



# CATALYST

A NEWSLETTER FROM TREATMENT ADVOCACY CENTER



Lisa Dailey,  
Executive Director

Dear Friends,

The past six months have been a period of tremendous growth and impact for TAC, and we're thrilled to share some highlights with you.

We've introduced a fresh, new logo that reflects our evolving identity and launched exciting initiatives like the *SMI Spotlight* podcast and *Research Briefly* blog, in collaboration with Dr. Xavier Amador, a leading expert on severe mental illness (SMI) and anosognosia. Our *Personally Speaking* series has also returned as a powerful platform for sharing personal stories.

We have partnered with others in advocacy efforts that have contributed to a watershed FDA hearing on the clozapine REMS program. We've also expanded our outreach through webinars and training sessions, empowering families and advocates to better navigate the challenges of our mental healthcare system. Additionally, our team's presentations have brought TAC's crucial messaging about SMI to inform judicial and mental health policies in states like Texas and Washington.

This issue of *Catalyst* captures these milestones and more, showcasing our unwavering commitment to break down barriers to treatment for individuals with SMI. In this issue, we are also proud to launch *SMI Thought Leaders*, a new periodic guest blog written by leading voices from our multidisciplinary field. While these opinions may not always reflect TAC policy or stances, we invite fresh, alternative, and independent perspectives for debate within our community.

Looking ahead, we're excited to gather with many of you next month in Annapolis, Maryland for the *2025 National AOT Symposium and Learning Collaborative*. Together, we will continue to drive meaningful change for the most vulnerable among us.

With gratitude,

A handwritten signature in black ink that reads 'Lisa Dailey' in a cursive script.

Lisa Dailey  
TAC Executive Director



## Youth Mental Health Corps: A Not-So-New, Misguided Idea

By Carolyn D. Gorman



*Carolyn D. Gorman, M.S., is a Paulson Policy Analyst at Manhattan Institute.*

A new program, Youth Mental Health Corps, is rolling out in a number of states across the country this year. The program will give hundreds of young people ages 18-24 training to provide youth mental-health support in schools and communities, and it seeks to “increase workforce opportunities” for young adults with lived experience. While the Youth Mental Health Corps has similar good intentions to that of AmeriCorps, from which it takes its name, the program may do more harm than good. Youth Mental Health Corps repackages existing trainings by giving participants a certification for their choice of Mental Health First Aid, Peer Support, or Community Health Work. But none of these trainings have been effective at improving meaningful outcomes for youth with mental illnesses.

Mental Health First Aid teaches “how to identify, understand, and respond to signs of mental illnesses.” Research finds that trainees feel better for taking the class, but multiple gold-standard evaluations show it does not increase treatment access nor improve quality of support from trainees. Studies find that even when trainees feel more confident they can help, they don’t provide help more often. When they do, they don’t use what they’ve learned. One study found that college students in dorms with trained resident advisors were less likely to receive mental-health support — even when students had a baseline need for treatment. Outcomes for Mental Health First Aid have been so lackluster that it’s been rebranded “Mental Health Awareness Training” in recent years.

Peer support has also been extensively researched, but evidence is weak that those with lived experience provide better support than others — say, doctors. In a review of 18 studies with nearly 5,600 participants, researchers concluded that, despite wide promotion, “there is little evidence from current trials about the effects of peer support for people with severe mental illness.” Peer support may, however, misdirect public funds from more efficacious services, and according to the Centers for Medicare and Medicaid Services, peer support was associated with much higher total Medicaid costs. A separate concern: depression, self-harm, and suicide may be socially contagious. More research on the potential harm of peer support, particularly among youth, is warranted to be sure it is a responsible approach. Recent increase in tics across young girls, possibly induced by awareness videos on TikTok, suggest potential unintended consequences.

Providing Community Health Worker certifications also raises concerns. While mental health workforce shortages are certainly a challenge to address, adding minimally trained workers to the mix could increase risk that services provided are inadequate, or even harmful. Already, youth receiving mental-health treatment frequently get services that aren’t evidence-based or that don’t meet established guidelines. “We often hear that there are too few therapists,” says Dr. Mark L. Ruffalo, a psychotherapist practicing in Florida, “but this is not true. We likely have too many poorly trained therapists who

focus on the ‘worried well’ and too few trained to treat the severe problems that contribute to the most suffering.” What’s more, the Community Health Worker certification is not a required credential in most states. So, for someone interested in a career in mental health, participating in Youth Mental Health Corps means trading time that could have been spent on a different credential that does have value.

Youth Mental Health Corps is currently

funded by both philanthropic and public dollars, according to reporting by Axios; programs in California, Iowa, Maryland, New York, and Virginia are expected to start this year. But before widespread implementation, states and private funders should understand the likely limited impact. A better approach would be to fund direct services for youth with a current need for mental-health treatment — about 80 percent of whom do not get it.

