CaliforniaCivilLiberties.org

California Civil Liberties Advocacy
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Monday, March 28, 2016

Assemblymember Kevin McCarty
P.O. Box 942849
Room 2160
Sacramento, CA 94249-0007

RE: Assembly Bill 2017

Dear Assemblymember McCarty,

The California Civil Liberties Advocacy (CCLA) is writing to **SUPPORT** AB 2017.

In the past, mental health has been an area of public policy where civil liberties proponents have inadvertently caused almost as much harm as they have good in attempting to bring about progressive reforms. It may be safe to assume that such advocates are at least partly responsible for the decline of mental health services—first in California, then in the United States as a whole—by arguing that involuntary treatment violated an individual's due process and equal protection rights.

"Deinstitutionalization" (as it was then called) was originally intended to make available a more humane path to community-based mental health services. But unfortunately, the political powers of the time exploited the opportunity to cut spending by shutting down mental institutions over time, and then failing to establish adequate services in their stead. (Steinberg, et al., *When did prisons become acceptable mental healthcare facilities?* in Stanford Law School Three Strikes Project (2015) p. 1 (hereafter Steinberg).) The first substantive change in California came with the Lanterman-Petris-Short Act in 1967, which allowed the state to release patients from mental hospitals and limited its right to detain those suffering from mental illnesses. (Karasch, *Where Involuntary Commitment, Civil Liberties, and the Right to Mental Health Care Collide: An Overview of California's Mental Illness System* (2003) 54 Hastings L.J. 493, at 496 (hereafter Karasch).) Between that time and 1971, three public mental hospitals closed. Though the intent of the state legislature was for the resultant savings to be distributed to community-based programs, Governor Ronald Reagan vetoed the transfer of the funds — first in 1972 and again

in 1973. (Steinberg, supra, at 6.) Some estimate that about 92% of the people who would have been placed in mental hospitals in the years before those changes, were then part of the general population in 1994. (Karasch, supra, at 495.) An unforeseen consequence of this "deinstitutionalization" was that "[t]he shift from state to local services was unexpectedly accompanied by a sharp increase in the population of the mentally ill within California's criminal justice system," with more than 30,000 seriously mentally ill prisoners housed in state prisons, effectively "making CDCR the de facto mental health treatment provider in the state." (Steinberg, supra, at 6, 7.) The irony is that civil liberties advocates who fought against the involuntary confinement of the mentally ill contributed to their entry into the criminal justice system. "It should be noted that LPS [the Lanterman-Petris-Short Act] was signed by Governor Reagan in California but only after pressure from groups like the ACLU stepped in and sued on behalf of patients who were being involuntarily hospitalized." (Picket, *Mentally ill hidden by liberal 'good intentions', revealed by public tragedy*, Washington Times (Jan. 10, 2011) <http://www.washingtontimes.com/blog/watercooler/2011/jan/10/loughners-illness-protected-liberal-privacy-laws/> [as of Mar. 27, 2016].) Far worse than involuntary commitment, incarceration severely hinders an individual's liberty by restricting movement, placing such ones in a situation with high levels of danger, and effectively barring personal privacy. (Steinberg, supra, at 7.) Thus it is very important not only to reverse this disturbing trend, but to carefully implement public policy which makes funding available for community-based mental health services as originally intended many decades ago.

One way that mental health services may be made available in a community setting is by implementing more substantive services on California college campuses. Community colleges are of utmost import since the California State University is covered by the provisions set forth in Executive Order No. 1053, which established basic mental health services for students, (*Mental Health Services*, California State University < http://www.calstate.edu/sas/mentalhealth.shtml> [as of March 27, 2016].), or the University of California, which has provided long-established mental health services. (*Student Mental Health Resources & Promising Practices*, University of California <http://www.ucop.edu/student-mental-health-resources/> [as of March 27, 2016].) And according to the American Psychological Association in 2010, 44% of community college students seeking help at their college counseling centers had severe psychological problems, including "depression, anxiety, suicidal ideation, alcohol abuse, eating disorders, and self-injury." (*The State of Mental Health on College Campuses: A Growing Crisis*, American Psychological Association <http://www.apa.org/about/gr/education/news/2011/college-campuses.aspx> [as of March 27, 2016]. (hereafter State of Mental Health).) The report went on to state that "45.6 percent of students surveyed reported feeling that things were hopeless and 30.7 percent reported feeling so depressed that it was difficult to function during the past 12 months." (State of Mental Health, supra.) Age of onset for mental illness is usually

during a person's teenage years, though mental health disorders can begin as early as adolescence. (Jones, *Adult mental health disorders and their age at onset* in The British Journal of Psychiatry (2013) p. 1. (hereafter Jones).) Since many do not receive treatment until much later in life, it is important to identify mental illness as early as possible in order to "prevent a lifetime of disability" for such ones. (Jones, supra, at p. 1.) And according to Dr. Karen Hochman of Emory University School of Medicine, more severe mental illnesses, such as schizophrenia and bipolar disorder, usually develop in a person's late teens or early 20's. (Tarugu, *The Real World: Recognizing Mental Illness in Young Adults*, NBC 5 – KXAS (2015) <http://www.nbcdfw.com/news/health/The_Real_World__Recognizing_Mental_Illness_in_Young_Adults.html> [as of March 27th, 2016].) Community college students account for about 78% of all undergraduate students currently enrolled in California, and over 28% of UC students and 55% of CSU students typically begin in community college. (Community College League of California, *Fast Facts 2014* (Mar. 2014) p. 1.) It is thus inferable that making mental health services more accessible to community college students will augment the goal of identifying and treating mental illnesses earlier in peoples' lives, thereby contributing to the overall well-being of the community.

Furthermore, according to the Student Mental Health Program, of 17,271 California community college students surveyed in the spring of 2013, 42% indicated finances were traumatic or difficult to handle, 22% felt hopeless and overwhelmed, 18.3% had periods when they felt overwhelming anxiety, 9.1% seriously considered suicide, and 2.5% actually attempted suicide. (*Student Mental Health: An Important Element of Student Success*, Student Mental Health Program <http://www.cccstudentmentalhealth.org/docs/StudentSuccess.pdf> [as of March 27, 2016].) On the other hand, a recent study by RAND has determined that for every dollar invested in student mental health in California, the resulting net benefit is an estimated $11.39. With approximately 329 more college graduates per annum, this translates into an estimated $1.4 million in lifetime individual earnings, in turn stimulating the economy and returning about $8.5 million to state government and further justifying the continued investment into college mental health services. (*RAND Finds Investment in Student Mental Health Pays Off*, Each Mind Matters <http://calmhsa.org/wp-content/uploads/2016/02/Each-Mind-Matters-RAND-Infographic-Investment.pdf> [as of March 27, 2016].) It is not difficult to extrapolate the correlation of mental health and college success with that of enabling citizens to lead productive lives and so would be less likely to pose a public safety risk and be caught up in California's criminal justice system. This could arguably extend the cost savings by gradually reducing the number of incarcerated persons who suffer from mental illnesses.

By establishing the College Mental Health Services Program and providing the requisite funding, AB 2017 advances these interests, which the CCLA believes will work not only for the

benefit of the individuals, but also for good of society at large. Nonetheless, due to the potential fiscal impact of this bill, the author may choose to consider amending the bill to include a sunset provision, which may be later extended if the program proves successful.

Due to all of the foregoing reasons, the CCLA strongly **SUPPORTS** AB 2017.

Respectfully,

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Cc: Assembly Health Committee