

# 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

Patient returns to normal, independent life, integrated into community.

Underlying causes are addressed and the patient is cured.

Patient's symptoms are managed and some are even eliminated.

Patient is protected from exploitation and self-harm.

Society is shielded from chaos, disorder, and violence.

## Treatment Paradigms



## Introduction to Mental Illness

- ▶ In Washington, a homeless woman sleeps every night on the sidewalk, surrounded by plastic bags filled with dirty clothes and blankets. According to her, she is “not homeless,” but is actually “waiting for the movie star.” A few blocks away, a man sleeps on a park bench because he believes he is conducting a “long-term socioeconomic study.” Another man sleeps under a nearby bridge, and claims that his identity was stolen by federal agents.
- ▶ In San Francisco, the mentally ill wander the streets, gesticulating and speaking random phrases. Others stop traffic and bang their heads against street poles, or lie on the sidewalk hallucinating.
- ▶ A Texas man with a history of hearing voices and repeated suicide attempts stabbed his wife and two children to death, cut out their hearts, and put the organs in his pockets on his way to confess to police. While in prison, he later pulled out one of his own eyeballs and ate it.
- ▶ Mentally ill prison inmates have been known to attempt escape by smearing themselves with feces and trying to flush themselves down toilets.

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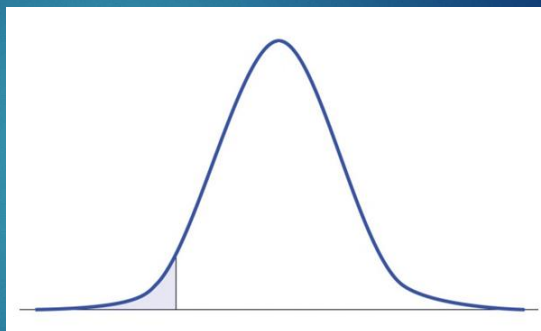
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## Schizophrenia

- ▶ A chronic and severe mental disorder characterized by delusions, hallucinations, poor executive function, flat affect, and agitated body movements; symptoms usually begin late in adolescence or early in adulthood.
- ▶ It is highly heritable. Twin studies have suggested a strong underlying genetic cause, which has been supported by molecular genetic studies.
- ▶ Differences in violent tendencies among schizophrenia patients are correlated with brain imaging differences. Patients show a substantial gray matter deficit that gets worse as the disease progresses.
- ▶ The majority of potential biomarkers for schizophrenia are related to the body's inflammatory response, and recent evidence supports the hypothesis that schizophrenia symptoms are at least sometimes triggered by over-active pruning of brain synapses during adolescence.
- ▶ Some research has suggested that childhood trauma and parasitic infections may also play a role in the complex gene-environment interactions which underlie the disease.

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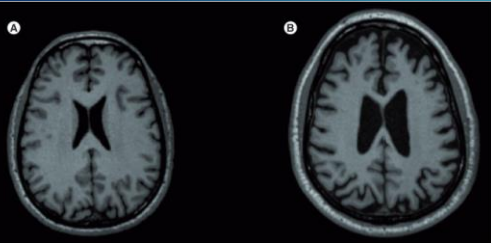
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## Bipolar Disorder

- ▶ 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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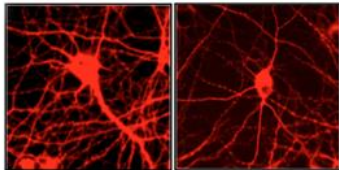
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# Major Depression

- ▶ 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.



