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Chicago's Cook County Jail sees around 9,000 inmates each day with approximately 2,500 of those inmates suffering from a mental illness, essentially making it the nation's largest mental health hospital. Assisted outpatient treatment serves the mentally ill, decreasing their chances of hospitalization, incarceration, and homelessness but draws questions about mental health and civil rights.

Assisted outpatient treatment is a court-ordered treatment plan for people suffering from severe mental illness that limits their ability to be contributing members of society. The court order can be petitioned by family members of an individual with severe mental illness or by the mental health system.

Loyola University's professor Brent In, is a former probation officer with experience in mental health and criminal issues. His teaching focuses on criminal justice and mental illness in addition to community based corrections. He is familiar with assisted outpatient treatment and the patients being served. In considers assisted outpatient treatment a necessity for the public. In says, "these people do need help, and if not outpatient treatment then what? If we keep filling prisons with people who are sick they will never get healthy and either end up in the hospital again or in prison again. Or dead."

Approximately 325,000 people suffer from severe schizophrenia or severe bipolar disorder in the state of Illinois, making them eligible for assisted outpatient treatment. According to the Treatment Advocacy Center, each state would need 50 public psychiatric beds per 100,000 people to provide minimally adequate treatment for individuals with a severe mental illness. The

state of Illinois, like every state, misses the mark by almost 40 beds. But even still a significant portion of the public psychiatric beds are unfilled across the country.

Mark Florentino, a former patient at Yellowbrick Consultation and Treatment Center blames the founder of Yellowbrick for the indirect murder of three other patients there. He thinks outpatient treatment infringes on the human rights of the sick. Florentino writes, “The manipulation and trauma caused by the staff upon the patients is most likely among the worst on the planet. The place is laced with pure malpractice and should be shut down immediately.”

Assisted outpatient treatment forces patients into care whether they want the help or not causing people to question the ethical implications of the program. But many patients who are considered severely ill suffer anosognosia, the lack of insight of their mental illness or denial of mental illness. These patients are typically noncompliant to medication.

In notes, “they’re either too sick to get help or they don’t think they need help. And it’s not just them who are suffering but their families too.”

In New York, an evaluation of court ordered outpatient treatment under Kendra’s Law found that hospitalization rates of participants dropped from 74% to 36%. In addition, assisted outpatient treatment has also been proven to decrease homelessness, incarceration, and victimization of individuals who suffer a severe mental illness. More importantly assisted outpatient treatment has also been proven to increase patient compliance, usually in forms of medication and acceptance of illness.

Involuntary outpatient treatment is higher among African American populations but compared to whites, are suffering more from mental illness and are more likely to be treated by the public system. Despite racial differences there does not appear to be any racial bias in the mental health system.