



FINAL TRANSCRIPT

PANELISTS: JUSTICE STEPHEN BREYER, ARTHUR CAPLAN, PETE EARLEY,  
FREDERICK FRESE, AVEL GORDLY, ERIC KANDEL, STEVEN LEIFMAN,  
ESTELLE RICHMAN, ELYN SAKS, THOMAS SIMPATICO, TRACEY SKALE,  
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OLIVIA'S STORY, CHAPTER 1: WORRIED ABOUT OLIVA

FRANK SESNO:

Justice Breyer, Professor Breyer. You're worried. It's about Olivia. A student of yours at Commonwealth University. Olivia's been a great student up till now. But something seems to have been changing. She's speaking rapidly. Some of her ideas don't hold together. The last paper she turned in had all these

markings in the margins, and arrows; that actually didn't make any sense to you. She appears disheveled. And she looks like she hasn't slept, maybe in days. What are you thinking?

JUSTICE STEPHEN BREYER:

I'm thinking this is a problem. And-- maybe she needs some help.

FRANK SESNO:

You see her a couple of days later, in the college bookstore. She is on a buying binge. Buying texts, medical texts; hundreds of dollars, maybe more, of these books. You ask her what she's doing, and she says, "I'm studying states of consciousness." Your thoughts are?

JUSTICE STEPHEN BREYER:

I think maybe she's becoming a little manic. And-- maybe she should talk to somebody. And I could guide her to that person.

FRANK SESNO:

Well, it's interesting that you mention that. Because it turns out that your good friend and colleague, Eric Kandel knows something about this.

JUSTICE STEPHEN BREYER:

Eric, what do-- what do you think I should do here? A student is having-- it seems to me a really serious problem. She's writing all these notes that don't make sense. She's looked as if she's on a buying binge. How would you deal with this?

ERIC KANDEL:

I would recommend that you speak to her directly. And ask her-- what's happening in her life. Point out to her that you have been aware of the fact that there's a change in the pattern. And that you presume she might be uncomfortable and unhappy with something. And the mere fact that you show empathy is going to be helpful to her. There is, I think, nothing kinder in medical exchange than to give the person who is ill a sense that you are trying to understand what is going on. She seems to be going-- which might be a manic episode, and she clearly needs help.

FRANK SESNO:

You've actually said she may be ill.

ERIC KANDEL:

Yes. She's clearly getting ill.

FRANK SESNO:

Dr. Skale, what's going on in Olivia's mind, do we think?

TRACEY SKALE:

Olivia might not know that she has anything wrong at all. In fact, Olivia is working on some great paper. And she might have very exciting, grandiose ideas. So, she might be wondering why her professor is saying this to her. Yet, I agree with you, Dr. Kandel that having that empathy and-- and initial support is a huge factor.

FRANK SESNO:

Professor, what would you actually say to Olivia, when you sit down with her?

JUSTICE STEPHEN BREYER:

I'd say, "Olivia I was a little worried the way you were in class, because you looked pretty disheveled. And I want to know what you're thinking. How are you feeling?" would it be a good idea, do you think that we go over and-- and talk to the counselor?"

FRANK SESNO:

Fred Frese. What is Olivia likely to say?

FREDERICK FRESE:

"Professor, there's nothing wrong with me. You're trying to paint a picture that I'm ill. I'm-- I'm just working on something. And I'll work it out on my own."

FRANK SESNO:

To which you say? (COUGH)

JUSTICE STEPHEN BREYER:

Well, I'd say that that's possible. I mean, you know, sometimes I can be involved in something. And I think I've never seen anything so good. And then-- my wife or my children point out, "Well, you know, you're overdoing this." And I don't know I'm overdoing it. And I just wonder if maybe it'd be a good idea--you look tired--just to talk to somebody here-- about your life. I don't think you're

FREDERICK FRESE:

What kind of person do you want me to talk to?

JUSTICE STEPHEN BREYER:

The counselor.

FREDERICK FRESE:

Well, I very much-- appreciate your concern for me. And if you really want me to go to see this counselor-- do you know this counselor?

JUSTICE STEPHEN BREYER:

No, I don't. But I-- I-- I would--

FREDERICK FRESE:

Well, how can I trust this-- who this counselor would be? If you don't even know who this is?

JUSTICE STEPHEN BREYER:

Part of the University.

FREDERICK FRESE:

Well, that's-- that's no-- (LAUGH)

FRANK SESNO:

How's it going Professor?

JUSTICE STEPHEN BREYER:

Not very well. (LAUGH) Not very well.

ELYN SAKS:

Olivia, whether or not you have a mental illness isn't the issue. You seem to be having a hard time. You seem to be struggling. Why don't we just go talk to someone who's trained to-- to understand-- these kinds of distress.

FREDERICK FRESE:

Well, I've talked to these counselors before, and they-- they never know anything.

FRANK SESNO:

Let me come back to the professor. (LAUGH) On parent's weekend last October, you actually met Olivia's mom and dad. Her father said, "Professor, Olivia loves your class. And you know if you ever think you want to talk to me about my daughter, feel free to do so." Do you call the parents?

JUSTICE STEPHEN BREYER:

Absolutely.

FRANK SESNO:

You do?

JUSTICE STEPHEN BREYER:

Yes, I would. (LAUGH) I would, yes.

FRANK SESNO:

And what do you tell them?

JUSTICE STEPHEN BREYER:

I say, I'm worried about your daughter. And I describe the behavior. And-- What do you think? What do you think I ought to do?

FRANK SESNO:

Everybody okay with this good professor calling her parents?

SUSAN STEFAN:

Is there a question with a FERPA (PH) issue?



FRANK SESNO:

What's FERPA?

SUSAN STEFAN:

FERPA is a law that protects the confidentiality of students.  
And their records.

FRANK SESNO:

So, you're concerned about confidentiality and her privacy?

SUSAN STEFAN:

I-- he may be violating the law by calling her father. Or may--  
he may not. I don't know. If I were him--

FRANK SESNO:

Justice Breyer may be violating the law. (LAUGH) By calling her  
parents?

SUSAN STEFAN:

It's possible.

FRANK SESNO:

Who pay her tuition?

SUSAN STEFAN:

It's possible.

OLIVIA'S STORY, CHAPTER 2: Taking Olivia to the Emergency Room

FRANK SESNO:

Pete Earley? Problem?

PETE EARLEY:

Absolutely. I'm-- I'm concerned. I have a professor who's called me. Someone my daughter respects. And I've also noticed in my conversations that's something wrong. I'm alarmed because the school knows. I realize that people with mental illness get thrown out of schools. So, I immediately want to go see my daughter.

