Spring 2026

TAC
Treatment Advocacy Center

CATALYST

A NEWSLETTER FROM TREATMENT ADVOCACY CENTER

Lisa Dailey,
Executive Director

Dear TAC friends,

Spring is a season of renewal, and at TAC, the past six months have brought both urgency and momentum. Since our last issue of Catalyst, TAC has continued to push for evidence-based reforms that save lives and restore dignity. We've worked alongside state leaders to modernize civil commitment laws, supported families navigating impossible choices, and amplified the voices of people who know firsthand what happens when treatment comes too late, or not at all. Every policy brief, every training, every media appearance is grounded in one simple belief: treatment is not punishment, but abandonment is.

This issue of Catalyst reflects that conviction — and the growing community behind it. We're excited to introduce **Ted Stinson**, CEO of Covariant and TAC's newest board member, who sat down with me for a Q&A that explores his perspective and deep commitment to improving care for people with serious mental illness.

You'll also find a thought-provoking essay from **Dr. Mark Munetz**, a researcher and leading voice on SMI. In "A Modest Proposal," Dr. Munetz challenges us to confront uncomfortable realities about how our systems operate and invites us to imagine what real accountability and compassion could look like with the courage to act. TAC's Legislative Advocacy Manager **Leslie Carpenter** describes how damaging it can be when policy is set by advocates with less disabling conditions who purport to speak for all in her powerful essay "Invisible Under the Big Tent."

Our stories remain our most powerful tools for change. In this issue, we celebrate "**Gone Before Gone: When Mental Illness Steals Someone You Love**," a new book written by our Family and Resource Manager **Jerri Clark**, published to critical acclaim from experts in our community.

In May, we invite you to a special screening of "**No One Cares About Crazy People**," a new documentary film from Gail Freedman based on Ron Powers' groundbreaking book. The film — and the panel discussion to follow — elevate the human cost of untreated mental illness and the urgent need for reform. We hope you'll join us if you can.

Help us reach more people by sharing Catalyst with your friends and contacts: we are building a movement. Everyone is welcome, and everyone is needed.

With purpose,

Lisa Dailey

Lisa Dailey
Executive Director
Treatment Advocacy Center

Q&A with Ted Stinson

Ted Stinson,
CEO, Covariant

For this issue of Catalyst, Executive Director Lisa Dailey sat down for a conversation with the newest member of our Board of Directors, Ted Stinson, CEO of Covariant.

Q **Lisa Dailey:** You've shared that your mother developed late-onset schizophrenia when you were in high school. How did that experience shape your understanding of severe mental illness and how our treatment system does – or doesn't – work for affected families?

A **Ted Stinson:** In many ways, I had a classic American-dream childhood: great schools, a safe neighborhood, three square meals a day, good friends. Then my mother began to show signs that something was wrong. Over time, it became clear she was suffering from severe mental illness.

That's the nature of these illnesses – they're unpredictable. They can affect anyone, regardless of background, income, profession, or how much love and support you have. When they strike, the impact can be devastating for individuals, their families, and communities.

That experience was incredibly formative for me, in both difficult and positive ways. It made me more empathetic and compassionate, but also more determined to fight for solutions and support for people living with serious mental illness.

Q **Lisa Dailey:** Catalyst readers will be interested to know how you first became connected with TAC's work and mission.

A **Ted Stinson:** I was incredibly fortunate to be introduced to TAC through Dr. Amador. My family has worked with him for several years to navigate mental health challenges across generations. He's been extraordinarily compassionate, insightful, and helpful through his LEAP framework. When I told him I was looking for organizations focused on systemic change, he said, "You need to be talking to TAC." I often think back to that day and how serendipitous that connection turned out to be.

Q **Lisa Dailey:** We're so appreciative of Dr. Amador, not only for that introduction but for his support of our work, and for his skill in helping families build connections, which is so often missing.

A **Ted Stinson:** Yes. What I value most about Dr. Amador's philosophy is that he focuses not only on the individual experiencing mental illness but also on their support network. That holistic approach is incredibly powerful and a big part of what drew me to TAC. When families and communities are equipped to engage, support, and collaborate with those affected by serious mental illness, they can play a central role in helping their loved ones reach a better place.

