Treatment Advocacy Center Executive Director John Snook was appointed by the U.S. Department of Health and Human Services (HHS) as one of 14 national experts to guide a new federal initiative to better serve individuals with serious mental illness. The Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) was established by the 21st Century Cures Act in response to Congressional findings that federal efforts to address serious mental illness were too often siloed and ineffective.

“10-10-10”
Former HHS Secretary Tom Price used “10-10-10” to open the inaugural meeting of the ISMICC and to explain why he has made serious mental illness a top HHS priority.

Ten million Americans live with serious mental illness, Price said. Those Americans live at least 10 years less than the broader population, according to the Substance Abuse and Mental Health Services Administration (SAMHSA) estimates. And, citing what’s inside

Executive Director John Snook and Elinore McCance-Katz, M.D., at the Department of Health and Human Services.

the Treatment Advocacy Center’s research, Secretary Price highlighted the final 10: 10 times more Americans with serious mental illness are in jails and prisons than in psychiatric hospitals.

“It is difficult to overstate the potential this committee has to be different than other initiatives we’ve seen from SAMHSA in the past,” said Snook. The committee is led by SAMHSA’s newly appointed assistant secretary for mental health and substance use, Dr. Elinore McCance-Katz, and its first meeting served to ground the committee in the seriousness of the crisis and the urgent need for solutions. The committee has already agreed to take up vital topics like assisted outpatient treatment, the need for more hospital beds, decriminalizing mental illness, addressing HIPAA and updating civil commitment standards.

The Treatment Advocacy Center will be your voice on this committee, but we need to hear from you. In the coming weeks and months, we will be soliciting comments and recommendations from our supporters on the issues on which we must demand action and the solutions we must champion. Together, we will finally reshape the federal government’s response to severe mental illness and achieve Founder E. Fuller Torrey’s vision for lasting reform.

Executive Director John Snook and Elinore McCance-Katz, M.D., at the Department of Health and Human Services.

A New Era in the Treatment Needs of Americans
Elinore McCance-Katz, M.D., has been confirmed as the first assistant secretary for mental health and substance use. Throughout her career, Dr. McCance-Katz has been a champion for evidence-based medical approaches to treatment and improved access to care for individuals with serious mental illness. The position, newly created by the 21st Century Cures Act, gives Dr. McCance-Katz the potential to significantly change the landscape for treatment of individuals with serious mental illness and for their families. We look forward to working with her to achieve her vision as assistant secretary.
The Hard Work is Just Beginning

As you have seen over the last few issues of Catalyst, we are in the midst of an amazing moment for mental illness reform. Thanks in large part to the hard work of the Treatment Advocacy Center staff and advocates like you, reforms that were previously unthinkable are now a reality. This edition of Catalyst celebrates many of those victories.

Make no mistake: We know the hard work is just beginning. That is the real focus of this issue—how the Treatment Advocacy Center is stepping up to take advantage of all the opportunities now before us. Because we know that unless we do, change will not happen.

Chief among our priorities is reshaping the federal response to serious mental illness (page 1). With the appointment of Dr. Eleanor McCance-Katz as the first-ever assistant secretary of mental health and substance use, we finally see hope that the federal government will take mental illness treatment seriously. I am pleased to be able to assist in those efforts as one of just 14 non-federal members appointed to the new federal Interdepartmental Serious Mental Illness Coordinating Committee.

We are also working hard to ensure that our signature program, assisted outpatient treatment (AOT), is available to as many communities as possible (pages 6–7). As this issue details, that work takes many forms. We are stepping up to support AOT grant recipients across the country as they implement the program. We are partnering with foundations and federal agencies to conduct regional AOT trainings, using our experience and connections to help interested communities design the best possible local programs. In addition, our advocacy team is working with states like Pennsylvania to update their treatment laws to eliminate unnecessary legal barriers that can prevent AOT from being used successfully.

