The Destruction of America's Mental Health Care System

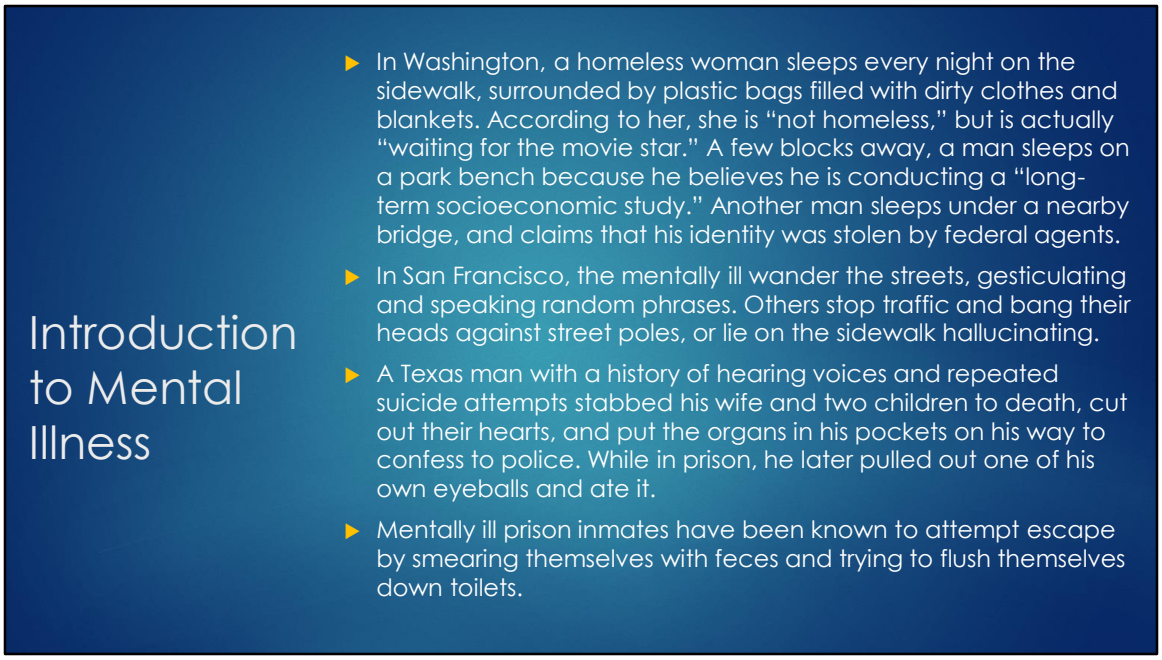
(and its consequences)

Overview

- The Western mental health care system was the result of centuries of effort to solve a fundamentally difficult problem: how to best care for addicts, the mentally disabled, and the mentally ill.
- Although the system was far from perfect, it was much better than what came before—or since.
- 20th century critics failed to appreciate the benefits of the mental health care system (especially compared to realistic alternatives). They exaggerated its failures for political and ideological reasons.
- Instead of being reformed, the system of custodial care for the mentally ill was systematically undermined and ultimately destroyed.
- The result was a sort of "free-range psychiatry." Instead of living in specialized care facilities, the mentally ill are often left to fend for themselves on the streets, in jails, or in the homes of family members who are not equipped to properly care for them.

Hierarchy of Care Goals

Treatment Paradigms



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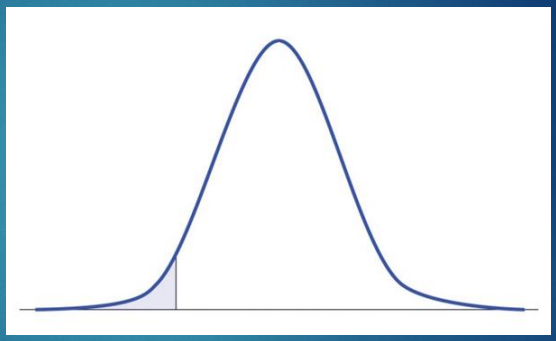

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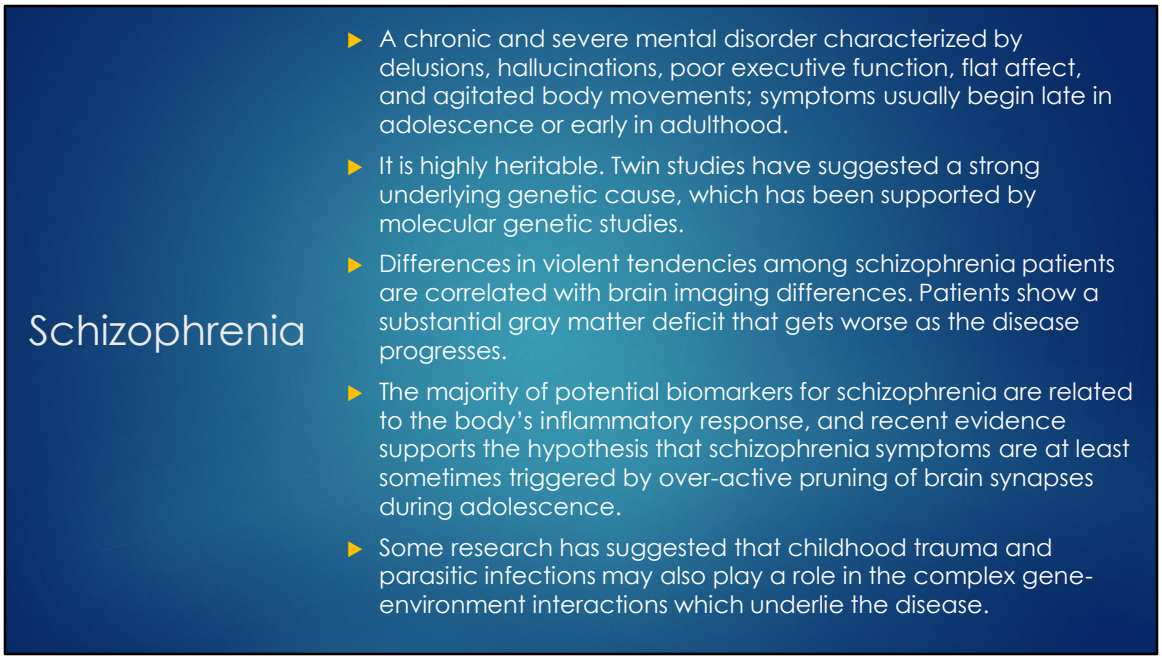

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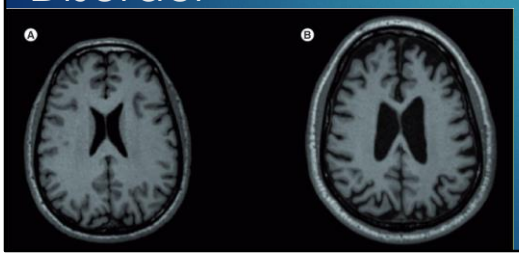
Bipolar Disorder

- A mental disorder characterized by unusual shifts in mood, energy, activity levels, and an inconsistent ability to carry out day-to-day tasks. It is widely recognized by alternating manic and depressive periods lasting up to several weeks.
- It is also highly heritable, and some of the specific genetic markers have been identified.
- Brain-derived neurotrophic factor (BDNF) supports the survival and growth of neurons, along with the formation of new synapses. Patients diagnosed as bipolar have greatly reduced BDNF levels—especially during their depressive phases.
- An increased risk of bipolar disorder may also be connected to certain autoimmune diseases and mitochondrial dysfunction.



- Patients show reduced cortical thickness compared to healthy controls, along with enlarged lateral ventricles (cavities within the brain that contain cerebrospinal fluid).

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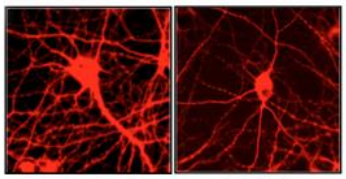
Major Depression

- A mood disorder characterized by persistent anxiety and emptiness, fatigue, insomnia, difficulty concentrating, and poor appetite.
- It is moderately heritable, but has a weaker genetic influence than schizophrenia or bipolar.
- Prolonged depression and chronic stress are associated with reduced brain volume, especially of specific regions like the hippocampus.
- Childhood maltreatment is a significant risk factor for depression, and abuse also seems to reduce the effectiveness of treatments.



- Certain genetic markers, such as an over-expression of GATA1, may predispose some people to greater physiological sensitivity to stress and depression, by reducing the synaptic connections between brain cells.

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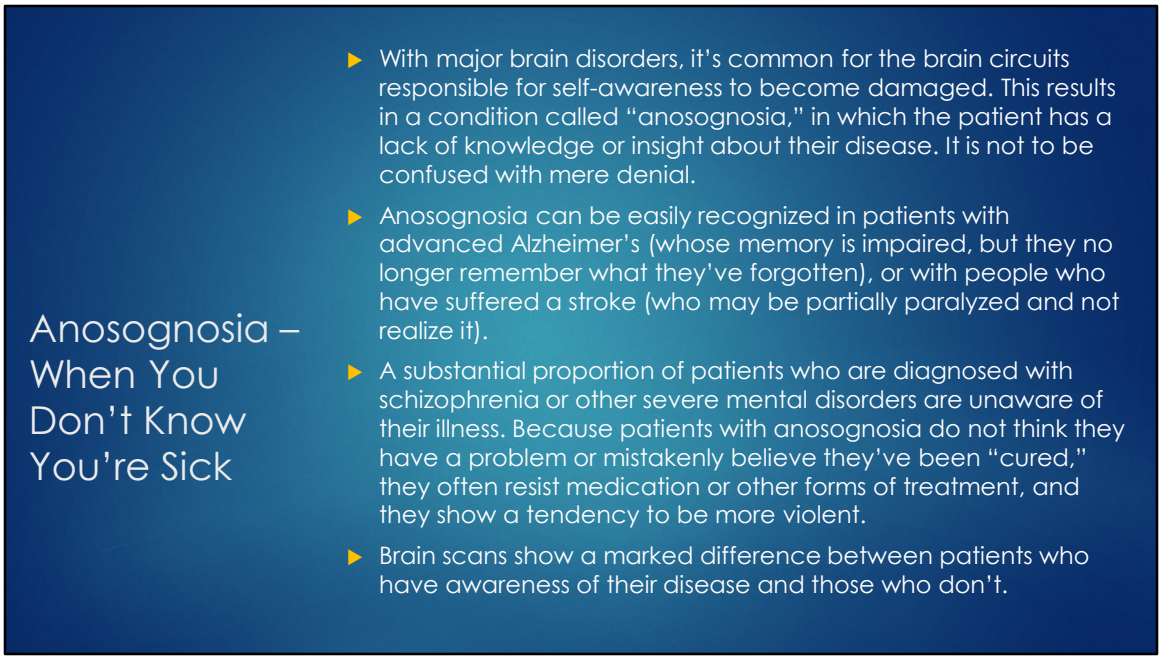

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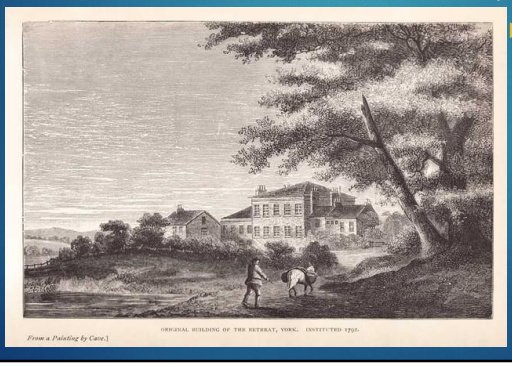
The Asylum Model

- Before the development of specialized psychiatric institutions, people with mental illness were usually taken care of by their families. Those without families—or those who were too difficult or violent for home-based care—were entrusted to special wards within hospitals and poor-houses. Others were imprisoned or left homeless. "Care" in such circumstances consisted largely of isolation and restraint.
- Asylums emerged from the idea that at least some mental illnesses could be cured by "moral treatment." [1]



- In contrast to family care or small-scale efforts by local communities, asylums enabled far greater levels of professional care. Patients could be isolated from risks and prevented from harming themselves or others. Staff could monitor changes in patients' condition, and ensure compliance with treatment plans.