Q **Lisa Dailey:** You've previously spoken about legal and policy frameworks that block access to care. What areas do you see as most urgently in need of reform?

A **Ted Stinson:** There are several initiatives that are absolutely vital to progress – the IMD exclusion must be repealed, and we need a bill of rights for people with serious mental illness. But stepping back, I think part of the problem is a collective sense of resignation – the belief that the suffering we see is just inevitable, that what we have now is the best our society can do.

To me, the most urgent work is shifting that mindset. We need our policymakers, community leaders, and the public to understand that we can build a better system – one with better outcomes, simpler navigation, greater family involvement, and even smarter fiscal design. The first step is creating clarity and conviction that, if we act together, a better way forward truly exists.

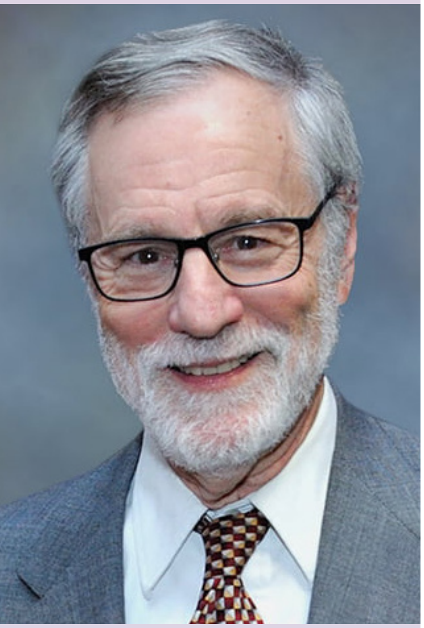
Q **Lisa Dailey:** Your background is in entrepreneurship and operations. How do you see that experience helping TAC as an organization?

A **Ted Stinson:** My career has been about building technology companies, and one thing I've learned is the power of a clear and inspiring vision. You need a message that paints a positive picture of the future – one you're proud to share from the rooftops.

There's a lot of hard work ahead to achieve systemic change in mental health, but it starts with clarity – defining what's possible and energizing everyone around that mission. That's how momentum builds, and that's where transformation begins.

A Modest Proposal

By Dr. Mark Munetz



Dr. Mark Munetz

People with serious mental illness (SMI) have never consistently received the care they deserve in our country. It's not for lack of trying. In the 19th century Dorothea Dix set out to get the states to establish asylums. These were to be caring, homelike settings out in the country where patients would receive curative "moral treatment." Sadly, the asylums evolved into dehumanizing warehouses that human rights advocates worked to close mid-20th century. President Kennedy, in his 1963 Special Message to Congress said, "If we launch a broad new mental health program now, it will be possible within a decade or two to reduce the number of patients now under custodial care by 50% or more." In fact, the emptying of state hospitals happened much faster than Kennedy imagined, or than the developing community mental health system was prepared to serve well. Early in this century the "recovery" vision emerged; a belief that people with SMI can and do recover. The role of empowered individuals with their experience living with mental illness and that of their families should drive recovery. Sadly, however, some of the most vulnerable people with SMI have not thrived in this era.

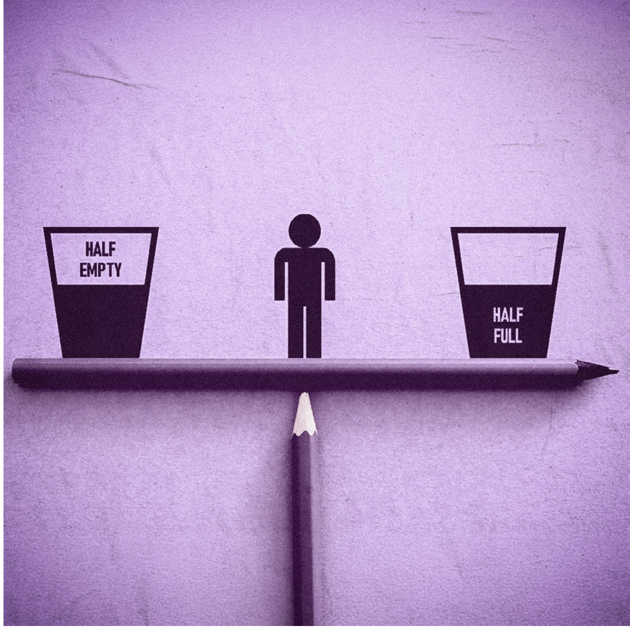
From the "glass half-full" perspective, we have made great progress. Many people with SMI are thriving in recovery. An exciting advance is Coordinated Specialty Care for First Episode Psychosis (CSC for FEP). These comprehensive, multi-disciplinary programs for new onset psychosis show great promise in promoting recovery. For those with established SMI, there are several programs that we know work, including assertive community treatment (ACT), supported-education and supported-employment, integrated dual-diagnosis treatment, and clubhouses, as well as psychopharmacology.

