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>>Mental Illness in America

How Do We Address a Growing Problem?



About This Issue Guide

INCREASING ATTENTION ON MENTAL ILLNESS has brought with it concern about potential threats to security and freedom as well as concerns about people's individual well-being. Deliberative forums on this issue will not be easy. It may be helpful to remind participants that the objective of these forums is to begin to work through the tension between collective security, a healthy society, and individual freedoms.

In productive deliberation, people examine the advantages and disadvantages of different options for addressing a difficult public problem, weighing these against the things they hold deeply valuable.

The framework in this issue guide encompasses several options and provides an alternative means for moving forward in order to avoid polarizing rhetoric. Each option is rooted in a shared concern, proposes a distinct strategy for addressing the problem, and includes roles for citizens to play. Equally important, each option presents the drawbacks inherent in each action. Recognizing these drawbacks allows people to see the trade-offs that they must consider in pursuing any action. It is these drawbacks, in large part, that make coming to shared judgment so difficult—but ultimately, so productive.

One effective way to hold deliberative forums on this issue:

- ♦ Ask people to describe how the issue of mental illness has affected them, their families, or friends. Many will have direct experiences. They are likely to mention the concerns identified in the framework.
- ♦ Consider each option one at a time, using the actions and drawbacks as examples to illustrate what each option entails.
- ♦ Review the conversation as a group, identifying any areas of common ground as well as issues that still must be worked through.

The goal of this issue guide is to assist people in moving from initial reactions to more reflective judgment. That requires serious deliberation or weighing options for action against the things people hold valuable.

The National Issues Forums Institute

This issue guide was prepared for the National Issues Forums Institute in collaboration with the Kettering Foundation. Issue guides in this series are used by civic and educational organizations interested in addressing public issues. These organizations use the books in locally initiated forums convened each year in hundreds of communities. For a description of the National Issues Forums, log on to the website: www.nifi.org.

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Recent topics in this series include higher education, bullying, Medicare and Medicaid, and the federal budget. For more information, please visit www.nifi.org or contact NIF Publications at 1-800-600-4060 or info@ait.net.

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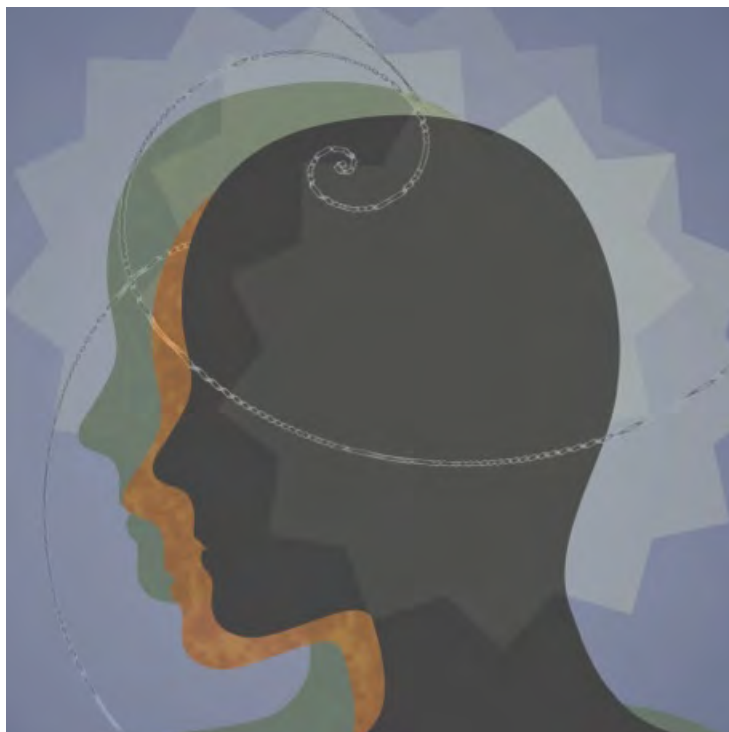
National Issues Forums Institute

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>> Mental Illness in America

How Do We Address a Growing Problem?

COMMERCIALS FOR PSYCHIATRIC medications proliferate on television. One-quarter to one-half of all homeless people are estimated to have a significant mental illness. Most people with mental health issues don't become violent, but the handful who do make headlines every few months.

"The suicide rate is rising, the numbers of psychiatric hospital beds have fallen to unsafe levels and the homelessness that followed the closure of state mental hospitals increasingly burdens localities," writes Helen M. Foster, M.D., a professor of psychiatry at Virginia Commonwealth University, in the *Richmond Times-Dispatch*.

Many Americans, whether or not they have a personal experience with mental illness, share a sense that something is wrong when it comes to mental health and mental illness. More and more of us are taking medications for depression, hyperactivity, and other disorders at some time in our lives. Meanwhile, dangerous illnesses are going undetected and untreated. If all 57 million Americans with diagnosable mental illness were in one state, it would be larger than New York and California combined. Of this number, 6

percent, or 3.4 million, suffer from serious mental illnesses, including schizophrenia, post-traumatic stress disorder, various personality disorders, and mood disorders.

