



Commentary: Make mental health help available, and make it mandatory

The following editorial was written by Hank Ashby. Hank and his wife Susan started the Jay's Hope Fund in 2010 to increase awareness about mental illness, administered by the SMA Foundation. The editorial was originally published on December 27, 2012, shortly after the Sandy Hook tragedy, and has since been published in the following newspapers:

- The Palm Beach Post*, 12/27/12
- The Florida Times Union*, 1/2/13
- The Post and Courier* (Charleston SC), 1/2/13
- The Daytona Beach News-Journal*, 1/6/13
- Tallahassee Democrat*, 1/7/13
- South Florida Sun-Sentinel*, 1/23/13

The tragic loss of precious lives in Connecticut points a spotlight on our nation's stunningly deficient mental health system. Thousands of seriously ill people in our country are living in our communities without ongoing treatment and support. Many are homeless or are warehoused in jail cells.

Congress passed legislation back in the 1960s that effectively closed the "inhumane" mental hospitals that had been providing long term care and treatment. President Kennedy supported closing these hospitals but simultaneously called for building and staffing proper care facilities in local community settings.

That has not happened. A recent study referenced on the Treatment Advocacy Center's website noted that "Nationally, the number of beds available in the U.S. is 28 percent of the number considered nationally adequate inpatient services."



opened. A recent the nonprofit Treatment's website noted number of beds is 28 percent of the necessary for inpatient psychiatric services."

Mental illness can take many forms including bipolar disorder, schizoaffective disorder and schizophrenia. These lifelong illnesses are not contracted by choice and are organic brain diseases similar to Alzheimer's, Parkinson's disease or Multiple Sclerosis. Severe mental illness affects, chemically alters and impairs that part of the brain that gives insight and judgment. Many victims of serious mental illnesses simply do not have the capacity to understand and make decisions regarding treatment of their own illnesses.

Our own son ended his struggle with mental illness in 2010 at the age of 25, while on a waiting list for comprehensive outpatient treatment. Although as loving parents we did everything possible to get him desperately needed treatment, everywhere we turned the system let us down. By law, even severely impaired victims are not required to receive treatment, even

though, like Alzheimer's patients, they lose the mental capacity to make their own decisions.



Having firsthand experience dealing with all the problems of our nation's mental health care system, here are some "musts" to provide appropriate care and to possibly avoid preventable tragedies:

- 1) Make mental health care a core function of government, since the cost (legal, court, probation, hospital, substance abuse, incarceration, criminal and violent acts) of not treating those with severe mental illness is considerably higher for government and society in the long run. It is a function of government to protect constituents from harm and to be good stewards of public funds.
- 2) Medication and medication oversight *must be mandatory* for those diagnosed with schizophrenia, schizoaffective or bipolar disorder. Set up mental illness support groups to help support victims (also called "consumers") and their family members.
- 3) Many in our jails are mentally ill and have little chance for improvement in violent and stressful environments. Instead, reapportion funding away from jails to mental health facilities where consumers can receive appropriate care.
- 4) When police are informed that someone has threatened to harm themselves or others, officers *must be required* to transport them to a hospital for a mandatory evaluation.
- 5) Revise HIPAA laws to make mental health records accessible to concerned family members so they understand the diagnosis and treatment options. Recognize the stress they endure and assign a social worker to help manage their loved one's ongoing care. Minimal investment in family support may keep the mentally ill out of expensive public-financed facilities.
- 6) Before releasing a diagnosed mentally ill patient from any hospital or jail, require that a social worker place the individual in a proper long term care facility or provide reliable community based comprehensive care and housing to ensure compliance.
- 7) Require parity of medical and mental health insurance benefits for treatment of the severely mentally ill to ensure adequate coverage for medication, long term care and ongoing treatment. While appropriate care seems costly, inadequate care and inaction are far more costly.

For more information or to donate to the Jay's Hope Fund visit:  
[www.smafoundation.com/jays-hope-fund.html](http://www.smafoundation.com/jays-hope-fund.html)  
 Find us on Facebook at:  
[www.facebook.com/#!/jayshopefund](https://www.facebook.com/#!/jayshopefund)

Databank: **300** and counting...

The SMA Foundation recently reached the milestone of collecting data from over 300 clients in the SMABH residential programs. Started in 2009, all of the information collected has been

stored in the Florida Substance Abuse Surveillance and Epidemiology database so that it may be used for research. The primary objective of the databank is to collect epidemiological information from residential addiction clients, which then allows for examination of trends and patterns of drug and alcohol use among diverse treatment groups.

This study engages voluntary adult clients from all SMABH programs and their data is gathered through a questionnaire administered in a group session or individually.

In 2012, there were two posters presented at conferences in San Francisco, California and Orlando, Florida that were based on the research collected from the database:

- Research Society on Alcoholism (RSA) Scientific Meeting in San Francisco, CA – "CONTRASTING SUBSTANCE USE AND DEMOGRAPHIC CHARACTERISTICS IN TWO GROUPS OF TREATMENT SEEKING ALCOHOLIC WOMEN"
- American Psychological Association (APA) Conference in Orlando, FL – "DIFFERENT WOMEN, DIFFERENT DRUGS?"