From the “glass half-empty” perspective, too few people have access to the things that work. In the U.S., patients generally get only what insurance pays for. In the case of SMI this includes medication, brief outpatient appointments, and ultra-brief hospitalizations. Payment for CSC for FEP, ACT, psychiatric rehabilitation, family psychoeducation and support, clubhouses and other effective interventions is inadequate in most settings. Some communities have grants or local funds to support these programs. Many do not.

Only about half of people with SMI are in any treatment at any given time. Some have yet to engage with the treatment system. Others cycle in and out of treatment, at times homeless, while cycling through hospital emergency rooms, inpatient psychiatric units and, sadly, our nation’s jails. Instead of a comprehensive assessment, effective treatment and connection to ongoing care, hospital admissions have become Band-Aids at best. Most states contract with insurance companies to “manage” Medicaid.

These companies have created such a low bar to determine “medical stability” that patients are discharged days after admission despite our understanding that real stability after psychosis takes weeks. Discharge planning is often inadequate during these ultra-short inpatient stays resulting in subsequent cycles of 911 calls, contacts with police, and admissions to emergency departments and jails. This “revolving door” – a result of cost cutting by payors – is costly to society and tragic for individuals with SMI and their families. This has led some to call for a return to “institutionalizing” large numbers of people with SMI. This would be an egregious mistake. This call fails to acknowledge that a substantial number of individuals with an SMI are living in recovery, getting the care they need either privately or in community mental health centers. For them, the system is not broken.

> *“I believe we need a federal government-funded treatment program operated by state and local governments that specializes in serving individuals with SMI for whom routine outpatient care isn’t enough.”*



But for the sub-set of individuals with SMI whose needs cannot be so simply met, the system is broken. This group presents with what might be fairly called severe and persistent mental illness (SPMI). People with SPMI (perhaps better understood as Special People with Mental Illness) need sub-specialty care. Right now, such care is rarely available, arguably because there is no organized way to pay for it.

Thus, my “modest proposal:” I believe we need a federal government-funded treatment program operated by state and local governments that specializes in serving individuals with SMI for whom routine outpatient care isn’t enough. These individuals with SPMI need an integrated, interprofessional array of services. Analogous to the combination of an intensive cardiac care unit along with cardiac rehabilitation for those with severe heart disease, these people need “intensive behavioral health treatment and rehabilitation” programs. Such programs might be distinct units placed in Certified Community Behavioral Health Centers or free-standing non-profit entities. These programs will provide extensive outreach to engage all those needing care.

Participants, regardless of length of illness, will receive a comprehensive diagnostic assessment, in-hospital if necessary, as many long-term patients have never been fully assessed for underlying medical conditions that may cause or complicate their psychiatric conditions. An array of evidence-based and promising practices will be available, including clozapine, long-acting injectable antipsychotics, and ACT to all who are deemed eligible. Every effort will be made to engage these individuals in voluntary treatment but for those who are not able to engage voluntarily, who meet civil commitment criteria, involuntary treatment will be provided.

Inpatient psychiatric care will be in local community hospitals with admissions long enough to ensure adequate assessment, treatment to genuine stability and discharge with a warm handoff to community-based clinicians. Access to safe, affordable housing will be a priority. Assisted outpatient treatment will be provided to those whose illness prevents them from appreciating they have an SMI and accepting treatment voluntarily. Treatment will be provided indefinitely.

