

Published: Sunday, February 23, 2014, 12:01 a.m.
Viewpoints

New mental health treatment law could prevent tragedies

<< Prev Next >>



Thinkstock

By **Rep. June Robinson**

A fate more awful than any parent or guardian's worst nightmare recently took the life of an Everett woman. Earlier this month, Gina Latshaw experienced a final nightmare. [She was beaten to death as she slept](#), allegedly murdered by the young man who for years had been calling her his mother.

Gina Latshaw spent a good many of her 37 years searching for mental-health treatment for Brad George. And now, soon, 16-year-old Brad George will be tried as an adult in Snohomish County Superior Court on a charge of first-degree murder. According to a Snohomish County deputy prosecutor, George said he wanted to "clear his head of negative thoughts." One of those negative thoughts was that Latshaw was using bleach to poison him.

More than a decade ago, Gina Latshaw tried her best to get treatment for the boy for whom she was guardian. The diagnosis for Brad George was mood and conduct disorders, as well as a post-traumatic-stress disorder. Medications? Detectives said he told them he'd stopped taking his prescriptions some time before Gina Latshaw was killed.

The young man had already written a violent history. During a mental-health evaluation four years ago at Overlake Specialty School, his potential for violence came up. Big time. Brad George threatened to hit a nurse with the arm he'd yanked off a wooden chair. He recently completed

probation for another, more recent incident — a fourth-degree-assault conviction in which he punched a wall and kicked a locker at an Overlake Hospital Psychiatric Services school. The incident escalated beyond that relatively minor, albeit unacceptable destruction of public property. He shoved a school staff member into a locker, and then he pushed her a second time.

He was given probation and ended up back in Everett, back with his guardian. Back with Gina Latshaw. Now she's gone. And so, yet again, society faces the hellacious question of what to do about all of the Brad George time bombs out there counting down. Counting down, that is, to when?

This young man wasn't a stranger to treatment. At the very least, he was no stranger to some fundamental mental-health treatment. It isn't as if his alleged violence, his alleged murder, came out of nowhere. Before she was killed, his guardian, the late Gina Latshaw, knew that terrible reality for a fact. She clamored to get Brad George the treatment she saw he needed.

No, of course, there's no magic solution to this dilemma. And no, that's no justification for us, as a society, to ignore the potential nightmares — to turn away, ignoring the time bombs that might not — or might — go off.

This year in the Legislature, I'm co-sponsoring an involuntary-treatment proposal ([House Bill 2725](#)). The proposed new state law has unanimously passed the House. It would allow a family-member to petition the court for review of a designated mental-health professional's decision not to seek an initial detention order under the Involuntary Treatment Act (ITA). Our state's ITA law sets procedures, rights, and requirements for involuntary civil commitment. The standard for commitment under the ITA requires that, due to a mental disorder, the person poses a likelihood of serious harm to self or to others, or is gravely disabled.

Today, our state law directs that a designated mental-health professional must investigate whether to detain an individual who might meet the criteria for involuntary mental-health treatment. In such an emergency, a person can be detained without a court order if this mental-health professional determines that serious harm or danger is imminent to the person in question. If it's not an emergency, an involuntary civil commitment requires a court order.

Across Washington today, however, we see a haphazard implementation of the ITA standard. This bipartisan legislation points out that Washington's 39 counties vary a great deal in terms of the percentage of people ultimately committed following an ITA evaluation. I believe that the same standards should be employed everywhere in Washington. The inconsistency of implementation is unacceptable.

The legislation says a family member has a right to take issue with the mental-health professional's recommendation. Yes, we must respect the civil liberties of the person in question. He or she will, according to terms of the bill, retain his or her rights to due process.

But focus must be kept on family safety — on public safety. Safety makes it imperative that we adopt this essential tool for helping people who desperately need it. Too often tragically today, they're discounted; the existing ITA standard is simply insufficient.

And so, the time bombs go off. How many more tragedies must there be? How many more Gina Latshaw nightmares must there be? How many more stories must we hear about someone's friend or loved one with a mental illness in desperate need of commitment, but who has been denied help

because obsolete commitment standards haven't been met?

State Rep. June Robinson, D-Everett, represents the 38th Legislative District. Her district includes Snohomish County neighborhoods and communities in Everett, Marysville, and Tulalip.

© 2014 The Daily Herald Co., Everett, WA