James Holmes was a neuroscience student at the University of Denver, earning a full ride scholarship on the way to a Ph.D. But in later months of 2011, he began buying a large amount of guns and ammunition. He withdrew from what little social interaction he had and dropped out of the neuroscience program. His psychiatrist reported Holmes’ homicidal statements to the local police. When he donned a suit of black riot gear and opened fire on a midnight showing of “The Dark Knight Rises” in Aurora, Colorado, on July 20, 2012, the world at large was exposed to the effects of one man’s battle with mental instability. He is now being psychiatrically evaluated following his plea of not guilty by reason of insanity.

Tragedies naturally draw society’s attention. The Holmes case has pressed the public, agencies and government to identify important problems facing the mental health community. While drastic incidents like the Aurora movie theater shooting do not fairly represent all of the issues facing mental health in the United States, the cases presented in this discussion guide have generated powerful debates on the subject.

Mental health issues are commonly misunderstood by the public. According to the National Alliance on Mental Illness (NAMI), “Mental illnesses are medical conditions that disrupt a person’s thinking, feeling, mood, ability to relate to others, and daily functioning.” There are many degrees to which individuals suffer from mental illness. Severe mental illnesses include “major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post-traumatic stress disorder (PTSD), and borderline personality disorder.” Approximately 1 in 17 individuals (6% of adults) in the United States live with a serious mental illness. Mental health is also a critical concern for health care providers, police departments, legal institutions and society in general. The questions listed at the beginning of the next page provide a starting point for addressing the complex issues surrounding mental health and the system that provides, or fails to provide, for those with mental illnesses and families.

Framework for Discussion

This discussion guide looks at the major issues surrounding approaches to mental health care in society by providing perspectives for discussing common concerns. Each approach contains unique concerns and priorities. The nature of this format allows for the stimulation of dialogue and compromise so that some elements may be combined to produce variations on these three approaches.
The incident in Aurora, Colorado, focused the public spotlight on a number of questions that mental health advocacy groups have been grappling with for years. For example:

- Do individuals always have the right to make decisions concerning their own treatment?
- To what extent should privacy laws apply to mental health care?
- What should be done when individuals are not capable of making personal health decisions?
- Does society have the right and/or responsibility to make those decisions for them?
- How can we change misinformed perceptions about mental health in the public?
- How might communities improve their mental health care systems?
- How can society help individuals who need treatment without stigmatizing them?
- How can the police best approach situations when individuals suffering from mental illness are involved?
- How should the law treat individuals with mental illnesses who have committed crimes, both minor and severe?
- Are there ways to improve the judicial system so that individuals receive better care?

Approach One --- Individuals First
Supporters of this approach believe that privacy is paramount and that individuals should have the right to make choices about their health care. Those living with a mental illness should be able to decide what treatment is best and also retain the option to refuse treatment altogether.

Approach Two --- Public Responsibility
Advocates of this perspective contend that society has the responsibility to intervene in the treatment of individuals when they are unable or unwilling to do so themselves. Additionally, they believe information sharing is critical to a functional mental health care system.

Approach Three --- Treatment Over Criminalization
Those who support this approach believe that incarceration should never be used as a substitute for needed treatment. They believe that treatment is not only more cost effective than the use of incarceration, but is also better for the welfare and security of individuals and society.

Veterans and Mental Health

- PTSD has been reported in more than 26% of soldiers returning from Iraq and Afghanistan.
- There was a 64% rise in divorce rates for military personnel in the last decade: 30,000 couples divorced in 2011 alone.
- About 63,000 homeless people have served their country in the Armed Services.
- 45% of homeless veterans have a persistent mental illness.
- Almost 1,700 service members returning from the war in 2007 said they harbored thoughts of hurting themselves or that they would be better off dead.
- More than 250 said they had such thoughts “a lot.” Nearly 20,000 reported nightmares or unwanted war recollections; more than 3,700 said they had concerns that they might “hurt or lose control” with someone else.

