
StarTribune Editorial

Our perspective

Commitment

Let's show some to the suffering

Stroll down Hennepin Avenue and you're bound to run into them: Staring men, muttering women — exhorting thin air, cursing the daylight. They hear voices you don't, feel things you can't fathom. They're not easy to look at, and it doesn't seem wise to stop for a chat. So what do you do? You look away. You steer clear. You cross the street.

You're not the only one. All of Minnesota is well-practiced at sidestepping people with mental illness. We pay as little attention as possible to our bag ladies and belligerents. That's how we think of them, so that's what they become: Prattling unfortunates who haven't the wits to take a bath, let alone hold a job. We could coax them to get help, but why bother? People who hear voices, we tell ourselves, usually don't want help. Better to let them live as they like — on the other side of the street.

This policy of ostracism works well — until one of our local crackpots really cracks. And even then, we have a strategy for keeping them at bay: We haul them into court and off to a psychiatric ward. We give them a tardy taste of the treatment they've needed all along.

Well, sometimes we do. Other times we do nothing — or wait so long that a would-be patient becomes a criminal or a corpse. In truth, we see court-ordered treatment as a luxury of sorts — reserved for the menacing few. At least that's how the state's commitment law is written: It requires that a person pose an imminent danger to himself or others before care can be ordered.

But that standard ignores many people in obvious need of help. It offers nothing at all to those too ill to seek care, but not yet ill enough to be threatening. It assures that these sick will get sicker.

This can't be what Minnesota had in mind when it emptied psychiatric hospitals in the '60s and '70s. Back then, everybody talked about treating people with mental illness in cheap and humane community-based settings. Three decades on, the talk has yet to spur action. Instead, we're leaning on an old law that delivers treatment only to the sickest few — woefully late, at whopping expense. Private health insurers lean on the law, too — sometimes invoking its rigid dangerousness standard in denying care to patients who want help.

It's a foolish arrangement — not to

Mental health

Seeking a system

mention cruel and wasteful. Some say we've got to stick with it to protect the rights of people with mental illness. But which rights are those? The right to choose delusion over relief? The right to wander the streets, swear at strangers, sink into psychosis? We know better. Heeding the call of a schizophrenic's voices is no way to honor the hearer. Shielding a deeply depressed person from medication he says he doesn't want grants no freedom worth having.

What kind of society demands that its citizens grab a gun or walk onto a window ledge before they can get help? This kind, apparently. Minnesota's commitment law is but one emblem of its mental-health "nonsystem" — a crisis-oriented shambles that waits for people to fall to pieces instead of working to keep them well.

What would it take to build a system? Many things, but high on the list is a commitment law that guarantees treatment when people need it — not when they can't live without it. That's the goal of a bill sponsored by Rep. Mindy Greiling, DFL-Roseville, and Sen. Don Betzold, DFL-Fridley, making headway in both houses.

The measure isn't meant to force more people into hospitals, but to keep them healthy and at home. It would do so by revising the standard for involuntary treatment to allow intervention earlier in a mental-health lapse. Courts could order treatment not only when a person with mental illness poses danger, but also when forgoing treatment would likely lead to psychiatric deterioration. Such court orders might not involve hospitalization at all: When noticed early enough, many psychiatric episodes can be handled with outpatient monitoring.

This is a wise and compassionate proposal, which lawmakers should embrace. It recognizes Minnesota's mentally ill citizens as people in need, and acknowledges the real nature of their disease. It promises help to the suffering, not just to the threatening. It offers hope that Minnesotans will shake off indifference to the mentally ill — and stop looking away.