



## New Jersey

In 2006, NAMI credited former Acting Governor Richard Codey for leadership in improving services for people with serious mental illnesses. Improvements have continued under Governor Jon Corzine; however, all is not rosy in the Garden State. Its mental health care system is still inadequate, and its C grade has not changed from three years ago.

Inpatient psychiatric hospitals are overcrowded and unsafe, and there are not enough community-based services. Although the state legislature has increased funding for the public mental health system in recent years, it has not been enough to meet service needs in a state where housing and cost-of-living are among the highest in the nation.

New Jersey is committed to implementing evidence-based practices in its community mental health system. Assertive Community Treatment (ACT) is available in all of the state's 21 counties. Progress on expanding supported housing has continued under the leadership of Kevin Martone, the new Assistant Commissioner of the Division of Mental Health Services (DMHS).

New Jersey also supports peer-run services. Self-help centers have been established in all 21 counties, and a new center at Ancora Psychiatric Hospital is one of the first programs of its kind nationwide in a state hospital.

DMHS supports 12 small jail diversion programs throughout the state and awarded a \$250,000 grant to Camden County to help launch the state's first Crisis Intervention Team (CIT). The program has proven so successful that the division is providing "knowledge dissemination" and programmatic support to create similar programs elsewhere.

Notwithstanding this progress, serious problems exist, particularly in Ancora, the state's largest psychiatric hospital. It is the focal point of concerns about safety and civil rights violations.

According to news media, six deaths have occurred at Ancora since 2006. Nearly 1,500 assaults on patients by staff or other patients occurred in 2007 alone. Nine of 11 psychiatrists have been beaten on one unit at the hospital. Smuggling and sale of drugs and contraband by staff to patients also is common. The U.S. Department of Justice is considering conducting an investigation of treatment and conditions at the hospital. The state has taken preliminary steps to address the problems, including negotiating contracts with other hospitals to reduce the patient census, along with improvement of security and safety measures.

To his credit, Governor Corzine has expressed personal concern about Ancora's severe problems and made unannounced visits on several occasions. However, the ultimate answer lies in increasing staff training at state hospi-

### Innovations

- Strong executive and legislative commitment
- Evidence-based practices such as ACT and supportive housing
- Peer-run services and peer supports

### Urgent Needs

- Resolve civil rights and safety issues in state hospitals
- Invest in services for people with co-occurring disorders
- Statewide implementation of jail diversion and community reentry programs

### Consumer and Family Comments

- *"The worst thing is that there is no relief for those who get criminal charges because of their mental illness."*
- *"The system is trying to change to a wellness approach, and it is very open to consumers' opinions."*
- *"The hospital system can be somewhat brutal and is in desperate need of overhaul. The Ancora model may be a big waste of re-sources and is not serving the consumers. [It is a] giant unmanage-able warehouse."*

tals and developing community-based alternatives for those persons ready for placement in less restrictive settings.

In 2005, the advocacy group "Disability Rights New Jersey" filed a lawsuit alleging that hundreds of people remain in state psychiatric hospitals because suitable community residential and service programs are not available. The lawsuit is still pending.

New Jersey must solve the problems in its hospitals in order to provide truly therapeutic environments. The state's success in closing the antiquated Greystone Psychiatric Hospital in Morris County, and replacing it with a new state-of-the art facility, shows that progress is possible. At the same time, the state must continue to develop community-based housing and services, particularly co-occurring disorders services. New Jersey has struggled to maintain adequate numbers of acute care psychiatric beds in recent years, as many community hospitals have eliminated their psychiatric inpatient units. Investing in these services sooner, rather than later, ultimately leads to cost-savings, and most importantly, saves lives.

New Jersey has much promise. Political leaders who care, educated and often affluent residents, and innovative DMHS stewardship provide the potential for a state-of-the-art public mental health system. However, daunting challenges must be overcome before promise can become reality.