

OUR VIEW

Help for the mentally ill

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LAST April 16 at Virginia Tech University, mentally ill student Seung-Hui Cho went on a shooting rampage killing 32 people and himself. This past Valentine's Day, Stephen Kazmierczak killed five people then himself inside a Northern Illinois University lecture hall not long after he stopped taking his medication. In Baldwin Park, a 28-year-old self-described mentally disturbed man shot and killed his mother and then walked into his neighbors' house and fatally shot two people inside, including a 4-year-old girl.

These and other rampage shootings are tied together by a common denominator: shooters who are mentally ill and refuse treatment or stop taking their medication.

Monday night's rampage in a quiet Baldwin Park neighborhood prompted longtime mental health advocate Dolores Encinas of West Covina to say in a letter to our newspapers: "These unnecessary killings have got to stop!" A similar incident in New York moved Dr. E. Fuller Torrey to write in an op-ed in the New York Post: "We know what to do, of course. Most individuals like (mentally ill shooter David Tarloff in New York) do very well if they are properly followed up and treated."

Torrey, president of the Treatment Advocacy Center and an expert on the country's mental health treatment issues, said every America shares in the blame for not demanding a mental health system that works. Until we hold "hospital and mental-health accountable ... each mind-numbing tragedy will keep on being followed by another," he wrote.

We know what to do. We just need the will to do it.

Because getting people the help they need, and the follow-up treatment to make sure they stay on their medication, takes money, coordination and can collide with civil rights.

But clearly, despite these obstacles, more needs to be done in our state to treat mentally ill residents.

In New York, despite the Tarloff shooting (of a psychiatrist), Kendra's Law permits assisted outpatient treatment for people with schizophrenia or bipolar disease, for example. The court can order they remain under continued treatment as a condition of living in the community. In the five years it has been in effect, such continuous outpatient treatment has reduced arrests for those in the program by 83 percent and violence toward others dropped by 43 percent.

A new bill introduced by Sen. Leland Yee, D-San Francisco, would clear away obstacles and prerequisites so counties can implement "Laura's Law," adopted in California in 2002.

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However, when it was passed, counties had the option of implementing it (Los Angeles County started a pilot program that is seeing anecdotal success) but many shied away due to red tape and cost.

Yee's bill rightly attempts to erase mandates of patient-to-doctor ratios and other ancillary requirements that made such outpatient treatment programs too costly for counties. It allows counties to add onto existing services. And counties can use Prop. 63 dollars (passed in 2004 as a tax on incomes above \$1 million) to fund mental health programs.

With this clean-up legislation, more counties and, we would hope, more nonprofit agencies would be unfettered to start assisted outpatient mental health treatment programs for those who need it.

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