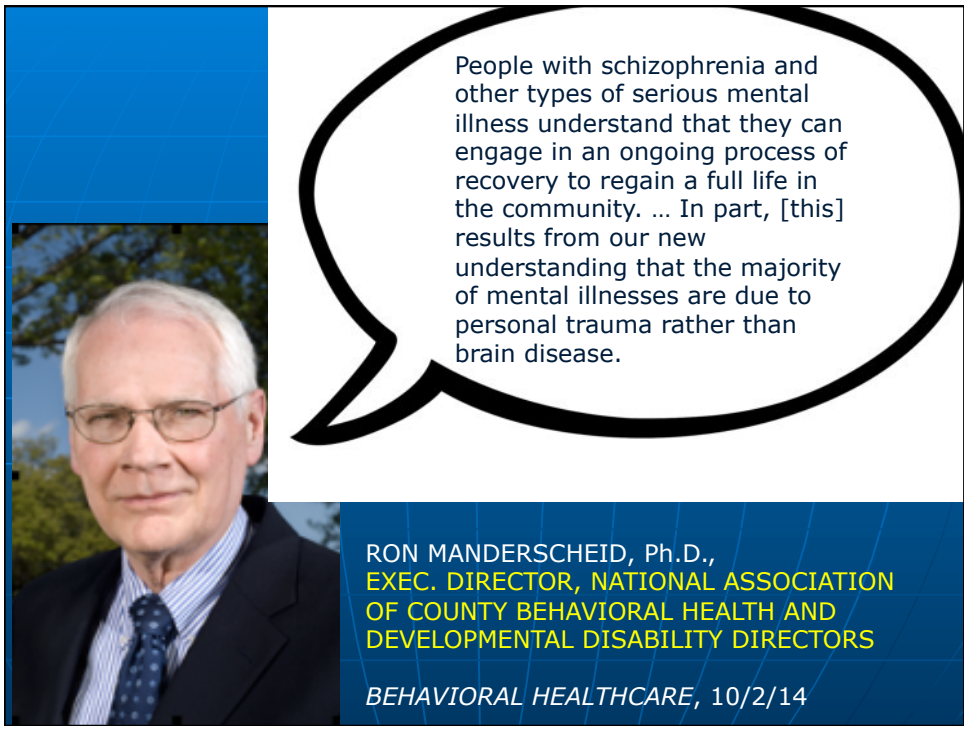
… but it doesn't all cause PSYCHOSIS

hallucinations, delusions, impaired insight

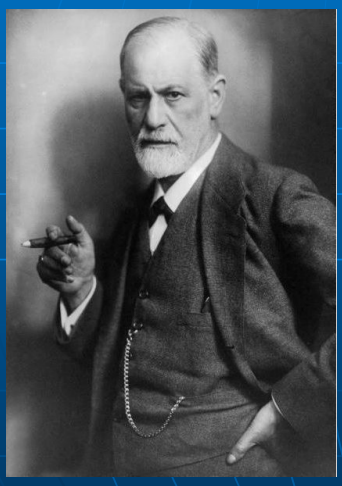
PSYCHOTIC DISORDERS

- Schizophrenia
- Severe Bipolar Disorder
- Schizoaffective Disorder
- Major Depression with Psychotic Features


STUDIES SHOW THAT PEOPLE WITH MENTAL ILLNESS ARE NO MORE PRONE TO VIOLENCE THAN THE GENERAL PUBLIC.
Beware of the Broad Brush!