FRANK SESNO:

Avel Gordly, Mom. You talk regularly to your daughter. But when you start calling her over the last couple of days, she's not answering the phone. School's not too far away, so you just

decide to get in the car and go, and see what you see. When you get to her school, she's not in her room. And her friends say they have not seen her for the last couple of days. What's going through your minds?

AVEL GORDLY:

Olivia's in trouble. And-- as her mom-- I want to get to her. And I want to-- get her to some help.

FRANK SESNO:

So, you're out looking for her. And you come across Olivia in a park. And she's walking in circles. And she's muttering to herself. And she's talking about states of consciousness. And you go up to your daughter. This is not the Olivia you know. And you say what?

PETE EARLEY:

Tell me what you're thinking. We've heard you're not in class. You didn't answer our calls. What's going on? Why-- are you unhappy? Are you sad? Why-- why are you in this park, walking around in circles?

AVEL GORDLY:

I throw my arms around her, and I hug her. I pull her close. I tell her-- that I love her. I'm concerned. I'm fearful for her. She needs help. And I want to help her get that help.

FRANK SESNO:

Fred Frese, how might she respond to her mother and father,

FREDERICK FRESE:

Well, they need to understand that there's this spa up in the Mandarin Hotel. And if I can get to that spa, it's going to solve all the problems I've worked on. And that I know its \$700-- a day to get to that spa. But if you could just get me there, I know it is gonna wash out. And I'll be able to put the paper together, and everything.

PETE EARLEY:

Okay, Olivia; that's sounds okay. Let's-- let's try to do that. But first, Maybe you should go talk to somebody who-- who might be able to help you get a better feel for why are you wanting to go to a spa? And then, you know--

FREDERICK FRESE:

No. You're thinking mental illness. This is not mental illness. I-- I-- I've made some-- very important discoveries here, related to that spa. And I can't explain it now. But I need to get there.

FRANK SESNO:

You have tried to reason with her. What's your next step?

PETE EARLEY:

You know, look, she's obviously not responding. She doesn't want to go see anyone. So, I don't know any psychiatrists in this area. I don't want to go to the school, 'cause I don't want her to get thrown out of school. So, what's our choice? I think we better take her to an emergency room.

FRANK SESNO:

You talk to Olivia. And she agrees to get in the car. And as you drive, Olivia becomes more agitated. And not only does she say she needs to go to the spa. But she needs to go to Washington, D.C. too. Because she wants to bring this information to the President. And if she can touch the for-- President's forehead-

-

FREDERICK FRESE:

The Spa is in Washington, D.C. That's it.

FRANK SESNO:

And she can then--

PETE EARLEY:

Okay, Olivia, We're in the car, we're on our way.

FRANK SESNO:

But you go to--

PETE EARLEY:

To the emergency room.

FRANK SESNO:

To the emergency room.

PETE EARLEY:

Right. 'Cause I don't know where else to go.

FRANK SESNO:

And-- and Olivia reluctantly goes in the emergency room with you. And Dr. Simpatico is there. What do you want him to do.

PETE EARLEY:

Doctor, our daughter is acting bizarrely. She is apparently manic. She wants to go to this spa-- We literally have forced her to come in to see you. Help us.

THOMAS SIMPATICO:

I share their concern. And those concerns are supported by what-- Olivia appears to look like at first blush. So, (COUGH) my reaction would be to-- tell them that I think they've made the right choice to bring her for an evaluation. And my next step would be to-- talk with Olivia and get a better sense of what's going on.

FRANK SESNO:

Okay, well, since Fred Frese, you've become Olivia here. It would appear. (LAUGH) And we thank you for that. You pull yourself together.

FREDERICK FRESE:

Absolutely.

FRANK SESNO:

What do you say?

FREDERICK FRESE:

Doc, my folks are gettin' older here. I don't know why they brought me in here. (LAUGH) I think they've had some trouble in the past. And we're on our way to Washington. Because they've promised to take me to this spa, but they said I had to stop by here. I-- is that so? There is no purpose in that.

THOMAS SIMPATICO:

And-- and what do you hope to accomplish once you get to Washington?

FREDERICK FRESE:

The spa. Well, I've been working on this project. And-- Washington is-- is the center of a lot of activities. Very important people in Washington. I know if I can get in with those waters it'll help me with this project I'm working on.



FRANK SESNO:

But Olivia has something else in-- in her mind, too. She does not want to be here or treated. What can you do?

THOMAS SIMPATICO:

I would not feel comfortable having Olivia simply leave the emergency department. I'd want to get more information.

PETE EARLEY:

God bless you. That's not what happens. (LAUGH) What happens is the doctor asks a series of quick questions. What does crying over spilled milk mean? Who's President? Do you know what day it is? And then come to the parent and says, "The law is very specific. Unless this person poses a danger to themselves or others, I may not require them to stay in this hospital. So, you know, good luck and good bye."

FRANK SESNO:

Judge Leifman, she's not apparently a threat to anybody, or to herself. What does the law provide?

STEVEN LEIFMAN:

Very little. She's gonna be released. She's not an imminent threat to herself or anyone else.

FRANK SESNO:

Doesn't matter that she's been walking around for two days?

STEVEN LEIFMAN:

Not at all.

FRANK SESNO:

Doesn't matter that she's--

STEVEN LEIFMAN:

The tragedy--

FRANK SESNO:

--sometimes incoherent?

STEVEN LEIFMAN:

--is just beginning.

FRANK SESNO:

The tragedy is just beginning.

STEVEN LEIFMAN:

Is just beginning.

FRANK SESNO:

Art Caplan, what's playing out here?

ARTHUR CAPLAN:

Well, you've got a system of health care that, isn't particularly attentive to mental illness. It likes physical illness.

MALE VOICE:

Right.

ARTHUR CAPLAN:

Second of all, I can't imagine this E.R. doc has spent more than-- four seconds talking to Olivia, 'cause he's probably overwhelmed, and this isn't gonna occupy too much time. 'Cause the E.R. has become the hospital for the poor. It's busy.

ESTELLE RICHMAN:

The other factor is that Olivia probably, if she gets agitated, is gonna run out the door.

FEMALE VOICE:

Yeah, right.

ESTELLE RICHMAN:

And no one's going to stop her.

FRANK SESNO:

And the emergency room doc, as a point of reality, he's got patients-- stacked up.

ESTELLE RICHMAN:

He's got patients stacked up.

FRANK SESNO:

Is he gonna go running after her?

ESTELLE RICHMAN:

He is not-- not only is he gonna go running after her, every

emergency room has police on duty. They aren't gonna run after her, either. And she's gonna be lost in the streets before anyone realizes, sometimes, that she's even gone.

