

‘LAURA’S LAW’ A LOOMING DISASTER FOR MENTALLY ILL

JUNE 8, 2014COH

This piece ran in the [San Francisco Examiner](#).

In the past couple of years, long-term San Franciscans have often asked me why folks on the streets are in such mental distress. The answer is quite simple. Mental health and substance abuse services have been decimated in San Francisco.

According to San Francisco’s Health Commission, between 2007 and 2012 alone, the health department reduced behavioral health by \$40 million in direct services, mostly coming out of civil service. Almost every level of services was impacted — many programs closed their doors.

A frightening reality is that the system was already stretched far beyond capacity, and services had been steadily shrinking since the late 1970s as realignment at the state level and the changing real estate market resulted in the loss of about half our board and care facilities as well as deconstruction of our then-flourishing community mental health system.

The cumulative result has been staggering. The system is increasingly reliant on expensive and traumatizing stays at the locked psychiatric facility at San Francisco General Hospital and emergency room visits.

The increased acuity of people suffering from mental illnesses and addictive disorders has had a dramatic impact across The City, on emergency homeless services and neighbors alike. For the individual in crisis, however, the horror is compounded.

The debate around the mental health system has centered around a long string of tragedies, falsely linking mental illness to violence, and focusing on forced treatment as the silver bullet that will solve the crisis. Most recently, legislation was introduced at the Board of Supervisors to enact Assembly Bill 1421, known as Laura’s Law. While this law has been in effect for more than 10 years, until recently, only one small county, where Laura Wilcox lost her life, Nevada County, has implemented it. The majority of mental health providers and advocates oppose the law.

Like most Californians, advocates and mental health professionals do not believe a new bureaucratic process is the same as a new solution. AB 1421 does not address the lack of mental health treatment. It does not add funding. What it does is allow a family member, a roommate, or a police officer to petition the court, and through court order, drag someone before a judge where he or she is mandated into treatment under threat being held in a locked facility for 72 hours. Concerns around perpetrators

of domestic violence being able to use this to control their victims aside, this adds considerable costs — police, transportation, court costs and more. Resources that could go twice as far by simply expanding our treatment system.

However, this law goes far beyond wasting scarce resources; it traumatizes someone suffering from a health condition by putting him or her into the hands of our criminal justice system and removes fundamental rights to voice in health care decisions.

If individuals do not comply with the treatment plan, it will be up to the police to remove them from their homes. If this individual is a member of a community with a history of racial profiling and violence at the hands of the police, it can go beyond being a traumatizing experience to a potentially dangerous one. This law was implemented in New York, and studies found disturbing disparities among people of color — African-Americans and Latinos were forcibly treated at much higher rates.

Year ago I authored a study on homeless people experiencing mental illness. We surveyed hundreds of homeless people who self-identified as mentally ill, and we found that they were desperate to get help. They wanted their situations to change, and they had tried repeatedly to get treatment, to no avail. We ended up calling the report “Locked Out.”

Addressing mental health issues is difficult, but not impossible. A true solution would be to build up our residential dual-diagnosis programs, and radically invest in a full array of community based mental health treatment. Programs must be nimble, as what works for some does not work for others.

A poor therapeutic relationship means little chance for success, whereas a solid relationship is grounded in trust. Homeless people with mental illnesses want treatment — forcing them instead into involuntary outpatient programs works against the very dignity and empowerment critical to recovery. AB 1421 would be disastrous for San Francisco.

Jennifer Friedenbach is executive director of San Francisco's Coalition on Homelessness.