These intensive services will be expensive but will be cost-effective and lifesaving. Savings will come from dramatic reductions in the current churn of repeated use of crisis services, hospitals, police, and jails. There are other examples of government intervening in lifesaving treatment that would otherwise be unattainable. Since the 1970s people with end-stage kidney disease have been eligible for Medicare and Medicaid for hemo-dialysis or transplants. I propose similar automatic eligibility for those with SPMI. Alternative payment mechanisms will be developed to ensure this sub-population gets what is needed. Their care will be overseen by a county level mental health authority or its equivalent, not by managed care companies. This authority will be held accountable to ensure desired outcomes. Implementation will include nationally funded efforts at training mental health professionals of all disciplines to be experts in providing intensive psychiatric care to those with SPMI.

Certainly, my proposal raises many questions. It will probably be viewed as unrealistic. It would be easier to put people we haven't helped out-of-sight in institutions. But we know how to help most people with SPMI, and it is immoral not to act. The British economist John Maynard Keynes in his 1926 book "The End of Laissez-Faire" wrote, "The important thing for government is not to do the things which individuals are doing already, and to do them a little better or a little worse; but to do those things which at present are not done at all." It is time to recognize that without a robust government program, the needs of the SPMI will continue to be poorly met. More than 2000 years ago Rabbi Hillel said "If I am not for myself, who is for me? And if I am only for myself, what am I? And if not now, when?"

The time is now!

__Mark R. Munetz, M.D.__ is Professor and Chair Emeritus at Northeast Ohio Medical University (NEOMED). Dr. Munetz served as The Margaret Clark Morgan Chair of Psychiatry at NEOMED from 2007-2019. He directed community psychiatry at NEOMED and was medical director for the County of Summit Alcohol, Drug Addiction and Mental Health Services Board from 1992 - 2012 where he helped develop and sustain one of the first AOT programs in Ohio. He was the co-developer of the Sequential Intercept Model, a framework to address the over-representation of people with mental illness in the criminal legal system and was a founding board member of CIT International. At NEOMED Dr. Munetz developed the Ohio Criminal Justice Coordinating Center of Excellence, the Ohio Program for Campus Safety and Mental Health and the Best Practices in Schizophrenia Treatment Center. In 2021 he was honored with a Judge Stephen S Goss Memorial Award by the Judges and Psychiatrists Leadership Initiative of the Council of State Governments and the American Psychiatric Association Foundation. He has held faculty positions at the University of Pittsburgh, University of Massachusetts, and Case Western Reserve University.

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

“No one cares about crazy people.”

You’re invited
to a
SPECIAL EVENT

TAC presents a private screening of the film *No One Cares About Crazy People*

Deep inside the chaos and crisis of severe mental illness

NO ONE CARES ABOUT CRAZY PEOPLE

A FILM BY GAIL FREEDMAN

NARRATED BY BOB ODENKIRK

Directed, Produced & Written by GAIL FREEDMAN
Original Music Written & Recorded by JEFF TWEEDY Edited by DINA POTOCKI Executive Producer CAROLEEN FEENEY
Inspired by the book *No One Cares About Crazy People* by RON POWERS

noonecaresfilm.com

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WEDNESDAY
May 20
7-10 PM ET
AFI Silver Theatre
Silver Spring, Maryland

Meet & greet at 7 p.m., followed by the movie showing and then a panel discussion with filmmaker Gail Freedman and other special guests.

Click on this image to secure your tickets.

TAC
Treatment Advocacy Center

Written callously in a private government email, those words captured a devastating truth about how society treats people with severe mental illness. Pulitzer Prize-winning journalist and author Ron Powers made them the title of his book to call out that indifference and help build a movement determined to prove them wrong.

TAC invites you to join us for a screening of the powerful new documentary film, “No One Cares About Crazy People,” on **May 20**, from **7-10 p.m.** at the **AFI Silver Theatre and Cultural Center** in **Silver Spring, Maryland.**

An immersive deep dive into the crisis of severe mental illness, “No One Cares About Crazy People” is inspired by Powers’ book of the same name, narrated by actor Bob Odenkirk, and scored with original music by Wilco frontman Jeff Tweedy.

Join us at 7 p.m. for a meet and greet with award-winning filmmaker and director Gail Freedman, followed by the film screening and a panel discussion with special guests — an evening you won’t want to miss!