People with schizophrenia and other types of serious mental illness understand that they can engage in an ongoing process of recovery to regain a full life in the community. … In part, [this] results from our new understanding that the majority of mental illnesses are due to personal trauma rather than brain disease.
RON MANDERSCHEID, Ph.D.,
EXEC. DIRECTOR, NATIONAL ASSOCIATION OF COUNTY BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITY DIRECTORS
BEHAVIORAL HEALTHCARE, 10/2/14

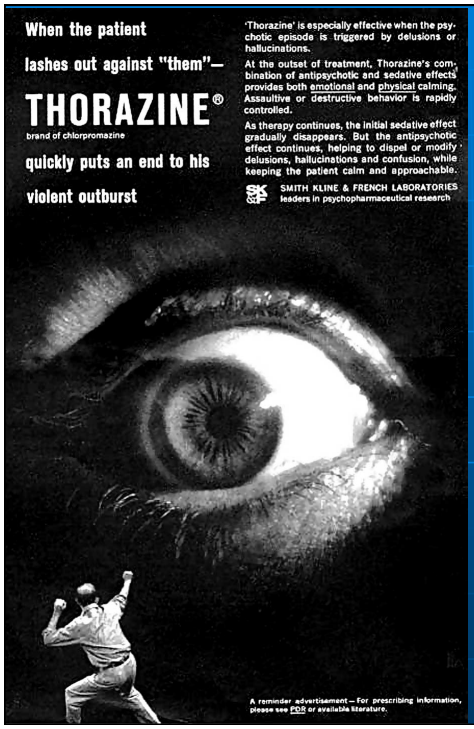
A Not-So-New "Understanding"



- Freud posited that mental illness had its roots in unconscious conflicts, usually originating in childhood, affecting the mind as though it were separate from the brain.
- Viewed schizophrenia as a "narcissistic disorder"
- His disciples would come to blame schizophrenia on bad mothering.

1940's: The Medical Model Emerges

- John Cade, Australian psychiatrist with no research training, stumbled upon discovery of the calming effects of lithium upon guinea pigs.
- After experimenting on himself, Cade conducted a clinical trial upon bipolar patients in manic phase.
- His published findings revolutionized treatment of bipolar disorder.



1954: Thorazine Hits the Market

- Crude
- Overused
- Effective

Overstuffing of State Hospitals

- 1850: 1 public psych hospital bed per 5000 population
- 1955: 1 public psych hospital bed per 300 population

Recipe for a Backlash

- Patients left to rot in overcrowded, decrepit state hospitals
- Heavy-handed, overused treatments
- Civil commitment laws granting near-total deference to doctor's judgment
- Stir and simmer in cauldron of 1960's radicalism

Thomas Szasz, MD

- *The Myth of Mental Illness* (1961)
- *The Manufacture of Madness* (1970)
- Szasz argued that in the absence of scientific testing to verify diagnoses, psych disorders could not be said to exist. He condemned the MH system as a scam to assert normative control.

The "Psychiatric Survivor" Movement

- Arose from contagious civil rights ferment of late 60's / early 70's.
- Szasz is a patron saint
- Members value self-determination above all and fight to preserve that right for all persons labeled as mentally ill.
- A fair question: Can individuals capable of political mobilization fairly claim to speak for those of their "peers" who are utterly disconnected from reality?

Meet a "Survivor"

Steve Miccio
CEO, PEOPLe, Inc.
Poughkeepsie, NY

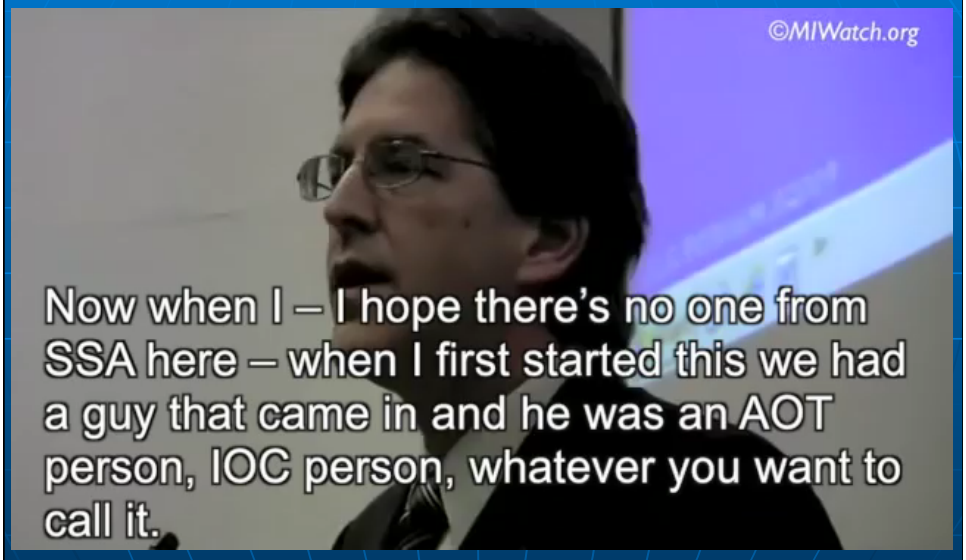
Projects to Empower and Organize the Psychiatrically Labeled (PEOPLe)

