



TREATMENT
ADVOCACY
CENTER

Catalyst



A MESSAGE FROM THE
Executive Director

Watershed Tragedy Opens Legislative Floodgates

In the normal course of events, New Year in America's statehouses finds legislators introducing and advancing new bills they hope will become laws in the legislative sessions that follow. Typically a couple hundred of these bills nationwide involve mental health in some way, including budgets.

This year has not followed the normal course.

Coming barely three weeks after the Newtown tragedy left 28 dead, including 20 school children, the start of the 2013 legislative season brought a flood of proposed laws, many of them direct reflections of the nation's latest rampage killing. A New Jersey bill captured the prevailing legislative mood: "This bill declares violence a public health crisis (and) recommends the expansion of mental health programs. ..."

743 BILLS AND COUNTING

In just the first two weeks of the year, the Treatment Advocacy Center identified 743 new bills containing terms like "mental health." More crucial for our work and those who benefit from it, dozens of the bills directly addressed the civil commitment laws and standards that too often create barriers to treatment for individuals and families living with severe mental illness. In some states, legislation marked the first time in a decade or more that legislatures were looking at the appropriateness of their standards for involuntary treatment.

By the end of February, we were tracking more than 80 pieces of legislation directly related to our mission and actively involved in the development, refinement and/or passage of more than two dozen of them. Connecticut, one of only six states without an assisted outpatient treatment (AOT) law, was considering authorizing the use of AOT. Maryland, a state with one of the most restrictive inpatient commitment laws in the nation (and no outpatient commitment law) was looking at broadening its inpatient standard. In California, a bill proposed to dramatically increase the use of assisted outpatient treatment, known there as Laura's Law, by eliminating a unique requirement that every one of the state's 58 counties must opt in individually and by clarifying that funding for implementation is available. And Kentucky became home to a bill that could catapult the state from one with a

virtually unusable AOT law to one where court-ordered outpatient commitment would be included in discharge plans for all involuntarily committed patients.

SEEDS BEARING FRUIT

Even as our advocates were promoting the new crop of bills with legislators, staffers and grassroots advocates, seeds we planted in previous seasons were bearing fruit in unforeseen ways.

In New York, the Treatment Advocacy Center had advocated since 2010 for several improvements to the state's assisted outpatient law, known as Kendra's Law. After the Newtown shootings, the improvements were incorporated in a gun control bill proposed by Gov. Andrew Cuomo, passed by both legislative houses and signed into law within a single week. Because of our groundwork in the previous years, these improvements were ready for inclusion and familiar to lawmakers. Across the river in New Jersey, Gov. Chris Christie had once stalled implementation of the state's AOT law. Now he decreed that Gregory's Law, another accomplishment of our advocacy work, should be implemented immediately statewide.

Far more legislation is always proposed than passed, and the 2013 mental illness treatment bills inspired by the events in Connecticut will be no exception. But some of the bills are likely to leave new reforms on the books, and others will plant seeds for future improvements.

Tragic though the circumstances are and belated as the legislative response is, this widespread recognition from lawmakers that preventing tragedy requires reforming state laws is a source of hope for all of us who live and work with the most severe mental illnesses.

IN THIS CATALYST

Your Spring 2013 Catalyst consists of two parts:

- This condensed version of our *Catalyst* newsletter about mental illness treatment news developments, including Dr. E. Fuller Torrey's report on research from the Stanley Medical Research Institute.
- Our special anniversary edition of *Catalyst* showcasing 15 years of eliminating legal and other barriers to mental illness treatment and announcing some of our goals and objectives for the years to come.

Recognition of donors who gave in memory or honor of others will be published in our fall 2013 *Catalyst*.

AS OF MARCH 15, 2013, THE STATES HIGHLIGHTED IN YELLOW HAVE State Legislatures Considering 2013 Treatment Law Reforms

MONTANA

"This is intervention that happens when someone is too ill to care for themselves and is actually going to save the county and the state money." Rep. Ellie Boldman Hill sponsored HB 16 to clarify the emergency detention standard in the civil commitment process to make it clear it is an emergency situation when a person with mental illness is substantially unable to provide for their own basic needs of food, clothing, shelter, health or safety.

MICHIGAN

"Doing nothing will just maintain a system of criminal negligence. We cannot afford to ignore the human and economic costs of untreated mental illness any longer." – Jeff Gerritt in the *Detroit Free Press*

WISCONSIN

"It should not take the deaths of 20 small children to produce a day of reckoning for our national neglect of those who are most vulnerable." – Doris A. Fuller of the Treatment Advocacy Center in the *Milwaukee Journal Sentinel*

OHIO

"In a free society, persons in dire need of mental health treatment should not have to be arrested in order to obtain the treatment they need." – Butler County Judge Randy Rogers

"We have a tool already in court-ordered outpatient treatment, which allows probate judges to order outpatient treatment for somebody who does not need a full, expensive and often unavailable hospitalization." – Justice Evelyn Stratton for the Columbus Dispatch. An Ohio bill would expand access to assisted outpatient treatment statewide.