Sources: Department of Veteran Affairs, NAMI, Substance Abuse & Mental Health Services Administration

About the National Alliance on Mental Illness – NAMI Kansas

The National Alliance on Mental Illness (NAMI) is the nation's largest grassroots organization comprised of persons living with serious mental illness and their families. Founded in 1979, NAMI has become the nation's voice on mental illness. With organizations and affiliates in every state, members of NAMI include those with mental illness, families and friends of people living with mental illnesses, mental health providers, students, educators, law enforcement, public officials, politicians, members of faith communities and concerned citizens. NAMI Kansas is a state-wide affiliate of NAMI. They are a self-help membership organization of those with mental illnesses, family members and friends providing peer support, advocacy, and education and encouraging research dedicated to improving the lives of those affected by mental illnesses.

Special thanks to Rick Cagan, executive director of NAMI Kansas, for his assistance with the production of this discussion guide. Additional thanks to all who participated in the discussion framing session held at K-State. ICDD is grateful for your support and collaboration.
Timeline of Treatments for Mental Illness

1840s
Dorothea Dix begins her career lobbying to create state hospitals for the mentally ill.

Late 1800s
Nellie Bly poses as someone with a mental illness. Her reports result in more funding to improve conditions.

Primary treatments of neurotic mental disorders are developed by Sigmund Freud and others, such as Carl Jung.

1908
Clifford Beers publishes A Mind That Found Itself, detailing his experience in a Connecticut mental institution and calling for the reform of healthcare in the United States.

1930s
Extreme therapies, such as electroconvulsive shock therapy and malarial injection, are used on people with persistent mental illness.

Truman signs the National Mental Health Act to conduct research into the mind, brain, and behavior.

1950
Number of patients hospitalized because of mental illnesses peaks at 560,000.

1950s
Many patients with serious conditions are removed from institutions and directed towards local mental health homes and facilities. This deinstitutionalization is due in part to antipsychotic drugs, which allow more patients to live independently. However, many people suffering from these conditions become homeless because of inadequate housing and follow-up care.

1962
Ken Kesey’s novel One Flew Over the Cuckoo’s Nest opens the eyes of audiences to a new side of mental illness.

1963
The Mental Retardation Facilities and Community Mental Health Centers Construction Act is passed. It provides federal money for developing a communications network between mental health services.

1974
The Employee Retirement Income Security Act (ERISA), which adds parity for disorder and addiction benefits in addition to ERISA mental health and substance use disorder benefits, is passed. The Act reformed the classifications of benefits to include more people. It also includes specific criteria for quantitative and non-quantitative restrictions, personalizing the handling of each case.

1996
President Bill Clinton signs the Mental Health Parity Act of 1996 (MHPA), removing the financial caps that previously held mental health at a lower coverage than physical illnesses.

2002
President George W. Bush establishes the New Freedom Commission on Mental Health to conduct a study of public and private mental health services and develop a long-term strategy to improve the quality of health care.

2007
Under President Obama, MHPA of 2007 passes the Senate by unanimous vote. The act makes it illegal to impose annual limits on the number of visits or days to treat mental illnesses if the same limits were not imposed for other medical problems.

2010
MHPA is expanded with the Mental Health Parity and Addiction Equity Act (MHPAEA), which adds parity for disorder and addiction benefits in addition to ERISA mental health services and substance use disorder benefits. The Act reformed the classifications of benefits to include more people. It also includes specific criteria for quantitative and non-quantitative restrictions, personalizing the handling of each case.

2013
Security of medical records is strengthened and noncompliance penalties are increased with the addition of the Health Information Technology for Economic and Clinical Health (HITECH) rules. Patients can now request their records in electronic form and are not required to inform their health insurance provider of visits where they paid in cash.

Notes & Questions

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Approach 1: Individuals Come First

People who approach mental health care issues from this perspective believe it is important to respect the rights and privacy of individuals living with a mental illness. Supporters of this approach believe that those individuals should have the same rights to privacy and self-determination as all other individuals concerning their medical care. Although the medical community is transitioning to cooperative treatment with their patients, it is not yet standard practice.