FRANK SESNO:

What's--

PETE EARLEY:

And I'm the enemy now.

FRANK SESNO:

The parents are the enemy?

PETE EARLEY:

I have kidnapped my daughter. I have taken her to an emergency room, thinking I'd get help. And now, all of a sudden, I've lost any trust that my daughter has in me. She will not believe anything I say from that point on. Yet I'm the only one who cares about her.

FRANK SESNO:

You're not the only one who cares about her. Mom cares about

her. You're watching your daughter go through this.

AVEL GORDLY:

Going through hell.

FRANK SESNO:

Going through hell.

AVEL GORDLY:

Knowing that she is, too.

FRANK SESNO:

And she is heading for the door now.

AVEL GORDLY:

Yes.

FRANK SESNO:

So, you follow her. You beg, you plead. You're in tears. A nurse walks by, and she says, "If you want to get her treated. If you want to get her admitted. Tell them that she threatened to kill you. That'll get her in here." In other words--

PETE EARLEY:

Right.

FRANK SESNO:

--lie. Mom, would you do that?

AVEL GORDLY:

Yes. I would. I want my daughter to get help.

FRANK SESNO:

Dad, do you agree?

PETE EARLEY:

I wouldn't lie, at this point, yet. I'd say, "She's out on the street. Let's call the police." "Maybe they can pick her up, and do something with her."

SAM TSEMBERIS:

If you get the police they would bring her back-- hopefully, to psychiatry. And that gives you a little bit more leverage, in terms of getting at least an interview in the psychiatric-- E.R.

At least, at that point, she's in the right door.

FRANK SESNO:

Dr. Skale, what is Olivia feeling and thinking, as she heads out the door?

TRACEY SKALE:

Probably very alone, threatened. "Who can I trust? I can't trust anybody. I'm out of here." I-- I-- as a community psychiatrist, I am so anxious and-- what a heart-wrenching story. Because I'm fast-forwarding 20 years from now. And 20-year-old Olivia is now 40-year-old Olivia. And she's sitting in front of me lamenting the last 20 years that she's lost. So, something does have to happen now. We need an intervention, because we don't want her going through-- trickling through the system.

JAMES'S STORY, CHAPTER 1: James Gets Arrested

FRANK SESNO:

Let's leave Olivia's story there for a moment. And now, let's talk about James. James is 32 years old. James hears voices.



And he's heard voices on and off for years. The voices say that he's a piece of garbage. And that if he gets close to other people, he will contaminate their souls. James has worked as a clerk in a grocery store. He's been on and off of medication. And when he's heard these voices in the past, he's had some place to turn: his mother. But a few months ago, his mother died. And that's about when the voices started coming back in a very serious way. James suffers from schizophrenia. Dr. Simpatico, what is that?

THOMAS SIMPATICO:

It's-- an illness that results in a person experiencing-- delusions, which are beliefs that are not supported by external realities. Hallucinations, which are-- sensory experiences that don't-- correlate with external events. And-- alterations in thought and logic that can-- create sort of internally consistent ways of looking at the world that don't correlate with the outside world.

FRANK SESNO:

Dr. Kandel, what's happening in his brain?

ERIC KANDEL:

Well, we know that the brain is not functioning normally. We don't really know, in detail, the biology of schizophrenia. But schizophrenia's not just a disorder of hallucinations and delusions. People who have schizophrenia, have what are called negative symptoms. They're very shy. They're withdrawn. You also have cognitive symptoms. Their life is disorganized. They can't-- carry out certain tasks. And we don't know in detail what are the biological underpinnings of those components of the illness. I think we're treating mental illnesses, as if this is a category by itself. And we manage this in a completely different way than any other medical illness. Any other neurological illness. I see schizophrenia as just an extremely complex brain disorder. And I see this as a serious situation. And I would think that medical intervention would be essential.

FRANK SESNO:

Elyn Saks. James. Can you give us a sense of what he's experiencing?

ELYN SAKS:

Sure. I think I actually have special insight, because I've

experienced those things myself. I-- I'm a person with chronic schizophrenia. The best way to describe-- having a psychotic episode is like a waking nightmare. Where things are crazy, bizarre, frightening, confusing. With schizophrenia you have delusions and hallucinations and disordered thinking. Like I was on the roof of the Yale Law School. And I was saying, "Someone's infiltrated our copies of the legal cases. We've got to case the joint. I don't believe in joints, but they do hold your body together." So, loosely associated words and phrases. But experientially, the-- the feeling is-- utter terror.

FRANK SESNO:

James is feeling very alone.

ELYN SAKS:

He needs support. Everybody needs support. And there are resources available. Community mental health centers. So, it might be useful for him to contact a social worker at a community mental health center. And get some kind of support in his life.

FRANK SESNO:

James is feeling very alone, as you said. And he's scared. And he's staying in his apartment. He now can't go to work. He's paralyzed.

ELYN SAKS:

Right.

FRANK SESNO:

He loses his job.

ELYN SAKS:

Right.

FRANK SESNO:

But in a moment of clarity, he does know he needs help.

ELYN SAKS:

Right.

FRANK SESNO:

And where he knows to go, is again, the emergency room.

ELYN SAKS:

Right.

FRANK SESNO:

But they're overflowing. They say they can't help. But they do want to commend him to an outpatient clinic, Commonwealth Clinic, and so, they give him an appointment there. At 3:00 on Wednesday. Three weeks from now. (LAUGH) Surprise you?

SAM TSEMBERIS:

No. It's-- it's all too familiar. And disappointing. That-- very few people referred out of emergency rooms. Actually make it to out patient clinics. He needs a different kind of an approach. He needs-- an intensive case manager. That can actually escort him out of that emergency room to the next--

FRANK SESNO:

Wait, wait, wait, wait. They've given him appointment. And he's not even gonna end up there?

ESTELLE RICHMAN:

Oh, no. James doesn't-- probably doesn't wear a watch. He's

already disoriented. He doesn't know three weeks from three months.

FEMALE VOICE:

Or how to get there.

ESTELLE RICHMAN:

He doesn't track time well, right now. He's in his illness.

FRANK SESNO:

But he wanted treatment.

ESTELLE RICHMAN:

As you said, they're crowded. They say, "Here's your medicine. It'll make you better. Here's your appointment." By the way, they have a record on James. This isn't his first. He's been receiving medication. They could say, you know, we're gonna send you back to the Commonwealth-- behavioral center. But if he's been an active-- psychotic episode right then. He needs treatment now. Not in three weeks.

