

Laura's Law and Assisted Outpatient Treatment

Summarized by Thomas T. Thomas

After the Connecticut school shooting last year, and predictably after every such dreadful event, the national media pay attention and demand effective treatment for those suffering from mental illness, specifically the small number of individuals who act with violence. In California, Laura's Law—named for a mental health worker who was killed in Nevada County—was passed in 2002 and signed by Governor Gray Davis. The law allows for court-ordered assisted outpatient treatment (AOT) of an adult patient who has refused voluntary treatment and has a serious mental illness with recent history of multiple psychiatric hospitalizations, incarcerations, or acts or threats of violence toward him- or herself or others. The law requires a court finding that AOT be the least restrictive measure needed to assure recovery.

Before the law can operate, however, the county board of supervisors must authorize it and make a finding that its implementation will not reduce voluntary mental health programs. To date, only Nevada County has implemented the law. Other counties are discussing it, and Los Angeles has adopted a small pilot program. Alameda County introduced a resolution recently but chose instead to pursue other strategies.



CANDY DEWITT

The Laura's Law provisions are controversial, and our May 22 meeting held a panel discussion on the issues. Present were two parents who have recently formed the Voices of Mothers project, **Candy DeWitt**, whose son was involved in a Berkeley tragedy, and **Patricia Narell**, whose son is falling through the cracks in the system; **Gary Tsai, MD**, a psychiatrist from San Mateo; and **Lisa Smusz**, who is Executive Director at PEERS (Peers Envisioning and Engaging in Recovery Services) as well as an instructor at Cal State East Bay and a licensed professional clinical counselor (LPCC).

De Witt described a system that is profoundly broken. While everyone agrees that early intervention is important for treating mental illness, she was told by professionals in the system that she had to wait until her son—who was unable to understand his illness—had deteriorated until he became a danger to himself or others or gravely disabled (the criteria for involuntary psychiatric evaluation under Welfare & Institutions Code 5150). “As a result, he is now getting treatment—too late—in Napa State Hospital, where he sits accused of murder. That’s an act

completely foreign to the nature of this once shy, proud student with an innate sense of right and wrong.”

She gave a brief overview of the mental health system going back to the 1800s, when people cared for incapacitated family members in the basement, or they went to prison and suffered terribly. Then mental institutions were set up but continued the horrific treatment with electroshock therapy, hydro therapy, and lobotomies. Things changed in the 1960s with the introduction of the civil rights movement, new antipsychotic drugs, and President Kennedy’s signing the Community Mental Health Act of 1963, which deinstitutionalized treatment.



PATRICIA NARELL

“There is nothing civil about watching someone lose their mind,” DeWitt said. “Laura’s Law—which does not force medication¹—can help patients who have no understanding of their illness avoid hospitalization and get outpatient care in a community setting.”

Patricia Narell also described watching her “beautiful, accomplished son” deteriorate, being told there was nothing she could do, that she would have to wait until he hit bottom. And she would ask, “Isn’t this bottom?”



LISA SMUSZ

The mental health system, she said, is couched in the patient’s right to refuse treatment rather than the right to receive treatment and to be clothed, housed, and supported. The Mental Health Services Act passed in 2004 was designed to find new and innovative treatments. “But it only includes voluntary programs,” Narell said, “and so it misses those most in need of treatment. Those who suffer without insight cannot advocate for their own needs.”

Narell’s son was 5150ed on a biweekly basis, with police, ambulance, and hospital costs that ran between \$50,000 and \$100,000, but he never received sustained, effective care. “We are treating a chronic illness as if it was an acute illness,” she said. “It often takes weeks to find the right medication and appropriate dosage, and yet these patients can only be kept 72 hours for observation without treatment.”

Assisted outpatient treatment will provide time to get treatment and create a discharge plan, with the opportunity to keep people in the community with the treatment they need. “If that had been available five years ago, my son would have been on a different trajectory.”

Lisa Smusz of PEERs, a consumer-run organization, described her own situation. She went from being a clinician at Atascadero State Hospital to being a patient herself with a diagnosis of bipolar disorder. She continued in the profession

¹ As Gary Tsai explained, forced medication can only be applied in a certified hospital.

through medication and talk therapy, but she also had low points when she couldn't work and lived in poverty. She at one point refused mental health services because they were oriented toward maintenance of her illness rather than recovery.

Smusz opposes Laura's Law because she knows from personal experience that episodes of forced treatment can discourage a patient from seeking treatment down the road. "Instead, we need to work together to change the system that is broken. Consumers and family members need to move forward together."

Gary Tsai described the experience of his mother, a graduate student from Taiwan, who at a young age suffered paranoia but couldn't get treatment because she didn't identify herself as having a mental illness. When she was finally jailed for psychotic behavior in public, she was entered in an assisted outpatient treatment program. "She valued the authority of a judge," Tsai said. "She took her medication and got better." From this experience, he learned the value of being an advocate.



GARY TSAI, MD

He said that while only about 5% of the people with mental illness qualify as seriously ill, 40% to 50% of these patients lack awareness of their condition, called anosognosia. Such people often present well when talking to a psychiatrist but can deteriorate when they get back home.

"I see assisted outpatient treatment as an access issue," he said, "like a person in a wheelchair needing to go to the hospital, but with no ramp. The consequence is the current 'revolving door' of psychiatric hospitalizations." He described a treatment spectrum with voluntary services and full-service partnerships (FSPs) for patients with awareness at one end, conservatorship under a judge's order at the other, and nothing in between but the court system.

Laura's Law is recovery oriented, providing a treatment plan and engaging the individual, like an FSP or assertive community treatment (ACT). It provides up to 180 days of continuous care in the community, with review and continuation if necessary. The only drawback is that the law has no teeth, and the only recourse for a patient who refuses the court-ordered treatment is emergency intervention under a 5150.

In Nevada County, where 54 patients have been referred under Laura's Law, the system has seen a 63% decrease in hospitalizations, 27% decrease in incarceration days, 38% decrease in homeless days, and 64% decrease in emergency interventions. These reductions add up to an overall 45% cost saving for the county.

Q. What if the patient doesn't like his doctor and wants to see someone else?

A. People and providers are different. Every clinic has a policy on that, and Laura's Law does not change it.

Q. FSPs and wraparound programs are great, but there aren't enough resources available even when treatment is voluntary.

A. Good point. We will always have limited resources. But AOT addresses the issue of emergency interventions and hospitalizations that provide observation without treatment, which has the highest incidence of relapse and recidivism.

Q. Under Laura's Law, is the engagement team in the field and does it have a high provider-to-client ratio?

A. The team is mobile and able to provide services 24/7. The law holds the provider accountable for the treatment outcome.

Q. Is the judge trained in mental health issues? A lot of judges involved in 5250 review cases are not.

A. The judge in Nevada County who oversees these cases is well trained. We expect that judges involved in Laura's Law cases will be self-selected.