Bringing Back Psychiatric Care Facilities

Submitted By:

Emma Zuniga

Abstract:

The failure of deinstitutionalization in the 1960s has resulted in long term effects on people suffering from severe mental illness (SMI). People with SMI are highly susceptible to homelessness and incarceration due to the lack of psychiatric facilities to provide them with the resources and support they need. Moreover, stigma impacts reporting of mental illness, especially among minority populations. My research will study the Archives of Psychiatry and Mental Health, as well as the University of Massachusetts Amherst’s *Judi Chamberlin Papers* archive to gain an understanding of the successes and failures of deinstitutionalization and its impact on patients with SMI. With this information, I will write and submit a policy paper to Mental Health America, an advocacy organization for those who suffer from SMI. My work could assist in educating Americans on mental illness stigma. Furthermore, it could help Mental Health America advance federal legislation and regulations for new psychiatric facilities.

Introduction:

Emotions, thinking, and/or behavior are susceptible to change when a person is suffering from mental illness (American Psychiatric Association [APA], n.d.). Mental illness is complex and can affect people in various ways. By 14 years old, 50 percent of all lifelong cases of mental illness are established (“National Alliance”, n.d.). Mental health refers to the ability to be productive in activities, maintain healthy relationships, adjust to change, and overcome adversity (APA, n.d). Both mental health and mental illness can be influenced by social determinants of health such as housing, stress, occupation, sanitation, social support, and accessibility to resources (Manderscheid et al., 2010).

Background:

Until the deinstitutionalization of mental hospitals in the 1960s, psychiatric facilities were the primary source of treatment for people with severe mental illness, also known as SMI (Chow & Priebe, 2013). Deinstitutionalization occurred for three main reasons. People believed mental hospitals were inhumane, medication could cure SMI, and lack of funds (Yohanna, 2013). Although medication did help with patient’s symptoms, it did not restore all functioning abilities (Carvajal, 2004). Since hospitals closed and did not follow up with patients after release, SMI continued to affect patients’ lives despite medication (Talbott, 2004). Even worse, they were left with nowhere to go to receive mental health treatment, such as psychotherapy (WebMD, 2022). Due to the lack of financial support, state facilities that tried to remain open were forced to shut down (Talbott, 2004). Likewise, the community services that were meant to take on psychiatric hospital’s care of patients were underfunded and underdeveloped (Accordino et al., 2001). They did not have the resources or knowledge of SMI to best serve the overwhelming population of patients who needed their care. It is estimated that by 1994, 92 percent of patients from psychiatric institutions in 1955 were no longer living there (PBS, 2005).

Regardless of the evidence showing the negative outcomes deinstitutionalization has had on people suffering from mental illness, closures of long-term-care facilities and shortages of psychiatric beds have only increased in the last few years (Raphelson, 2017). In addition, laws issued to help people with SMI appear beneficial, but in actuality result in little to no change. For example, Supplemental Security Income was passed to supply income subsidies for people with SMI to live in the community (Yohanna, 2013). However, the subsidies only give them the means to live below the poverty level (Musumeci & Orgera, 2021). Another example is the Omnibus Budget Reconciliation Act of 1981. It gave patients with SMI long-term care, but placed them in large, underfunded non-nursing homes that underserved in order to make a profit (Yohanna, 2013). Currently, numerous state hospitals limit patient admission because they expect private hospitals to take them in (Yohanna, 2013). Unfortunately, once again funding becomes an issue for private hospitals. Cost of transportation, payment of employees, and inability to repay psychiatrists who testify make using the court system to commit patients a challenging task (Yohanna, 2013). With no one to advocate on their behalf or provide them with mental health services, individuals with SMI are left with few options of where to go for help. In most cases, they are forced to seek refuge on the streets or in prison (Nosek, 2019).

