



The Right to Be Well: Dismantling the \$343 Billion SMI Neglect Tax through a National Standard of Care

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AUTHORS: Ann Corcoran, RN, MSN | Executive Director & Kerry Martin, MPP | Director of Growth and Impact

EXECUTIVE SUMMARY

In America, we have world-class response systems for fires, heart attacks, and natural disasters. But for the millions of families living with no-fault brain diseases, there is no 911. When a medical crisis unravels, families are met with a clinical void. Parents are left to navigate a system that prioritizes bureaucratic barriers over medical necessity—from the weaponization of privacy laws to the catastrophic shortage of psychiatric beds.

For too long, a misunderstanding of anosognosia (the neurological lack of insight that occurs in schizophrenia and bipolar disorder) has been used to justify a "Right to be Sick"—a standard of neglect that would never be tolerated for a failing heart or a broken lung. This failure has created a \$343 Billion SMI (Serious Mental Illness) Neglect Tax^[1]—a compounding fiscal surcharge paid by taxpayers to warehouse the sick rather than treat them. This crisis driven system delays intervention until deterioration produces costly emergency responses, criminalization, and preventable tragedies.

The National Shattering Silence Coalition (NSSC) is moving beyond awareness to become a national hub for medical accountability. Our 2026 Impact Initiatives serve as a strategic roadmap to accelerate the transition toward a National Standard of Care. Through the design of our Crisis to Care Pilot to fill the 911 gap, the development of our Beyond Stigma documentary to humanize the medical reality, and the scaling of our SMI Peer Alliance alongside our State Director Mobilization, we are architecting the necessary infrastructure to dismantle the Neglect Tax and restore medical accountability to our healthcare system.^[2]

THE EQUATION OF MEDICAL ACCOUNTABILITY

"At NSSC, we operate on a singular premise: fiscal responsibility and humane medical treatment are one and the same. The current 'Standard of Neglect' is the most expensive possible way to manage a public health crisis. By shifting to a National Standard of Care, we aren't just stopping the systemic financial bleed—we are saving lives." — Ann Corcoran, RN, MSN, Executive Director

I. THE EXISTING STANDARD OF NEGLECT

Despite massive public spending, the operational threshold for intervention in the U.S. is set at a catastrophic high. In most jurisdictions, meaningful care is authorized only when an individual presents an "imminent danger" or has reached the point of acute crisis.

This framework effectively establishes a Standard of Neglect: a policy choice to tolerate preventable decline until a legal threshold permits action. The consequences are predictable: a revolving door of emergency departments, "competency cycling" in jails, and chronic homelessness. For the 14.2 million adults living with SMI—nearly half of whom receive zero treatment at any given time^[3]—the system is not broken; it is functioning exactly as designed: to wait for disaster.

The current model is not a lack of spending; it is a structural failure to invest in stabilization. We mobilize costly emergency responses only after irreversible neurological damage has occurred.^[4] This systemic choice to manage consequences rather than treat the disease is the foundation of the \$343 Billion SMI Neglect Tax.

"A system governed by a standard of neglect waits for danger; a system governed by a standard of care responds to medical need as is the case with every other physical illness." — Kerry Martin, MPP, Director of Growth & Impact

II. THE MACRO REALITY: WHERE IS THE COMMON SENSE?

Every single day the Medical Accountability is delayed, we are spending \$11 Million to incarcerate the sick instead of treating them. When the medical system slams its doors, the costs of untreated SMI – essentially, the costs of not caring – are shifted onto the most expensive and least effective public sectors:

- **The Handcuff Response:** Americans with SMI are now three times more likely to be in a jail cell than a hospital bed.^[5] It is neither fiscally nor operationally sound to use law enforcement to manage biological brain crises.
- **Competency Limbo:** With a 97% decrease in state hospital beds since 1955^[5], we are spending upwards of \$1,500/day to warehouse individuals in jail who are neurologically unable to understand their charges.
- **ER Boarding & Discharge to Streets:** The revolving door where a lack of long-term beds leads to premature discharge, immediate relapse, and chronic homelessness—the most expensive possible way to manage a public health crisis.
- **The Pediatric Pipeline:**^[6] This neglect begins early. Eight million children (1 in 10) live with Serious Emotional Disturbance (SED). Without intervention, these children are 3 to 4 times more likely to face abuse or systemic entanglement, fueling the next generation of the "revolving door."

- Caregiver Erasure: A multi-billion dollar drain on the GDP as professional parents are forced to exit the workforce to manage untreated medical crises alone.

III. THE "GROUND TRUTH": TREATMENT SAVES, NEGLECT COSTS

The accounts below reveal the Neglect Tax in practice.^[7] Crucially, these figures reflect only the public cost—they do not account for the immense emotional and financial exhaustion of the families left to bridge the gap.