One in five Americans will have mental health problems in any given year. Many individuals have personal experience with mental illness, either their own or that of a family member.

Too Much or Too Little?

Most people with mental illness are more likely to be victims of violent acts than to commit them. But when we hear of episodes as minor as a homeless person screaming obscenities on the sidewalk or as serious as the Navy Yard massacre in 2013, they raise questions about our ability to react quickly and effectively when people need help.

Starting in the 1960s, authorities nationwide moved many patients out of psychiatric hospitals and into community settings. That has reduced the number of people who got stuck for years in large institutions and has certainly helped many live full lives again with treatment. Yet, as Dr. Foster pointed out, it has also meant that many

other patients ended up on the streets. It is estimated that at least 25 percent of all homeless people, and perhaps as many as 50 percent, have a form of severe mental illness.

As a result, many end up in local jails, which are forced to provide treatment that once was provided by hospitals. A 2010 study by the National Sheriffs' Association found that jails hold at least three times as many seriously mentally ill individuals as hospitals do.

Joann Monnin-Debevec, a Charleston, West Virginia advocate for people who are mentally ill, told the *Charleston Post and Courier* that when people seeking help do go to a psychiatric hospital, too often the hospitals "get them patched up, put some meds in them and send them out the door. You're out, whether you are ready or not."

At the same time, paradoxically, many worry that we have become an over-diagnosed and overmedicated society, which has lost its resilience. The U.S. Centers for Disease Control and Prevention reported in 2013 that an estimated 6.4 million children had been diagnosed with attention deficit hyperactivity disorder, or ADHD, a 41 percent increase in just 10 years, and two-thirds of those had received prescriptions for medications like Ritalin.

"There's a tremendous push where if the kid's behavior is thought to be quote-unquote abnormal—if they're not sitting quietly at their desk—that's pathological, instead of just childhood," said Dr. Jerome Groopman, a Harvard medical professor.

Similarly, psychiatrists have become more likely to prescribe medications for their patients than to begin psychotherapy (using methods other than medication to address depression and other issues), and many patients on antidepressants have never even seen a psychiatrist. More than 250 million prescriptions for antidepressants were written in 2010, and approximately three-fourths of those were prescribed by doctors other than psychiatrists.

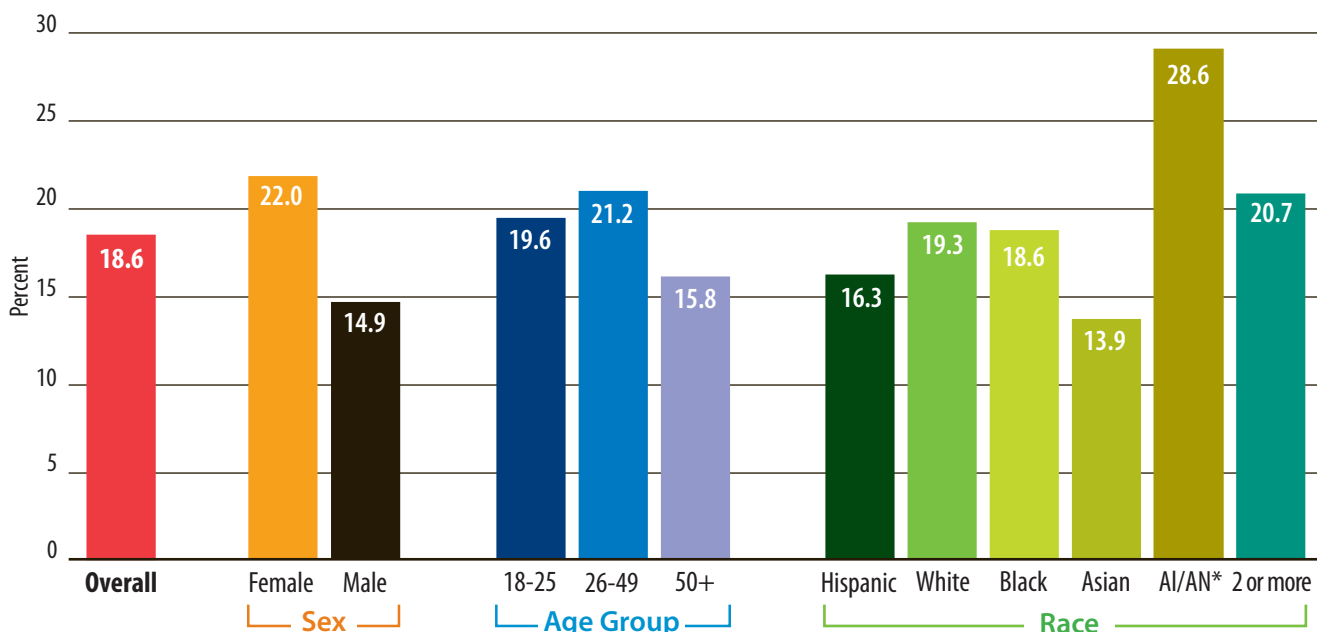
Addressing the Problem

While it is virtually impossible for everyday citizens and mental health professionals to prevent and address all mental health issues, it's clear there is room for improvement. How can we best develop a comprehensive approach to mental health and its related issues?

