

# StarTribune Editorial

Our perspective

## Commitment

*Saving minds, saving money*

The bridges of Hennepin County have stories to tell, and not all of them involve traffic. Some are about troubled people who huddle under overpasses, hobbled by mental illnesses. Their trouble could be eased but for two problems: They're too sick, and they're not dangerous enough. That means no court can step in to insist they get treatment. It means they'll stay under the bridges until they die.

Oh, the story doesn't always end that way. There's always a chance a bridge-dweller might be found half-frozen and taken to the hospital for a gentle toasting. At the hospital, no one will insist the fellow must be fully frozen to qualify for defrosting. No one will ask him whether he really wants to be thawed. And if he starts snarling that he prefers the chill, no one will toss him back into the snow. That's because it's generally assumed that half-frozen people sometimes can't think straight, and that warming them up is always worth a try.

Which raises a question: Does a frosty body really deserve more attention than a disordered brain? Minnesota's hospitals seem to think so. Their association — the Minnesota Hospital and Healthcare Partnership — is among the few foes of a bill to enable earlier court-ordered treatment of people with mental illnesses. Sponsored by Rep. Mindy Greiling, DFL-Roseville, and Sen. Don Betzold, DFL-Fridley, the bill would revise the state's civil-commitment law to permit community-based treatment before pain turns to peril.

It's hard to see why the hospitals object. When they're accused of neglecting the mentally ill — as sometimes happens after a rejected treatment-seeker leaves a hospital to look for a gun — they often point to the state's strict commitment law as the reason they couldn't do more. Allina did precisely that last year after a man turned away from one of its hospitals — Mercy in Anoka — went on a killing spree. You'd think that tragedy would spur Al-

### Mental health

*Seeking a system*

lina, the largest member of the hospital association, to lead the reform quest.

No such luck. At a hearing last week before the House Health and Human Services Committee, the hospitals' lobbyist argued vehemently against changing the law. Echoing warnings from the Church of Scientology — the only other group fighting the bill — the lobbyist claimed that it would violate patients' rights to refuse treatment.

This is nonsense, and the hospitals know it. Mental illness is often characterized by irrationality — an inability to recognize that one is ill and in need of help. Indeed, the state's civil-commitment law was written expressly to assure treatment for those too sick to seek it. Most thoughtful groups — from the League of Women Voters to the Minnesota Medical Association — favor refining the law to help nip psychiatric crises in the bud.

Advocates favor this change for reasons of compassion. But they could back it as well for reasons of economy. Many studies show that psychiatric lapses caught early are cheaper to treat. Some analysts predict a change in Minnesota's commitment law could save this state several million dollars a year.

What keeps the hospitals from supporting this step toward decency and thrift? After all, it's hard to imagine a more brutish and wasteful "system" for managing mental illness than the one we've got. The current commitment law virtually guarantees that handling mental illness will cost a fortune. It withholds treatment until patients are desperate and dangerous, keeping the revolving doors of psychiatric hospitals in a wild and expensive whirl. It propels people with mental illnesses out of work, away from love, toward violence, behind bars and under bridges.

Who wants that? Minnesota's hospitals? How could they?