Supporters of this approach feel that those who receive mental health care should have the right to decide what treatment is right for them and to refuse any treatment with which they are not comfortable. Treatment should not be forced upon anyone. In many states, “under certain conditions – such as when a person is considered a danger to themselves or others – he or she may be required to seek or receive treatment.” However, no such laws are required for people facing non-mental-health conditions. People have the right to refuse medical attention, even if they have serious or life-threatening conditions, and proponents of Approach One feel that the same rights should be extended to those receiving mental health care.

Mental Health Parity

It is true that limitations exist in all insurance plans on the types of treatments that are covered and which physicians can be used. Supporters of Approach One feel that insurance companies should not be allowed to deny coverage or place unfair restrictions on a policy because of mental illness. They feel individuals with a mental illness should receive the same level of care as those with other types of long-term or permanent illnesses, such as diabetes or asthma. However, no such laws are required for people facing non-mental-health conditions. People have the right to refuse medical attention, even if they face serious or life-threatening conditions, and proponents of Approach One feel that the same rights should be extended to those receiving mental health care.

Existing Personal Rights Laws

There are federal and state laws that are intended to protect the rights of those receiving mental healthcare. For example, the Americans with Disabilities Act (ADA) ensures that people with disabilities, such as severe mental illness, have legal protection against discrimination in the workplace, housing and residential settings (including treatment facilities and hospitals), public programs and telecommunications. Congress enacted the Health Insurance Portability and Accountability Act (HIPAA) in 1996. HIPAA prohibits group health plans from denying coverage or charging extra for coverage based on a family member’s past or present poor health, including mental health conditions. Supporters of this approach value these types of laws and regulations, but weaknesses in the laws and exemptions destroy the protections that laws such as HIPAA were intended to enforce.

Approach 3

Approach Three: Treatment Over Criminalization

Jail should never be used as an alternative to treatment. Treatment saves money and has a better chance of rehabilitating a person with a mental illness.

In Support

- Recipients of mental healthcare are treated in the stability of their support systems resulting in more effective care and recovery
- Treatment is more cost effective than incarceration
- Better trained police officers and legal support staff facilitate treatment over incarceration and provide dignity for mentally ill people

In Opposition

- The law does not contain a “gray area,” police departments and legal institutions should always punish crimes committed in the same way
- Treatment is not always effective where persons with violent tendencies are concerned
- The cost of building new facilities and training legal advocates is too high for the inconsistent results they would produce

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Comparing Approaches

Approach 1

Approach One: Individuals Come First
Supporters of this approach believe that privacy is paramount and individuals should have the right to make choices about their healthcare. Those with an illness should be able to decide what treatment is best and also have the option to refuse treatment altogether.

In Support
- Ensures the personal rights of those receiving mental healthcare by including them in the decision process at all levels of treatment
- Possible patients have the right to refuse treatment, just like any other person who has a medical condition
- Privacy rights must be protected through strict restrictions of access to medical records and information

In Opposition
- Highly restricted access to medical records could make it difficult for family members to get the information needed to help someone with a mental illness
- Strict laws about self-determination could limit efforts to get patients who suffer from anosognosia the help that they need
- Laws always allowing people to make their own decisions about treatment pose a potential risk to public safety

Approach 2

Approach Two: Public Responsibility
Advocates of this perspective contend that society has the responsibility to intervene in the treatment of individuals when they are unable or unwilling to do so themselves. Additionally, they believe information sharing is critical to a functional mental health system.

