

[NYAPRS Enews] What Brooklyn's Subway Shooting Reveals About The State Of Mental Health Care: Politico

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NYAPRS Note: Some news outlets, professors and policymakers are rushing to judgement about what led to the subway shooting horror associated with Frank R. James and to identify causes and remedies to prevent terrible tragedies like this from occurring in the future.

From early reporting, Mr James has a long history of criminality and preoccupation with violence and is someone who has referred to personal struggles with PTSD and who has had past and possibly current involvement with mental health services.

Events like these inevitably lead to calls for more coercive mental health treatment orders but typically fail to look at the role of the criminal justice system, the impact of social determinants of health like poverty, isolation and discrimination or around the need to increase availability and access to existing models of innovative voluntary services that are engaging, personalized and persistent.

On this note, come hear NYC Commissioner of Health and Mental Hygiene Dr. Ashwin Vasani's talk on 'The Nexus Between Behavioral and Public Health and Social Policy' at NYAPRS April 26-7 Executive Seminar. You can register at <https://www.eventbrite.com/e/nyaprs-2022-executive-seminar-tickets-229387001697>.

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What Brooklyn's Subway Shooting Reveals About The State Of Mental Health Care

By Amanda Eisenberg Politico April 15, 2022

NEW YORK — A spate of high-profile crimes committed in the city's public transit system culminated Tuesday with one of the worst acts of violence on the subway in nearly four decades, with Frank R. James allegedly opening fire in a Brooklyn N-train, injuring 23 people.

James, who lived in several states across the U.S., recorded videos on his YouTube channel where he said he suffered from a post-traumatic stress disorder and had spent time in New York City's mental health treatment centers filled with "violence." A Brooklyn federal court judge ordered a psychiatric evaluation for James during his arraignment Thursday.

"These are the people that was supposed to be helping me," James, 62, said in a March video while pointing at the screen. "They made me worse! They fucking made me worse. They made me more dangerous than anybody could ever fucking imagine."

The incident has highlighted the broken state of mental health care in the country, and experts wonder how much can be done to fix it at a local level.

"It's difficult to mandate medication or behavioral health services until it's too late," said Thea Gallagher, a clinical assistant professor in NYU Langone's psychiatry department who specializes in PTSD. "Most people can leave on their own even if they receive them."

In James' case, he had a 30-year arrest history for low-level crime and demonstrated a preoccupation with violence, according to the detention letter issued by the U.S. Attorney's Office for the Eastern District of New York.

That behavior prompted a judge in New Jersey to sentence him to counseling in the 1990s — a procedure similar to the one that occurs in New York under Kendra's Law, which mandates assisted outpatient treatment for certain individuals deemed a danger to themselves or others.

Stephen Eide, a senior fellow at the Manhattan Institute, a conservative think tank that has been a major proponent of expanding Kendra's Law, said the policy wouldn't have prevented Tuesday's attack because his mental health providers didn't seem able to follow up with him.

"How do we get more supervision for people like that?" he asked. "Who's to blame when someone gets pushed in front of the subway? Who do we hold responsible for that?"

Harvey Rosenthal, the CEO of the statewide coalition New York Association of Psychiatric Rehabilitation Services, pointed to widespread failures in the criminal justice system that allowed James to purchase and stockpile weapons despite his record. (James was able to buy the handgun he used in the attack because he didn't have any felony convictions, authorities said).

"I would wonder what the criminal justice system did," he said. "In terms of mental health, we rush to diagnosis all the time. We rush to a mental health solution when it isn't indicated. And none of us know what treatment he got and whether it was sufficient or not."

Gallagher, who has not treated James but viewed his YouTube videos and read media coverage, speculated his behavior is consistent with a severe "thought disorder," which could be a symptom of other serious mental illnesses like schizophrenia.

"You're not seeing reality the way we're seeing it," she said of patients with such diagnoses, which are determined by asking questions like whether they see or hear things other people don't. "For people to understand, these individuals don't have as much control as we have. Individuals are acting as a result of these thoughts that are not based in reality."

Still, there's only so much intervention that can be done for people with severe mental illnesses, especially for someone like James who said he received treatment and whose likely psychosis made him believe it was harmful — a common concern for those who received mandated treatment, said Ruth Lowenkron, the director of the Disability Justice Program at the New York Lawyers for the Public Interest.

"People who have been forced into treatment have traumatic responses," said Lowenkron, a longtime dissenter of Kendra's Law. "If we had the [voluntary] programs in place that work, we wouldn't be in the position we're in."

She was complimentary of New York City Mayor Eric Adams' plan to send social workers and city staff into the streets and subways to coax people into housing and mental health services, but emphasized the importance of ensuring people had choice in those cases — a component she believes is not present in mental health resources provided under Kendra's Law.

The state budget finalized last week includes a five-year extension of Kendra's Law, along with changes to information sharing and virtual testimony for court orders — updates Adams has been a proponent of to enhance his public safety policies.