Control

GATA1

- ▶ 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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## Anosognosia – When You Don't Know You're Sick

- ▶ With major brain disorders, it's common for the brain circuits responsible for self-awareness to become damaged. This results in a condition called "anosognosia," in which the patient has a lack of knowledge or insight about their disease. It is not to be confused with mere denial.
- ▶ Anosognosia can be easily recognized in patients with advanced Alzheimer's (whose memory is impaired, but they no longer remember what they've forgotten), or with people who have suffered a stroke (who may be partially paralyzed and not realize it).
- ▶ A substantial proportion of patients who are diagnosed with schizophrenia or other severe mental disorders are unaware of their illness. Because patients with anosognosia do not think they have a problem or mistakenly believe they've been "cured," they often resist medication or other forms of treatment, and they show a tendency to be more violent.
- ▶ Brain scans show a marked difference between patients who have awareness of their disease and those who don't.

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## The Role of Medication

- ▶ Modern anti-psychotic medications seem to have a positive effect on patients in many cases. Although those with the most extreme illness require long-term supervised residential care, a large number of patients can live independently if required to check in regularly with psychiatric staff. These touch-points allow patients to receive ongoing support and ensure medication compliance, among other benefits.
- ▶ Medication compliance substantially reduces alcohol and drug abuse, self-harm and attempted suicide, public disturbances, physical harm to others, destruction of property, incarceration rates, and homelessness.
- ▶ Medication can be moderately effective at controlling the symptoms of psychosis, especially violence. It seems to also substantially reduce the chance that a mentally ill person will themselves be the victim of violence.
- ▶ Some medications have been criticized for masking symptoms without actually curing the underlying problem. In certain cases medication may even make problems worse, especially if it is taken inconsistently or combined with alcohol or other drugs.

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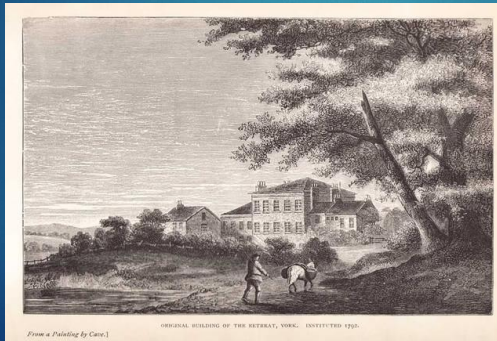
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## The Asylum Model

- ▶ 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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## The Rise of State Hospitals

- ▶ Over time, procedures and training for work at asylums became more formalized, and the modern psychiatric hospital evolved.
- ▶ Privately-run hospitals in colonial America had special rooms for housing mentally ill patients as early as the 1750s. The first public funding for psychiatric hospitals began in Virginia in the 1770s.
- ▶ Throughout the middle of the 19th century, most US states built one or more state-run psychiatric hospitals.



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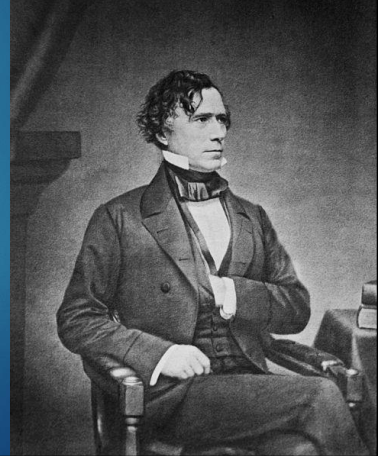
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## Early Attempts at Federalization

- ▶ 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. <sup>[1]</sup>
- ▶ President Pierce also anticipated that the establishment of federal asylums would undermine the sovereignty of the states. <sup>[2]</sup>
- ▶ 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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## Problems & Shortcomings: Funding

- ▶ Massive funding shortfalls throughout the Depression caused further overcrowding. Then during WWII, a substantial proportion of hospital staff was drafted. The debilitating staffing shortfalls resulted in widespread acute neglect of patients. Conditions in psychiatric hospitals during this time were used to justify legislation that would ultimately destroy the state hospital system.
- ▶ WWII also brought greater national attention to mental illness in other ways. A surprising number of enlistees were rejected for mental health reasons, which caused many people to realize for the first time how widespread mental disorders are. The increase in rejection rates was due mostly to rising recruiting standards rather than an increase in the rate of mental illness, but the numbers made a lasting impression.
- ▶ Thousands of conscientious objectors were assigned alternative duty in mental hospitals to attempt to make up for the staffing shortfalls. Their reports about dirty and dangerous conditions led to media exposés and official inquiries—and further undermined public confidence in the existing system.