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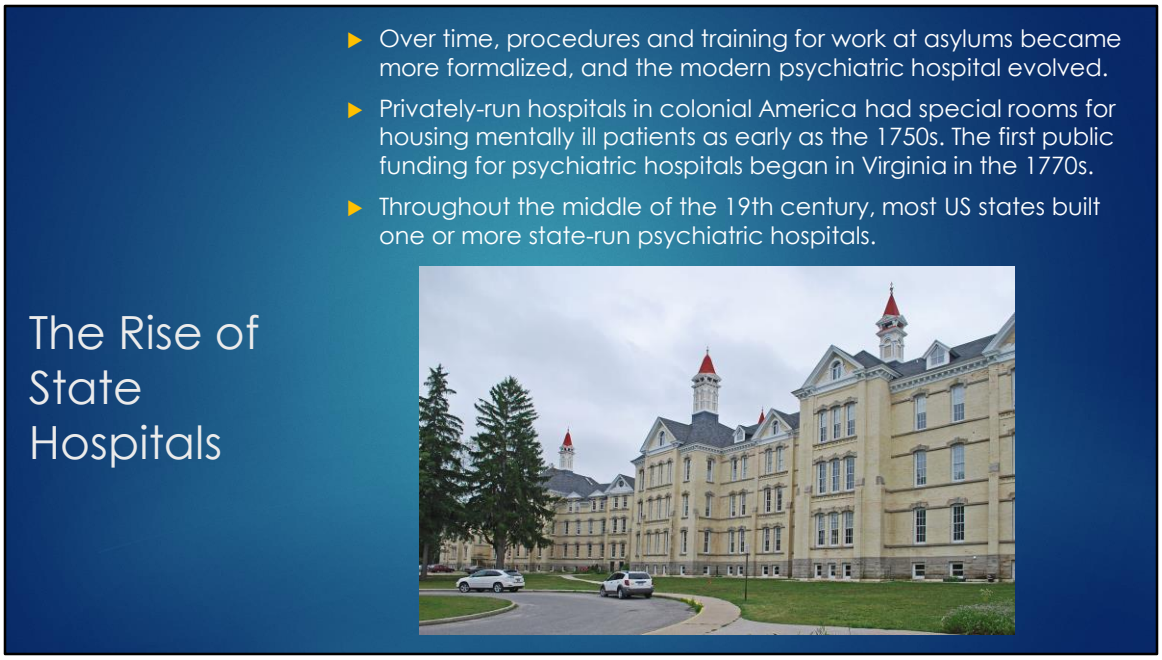

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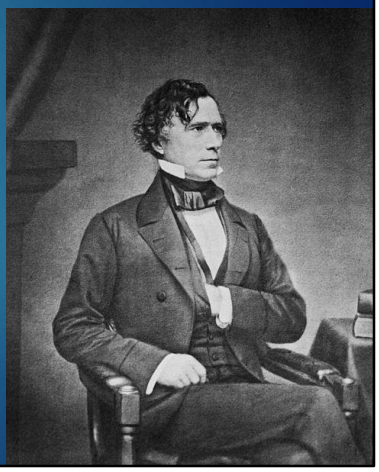
Early Attempts at Federalization

- A "Land-Grant Bill for Indigent Insane Persons" was proposed in Congress in 1848. The bill attempted to establish federal asylums under a land-grant model similar to what was later used for universities. It passed in the spring of 1854.
- President Franklin Pierce rightly predicted that federal responsibility for mental illness would lead inexorably to responsibility for a wide range of other social problems—and vetoed the bill. [1]
- President Pierce also anticipated that the establishment of federal asylums would undermine the sovereignty of the states. [2]
- President Pierce's veto remained precedent until the passage of the National Mental Health Act in 1946.



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Problems & Shortcomings: Overcrowding

- There are many different individual diseases in the broad categories of "mental illness," "addiction," or "mental disability"—each with their own complex causes. It's easy for even experts to be overwhelmed.
- Patients with mental disorders are vulnerable to neglect or even abuse in any setting. Because of their centralized nature, the shortcomings of mental hospitals are easier to observe than in many other settings where mentally ill people live.
- From the 1880s through the 1920s, local governments around the country took the opportunity to offload the residents of local charity housing or regular hospitals onto state-funded mental hospitals.
- With state governments picking up the tab, there was a moral hazard incentive for families, charities, and municipalities to relieve themselves of the burden to care for a wide range of "difficult cases." This contributed to overcrowding and increased the proportion of mental hospital residents who were merely old, sick, or poor—and not necessarily mentally ill.

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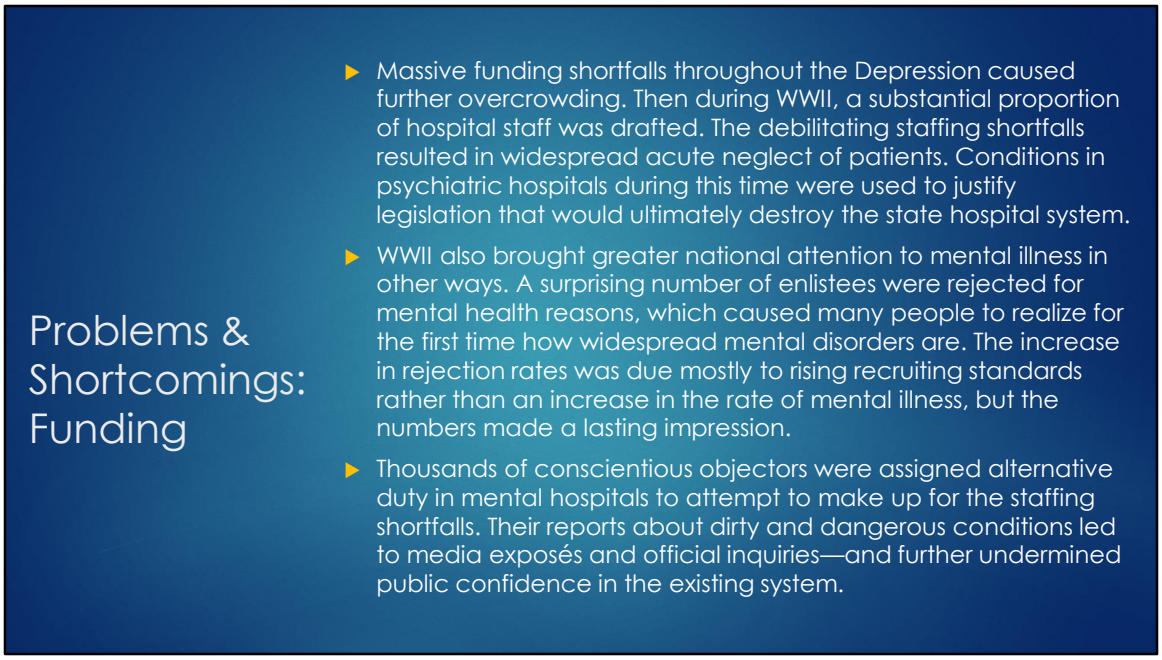

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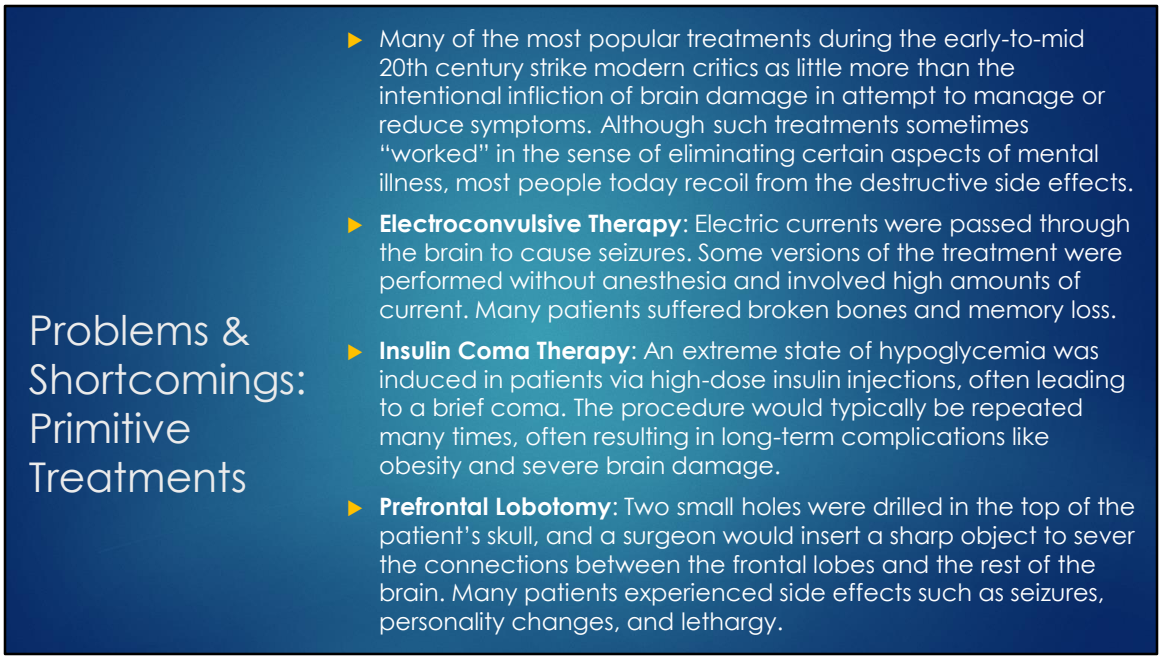

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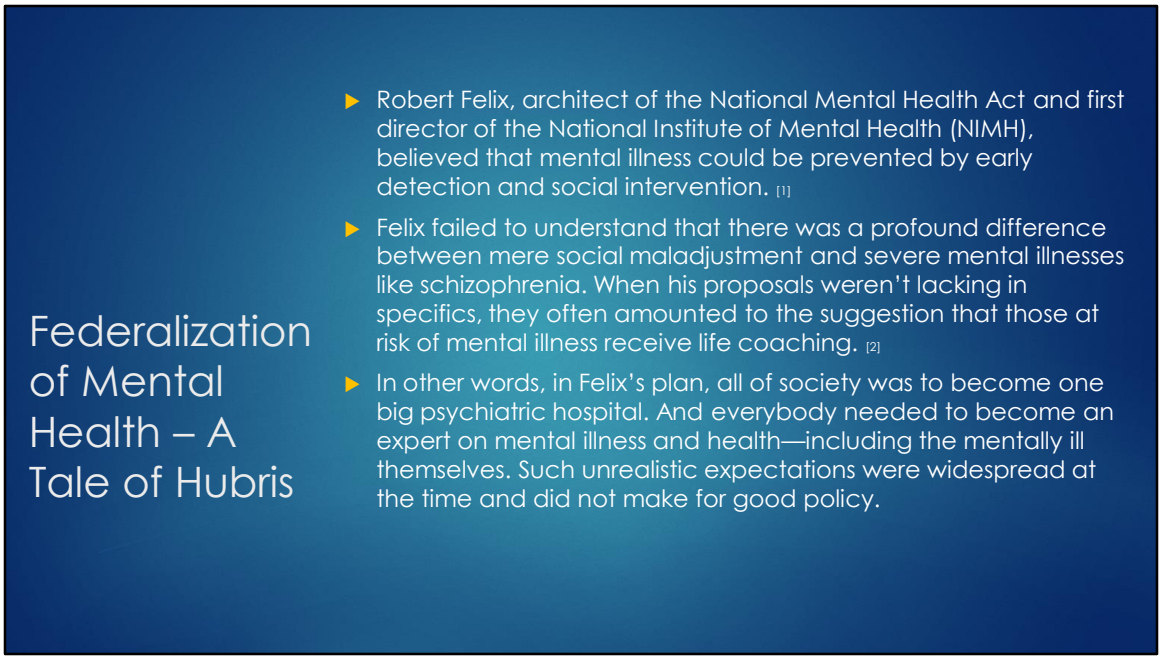