Secure your tickets today by clicking here, or on the image.

Implementation Highlight

Maryland Grant

TAC is proud to have been selected by the Maryland Department of Health to lead the state’s AOT Training and Resource Development Initiative. Through this award, TAC’s Implementation team will develop and implement a comprehensive statewide training infrastructure, including an in-depth two-day workshop, secure, role-specific training modules, public-facing educational website for family and community members, and ongoing monthly technical assistance webinars.

This recognition highlights TAC’s national leadership and proven ability to transform AOT legislation into consistent, person-centered practice across jurisdictions, helping to build the knowledge, infrastructure, and collaboration needed to deliver effective, community-based treatment to those most in need.

Invisible Under the Big Tent: How Those with Severe Mental Illness are Left Out

By Leslie Carpenter

Author Leslie Carpenter is TAC's Legislative Advocacy Manager.

The mental health "big tent" is often praised for its inclusivity, but not everyone inside it is equally visible. For the past 18 years, my family has watched our son — who lives with a severe mental illness — disappear within a system that increasingly listens only to the voices of those who are far less impaired. Our son has gone through the harmful churn of 30 hospitalizations, multiple community and residential facilities, and repeated episodes of untreated psychosis that have left him with less insight to his own illness, and more at risk for criminalization, homelessness, and an early death. Our family is far from alone in this experience.

Recently, I listened to a New York Times podcast that explored how the autism diagnosis has widened dramatically — encompassing people with a broad range of disability and severity. As the "spectrum" expands, those with the most profound disabilities have more, and often different, care needs. The episode documented how some self-advocates representing higher-functioning individuals sometimes oppose supports — like group homes — that are essential for people with greater needs. A divide has emerged between people with milder disabilities and parents advocating for loved ones with profound ones.

This dynamic mirrors what has happened for decades in mental-health advocacy. While there has been progress for people with mild to moderate mental illnesses, those with the most severe mental illnesses — such as schizophrenia or bipolar disorder — too often get left behind.

According to a report by the National Institute of Mental Health (NIMH), in 2022, there were an estimated 15.4 million U.S. adults with serious mental illness (SMI), about six percent of all adults. Yet the national mental health infrastructure remains deeply inadequate. A 2023 report by Treatment Advocacy Center (TAC) showed that the total number of state psychiatric hospital beds for adults with SMI had reached a historic low of 36,150 beds, roughly 10.8 beds per 100,000 people. As reported in the American Medical Association's Journal of Ethics, this is far below expert-recommended minimums of 50 public psychiatric beds per 100,000 people.

Because beds have vanished and outpatient alternatives are underdeveloped or underfunded, many people with SMI suffer tragic outcomes: repeated, ineffective short hospitalizations, homelessness, criminalization, incarceration, and premature death. A 2024 review from the Kaiser Family Foundation (KFF) found that among U.S. adults experiencing unsheltered homelessness, 26% met definitions of SMI — a stark overrepresentation compared to general prevalence.

Even when people with SMI gain access to inpatient or outpatient treatment, the lack of stable housing, continuity of care, and community supports traps many in a harmful cycle. A recent study found that people discharged into homelessness experience more than double the 30-day hospital readmission rate of those with stable housing.

Many families who advocate for needed supports — such as permanent supportive housing, 24/7 care, or assisted outpatient treatment (AOT) laws — are often mischaracterized as wanting to “institutionalize” their loved ones. But for many with severe mental illness, anosognosia — a brain-based inability to recognize one’s own illness — makes voluntary treatment impossible.

The “big tent” approach of many mental-health advocacy organizations — while well-intentioned — unintentionally sidelines those with the most severe illnesses and greatest needs. Their voices, and the voices of their families, are overshadowed, and often completely contradicted or dismissed by people with less severe mental illnesses.

> *“Even when people with SMI gain access to inpatient or outpatient treatment, the lack of stable housing, continuity of care, and community supports traps many in a harmful cycle.”*

It is especially frustrating for family members to listen to people who are far less sick than our loved ones advocate against the things our loved ones desperately need, like more beds in hospitals. My own son’s illness has involved command voices telling him to dig out his own eyes, to bang his head against the wall, and to not eat or drink anything because it was all poisoned. It caused him to lose significant amounts of weight and become dehydrated as a result. He desperately needed hospitalization for medically necessary treatment to save his life. Listening to people who have never been this sick advocate against the very treatment he needs to survive has been unbelievably difficult. For families like ours, with loved ones who are far sicker, the indifference to their needs is wrenching to witness.