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## Problems & Shortcomings: Primitive Treatments

- ▶ Many of the most popular treatments during the early-to-mid 20th century strike modern critics as little more than the intentional infliction of brain damage in attempt to manage or reduce symptoms. Although such treatments sometimes “worked” in the sense of eliminating certain aspects of mental illness, most people today recoil from the destructive side effects.
- ▶ **Electroconvulsive Therapy:** Electric currents were passed through the brain to cause seizures. Some versions of the treatment were performed without anesthesia and involved high amounts of current. Many patients suffered broken bones and memory loss.
- ▶ **Insulin Coma Therapy:** An extreme state of hypoglycemia was induced in patients via high-dose insulin injections, often leading to a brief coma. The procedure would typically be repeated many times, often resulting in long-term complications like obesity and severe brain damage.
- ▶ **Prefrontal Lobotomy:** Two small holes were drilled in the top of the patient's skull, and a surgeon would insert a sharp object to sever the connections between the frontal lobes and the rest of the brain. Many patients experienced side effects such as seizures, personality changes, and lethargy.

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## Federalization of Mental Health – A Tale of Hubris

- ▶ Robert Felix, architect of the National Mental Health Act and first director of the National Institute of Mental Health (NIMH), believed that mental illness could be prevented by early detection and social intervention. <sup>[1]</sup>
- ▶ Felix failed to understand that there was a profound difference between mere social maladjustment and severe mental illnesses like schizophrenia. When his proposals weren't lacking in specifics, they often amounted to the suggestion that those at risk of mental illness receive life coaching. <sup>[2]</sup>
- ▶ In other words, in Felix's plan, all of society was to become one big psychiatric hospital. And everybody needed to become an expert on mental illness and health—including the mentally ill themselves. Such unrealistic expectations were widespread at the time and did not make for good policy.

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## State Hospitals Intentionally Undermined

- ▶ In many cases, opposition to state hospitals was ideologically motivated. Rather than attempting to implement admittedly necessary reforms, many key players sought to end the system outright.
- ▶ In his 1962 testimony before the Senate Appropriations Committee, NIMH director Robert Felix said: "...if the communities will enter into cooperation with the Federal Government and the private foundations and agencies with right good will, public mental hospitals as we know them today can disappear in 25 years."
- ▶ Enemies of state hospitals went so far as to claim that institutionalization was actually the \*cause\* of mental illness, and claimed that the mentally ill could get better if only society would set them free and let them live as they chose.

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## Community Mental Health Centers

- ▶ Critics of state hospitals decided to replace them with outpatient clinics called Community Mental Health Centers (or CMHCs).
- ▶ Instead of treating patients in hospitals, mental illness would be dealt with “in the community.” In relation to state hospitals, CMHCs were designed to be a separate—and even directly competing—system. [1]
- ▶ As federally-funded CMHCs haphazardly replaced state mental health infrastructure, institutional knowledge that had accumulated over more than a century was lost. Emerging state and local-level experiments with outpatient psychiatric services were bypassed and undermined.
- ▶ The Community Mental Health Act was signed by President Kennedy on October 31, 1963—less than a month before his assassination. Despite big promises about the program, it was never designed to address the reality of mental illness in a scalable and sustainable way. And the implementation was botched from the very beginning.