We are also continuing to pursue the decriminalization of mental illness at all levels. Our newest report, Treat or Repeat, explains that far too many people with severe mental illness are not receiving the care they need to succeed in the community, even after they have committed a major crime. I am proud of the way our research is helping to inform the national conversation around these issues and pleased at how our law enforcement partners are stepping up to help us change the status quo. We know that serious mental illness is a medical condition and not a crime. We cannot rest until our nation recognizes that, too.

As you review this issue of Catalyst, I encourage you to think about ways you can help us achieve all we have set out before us. There has never been a more important time for this work, and I hope you will join us in making real reform a reality.

John Snook

Farewell, Doris Fuller

As this issue of Catalyst went to press, Doris A. Fuller closed the book on her career at the Treatment Advocacy Center, saying goodbye after seven ground-breaking years of leadership and achievement.

Doris joined the Treatment Advocacy Center in 2010 as communications director, was promoted to executive director less than two years later and became chief of research to launch our newly established Office of Research and Public Affairs in 2015. In each role, she brought new visibility and influence to the organization.

Mental health advocacy was both personal and professional for her, Doris often said. She and her daughter Natalie wrote and spoke candidly about Natalie’s serious mental illness and appeared in the Treatment Advocacy Center’s documentary video, Mental Illness on Trial. When Natalie died by suicide, Doris’s Washington Post tribute to her daughter’s courageous battle with schizoaffective disorder was republished worldwide.

Since Natalie’s death, Doris has often told audiences that advocates are the lucky ones because they can channel their loss and grief into improving the lives of others. She plans to continue her personal advocacy by writing and speaking about mental health issues.
Well-Deserved Recognition for Ohio Judge

The Treatment Advocacy Center’s newest board member, Summit County Ohio Probate Court Judge Elinore Marsh Stormer, is drawing considerable notice for her “New Day Court,” an assisted outpatient treatment (AOT) program she established in 2016. In June 2017, the Akron Beacon Journal published a story highlighting the success of the program. This fall, Judge Stormer will receive the 2017 Compass Award for exemplary service to individuals with serious mental illness from the Margaret Clark Morgan Foundation.

The program had served 152 clients as of June 2017. Of the 83 individuals who have graduated, only seven have been rehospitalized.

“What we’re trying to tell people is, today’s a ‘new day,’” Judge Stormer told the Akron Beacon Journal.

Judge Stormer welcomes colleagues and others interested in learning how the AOT program operates to observe her courtroom. She often invites them to join her on the bench so they can benefit from the full experience of helping those in need.

The Margaret Clark Morgan Foundation, located in northeast Ohio, invests in innovative projects designed to improve the lives of people with serious mental illness and with the potential to have a national transformative impact. Each year, the Foundation bestows the Compass Award on a person who embodies the organization’s mission.

This year, that person is Judge Elinore Marsh Stormer, and it is well-deserved.

In Memory of Two Tireless Advocates

SUSAN CLEVA
When Susan Cleva died August 13, 2017, in Bellevue, Washington, the Treatment Advocacy Center lost one of its first and best friends and mental health lost a tireless advocate. Susan was the organization’s very first donor, mailing a check before the Treatment Advocacy Center had even opened its doors. Susan served as an advocate for NAMI Greater Seattle for almost 20 years and helped create a residential treatment program for individuals in psychiatric crisis in Washington, DC.

SENATOR PETE DOMENICI
U.S. Senator Pete Domenici died September 13, 2017, in Albuquerque, New Mexico, after serving six terms as senator and being a tenacious advocate for mental health care reform. Sen. Domenici co-authored the Mental Health Parity Act of 1996, which requires insurers to provide equal coverage of mental health care to that of physical health care. A recipient of the Torrey Advocacy Commendation with his wife, Nancy, Sen. Domenici’s support for assisted outpatient treatment (AOT) was crucial to New Mexico’s enactment of an AOT law in 2016.
OREGON
The Treatment Advocacy Center was appointed to sit on the civil commitment work group for the Oregon legislature. The work group is tasked with recommending legislative solutions to the issue of criminalization of mental illness in the state. Additional issues will include the definition of the gravely disabled standard. The first work group meeting was held in Salem on September 19.