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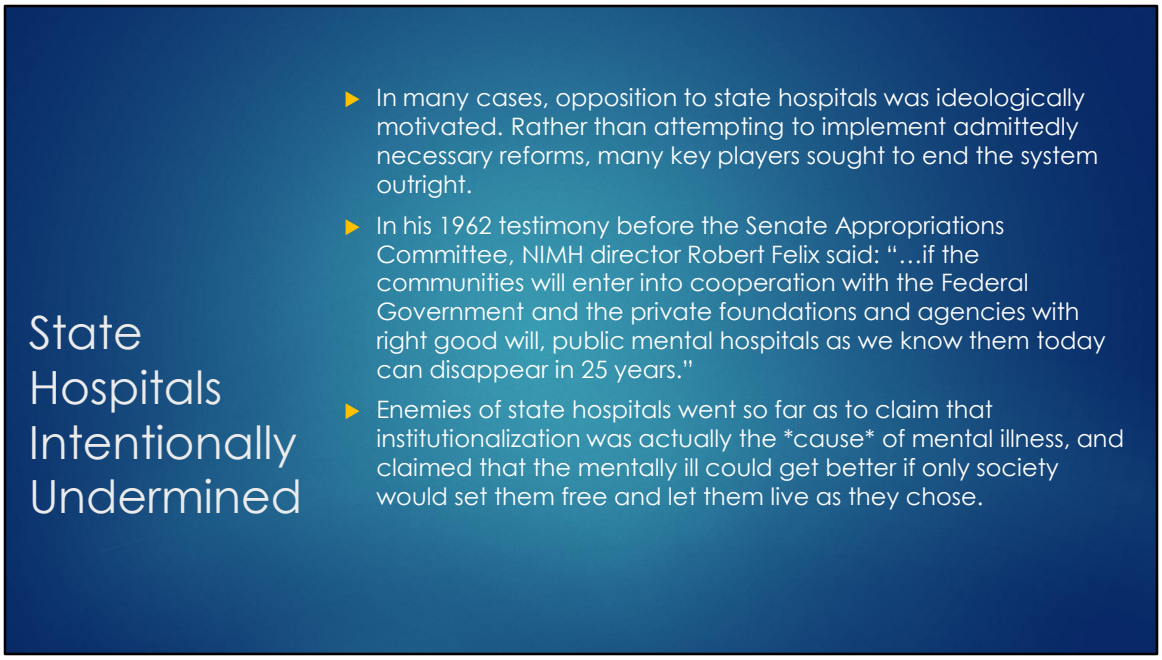

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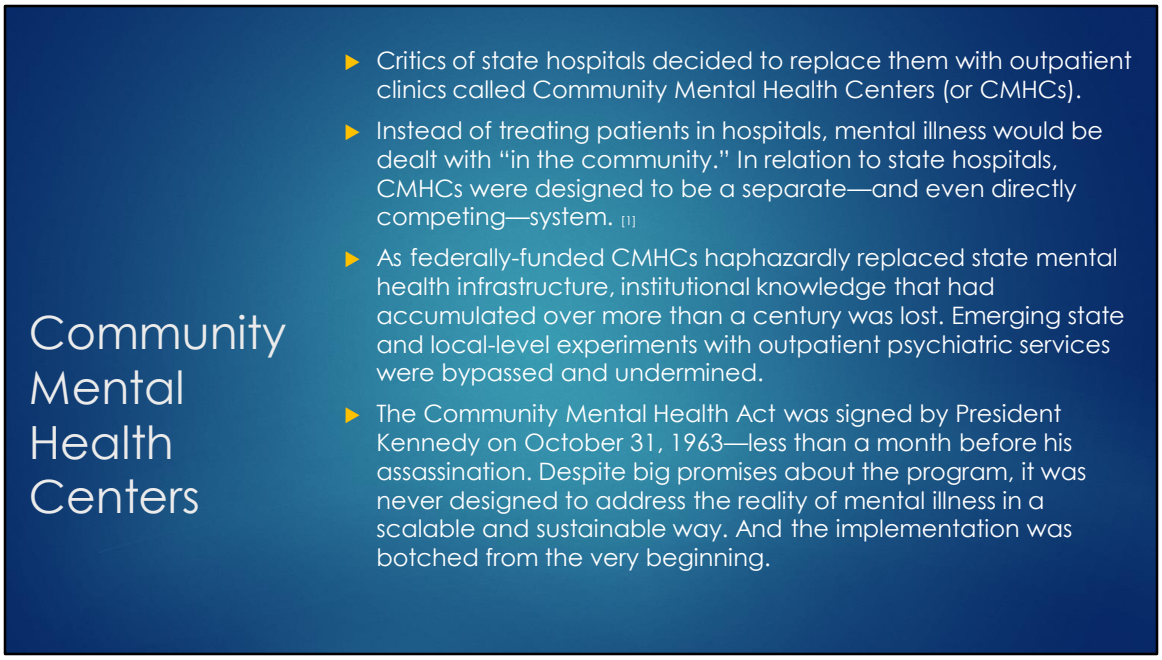

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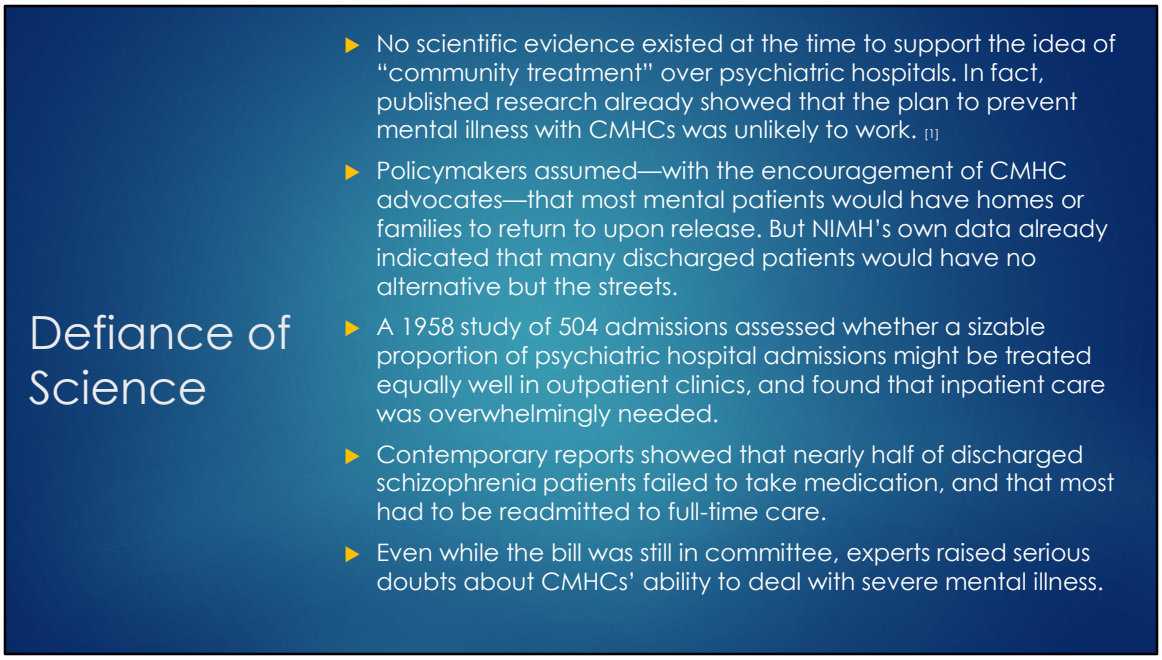

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Acting in Bad Faith

- Proponents of federally-funded CMHCs pressed on despite the substantial evidence against their proposals.
- They also misled decisionmakers. In order to get the bill passed, Robert Felix told Congress in 1963 that the initial funding for CMHC staffing would be mere "seed money" that would stimulate funding from local sources. But advocates of the bill had already privately planned that the federal staffing subsidies should be permanent.
- Architects of the CMHC program cynically calculated that once the bill was passed, "temporary" funding provisions could easily be made permanent, and initial limitations on the scope of the program could be removed. Once their political base was big enough, NIMH would be fully entrenched into the administrative state, and their power would be secure.

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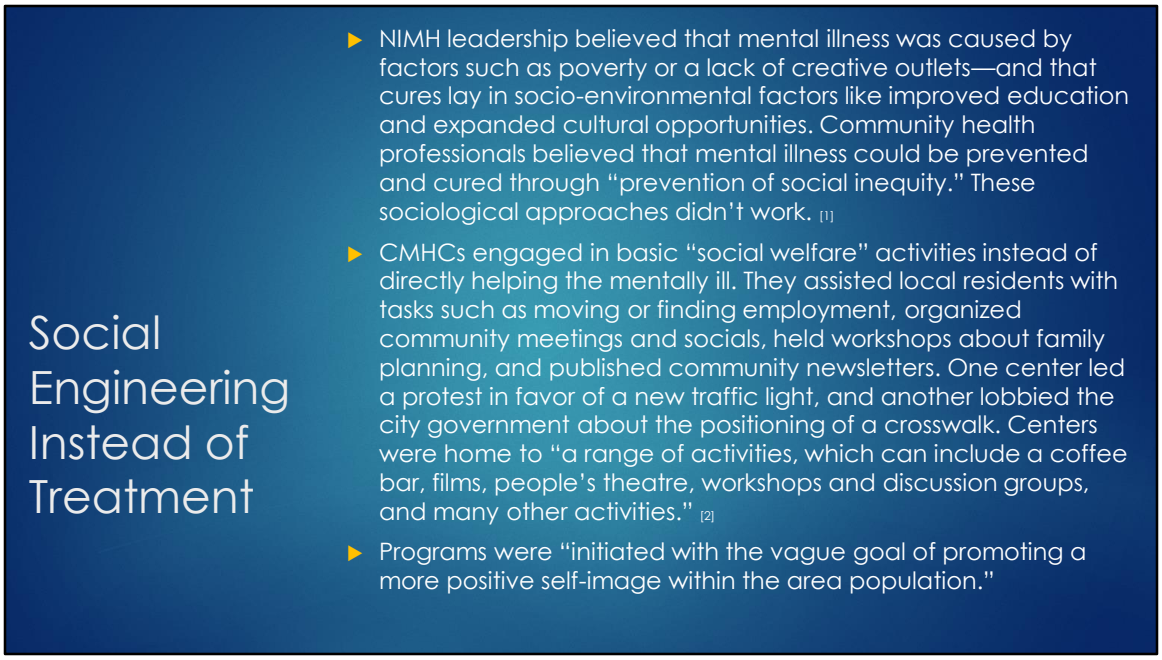

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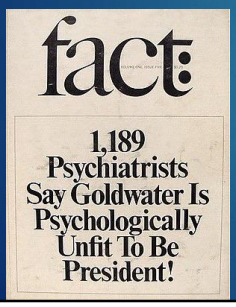
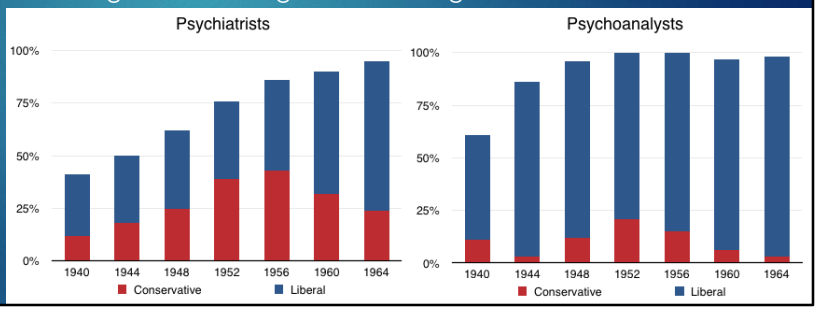


- In the 1950s and 1960s, Americans overwhelmingly (by 9 to 1) opposed allowing admitted Communists to teach in high schools and colleges. By contrast, the majority of psychiatrists and virtually all psychoanalysts felt that Communists should be allowed to teach.
- During the 1964 presidential election, hundreds of psychiatrists indulged their political biases to diagnose Republican candidate Barry Goldwater with mental illnesses ranging from narcissism and paranoia to megalomania and even schizophrenia. (Does that sound familiar?) Goldwater was later awarded $75,000 in damages in his suit against Fact Magazine and its editor.