It is past time for nuanced, layered advocacy — one that recognizes progress for people with mild or moderate conditions and simultaneously fights for robust supports for those with severe mental illness. A humane system must include adequate inpatient beds, permanent supportive housing, AOT availability, accessible outpatient care, and psychiatric prescribers who accept Medicaid. This is not “either/or.” It is “both/and.”

The most severely ill deserve more than token visibility. They deserve a system designed to meet their needs — one that sees them, prioritizes them, and refuses to leave them outside the tent that they so desperately need.

TAC Book Alert!

Author Jerri Clark

Our resource and advocacy manager, Jerri Niebaum Clark, performs many functions at TAC; from supporting help seekers through Helpline to developing content for TAC's online Schizophrenia and Psychosis Resource Center to supporting grassroots advocacy networks, Jerri dedicates her work to the memory of her son, Calvin, who died from suicide at 23 after a four-year struggle with a severe mental illness.

This year, Jerri's book "Gone Before Gone: When Mental Illness Steals Someone You Love" was published to critical acclaim. Part memoir, part self-help guide and toolkit for those living with ambiguous loss, here is a short excerpt from Jerri's book:

"I watched Calvin die three ways: to his bipolar illness, to a dysfunctional system, and to suicide. His severe mental illness (SMI) was treatable, but like many mothers I watched my son disappear within a system that wasn't built to save him. Calvin's death left me at the bottom of a deep and dark well. Alone. Books about grief didn't know my brand of pain, or what I might need to pull myself up to a place where happiness might be accessible again. This is my story about ambiguous loss and how I learned to live well alongside my grief.

If someone you love is lost in the abyss, this book is for you. You may feel like your person is gone, but you aren't really sure. They might get better and come back to you as someone you recognize, but they might not. That is the essence of an ambiguous loss, when someone is gone but not gone. You may not even know you are grieving because your loss is so unclear. Your hopes are mixed with dread. It's hard to take a deep breath when it feels more reasonable to hold it until something changes for the better.

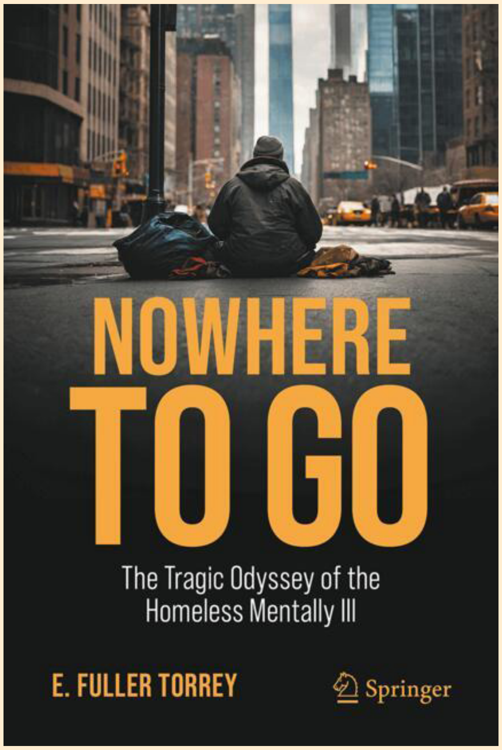
Go ahead and let that breath out right now. All the way. It's okay. I've been there, and I was so glad when I started to breathe again. Now take a steady breath in, through your nose. Make your mouth into an "O" and slowly move the breath out, like blowing up a balloon. Easy does it. I hope you are breathing the whole time you're reading. I hope that by learning more about me, you will learn more about you. This book provides tools and a new way to look at your life and how you might begin to heal even if your crises are ongoing. If you feel like your life is on hold because of the ongoing trauma, give yourself permission right now to believe that you can start to feel better even if your life doesn't right itself."

In the words of TAC's founder Dr. E. Fuller Torrey, *"I have read books on schizophrenia and bipolar disorder for over fifty years and would rank this book in the top five percent for families."*

You can read more about this important book and purchase it in the form of your choice here.