CALIFORNIA
The Treatment Advocacy Center attended implementation meetings with AOT teams in Contra Costa, Ventura and Orange counties, which strengthened working relationships in California. A negative report about Laura’s Law developed for Stanislaus County by Results Group LLC was released in August, but public support for the ordinance and fact-based rebuttal from advocates resulted in the county voting 5–0 to move forward with planning a pilot program. Alameda County will be expanding its five-person pilot AOT program to a 30-person pilot beginning in the fall of 2017.

MISSOURI
NAMI St. Louis hoping to establish an AOT pilot program to serve as an example for the rest of the state. Plans are underway to bring a planning committee together to discuss next steps.

COLORADO
Governor John Hickenlooper signed into law a bill to end detention of people in psychiatric crisis in Colorado jails. The Treatment Advocacy Center worked with the governor’s mental health task force, which provided the recommendations for the legislation. The new law also allows law enforcement to determine if a person is in immediate need of psychiatric care and provides statewide funding and support for mobile crisis teams, transport and walk-in crisis centers. The new law will be used as a model to foster these changes in similar rural frontier states.

MINNESOTA
The Treatment Advocacy Center met with several lawmakers on July 8 in Monticello, Minnesota, to discuss introducing a new bill to improve the assisted outpatient treatment (AOT) law and promote its use throughout the state. Opposition by National Alliance on Mental Illness (NAMI) Minnesota, Minnesota Disability Law Center, and Mental Health Minnesota is likely, so a coalition including law enforcement and family members will be mobilized.

TENNESSEE
The Treatment Advocacy Center is working with a team of Knox County law enforcement and service providers to incorporate an AOT program into the county’s new behavioral urgent care center for nonviolent offenders with substance abuse and mental illness issues. The center received $3.5 million in state funding and is scheduled to open in the fall of 2017.
**Pennsylvania**

A Treatment Advocacy Center-supported bill to create new outpatient civil commitment criteria, HB 1233, unanimously passed the House. This legislation to create a usable AOT criteria is moving forward with full support of the community behavioral health providers. The bill was introduced by the judiciary chair and awaits action in the Senate.

**Ohio**

State Representative Bill Seitz (R-Cincinnati), House majority floor leader, is the sponsor of HB 81. The bill would exempt from the death penalty those diagnosed with schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder or delusional disorder at the time a capital offense was committed.

“I’m raring and ready to go as soon as we get back to try and move this forward in the House,” Seitz told the Gongwer News Service. “I think with all the recent furor over the resumption of executions in Ohio, people ought to at least recognize this for progress in terms of narrowing the range of cases in which the death penalty may be imposed.”

HB 81 has had three hearings in the House Criminal Justice Committee and a similar measure, SB 40, has had three hearings in the Senate Judiciary Committee. The General Assembly returned to session in September.

**Kansas**

Several of the Kansas participants in a recent national AOT training (see page 7), and others have come together to form a coalition to promote the use of AOT in Kansas. They will begin by polling judges and prosecutors to gain understanding about why their AOT law is underutilized. Once the results of the survey are compiled, the coalition will determine its next steps.

**District of Columbia**

The Treatment Advocacy Center is leading a task force with other advocates in the District with the goal of identifying obstacles to treatment for homeless individuals with untreated serious mental illness. The task force is working cooperatively with the U.S. Interagency Council on Homelessness, the Downtown DC Business Improvement District, service providers, homelessness advocates and emergency physicians.

**Kentucky**

Representatives from NAMI Kentucky and NAMI Lexington visited the AOT program in Butler County, Ohio, for a first hand look at a successful program. The advocates will take what they learned back home to promote quality implementation of the recently passed Tim’s Law, which will expand the use of AOT in the state.