The choices that we must make are often difficult and unattractive, yet we need to grapple with them if we are to reduce the impact of mental illness in America.

This issue guide suggests three possible options, which take different approaches to the problem. One would make public safety the top priority and expand efforts to identify and treat those with serious mental illness; a second option would ensure that mental health services are available to all who need them; while a third would ratchet back the number of mental health diagnoses and prescriptions for antidepressants, allowing people to seek their own paths to healthy lives.

Prevalence of Mental Illness among US Adults (2012)



Source: Substance Abuse and Mental Health Services Administration

*AI/AN = American Indian/Alaskan Native

This option would make public safety the top priority and supports intervention, if necessary, to provide help for those with serious mental illness.



>>Put Safety First

TWO EPISODES in Washington, D.C., within weeks of each other in the fall of 2013, drew attention to the connection between mental illness and violence. A private contractor who killed 12 people at the Navy Yard had told police and others that he heard voices in his head and believed he was being assaulted with electromagnetic waves. Not long after, a Connecticut woman was killed after she rammed her car into law enforcement officers and barricades at the Capitol; she had been treated for depression and had told police months before that she was a prophet and needed to speak directly with President Obama.

Substance abuse also amplifies the safety concerns surrounding mental illness. Among people who are homeless as well as others, alcoholism and mental illness often form a knot that can be extremely difficult to untangle. Cases like that of the Florida homeless man who brutally attacked another while under the influence of so-called “bath salts,” or the Baltimore college student who attacked and killed

his roommate, also while high, illustrate how substance abuse and mental illness can overlap.

One challenge for mental health professionals is that, unlike patients with physical ailments, those who are the most troubled often do not feel they need help. Undiagnosed or untreated mental health problems create difficulties for the individuals in question as well as those around them, and can get out of control. While the vast majority of mentally ill people are nonviolent (and in fact more likely to be victims of violence), some are not. Sometimes, people who have mental illness pose serious dangers to themselves and others.

This option holds that, for the good of society and the individuals in question, more preventive action is necessary to identify people with a mental illness who are potentially violent, and intervene where necessary to prevent them from harming themselves and others. There are scientifically valid and reliable tests that can identify such people.

These individuals should be sought out and their needs addressed. We should require that people who need help get it, intervening when necessary.

Keep a Sharper Lookout

We have developed very effective screening tests for serious mental illness. The Minnesota Multiphasic Personality Inventory, for example, is one of the most widely used psychological tests for detecting pathological traits and mental illness. This and other tests, along with clinical interviewing by mental health professionals, has proven to be a reliable and valid means for identifying potential or current mental issues.

Still, as Dr. Jules Harrell, a psycho-physiologist at Howard University, pointed out, testing is not perfect and needs further research: “We must continue to develop, fine-tune and sharpen our diagnostic tools, it is our front-line for identifying mental illness; they provide us with insight into human behavior.”

Just as drug screening for employment has become routine, so should mental health screenings for certain jobs, according to this option. The most critical need for such testing is for those who are seeking sensitive positions—anyone caring for children, for instance, or with access to secure installations. This would be a simple first step toward the goal of reducing the number of deaths or injuries caused by people with a mental illness who turn violent.



Illustration by Long's Graphic Design Inc.

Plug the Gaps

One basic challenge to identifying and helping those with mental illness is lack of information. Aaron Alexis, the Navy Yard gunman, actually had sought help in various places—but none of those places were able to communicate with others about his symptoms. The seriously mentally ill often “vanish” from the system when they relocate across state lines.

“We don’t have any kind of centralized focus, a centralized system where we can say, this person’s coming to hospital A, oh, he was in hospital C last week,” said Dr. Barry Rosenfeld, a clinical psychologist at Fordham University, in an interview on PBS. “If somebody comes into the same hospital repeatedly and sees maybe even the same doctors, we’re going to recognize that pattern. But when someone goes place to place and maybe even across state lines, we’re not going to know that they have gone to other places.”

According to this option, we need to build a reporting system that would allow medical professionals and law enforcement officers to communicate with each other about potentially dangerous individuals so that we can reach out and provide treatment before another tragedy occurs.

Hospitalize the Most Dangerous

States have closed too many psychiatric hospitals and swung to the other extreme of de-institutionalization, according to this option. People who are dangerous to themselves and others are being turned away, sometimes even when they ask to be committed to a hospital. The Treatment Advocacy Center, a nonprofit group that campaigns for broader involuntary commitment standards, estimates that we have gone from one psychiatric bed for

Elliot Rodger went on a rampage that killed seven people, including himself, at the University of California, Santa Barbara in May 2014. Rodger reportedly had a history of mental health problems and had been prescribed antipsychotic medication, which he had refused to take.



Central State Hospital in Milledgeville, GA, opened in 1842 as Georgia's first public psychiatric hospital. It is being shut down by the state under a federal order mandating community centers over institutionalization for the state's mentally ill patients.

every 300 Americans in 1955—which was probably too many—to one for every 7,000 Americans today—which is clearly not enough.