About PEOPLe, Inc.

Welcome to PEOPLe, Inc. "PEOPLe" is an acronym that stands for "Projects to Empower and Organize the Psychiatrically Labeled." PEOPLe, Inc. is a peer-run 501(c)(3) not-for-profit organization that advocates for and provides services to people living with mental health diagnoses. Being a peer-run organization means that we employ staff with lived experiences similar to the individuals that we serve. This can constitute a whole range of activities, from operating peer support groups, to helping to coordinate community services for individuals in need, to working as an integrated part of the traditional health care system.

As a consumer-run agency, the efficacy of our services is measured by the ability of consumers to move on to the next aspect of their recovery. We practice recovery-based approaches to treatment including the development of Wellness Recovery Action Plans (WRAP).

PEOPLe, Inc. also advocates for the transformation of the mental health system at the local, state, and Federal levels to improve how we as a people serve individuals in need. At PEOPLe, Inc. we believe that recovery from mental illness is a real possibility, and that more individuals could recover from even the most serious mental illnesses if they have access to treatments and supports tailored to their individual needs.



What's wrong with letting people learn the hard way?

- Steve fails to comprehend the medical nature of his client's problem.
- To Steve, the behavior is not a symptom of a medical problem. The behavior IS the problem.
- Rather than prioritize treatment, Steve's solution is behavior modification.

"How's that workin' for ya?"

- 8 months in living hell (hunger, cold, filth)
- 8 months of potentially irreversible damage to brain
- 8 months daily exposure to life-threatening hazards (OD, violence)
- God-knows-what done to raise survival money (violent crime, prostitution)

He could die. Well, that's alright, that's his choice.

"CHOICE"???

Anosognosia

- Lack of insight into one's own illness. (inability to recognize sickness in self)
- NOT denial
- A neurological syndrome. Out of the individual's control
- Makes non-adherence *logical*