**Michigan**

Mark Reinstein, executive director of the Mental Health Association in Michigan, received a grant from the Michigan Department of Health and Human Services to conduct a series of educational forums on the recently passed update to Kevin’s Law. Family members with loved ones who have serious mental illness and who are caught in the revolving door of hospitalization, incarceration and homelessness are encouraged to attend. The forums are being offered throughout the state to highlight changes to Kevin’s Law and to provide practical tips to families on how to utilize the law to ensure their loved one receives care.

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In 2017, the Treatment Advocacy Center is achieving major breakthroughs in its efforts to further the implementation of assisted outpatient treatment (AOT) by state and local mental health systems. In large part, this has come through collaboration with the Substance Abuse and Mental Health Services Agency (SAMHSA), the federal agency charged with promoting innovation in public mental health.

As detailed previously in Catalyst, this year, SAMHSA began funding 17 new state and local AOT programs across the United States, with support expected to continue over the next four years. This new grant program was first proposed by the Treatment Advocacy Center in 2014 and came to fruition thanks to the efforts of Rep. Tim Murphy (R-PA).

But this is no moment for laurel-resting. The goal has always been for the modest initial investment in AOT ($15 million per year) to set the stage for more significant future federal support. For that to happen, the 17 new programs will have to prove their effectiveness in helping people with severe mental illness avoid repeat hospitalization and arrest. With so much riding on their success, these fledgling AOT programs have little room for growing pains or figuring out AOT through trial and error.

Fortunately, through both staff expertise and its national network of successful AOT practitioners, the Treatment Advocacy Center has enormous know-how on AOT implementation. In partnership with SAMHSA and the GAINS Center (SAMHSA’s technical support contractor), we are actively sharing that know-how with the grantees. This collaboration began in March with a webinar to the grant sites conducted by Policy Director Brian Stettin; continued in May with Brian’s presentation and wall-to-wall participation in a three-day conference of the grantees in Alexandria, Virginia; and is now taking the form of SAMHSA-sponsored visits to grant sites by Brian and members of our expert network.

Partnering with SAMHSA to Push AOT Implementation

New York Governor Andrew Cuomo in June signed a bill extending Kendra’s Law, the state’s landmark assisted outpatient treatment (AOT) law, for another five years. The law had been due to expire at the end of the month but will now require no legislative action until 2022.

As in years past, we are disappointed that the state Assembly did not follow the Senate’s lead and vote to make Kendra’s Law permanent. But we take comfort that, in his explanation for the extension, Assembly Speaker Carl Heastie (D-Bronx) did not suggest any doubts about AOT’s effectiveness in helping people with severe mental illness maintain safety and stability.

“Assembly majority is aware of the importance of this legislation, as well as the importance of ensuring New Yorkers receive access to the mental health services they need,” Heastie stated. “We also recognize that extending the legislation not only allows us but compels us to reevaluate the program every few years to look for opportunities for improvement.”

Since its enactment in 1999, Kendra’s Law has served as a model for many other states’ establishment or revision of their AOT laws. It remains, however, the only law in the nation requiring every county to implement an AOT program.

NY Extends Kendra’s Law
In a significant step toward wider use of assisted outpatient treatment (AOT) in the United States, the Treatment Advocacy Center teamed up with the Substance Abuse Mental Health Services Administration (SAMHSA) this summer to offer three AOT training conferences in three locations nationwide. More than 40 local teams representing jurisdictions from throughout the country attended the trainings in Las Vegas, Nevada; Rockville, Maryland; and Detroit, Michigan.

Teams consisted of mental health providers, court staff and other key community partners interested in gaining a better understanding of how to effectively implement civil court–ordered, community–based intervention for individuals with serious mental illness who cannot, on their own, recognize their need for treatment.

The Honorable Oscar Kazen, former Bexar County, Texas probate judge, kicked off the trainings with a role-playing exercise to demonstrate what is often called the “black robe effect” in AOT—the motivating force of a judicial order to stay in treatment.

Treatment Advocacy Center Policy Director Brian Stettin followed up with an in-depth overview of how AOT state laws differ and practical information about how stakeholders within a community can collaborate to develop and implement AOT programs. Betsy Johnson, legislative and policy adviser for the organization, walked participants through the seven core elements of an effective AOT program.