- Elliot (Arizona): Trapped in “competency cycling” for years at a cost of \$150,000+.
 - *Verdict: Arizona is subsidizing a six-figure cycle of Economic Abandonment that ensures a young man never recovers.*
- Jordan (New York): Hospitalized six times in five months with zero aftercare; eventually beaten while untreated in jail.
 - *Verdict: New York spent \$170,000+ on “crisis care” that resulted in physical trauma, shattered dignity, and no effective treatment.*
- Will (Pennsylvania): A bright soul in the “revolving door” of prisons because the system refused his mother guardianship.
 - *Verdict: Pennsylvania has paid a \$200,000+ Incarceration Surcharge over the lower-cost model of medical care.*



IV. A NATIONAL STANDARD OF CARE: THE MEDICAL ACCOUNTABILITY FRAMEWORK

The Standard of Care is the bridge between systemic abandonment and medical restoration. It is the formal recognition that Severe Mental Illness is a medical emergency of the brain.

Our National Standard of Care mandates that treatment must be proactive, clinically driven, and continuous—moving the focus from containment in jails and boarding in ERs to recovery in psychiatric hospitals and our communities. It asserts that the Right to be Well is the most fundamental civil right of all.

The National Standard of Care is a comprehensive medical and systemic framework designed to replace the current "Standard of Neglect." To move from crisis to accountability, this framework requires three foundational pillars:

1. **Medical Necessity over Legal Status:** We must prioritize treatment decisions driven by clinical pathology and the presence of anosognosia (the neurological inability to perceive one's own illness). We can no longer wait for "dangerousness" or criminal activity to justify medical intervention; the presence of a biological brain crisis is, in itself, the mandate for care. Like with any other physical illness, we must uniformly apply best medical protocols and treatment for those with no-fault brain disease across our nation.
2. **Continuous Clinical Pathways:** We must eliminate the cycles of ER Boarding and "Competency Cycling"—the most expensive and least effective methods of management. The National Standard of Care replaces these dead-ends with a continuum of clinical stabilization: specialized inpatient beds, structured outpatient follow-up, and supportive community housing necessary for long-term recovery.
3. **The Right to be Well:** We must establish a legal and ethical recognition that providing involuntary care to an individual in a biological crisis is a restorative act of mercy, not a violation of civil liberties. True liberty is not found in the "right" to die in psychosis on a sidewalk; it is found in the right to have one's reality and health restored.

V. BEYOND STIGMA: THE BIOLOGICAL MANDATE

The NSSC is currently seeking production partners for *Beyond Stigma*—a landmark documentary film designed to humanize the Neglect Tax and highlight the medical reality of no-fault brain disease. This film will provide the "Ground Truth" evidence required to challenge the "Right to be Sick" and promote the National Standard of Care.

- **Crystal Fox (AZ) | The Revolving Door:** A psychiatric nurse's account of the systemic collapse that turned a drive for medical help into a jail-cell tragedy—exposing the fatal cost of missing medical infrastructure.



- The Stick Family (OK) | Treatment Saves: A father and son's 12-year journey proving that aggressive clinical discovery and specialized medication can restore a human life and stop the financial and emotional bleed of chronic crisis.
- Jack Wood (FL) | Neglect Costs: A healthcare executive documents his son's struggle in the "justice" system, exposing the tragedy of warehousing those who lack the biological insight (anosognosia) to seek care on their own.

VI. NATIONAL MOMENTUM: SCALING THE MANDATE

NSSC is uniquely positioned as a primary strategic force for medical accountability. While many organizations focus on essential peer support and broad awareness, NSSC is the engine bridging the gap between clinical necessity and the ground-truth of family crisis. Our growth is not just a metric; it is a mandate for change:

- **3100% Growth in Leadership:** Since 2022, we have expanded our State Director network into 31 states. Our Directors serve as the primary legislative bridge between families in crisis and the policy changes required to mandate accountability in state houses.
- **SMI Peer Alliance:** Ensuring that individuals living with SMI have a critical seat at the table, leveraging their lived-experience authority to help define a new national Standard of Care.
- **All-Volunteer Efficiency:** As a 100% volunteer-led organization, every dollar of funding is deployed directly into systemic reform and professionalizing our regional infrastructure.

VII. ROADMAP FOR MEDICAL ACCOUNTABILITY

To move from blueprint to activation, NSSC is seeking Scale, Impact, and Production Partners to underwrite our 2026 Initiatives:

- **Crisis to Care (Regional Pilot Sponsorship):** A first-of-its-kind regional pilot designed to fill the 911 gap by providing families in crisis with a lifeline. This program will deploy one-on-one Family Peer Navigators, tactical advocacy kits, and peer-led support groups to ensure no family has to navigate the justice and ER systems alone.
- **State Director Mobilization (Invest in Reform):** We are seeking partners to professionalize our 31-state infrastructure. This initiative ensures our regional leaders have the executive standing, specialized outreach tools, and advocacy resource guides required to brief policymakers, judges, and clinical leadership. By funding a State Director, you are underwriting our State-driven engine for accountability—ensuring no family has to fight the Standard of Neglect in isolation.
- **Production Sponsorship (Beyond Stigma):** We are seeking a visionary partner to fund the filming of our "Shattered Silence" testimony series. Your investment will provide the "Ground Truth" required to end the cycle of medical neglect and shift the national paradigm toward medical accountability.