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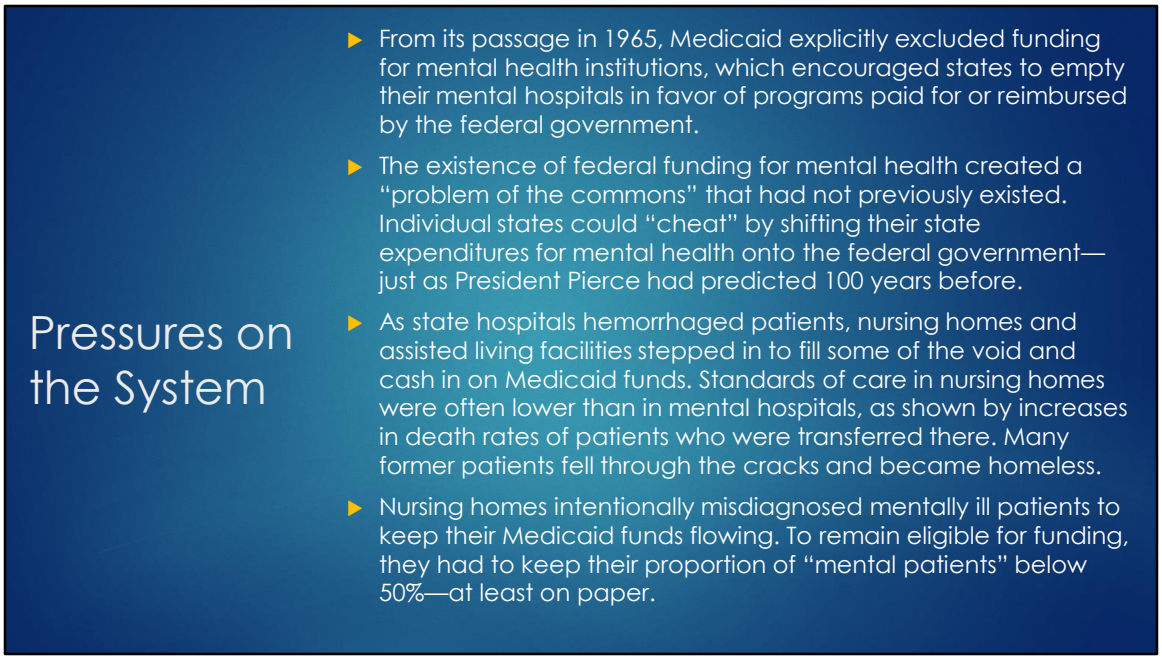

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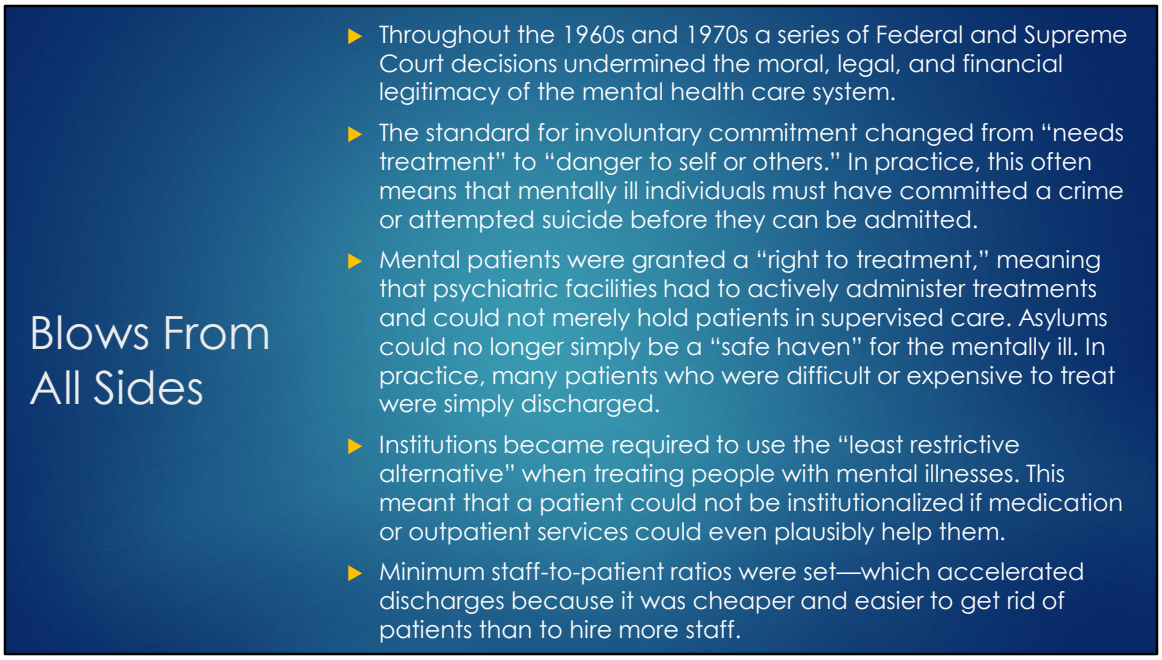

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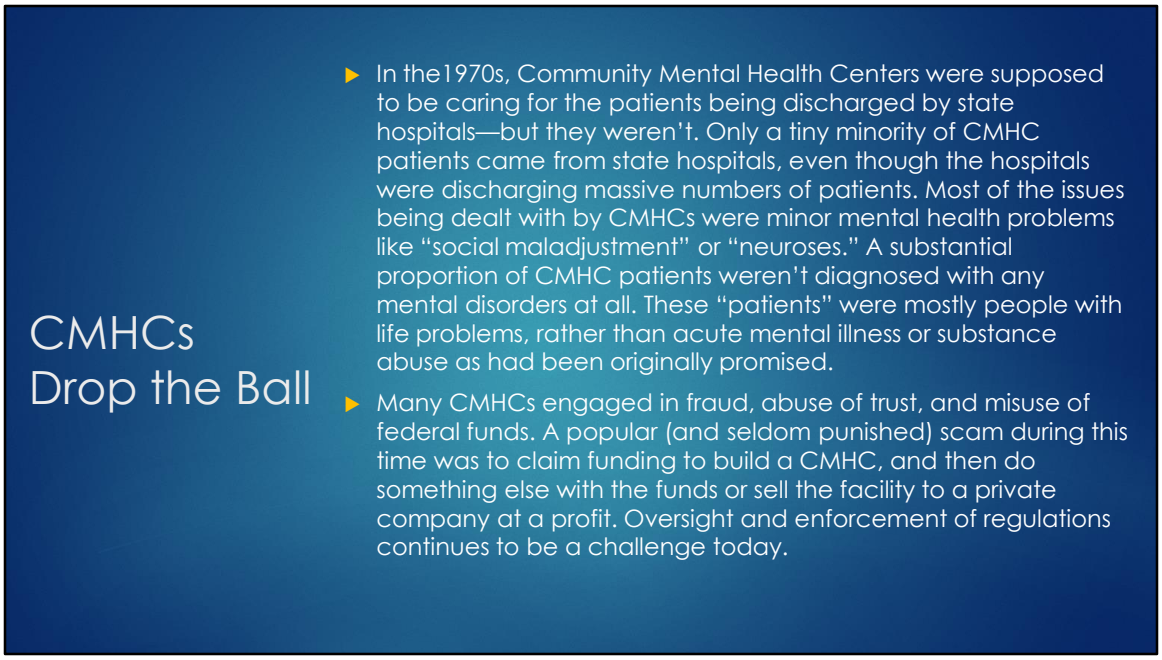

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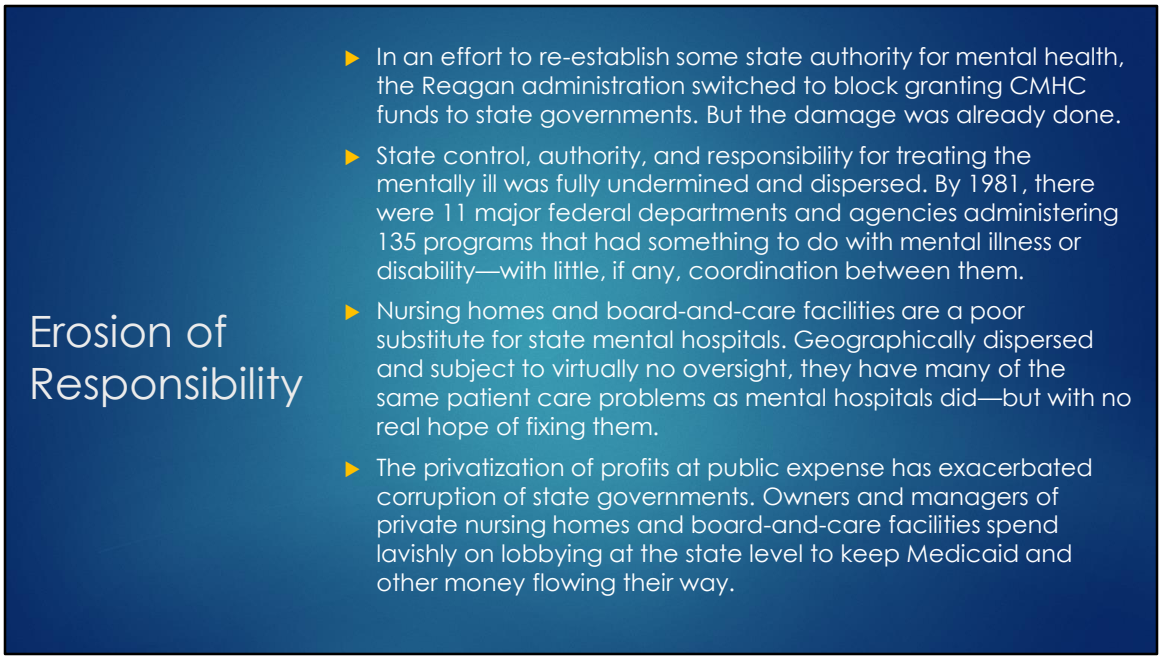

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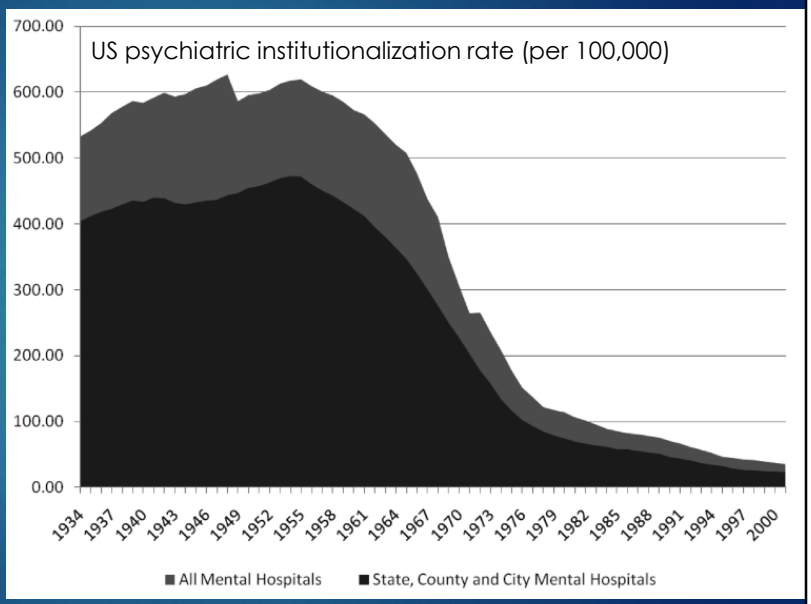

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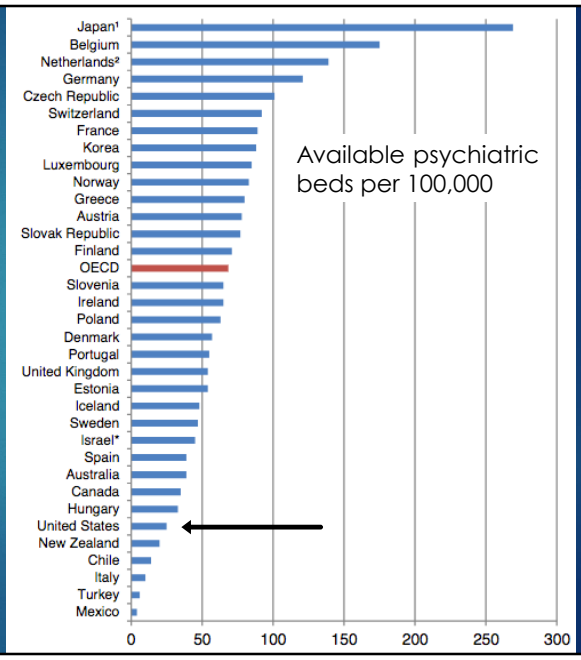