"One of the reasons we have a broken system is because treatment is not engaging," Rosenthal said. There's no guarantee that treatment will yield results "when we have a system that has a long history of failing to engage people, even when they're sent there," he said.

Former Mayor Bill de Blasio tried to destigmatize mental health care by focusing first on people with symptoms like anxiety and depression. The program, ThriveNYC, pivoted to focus on people experiencing homelessness and serious mental illness after critics questioned its efficacy. ThriveNYC continued to draw critics who said it cost too much money while yielding too few results. At the end of his tenure, de Blasio scaled down the program and renamed the Mayor's Office of Community Mental Health.

Under the Adams administration, the Mayor's Office of Community Mental Health has expanded the number of police precincts where EMT-social worker teams respond to mental health-related 911 calls instead of the cops. The office does not have a director, after Adams reneged on appointing former City Council Member Fernando Cabrera, who has a history of anti-LGBTQ beliefs, to the role. Jason Hansman and Tina Chiu, who worked on various iterations of Thrive, are co-acting directors of the office.

Administration officials have also hinted that Health Commissioner Ashwin Vasan, who previously served as CEO of the nonprofit Fountain House that serves people with serious mental illnesses — will roll out a new initiative aimed at improving mental health for New Yorkers. However it'll likely be aimed at children dealing with pandemic-related trauma.

Mia Eisner-Grynberg, a federal defender who is representing James, did not return a request for comment.

James, who is being held without bail, faces up to a life sentence in prison for "knowingly" intending to "cause death and serious bodily injury to passengers and MTA employees on the New York City subway system, according to a statement from U.S. Attorney for the Eastern District of New York Breon Peace.

Experts are unsure if this case will drive policy changes across New York, as other acts of violence have.

"The issue of access to mental health services is always one we can always push forward. I don't know if that's the answer here because he was engaged in mental health services he believed made him worse," Gallagher said. "If that's the case, what can you actually do?"

POLITICO's Shannon Young contributed reporting.

Mental-Health Advocates Brace For Backlash After Subway Shooting

By Chou Lam WNYC/Gothamist April 15, 2022

Advocates for people experiencing mental illness are bracing for an onslaught of blame after it was revealed that the man charged with carrying out one of the worst attacks on New York's subway system said he had a history of mental disorder.

Frank R. James, 62, the man who was arrested Wednesday and charged with committing a terrorist attack, talked about his struggle with mental illness in videos he shared on YouTube prior to the shooting and blamed Mayor Eric Adams' mental-health policies for making his condition worse.

Like previous high-profile incidents, the alleged gunman's mental-health may become the focus of a rallying call to force people diagnosed with psychiatric disorders to undergo treatment against their will, said Harvey Rosenthal, chief executive officer of the New York Association of Psychiatric Rehabilitation Services, an advocacy group.

"We are not, as a whole community, violent and out to do these things," said Rosenthal, who was diagnosed with bipolar II, a mood-related condition himself. "And so please, for God's sake, don't, after these terrible things happen, ramp up coercion across the whole community."

According to an article published in a medical journal, JAMA Psychiatry, the majority of the 44.7 million adults in the United States with a mental illness are not violent toward others. Rather, people who experience mental-health issues are more often the targets of violence instead of the perpetrators of violence.

Dr. Peter Stastny, a psychiatrist who works with mentally ill people in institutional settings, said just because an individual suffers from mental illness doesn't mean the person is at greater risk of committing acts of violence. That, he said, can depend on a combination of factors.

"If a person with a mental illness decides to buy a gun, which is a very, very, very tiny percentage of people with mental-health problems who do that, then the risk is augmented substantially," Stastny said.

The risk increases not because the individual has a mental illness but because the person has a weapon, he said.

On Tuesday, police said James, a former machinist, detonated two smoke grenades inside a crowded subway train as it passed through Sunset Park, Brooklyn and fired 33 shots in the car and on the station platform, striking 10 people and injuring at least 13 others. No one was killed. James was taken into custody on Wednesday afternoon after a day-long manhunt. The exact motive is still unknown.

The mass shooting came on the heels of recent unprovoked killings in which the alleged attackers have a history of mental illness. In January, Martial Simon, 61, was arrested and charged with pushing Michelle Alyssa Go in front of an oncoming subway train in Times Square. In March, Gerald Brevard III, 30, of Washington, D.C., was arrested and charged with shooting and killing two homeless men in New York and Washington and wounding three others.

After high-profile attacks, Tabor and Rosenthal said it's natural for the public to be afraid but noted that about 3 million people ride the subway on a weekday, and most of those trips are safe.

"This was a terrifying, terrible event that is, thankfully, exceedingly rare," Tabor said.

<https://gothamist.com/news/mental-health-advocates-brace-for-backlash-after-subway-shooting>