

TAKING ISSUE

Donut Shop Diversion Program

The objective of jail diversion programs and mental health courts is a worthy one: to facilitate interventions for persons with mental illness in the mental health system rather than perpetuate the nonproductive pattern of arrest-custody-release in the criminal justice system. It is a blot on the public system of psychiatric treatment that jails, such as the Los Angeles County Jail and Riker's Island in New York City, are among the nation's largest "inpatient psychiatric facilities."

Although few would argue with the premise that mental health treatment is better than incarceration for persons who have illnesses that require—and generally respond to—treatment, some have objected to the fact that the system rests on largely on coercion. However, individuals are given an apparent choice—treatment or jail—and the ends may justify the means in applying this "tincture of coercion."

Still, we must consider whether we are further stigmatizing persons with mental illnesses by selecting them for jail diversion programs. What about other potential beneficiaries of coercive interventions—for example, persons with obesity? They have a serious medical condition, and the costs to treat coronary artery disease, diabetes mellitus and its sequelae, and orthopedic conditions are high. Obesity has societal implications far beyond the health of an individual.

How about a donut shop diversion program? In front of every donut shop, we station a policeman. Anyone who looks 30 percent or more over his or her ideal body weight is asked to step on a scale. Those who are over the weight threshold are given a choice—a weight reduction clinic or jail. They could be charged with one or more of the nuisance crimes, but it would become assault and battery on a police officer if the donut seeker got out of hand. By this means, we would reduce obesity, decrease health care costs, save hospital beds, and improve the quality of life of the overweight citizenry.

"Nonsense!" you say. "People who eat donuts choose to do so; they make an informed decision. People with mental illness are not making rational choices."

But many persons with chronic mental illness are capable of giving informed consent. And many overweight people say to themselves in the donut shop parking lot, "I shouldn't go in there," and then march right in. Do they have "free choice"? Is obesity always voluntary?

Jail diversion is a worthy endeavor. It should be pursued with cautious optimism, but it should not become another process that isolates or stigmatizes people with mental illness. The criminal justice system should be used to help mainstream those with mental illness, not spotlight their differences.—JEFFREY L. GELLER, M.D., M.P.H., *professor of psychiatry and director of public-sector psychiatry, University of Massachusetts Medical School, Worcester*

Psychiatric Services was established in 1950 by Daniel Blain, M.D. It is published monthly by the American Psychiatric Association for mental health professionals and others concerned with treatment and services for persons with mental illnesses and mental disabilities, in keeping with APA's objectives to improve care and treatment, to promote research and professional education in psychiatric and related fields, and to advance the standards of all psychiatric services and facilities.

Editor

John A. Talbott, M.D.

Editorial Board

Carol A. Bernstein, M.D.
Lisa B. Dixon, M.D., M.P.H.
Robert E. Drake, M.D., Ph.D.
H. Richard Lamb, M.D.
Stephen R. Marder, M.D.
Mark Olfson, M.D., M.P.H.
Betty Pfefferbaum, M.D., J.D.
Michelle B. Riba, M.D., M.A.
Robert A. Rosenheck, M.D.
Pedro Ruiz, M.D.
Sally L. Satel, M.D.
Greer Sullivan, M.D., M.S.P.H.

Interdisciplinary Advisory Board

Suzanne Dworak-Peck, A.C.S.W.
Susan B. Fine, M.A., O.T.R.
Laurie M. Flynn
Marcia Miller, M.L.S.
Frances Palmer, M.S., O.T.R./L.
Stuart B. Silver, M.D.
Gail W. Stuart, Ph.D., R.N.
Gary R. VandenBos, Ph.D.

Book Review Editor

Jeffrey L. Geller, M.D., M.P.H.

Contributing Editors

Paul S. Appelbaum, M.D., *Law & Psychiatry*
Francine Cournos, M.D., *Frontline Reports*
Richard Frances, M.D., *Alcohol & Drug Abuse*
Joshua Freedman, M.D., *Clinical Computing*
Jeffrey L. Geller, M.D., M.P.H., *Personal Accounts*
William M. Glazer, M.D., *Best Practices*
Marcia Kraft Goin, M.D., Ph.D., *Practical Psychotherapy*
Howard H. Goldman, M.D., Ph.D., and Colette Croze, M.S.W., *State Mental Health Policy*
Marion Z. Goldstein, M.D., *Practical Geriatrics*
Douglas H. Hughes, M.D., *Emergency Psychiatry*
Alex Kopelowicz, M.D., and Robert Paul Liberman, M.D., *Rehab Rounds*
Harold Alan Pincus, M.D., and Terri L. Tanielian, M.A., *Datapoints*
James E. Sabin, M.D., *Managed Care*
Lloyd I. Sederer, M.D., *Consumer & Family Information*
Steven S. Sharfstein, M.D., *Economic Grand Rounds*
George M. Simpson, M.D., *Psychopharmacology*

Editorial Consultants

Leona L. Bachrach, Ph.D.
John O. Lipkin, M.D.
Theodore W. Lorei, M.S.W.

Cover Art Consultant

Sally Webster, Ph.D., New York City

Editorial Staff

Constance Grant Gartner, *Managing Editor*
John I. Guardiano, *Assistant Managing Editor*
Deborah Christie-Smith, *Associate Editor*
Patricia von Brook, *Associate Editor*
Wendy Lieberman Taylor, *Production Editor*
Deborah Christian, *Administrative Assistant*
Nichelle N. Hilton, *Editorial Secretary*

American Psychiatric Association

Richard K. Harding, M.D., *President*
Paul S. Appelbaum, M.D., *President-Elect*
Marcia Kraft Goin, M.D., *Vice-President*
Michelle B. Riba, M.D., M.S., *Vice-President*
Pedro Ruiz, M.D., *Secretary*
Carol A. Bernstein, M.D., *Treasurer*
Nada L. Stotland, M.D., M.P.H., *Speaker, APA Assembly*
Steven M. Mirin, M.D., *Medical Director*