LAUREN SPIRO:

James is absolutely in crisis. And his mom has just died. This is a major crisis. And, of course, he's gonna have very strong feelings about it. And being locked up-- or-- or bringing in police. Or-- that's really scary. That is gonna escalate. If I'm James, that's gonna escalate me. I need a safe place

FRANK SESNO:

You tell me this happens all the time

ESTELLE RICHMAN:

He will not be admitted. He has not represented any danger to himself or others. They will not keep him. And they will treat him as another person coming through that emergency room.

FRANK SESNO:

So, James walks out with his appointment three weeks from now.

ESTELLE RICHMAN:

And maybe a prescription. Maybe.

FRANK SESNO:

And maybe a prescription. And is disoriented. He is now about

to have something else happen. He is arrested for public urination. He now goes not to the hospital, Judge Leifman, but to--

JUDGE LEIFMAN:

Jail.

FRANK SESNO:

Surprised?

JUDGE LEIFMAN:

Not at all. Judges are much more likely to see consumers with mental illness than psychiatrists.

FRANK SESNO:

Judges are more likely than psychiatrists to see-

JUDGE LEIFMAN:

By far.

FRANK SESNO:

You see more--



MALE VOICE:

Probably with mental illness.

JUDGE LEIFMAN:

I probably--

FRANK SESNO:

Than Dr. Skale here.

JUDGE LEIFMAN:

Probably ten times more a day than-- than she does.

FRANK SESNO:

What is going on here?

JUDGE LEIFMAN:

Well, he's committed a crime. And-- law enforcement officers are there to enforce the law. And the public's outraged. This guy is exposing himself. He's urinating in this beautiful-- rose bush. And-- and the woman who owns the rose bush is outraged. And she calls the police. And they come and they do

their job. We have over a million people a year, arrested in this country with severe mental illness--over a million.

AVEL GORDLY:

We assume that the police --encounter-- has that outcome. The police are poorly trained. The police-- tackle James-- on the street.

JUDGE LEIFMAN:

Or James runs from them. So, it's gonna be resisting a police officer. A felony. It's unlikely that it ends up as a urination case.

FRANK SESNO:

Pete Earley, step aside from your role for a minute, and speak as a journalist. What's happened here?

PETE EARLEY:

Well, in the '60s and '70s, we had a little under a million people in State mental hospitals. And many of these places were horrific places. We started closing them down. We never built the community system necessary. Today there are less than

55,000 people in State hospitals. There are 300,000 with bipolar disorder, schizophrenia, and major depression in jail. 500,000 on probation. That's due to two things, in my opinion. No community safety net. And laws that say a person has to be of danger before anyone can successfully intervene.

ESTELLE RICHMAN:

James-- doesn't get kept in-- in jail. There's not room. He hasn't committed a major-- major crime. The worse scenario is the police say, you know, "Don't do it again." They put him on the street. James now becomes homeless. And now is subject more to being killed, as opposed to being held safely.

FRANK SESNO:

Let me pick up James' story there. James is back on the street. When he's released, He's going to have to wait, perhaps months, to get into an outpatient. You're nodding your head, "Yes." What's going to happen to him in these intervening months?

THOMAS SIMPATICO:

Any number of things. Most of them are not good.

FRANK SESNO:

Such as?

THOMAS SIMPATICO:

He'll do some event like urinating on a rose bush or something else. That'll-- land him in a path of least resistance that leads to the criminal justice system. He just may go off the radar screen and quietly-- live somehow out of dumpsters. And if he's lucky, if he happens to live in an area-- where there's a competent and-- dedicated group of outpatient-- psychiatrists and treatment systems, he may have the good fortune to cross paths with that. And they may be able to help him. But if I were playing the odds, across the country, I think the likelihood of that happening is fairly-- remote.

JUDGE LEIFMAN:

It's almost impossibility.

FRANK SESNO:

An impossibility?

JUDGE LEIFMAN:

If you listen to this, don't you understand that the mental health system is a definition of insanity at this point? You keep doing the same thing again and again, and we expect a different outcome. It will not change until the system changes. What's most likely is gonna happen. He may run into the same police officer. The officer says, "You know what? I took him in on a misdemeanor, and they let him right out. So, now, you know, he ran away from me. I'm gonna charge him with a felony." So, he's gonna come into the felony system, and he's gonna sit eight times longer than someone without mental illness for the same charge, 'cause we don't know what to do with him. And we're gonna get him into a forensic state hospital. So, we can restore his competency, not so we can get him back to the community for treatment. So, we can try him and send him to prison or jail. In Florida, a third of our mental health money is going to 1,700 beds to restore competency. And then there's no money at the front end to keep people out. That's your reality.

ESTELLE RICHMAN:

Your odds of being in the right place at the right time are pretty low. The money in some states is more readily available than money in other states. The problem is we refer to it as a

system, and it isn't a system. It is lots of things that are sort of-- put together almost by bubble gum. (LAUGH) As opposed to by any plan. And the goal for most of us in policy making positions, is to try to untangle it enough to create a system.

JAMES'S STORY, CHAPTER 2: Programs that Work

FRANK SESNO:

And these systems cost money. And people are reluctant to spend more money. Because they may look at a person like James, and see that he's in and he's out. And he's periodically homeless. And Fred Frese, is he simply a lost cause?

FREDERICK FRESE:

No.

FRANK SESNO:

Isn't that what people might conclude?

FREDERICK FRESE:

In the last century, the 20th century that might have been the case. But this is not the 20th century. This has changed. What

we ought to do with James is go up to him and say, "Rather than go to jail, I've got a job for you. Now, it's only three hours a week. And we're only gonna pay you minimum wage. But you're gonna be workin' with a lot of other people that have recovered from this stuff. We-- we're changing the world here, James. Because finally we're not gonna be locked out. We're not gonna be called nuts and psychos and wackos anymore. We're gonna be accepted as-- as fellow human beings. But we gotta work on this, and we gotta start somewhere. James, let's go with this."

SAM TSEMBERIS:

I think that's a great message. One of the strange-- outcomes of people failing systems, is that if you fail far enough. And you end up on the street and homeless for a long time. You're more likely to get help than-- than if you're-- falling through. As you fall through, there's no one really there to catch you.

ART CAPLAN:

Well, that-- that-- that's simply because in our health care system we love to rescue, but we don't want to prevent.

FEMALE VOICE:

And that's the truth.

MALE VOICE:

Exactly.

FRANK SESNO:

Elyn Saks You hear Fred Frese say this.

ELYN SAKS:

I think it's fantastic. I think-- mental health professionals sometimes make the mistake that people with serious mental illness really need to lower their expectations. And I think at the beginning, especially, we should be very-- supportive of people working, and living up to their quote pre-morbid potential. It makes life better for them. It makes life better for everybody else. Sort of a win-win.