In the U.S., SMI is one of the main causes of homelessness (Martin, 2015). This is primarily due to their limited capacity to maintain employment (Ruff Institute, n.d.). Around 20 to 25 percent of the unhoused suffer from SMI while only 4 to 6 percent of the general population suffer from SMI (Ventura, 2020). Once they become homeless, people with SMI are inclined to stay homeless for the rest of their lives (Martin, 2015). It does not help that funding for half-way houses (living homes for former drug addicts, inmates, and psychiatric patients) has gone down exponentially as years have passed (Martin, 2015). Furthermore, it is now illegal to sleep in public areas, or live in vehicles in numerous cities (Goldstein Law Group, n.d.). This only limits options for the unhoused without providing alternative solutions to housing. Many individuals who are homeless with SMI turn to drugs to self-medicate (Temple & Kildare, 2022). This can increase the likelihood of negative encounters with law enforcement and incarceration. In Los Angeles, when inmates are freed, they usually fail to receive psychotropic medication or referrals (Temple & Kildare, 2022). Furthermore, with skid row being so close to the jail in L.A., newly released individuals are likely to go there and return to drugs and minor offenses (Temple, 2022). Hence, the cycle continues. In California, those who are considered incompetent to stand trial after arrest due to psychiatric illness are sent to county jails for months or years before being admitted to a state hospital (Wiener, 2019). Once in prison, many inmates with SMI are placed into solitary confinement for their own protection (Wiener, 2019). However, if they stay in solitary for a long period of time, their SMI can worsen drastically.

Although minorities have higher rates of mental illness than white adults, they are less likely to see a mental health professional (Sorkin & Ngo-Metzger, 2009). The term minority in this sense is defined as people from ethnically underrepresented groups such as Latinos, Asians, and African Americans. Higher rates of poor mental health in minorities are a result of inaccessibility to the same high quality mental health services white adults receive (APA, n.d.). Moreover, as they get older, there is less likelihood of mental distress and mental illness being reported by minorities (Sorkin & Ngo-Metzger, 2009). This is the consequence of insufficient funds, inadequate resources, and mental health stigma (Tran & Ponce). Stigma has had a major impact on people’s decisions to report mental illness. Unfortunately, health-care workers, the government, and the media have negatively contributed to stigma (Sartorius, 2007). They use language and make statements that reinforce prejudice, such as suggesting the sterilization of those with mental illness without consent (Sartorius, 2007). Most people who contribute to mental illness stigma do not even realize they have done so. Media journalists, for example, do not have a lot of knowledge pertaining to psychiatric disorders which influences the accuracy of their report (Zhang et al., 2019). Lack of education on mental illness is a main issue resulting in the reinforcement of stigma.

Considering the lack of affordable, accessible mental health services, the widespread abuse of drugs, and the resulting incarceration of unhoused individuals with SMI, would the implementation of new psychiatric care facilities result in decreased rates of homelessness and incarceration of people who suffer from SMI? In order to help people who suffer from SMI stay off the streets and out of prison, I propose submitting a policy paper to an advocacy organization that will support the funding of new psychiatric care facilities.

Methods:

To address my research question, I will study archives that discuss mental health activism and contain primary sources of psychiatric survivors. The Archives of Psychiatry and Mental Health (AMPH) provides a history of research pertaining to psychiatric facilities, patients, and mental illness (AMPH, n.d.). I will analyze these documents and study the narratives. Furthermore, the University of Massachusetts Amherst has an archive of psychiatric survivors and allies in the madness network news called the *Judi Chamberlin Papers* (Dendron, 1995). This could assist me in analyzing people who have been in mental hospitals and why the facilities were unsuccessful. It could also give me the public’s perspective on psychiatric care facilities and what information they were given. The University of Massachusetts Amherst Special Collections and University Archives (SCUA) is open to the general public (UMass Amherst, n.d.). I will send an email to SCUA prior to my visit to ensure I am granted permission to analyze the *Judi Chamberlin Papers* archive. With this research I will write and submit a policy paper to Mental Health America (MHA) to support their work. Mental Health America is an organization that advocates for people who suffer from SMI and promotes mental health through education, research, and services (MHA, n.d.). The educational programs help in reducing stigma, and the services keep people with SMI from becoming homeless or incarcerated. MHA uses well-researched policy statements to work with policymakers to protect the rights of people with SMI and provide them with adequate care (MHA, n.d.). My work could assist them in advancing federal legislation and regulations for new psychiatric facilities.

Conclusion:

Mental illness restricts people’s ability to function. The closing of psychiatric facilities has resulted in people with SMI becoming homeless or inmates. Furthermore, minorities do not report mental illness or receive the help they need because of inaccessibility and mental illness stigma. My research could result in funding for new psychiatric facilities, and contribute to Americans’ education on mental illness stigma. This will reduce mental illness cases, homelessness, incarceration rates, and misinformation.