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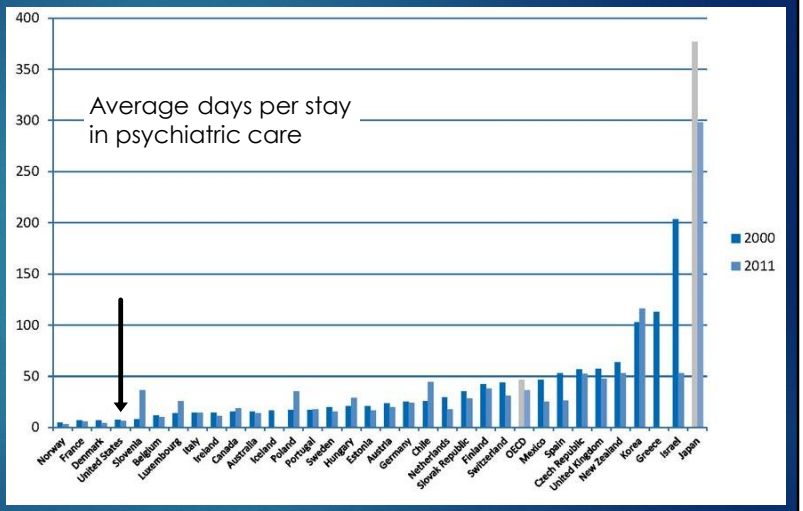

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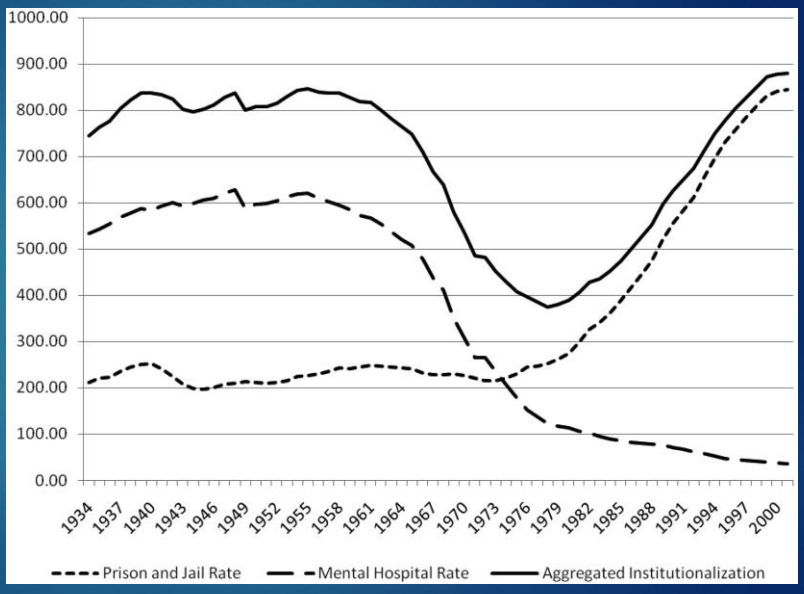

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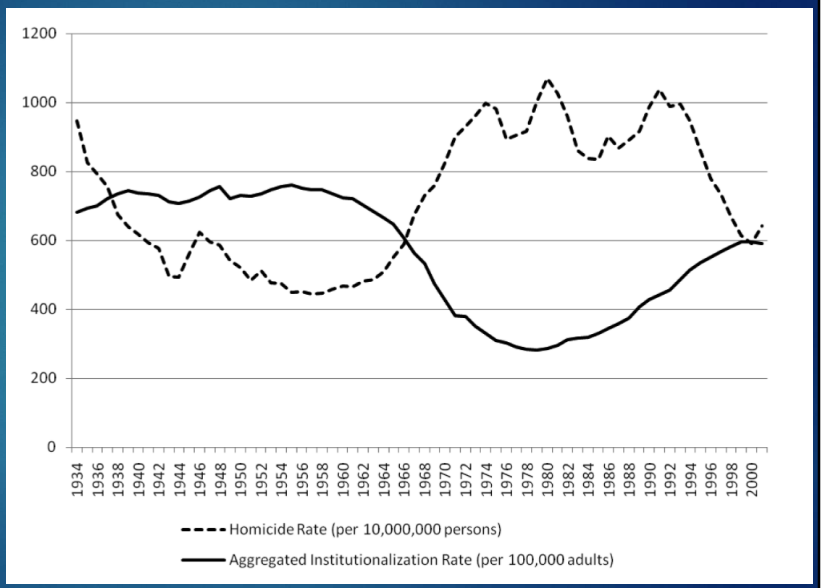

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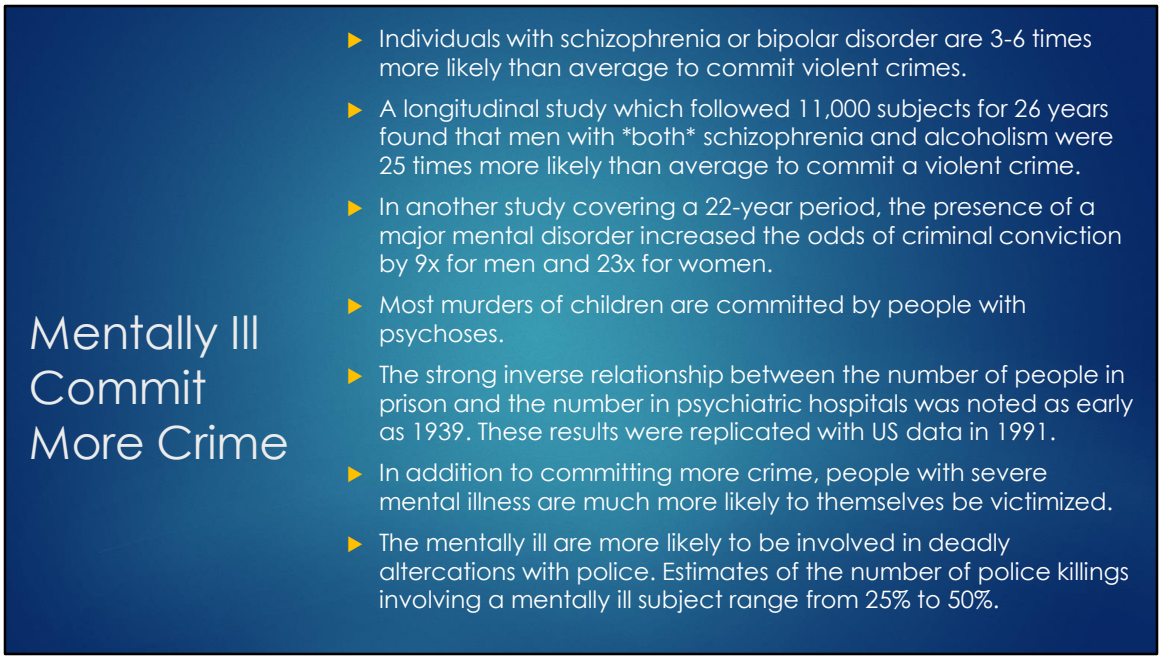

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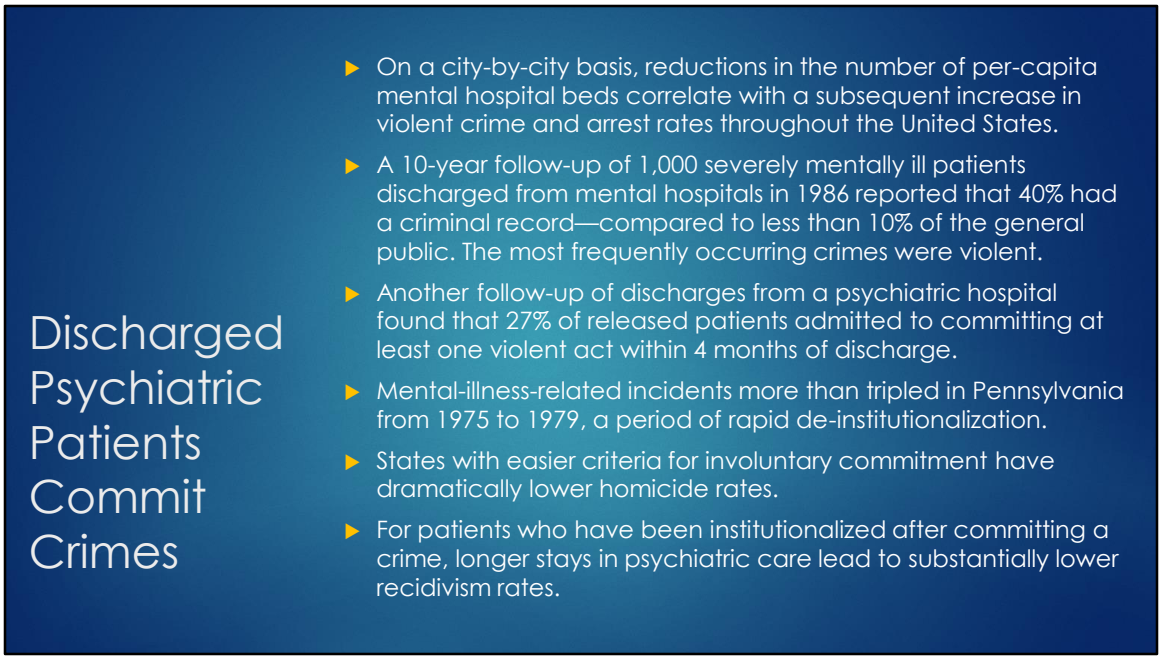

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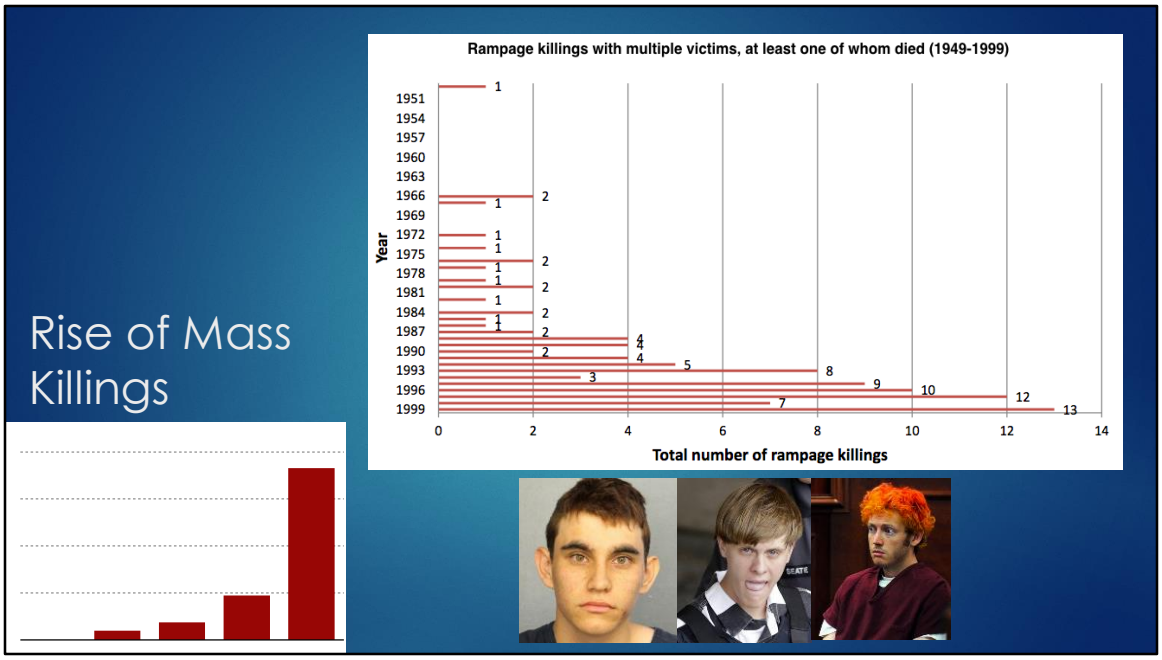