Other speakers included Nevada psychiatrist LaTricia Coffey, M.D.; Ohio psychiatrist, Mark Munetz M.D., chair of psychiatry at Northeast Ohio Medical University; and licensed clinical social worker Amy Lukes. Each shared a clinical perspective of AOT and stressed the importance of screening potential candidates properly. Duke University’s Marvin Swartz, M.D., provided an in-depth look at the AOT research.

The highlights of each training were testimonials from individuals and families who had participated in AOT programs. In Nevada, Brad Smith and his son, Eric, talked about what Eric’s life had looked like before he received AOT and how that compares to their life today. When Eric thanked Judge Kazen, who presided over his case, for saving his life, there was not a dry eye in the room. In Maryland and Michigan, family members Benjamin Farley and Barbara Biasotti shared similarly moving stories.

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Research Takes a Seat at the Mental Health Table

The Office of Research and Public Affairs (ORPA) released its ninth original study since 2014 in April and brought its expertise to a number of meetings where mental health leaders and researchers have been gathering to address the failings of the U.S. mental health system.

A Crisis in Search of Data: The Revolving Door of Serious Mental Illness in Super Utilization represented the first published effort to systematically and comprehensively survey what has been reported in government, academic and mass media sources about the repeated and frequent use of high-cost public services—a phenomenon commonly called “super utilization.”

The study started with a search of more than 3,000 reports and studies addressing the role and cost of serious mental illness on high utilization of public services. The core finding was that the role of serious mental illness in high utilization is largely uncharted, though it is widely recognized by service providers. In addition, based on the data currently being collected, its costs are unknown and unknowable at the state and federal level.

By illuminating the gaps in critical information, A Crisis in Search of Data helped establish the Treatment Advocacy Center as a leading voice on the role of mental illness in super utilization at a time when leaders across the country were just beginning to embrace the concept. This opens the door for a host of important opportunities moving forward, especially as the federal government begins to implement provisions regarding data collection and mental illness.

RESEARCH IMPACTS

One measure of ORPA’s expanding reach as an authoritative source on serious mental illness is our visibility at a growing number of tables where mental health policy, research and reform are shaped. In the spring and summer of 2017, these included:

- **Substance Abuse and Mental Health Services Administration (SAMHSA)**
  ORPA and members of the Psychiatric Advisory Board to the Treatment Advocacy Center have identified areas where more complete or comprehensive data collection would make it possible to better analyze, understand and address roles and impacts of serious mental illness on individuals and their communities. ORPA met with SAMHSA officials in April for a briefing on recommendations and to advocate for their implementation. In May, ORPA participated as one of six experts on a panel advising SAMHSA on its new portfolio of serious mental illness research. Jeffrey Geller, M.D., a member of the Treatment Advocacy Center’s board of directors, was also a panelist.

- **American Psychiatric Association (APA)**
  In our January 2017 report, Emptying the “New Asylums”: A Beds Capacity Model to Reduce Mental Illness Behind Bars, ORPA’s original research showed how computer modeling can identify small changes in common practices that could reduce wait lists for state hospital admission by pretrial jail inmates with serious mental illness. The model was one of seven innovations accepted for presentation at the APA’s Psych Innovation Lab during the organization’s 2017 annual meeting held in San Diego in May.

- **National Association of State Mental Health Program Directors (NASMHPD)**
  Doris A. Fuller, chief of ORPA, took part in the panel that led off the National NASMHPD Annual Meeting in July. Fuller co-authored Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care for NASMHPD, the lead paper in a series of NASMHPD reports examining issues surrounding psychiatric beds in the United States (see page 9 for more about Beyond Beds).