“Nowhere to Go” Returns – Now Open Access

First published in 1988, “**Nowhere to Go: The Tragic Odyssey of the Homeless Mentally Ill**” offered one of the earliest and most comprehensive examinations of how U.S. mental health policy failed people with serious mental illness. Written by TAC’s founder, Dr. E. Fuller Torrey, the book traced the unintended consequences of deinstitutionalization and the collapse of the Community Mental Health Center movement – policies that promised care in the community but too often delivered neglect, homelessness, and incarceration instead.



In keeping with his long-standing commitment to public access and accountability, Dr. Torrey made the decision to reissue “Nowhere to Go” via the platform Springer Nature as an open-access edition, making it freely available to readers worldwide. The new edition includes an updated prologue and epilogue that reflect on what has – and has not – changed since the book’s original publication, connecting decades-old policy decisions to today’s ongoing mental health and homelessness crises.

Part history, part policy analysis, and part moral reckoning, “Nowhere to Go” remains a vital resource for anyone seeking to understand how good intentions, insufficient infrastructure, and misplaced priorities reshaped the nation’s mental health system. The open-access edition is available through Springer Nature and can be read online or downloaded in full: https://link.springer.com/book/10.1007/978-3-031-84685-4

Since its original publication, the book has been widely recognized as a definitive account of how mental health policy went wrong.

“A chilling book narrated in a straightforward, common-sense manner.”

— Kirkus Reviews

“In a powerful, stinging exposé… no other book has dealt with this crisis so thoroughly.”

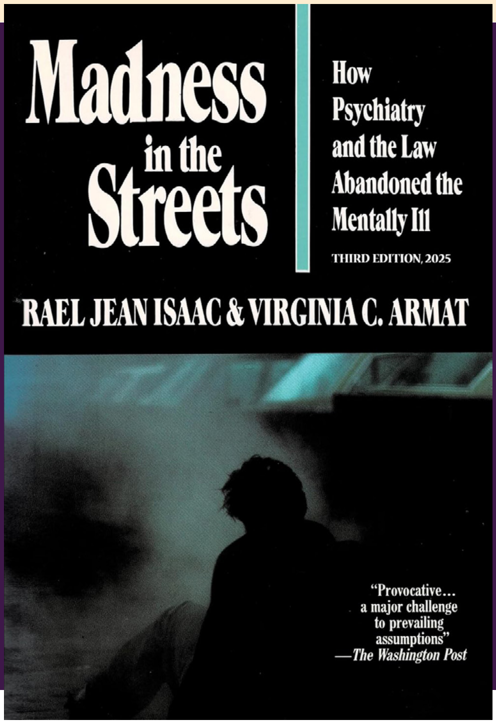
— Publishers Weekly

“A scathing account of the community mental-health centers created to replace state hospitals.”

— Commentary

“Madness in the Streets”

A bracing companion to “Nowhere to Go,” “Madness in the Streets: How Psychiatry and the Law Abandoned the Mentally Ill,” by **Rael Jean Isaac and Virginia C. Armat**, exposes how legal activism and antipsychiatry ideology helped dismantle care for people with serious mental illness. Widely praised when first published in 1990, the book is now available in a third Kindle edition, featuring a new foreword by Dr. E. Fuller Torrey and an updated epilogue. As clear-eyed as it is unsettling, “Madness” remains eerily relevant today.



TAC
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SMI SPOTLIGHT RECAP

In case you missed it, check out the latest episodes of "SMI Spotlight" by clicking the images, below.

How can Police Effectively De-escalate Mental Health Crises?
https://youtu.be/2OgKIc9asok?si=rGZSJkoGaO-r6nou

Effective Talk Therapy for Schizophrenia and Psychosis with Dr. Aaron Brinen:
https://www.youtube.com/watch?v=EEvKQjg4nOo

The nurses leading mental illness outreach in NYC subways with the SCOUT Program in NYC: https://youtu.be/TkQBy9d6qec?si=jnBaI55Vm-d1RENc

Actor Michele Hicks on her brother's schizophrenia journey:
https://youtu.be/FtuRJZYBXGg?si=pVg92IhmkSPoG03p