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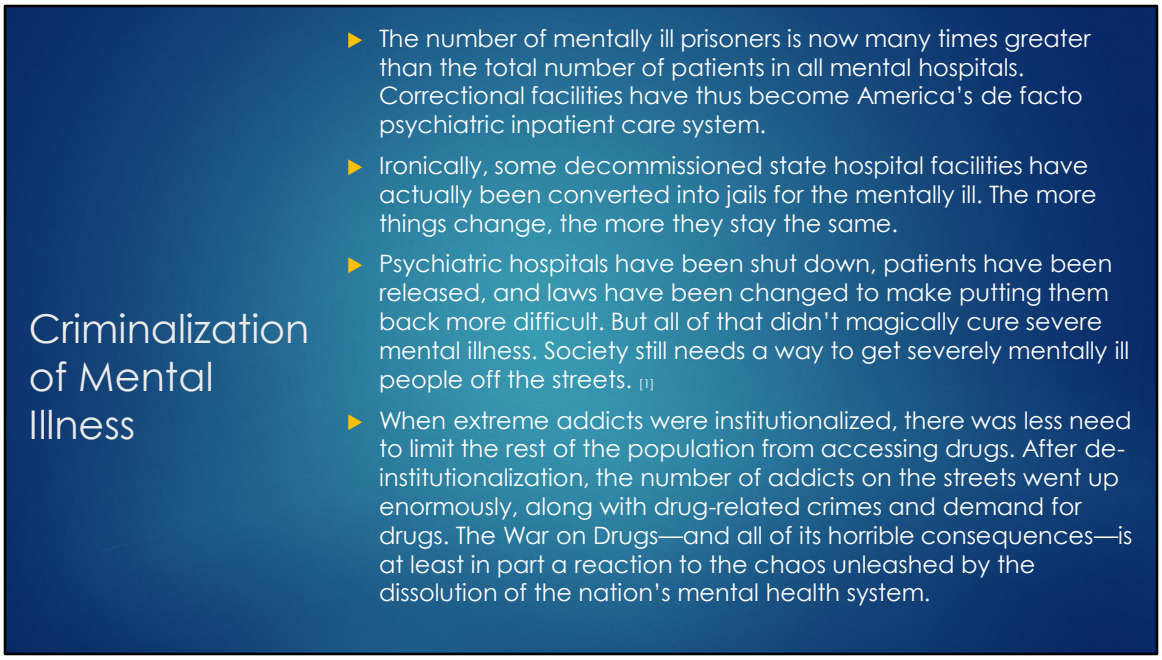

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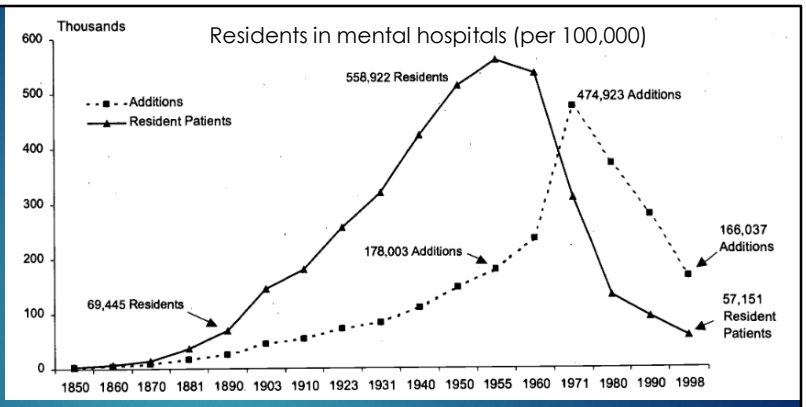

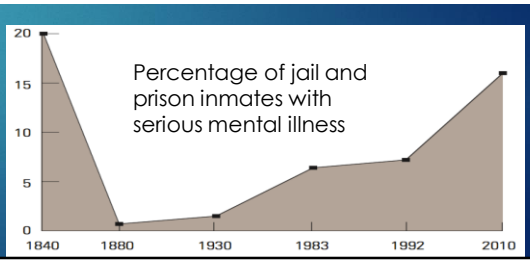

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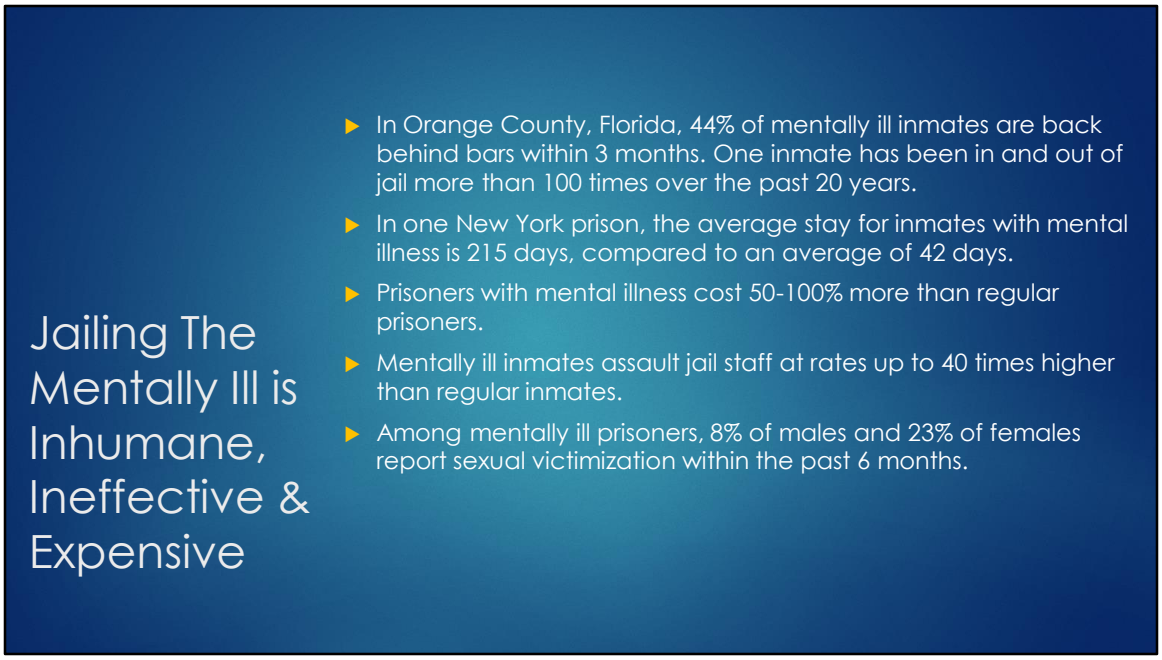

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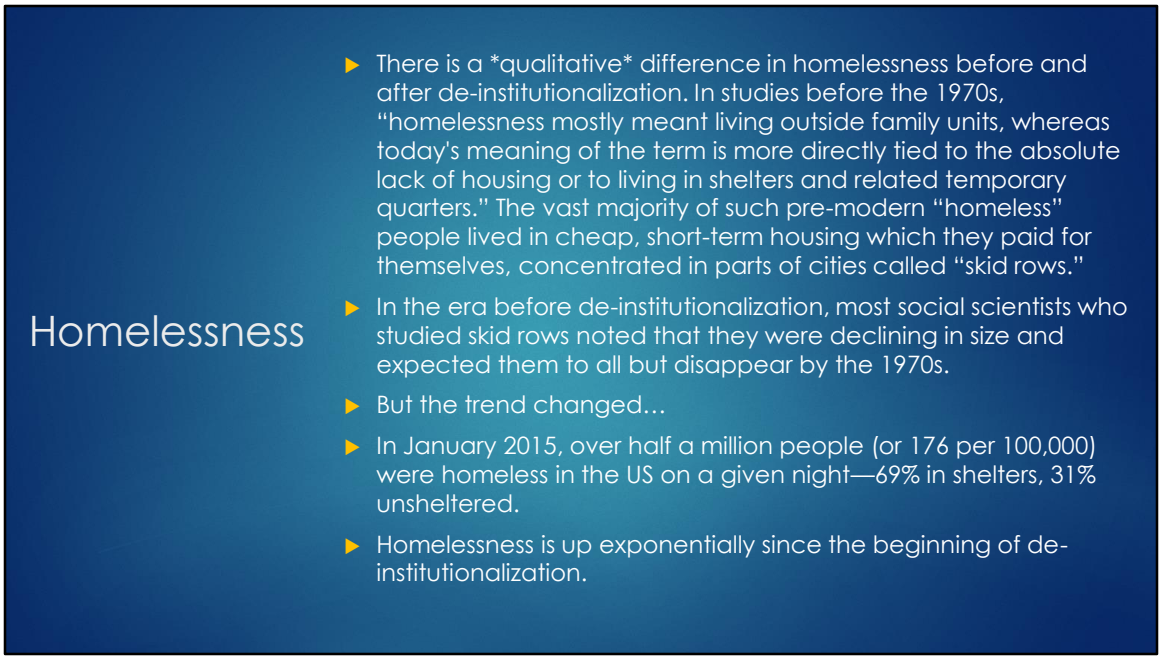

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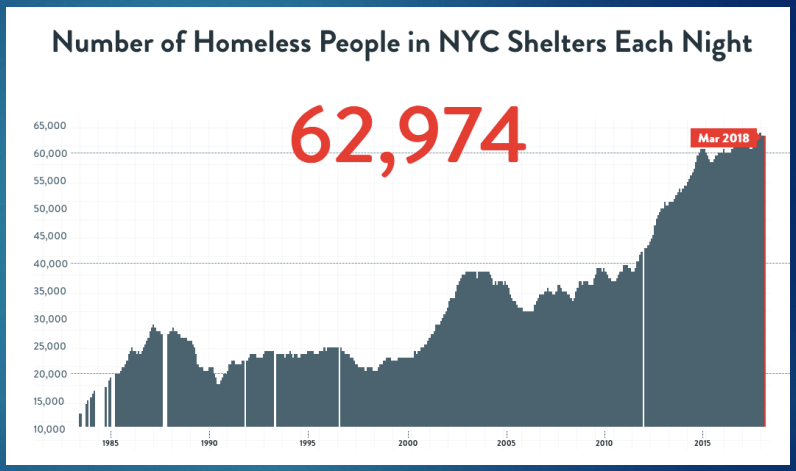

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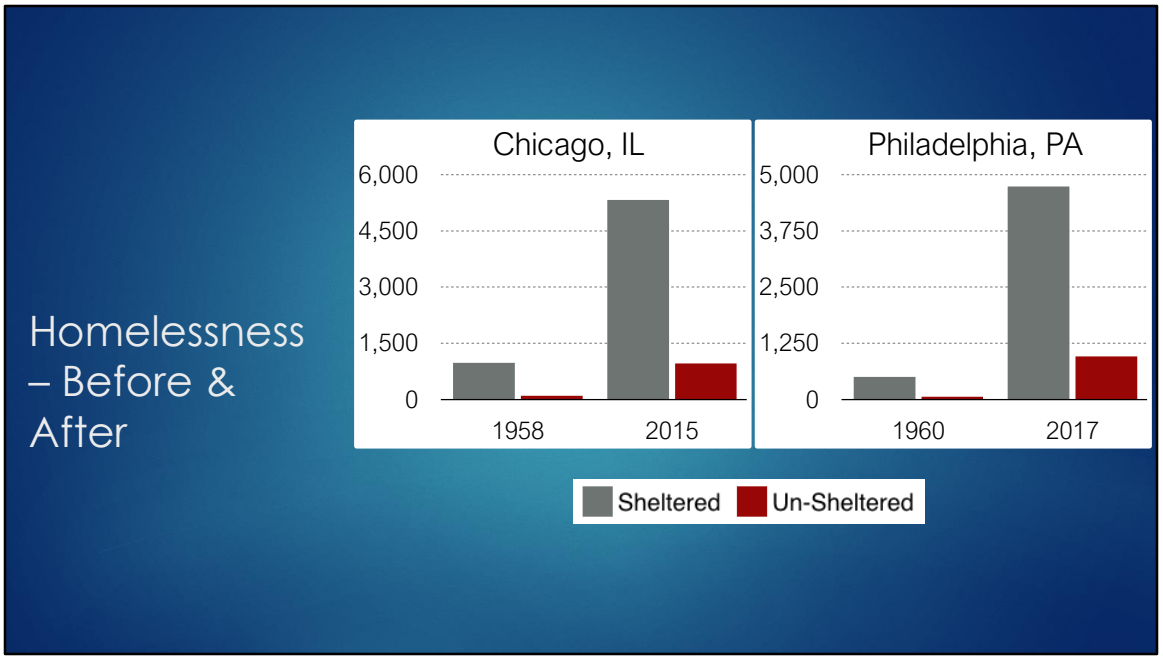

