

Opinion: Laura's Law is not the answer

By Joseph Bochner

With San Francisco, Los Angeles, Nevada, Yolo and Orange counties having implemented Laura's Law ("LL") – the newest of this state's compulsory psychiatric treatment regimes – Placer County is set to become the sixth California jurisdiction to start court-ordered drugging of mental health patients. Promising to make our lives safer, cheaper and just-plain-more better, Placer County Supervisor Jennifer Montgomery wrote a recent opinion piece touting LL's "voluntary" nature and sciency creds as an important "tool." In almost Machiavellian fashion, elected local politicians will fulfill these promises the way pickpockets get at your wallet: by misdirecting attention.



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Dirge rather than fanfare accompanies this social engineering experiment. LL's namesake Laura Wilcox, a young mental health worker, died in 2001 after a madman shot her at her desk. Her distraught parents dedicated themselves to AB1421, a statute that on its face and via court order, permits county authorities to force psychiatric treatment on people labeled mental, but unwilling. Hence madness, crime, death, and sadness aren't inevitabilities of the human condition; authorities will identify at-risk individuals,

intervene, and stop them before they offend. (Think: the PreCrime Unit in "Minority Report.")

Accusing the innocent

Of course, perfectly "sane" people commit substantially all crimes. Indeed, the most recent scientific study disproves any causal connection between crime and mental problems. In an upcoming publication, "How Often and How Consistently do Symptoms Directly Precede Criminal Behavior Among Offenders With Mental Illness?", researchers studying over 400 crimes and 143 offenders were unable to show any real link.

"When we hear about crimes committed by people with mental illness, they tend to be big headline-making crimes so they get stuck in people's heads," said lead researcher Jillian Peterson. "The vast majority of people with mental illness are not violent, not criminal and not dangerous." Translated: even if mental disorders went away entirely, the crime rate wouldn't change much. Though psychiatric cases are overrepresented in the criminal system, it's largely because they simply have nowhere else to go.

If diagnosed mental patients aren't dangerous, why does forced treatment seem to help? Prestidigitation provides the answer. Compulsory treatment has two parts: treatment and compulsion. Treatment seems to help; compulsion, not so much.

Tom Burns, researcher and professor at the University of Oxford, helped write the UK's analogue to LL. He designed a study to tease out the differences between compulsion and treatment components, hoping that the compulsion he'd advocated would produce salutary results. It didn't.

Here's what he says of LL: "The evidence for the effect of AOT [assisted outpatient treatment] or Laura's law is inversely proportional to the scientific rigor with which it is collected. When biases are removed there is no evidence of effect. It is not really true that it has been proved to have

effect in all the [American] states mentioned [by Supervisor Montgomery] – the effect of targeted services and the effect of the law are not distinguished. When they are the effect disappears. Good services work, compulsion adds nothing.”

Treatment or cause?

While scientific evidence proves LL doesn't really work, Supervisor Montgomery tells the story of a relative of hers who refuses treatment and exemplifies the need for government-ordered intervention. Although it's just as irrelevant, for decades, along with my family, I successfully urged my own mother to accept psychiatric treatment (read: pills). For about 60 years now she's pretty consistently taken one or a cocktail of prescribed psychotropic medications. Now in her 80s, she's in a board and care home and getting county assistance. Did drugs make her better, and did they save public money? When common side effects come home to roost – known and profound effects like weight gain, diabetes, weird (and permanent) involuntary movements called “dyskinesia,” brain shrinkage, and more, it's possible to speculate, but impossible to know. Long-term psychiatric studies usually span weeks or in rare instances a few years. Seeing my mom now after a lifetime of meds, I'm not sure if they helped, hindered or perhaps both (depending upon perspective).

Anecdotes are one thing, scientific study is another. Like me, science writer Robert Whitaker thought meds – really the only state-of-the-art treatment for mental problems – could help in the long run. However, when Whitaker began researching psychiatric drugs in large populations over long time periods, he discovered a disturbing paradox: consistently, the more meds, the worse the long-term outcomes. Whitaker published his findings in “Anatomy of an Epidemic” (2010). His hypothesis that present “treatment” strategies may make matters worse deserves more rigorous scientific study. LL essentially legislates the status quo, rather than letting the science work itself out, beginning with truly voluntary doctor-patient

relationships.

'We're from the government, and we're here to help'

If none of this sounds especially Machiavellian, consider counties that for decades have neglected mental health services are today the same ones championing LL's compulsory treatment regime. For the majority of people suffering severe mental disorders – often without housing, insurance or any visible means of support – mental health services simply aren't available. Tellingly, some reports suggest that Laura Wilcox's disturbed killer Scott Thorpe repeatedly tried to get psychiatric treatment; officials turned him away. There's something highly cynical and even shameful about denying services to mental health sufferers who cry out for help, only to compel such services if and when authorities see fit.

Inexplicably, the “we'll starve you until we think you need force-feeding” crowd insists that Laura's Law isn't really compulsory. They sugar-coat legal compulsion, lamely calling it “Assisted Outpatient Treatment.” Supervisor Montgomery goes even further: “Laura's Law is voluntary,” she writes.

The statute itself makes plain the true equation: “‘Assisted outpatient treatment’ shall be defined as categories of outpatient services that have been ordered by a court...” Cal. Welfare & Inst. Code § 5345 subd. (b).

If, like Supervisor Montgomery, you slept through high school civics, court orders are neither voluntary nor even assisted, they're imperative. LL says that defiance of a court order isn't necessarily contempt of court, but it also specifically mentions section 5150, California's involuntary commitment law. IOW, officials can put away people labeled mentally ill, and do all the time, usually on just the word of a psychiatrist or law enforcement.

(Make no mistake: when the government forces people into locked facilities against their will, they've been put away.)

Faced with that, folks get all kinds of “voluntary.” So accept any “assistance” ordered, or else.

Centuries ago, Machiavelli wrote a rather cynical little book advising a young prince how to govern without regard to ethics. Today, after decades of neglect, cuts in social services, and increasing onus on the “mentally ill,” LL arrives as just another county government “tool.” Are words what they mean, are results what they say? History will judge the matter harshly. With crime unaffected, causes and treatment uncertain, and little hope or help for the vast majority of those afflicted, critics may call Laura’s Law Machiavellian. They’d be right but for two truths: Machiavelli was clever. And he knew what he was doing.

Joseph Bochner practices law in South Lake Tahoe and is an avid skier, licensed pilot and computer geek. A volunteer with the Sierra Nevada Alliance, he graduated from UC Berkeley with a political science degree and holds a juris doctor from the University of California, Hastings College of the Law.