FRANK SESNO:

How is he likely to respond to this kind of offer?

ELYN SAKS:

You know, different people respond in different ways to-- to



offers of help. I tend to think that-- you know, with someone who seems caring. And has-- similar experiences-- and-- and seems to want to help that-- I, as James, or-- or Fred as James would be-- responsive.

FREDERICK FRESE:

Dr. Kandel's point that-- he needs empathy. You cannot get more empathy than you can get from somebody who's actually been in that situation.

SAM TSEMBERIS:

What we're talking about here is-- creating possibilities for people. And operating with the assumption-- instead of a disability framework-- kind of a capability framework. And you offer people opportunities. Either to work or to engage in treatment. Or to reconnect with family. Whatever it is. And you're speaking to people in a way that assumes that they can do things. And let them tell you that they need help with it or not.

FRANK SESNO:

So, you can get through to James?

SAM TSEMBERIS:

Oh, absolutely. You have to connect empathically. But I think there-- there's no way to have James go anywhere, unless James feels like you're there for him.

STEVEN LEIFMAN:

You know, one-- part of the old thinking is that we had treatment resistant people. And that's not true. We have treatment resistant programs. (LAUGH) And so, we-- we have to start to rethink--

FRANK SESNO:

James wants treatment.

STEVEN LEIFMAN:

Correct. And-- but the treatment accessible to him is inappropriate for him.

FRANK SESNO:

Dr. Skale?

TRACEY SKALE:

Well I'm a very good psychopharmacologist, I might say. But that's not where my strength lies with treating patients. It's-- it's with respect, dignity, eye contact, warmth, "How can I help you?" And what they know is when they're with us, we are in this together for the long haul. If you choose not to take medications, we hear you. Okay, let's-- you know, if you-- you have to trust us, first.

FRANK SESNO:

Programs that work. Program that work?

JUDGE LEIFMAN:

Trauma related services. We now know that almost 100 percent of women who were in jail and prison with severe mental illnesses were sexually abused as children. They suffer from really severe posttraumatic stress. Very few communities offer any kind of traum-- trauma related services for that population.

FRANK SESNO:

Programs that work. Program that work?

ESTELLE RICHMAN:

Programs that have case management. Where someone actually feels responsible for helping people make those connections.

FRANK SESNO:

Pete Earley.

PETE EARLEY:

Peer to peer. Getting someone--who is actually dealing with a mental illness to talk to someone else, because they can relate. Second, every city in this county, should have C.I.T.--Crisis Intervention Training. So when the police get called, they know that this is a person who is psychotic. So, they don't rush 'em to the jail and drop 'em off, they come in and talk to 'em, and try to get them some kind of help. It's sad, but the number one person who deals with psychotic people, before the judge, are law enforcement.

FRANK SESNO:

Lauren Spiro.

LAUREN SPIRO:

Well, I'm James now. And, you know, I just feel so hopeful. I mean, you believe in me? You want me-- you think I can work? I

can hold a job? My God. You know? I need that hope. I need to be reminded that I have dignity. And that I'm treated with respect. And that just changes my whole self image. I mean, I can believe in myself, and I can feel calm, and I can have a home and a job, and be a member of the community. I-- I'm excited and ready to go, but I need I need continued help and support.

JUDGE LEIFMAN:

This is a medical problem, and we need to look at it as a disease model, not-- not a criminal justice one. And-- and what the problem with illness is people go up and down, it's not steady. So, you need a continuum, so if they need hospitalization at some point, they get it. If they need community support, they get it. But that is not available.

FRANK SESNO:

Avel Gordly.

AVEL GORDLY:

Yes. Crisis Intervention Training. Absolutely critical. In our community, James did not survive his encounter with the police. The other factor-- in terms of programs, culturally

specific programs. If James is African-American, more than likely, he's afraid of the police. If he sees them, more than likely, he's gonna go in the other direction. That's a recipe for disaster.

FRANK SESNO:

James is on his own again. He may or may not be taking his medication again. The neighbors and the shop owners, who see him, frankly think, "James is a nuisance." He's eating out of dumpsters. He's not bathing. He is talking to you when you walk by him. You're a neighbor. What do you think?

ART CAPLAN:

Where are the cops. Why aren't they moving this guy? He's lousy for my business. He's bad for my property values. He smells. I don't like him. And you know what? I'm afraid of him. I don't want my kids around him. By the way, the mayor just told me that a third of the budget of the city's being cut.

FRANK SESNO:

I-- I got news for you. You're the mayor. (LAUGH) So, Mr. Mayor, not only is your budget being cut, but your constituents

and your taxpayers, oh and your donors, are calling you. What are they saying?

ART CAPLAN:

They're probably saying that-- James doesn't vote, so you better listen to what I have to say. But-- (LAUGH)

ESTELLE RICHMAN:

No, but that's very true. (UNINTEL) They're saying, you already put money in that system. Look, look at the homeless population. I'm not gonna give you more money? I don't think this is a nuisance. I think these people are dangerous.

ART CAPLAN:

Estelle, I know you've given me a lot of money. I value your support. (LAUGH) But the reality is, this city is not gonna be able to tolerate a bunch of people out on the street. It's gonna give us a bad reputation for business. We can't have that. You remember what it was like here 12 years ago. We had reams of people wandering around the street. We couldn't get anybody to come downtown, and no one would live downtown. I gotta spend something here.

STEVEN LEIFMAN:

But Mr. Mayor, you're spending \$100,000 a day, keeping these people in your jail.

FRANK SESNO:

Fred Frese, what's happening to James, while all of this is going on?

FREDERICK FRESE:

James has been locked out by the establishment that is totally controlled by chronically normal people, (LAUGH) who know nothing about serious mental illness.

ART CAPLAN:

I-- I like that endorsement in my next campaign. That I'm chronically normal. (LAUGH)

FREDERICK FRESE:

No insult intended. (LAUGH) We have these disabilities. We want roles in society. And we want to be acknowledged as fellow citizens in your community, Mr. Mayor.



ART CAPLAN:

But I-- if you want--

FREDERICK FRESE:

Not just avoiding us, and say put us in jail.

ART CAPLAN:

I don't want to avoid you, but I've gotta build those jobs. You tell me how these programs are gonna contribute--

FREDERICK FRESE:

You start us off at minimum wage, three hours a week. That's all you have to pay for these poor folks who are totally lost out there, and give them a little bit of hope.

ART CAPLAN:

Well, I might accept that, if that really is gonna be cost effective. I can start you down the road.

FRANK SESNO:

Susan?