*SMI Thought Leaders is a periodic guest blog written by leading voices from our multidisciplinary field. These opinions do not reflect TAC official policy or stances, but we invite fresh, alternative, and independent perspectives for debate within our community. If you are interested in submitting a blog, please write to our public education and research team at [PER@TAC.org](mailto:PER@TAC.org)*

## Personally SPEAKING

### A Shifting Perspective on SMI

By Lindsay Moran

In January 1999, I was a young recruit working for the Central Intelligence Agency (CIA) on my way to headquarters when I received a call from my mother. “Have you seen the front page of *The New York Times*?” my mom asked. I had not. “Well look as soon as you can.”

Which I did, scurrying to the CIA’s library as soon as I scanned my badge. What I saw on the front page shook me to my core. A man whose face I didn’t immediately recognize, but whose name I did – Andrew Goldstein, the son of my mother’s cousin, Edward. In the photo, Andrew looked disheveled and bewildered, handcuffed behind his back, and flanked by police officers escorting him from the scene of a crime.

To my mounting horror, the article informed me that Andrew, then 29, had

pushed a young woman named Kendra Webdale, a 32-year-old aspiring journalist, into the path of an oncoming subway train in Manhattan. She was instantly killed. It was only after Kendra’s murder that I learned that Andrew had showed signs of severe mental illness (SMI) in his late teenage years and had been diagnosed with schizophrenia. Over several years, he had periods of improvement with hospitalization and medication, but he had been discharged from a medical facility and was living on the streets in the days before he killed Kendra. He had never managed to maintain treatment for long outside of the hospital.

What was more horrifying to discover was that Andrew – semi-cognizant that he was a danger to himself and others – had been banging on the doors of hospitals,



Lindsay Moran,  
TAC’s Director of  
Communications.

begging to be taken in. For whatever reason, he was not admitted.

Although we are the same age, I did not know Andrew well growing up – having seen him only at weddings and bar mitzvahs over the years. All that I did know of him was that he was a bright, seemingly normal kid. I recall family members talking about his genius capacity for mathematics.

The CIA is not the kind of place where you share information about your personal life with your colleagues, let alone that you're related to a convicted killer – Andrew pled guilty and was sentenced to 23 years in prison – so I pushed the incomprehensible tragedy into the recesses of my mind.

But Andrew's story, and the devastating consequences of his only sporadically treated illness, haunted me. Mostly, I wondered: how had Andrew's family, my extended family, allowed this to happen? Why hadn't my Uncle Edward, a prominent doctor, intervened to get Andrew help? How had my cousin, once so bright and promising, ended up living on the street? Why had his family allowed him to become a menace to society – a murderer?

The shame I felt over our family's silence and inaction was compounded by the grace, compassion, and extraordinary efforts of the Webdale family, who pushed for the passage of Kendra's Law, which became effective the same year as their daughter's murder. The law granted New York judges the authority to require people who meet certain criteria, including acts of harm to self or others, to continue psychiatric treatment within the community via assisted outpatient treatment (AOT). Kendra's Law could have helped keep Andrew on his medication and off the streets and prevented him from that fatal encounter. Even in the wake of their unspeakable loss, the Webdale family recognized that Andrew was a victim himself, of our broken mental health system. They wanted meaningful change.

Andrew, meanwhile, spent his adult life incarcerated, where his illness continued to go untreated, and where he suffered the expected trauma and abuse of someone with SMI in prison.

I left the CIA and ultimately forged a career in nonprofit communications. Two years ago, I joined TAC, an organization I had not heard of before, but where it turns out Andrew Goldstein was a very well-known figure and the Webdale family even more so.

It was not until joining TAC that I learned how wrong my assumptions about Andrew's family had been. Somehow, I had always assumed that Uncle Edward had forsaken him and was ashamed of his "crazy" son.

At TAC, I've had the transformative experience to work with, and on behalf of, countless mothers, fathers, siblings, and spouses of individuals with SMI. I have heard one after another gut-wrenching stories of relatives and caregivers trying against all odds to get help for their loved ones. I have colleagues who are moms who have had to go to sleep not knowing if their sons have a safe place to sleep, and others who have lost a child with SMI to suicide. I have colleagues whose mentally ill siblings are incarcerated, with no hope of treatment or release.

I have learned that none of these families have forsaken their children or loved ones – to the contrary, they have made it their life's mission to get them help, and to advocate for and support other families living in the hellscape of our broken mental health "system." As a mother now myself, with two sons approaching the age typical for the onset of schizophrenia, I am hypervigilant for signs of depression, distress, or disassociation.

A few years ago, I stumbled across an article about my cousin Andrew in which he is quoted as saying, "It's a horrible thing, what happened in that station . . . but if I would have taken my meds, I would have been in the right frame of mind."

I don't know that Andrew's story will ever stop haunting me, but I do know – I have learned – that the villain in the story is not Andrew, and it is not my Uncle Edward, or any of Andrew's family; it is the system that fails to provide help for those who need it most.



