Dear Boston Globe Staff,

Raising public understanding about the crisis of access and availability of quality mental health services for people with disabling mental health conditions is critically important. Unfortunately, the Globe’s emotionally charged and sensationalized portrayal of the problem through the lens of violence is likely to only perpetuate the destructive prejudice and discrimination affecting both the experience of those being served in the system of care, and the opinions of those who decide where public funds go. Although there are evidence-based ways to bring about healing and recovery through publicly funded mental health services, the methods advocated in the Globe’s article "The Desperate and the Dead" have only a questionable evidence-base.

To avoid a blanket approach that unfairly generalizes "the mentally ill," our critique and recommendations are meant to apply primarily to the vast majority of people with psychiatric conditions who have not and will not ever be violent, whose interests are jeopardized by the sensationalist portrayals within the article.

The Globe’s Spotlight team highlights the assumption that medications, administered by force or coercive practices if necessary, are the solution. While many people find psychiatric medication helpful, especially in acute crises when experiences can feel overwhelming, it is well documented that others appear to benefit little, if at all, from medications.

As one response to the Globe’s article has already pointed out, it is also well-documented that:
• Psychiatric medications are often prescribed for people with needs and characteristics that differ from those involved in clinical studies of the medications' effectiveness.
• The side-effects and long term health consequences of many Psychiatric medications are significant in comparison to the possibility that they'll be beneficial.
• The initial effectiveness of many Psychiatric often decreases over time and eventually may become ineffective and/or lead to increased physical and mental health concerns.

While it's been charged that people with serious mental illnesses won't take their medications because they have a "brain deficit that renders them unable to perceive that they are ill" (Psychiatric News September 7, 2001), the evidence to the contrary is that one of the largest studies on the effectiveness of atypical antipsychotic medications of it's kind found that "...the medications were...associated with high rates (75%) of discontinuation due to intolerable side effects or failure to adequately control symptoms." (CATIE Study, NIMH, 2005). On the other hand, despite not having a multi-billion dollar industry-backed advocacy machine to promote their use, effective alternatives to psychiatric medications do exist. For instance, the British Psychological Society (2014) found that "...although they each yield slightly different estimates [among studies analyzed], there is general consensus that on average, people gain around as much benefit from Cognitive Behavioral Therapy for psychosis (CBT) as they do from taking psychiatric medication". Yet, very few community-based public mental health systems offer CBT as a primary or even secondary form of treatment.

Psychiatric medications can be a crucial component in the healing and recovery process for someone experiencing psychiatric symptoms. However, they are not the answer for everyone. Results from a 20 year longitudinal study (Harrow, M., Jobe, TH., Faull RN., 2012) found that "patients not on antipsychotic medications for prolonged periods were significantly less likely to be psychotic, and experienced more periods of recovery; they also had more favorable risk and protective factors [and] did not relapse more frequently." Additionally, coercive tactics through “mandated treatment” are not likely to engage someone in crisis to get support. Studies have shown that people diagnosed with schizophrenia-related disorders often report a fear of coercion as a barrier to seeking
treatment (2003, Swartz, Swanson, and Hannon). The natural conclusion is that fear of coercion is likely to further prevent people from seeking treatment, developing a useful alliance, or consistently following through with treatment recommendations. Finally, the AOT implementation referenced in the Globe's article as having had good results is the only example of AOT that research has shown to have positive results - and it's widely acknowledged that the increased funding for enhanced services within the law made all the difference.

Involuntary Outpatient Commitment, also known as Assisted Outpatient Treatment (AOT) is unnecessary. Massachusetts already has a process for court-ordered psychiatric medication treatment, i.e. Rogers's guardianships.

Involuntary Outpatient Commitment is costly, requiring more:
- Court hearings,
- Attorneys,
- Clinicians to enforce the court orders,
- Police to pick up persons who do not comply with orders, and
- Judicial oversight of the community mental health system.

Those in the community who are having serious problems and are not in need of hospitalization may require more or different supports than they are currently receiving; however, involving the police and the courts to enforce medication compliance is not likely to be beneficial. Assisted Outpatient Treatment recommended by the Globe will drain scarce resources from an already stretched state mental health system, diverting mental health care dollars unnecessarily into administrative and legal costs.

Psychiatric Rehabilitation services, which are seldom part of our Mental Health Systems policy discussion, include a number of evidence-based approaches geared toward disrupting the isolation and other disabling impacts of mental health conditions. Emerging research shows that, counter to the negative impacts of coercion, personal involvement in all medical and mental health care is a significant predictor of both participation in treatment as well as positive treatment outcomes. Approaches are being developed to bring shared decision-making to mental health services. Such approaches are fundamentally incompatible
with AOT approaches which transfer disproportionate power from the person receiving treatment to the provider.

The Department of Mental Health, in partnership with the community mental health providers, has embarked on a path toward a more inclusive, recovery-promoting service system in MA. While it is arguable that sufficient resources are not yet in place to realize the goals for our Mental Health System, services that promote access to community housing; supported competitive employment; community inclusion to decrease social isolation; and peer support provided by someone with personal experience in navigating the mental health system have all been demonstrated to be an effective means to aid people in recovery from the disabling aspects of their conditions. Funding these services to a capacity that both supports a well-trained workforce and provides sufficient access to these services requires resources that the public is reluctant to spend.

The Globe has additional opportunities within the Spotlight series to shine its light on the sorts of structural and financial barriers which must be overcome to promote safety, recovery and community for all who live in our commonwealth. We hope that this opportunity will not be missed.

With Respect,

MassPRA, The Massachusetts Psychiatric Rehabilitation Association