SUSAN STEFAN:

Everybody's talking about James's problem, as though it's a mental health problem. It is a housing problem. You need to pick up the phone and call Sam. Sam's program is gonna be cost effective, compared to jails and prisons. But you probably have never heard of Sam. Which is why we're doing this show.

(LAUGH)

ERIC KANDEL:

I find this discussion extremely depressing. When you think of the health gains that this country has achieved in other areas, it's really quite remarkable. People are living longer. Enormous improvement in public health. Preventive measures. The incidence of mental illness has not changed one iota in the last 200 years. The major reason for that is not just the social programs, they are disastrous, and I grant that. We know so little about the biological underpinnings of this. If we could, by imaging a person, or taking, you know, E.E.G.'s from them. Determine whether or not this person is having a psychotic episode. We would be in a much better position to tell them, "You know, you really have a problem that needs immediate intervention."

LAUREN SPIRO:

Many people are living longer. But I just want to say people diagnosed with serious mental illness, on average, die 25 years younger than the general population.

Eric Kandel:

I agree with you. That's the part I'm (UNINTEL).

LAUREN SPIRO:

The system. The society is continuing to fail to meet our needs.

FRANK SESNO:

Pete Earley.

LAUREN SPIRO:

Jobs.

FRANK SESNO:

Pete Earley.

LAUREN SPIRO:

Housing.

PETE EARLEY:

We know how to help most of the people with mental illnesses. We just don't do it because of the money. Now, you want to worry about cost effective? Forget it. I'm gonna tell you it's gonna cost more. But I want you to do something. You go under that bridge. And that's your son. That's your son. How much do you want to spend, to help him?"

ART CAPLAN:

I've had mental illness in my own family. And I know what that means. (COUGH) But you have to understand something. I hear stories about who's under the bridge. Who's unemployed. Who just got laid off. Every single day. I-- I have empathy. But this city, as you know, is undergoing severe budget cuts. You tell me to spend more, I'm telling you, it isn't gonna happen.

PETE EARLEY:

I'm gonna come to the mayor. And I'm gonna say, "Okay, I've heard you." And you know what I'm gonna do now? "I want to sue these people, because the court is the only way--(OVERTALK)--

that I can (LAUGH) (UNINTEL) to-- to do the right thing.

JUSTICE STEPHEN BREYER:

Now, I would beware of the courts. I mean-- (LAUGH) if this person doesn't know much about the problem, so let's go to a group of people who know still less. (LAUGH)

ART CAPLAN:

I'll tell you what I will do as the mayor. If Fred can show me, I was interested in that part time job program. Doesn't seem to cost me too much. If I can get somewhere with that, I'm interested in that.

FRED FRESE

High five! (LAUGH)

OLIVIA'S STORY, CHAPTER 3: OLIVIA AND CIVIL COMMITMENT

FRANK SESNO:

All right, let me bring us back to our world. Dr. Skale, James agrees to come in for treatment. And you will provide that. James is now at Commonwealth Psychiatric Hospital. And so is

Olivia. Olivia's parents, despite what happened in the hospital there, did manage to get her to come home. And you spent months dealing with the trauma, the emotion, You provided everything that a loving, able family could provide. And you also came up with a diagnosis. Bipolar disorder with psychotic features. What's that?

TRACEY SKALE:

A person with bipolar disorder, will-- experience changes in mood. They might be manic, like we saw Olivia earlier. With high, high energy states. No need to sleep. They just really don't need to sleep. Pressured speech. They're easily distractible. Or they might have periods where-- of extreme despair. Inter-episodically, they're neither manic nor depressed. A very tricky time to get people to see that they have illness, during that time, because they feel fine.

FRANK SESNO:

Mom and Dad, you wake up one morning and she's gone. So, you go out looking for her again. This has become familiar, unfortunately, to you. And you find her, sometime later, on a street corner. Her blouse is ripped. She's got a black eye.

You fear maybe she's been sexually abused. She's haranguing passers by. She's telling them that they have to "Listen to me! Listen to me!" You're here again.

PETE EARLEY:

Yep. You're right back in the same spot. By this time, you've counted pills, threatened to throw 'em out if they don't take pills. You realize you can't talk to 'em about pills, 'cause they know absolutely how you stand on pills. But hopefully, you're smart enough to know now how to try to navigate through this system. Good luck.

FRANK SESNO:

Okay. And you have talked about this before. But now you decide that civil commitment is what is going to be required. What is civil commitment?

PETE EARLEY:

Depends on the state, but you have the person held against their will. Involuntarily committed for up to 72 hours. And a hearing is held. The person who is facing involuntary commitment, by law, has an attorney there. That attorney does

not represent you. It represents the person who is ill.

FRANK SESNO:

Susan Stefan--you're a lawyer. And you are going to represent Olivia.

SUSAN STEFAN:

Well, Olivia is lucky, because I care a lot about Olivia. And I'm going to show up ahead of time. I'm gonna talk to Olivia ahead of time. I'm gonna look at her records ahead of time. And that makes me one in a thousand. Lawyers who represent Olivia. Because the thought that Olivia is represented is an illusion. Somebody's gonna show up, at the hearing, and say, "I'm your lawyer." That person is more likely than not, gonna collude in Olivia's commitment.

FRANK SESNO:

But you're better than that?

SUSAN STEFAN:

I am better than that.



FRANK SESNO:

You're better. And Olivia's going to tell you That she doesn't want to be put away in a hospital.

LAUREN SPIRO:

I don't want to be locked up. No.

SUSAN STEFAN

Which is a rational-- which is a rational desire, given the affects on your life of a history of civil commitment. Getting a job--

FRANK SESNO:

You're about to repre-- you're about to represent Olivia at this hearing. You've now heard from--

FREDERICK FRESE:

You seem like a wonderful person. Can I talk to you please. This is my parents. They think--

SUSAN STEFAN:

Can I talk to someone who really understands?

FREDERICK FRESE:

No, they think they're in the same spot. It's not the spot, it's the spa. - Three letters SPA, Socrates, Plato, and Aristotle. We're tying it all together. The philosophy, the religion, and the law.

SUSAN STEFAN:

Do you have a place to live?

FREDERICK FRESE:

Are you listening?

SUSAN STEFAN:

Yes, I am. And I'm trying to help you get out of the hospital. And the most important question, in terms of getting out of the hospital is, are you willing to go home and live with your parents? Because the Judge is gonna want to know that you have a place to go.

FRANK SESNO:

Susan and Olivia can-- can we take a break here for a minute?

As her attorney, What's your role?

SUSAN STEFAN:

My job is to represent what she wants. But my job is also to counsel her--

FRANK SESNO:

OK. But to represent what she wants. Let's stay with that. She does not want to go to this facility that her parents want to commit her to.