- **National Institute of Mental Health Alliance Meeting (NIMH)**
  The NIMH Alliance for Research Progress, a group of patient and family advocates from national organizations representing individuals with mental illness, their family members and all those concerned about them. ORPA was at the table in September when the Alliance met for a high-level briefing about the research agenda for the institute, the largest research organization in the world specializing in mental illness.
Nearly 10 million individuals in the United States are estimated to live with a diagnosable psychiatric condition serious enough to impair their personal, social and economic functioning. Hardly a day goes by without a study, headline, court case or legislative action calling for reforming the mental health system to better serve this population. Often, these calls to action end in two words: “More beds.”

Overlooked issues in mental illness are being identified, new data are being collected and important research is being reported as a direct result of meetings such as these. For example, six of the nine research proposals ORPA made to SAMHSA in April were at varying stages of completeness by September. Such advances represent another way the Treatment Advocacy Center is eliminating barriers to the treatment of severe mental illness.

Beyond “More Beds” and the Importance of a Full Continuum of Psychiatric Care

Individuals with serious mental illness need and deserve access to the same levels of care that individuals with other medical conditions already commonly experience, according to Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care, co-authored for NASMHPD by ORPA Chief of Research and Public Affairs Doris A. Fuller and Debra A. Pinals, M.D., medical director for behavioral health and forensic programs in the state of Michigan.

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According to Beyond Beds, what is largely missing from the outcry are answers to broader questions like,

- What do we mean by “beds”? More precisely defined, what types of beds are needed: acute, transitional, rehabilitative, long term or other?
- Are there differences in the needs of different age groups—youth, adults, older persons—and diagnoses that need to be reflected in the bed composition?
- What evidence-based outpatient practices would reduce bed demand by reducing the likelihood of a crisis developing or by diverting individuals in crisis to appropriate settings outside of hospitals?

Beyond Beds addresses these questions and offers public policy recommendations for reducing the human and economic costs associated with severe mental illness with a robust, interconnected, evidence-based system of care that goes beyond beds. Each recommendation from the report is drawn from data and observation and is illustrated by the story of “Taylor,” a representative young adult whose journey toward mental health recovery illustrates both the failings and the potential of the current continuum of psychiatric care.

Beyond Beds also launches a series of 10 NASMHPD publications reporting on aspects of psychiatric care that together can enhance the capabilities of a robust continuum. These include a review of comprehensive U.S. inpatient and forensic bed capacities and beds, health integration and co-occurring substance use disorders, populations with intellectual and developmental disorders and other special needs, crisis intervention, homelessness, trauma-informed care, peer services, and health disparities and cultural competence.

For timely research updates, follow ORPA on Twitter @TACResearch or sign up for Research Weekly at TreatmentAdvocacyCenter.org/stay-informed.
Majority of the Country Fails to Provide Support for Individuals with Serious Mental Illness who Have Committed Major Crimes

Individuals with serious mental illness who have committed major crimes represent 2% of the estimated 8.2 million individuals with a severe psychiatric disease in the United States. Although this is a small segment of the total population, research shows that, without treatment, these individuals are at heightened risk of being re-arrested after their release from jail or prison or discharge from a forensic hospital.

*Treat or Repeat: A State Survey of Serious Mental Illness, Major Crimes and Community Treatment*, a new report written by Treatment Advocacy Center founder Dr. E. Fuller Torrey and Legislative and Policy Counsel Lisa Dailey, is the result of a survey of selected state systems and structures for those who have committed major crimes.

The states were graded from A to F based on the availability and comprehensiveness of these practices.

Only 16 states received a passing grade of B or better. An additional 13 states received a grade of C. The remaining 21 states received a D or F, indicating few or no evidence-based practices for individuals with serious mental illness who have committed major crimes.

The report finds that this population is often overlooked in programming and funding decisions. It recommends prioritizing evidence-based treatment to reduce re-arrest and negative outcomes for the individuals, save costs for states and prevent tragedies.

Board Member, H. Richard Lamb, a Research Pioneer

The United States incarceraes more individuals with mental illness than any other nation on earth, a result of both our incarceration rate and the disproportionate prevalence of mental illness in our inmate population.

