insane consequences
How the Mental Health Industry Fails the Mentally Ill

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Foreword by E. Fuller Torrey, MD

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Number and percent no MI, MI and SMI in US and AZ

100%
Can have mental health improved
US ≈250 million > 18
AZ ≈4.8 million > 18

18%
Something in DSM
US ≈43 million > 18
AZ ≈864,000 > 18

4%
SMI
US ≈10 mill. > 18
AZ ≈192K > 18

Mental wellness improved

DSM

SMI
3,500,000 SMI get zero treatment
(35% of 10 million)
Massive Spending In Wrong Places:

$147 billion (fed)
$37 billion (state)

500 high utilizers in MD = $36 million
SMI now CJ Problem

392,000 SMI Incarcerated

140,000 SMI Homeless

750,000 MI Probation
165,000 EDP CALLS
25% LINE OF DUTY DEATHS
We spend TOO MUCH on mental ‘health’
Not enough on mental “illness”
WENT FROM HOSPITAL TO COMMUNITY
Number of Seriously Mentally Ill Hospitalized vs. Incarcerated

- Incarcerated: 55,362 in 1960, 62,532 in 2014
Solution:

Cut mental ‘health’ spending
Increase mental “illness” spending

Stand up to the MH industry which wants MH funds, w/o obligation to serve SMI
Untreated SMI Are More Violent

- Parkland
- Virginia Tech
- Aurora, CO
SUICIDES BY AGE VS FUNDING

-24

Suicides by Age

FY2015 Funding

25+

54000

37500

5500

2000
Stigma Not Major Barrier

• Lack of housing, doctors, clubhouses, transportation & services

• High cost

• Anosognosia
Here’s Where We Do Spend, but Shouldn’t
RISK FACTORS
Pop-Psychology Happiness
HOW MANY OF YOU EVER...

• Lost a friend, parent, sibling, or child?
• Were in the military?
• Had an abusive parent or partner?
• Lived in poverty or crime-ridden area?
• Witnessed violence or had an accident?
• Were divorced or only had one parent?
Cut trauma/increase PTSD
CUT SMI PEER SUPPORT
STOP OVERDIAGNOSING KIDS

NEWS

More U.S. Children Being Diagnosed With Youthful Tendency Disorder

9/27/00 3:00pm • SEE MORE: HEALTH

REDLANDS, CA—Nicholas and Beverly Serna's daughter Caitlin was only four years old, but they already knew there was a problem.

Day after day, upon arriving home from preschool, Caitlin would retreat into a bizarre fantasy world. Sometimes, she would pretend to be people and things she was not. Other
Cut Programs with Fake Evidence

- Evidence that’s independent
- Meaningful metric
- People with SMI
Cut Programs with Fake Evidence

• Suicide efforts based on number of calls
• Outreach programs based on how many contacts were made,
• Public education on whether those trained feel educated
CUT MHFA

• Has zero impact on mentally ill
• Fixes problem that doesn’t exist
• Assumes treatment is available
Customer Satisfaction ≠ Evidence-based
CUT EDUCATION/ STIGMA
They MISLEAD
Here’s Where We Should Spend, but Don’t
Solution:

Focus MH budget on improving *meaningful* metrics

• Homelessness
• Arrest/Incarceration
• Violence
• Needless hospitalization
• Suicide *(maybe)*
Support Hospitals

• Have legislature pass resolution calling on Congress to end IMD Exclusion

• Engage with law enforcement

• Fight Olmstead Lawyers and call on administration to reign in DOJ CRIPA division Olmstead suits
Easier-to-meet civil commitment

• Grave disability, substantial deterioration, need for treatment and lack of capacity standards

• Consider 3 years past history

• Allow 10 day emergency holds
ASSISTED OUTPATIENT TREATMENT

AOT REDUCES INCARCERATION
- 25% reduction
- New York City: 8%

AOT REDUCES HOMELESSNESS
- 28% reduction
- New York City: 11%

AOT REDUCES HOSPITALIZATION
- 97% reduction
- New York City: 38%
AOT Improvements

• Screen all involuntarily committed prior to discharge

• Screen all prisoners who received MH services while incarcerated prior to discharge

• Allow families to petition and educate them on how
Treatment Options

• Clozapine
• Long acting injectables
• ECT
• Routinize HIPAA releases
Housing and Others

• Congregate Housing
• Clubhouse Programs
• ACT/ICM
• MH Courts/Forensic parole
• Identity-centric programs (Only if SMI focused!)
I’d be glad to come to your state and help you.
Thank you

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facebook.com/groups/NASMI/