“We’re protecting civil liberties at the expense of health and safety,” said Doris A. Fuller, the center’s executive director. “De-institutionalization has gone way too far.”

Just in the past five years, a dozen state psychiatric hospitals have either closed or are slated to close. This may be penny-wise and pound-foolish, however: the cost of emergency room visits, police calls, and courtroom appearances by the most dangerous individuals among those who are mentally ill can be far more than that of a hospital bed—and that’s not even counting the potential cost in human lives.

Another alternative, court-ordered “assisted outpatient treatment,” can be effective if properly financed and enforced. Yet across the 45 states that have such laws, implementation has been either inconsistent or nonexistent.

What We Could Do

This option takes the view that our first priority is keeping people and society safe. While the majority of those with mental illness are nonviolent, the few exceptions can wreak terrible damage. We must take whatever preventive steps are necessary to identify those who need help and intervene as needed. Here are some things this option suggests we could do, along with some drawbacks:

- We can require tests of mental health for those seeking sensitive jobs, such as teaching and security work. We already have the necessary diagnostic tests. This would

be a front-line effort to catch those with mental illness and make sure they are not taking care of our children or given a badge and a gun.

But . . . we could be trampling on people’s rights. In our zeal to find everyone with mental illness, many people might be denied rights and privileges when they are not a danger to anyone.

- Medical boards can penalize doctors who fail to spot the warning signs in people with serious mental illness. This is a basic responsibility, no different from detecting cancer or reporting a virulent infection.

But . . . to avoid penalties, doctors may begin to over-diagnose mental illness. We would essentially be providing an incentive to report people for any eccentricity. This also would serve to keep people from seeking treatment.

- Each of us should feel a greater responsibility to report symptoms in our friends and neighbors. Like the “see something, say something” initiative to prevent terrorism, this could avert violent acts. It also would help people get treatment when they may be reluctant to seek it out on their own.

But . . . this would create a culture of informants, turning friends and co-workers against each other. Everyone would become afraid to “be themselves” for fear that an innocent remark might be misinterpreted.

For a summary of possible actions and their drawbacks that this option suggests, see the table on page 12.

This option would make mental health services as widely available as possible so that people can get the help they need.



>>Expand Services

ABOUT 90 MILLION AMERICANS—almost one-third of the population—live in areas with a shortage of mental health professionals, according to the U.S. Department of Health and Human Services. That is likely to worsen, since cash-strapped states cut about \$2 billion from their mental health service budgets during the recession.

If we are going to make progress on detecting and treating mental illness more effectively, we need to make every effort to push services out to where people live, this option says. We need more practitioners available to provide the help people need, as well as making it easier for people to connect with those services.

Studies show that people who have a mental illness often recover with a combination of therapy, medical help, and continued support. Yet access to mental health services varies widely from place to place. Many people

are reluctant to seek help because of the social stigma that often hangs over mental illness, but too many others are simply unable to get the help they need.

Get More Professionals Into the Community

The first step is getting people with the right training where they are needed. The mental health services field is a job-growth opportunity, and not just for doctors. Nurses, nurse practitioners, and people with degrees in counseling are also in demand.

Rural areas have been hit especially hard by a scarcity of professionals in this field. Deloitte Consulting found that Kentucky, for example, needs 20 percent more mental health professionals just to meet current demands. “We have a huge shortage of mental health providers,” Sheila Schuster, who leads the Kentucky Mental Health Coalition, told the Louisville *Courier-Journal*. “You might have the

benefit, but not be able to find anybody. The community mental health centers are struggling to stay open.”

As implementation of the Affordable Care Act continues, it will broaden insurance coverage of mental health services. But that won’t help if people can’t find a mental health care specialist.

In Maryland, a state grant has enabled the Johns Hopkins University School of Nursing to provide advanced psychiatric training to nurse practitioners working on the Eastern Shore and other underserved areas of the state. They will serve as front-line providers of screenings and, sometimes, treatment in small country towns.

More programs like that are needed nationwide, according to this option.

Make Screenings Available

Programs like the one in Maryland are an example of another, equally important component of this option: connecting people with services. Studies show that the easier it is for people to locate mental health services near them, the more likely they are to use them.

One model for providing widespread access to mental health screenings and services could be flu vaccine programs. While it is still far from universally administered, the vaccine’s coverage has steadily increased in the United States in recent years as it has been offered at senior centers, drugstores, groceries, and other sites.

We can pursue similar strategies with mental health services. Doctors can routinely offer screenings as part of an annual physical, and mental health professionals can make themselves available in community locations other than doctor’s offices.