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Chicago (1960 population: 3.55 million): 975 shelter beds (capacity—not necessarily used); 100 sleeping on the street

(2015 population: 2.71 million): 5,329 in shelters; 965 sleeping on the street

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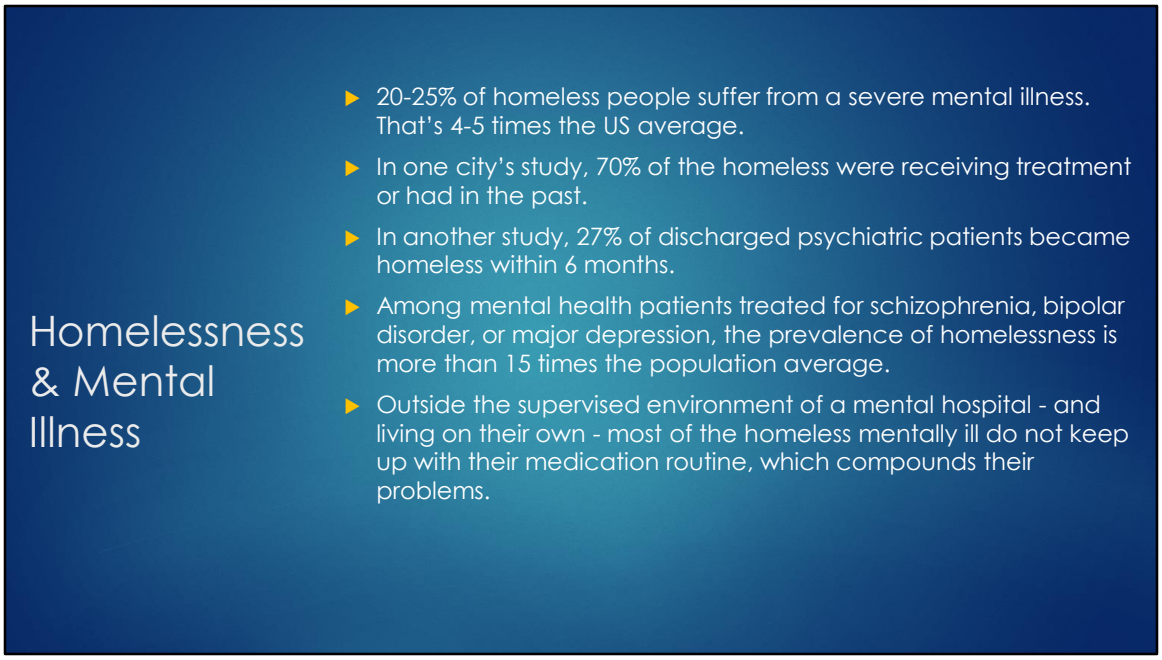

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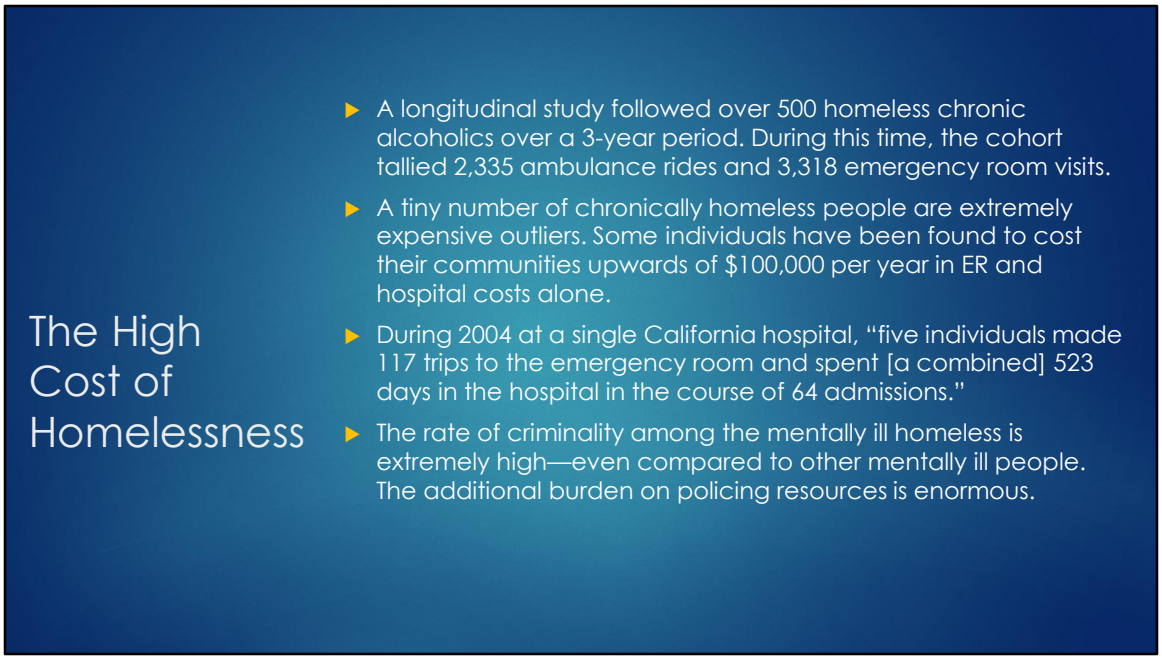

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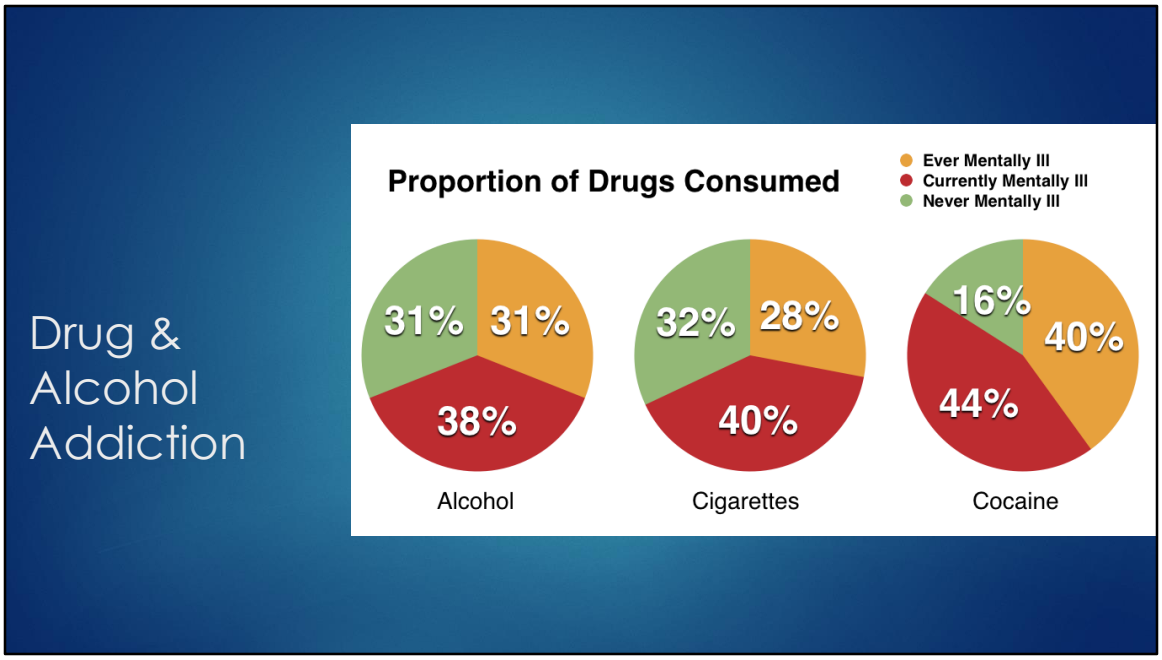

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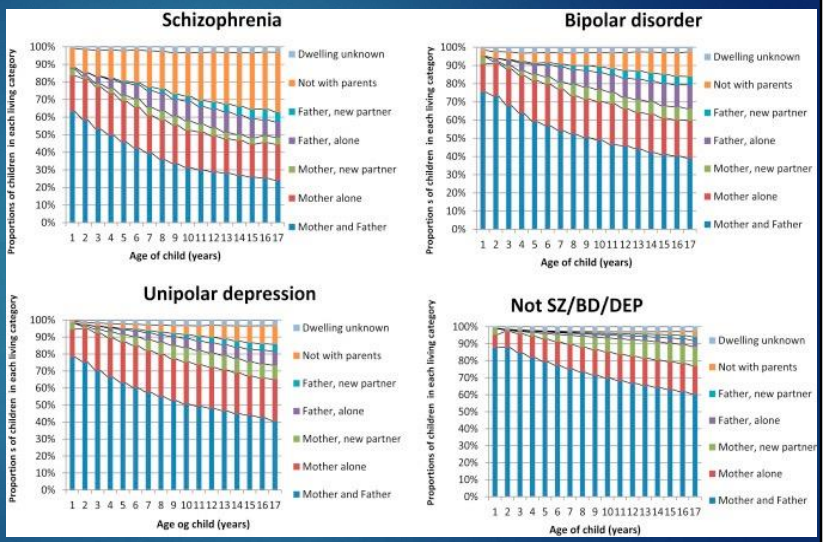
Mental Illness Destroys Families



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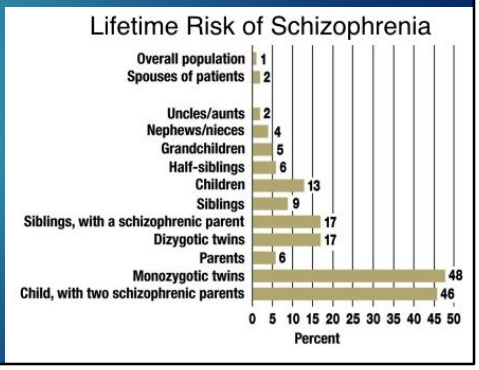
Heritability of Mental Illness

- Common psychiatric disorders have been found to share several of the same single-gene markers.
- Almost half of children in inpatient psychiatric care have at least one parent with a psychiatric condition.
- Children of depressed parents are twice as likely to be depressed, and more than 3 times as likely to be bipolar.
- Parents with severe mental illness are more likely to have children with ADHD and other milder psychological issues.
- The risk of autism in children is about 70% greater than average if one parent is diagnosed with a psychiatric disorder, and twice as high if both parents have been diagnosed.