SUSAN STEFAN:

Yes.

FRANK SESNO:

So, your position in front of the bench and the State of Commonwealth will be what?

SUSAN STEFAN:

That she should be discharged. My position is also-- I-- my job is to counsel her. So that, for instance, I would say to her, "Look, you may want to go to the spa. But if you want to get

out of here, put a lid on the spa thing for a little while, because it's not gonna help you get out. If you want to get out, let's talk about practically, how we're gonna accomplish that?"

FRANK SESNO:

Because you're trying to help Olivia maintain, preserve her autonomy, correct?

SUSAN STEFAN:

She's my client.

FRANK SESNO:

Okay.

SUSAN STEFAN:

And I'm supposed to represent her.

FRANK SESNO:

You run into-- you run into her parents in the hall.

AVEL GORDLY:

I want to keep Olivia safe. And I-- I know you're working toward a discharge, but a discharge to what?

SUSAN STEFAN:

That's very important. We all want to keep Olivia safe. And what I want to know about is what community options has the hospital considered?

ELYN SAKS:

There are so many people who are looking after Olivia's interest. To have a lawyer who's listening to what she wants is very empowering. To have a lawyer who is representing her and her wishes. And showing her respect and dignity is extremely important.

SUSAN STEFAN:

I've been appointed to represent your daughter. I know you've been going through hell. I'm trying to find out what have you tapped into in the community. What are you aware of, in terms of what can help you keep Olivia at home? 'Cause that's where I want Olivia to go back.

PETE EARLEY:

God bless you. Because you care enough not to just get her out. Now, taking her home-- she just ran away from home. We have tried to get her into community services. But she doesn't think she needs these services. She doesn't want to talk to me. She wants to go to this damn spa.

SUSAN STEFAN:

Does she know about peer-- does she know about peer services?

PETE EARLEY:

Let's check that out. But here-- here's what I want to know from you. When this hearing's over, and you get Olivia out, and she's standing in that hallway with us, will you help us get her into those services?

SUSAN STEFAN:

Absolutely.

PETE EARLEY:

Will you make the phone calls? Because we have tried and failed.

SUSAN STEFAN:

Absolutely. Because that's what I do. I don't believe-- my kind of brand of lawyering isn't walk in and walk out. I think that what the parents want is for Olivia to be safe, long term. To do well. To have a job.

PETE EARLEY:

That's right.

SUSAN STEFAN:

To thrive.

PETE EARLEY:

And how is getting her out of the system, gonna help that? When we're trying to get her in the system. "How are you fit to judge whether my daughter needs to be in a hospital or not? And why does the court say she has to be dangerous first? She is sick. She needs help. Why is the law stopping me from getting her help?"

FRANK SESNO:

Justice Breyer, take us into some of what we're hearing here,

which is two very different versions and visions of autonomy for Olivia.

JUSTICE STEPHEN BREYER:

I think that's the-- the problem here. When we had a rule that made it too easy to put people in institutions, they were warehoused. And forgotten. And sometimes at least those institutions were pretty bad. And on the other hand, when you have a law that makes it too hard to put people into institutions, you get into the tragic situations we've just seen. And so, the standard, I think-- dangerous to yourself or others, immediately, I heard a very interesting question. And you said imminent. Is it imminent? Or is it not imminent? Maybe there's some room in the standard. And if you don't like that standard, the difficulty from the point of view of a lawyer, or a judge, is what is the standard then? Not whether that's perfect, but what is a better one?

FRANK SESNO

Judge?

JUDGE LEIFMAN:



And there's two serious problems here. The-- the first is, if they're lucky and they get the daughter hospitalized, she's gonna get great care now. But she's gonna get out in three months. And she's gonna go right back to the same horrible system that let her go into that. And second, this is the other issue that I think we need to change our thinking on for a lot of people, when they're in crisis, it's like having a heart attack to the brain. We don't bring a heart attack victim to court and spend two weeks and decide if they should treatment. We now know, though, that the longer it takes to get someone treatment for a mental health crisis, the more likelihood of permanent brain damage.

SUSAN STEFAN:

You don't lock up heart attack victims either. And the reason that there's a lawyer is because it's a legal process, because you actually-- private citizens can't lock people up. And so there must be legal representation. What I was gonna say to the parents is that--It's not a solution these days to get somebody into an institution, because they will be there five days, ten days--

JUDGE LEIFMAN:

At best.

SUSAN STEFAN:

--you said three months. I don't know where you're from.

JUDGE LEIFMAN:

Well, now the three days-- But they're saying get past the court, and they get admitted.

FRANK SESNO:

Sam Tsemberis,

SAM TSEMBERIS:

These are very familiar-- conversations. And sort of at the heart of a very expensive and poorly run mental health, criminal justice system. And I want to go back to the question that Susan was asking. What are they going to do after hospitalization? 'Cause all the drama is not about do they go to jail or hospital. It's like what happens after that short stay?

FRANK SESNO:

Elyn, fascinating discussion about where and how Olivia's best interests are served.

ELYN SAKS:

I think autonomy is extremely important. And it's good for patients to have a right to refuse. Not because it's good for them to refuse treatment, but because-- because it's good for them to have choice. And I think in addition to combating stigma and providing resources, so people can get treatment. One of the things we should do, instead of using a lot of force, is study how we could use less force. How we can bring people-- bring it about, so that people want treatment, and don't have to-- have force. I mean, force is not a good solution.

ERIC KANDEL:

I think a side issue -- referred to is the residual stigmata associated with mental illness.

ELYN SAKS:

Absolutely.

ERIC KANDEL:

What's the big deal about being hospitalized in other illnesses?  
Why can't that be brought to bear on mental illness?

FRANK SESNO:

Why can't it?

ERIC KANDEL:

Because people think there's something unusual about that  
illness. They don't understand it's another medical illness.

ELYN SAKS

They may think people are to blame. They may feel guilty.

FRANK SESNO:

The reality of the experience in the psychiatric hospital, the  
experience itself can be--

ESTELLE RICHMAN:

Traumatic.

ESTELLE RICHMAN:

Anytime you lock up someone against their will, you're gonna almost always have a negative experience with that. You want people-- if they need to be in the hospital want to be there.

FRANK SESNO:

This hearing, takes place before you, how will you make your decision?

STEVEN LEIFMAN:

Well, we'll listen to the facts of the case. I'll see if there's any evidence that it's imminent dangerousness to self or others. And imminent is the-- usually the hardest hurdle. And based upon what I hear-- heard, she's probably not in imminent danger. And then it would be very difficult for me to involuntarily hospitalize her.