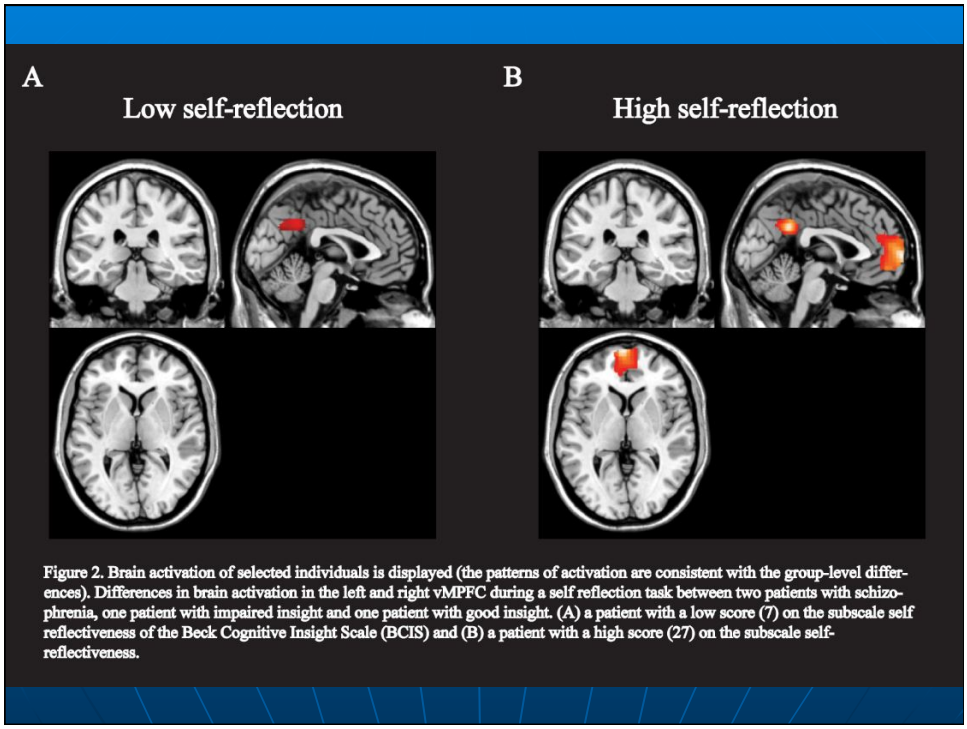


Figure 2. Brain activation of selected individuals is displayed (the patterns of activation are consistent with the group-level differences). Differences in brain activation in the left and right vMPFC during a self reflection task between two patients with schizophrenia, one patient with impaired insight and one patient with good insight. (A) a patient with a low score (7) on the subscale self reflectiveness of the Beck Cognitive Insight Scale (BCIS) and (B) a patient with a high score (27) on the subscale self-reflectiveness.

Treatment Delay = Disaster

- Hopkins, 1998: delusions and hallucinations increased in severity the longer treatment was withheld from the time of the initial psychotic break.
- Liebeman, 1994: the longer a patient waited to receive treatment for a psychotic episode, the longer it took to get the illness into remission
- Tondo, 1998: the sooner patients were started on lithium for bipolar disorder, the greater their improvement.

A Fringe Perspective?

HOW WE WISH!!

Substance Abuse and Mental Health Services Administration
www.samhsa.gov

An Agency of the U.S. Department of Health and Human Services

SAMHSA News Release

For Immediate Release
February 16, 2006

Contact: Leah Young
Phone: (240) 276-2130
www.SAMHSA.gov

SAMHSA Issues Consensus Statement on Mental Health Recovery

The Substance Abuse and Mental Health Services Administration today unveiled a consensus statement outlining principles necessary to achieve mental health recovery. The consensus statement was developed through deliberations by over 110 expert panelists representing mental health consumers, families, providers, advocates, researchers, managed care organizations, state and local public officials and others.

"Recovery must be the common, recognized outcome of the services we support," SAMHSA Administrator Charles Curie said. "This consensus statement on mental health recovery provides essential guidance that helps us move towards operationalizing recovery from a public policy and public financing standpoint. Individuals, families, communities, providers, organizations, and systems can use these principles to build resilience and facilitate recovery."

The 10 Fundamental Components of Recovery include:

• **Self-Direction**: Consumers lead, control, exercise choice over, and determine their own path of

Consensus Component #1

The 10 Fundamental Components of Recovery include:

• **Self-Direction**: Consumers lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to achieve a self-determined life. By definition, the recovery process must be self-directed by the individual, who defines his or her own life goals and designs a unique path towards those goals.

We're ALL funding this!

Substance Abuse and Mental Health Services Administration
SAMHSA

Behavioral Health is Essential to Health
Prevention Works • People Recover
Treatment is Effective

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FY 2010 SAMHSA Grant Awards

CMHS
SM10-04
Statewide Consumer Network Grant

Award #	Grantee Organization Name	City	State	Program Director Last Name	Program Director First Name	Award Amount
1 SM059825-01	VERMONT PSYCHIATRIC SURVIVORS, INC.	Rutland	VT	Corey	Linda	$70,000
1 SM059829-01	CONSUMER VOICES ARE BORN, INC.	Vancouver	WA	Berry	Brad	$70,000
1 SM059833-01	PENNSYLVANIA MENTAL HLTH CONSMRS ASSN	Harrisburg	PA	Madigan	Patricia	$70,000
1 SM059835-01	MAIN PLACE	Newark	OH	Eubanks	Vanessa	$70,000
1 SM059836-01	KEY CONSUMER ORGANIZATION	Indianapolis	IN	Currie	Sandra	$69,983
1 SM059837-01	MENTAL HEALTH ASSOCIATION OF OREGON	Portland	OR	Child	Beckie	$70,000

Connect w
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Vermont MH Code

18 V.S.A. § 7629.
Legislative intent

(c) It is the policy of the general assembly to work towards a mental health system that does not require coercion or the use of involuntary medication.