**2,336**  
MEMBERS

– in 45/50 states – in the  
AOT Learning Network (AOTLN)



**83 TAC**  
STAFF AND  
ADVOCATES  
provided testimony



**1,048**  
HELPLINE  
INQUIRIES  
supported by Helpline team



**705**  
MENTIONS  
of TAC in the press



**180 AOT**  
TECHNICAL  
ASSISTANCE  
SESSIONS  
provided to more  
than 75 jurisdictions



**6,357**  
ADVOCATE  
MESSAGES  
sent to elected officials



**+225%**  
(over CY 2023)  
SOCIAL MEDIA  
engagement,  
impressions, and reach  
231.1K TOTAL



**7,678**  
YOUTUBE  
VIEWS  
of TAC events and webinars



**47**  
BILLS  
passed into law



**35**  
NEW RESOURCES  
created for online  
Joan C. Scott Community  
Resource Center



**1,908**  
ATTENDEES  
of TAC live webinars

## Presentation recaps:

### Presentation on Civil Commitment at University of Washington

The University of Washington's (UW) Center for Mental Health, Policy, and the Law launched a webinar series on civil commitment in November 2024, beginning with the foundational session, "Civil Commitment 101: Overview of History and Current Practices," presented by Shadoe Jones, legislative and policy counsel at TAC.

The event attracted 423 registrants and 220 live participants and provided an overview of civil commitment history and practices nationwide, with a focus on Washington state. Jones' presentation sparked valuable discussions on potential improvements in the

state's approach, leading to ongoing consultations with TAC for further insights.

The UW webinar marks the first in a series designed for a community audience as well as professionals seeking continuing education credits. Jones will participate in a moderated panel to conclude the speaker series in June 2025. TAC is grateful for the opportunity to collaborate with UW and contribute to a critical dialogue on mental health policy.

Watch the recorded webinar [here](#).

### Advocating for Family Engagement at Texas Judicial Summit

TAC had a unique opportunity to uplift family voices and perspectives during a presentation to approximately 1,000 professionals across the Texas judicial and mental health system. Jerri Clark, TAC's resource and advocacy manager, spoke at the [Texas Judicial Summit](#)

[on Mental Health](#) in Dallas, Texas in November 2024. Her topic was, "What Families Want You to Know to Improve Outcomes for Individuals with SMI."

The annual summit, which began in 2018, is a unique model of cross-system



Jerri Clark presents at the Texas Judicial Summit on Mental Health.

collaboration organized by the Texas Judicial Commission on Mental Health (JCMH). Commissioners were moved by Clark's presentation during a breakout session and asked her to speak again for the full conference audience.

Clark shared personal insights from parenting a son who struggled to access treatment before he died from suicide. After describing his first psychotic break, she asked, "What would you do if this happened in your family? What would you expect in terms of help? Would you expect to be told that your loved one would need to get much sicker, get evicted, lose jobs, be homeless, try suicide, go to jail; and that you would have no say in any of it while waiting to see if help would ever come?"

Clark shared data showing that family engagement improves outcomes and explained how habits of practice often don't match what is evidence-based. She described how privacy laws are often misunderstood and concluded with an anecdote about a provider who once listened when she explained her son's love of surfing; using that information, the provider's ability to personalize care had a tremendous impact.

A JCMH commissioner sent TAC a thank you note after the event, describing the impact he witnessed: "This room full of experienced judges, prosecutors, law enforcement, mental health providers, etc., gave her a standing ovation."

Watch the full video of Jerri's presentation [here](#).

## Homelessness Research Summary:

People with serious mental illness are more likely than the general population to experience homelessness and be victimized by others, become involved with the criminal legal system, experience health complications, and experience premature mortality while unhoused. There are many factors that contribute to elevated rates of homelessness among people with SMI including a shortage of affordable housing units, a lack of

timely and effective treatment options, discrimination in housing, and the criminalization of both mental illness and homelessness.

Read TAC's research summary *Homelessness and Serious Mental Illness* to learn more about the causes, prevalence, and impact of homelessness among people with mental illness by clicking on the image [here](#):

## SMI Spotlight with Dr. Xavier Amador

After a hiatus for the holiday season, SMI Spotlight has returned! This month's conversation is with Lindsay Rauch, whose family was the subject of the book *Hidden Valley Road*, and the associated TV docuseries *Six Schizophrenic Brothers*. Rauch speaks with Dr. Xavier Amador, TAC's Chief Science Officer, about the role

anosognosia played in her brothers' illnesses, and the difference that knowledge about this symptom of SMI might have made in her family's trajectory.

You can listen to the latest episode now on [Apple Podcasts](#), [Spotify](#), or watch the conversation on [YouTube](#).



### Reminder to Register:

Registration is closing soon for the National AOT Symposium, March 27-28, 2025, in Annapolis, MD! Don't miss this unique gathering of AOT practitioners, implementers, and care partners. View the schedule online now and register by **March 14 at midnight**.

**Click here to register:**

### 2025 National AOT Symposium & Learning Collaborative



MARCH  
27-28, 2025

ANNAPOLIS  
MARYLAND