In a new paper now online in *Behavioral Sciences and the Law*, Drs. H. Richard Lamb, the Treatment Advocacy Center board member and a research pioneer on the criminalization of mental illness, and Linda E. Weinberger examine the issues surrounding the release of individuals with serious mental illness and practices that would reduce their risk of re-incarceration and other adverse consequences.

“Throughout, a pragmatic ethics is advocated,” they write, “that which is good is that which works.”

Noting that individuals with mental illness are a heterogeneous group, Lamb and Weinberger call for better recognition that diverse needs require more diverse resources and interventions. “Outpatient treatment and services for persons placed in the community should be for those who are the most likely to succeed and the least likely to fail and as a result need costly, lengthy hospitalizations and/or be at risk of re-arrest for serious offenses,” they say. At the same time, there is a substantial minority, “who need the structure and support found in acute, intermediate or long-term care in a hospital setting or a highly structured, locked 24-hour care community facility.”

Noting that individuals with mental illness are a heterogeneous group, Lamb and Weinberger call for better recognition that diverse needs require more diverse resources and interventions.
SMRI decided to do a trial using the drug to treat schizophrenia. In 2012, SMRI funded psychiatrists in Pakistan associated with the Department of Psychiatry at the University of Manchester in England to carry out a double-blind trial of methotrexate on 90 patients with schizophrenia. In 2016, they completed the trial and reported significantly more improvement in the patients taking methotrexate compared to those taking placebo. The researchers then sent their data for independent analysis by John Davis, M.D., a consultant to SMRI. Dr. Davis confirmed the positive finding.

The next step is to try to independently replicate the findings, which is essential before such findings can be taken seriously. Therefore, in March 2017, SMRI funded a double-blind trial of methotrexate to be carried out in Israel by Mark Weiser, M.D., who also works with SMRI, on 100 patients with schizophrenia. This study will take two to three years to complete. If the original positive results can be replicated, methotrexate will then be considered as another possible treatment for individuals with schizophrenia who are treatment-resistant. Such a finding will also raise the question of how methotrexate works. Does it improve schizophrenia symptoms because of its effect on the immune system? Or does the drug have a direct effect on Toxoplasma gondii or another infectious agent that may be causing the disease?

Many individuals who have experienced psychosis describe it as like being in a dream or a nightmare. Should we be executing individuals for actions they have taken when they are detached from reality?

— Dr. Frese
DEVELOPING NEW DRUGS FOR TREATING SCHIZOPHRENIA AND BIPOLAR DISORDER

The Stanley Medical Research Institute (SMRI) has supported treatment trials on at least 50 drugs at any given time. How do we decide which drugs might be effective for improving the symptoms of schizophrenia or bipolar disorder and are thus worth testing? The most common way has been to choose drugs that are chemically similar to the drugs already known to be effective—for example, they affect neurotransmitters such as dopamine or glutamate. A second way is to select drugs that affect genes thought to be associated with these diseases, an approach that has been very disappointing. A third way is to select drugs that affect specific metabolic pathways thought to be involved in the disease process, such as anti-inflammatory drugs or drugs affecting the immune system. Still another way to select a drug is by a leap of faith, such as the following.

Since the 1930s, it has been observed that people with schizophrenia or rheumatoid arthritis almost never get the other disease. Both diseases have a prevalence of approximately 1%, have concordance rates in identical twins of approximately 30%, and are more common in individuals born in urban areas. Both diseases have been suspected of being triggered by infectious agents; for both diseases, studies have shown that affected individuals had a greater exposure to cats in childhood. Could both diseases be caused by the same infectious agent, and, once you get one of the diseases, you have immunity against getting the other? If that is true—note the leap of faith—then drugs effective for treating one of these diseases also may be effective against the other.

Methotrexate is one of the most widely used drugs to treat rheumatoid arthritis. It was originally synthesized in 1947 and is used for treating some cancers. It was then discovered to have effects on the immune system; in lower doses than are used for cancer treatment, it became popular for the treatment of rheumatoid arthritis. Since methotrexate is effective for rheumatoid,