CONNECTICUT

"(Connecticut) should join the 44 others that allow so-called outpatient commitment for those who can't fathom how ill they are and who may put themselves or others at risk." – *Harford Courant*. A bill to authorize assisted outpatient treatment was introduced.

NEW YORK

A bill strengthening Kendra's Law was passed and signed in January. "The recent improvements to Kendra's Law are an auspicious beginning to the repair of New York's tattered mental health safety net." – Brian Stettin of the Treatment Advocacy Center in the *New York Daily News*

NEW JERSEY

"Gov. Chris Christie tonight committed to 'fully implementing' a mental health treatment law that he said has gotten off to a sluggish start....The law is getting extra attention because of the rash of mass shootings involving people who are diagnosed or speculated to have a mental illness." – NJ.com

PENNSYLVANIA

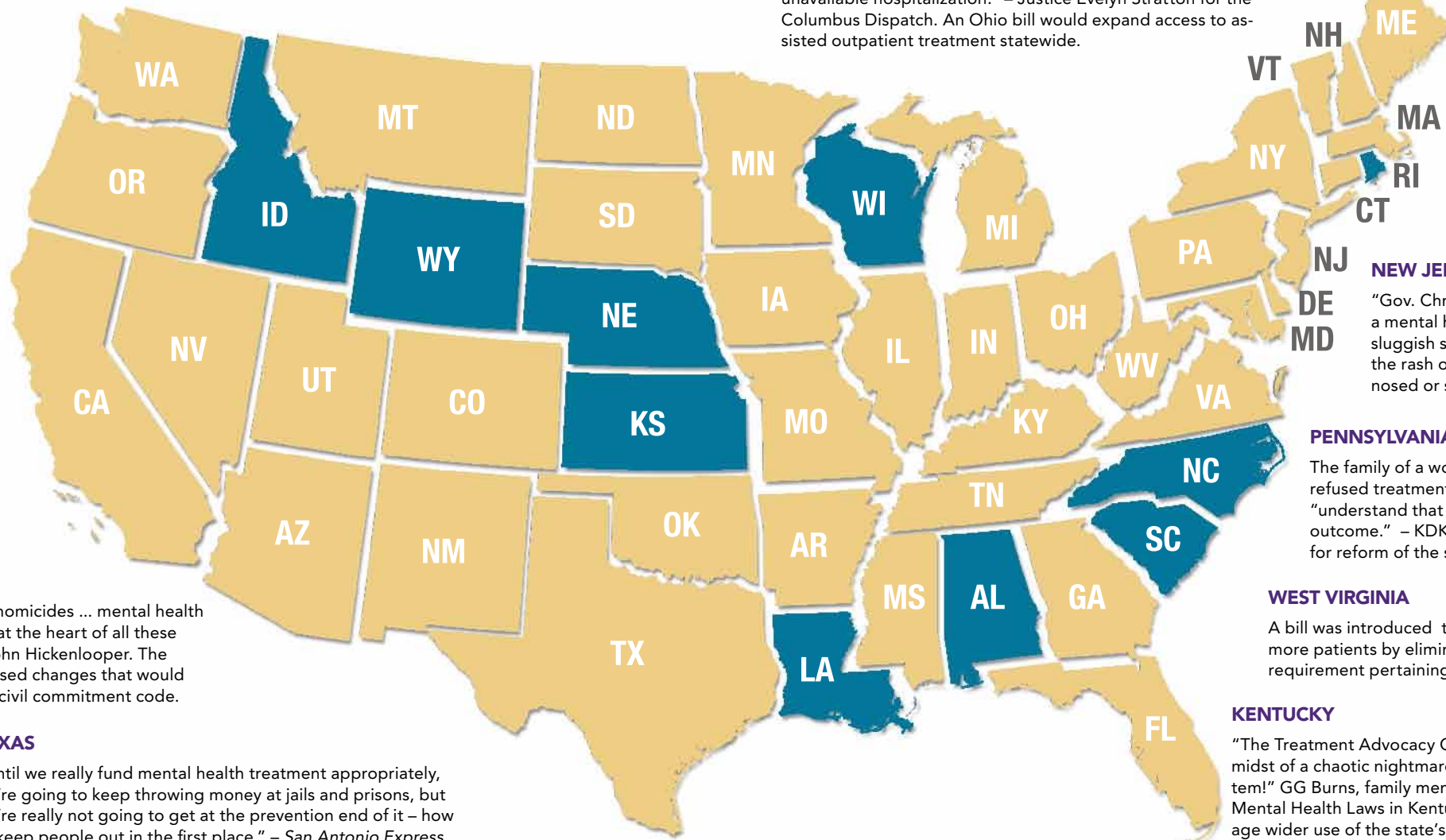
The family of a woman killed by her mentally ill grandson who refused treatment wants state law changed so other families who "understand that the worst could happen have some say in the outcome." – KDKA-TV News Report. The Johnstons are working for reform of the state's commitment laws.