Budget:

|  |  |  |
| --- | --- | --- |
| Item | Information | Project Cost |
| Airfare | Round trip from Los Angeles International Airport to Bradley International Airport. | $400 |
| Food | $40 per day | $280 |
| Lodging | 7 nights at Comfort Inn & Suites in Hadley, MA. | $910 |
| Transportation | From the airport to hotel.  From the hotel to university.  From the hotel to fast food restaurants. | $300 |
| Miscellaneous supplies | Printing, etc. | $100 |
| Total |  | $1,990 |

Timeline:

My research will take an academic school year to complete. I will begin in August 2023 by reviewing the Archives of Psychiatry and Mental Health. Since this is an online open access journal that is updated regularly, I will browse for articles that discuss the use of psychiatric care facilities on a weekly basis. At the beginning of October 2023, I will send an email to the University of Massachusetts Amherst Special Collections and University Archives (SCUA) to ensure I am granted permission to analyze the *Judi Chamberlin Papers* archive. During Christmas break, I will spend a week at SCUA reviewing the archivewhich contain 5,468 items. I will examine the data and write descriptions of what I find. At the beginning of March 2024, I will provide my first draft of a policy paper to Mental Health America (MHA). I hope to receive revisions by April 2024. The deadline for my second draft will be June 2024. After I receive revisions in July 2024, I will finalize and submit my policy paper to MHA by August 2024.

Works Cited

Accordino, M. P., Porter, D. F., & Morse, T. (2001). Deinstitutionalization of Persons with Severe Mental Illness: Context and Consequences. *The Journal of Rehabilitation*, *67*(2), 16. Retrieved November 18, 2022, from <https://link.gale.com/apps/doc/A76398484/HRCA?u=loym48904&sid=googleScholar&xid=b31361f6>.

American Psychiatric Association. (n.d.). *Mental health disparities: diverse populations*. Retrieved December 6, 2022, from <https://www.psychiatry.org/psychiatrists/diversity/education/mental-health-facts>.

American Psychiatric Association. (n.d.). *What is mental illness?* Retrieved October 20, 2022, from <https://www.psychiatry.org/patients-families/what-is-mental-illness>.

Archives of Psychiatry and Mental Health. (n.d.). *Archives of Psychiatry and Mental Health*. Retrieved October 27, 2022, from <https://www.psychiatryhealthjournal.com>.

Carvajal, C. (2004). Poor response to treatment: beyond medication. *Dialogues in clinical neuroscience*, *6*(1), 93–103. Retrieved November 18, 2022, from <https://doi.org/10.31887/DCNS.2004.6.1/ccarvajal>.

Chow, W.S., & Priebe, S. (2013). Understanding psychiatric institutionalization: a conceptual review. *BMC Psychiatry* 13, 169. Retrieved October 21, 2022, from <https://doi.org/10.1186/1471-244X-13-169>.

Dendron: psychiatric survivors & allies madness network news, 1995. *Judi Chamberlin Papers* (MS 768). Special Collections and University Archives, University of Massachusetts Amherst Libraries.

# Goldstein Law Group. (n.d.). *Los Angeles county is incarcerating thousands of mentally ill homeless people. A new study offers a solution*. Retrieved September 30, 2022, from <https://goldsteinlawgroup.com/los-angeles-county-is-incarcerating-thousands-of-mentally-ill-homeless-people-a-new-study-offers-a-solution/>.

Manderscheid, R. W., Ryff, C. D., Freeman, E. J., McKnight-Eily, L. R., Dhingra, S., & Strine, T. W. (2010). Evolving definitions of mental illness and wellness. *Preventing chronic disease*, *7*(1), A19. Retrieved October 20, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2811514/>.

Martin, E. J. (2015). Affordable Housing, Homelessness, and Mental Health: What Health Care Policy Needs to Address. *Journal of Health and Human Services Administration*, *38*(1), 67–89. Retrieved September 29, 2022, from <http://www.jstor.org/stable/24459676>.

# Mental Health America. (n.d.). *Our Mission*. Retrieved October 27, 2022, from <https://www.mhanational.org/about-us>.

# Musumeci, M., & Orgera, K. (2021, June 23). *Supplemental security income for people with disabilities: implications for medicaid*. Kaiser Family Foundation. Retrieved November 18, 2022, from <https://www.kff.org/medicaid/issue-brief/supplemental-security-income-for-people-with-disabilities-implications-for-medicaid/>.