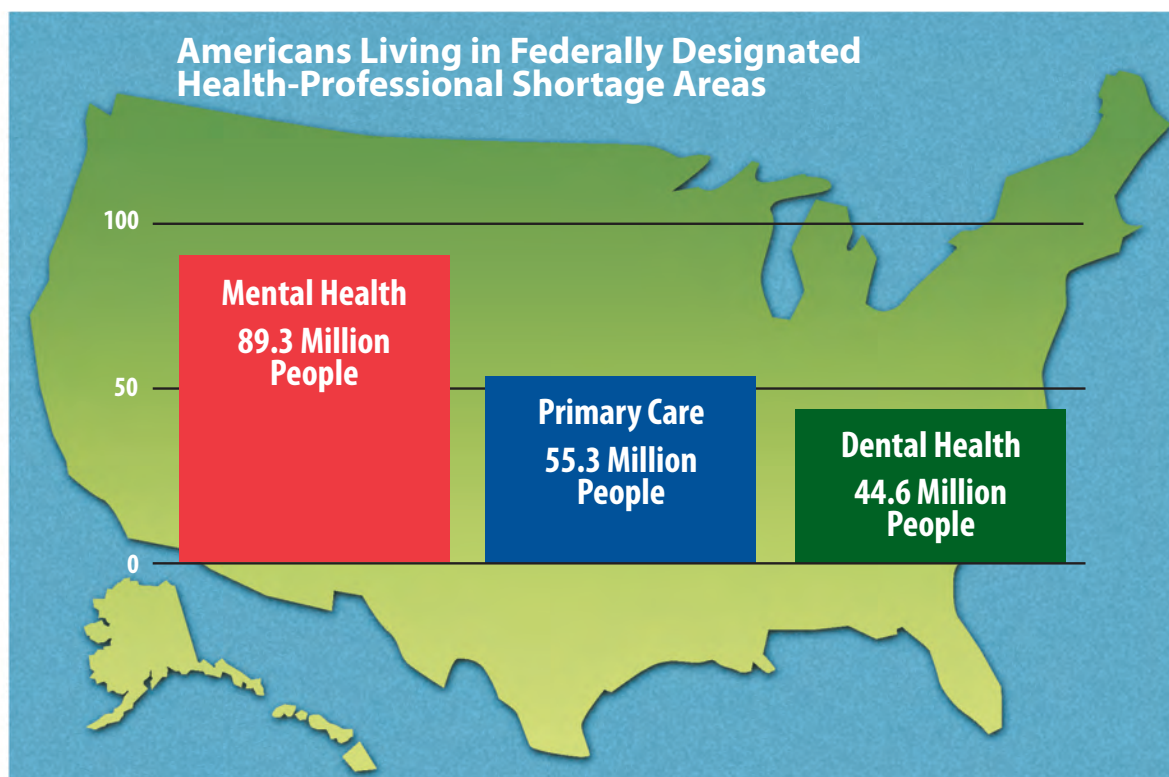
The Jed Foundation, for example, founded by the parents of a college student who committed suicide, has made screening tools available at more than 1,500 college and university campuses in the United States, and has found that 10 percent of college students report signs of moderate to severe depression.

Another method, aimed at mentally ill people who commit nonviolent minor crimes, is the “mental health court,” which has been adopted in dozens of places across the country. Such courts, rather than sending offenders directly to jail, work with mental health professionals and treatment programs to get defendants the help they need.

Reduce the Stigma

One of the barriers to connecting people with treatment, however, is the stigma of seeking treatment for mental health.

“Very few people with mental illnesses commit crimes, and it is misleading and unhelpful to suggest otherwise,” wrote Andrew Solomon, author of *Far from the Tree: Parents, Children, and the Search for Identity*, after the Navy Yard shootings. “It needlessly shames people with



Source: The Bureau of Labor Statistics

legitimate complaints and causes them to hide their mental health status from those around them.”

While we have made great progress in this area—numerous films and television shows routinely portray ordinary people seeing psychiatrists—we have a long way to go. Individuals who need help are still less likely to seek it if they think others will find out, an indication of the stigma that is attached to this form of medical treatment and not others. The sort of increased presence and availability of mental health treatment described by this option may also serve to reduce this stigma.

As with other illnesses, we need more public-awareness campaigns and more people speaking out about good mental health. This option holds that everyone who needs help should be encouraged to get it, and that everyone who seeks help *can* get it.

What We Could Do

According to this option, the problem is that the necessary mental health services are not available everywhere to everyone who needs them. We need to ensure that medical professionals and treatment facilities are widely available and that essential mental health services are covered by insurance. Here are some things this option suggests we could do, along with some drawbacks:

- We can require new mental health practitioners to serve residencies in rural and underserved areas. This would both expand the coverage of mental health ser-

vices and give doctors and other professionals more practical experience.

But . . . *people may avoid entering those professions if they aren't free to choose where they work. Adding them to the payrolls of local agencies also would be an additional strain for already tight budgets.*

- Pharmacies, grocery stores, etc., could provide space for convenient mental health screening sites in the community. This would be similar to services such as blood-pressure screening and flu shots, which are now available at community sites other than doctors' offices.

But . . . *unlike flu shots or blood-pressure readings, mental health services carry the potential for embarrassment. Offering such services out in public places instead of in relatively private offices may put individuals' reputations or careers at risk.*

- We could create a media campaign to promote mental health screening as a routine part of personal health. Stories of recovery and successful treatment by famous and respected public figures would be a tremendous help, as they have been in the campaign against HIV.