VIII. CONCLUSION: THE MORAL MANDATE

NSSC is turning pain into systemic power. For too long, our families have been told their loved ones have a Right to be Sick. We have watched as biological brain diseases are treated as character flaws, and a lack of insight is used to justify a system of abandonment.

"An involuntary plan for someone gravely disabled is not a punishment—it's a lifeline. It restores stability, safety, and ultimately, autonomy. If I ever lose my reality again, please take away my 'rights.' I don't want to die in a system that calls my psychosis 'liberty'." — Kerry Martin, MPP, Bipolar I & Suicide Attempt Survivor

We are done paying the Neglect Tax. It is time to be smarter with our resources and more courageous with our care. We must stop the financial and human bleed and end the denial of lifesaving treatment. The era of the Standard of Neglect is over. It is time to secure the Right to be Well.

ABOUT THE AUTHORS



Ann Corcoran, RN, MSN | Executive Director

A Registered Nurse for over 30 years, Ann brings an uncompromising commitment to clinical integrity and systems accountability to the SMI crisis. Since assuming leadership of NSSC in 2023, she has transformed the organization into a high-impact national force. As a National Strategist for Medical Accountability, Ann leads NSSC's nationwide network of policy directors to replace the current "Standard of Neglect" with evidence-based medical treatment.



Kerry Martin, MPP | Director of Growth & Impact

A Harvard Kennedy School graduate and survivor of Bipolar I, Kerry is a strategic leader in medical accountability. With 30 years in tech and the nonprofit sector, she founded a Bipolar-focused organization and led an FDA listening session on unmet medical needs and suicide. By bridging high-level policy with frontline ACT team experience, Kerry drives NSSC's expansion to ensure the "Right to be Well" becomes a national reality.

FOOTNOTES

[1] The SMI Neglect Tax: While the direct societal cost of Schizophrenia alone is estimated at \$343.2 Billion (Source: Kadakia, A., et al. (2022). "The Economic Burden of Schizophrenia in the United States." *The Journal of Clinical Psychiatry*, 83(6)), this represents only one segment of the crisis. Emerging comprehensive models for all Serious Mental Illnesses (SMI)—including Bipolar I and Schizoaffective disorders—place the total annual societal cost at \$467 Billion (Source: *NASMHPD*, 2024). These figures account for "Total Economic Impact," including healthcare, law enforcement, and premature mortality.



NSSC considers these conservative baselines significant underestimates; when accounting for the total displacement of caregiver productivity and lifetime lost earnings, the true "Neglect Tax" on the U.S. economy is estimated to exceed \$1.1 Trillion annually (Source: *NBER*, 2024).

[2] 2026 Impact Initiatives: For more information on our specific Roadmap for Reform, including the Mobilizing State Directors Initiative and the Crisis to Care Pilot, please see nsscoalition.org.

[3] The Treatment Gap: Substance Abuse and Mental Health Services Administration (SAMHSA) / National Institute of Mental Health (NIMH). National prevalence data consistently indicates that between 40% and 50% of individuals with Schizophrenia or Bipolar Disorder receive no treatment at any given time. This gap is largely driven by the clinical reality of Anosognosia—a neurological impairment that prevents an individual from recognizing their own illness—coupled with legal "Standard of Neglect" criteria that bar intervention until a tragedy occurs.

[4] NSSC Frontline Perspectives: The Neurotoxicity of Untreated Psychosis: A Medical and Legal Framework for Involuntary Treatment: Mimms, L. T. (2026). Dr. Mimms synthesizes emerging neuroscience showing that first-episode psychosis (FEP) can result in the loss of up to 1% of total brain volume and 3% of cortical gray matter. In practical sets, a single untreated psychotic episode can result in the permanent loss of approximately one tablespoon of brain tissue.

[5] The Incarceration Gap: Sourced from the Treatment Advocacy Center (TAC) and Bureau of Justice Statistics. Data indicates that individuals with SMI are now three times more likely to be in a jail or prison than in a psychiatric hospital bed, a direct result of the 97% decrease in state hospital beds since 1955.

[6] Serious Emotional Disturbance (SED) & The Pediatric Pipeline: SAMHSA (2024): National Report on Serious Emotional Disturbance among Children. Reflects the 8 million children (1 in 10) under age 18 with diagnosable disorders that "severely disrupt social, academic, and emotional functioning." Research in the *Journal of Emotional and Behavioral Disorders* (2022): The Correlation Between Untreated Childhood Psychosis and Victimization. Research indicates that children with high-acuity SED are at a significantly higher risk for maltreatment and "The Abuse-to-Incarceration Pipeline" when clinical support is absent.

[7] Campaign Origin: Curated from the NSSC's ongoing "Treatment Saves, Neglect Costs" advocacy campaign; please see nsscoalition.org.