In Support
- Involuntary treatment ensures that people receive treatment when they need it, for their own protection as well as the public's
- Those receiving mental health care are most concerned about moving towards recovery, which can be achieved by involuntary treatment
- Removal of barriers to information sharing among providers allows for more effective and timely treatment assessments

In Opposition
- Involuntary treatment unjustly strips the rights of individuals from making their own decisions concerning their health
- Undue focus on the rights of the public often results in reactionary laws born from media frenzies and public fear
- Involuntary outpatient treatment programs are not effective in comparison to other programs

Concerns About Stigmatization
Supporters of this approach are also concerned about the negative stigma, stereotypes and labels attached to mental healthcare. Those who receive mental health services feel that the misconceptions about mental illness lead to a reduction of their rights as citizens. Fear of stigma and the resulting discrimination discourages individuals from getting the help they need. Most of society's views of mental health come from television. The media has created a distorted view of mental health issues that biases the public's view and reinforces inaccuracies about those receiving care. Those with mental health issues are depicted as aggressive, dangerous, and unpredictable.

People who support this approach point out that the stigmatization prevents those with mental illnesses from obtaining help and leads to discrimination. Stigma increases the likelihood that people diagnosed with mental illnesses feel isolated, lonely and fear rejection.

Another concern raised by this approach is the potential misuse of criminal databases, like those maintained by police departments. These databases specifically flag individuals with a mental illness. Although tools like this could have some benefits for a community, supporters of individual rights fear this kind of flagging will lead to unjust discrimination against those who receive mental health care. People with access could form negative preconceptions about people identified as recipients of mental healthcare. Police might view such identification as an indicator that the individual poses a high risk to himself or herself and others.

Critiques of Approach One
Opponents of this approach argue several disadvantages. Many people with mental illnesses rely heavily on a support structure of family members and close friends to provide them aid and reinforcement. Some people feel that tight restrictions on patient information may make it more difficult for concerned family members to receive vital information to help their loved ones. People may also suffer from anosognosia, a condition in which the individual lacks insight into their own illness, do not possess the ability to consciously acknowledge their illness and make treatment decisions. Strict laws about self-determination for patients may make it difficult to ensure that people with this and similar conditions are given the treatment they need.

“Concerns About Stigmatization”

“The consumer movement strives for dignity, respect, and opportunity for those with mental illnesses. Consumers – those who receive or have received mental health services – continue to reject the label of “those who cannot help themselves.””

– National Mental Health Consumers’ Self-Help Clearinghouse

The opponents also argue that the safety of the general public is paramount, and not providing a safety net is a dangerous endeavor. Incidents like the shooting at Aurora prompt some individuals to consider it in the public's best interest to have access to health care decisions regarding those living with mental illness when necessary. These opponents may also support the use of involuntary treatment options to protect the well-being of society at large.

“We (the professionals) frequently fail to understand their need to be in control of their lives and their bodies, just like any of us would want to. We are quick to prescribe solutions but not keen to listen to their voices. We frequently refuse to acknowledge their identity – I hate it when people say ‘So-and-so is a schizophrenic’ – as if the illness is their identity.”

– Soumitra Pathare
Laura Wilcox was shot and killed at age 19 by a man diagnosed with severe, untreated schizophrenia. Kendra Webdale was killed the same year when she was pushed in front of a New York City subway train by someone who was not currently receiving mental health care. These two incidents resulted in the development of state laws titled “Laura’s Law” in Yolo County, Nevada and “Kendra’s Law” in New York. They created assisted outpatient treatment (AOT) requirements for people who, in light of their treatment history and present circumstances, are unlikely to thrive in the community without supervision. Justice Cutrona wrote in the New York Law Journal that “Kendra's Law provides the means by which society does not have to sit idly by and watch the cycle of decompensation, dangerousness and hospitalization continually repeat itself.”

From this perspective, people believe that society has the responsibility to become involved in the health decisions of individuals. This approach advances two ideas. First, involuntary treatment, advocated in both Kendra’s Law and Laura’s Law, should be an option for a community in which a person is not willing or is unable to get help. Second, there is a crucial need to improve information sharing among policymakers and agencies that provide mental health services.