But . . . *this could create a culture where people consider it appropriate to talk about what were once private issues. It also could lead to even more widespread use of anti-depressants.*

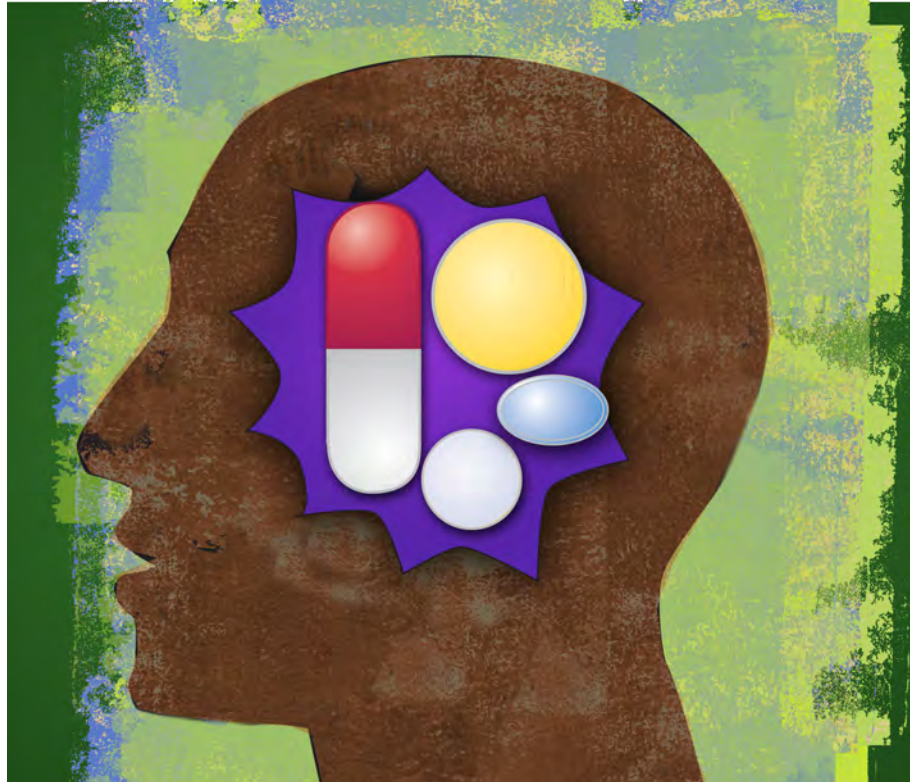
For a summary of possible actions and their drawbacks that this option suggests, see the table on page 13.

Mauro Fermariello/Science Photo Library



According to this option, the problem is that necessary mental health services are not available to many Americans who need them.

This option would reduce the number of mental illness diagnoses and curtail the use of psychiatric medication, allowing for more individuality.



>>Let People Plot Their Own Course

IF YOUR CHILD throws frequent temper tantrums, she could be suffering from “disruptive mood dysregulation disorder.” If you get headaches when you stop drinking coffee suddenly, you could have “caffeine withdrawal.” If you’re very shy, you may have “avoidant personality disorder.”

All of those are diagnoses recognized by the DSM-5, the newest edition of the *Diagnostic and Statistical Manual*, the official guide to mental illness diagnoses from the American Psychiatric Association. In fact, the guide estimates that 46 percent of all Americans will have a diagnosable mental illness in their lifetime.

Not everyone agrees. “Caffeine intoxication and withdrawal both occur fairly frequently but only rarely cause enough clinically significant impairment to be considered a mental disorder,” said Allen Frances, M.D., of Duke

University, who chaired the task force that produced the previous edition of the DSM. “We shouldn’t medicalize every aspect of life and turn everyone into a patient.”

This option maintains that as a society, we have become oversensitive to behavior that in earlier times would have simply been considered “different.” In the vast majority of situations, a person’s state of mental health doesn’t affect others. Yet professionals keep expanding the definitions of mental illness to encompass more and more kinds of complaints and behaviors.

Pharmaceutical companies benefit from this drive to expand diagnoses and treatment. But not everything has to be treated and medicated. Even when problems exist, people should make their own decisions about when and if to seek treatment.

Narrow the Diagnosis of Mental Illness

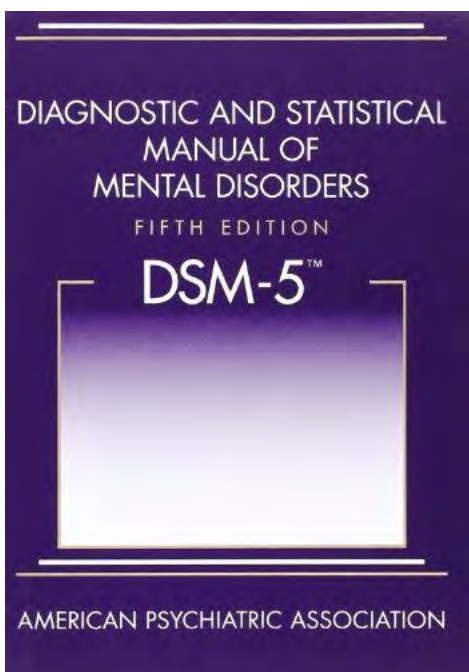
According to this option, we need to be more cautious about labeling behaviors as “disorders.” An illness should be something that significantly interferes with life or could cause someone to hurt themselves or others.