Protection & Advocacy

- With the PAIMI Act of 1986, Congress created a network of state "Protection & Advocacy" organizations directed to investigate and take action against abuse and neglect of persons with mental illness.
- The P&A groups have interpreted their mandate broadly. Many have joined forces with the psych survivor movements within their states to reflexively oppose any expansion of involuntary treatment.

The Antidote

Laws and policies that -- first and foremost -- seek to

ensure the receipt of

medical treatment!!

First step is to acknowledge ..

If you build it …

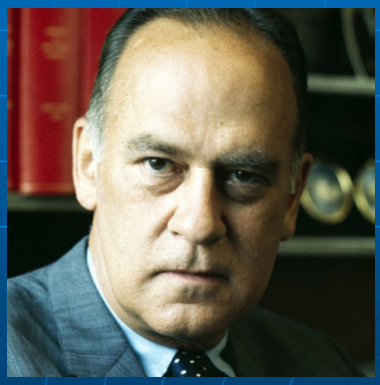
… SOME still won't come!

Compassionate, proactive commitment standards

- Understanding of "dangerousness" must not be limited to homicidal or suicidal conduct.
- Risk of danger must not be required to be immediate or imminent.
- Need for both good laws and enough inpatient beds to meet true need.

O'Connor v. Donaldson (1975)
Most misinterpreted Supreme Court precedent ever?

"A State cannot constitutionally confine **without more** a nondangerous individual who is capable of surviving safely in freedom by himself or with the help of willing and responsible family members or friends."



O'Connor v. Donaldson (1975)

Most misinterpreted Supreme Court precedent ever?

- In context, it is clear that "without more" means "without treatment." Ruling says nothing about confinement combined with treatment.
- Overlooked footnote: "There is no reason now to decide …whether the State may compulsorily confine a nondangerous, mentally ill individual for the purpose of treatment."

Texas Inpatient Commitment Law

TEX. HEALTH & SAFETY CODE §§ 574.034(a). Inpatient commitment upon clear and convincing evidence, that as a result of mental illness, person is:

•Likely to cause serious harm to self or others, or

•All of these:
- severe and abnormal mental/emotional/physical distress;
- experiencing substantial mental or physical deterioration of the ability to function independently, which is exhibited by **inability, except for reasons of indigence, to provide for own basic needs**, including food, clothing, health, or safety;
- unable to make a rational and informed decision as to whether or not to submit to treatment.

Texas Inpatient Commitment Law

Language Problem:

- Requires deterioration to reach the point of "inability to meet basic needs." Other states allow intervention when current deterioration creates a likelihood of harm in the near future.

Interpretation Problem:

- Some TX probate judges misinterpret O'Connor, believe "deterioration" grounds is suspect and require evidence of violence or suicidality.

Assisted Outpatient Treatment (AOT)

- Court-ordered outpatient care, requiring adherence to a treatment plan as a condition for remaining in the community.
- Intended for small subset caught in the revolving door due to non-adherence.
- A mutual commitment.

AOT Works: Harmful Behaviors

2005 NYS-OMH study compared 1st 6 mos. under AOT to 6 mos. prior:

- 55% fewer recipients engaged in suicide attempts or physical harm to self;
- 49% fewer abused alcohol;
- 48% fewer abused drugs;
- 47% fewer physically harmed others;
- 46% fewer damaged or destroyed property; and
- 43% fewer threatened physical harm to others.

