

New York State Joint Legislative Public Hearing on the 2021 Executive Mental Hygiene Budget Testimony

In Recognition of the 50th Anniversary of the Mental Patients Liberation Front



In 1971, a group of former New York State psychiatric patients, led by 18-year-old Howard Geld (later known as Howie The Harp*) formed the Mental Patients Liberation Front¹ to advocate for a simple service: drop-in crisis centers “...where people with problems could come and work them out in a close and open atmosphere.” The centers would be self-run and not be staffed with “authorities” who might “judge the health and stability” of the participants.

Over the past fifty years, State funds to operate such a center have never materialized, despite decades of advocacy for supports like this that honor the innate wisdom of those who are closest to the issues and challenges the mental health system is supposed to address.

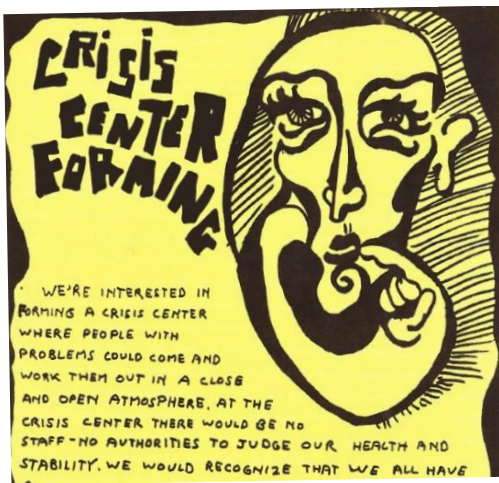
Instead of embracing user-defined supports, the 2021 Executive Mental Hygiene budget includes some items the MPLF would find abhorrent, in particular a proposed revision to lower involuntary commitment standards for individuals “...experiencing such complete neglect of basic needs for food, clothing, shelter or personal safety as to render serious accident, illness, or death highly probable if care by another is not taken. The new criteria would allow OMH the opportunity to better serve those with mental illness who struggle to help themselves and suffer from malnourishment, exposure to the elements or lack the ability to take care of serious medical problems.”

* Video: [Who Was Howie The Harp?](#)

¹ Open Forum: Evolution of the Antipsychiatry Movement Into Mental Health Consumerism, David J. Rissmiller, D.O. and Joshua H. Rissmiller. *Psychiatric Services* 2006 57:6, 863-866

From an equity lens, this proposal is patently racist, as research has shown “...candidates for outpatient [involuntary] commitment are largely drawn from a population in which Blacks are overrepresented: psychiatric patients with multiple involuntary hospitalizations in public facilities.”² In short, this proposal only reinforces the racial bias and inequities that exist in our public mental health system.

The MPLF would ask why these individuals, who are now experiencing “...malnourishment, exposure to the elements, or lack the ability to take care of serious medical problems...” were not assisted much earlier. Nearly all of them will have had prior experience with the mental health system, including inpatient confinement. What sort of care is going to be offered by OMH under this provision that is markedly different from what has already been provided?



The MPLF would suggest, as they did fifty years ago, that there should be a safe place for people to go, one that doesn't impose a medical intervention when someone needs a comfortable bed, food, and a sympathetic ear.

To its credit, OMH has begun to take steps to license and support the development of respite and crisis stabilization centers. The funding to establish these programs remains meager, however, and largely depends on the ability of a provider to amass start-up funds, negotiate contracts with private insurance companies, and then bear the administrative and financial burden of billing on a fee-for-service basis.

Some counties are not waiting for the OMH central office or the governor to act and have contracted with groups like People USA to establish peer-staffed respite centers that can be up and running in a few months.³ The mental health budget should be allocating funds to local communities to take programs like this to scale.

² Swanson, Jeffrey & Swartz, Marvin & Van Dorn, Richard & Monahan, John & McGuire, Thomas & Steadman, Henry & Robbins, Pamela. (2009). Racial Disparities In Involuntary Outpatient Commitment: Are They Real? Health affairs (Project Hope). 28. 816-26. 10.1377/hlthaff.28.3.816.

³ People USA Regional Index: <https://people-usa.org/regional-index/>

The MPLF would also note that the mental health budget still devotes over 60% of its \$4.4 billion on maintaining 22 psychiatric facilities and a workforce of 13,000 people to care for 4,000 inpatients. That's a shocking price tag of \$600,000 per person per year. And this is after half a century of deinstitutionalized.

The legislature should demand a five-year strategic plan to close all non-acute, state-run psychiatric facilities and reinvest every dime in community-based alternatives that are both more cost-effective and humane. This same recommendation has been advanced by numerous commissions, task forces, and research studies stretching back to the 1960s.

Finally, the MPLF would be incensed to learn that one of the few programs that gives the user some level of control and choice over the supports and services that best help them, has been removed from the executive budget.

Called self-directed care, this pilot program provides a modest budget (less than \$10,000 annually) for peers to purchase goods and services as part of an overall recovery plan. It costs the state almost nothing relative to massive outlays to maintain an aging and mostly vacant hospital system. Beyond its modest cost, it has helped hundreds of people with mental health conditions build a new life.

It took years of planning to get the self-directed care project up and running and it represents one of the few national research projects exploring more cost-effective ways to help people achieve a meaningful life in the community.⁴ The legislature should restore funds for this vital program, which is scheduled to end in December 2021.

It is my hope that the mental hygiene budget that is eventually approved by the legislature will honor the legacy of the Mental Patients Liberation Front by supporting commonsense services that peers and their advocates have been requesting for decades.

Thank you for your consideration.

Submitted by Steve Coe
Co-founder, [CCIT-NYC](#)
Fellow, [Centre for Conscious Design](#)
www.stevecoe.us

⁴ Human Services Research Institute, *Exploring the impact of self-directed care on mental health recovery*, <https://www.hsri.org/project/demonstration-and-evaluation-of-self-direction-in-mental-health>