The next edition of the DSM should more carefully define psychiatric diagnoses. One suggestion Dr. Frances has made is that proposed diagnoses be evaluated independently by professionals outside the particular specialty that incorporates the problem.

At the same time, this option holds, we should not be so quick to apply the diagnoses we already have. A study by the Johns Hopkins Bloomberg School of Public Health in 2013, for example, found that Americans are being over-diagnosed for depression. Reviewing the diagnosis of depression and the use of antidepressants in 5,639 patients, the study found that fewer than 40 percent met the accepted clinical criteria for depression.

“Depression overdiagnosis and overtreatment is common in the U.S., and frankly the numbers are staggering,” said Ramin J. Mojtabai, Ph.D., author of the study.

There is some movement toward reversing this trend. The initiative Choosing Wisely, a partnership between leading medical specialty associations, *Consumer Reports*, and nonprofit foundations, is trying to reduce unnecessary tests and medication in all medical fields, including psychiatry, by developing lists of concerns that patients and doctors should discuss.



More people need to know about those kinds of questions before they are diagnosed with a mental illness. More informed citizens could translate into a more competent and healthy society.

Get Drug Companies Under Control

Detecting mental illness should be based on solid medical standards by professionals. Instead, the drive for profits by large pharmaceutical companies has led both doctors and patients to think of medication as the cure-all.

New drugs are now directly marketed to consumers in widespread television advertising, when most people are not qualified to judge whether they need it. Such advertising is allowed only in the U.S. and New Zealand, and regulators have brought frequent cases against companies that tried to make exaggerated claims for their products.

“Consumer advertising, delivered to the masses as a shotgun blast, rather than as specific information to concerned patients or caregivers, results in more prescriptions and less appropriate prescribing,” said Kurt C. Stange, professor of family medicine and community health at Case Western Reserve University, in *The New York Times*. “There is no evidence that consumer ads improve treatment quality or result in earlier provision of needed care.”

Even worse, some doctors have profited from their association with drug companies and their willingness to prescribe certain drugs. ProPublica, the nonprofit website for investigative journalism, documented in “Dollars for Docs” how drug companies—including those that make antidepressants—paid at least two billion dollars to doctors in just a three-year period. While the money is specifically for lectures, consulting, and research, it poses serious questions about conflict of interest.

Promote Overall Health

Many people may be better off simply by improving their all-around health through diet, exercise, and outside activities. Numerous studies, for instance, have found that exercise can reduce anxiety and stave off depression; that something as simple as owning and walking a dog can improve mental health; and that learning a new language or similarly complex activities can reduce your risk for senile dementia.

If we can encourage that kind of thinking about health, through awareness campaigns or specific incentives, we may be able to reduce the use of antidepressants and show people other ways to live full and healthy lives. Imagine if your employer provided gym memberships as a benefit, or



Many people may be better off simply by improving their all-around health through diet, exercise, and outside activities.

if you could earn rewards from a grocery store for completing a program of exercise, or a 5K run.

A good example of such a campaign is the HBCU Wellness Project, a partnership between Meharry Medical College and Fisk University funded by the State of Tennessee. This program employed student health ambassadors who produced both radio and television public service announcements that were widely distributed, and demonstrated beneficial impacts on people's overall health.

"We need a prevention strategy now more than ever," said George Mammen, co-author of a study at the University of Toronto, which found that even moderate exercise could prevent episodes of depression. "Our health system is taxed. We need to shift focus and look for ways to fend off depression from the start."

This option holds that we should put the brakes on so many medical approaches, reduce our dependence on drugs, and allow people the freedom to plot their own course to healthy lives. In many cases, simple changes in lifestyle can improve mental health.

What We Could Do

This option is concerned that we are moving toward conformity by suggesting medical treatment for behaviors that simply make us individuals. Most of the time, a person's mental health does not affect anyone else. When people do have problems, they need the freedom to make their own decisions about treatment. Here are some things this option suggests we could do, along with some drawbacks:

- Medical associations and doctors could dial back the diagnostic standards for mental illness, so every eccentric

behavior is not seen as requiring treatment. Doctors should be more comfortable suggesting remedies other than prescription medicines.

But . . . those seemingly idiosyncratic behaviors are sometimes signs of more serious problems. This could mean more people with authentic mental illness wouldn't get early diagnosis and treatment.

- Employers can provide healthy lifestyle programs like gym memberships and meditation classes as routine benefits for workers. In the long run, this would reduce the number of work days lost to more intensive medical treatment, and make for happier employees.

But . . . this would put an additional burden on employers and encourage people to expect more benefits of all kinds from companies. It would put smaller employers, who often have tighter profit margins, at a disadvantage.

- Congress and the Food and Drug Administration could prohibit drug companies from advertising prescription-only medications directly to consumers on television. Then antidepressants, which are being promoted in much the same way as over-the-counter pain relievers or antihistamines, could be seen again by the public for what they are: powerful, behavior-altering medications.

