

TESTIMONY
March 21, 1996

Good Morning. My name is Vivian Spiese. I am also a member of the Alliance for the Mentally Ill and the parent of a son with a neurobiological brain illness, schizo-affective disorder, commonly called a mental illness.

I am here today because I am concerned about the emphasis on punishment these days without considering the conditions of the person's abilities to reason or understand reality. There appears to be some myths abroad that I would like to address. One is that most people who claim that they were mentally ill while committing a crime are faking it and just using that to get out of a long prison sentence. There is a small population who may try that. But in making such an assumption many persons who really are ill and out of touch with reality are branded criminals, punished, and rarely receive appropriate services to correct the symptoms of the illness.

Several years ago our son, who had been ill with schizo-affective disorder, began to decompensate because it was not understood by the professional most responsible for him that he had moved into a phase of mania where his treatment needed to be adjusted. As a result, he became so very ill after several months due to the lack of appropriate services that his behavior and thought processes were absolutely bizarre because the brain was not processing information correctly. He was operating with a delusional system that was "off the wall." He became fixated on the fact that my house was not cleaned up to his liking. When he was psychotic, I became the enemy. One morning he came to our house, in a very ill state, and he set fire to three piles of papers that were mine at several places in the front room of our house. The result was a \$100,000 fire and a warrant by the state police fire marshal for his arrest on a charge of arson.

The interesting thing about this story, though, is that after he set the fires he walked to a restaurant half a block away and ordered a cup of coffee. There was no realization that he should run to get away or escape punishment for what he had done. When the police walked into the restaurant to get him, he was concerned only with the fact that he wanted to finish his coffee as he did not want it to get cold. They tried questioning him and the answers were absolutely bizarre and unrelated to the questions.

When his seven-year old daughter came to visit us the following week-end in our temporary home, she wanted to know about the fire and whether her toys had been destroyed and things like that. After being assured that her favorite doll at our house had been saved, she looked up and said, "By the way, how did the fire start?" I asked if she remembered how sick her Dad had been for a couple months, and she said, "yes," and then I asked if she

remembered how angry he had been with me, and she said, "yes." I then said, "Well, he set fire to some of my papers." After a minute to ponder that she concluded, "But he didn't realize that all that fire would happen because he set fire to the papers. He just wanted to get rid of the papers."

That 7-year old could understand that because she had grown up with a clear understanding of mental illness and how it affected her Dad. Fortunately, the local criminal justice personnel understood insanity, too, and the fact that he had not received the appropriate care. The prosecutor indicated he was not out to get the jugular vein ... he wanted our son to receive the care he needed. Eventually, our son was moved to a state hospital where he was treated for five months. There was a strong possibility that he could have pleaded "Not Guilty By Reason of Insanity" and won. We hesitated about that as the result is often a commitment to an institution that lasts longer than an actual prison sentence.

The local legal system offered a plea bargain agreement. Our son began taking the medication Clozaril when he came home in the spring of 1992. He has responded very well to that treatment and is no longer delusional. He has a great relationship with his daughter who is now 12 years old.

However, if you were to change the law regarding the NGRI as you are proposing to do, and the experience I have described were to be repeated, and the local legal people were not willing to agree to a plea bargain, I'm afraid my son would be sent to a state prison for a sentence of from seven to twenty years with no real assurance of receiving mental health care.

Please do not make the NGRI defense virtually impossible to prove.
TREATMENT WORKS!

MENTAL ILLNESSES ARE REAL TREATMENT WORKS

Serious mental illnesses are biological brain diseases that can critically interfere with a person's ability to think, feel and relate to other people and the environment. These illnesses are schizophrenia, bipolar disorder, major depression, obsessive-compulsive disorder (OCD), and panic disorder.

An array of medical treatments, which include medication in combination with rehabilitation and support services, have had a major and positive impact on efficacy and costs attributed to serious mental illness.

- Mental illness treatment is effective.

Treatment success rates for major mental illness are better than those for common cardiovascular treatments.

Early Treatment Outcome - Treatment Efficacy

<u>Illness</u>	<u>Success Rate</u>
Schizophrenia	60%
Bipolar Disorder	80%
Major Depression	65%
OCD	60%
Panic Disorder	80%
Angioplasty	41%
Atherectomy	52%

- Treating mental disorders costs less than treating many other common disorders, including cardiovascular disease.

For severe mental disorders in 1990, all costs, including treatment and indirect costs, totaled \$74 billion per year. For treating all mental disorders, the figure is \$148 billion. The total cost of treating cardiovascular system disease that year was \$159 billion.

- We spend about as much per year to treat such chronic "physical" illnesses as diabetes as we spend on the chronic mental disorder schizophrenia.

The direct and indirect costs of treating schizophrenia are estimated by Rice and Miller in a 1992 study at \$33 billion for 1990. Total costs for treating diabetics in that year (Huse et al, 1989) was \$27 billion.

- If all insurance plans treat the severe mental illnesses as they treat physical illnesses, there will probably be a net savings in costs.

Giving equal coverage for individuals with a serious mental illness would cost 10 percent more than is currently spent nationwide, but it would be more than offset by an expected 10 percent decrease in the cost and use of general medical services by these people, yielding a \$2.2 billion net saving for the nation.

Some studies actually show a higher reduction in overall costs when psychiatric treatment is covered. Even if the effect is neutral, more people's illnesses are covered for the same cost.

- Mental illnesses are as diagnosable as other physical illnesses.

Using well-established, formal diagnostic criteria for major disorders, mental health clinicians agree on a given diagnosis approximately 80 percent of the time. This compares favorably to agreement on clinical diagnoses in other areas of medicine.

- Covering severe mental illness is essential.

Percent of Adults with Serious Mental Disorders

<u>Diagnosis</u>	<u>Percent of US Adults</u>
Schizophrenia	1.5
Bipolar Depression	1.0
Major Depression	1.1
OCD	0.6
Panic Disorder	0.4
TOTAL	2.8 *

Percent of Children & Adolescents with Severe Mental Disorders.

<u>Diagnosis</u>	<u>Percent of Study Population (Ages 9-17)</u>
Schizophrenia	1.2
Bipolar Depression	1.2
Major Depression	1.2
Panic Disorder	0.3
OCD	0.6
TOTAL	3.2 *

* A person may carry more than one diagnosis at the same time. In this table these persons are counted once for each diagnosis and are included in more than one row of the table. The percentages for each individual diagnosis cannot be added together to obtain the total percentage of the study population with any disorder.

Source: NIMH MECA, Unpublished Year 2 Data.