JAMES'S STORY, CHAPTER 3: JAMES AND MANDATED TREATMENT

FRANK SESNO:

While you deliberate, let's come back to James. he's back out on the streets. And the voices are back. And they say that he should die. And he feels threatened. He's at a street festival,

surrounded by people. And the voices are closing in. He reaches for a glass bottle to defend himself. And breaks that bottle. And sadly, tragically, a shard of glass goes flying, and cuts a little girl badly on the cheek. And blinds her in one eye. Mr. Mayor, how is the media going to play this? And how is the public going to react?

ART CAPLAN:

Well, after I visit the little girl, (LAUGH) I-- I think that-- the public is all over my case about getting these people off the street. How I do it, where I put them, they don't much care.

FRANK SESNO:

What do you expect the media to be playing?

ART CAPLAN:

Oh, I think we're gonna see pictures of the little girl. And a lot of interviews with the parents. And the parents are gonna be saying-- "What was that guy doin' out? That man is a danger?"

FRANK SESNO:

Well, it--

ESTELLE RICHMAN:

And then the legislature passes Kendra's law to make sure everybody gets locked up.

FRANK SESNO:

Okay. First thing we hear from is the father. "What are these quote 'insane' people doing out on the streets? Look what they've done to my little girl, Bethany." Avel. You're a state senator,

AVEL GORDLY:

I know that-- my job has just gotten more difficult. In terms of-- working with my colleagues, many of whom don't understand-- mental illness, mental health issues. That-- that job has just gotten harder.

FRANK SESNO:

What are you going to say to Bethany's father,

AVEL GORDLY:

I'm gonna sit with him. I'm gonna listen to his-- plea. And I will--

FRANK SESNO:

Would you sponsor the bill?

AVEL GORDLY:

He's my constituent.

FRANK SESNO:

Would you sponsor the bill?

AVEL GORDLY:

I will work on behalf of the bill. He's my constituent

FRANK SESNO:

Judge Leifman, what's involved in this bill? It's modeled after Kendra's law.

STEVEN LEIFMAN:

Well, it's gonna be an assisted outpatient bill. Which means that--



FRANK SESNO:

Now, it's called Bethany's law.

STEVEN LEIFMAN:

Of course. (LAUGH) Of course.

FRANK SESNO:

Bethany's law.

STEVEN LEIFMAN:

I'm glad she's recovering. And it's gonna tell the court that-- they're to bring people in front of them that might be exhibiting signs of serious mental illnesses. And that I'm to tell the person if they don't stay on their medication, I'm gonna order them to be-- temporarily hospitalized. And then I'm gonna tell them once they're hospitalized, and they go back to the community, if they go off their medication, they're gonna come back to me. I'm gonna put 'em back in the hospital. And it's gonna put this enormous burden on the court. And we don't have any more money. And now, all of a sudden, I have a thousand new cases. And-- and I don't have a lot of answers.

FRANK SESNO:

Who here will testify on behalf of this bill?

FRED FRESE:

I will. Because individuals, when they are in psychosis, are disabled with regard to their ability to make rational decisions as to what's best for them.

TRACEY SKALES:

Well, some of them.

FRED FRESE:

And when you are in that state of total psychosis it is absolutely inhumane for society to ignore you, and allow you to continue to be raped and abused and freezing and dying in the streets or going to jail. That's why I'll testify.

TRACEY SKALES:

I'll testify as well.

FRANK SESNO:

Dr. Skales.

TRACEY SKALES:

Because we see not only the imminent risk people. It's easy when someone's going to commit suicide, or harm someone else. It's the other piece that "I won't eat, because I believe my food is poisoned. I'm in the middle of traffic, because I think I'm the traffic controller." And they're putting other people at risk as well. Those are the trickier pieces.

FRANK SESNO:

Who's gonna testify against it? Estelle Richman.

ESTELLE RICHMAN:

I'm gonna testify against it, because locking people up doesn't produce treatment. What I need is people to invest in my community system. So you get the treatment. So you have the options. If we're going to put the resources in the system, we can prevent the accident. Passing a law has nothing to do with putting in treatment.

FRANK SESNO:

Who else is testifying against?

SAM TSEMBERIS:

I think bringing more of-- legal involvement into a clinical matter is-- is a mistake. The teaching moment that this example provides is to highlight how James, in fact, had been seeking treatment. We don't need more laws for him to go to treatment, he went to the emergency room. He was refused. So, I would highlight the importance of having the services in place that would create a more comprehensive safety net-- so that these kinds of situations can be prevented.

FRANK SESNO:

Susan you will testify?

SUSAN STEFAN:

I absolutely will testify--

FRANK SESNO:

And you will say--

SUSAN STEFAN:

--against. Whenever something bad happens, people pass

restrictive laws with no funding. And it makes people feel better. And it doesn't improve the community system. It doesn't prevent anything from happening. And frankly, I don't see any connection between-- it could have been a thug, who broke the bottle, and there wouldn't be people passing restrictive laws. We need community treatment. Andrew Goldstein, who was the guy for whom Kendra's law, essentially was named. Went to seek treatment and was turned away. We need funding for voluntary treatment.

FRANK SESNO:

Justice Breyer, what questions from your perspective would you have for the citizens who are testifying for or against?

JUSTICE STEPHEN BREYER:

As a federal judge-- I'm worried about-- taking people's life or liberty away without what we call due process. Which really means, "Is this a reasonable thing to do in the circumstance?" And-- and the law normally operates, on the assumption that unless it's really shown to the contrary, an individual can-- has the ability to take care of himself, and is free. And other people shouldn't do things to him that he really doesn't want

done. So, the first thing I would want to know is what is the risk of abuse of the law? Is there a risk of people who shouldn't-- be locked up, being locked up?

FREDERICK FRESE:

I have personally been involuntarily hospitalized a number of times. Including being brought before court, declared insane, and put away. And as I recover from these episodic disorders, my thoughts are always the same. And that is, "Thank goodness somebody realized I was totally psychotic and took care of me and put me in here, 'cause if I'd have been left out of there, I might not be here."

FRANK SESNO:

Eric Kandel what gives us hope?

ERIC KANDEL:

What gives us hope is that biology is capable of making enormous progress. That we've made progress in all other areas of medicine. Really quite remarkable progress. And we face here the greatest challenge biology has ever faced. To understand the human mind at its most sophisticated and elaborate

disorders. It's not an accident we don't know more about schizophrenia. This affects the most special, uniquely human cognitive functions that exist. So, we ought to encourage people to do more science of the brain. But these are absolutely soluble problems.

FRANK SESNO:

For now, our story must end. Thank you for your insights, and your incredible candor. (APPLAUSE)

\* \* \*END OF TRANSCRIPT\* \* \*