### Involuntary Outpatient Treatment

Those who call for an increase in public responsibility feel that there must be laws in place to intervene in health care decisions when required. According to the Treatment Advocacy Center, involuntary outpatient treatment involves a court-ordered plan for individuals who have a history of non-compliance when prescribed medication as a condition of remaining in the community. Supporters of this approach believe a brief involuntary commitment is the best option in some cases. Intervention is necessary when individuals stop taking necessary medications, fail to realize they need those medications, or are unaware they even suffer from an illness. Advocates say it is the only way to ensure that people suffering from a mental illness return to their medications and cease to become a danger to themselves or others. This type of treatment program is shown to reduce hospitalization, homelessness, arrests, violence and victimization while improving treatment compliance.

### Involuntary Treatment Statistics

According to studies conducted by Duke University and the New York Office of Mental Health, patients admitted under Kendra’s Law showed marked improvement over the course of 24 months in the following areas:

- More likely to show up for appointments and get prescriptions filled
- 56% less likely to be hospitalized in the next 24 months
- 87% less likely to be incarcerated in the next six months
- 83% less likely to be arrested
- 74% less likely to be homeless

Source: New York Daily News

Results taken five years after Kendra’s Law was enacted show that the system’s ability to help those suffering from mental illness has improved. Advocates for this perspective believe that involuntary treatment is a good solution for patients such as Anthony Goldstein, Kendra Webdale’s attacker, who sought help but refused to continue any treatment plan. In Goldstein’s situation it was obvious to social workers and family that he needed structure, support and medication monitoring to stay well. The community and the mental health system failed Goldstein by not becoming involved in his treatment. The majority of individuals participating in involuntary outpatient treatments reported they were able to gain control over their lives, get well and stay well, and were

### Critiques of Approach Three

The first group of critics to this approach disagree that there is a “gray area” to the law. Those that commit crimes, particularly where a victim is involved, should be punished. These critics argue that potentially dangerous individuals should be treated as criminals when they commit a crime whether or not they have a mental illness. Police departments should not have to rely on treatment programs and facilities to rehabilitate individuals who pose a threat to society. Opponents also argue that treatment is not always effective when a patient has violent tendencies. In fact, the FDA has issued warnings of the emergence of suicidality and the potential for violence while using drugs commonly prescribed to treat mental illnesses such as severe depression. Opponents feel that treatment-focused initiatives prevent the police from doing their jobs appropriately and are largely ineffective in preventing the worst tragedies.

Other critics target specific areas of the approach they feel are unreasonable burdens. These opponents are concerned that to establish and maintain an adequate infrastructure would be expensive, resulting in higher taxes. A trained advocate program would be difficult to initiate, and it would be a challenge to train and manage enough experts. Opponents suggest that caseloads would be high, reducing the advocates’ ability to spend adequate time with each client. This would defeat the purpose of having specially trained advocates.
Police officers in these programs are able to effectively identify untreated people and direct them to the services they require instead of placing them in jail. This has been particularly effective in reducing the number of “victimless” crimes. Cities that have embraced CIT have also succeeded in reducing injuries to police officers and there has been a decrease in arrests made with the use of force and restraint systems.

"University of Tennessee studies have shown that the CIT program has resulted in a decrease in arrest rates for the mentally ill, an impressive rate of diversion into the health care system, and a resulting low rate of mental illness in our jails." -- Memphis PO CIT Model

The legal system is also a considerable concern for supporters of Approach Three. The lack of communication, training and resources to help people with mental illness results in a legal system unable to meet these people’s needs and often leaves them in the dark. Supporters want to see special advocates assigned to each person with a mental illness to help guide her or him through the legal process. These advocates would be trained in how to deal with various mental illnesses and specific needs within the legal system. They would also work to help people understand the crime they committed and the legal implications. Advocates would lead the evaluation process of whether or not an accused person was cognizant of his or her actions and make recommendations concerning legal defense.