AOT Works: Arrest and Hospitalization

2009 NY study results:

- Likelihood of arrest over 1-month period cut in half
- Likelihood of hospital admission over 6-month period cut in half
- "Substantial reductions" in hospital days

AOT in Texas

AOT in Texas

Substance Abuse and Mental Health Services Administration
SAMHSA

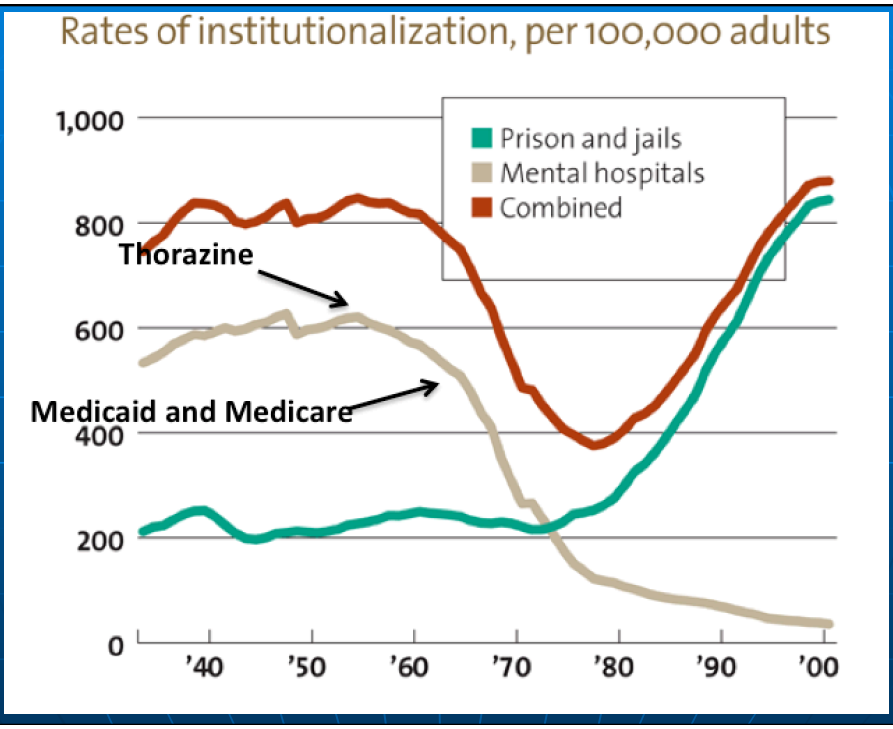
- In 2016, $13.25M awarded to 17 sites
- *2 IN TEXAS!* Tarrant and the Valley
- 4-year pilot
- Cross-site evaluation

TROPICAL
TEXAS BEHAVIORAL HEALTH

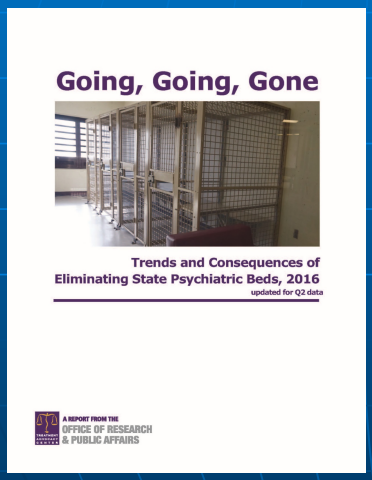
mhmrtarrant
WE CHANGE LIVES

We Need BEDS!!

- Consensus view: 50 inpatient beds per/ 100K population is minimally adequate (UK had 63/100K in 2008)
- In 2010, U.S. had 14/100K, back to level of 1850.
- From 2005 to 2010, beds declined 14%, with 13 states shedding 25% or more



Psych Beds in Texas



- Texas has 8.1 staffed beds per 100K residents. (16.3% of target ratio)
- 5% decline from 2010
- Rank declined from 2010: #41 to #43
- One of 15 states where more than 50% of staffed beds are reserved for forensic patients
- Forensic portion increased from 2010, from 46.8% to 54.4%

Count on TAC!

abedinstead

TREATMENT ADVOCACY CENTER

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