

Suspension to Health/Mental Health

3-18

A RESOLUTION TO BE SUBMITTED BY LEGISLATOR FISHER

RE: URGING THE N.Y. STATE LEGISLATURE TO REVISIT THE ISSUE OF HOSPITAL DISCHARGE OF MENTAL-HEALTH CLIENTS.

WHEREAS, The complex issue of mental health, along with instances of the tragic consequences related to some mental health behavior, is both tenacious and unyielding. Recent tragedies have highlighted the negative effects of unabated de-institutionalization, without adequate mental health reinvestment, as the primary reason for the damaging conduct of some mental health patients who have achieved hospital discharge but go on to commit violent acts. Violence caused largely by treatment non-compliance, according to doctors and advocates for the mentally ill, and

WHEREAS, A recent White House report on mental illness cited the fact that one-in-five American families will be affected by a mental health-related problem within their family at some point in time. While most instances of mental illness are temporary and not long-term, or controlled by medication, problems for some individuals last a lifetime, and

WHEREAS, In Erie County alone, there are an estimated 9,000 people who are persistent and chronically mentally ill. 6,000 of these individuals are presently in the care of an established provider of services, while about 3,000 individuals refuse treatment – or any link to services altogether, and

WHEREAS, While the actions of government should and must always be conducted with respect for the human dignity of its citizens experiencing a mental illness, respecting the rights and safety of the community-at-large are also important as well, and

WHEREAS, The public policy shift throughout the United States from institutionalization to de-institutionalization of persistent and chronically mentally ill people, which began in the 1960s and continues today, has now resulted in large numbers of individuals living back at home, in supportive housing, or community residences. Some people, unfortunately, have even become homeless, and

WHEREAS, While most of these people now living back in the community have adapted well, others have not. Reports of mental health clients who stop effective psychotropic regimens, which can lead to violent behavior, delusions, and homelessness; and clients who show signs of substance abuse, which also has been linked to an increase in violent behavior, have been reported, and

WHEREAS, Mental health clients, living under these conditions, are simply not afforded the basic human dignity and self worth envisioned when the public health policy of de-institutionalization was formulated, and

WHEREAS, Advocates for the mentally ill have long voiced concerns for mental health clients who do not continue with medication, counseling, and supportive services following de-hospitalization. Indeed, advocates have long said that only when mental health clients commit an atrocity are they then re-hospitalized, and

WHEREAS, In 1994, the New York State Legislature initiated a pilot program modeled after a successful plan in other states, which focused on those mental health clients who just do not adjust well following hospital discharge. "Outpatient Commitment" targets individuals who become noncompliant and do not follow doctors' orders with regard to treatment, which usually include anti-psychotic medications. These individuals, who function quite well on medication, are brought before a court and ordered to follow the instructions of mental health professionals if they want to remain in the community. They are then carefully supervised for compliance, and if noncompliant, can be re-hospitalized against their will, and

WHEREAS, The success of this program in Iowa, North Carolina, Ohio, and the District of Columbia is highlighted by a decrease in admissions to hospital psychiatric wards – a dramatic cut of a half to two-thirds in admissions. When the New York State Legislature approved a pilot program in our State, they chose Bellevue Hospital in New York City, and

WHEREAS, In December 1998, the results of the Bellevue pilot study showed similar success rates, with reports from researchers that study participants told them that they were compliant because they did not want to be re-hospitalized, and

WHEREAS, Based on the outcome of this pilot program, this would seem to be the next logical step for New York State to take in the absence of significant structural change in the way we deal with persistent and chronically mentally ill individuals who have achieved hospital discharge but become a danger to themselves or a danger to others, and

WHEREAS, Furthermore, there is already a law on the books in New York State called "Conditional Discharge," in that mental health clients are released from psychiatric institutions under reasonable conditions assigned by the institutions director that if broken, may result in their re-hospitalization. Conditions of release include adherence to a treatment regimen, linkage to mental health counseling, and substance abuse avoidance, and

WHEREAS, This existing law, on the books since 1919, has been successfully utilized in New Hampshire to treat mental health clients who were hospital-discharged but treatment noncompliant and substance abusers. The law is less cumbersome than Outpatient Commitment in that it does not call for the involvement of the courts, police, mental health practitioners, and patients' families in determining re-hospitalization. Its reliance on psychiatric institutions' directors themselves, who are usually well-acquainted with patients, helps to swiftly bring clients back into compliance, and

WHEREAS, Mental health advocates have pushed for the use of this existing law, along with lobbying lawmakers to pass legislation implementing Outpatient Commitment Statewide.

NOW, THEREFORE, BE IT

RESOLVED, That the Erie County Legislature does hereby go on record in support of Outpatient Commitment for hospital-discharged mental health clients who do not continue on psychotropic medication once they are released from State psychiatric institutions, compelled to follow doctors' instructions by court order, and demonstrate a pattern of behavior which becomes a danger to themselves or a danger to others, and be it further

RESOLVED, That this Legislature does hereby request the introduction of legislation in the New York State Assembly and Senate to facilitate the implementation of this public health policy, and be it further

RESOLVED, That this Legislature also goes on record in support of utilizing the existing law of Conditional Discharge of mental health clients as well, a law already on the books in New York State and successfully utilized in New Hampshire, and be it further

RESOLVED, That this Legislature fully supports State Attorney General Elliot Spitzer and Assemblyman Sam Hoyt in their efforts at the State level to extend Outpatient Commitment Statewide, along with Assemblyman Hoyt's efforts to extend Outpatient Commitment immediately as a pilot program in the Buffalo area, and be it further

RESOLVED, That this Legislature does hereby request Erie County Mental Health Commissioner Ellen Grant-Bishop to attend a future meeting of the legislature's Health/Mental Health Committee to address both Outpatient Commitment and Conditional Discharge and their possible ramifications for Erie County, and be it further

RESOLVED, That certified copies of this resolution be forwarded to the entire Western New York Legislative Delegation, Governor George Pataki, New York State Office of Mental Health, Erie County Mental Health Commissioner Ellen Grant-Bishop, the Erie County Mental Health Community Services Board of Directors, and the Mental Health Association of Erie County.

JUDITH P. FISHER
4th District

FISCAL IMPACT: Positive