Supporters of this approach also believe there is a need for more treatment facilities. Many people are forced to drive hours, especially in rural areas, in order to receive treatment. In California, for example, some counties use 10 percent of their mental health budget in transporting one person to state-run facilities. Consequently, routine treatment and follow-up treatment becomes inconsistent and infrequent. Supporters of this approach would like to see the expansion of laws such as California’s Proposition 63, funded by taxpayers, to support county budgets in treating mental illnesses. Current space restrictions in treatment facilities and county budgets prevent people with mental illnesses from receiving the treatment that they need. The development of more treatment facilities would reduce this strain and embrace the treatment-focused ideal.

**Procedures and Insurance**

Advocates of this approach feel that diversion from jail should be the first priority. In last resort situations where incarceration is necessary, there are improvements that must be made to the system in order to better treat individuals. Some state laws regarding the regulation of prisons can make it difficult for those in need of mental health care to receive needed medication and treatment while incarcerated. Supporters of this approach advocate the employment of trained professionals to administer medication in incarceration facilities. This reduces the risk of people harming themselves or those around them and improves the chances for recovery after release. Supporters view restraints in the same way – as a last resort in protecting an individual or others from harm. They argue restraints should only be used in emergency situations. If restraints become necessary, close supervision must occur. Restraints and seclusion should never be considered forms of treatment.

Medicare and Medicaid also cause substantial problems for treatment during incarceration. When an individual is incarcerated, he or she loses eligibility for medication benefits. Supporters of this approach argue that this tactic only perpetuates the problems people with mental illnesses face and denying medication will only result in longer prison stays and repeat offenses. Those with mental illnesses require treatment and medication while imprisoned more than ever due to unfamiliar surroundings, hostile mates or officials and the inherent stress of incarceration. It is also a problem that “[w]hen inmates with mental illness are released from jail without ... benefits, they are more likely to end up in the emergency room, prison, or back in jail,” according to Chris Koyanagi, policy director at the Bazelon Center for Mental Health Law. Medication should not be viewed as a privilege, but rather a necessity beneficial to those to whom it is prescribed, prison guards and society in the long run. Supporters of this approach argue that if more likely to keep appointments and take medication. Involuntary outpatient treatment is also a way to ensure help for those who suffer from anosognosia.

Proponents of this perspective do recognize that some people suffering from a mental illness initially oppose involuntary outpatient treatment. But when asked to rank their preferences, actual recipients of mental health care responded that reducing symptoms, avoiding interpersonal conflict and avoiding re-hospitalization all outranked avoidance of outpatient commitment. A formal survey published in July 2004 found that a majority of those receiving treatment regard mandated treatment as effective and fair. While the interviews showed the experience of being court-ordered into treatment made about half of the recipients feel angry or embarrassed, after they received treatment, recipients overwhelmingly endorsed the effect of the program on their lives.

**Information Sharing and Confidentiality**

In the cases of Holmes, Goldstein and others the system failed to prevent tragedy. Proponents of this approach highlight systemic flaws regarding how confidential information should be shared between health care providers and other agencies. Although supporters recognize the delicate balancing act required when dealing with confidential information, they believe that there are too many legal obstacles preventing effective information sharing. This is critical to a functional mental health system. A smooth information sharing system is particularly important for youth who often receive services from more than one institution. Advocates for this approach argue that confidentiality laws are complex, ambiguous and difficult to understand. To make matters more difficult, laws and regulations vary from state to state. Confusing laws and regulations, in combination with a public that prizes privacy, often result in overcautious service providers who are reluctant to share necessary information with other providers and agencies. A well-designed communication system allows for service providers to determine what treatments are needed and make timely decisions concerning intervention. According to the Hogg Foundation for Mental Health, the “lack of sufficient information sharing can lead to inappropriate treatment, inaccurate assessments, and unmet needs.” The end effect of a broken information system is less effective services for people needing mental health care and the genuine risk that they may fall through the cracks and become a danger to self or society.

