

# THE PEOPLE'S SPOTLIGHT

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#StandUpSpeakOut #FactsNotFiction #ResistTheMadScare

August 1, 2016

## *Boston Globe's "Mad Scare" Tactics Threaten Community-Based Mental Health*

### #FactsNotFiction



Joshua Messier placed in deadly restraint at Bridgewater State Hospital. Joshua died in restraint on May 4, 2009. Death by restraint in psychiatric hospitals is rarely captured on video like this but happens all too often all across the United States, not only here in Massachusetts.

- We the People will not forget the 384 people living with mental health challenges killed by police in 2015 and so far in 2016.<sup>1</sup>
- We the People who have been confined to psychiatric institutions are 6 times more likely to be victims of homicide than the general population.<sup>2</sup>
- We the People receiving intensive support in mental health programs are 11 times more likely to be victims of violent crime than the general population.<sup>3</sup>
- We the People who receive services from the Massachusetts Department of Mental Health die 25 years earlier than the general population.<sup>2</sup>

### #StandUpSpeakOut

- The Washington Post identified 250 people with "signs of mental illness" killed by police in 2015.<sup>1</sup> Another 134 of us already have died this way in 2016. This number is growing. Why has the Boston Globe Spotlight not published these 384 faces? We are here to remember those who have died of militarized policing, institutional restraint and confinement, public indifference and inadequate community-based mental health care.
- We all need support, every human being, but we cannot get the support we need if we are afraid to seek help in our communities.
- Community-based mental health services are underfunded in Massachusetts, as they are across the US. We need more community-based support, not less. However, the Globe's Spotlight series proposes returning to a 1950s style of institutionalization and turning to newer coercive outpatient commitment methods. Forced treatment is not the answer!  
#StandUpSpeakOut

### #ResistTheMadScare

- Use of "Mad Scare" tactics by the Boston Globe in portraying us as murderers is reminiscent of McCarthy's "Red Scare" of the 1950s. These tactics further the ambitions of politicians such as Pennsylvania Representative Timothy Murphy but they will never bring greater resources to community-based mental health care.
- The Globe's Spotlight coverage aims to stir up a public hysteria about how dangerous we are. Those of us who already seek out mental health services and those who might seek out these services in the future are becoming afraid that the act of seeking help labels us as murderers.
- The Globe's Mad Scare tactics are akin to Donald Trump fomenting hatred: "We have drug dealers coming across, we have rapists, we have killers, we have murderers." Trump wants a wall to keep us out. The Globe wants institutional walls to lock us in. Such hatred will never solve our problems!  
#ResistTheMadScare

## #FactsNotFiction

We know from the Washington Post that 250 people with "signs of mental illness" were shot by police in the United States in 2015 and another 134 have already been shot in 2016.<sup>1</sup> Yet these alarming numbers are only the tip of the iceberg when considering how many of us have been murdered overall. From 1973 to 1993, the Danish entered 257,720 people into their national Psychiatric Register. The US has no comparable database. The Danish registry provides the largest sample available for assessing how often people who have been confined to a psychiatric institution are murdered. A 2001 analysis showed that people in the Danish registry were six times more likely to be victims of homicide than the general population.<sup>2</sup>

We are 11 times more likely to be victims of violent crime than the general population based on a study of 936 randomly selected community-based mental health patients labelled with "severe" mental illness when compared with 32,449 demographically matched participants in the US National Crime Victimization Survey.<sup>3</sup>

There is no clear consensus on what "mental illness" means. The Centers for Disease Control and Prevention asserted in a 2011 report: "*an estimated 25% of adults in the United States reported having a mental illness*"<sup>4</sup>. If the CDC is correct, the Globe's finding that only 10% of murders in Massachusetts since 2005 were committed by someone with a mental illness is strikingly low (15% below the expected number). Based on these data, mental illness actually decreases the likelihood of committing murder, not increases it as the Globe's Spotlight series would have us believe.

In Massachusetts, people who receive services from the Department of Mental Health die more than 25 years earlier than the general population. Our average age of death is 52 years compared to 78 years for the general public (2001-2006).<sup>5</sup> We are five times more likely to die of external causes (28% vs. 6%) and we are twice as likely to die of homicide (1.4% vs 0.6%) than the general population.<sup>6</sup> We are 5 times more likely to die before the arrival of emergency services (5% vs 1%) and twice as likely to die in the Emergency Room (14% vs 7%) than the general population.<sup>5</sup> However, those of us receiving DMH services are only a small percentage of our total population. Had the Globe limited itself to using DMH eligibility criteria, most of the 116 murderers featured in the Spotlight series would have been disqualified.

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<sup>1</sup> The Washington Post, June 30, 2015 *Distraught People, Deadly Results: Officers often lack the training to approach the mentally unstable, experts say.* (<http://www.washingtonpost.com/sf/investigative/2015/06/30/distraught-people-deadly-results/>)

<sup>2</sup> Hiroeh et al, *The Lancet*, Vol 238, Dec. 22/29, 2001, *Death by Homicide, Suicide and Other Unnatural Causes in People with Mental Illness: A Population-Based Study.*

<sup>3</sup> Teplin et al, *Archive of General Psychiatry*. 2005 August; 62(8): 911–921, *Crime Victimization in Adults with Severe Mental Illness: Comparison with the National Crime Victimization Survey.*

<sup>4</sup> Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report Supplement* Vol. 60, September 2, 2011, page 1, *Mental Illness Surveillance Among Adults in the United States.*

<sup>5</sup> Parks et al, *National Association of State Mental Health Directors*, October 2006, *Morbidity and Mortality in People with Serious Mental Illness.* ([www.nasmhpd.org/sites/default/files/Mortality%20and%20Morbidity%20Final%20Report%208.18.08.pdf](http://www.nasmhpd.org/sites/default/files/Mortality%20and%20Morbidity%20Final%20Report%208.18.08.pdf)) Also see Mary Ellen Foti (Massachusetts Department of Mental Health) and Kristin Roy-Bujnowski (UMASS Medical School), *Morbidity and Mortality in People with Serious Mental Illness, 2001-2006, Adults 18-64.* ([www.umassmed.edu/uploadedfiles/cmhsr/publications/kristenlowres.pdf](http://www.umassmed.edu/uploadedfiles/cmhsr/publications/kristenlowres.pdf))

<sup>6</sup> Dembling et al, *Psychiatric Services*, Vol. 50, No. 8, August 1990, page 1038, *Life Expectancy and Causes of Death in a Population Treated for Serious Mental Illness.*