in an educational program that linked mental illness with violence, and actually may have been less likely to support some rehabilitation-based services as a result. Hence, the assertions by D. J. Jaffe (1), Mr. Stanley's colleague at the Treatment Advocacy Center, were not supported in our study: "Laws change for a single reason, in reaction to highly publicized incidences of violence. People care about public safety. I am not saying it is right. I am saying this is the reality."

As policy makers and advocates continue to sift through various opinions about public education and attitudes, they will need more research like this to help them distinguish fact from fiction.

Patrick W. Corrigan, Psy.D.
Amy C. Watson, Ph.D.

Reference

1. Jaffe DJ: Assisted outpatient treatment. Presented at the annual conference of the National Alliance for the Mentally Ill, Chicago, June 30–July 3, 1999

Caring for Young Adults With Mental Illness

To the Editor: Services that are clinically and developmentally specific to young adults with mental illness (and chemical dependence) are essential, as noted by Robert Giugliano (1) in the Open Forum in the April issue (1). Although we agree with much of what Dr. Giugliano recommends, we take issue with his advocacy for establishing a bureau for young adults. This idea appears to be the product of an underlying assumption that having a bureau means achieving results. Partitioning off one age group from another can unintentionally splinter and compartmentalize services and funding. In addition, a highly delimited bureau can create transition problems for patients and agencies after the seven years elapse between the ages of 18 and 25 years—and many young adult patients would be in the system for less than seven years before having to make the transition.

Our approach in New York City does not rely on a bureau. Instead, we identify need, engage in effective planning, and support advocacy for needed services, and on the basis of these efforts we direct funding for populations in need.

Lloyd I. Sederer, M.D.

Dr. Sederer is executive deputy commissioner of the division of mental hygiene services in the New York Department of Mental Health and Hygiene.

Reference

1. Giugliano RJ: The systemic neglect of New York's young adults with mental illness. Psychiatric Services 55:451–453, 2004

In Reply: We appreciate Dr. Sederer's recognition of the long-standing lack of appropriate and adequate housing and clinically and developmentally specific services for young adults with mental illness and co-occurring substance use disorders.

In describing the approach taken by the New York Department of Mental Health and Hygiene (DMHH), Dr. Sederer said, "we identify need, engage in effective planning, and support advocacy for needed services, and on the basis of these efforts we direct funding for populations in need." Who are the "we" in DMHH who are engaged in this approach for young adults? Unless and until there is a "we" for young adults in both DMHH and the New York State Office of Mental Health, this population will continue to be neglected.

The absence of a "we" has resulted in young adults' being worse off now than they were a few years ago when an agency decided to respond to a request for proposals for supportive housing for mentally ill young adults aging out of foster care. The program was poorly designed and underfunded. Not able to manage the young adults and not able to obtain any additional support from DMHH, the agency closed the program and returned the grant to the city. Young adults have less housing and services now than they've ever had.

There are necessary risks involved in change, and the problems of compartmentalization and splintering are certainly preferable to the complete absence of appropriate and adequate housing and services. The absence of an organized and ongoing approach to dealing with young adults has contributed to the major clinical problems this population presents and the fragmentation of the system. The current adult mental health system does not offer appropriate and adequate housing or services for adolescents when they reach age 18.

At Covenant House about 1,000 homeless mentally ill young adults have participated in our mental health day program since 1996, and we have nowhere to send them. These systemic problems are long-standing, but the time has come to actually do something about them. We look forward to working with Dr. Sederer and with the New York State Office of Mental Health to develop strategies for the solution of these problems.

Bruce J. Henry, J.D.
Robert J. Giugliano, Ph.D.

Mr. Henry is executive director of Covenant House in New York City, where Dr. Giugliano is director of mental health.

Should Therapists Give Gifts to Patients?

To the Editor: I appreciated the article "Gifts from Physicians to Patients: An Ethical Dilemma" by David Krassner (1) in the May issue. I commend his candor and his attempt to research a "forbidden" subject.

The psychoanalytic aspect of our education urges us to consider multilayered meanings of any therapist-patient transaction. The dynamic and forensic facets of certain transactions would encourage us to abstain from gift giving in case of misinterpretation by the patient.

In my opinion no blanket rule can realistically be made. The therapist, who has spent time establishing a relationship with the patient, must decide on an individual basis about giving a gift to that singular and unique patient.

Freud wrote about the importance of totems, and Winnicott described transitional objects. Perhaps a gift—