WEST VIRGINIA

A bill was introduced to make AOT an option for more patients by eliminating the current law's strict requirement pertaining to recent hospitalizations.

KENTUCKY

"The Treatment Advocacy Center has been a beacon of hope, in the midst of a chaotic nightmare called the Kentucky Mental Health system!" GG Burns, family member, advocate and author of the Change Mental Health Laws in Kentucky blog. A bill was introduced to encourage wider use of the state's assisted outpatient treatment law.



WASHINGTON

"Lawmakers can lower that threat through simple humanity, by making psychiatric care more accessible to everyone who needs it but can't pay for it.... Involuntary commitment is part of this picture." – *Tacoma News Tribune* editorial. Multiple bills were introduced in Washington addressing a variety of treatment issues.

CALIFORNIA

"Every day, the case for Laura's Law gets stronger." – Logan Jenkins of the *San Diego Union-Tribune*. Multiple bills were pending.

NEVADA

"Recent gun violence ... is just re-emphasizing the need" for outpatient commitment. – Assemblyman Lynn Stewart in the *Las Vegas Review-Journal*. Stewart's bill would, for the first time, authorize assisted outpatient treatment in Nevada.

COLORADO

"(I)n all these mass homicides ... mental health illness seems to be at the heart of all these incidents" – Gov. John Hickenlooper. The governor has proposed changes that would improve the state's civil commitment code.

TEXAS

"Until we really fund mental health treatment appropriately, we're going to keep throwing money at jails and prisons, but we're really not going to get at the prevention end of it – how to keep people out in the first place." – *San Antonio Express News*. A Texas bill would reduce confusion about the use of assisted outpatient treatment.

BEYOND THE STATEHOUSES

In times of mass tragedy, people want explanations, and the Treatment Advocacy Center is where they come to find them.

Following December's tragedy in Connecticut:

- Visits to our website rocketed.
- Sign-ups for our weekly news soared.
- Fans and followers of our social media shared our posts more often than before.

- The Treatment Advocacy Center, its founder E. Fuller Torrey, Executive Director Doris A. Fuller and our advocates were cited in hundreds of articles, editorials, broadcasts or blogs, and opinions we authored appeared in national and regional newspapers and magazines.

- Congressional offices reached out to learn more from us about the three mental health policies we recommended to the president's task force on gun violence.

Torrey Action Fund Contributors

SEPTEMBER 1, 2012 – MARCH 31, 2013

The Treatment Advocacy Center extends its gratitude to all who donated to the 2012-2013 Torrey Action Fund, which honors our founder E. Fuller Torrey, M.D., and enables us to continue pursuing his vision of eliminating barriers to the treatment of severe mental illness.

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Stanley Medical Research Institute Update

By E. Fuller Torrey, M.D.

DEVELOPING DRUGS FOR TREATING SCHIZOPHRENIA

The Stanley Medical Research Institute is pursuing several strategies to develop better drugs for treating schizophrenia and bipolar disorder. One of the strategies is test drugs targeting specific infectious agents that may cause these disorders. Two agents of interest are Herpes simplex virus and *Toxoplasma gondii*.

Herpes has been shown in multiple studies to cause some loss of cognitive function in individuals with schizophrenia as well as in normal controls. Valacyclovir, an anti-viral widely used for the suppression of HSV-1 and HSV-2, has been shown in one published and one still unpublished preliminary study to modestly improve cognitive function in individuals with schizophrenia and bipolar disorder who have antibodies to HSV-1. Two larger follow-up studies are in progress, assessing not only cognitive function but whether the improved cognitive function also improves the person's real life function.

Toxoplasma gondii is a parasite carried by felines. Antibody and epidemiological studies have suggested that it may play some role in the etiology of some cases of schizophrenia. It is also of interest that some antipsychotics and mood stabilizers effectively inhibit this organism. Drugs currently available against *T. gondii* are relatively weak or toxic. Trials using relatively weak anti-toxoplasmosis agents such as trimethoprim-sulfamethoxazole and artemether, as adjunctive treatment have not demonstrated much promise. SMRI has therefore funded the development of much more effective anti-toxoplasmosis drugs, one of which has shown much promise in animal models and is being further developed for possible trials in humans. It appears to be the first drug which is effective against the cyst stage of *Toxoplasma gondii*, and it is this stage which the organism commonly uses when it resides in brain tissue.

Dr. Torrey serves as executive director of SMRI, where he oversees groundbreaking research on the causes of and treatment for schizophrenia and bipolar disorder.