

Opinion

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Editorial

LOWE'S VIEW

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Mental health care should be priority

By Dr. Steven Ronik

Now that the dust is beginning to settle on the catastrophic tragedy that occurred in Tucson, the media is forging "full-steam-ahead" in its efforts to provide detail on the shooter, the victims and the surrounding story. We now have a pretty good idea of what occurred with this young man, years before and in the days leading up to the incident. We now know the young man responsible for the shooting was clearly suffering from psychotic symptoms reflecting an underlying serious mental illness. His college knew, his parents knew, his friends knew, and the young man himself probably also had a pretty good idea he was spiraling down. Of course, this is not an "excuse," as his behavior was not excusable. The point should be made, however, that people suffering with severe mental illnesses are no more likely to commit violence than the general population.

The sad lesson, though, is incidents like this can be prevented — not all the time, and not with 100 percent certainty. But we can dramatically lower the odds of something like this happening, and we know exactly how to do it. The problem is priorities. The publicly funded behavioral health care system in America is in crisis. While mental illnesses are amazingly common, and are among the leading cause of disability, funding remains pitiful. Making matters worse, Florida remains 49th of 50 states in per-capita mental health funding. Access is so poor that less than 15 percent of those who need treatment in Florida actually get it.

America needs a behavioral health care system that is easy to access and easy to use. But due to catastrophically low levels of funding, mental health care is evolving into a "fail-first" system. This essentially means that people need to be more impaired in order to be eligible for care; if dollars are scarce, resources need to be directed to those most afflicted. When people can easily access services when they first feel the need, the likelihood of more severe illness and impairment is significantly reduced.

The media points out the failed social policy of "deinstitutionalization," through which many thousands of people formerly living in state psychiatric facilities were "let out" to the streets. The problem is not deinstitutionalization. The problem is funding. Deinstitutionalization is the right policy; not funding it is the wrong one. Mental illnesses are treatable. Effectiveness rates for treatment of mental illnesses meets or exceeds those for physical illnesses.

We need federal and state legislative priorities to simply recognize and fund this crisis.

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