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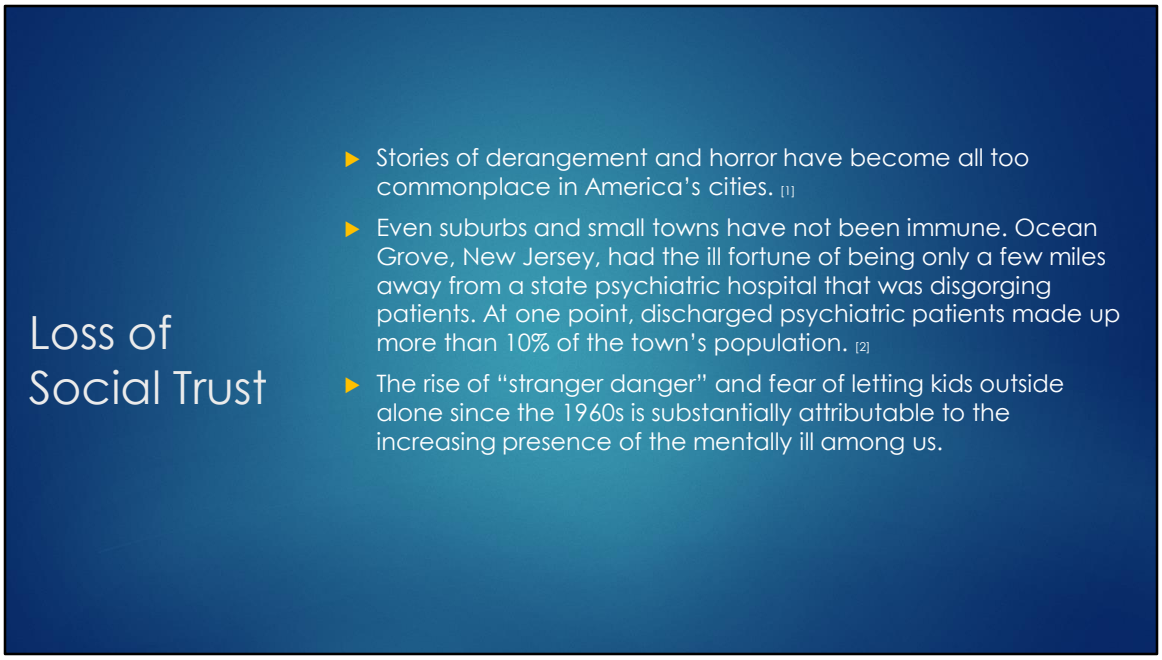

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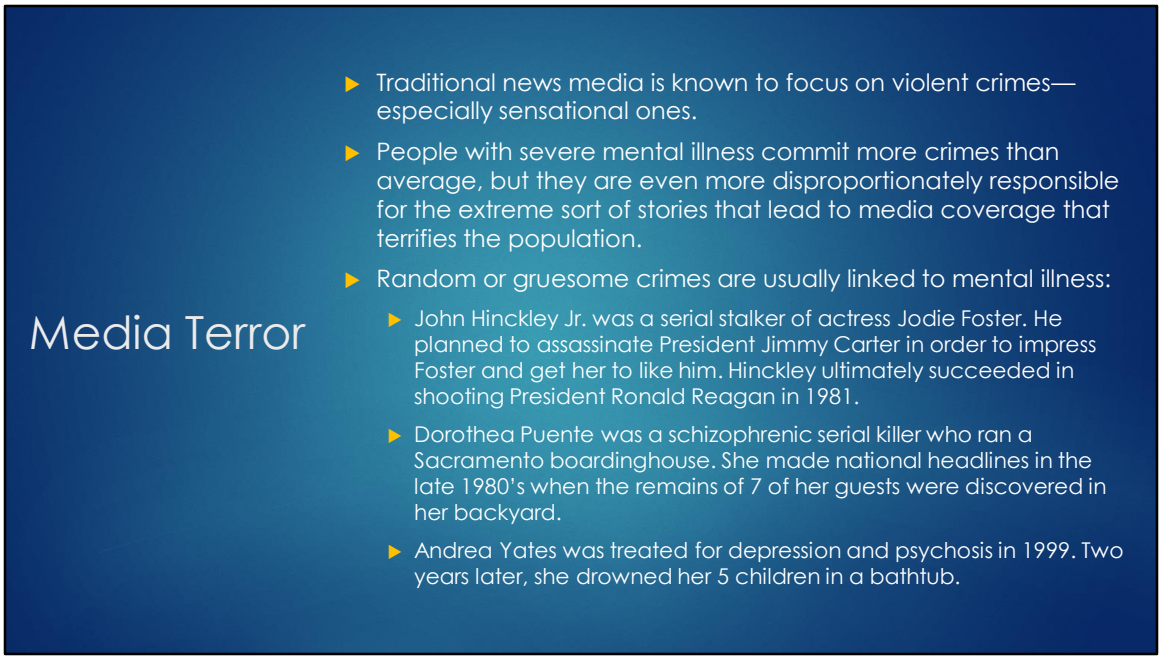

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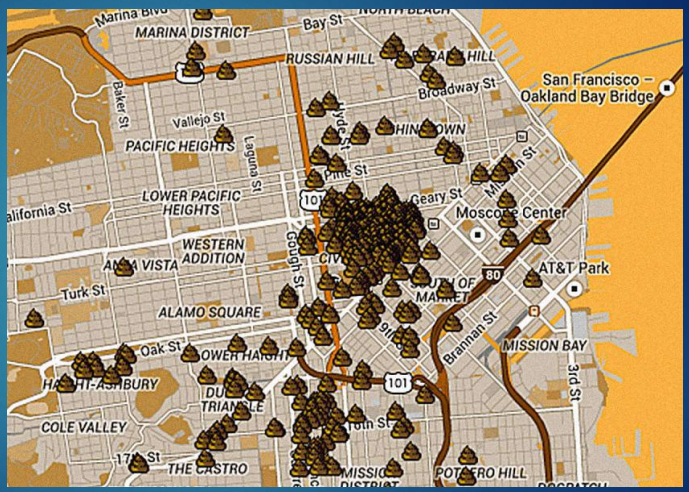
Destruction of Public Spaces



San Francisco "Poop Map"

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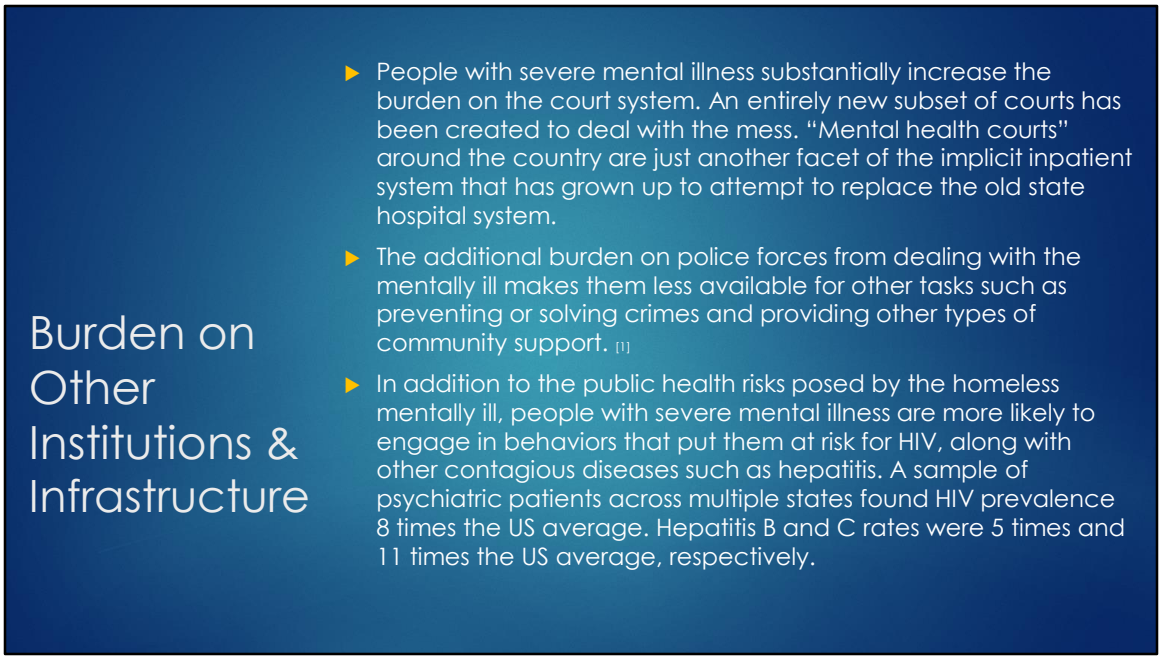

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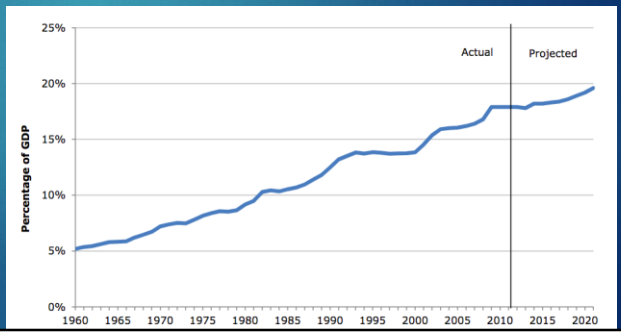
Fiscal Disaster

- Since de-institutionalization began, US spending on mental health has risen from $1 billion to over $200 billion annually. This does not include the cost of dealing with mentally ill criminals or homelessness, which is substantial. Even using conservative figures—and adjusting for inflation—per capita US spending on mental health has risen about 14 times during this period. And the effectiveness of that spending has arguably declined.
- This explosion in mental health costs is one component driving the ongoing increase in overall US health care expenditures:



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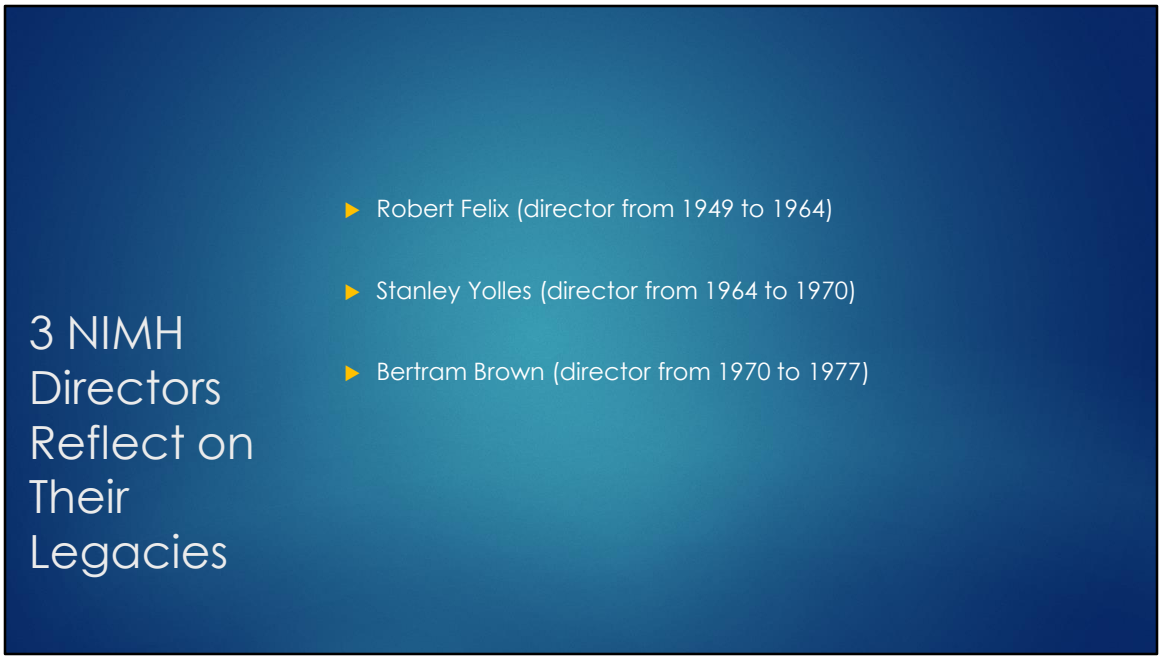

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What Now?

- Severe mental illness has substantial biological causes, and is strongly heritable. Psychological or sociological interventions may help with marginal instances, but severe cases require sustained medical attention and often ongoing custodial care.
- Many people with severe mental illness do not comprehend the nature of their illness, and will not voluntarily seek or sustain treatment. They are not merely in denial, but have brain damage which prevents normal self-awareness. If their families are unwilling or unable to care for them, they may need to be institutionalized—even against their will.
- The number of psychiatric hospital beds needed to deal with the seriously mentally ill is probably 1-2 million—many times the current capacity. Rebuilding what has been lost will not be easy.
- The cost of not dealing with these problems effectively is in the hundreds of billions of dollars annually.
- The "rights" of the mentally ill to be crazy should not supersede the rights of other individuals to be safe.
- Enormous economic and political incentives caused the current mess and continue to push the mental healthcare system into further deterioration. The job security of bureaucrats, the virtue signaling of activists, and the profits of corrupt care facilities are just a few examples.

Thank you!