But . . . this would interfere with people's access to medical information and intrude on their right to know what is available. It also would raise First Amendment issues, creating another category of legal products that can't be advertised to the public.

For a summary of possible actions and their drawbacks that this option suggests, see the table on page 13.

SUMMARY



>>Mental Illness in America

How Do We Address a Growing Problem?

MANY AMERICANS, whether or not they have a personal experience with mental illness, share a sense that something is wrong when it comes to mental health and mental illness. More and more of us are taking medications for depression, hyperactivity, and other disorders. Meanwhile, dangerous illnesses are going undetected and untreated. If all 57 million Americans with diagnosable mental illness were in one state, it would be larger than New York and California combined. One in five Americans will have mental health problems in any given year.

Most people suffering from mental illness are more likely to be victims of violent acts than to commit them. But when we hear of episodes as minor as a homeless person screaming obscenities on the sidewalk or as serious as the Navy Yard massacre, they raise questions about our ability to react quickly and effectively when people need help.

Several decades ago, we chose as a society to move many patients out of psychiatric hospitals and into community

settings. That has reduced the number of people who got stuck for years in large institutions and has certainly helped many live full lives again. Yet it also has meant that plenty of others ended up on the streets, or suffering at home without access to adequate treatment.

This issue guide suggests three different ways of dealing with the problem. One would make a priority of protecting the public by identifying those with serious mental illness and intervening with treatment; a second option would help people take control of their own mental health and make the appropriate services as widely available as possible; while a third would reduce the amount of medical intervention and give people more freedom to live as they choose.

How should we reduce the effects of mental illness? This issue guide presents three options for deliberation, along with their drawbacks.

OPTION ONE

Put Safety First

This option would make public safety the top priority and support intervention, if necessary, to provide help for those with serious mental illness.

But, this would lead to more people being jailed and hospitalized, including some who are not a threat.

EXAMPLES OF WHAT MIGHT BE DONE

Mandatory mental health tests should be required for anyone seeking sensitive jobs—working with children, for example, or applying for a commercial driver's license or a gun license.

Medical boards can impose penalties for health-care practitioners who failed to spot people who “snapped” when warning signs were there all along.

We should make it easier for doctors to commit potentially violent patients to psychiatric hospitals, even over the objections of patients or their families.

Individuals can tell professionals about friends, neighbors, and coworkers who are behaving in erratic ways.

We should build a nationwide system for reporting hospital visits or encounters with police by those with potentially dangerous mental illness.

SOME CONSEQUENCES AND TRADE-OFFS TO CONSIDER

Many people will be denied rights and privileges, including some who are not dangerous.

Medical care providers may begin to over-diagnose mental illness just to avoid penalties.

But this may seriously erode the civil rights of people who have, in fact, committed no crimes.

This may create a culture of informants and turn people against one another.

This could increase the chances that an individual who does not pose a danger to others would be permanently labeled as a threat.

OPTION TWO

Expand Services

This option would make mental health services as widely available as possible so that people can get the help they need.

But, psychiatric drugs would become even more widely used, increasing the likelihood of over-medication and abuse.

EXAMPLES OF WHAT MIGHT BE DONE	SOME CONSEQUENCES AND TRADE-OFFS TO CONSIDER
States and counties should build more psychiatric hospitals or expand existing ones to provide more inpatient mental health care for those who need it.	This would lead to lengthier hospital stays for some, taking them away from their families and communities.
Require mental health practitioners to serve residencies in rural and underserved areas.	People may avoid entering these professions if they do not have the freedom to choose where to work.
Employers could reward people who take initiative to have their mental health assessed and treated.	This may, in fact, further stigmatize people in the workplace who do not get screened, whether out of fear or for other reasons.
Provide convenient mental health screening sites throughout the community.	People may avoid using such screening tools due to privacy concerns or for fear of the possible diagnosis.
Create a media campaign to promote mental health screenings and educate people on the importance of mental health.	This may create a culture where people find it appropriate to query one another about private issues or “diagnose” others.

OPTION THREE

Let People Plot Their Own Course

This option would reduce the number of mental illness diagnoses and curtail the use of psychiatric medications, allowing for more individuality.

But, some people who need medication would not receive it.

EXAMPLES OF WHAT MIGHT BE DONE	SOME CONSEQUENCES AND TRADE-OFFS TO CONSIDER
Ratchet back diagnostic standards for mental illness so odd or idiosyncratic behavior is no longer seen as requiring professional treatment.	Some seemingly benign behavior may be an early sign of more serious problems, and people who could be helped may not be reached until it is too late.
Doctors can prescribe less medication and focus instead on counseling and talk therapy.	Some people who could use medication will not get the relief they need.
Increase the numbers and visibility of self-help communities, such as twelve-step and other support groups.	Self-help groups often make people feel better yet dispense poor advice that can, in some cases, be detrimental.
Employers can make healthy-lifestyle programs like gym memberships and meditation classes available as a routine benefit of employment.	This may be an unfair burden to place on employers.
Drug companies can be prohibited from advertising prescription-only drugs on television.	This interferes with people’s rights to learn about help and with companies’ rights to make potential patients aware of its products.



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