

Maintaining Essential Mental Health Care

During the recent holiday season, many of us were keeping in our thoughts the families of the police officers massacred by Maurice Clemmons one year ago in Lakewood, and the six people killed by Isaac Zamora two years ago in Skagit County.

These stories often play out in the media as though they are random, disconnected crimes. But as professionals working in community mental healthcare, we can see how each of these tragedies reflect failures in the mental health safety net.

Unless our state legislature is able to reverse course from a recent history of harmful cutbacks and misdirected priorities such as tax loopholes for Wall Street banks, we worry that our public safety will continue to be compromised — and more preventable tragedies will strike. That's the message of a new report from SEIU Healthcare 1199NW entitled "Don't Look Away," which shows that preventative treatment for people with serious mental illness is a priority public safety issue.

Unemployment, foreclosures and other economic challenges are putting extra pressure on the vulnerable people

Effective treatment for mental illness works — when it is available. When seriously mentally ill people have access to treatment, they are no more prone to harming others or themselves, than any member of the general population. Mental illness does not need to be linked to violence and premature death, and it is important not to stigmatize mentally ill people as a group.

But for people who don't have access to

GUEST COLUMN

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appropriate care, severe mental illness often means exposure to increased risk. People with untreated mental illness die on average 25 years younger than the general population. They are more likely to succumb to substance abuse and chronic homelessness, and more likely to become victims of street crime. In the most extreme situations, untreated mentally ill people can themselves become violent.

That's why effective mental health care is so important, especially these days when unemployment, foreclosures and other economic challenges are putting extra pressure on the vulnerable people who are closest to the breaking point. Our state's mental health safety net includes community-based mental health treatment facilities and supported housing facilities staffed by professional clinicians, caseworkers and other caregivers.

Effective mental health treatment also saves money by reducing the pressure on crowded emergency rooms and jails which are ill-suited to provide the most effective forms of care for mentally ill people. The Downtown Emergency Service Center (DESC)'s 1811 Eastlake Housing First program provides a strong example of cost savings. That program provides housing and on-site services to severely troubled homeless individuals, including those suffering from mental illness and alcohol abuse. Before the initial group of clients moved in, they cost taxpayers an average of \$4,066 a month for emergency services, detox and jail. Once they entered the program, those costs dropped 75 percent, saving the public some \$4 million

in the first year alone.

Despite such cost savings, the human and public safety benefits of successful programs like this one can still be too easy to ignore if policymakers are only looking for programs to cut. This fall, King County was prepared to make dramatic cuts to two other successful programs at DESC — Homeless

lending a hand to the vulnerable and those most in need. We need to make sure that legislators' attention is focused not just on drawing down the state's fiscal deficit, but also on reducing the human deficit — including more than 200,000 mentally ill Washingtonians who have no access to mental health care.

A rigid, cuts-only approach won't work — especially since the cuts being discussed will fall disproportionately on the people who are already hurting the most. New revenues should also be on the table, alongside proposed cuts. Finally, the legislature must get serious about ending corporate tax loopholes — starting with hundreds of millions worth of sweetheart tax exemptions for banks, financial services, credit agencies and other white-collar services.

It really is a simple choice. Maintaining essential mental health services will save both lives and money. But a penny wise, pound foolish all-cuts approach will damage a safety net already badly frayed, and will open the door to more preventable tragedies.

Hardison is an RN with the Program of Assertive Community Treatment at the Downtown Emergency Service Center in Seattle. Black is a residential counselor with Community Psychiatric Clinic in Seattle. Both are members of SEIU Healthcare 1199NW. The report "Don't Look Away" can be accessed at <http://bit.ly/dontlookawaywa>.

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Outreach Stabilization Transition and the Program of Assertive Community Treatment. However, the county wisely reversed course after an outcry from caregivers and community members made sure that public officials understood that these programs were effective, cost-efficient and crucial to our public safety. Cutting such programs would be penny wise—but pound foolish.

We need our state legislators to make a similar realization, as they weigh how to deal with our state's daunting budget deficit. We agree with the governor when she said last year that the state budget is more than just numbers and dollars — it's an expression of our values. She said that the budget represents our commitment to



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