National Alliance on Mental Illness. *Mental Health Facts - Children and Teens.*(n.d.). Retrieved October 20, 2022, from <https://www.nami.org/getattachment/Learn-More/Mental-Health-by-the-Numbers/childrenmhfacts.pdf>.

Nosek, S.J. (2019, October 30). *People with mental illness deserve treatment, not jail and homelessness*. National Shattering Silence Coalition. Retrieved November 18, 2022, from <https://nationalshatteringsilencecoalition.org/blog/people-with-mental-illness-deserve-treatment-not-jail-and-homelessness>.

PBS SoCal. (2005, May 10). *Deinstitutionalization: a psychiatric “titanic.”* Frontline. Retrieved December 6, 2022, from <https://www.pbs.org/wgbh/pages/frontline/shows/asylums/special/excerpt.html#reta8>.

Raphelson, S. (2017, November 30). *How the loss of U.S. psychiatric hospitals led to a mental health crisis*. National Public Radio. Retrieved October 21, 2022, from <https://www.npr.org/2017/11/30/567477160/how-the-loss-of-u-s-psychiatric-hospitals-led-to-a-mental-health-crisis>.

Ruff Institute of Global Homelessness. (n.d.). *Understanding homelessness*. Retrieved December 6, 2022, from <https://ighhub.org/understanding-homelessness/causes-intersections/mental-health>.

Sartorius, N. (2007, September 4). *Stigma and mental health*. The Lancet. Retrieved October 21, 2022, from <https://www.thelancet.com/article/S0140-6736(07)61245-8/fulltext>.

Sorkin, D. H., Pham, E., & Ngo‐Metzger, Q. (2009). Racial and ethnic differences in the mental

health needs and access to care of older adults in California. *Journal of the American Geriatrics Society*, *57*(12), 2311-2317. Retrieved September 29, 2022, from <https://agsjournals.onlinelibrary.wiley.com/doi/full/10.1111/j.1532-5415.2009.02573.x>.

Talbott, J.A. (2004, October 1). *Deinstitutionalization: avoiding the disasters of the past*. Psychiatric Online. Retrieved October 21, 2022, from <https://ps.psychiatryonline.org/doi/10.1176/appi.ps.55.10.1112>.

# Temple, M. (2022, May 18) *Letters to the editor: when jails double as mental health facilities, we know we’ve failed*. Los Angeles Times. Retrieved September 30, 2022, from <https://www.latimes.com/opinion/letters-to-the-editor/story/2022-05-18/jails-mental-health-homelessness>.

Tran, L. D., & Ponce, N. A. (2017). Who gets needed mental health care? Use of mental

health services among adults with mental health need in California. *Californian journal of health promotion*, *15*(1), 36–45. Retrieved September 29, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5515380/>.

UMass Amherst Libraries. (n.d.). *Disability and accessibility*. University of Massachusetts Amherst. <http://scua.library.umass.edu/services-at-scua/disability-and-accessibility/>.

Ventura, J. (2020, March 3). *What are the statistics regarding mental health and substance use issues of individuals experiencing homelessness*? SMI Adviser. Retrieved December 6, 2022, from <https://smiadviser.org/knowledge_post/what-are-the-statistics-regarding-mental-health-and-substance-use-issues-of-individuals-experiencing-homelessness>.

WebMD Editorial Contributors. (2022, September 4). *Psychotherapy*. WebMD. Retrieved December 6, 2022, from <https://www.webmd.com/mental-health/mental-health-psychotherapy>.

# Wiener, J*.* (2019, February 4). *All to often, California’s default mental institutions are now jails and prisons*. Cal Matters. Retrieved September 30, 2022, from <https://calmatters.org/projects/california-mental-health-treatment-in-prisons/>.

Yohanna, D. (2013, October). *Deinstitutionalization of People with Mental Illness: Causes and Consequences.* AMA Journal of Ethics. Retrieved October 21, 2022, from <https://journalofethics.ama-assn.org/article/deinstitutionalization-people-mental-illness-causes-and-consequences/2013-10>.

Zhang, Z., Sun. K, Jatchavala, C., Chia, Y., Bose, J., Li, Z., Tan, W., Wang, S., Chu, W., Wang, J., Tran., & Ho, R. (2019, December 31). *Overview of stigma against psychiatric illnesses and advancements of anti-stigma activities in six Asian societies*. National Library of Medicine. Retrieved October 21, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6981757/>.