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**Outpatient Respondent Report**

In face-to-face interviews, outpatient treatment respondents reported the following results:

- **62%** felt that court-ordered into treatment respondents reported a good thing
- **81%** felt that pressures or things people have done to get them to stay in treatment helped them to get and stay well
- **75%** felt that outpatient treatment helped them gain control over their illness
- **90%** felt that outpatient treatment made them more likely to keep appointments and take medication
- **87%** felt confident that their case manager can help them
- **88%** felt that they and their case managers agree on what is important for them to work on

-New York State Office of Mental Health
Critiques of Approach Two

People who oppose this perspective argue the development of Kendra’s Law and Laura’s Law were reactionary policies based on misguided characterizations of mental health people with mental illnesses. They believe it is only when society is confronted with extreme events that it takes notice of flaws in the system. Critics of this perspective argue that to force treatment on people suffering from mental illnesses without their voices being heard leaves them without an opinion in their own mental health care program. In the case of Washington v. Harper, the Supreme Court ruled that under the Due Process clause, “a state could administer antipsychotic medication to a competent, nonconsenting inmate only if, in a judicial hearing at which that inmate had the full panoply of adversarial procedural protections, the state proved by ‘clear, cogent and convincing evidence’ that administration was necessary and effective.”

Another argument is that involuntary outpatient treatment does not work. According to the Judge David L. Bazelon Center for Mental Health Law, many of the studies on which Kendra’s Law and Laura’s Law are based are flawed. Data from outpatient treatment show that involuntary outpatient treatment achieves no better results than an enhanced community and family service approach. Critics argue that if the two options are equal in results then the better option is that which does not curtail an individual’s right to choose treatment. Also, critics of this perspective point out that involuntary outpatient treatment may deter those with a possible mental illness away from initially seeking treatment. The Bazelon Center argues that the potential for forced treatments with medications that possess harmful side effects will deter people from voluntarily seeking treatment. Critics of this perspective argue that it would be more beneficial to build an alliance between the person and his or her physician to encourage more discussion about treatments.

Finally, some critics also worry this approach poses a risk of excessive information sharing. This may have serious unintended consequences such as loss of public housing, loss of employment and expulsion from school, to name a few.

Approach 3: Treatment Over Criminalization

Incarceration versus Treatment

Proponents of this approach believe that individuals with mental health illnesses should not be criminalized by the legal system. They believe that persons with mental illnesses should be diverted from incarceration and instead be given appropriate treatment. Since individuals with mental illnesses may not be able to control their behavior while untreated, incarceration is both inappropriate and morally deficient. Supporters of this approach argue that providing treatment instead of incarceration promotes recovery instead of punishment for the individuals and families involved. It is also a more effective means of reducing repeat offenses, therefore advantageous to improving public safety. Proponents also argue that treatment programs are more cost effective than incarceration in the long term.

An armed gunman entered the Ronald E. McNair Discovery Learning Academy on August 20, 2013. He was advancing towards the packed classrooms of the Decatur elementary school when he was stopped by Antoinette Tuff, an employee in the school’s front office. She saw the weapon and took direct but positive action. She spoke with him. She asked him about his motives and his life. She told him of her own suicide attempt after her divorce the previous year. He revealed to her that he was not mentally stable and felt he had nothing for which to live. She empathized with him, persuading him to lay down his weapons and lie down on the floor. Thanks to her understanding and bravery, Michael Brandon Hill was taken into custody without a single child hurt.

Whether by choice, cost, convenience or stigma many consumers go without treatment each year. As a consequence, there is the possibility that crimes can be committed with serious ramifications. It is difficult for friends or family to see their loved one go to prison after committing a crime. It is even more difficult when the person may not understand the crime they committed, the punishment received, or both. The legal community is slowly evolving from seeing crime as simple guilt or innocence to recognizing a gray area. Individuals suffering from mental illnesses might not realize that they have committed a crime or understand the punishment they are going to receive for their actions. For this reason, supporters of Approach Three value treatment over the criminalization of mental illnesses.