



S.B. 182

MAKE POLICY BASED ON FACTS NOT FEAR

Know the Facts About Involuntary Outpatient Commitment or

“Nicola’s Law”

Many Louisianians have heard only one side of the story about Involuntary Outpatient Commitment (“IOC”) (also know as “Assisted Outpatient Treatment”, SB 182, or “Nicola’s Law”). But critical policy choices must be based on facts, not on fear.

Myth: S.B. 182 will help avert violence and community tragedy.

Facts: IOC is based on the faulty premise that we can predict who will pose a danger in the future. While it is possible to determine if a person poses an immediate danger, research shows that we are generally poor at predicting who may become a danger in the future. S.B. 182 could apply to people who will *never* be a danger to anyone and who have the right to make their own treatment choices, without any guarantee of reaching the rare individual who may actually pose a danger.

IOC most likely would NOT have prevented the tragic death of Officer Nicola Cotton, a New Orleans police officer who was killed in the line of duty in January 2008, allegedly by someone recently discharged from an involuntary inpatient hospitalization. S.B.182 does not change the standards for release from an inpatient treatment facility, which include the determination that the patient does not pose a threat. Moreover, existing law already permits conditional release to ensure continued compliance with outpatient treatments or face rehospitalization. Apparently, authorities did not use this option.

Myth: Forty-two states have this type of legislation.

Facts: First, Louisiana is *already* included in this count based on the conditional discharge option available after inpatient treatment. Second, S.B. 182 represents a radical minority position by imposing court-ordered treatment on people who pose no danger to anyone and who have the right to choose their treatment. S.B. 182 is modeled after New York’s Kendra’s Law, but goes even further by allowing hospitalization for failing to take medication, but without setting up standards that must be met before forced medication can be ordered.

Myth: New York has seen decreased incarcerations, arrests and hospitalizations as a result of mandated IOC and other research support the effectiveness of IOC.

Facts: Unfortunately, the impressive statistics often cited in support of S.B. 182 are misleading and unsubstantiated. An evaluation by the NYS Office of Mental Health, upon which these statistics are based, relied on subjective reports from treatment providers, and used no comparative “control” group that would give rise to empirical data. New York greatly expanded services after enacting IOC. The cited evaluation could not and did not demonstrate whether improved outcomes resulted from improved access to services, better funding, coordination and accountability, or forced treatment. Controlled scientific research in 2001 conducted by New York’s own Bellevue Hospital concluded that people do better when offered better services, not because they are forced to accept them.

Much of the evidence cited by IOC supporters is simply program evaluation, rather than empirical research. Studies based on scientific research methods attribute positive outcomes to enriched funding, improved services and better coordination, rather than coercion. In fact, the federal Substance Abuse Mental Health Services Administration recognizes five scientific evidence based practices: notably, IOC is not among them.

Myth: S.B. 182 is needed since people with mental illness do not know they are ill.

Facts: Most people with significant mental illness know they are ill and actively seek effective treatment, when it is available. Louisiana lacks available, affordable mental health services and IOC will not improve illness without improving services. In fact, many who stop taking medications do so because they are ineffective or because of disturbing side effects.

Myth: Psychiatric medications are safe and effective.

Facts: Psychiatric medications have significant side effects, ranging from uncomfortable to deadly. These include central nervous system disorders, irreversible involuntary muscle movements, diabetes and stroke. Some of these medications actually increase the risk of dangerous behavior in some people. Side effects are so serious that pharmaceutical giant, Eli Lilly, is trying to conceal proof that it knew the dangers of the anti-psychotic drug Zyprexa, but failed to make this information public. And contrary to popular belief, anti-psychiatric drugs, like other medications, are not always effective, even when used as prescribed.

Myth: People with mental illness are prone to violence.

Facts: Scientific studies show that people with mental illness, who are not also substance abusers, are no more violent than the general public. In fact, they are far more likely to be victims of violence than the general population.

Myth: The Governor’s proposed changes in the mental health system require IOC.

Facts: Better services, not court mandates, work best. The Governor’s plan to create and maintain an array of comprehensive community based mental health services, addressing unique treatment needs of those with chronic mental illness will make IOC unnecessary. Where such services are available, repeat hospitalizations and violent encounters are reduced, regardless of available court orders. Indeed, diverting any funds from treatment to pay for monitoring and enforcement would jeopardize the improved outcomes resulting from better funding for a comprehensive service system.