

[NYAPRS Enews] Coercion and Institutionalization Won't Fix NY's Mental Health Crisis: City Limits

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on behalf of  
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# CITYLIMITS

## Opinion: Coercion and Institutionalization Won't Fix NY's Mental Health Crisis

*"We must reject policies that single out, scapegoat, and sweep away the rights of our neighbors with mental illness. "*

I spent six weeks in a psychiatric hospital on Long Island in 1970. I hadn't slept or eaten in many days, had isolated myself for many more, and was increasingly suspicious of others. The medication and "therapy" groups there left me empty and gave me little reason for hope. I thought my life as I knew it was lost forever. Had I had the benefit of a peer counselor who had come through and out the other side of this traumatic event, I would have been offered a way forward.

After discharge, I retreated to my parents' home, coming outside only to feed the ducks at a local pond and to catch the last movie showing at a local theater because I knew this was a way to be around people where no one would be looking at me.

Several years later, I went to work at the local state psychiatric center in Albany to try to give encouragement to people like me, who were essentially being told that their lives were over. I worked as a mental health service provider for the next 18 years and as a mental health advocate for the last 30.

I have seen New York's mental health system at its worst and at its best.

I have seen us fail to provide the time and the will to find out how best to engage people in great need, only to place the blame on them and label them as "non-compliant",

I've seen us give up on people because they wouldn't accept medications without even trying to first address their most immediate needs, like food, shelter, and clothing. Now I'm seeing the state move to [forcibly confine people in psychiatric wards](#) because it hasn't sufficiently invested in street-based approaches that help them to accept those same things voluntarily.

I've seen people and politicians complain about and decry the "homeless mentally ill" and then fail to provide the specialized housing and supports necessary for people to voluntarily leave the streets and subways for help that they can trust, even as we have [2,500 empty supported housing units in New York City](#).

I've seen us fail time after time to skillfully engage and effectively support BIPOC individuals with serious mental illnesses voluntarily: why else are nearly [4 out of 5](#) Kendra's Law coercive treatment orders applied to Black and Brown people in New York City?

I've seen the sharp rise in public fears about the "violent mentally ill" even as the data is clear that the people I support are [11 times more likely](#) to be victims of violence, [five times more likely to be victims of murder](#) are [16 times more likely to be killed in encounters with police](#).

We must reject policies that single out, scapegoat, and sweep away the rights of our neighbors with mental illness.

And it's long past time for our mental health systems to take charge here and to stop foisting off our responsibilities to the criminal justice and homeless systems.

But I'm also seeing extraordinarily promising successes.

Just a few days ago, I saw New York's Legislative Black, Brown, Puerto Rican and Asian Caucus [reject](#) the Hochul Administration's [proposal](#) to expand the use of coercive treatment orders in favor of extending more and more appropriate services to those same communities, as they so powerfully stated at our Tuesday's [Capital news conference](#)

I'm seeing programs send peer counselors out again and again to Queens tenements, [White Plains bus stations](#), and Rochester homeless shelters to successfully and voluntarily engage people who would have otherwise been levied with Kendra's Law orders that are supposed to be used as a last resort, but frequently aren't. The Westchester program is successfully engaging 80% of individuals who were previously regarded as impossible to engage without a Kendra's Law order.

I'm seeing the launch of crisis response models in New York State that offer a [peer homeless outreach program in New York City](#), a center offering an array of crisis responses under [one roof in Buffalo](#) and the success that [forensic peer team members](#) are having in Westchester County. Further, New York is 3 months away from launching a new 9-8-8 mental health hotline call system that will move us from 911's reliance on sending police first responders to offering mental health crisis counseling and referrals to 24 new crisis stabilization centers located across the state.

I'm seeing that state of the art teams of mental health and EMT professionals are becoming the new first street responders, taking over from police officers who are more than grateful to see people in acute mental health crisis getting more appropriate responses.

I'm seeing the success of ["low threshold" housing programs](#) that take in and support people who were initially unwilling to stop using drugs or to start taking medications of choice.

Years ago, a provider told me of how a worker had gone out again and again to unsuccessfully engage a person in severe need with a particular medication and treatment plan and asked me, shouldn't we respect people's right to refuse care? I answered, before you give up on them, send out someone else and offer them something better.

We must go forward and make these voluntary support, crisis and housing models available to all and reject stigmatizing steps backward to the policies of coercion and institutionalization.

*Updated version*

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