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## Defiance of Science

- ▶ No scientific evidence existed at the time to support the idea of “community treatment” over psychiatric hospitals. In fact, published research already showed that the plan to prevent mental illness with CMHCs was unlikely to work. <sup>[1]</sup>
- ▶ Policymakers assumed—with the encouragement of CMHC advocates—that most mental patients would have homes or families to return to upon release. But NIMH's own data already indicated that many discharged patients would have no alternative but the streets.
- ▶ A 1958 study of 504 admissions assessed whether a sizable proportion of psychiatric hospital admissions might be treated equally well in outpatient clinics, and found that inpatient care was overwhelmingly needed.
- ▶ Contemporary reports showed that nearly half of discharged schizophrenia patients failed to take medication, and that most had to be readmitted to full-time care.
- ▶ Even while the bill was still in committee, experts raised serious doubts about CMHCs' ability to deal with severe mental illness.

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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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[“seed money” lies, cynical plans to politically entrench NIMH]

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## Social Engineering Instead of Treatment

- ▶ NIMH leadership believed that mental illness was caused by factors such as poverty or a lack of creative outlets—and that cures lay in socio-environmental factors like improved education and expanded cultural opportunities. Community health professionals believed that mental illness could be prevented and cured through “prevention of social inequity.” These sociological approaches didn’t work. [1]
- ▶ CMHCs engaged in basic “social welfare” activities instead of directly helping the mentally ill. They assisted local residents with tasks such as moving or finding employment, organized community meetings and socials, held workshops about family planning, and published community newsletters. One center led a protest in favor of a new traffic light, and another lobbied the city government about the positioning of a crosswalk. Centers were home to “a range of activities, which can include a coffee bar, films, people’s theatre, workshops and discussion groups, and many other activities.” [2]
- ▶ Programs were “initiated with the vague goal of promoting a more positive self-image within the area population.”

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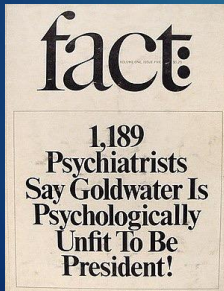
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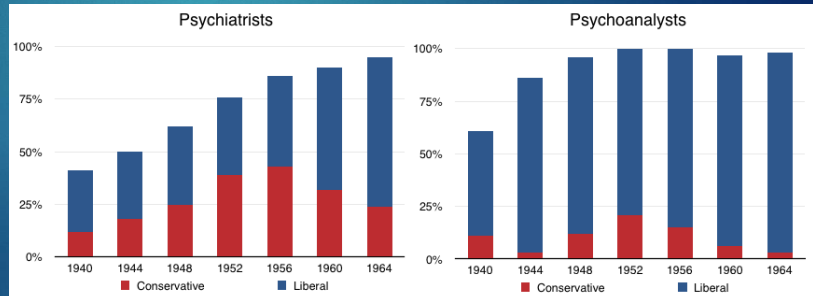
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## Political Bias



- ▶ 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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## Communist Agitation

- ▶ CMHC activity was not limited to the ineffectual or benign. Centers regularly engaged in power struggles and turf wars with other federal, state, and local entities such as universities, hospitals, and departments of welfare.
- ▶ Staff supported and led "groups [that worked] toward obtaining improved service for the members of the community and influencing institutional change in the service-providing agencies"—in other words, political lobbying. All paid for by taxpayers.
- ▶ CMHCs engaged in explicitly political activities under the guise of preventing mental illness, including: protests and marches, community organizing, rent strikes, voter registration, administrative consulting for local activist groups, and other left-wing activism.
- ▶ CMHCs encouraged their communities to think in terms of "revolution." Centers dissolved into chaos on multiple occasions, as patients and staff alike violently seized and occupied facilities—sometimes for days or weeks at a time.

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## Dismantling the Mental Health Care System

- ▶ While the NIMH was busy politically entrenching itself and CMHCs subsidized left-wing activism, the mental health infrastructure of America was being systematically dismantled.
- ▶ “De-institutionalization” was the widespread and intentional release of most mentally ill and disabled patients from institutional settings into the community. It began with relatively “easy” cases like mild disability and moderate mental illness, and ultimately progressed to virtually all patients.
- ▶ De-institutionalization was caused by a perfect storm of factors:
  - ▶ Legitimate complaints about neglect, overcrowding, inhumane treatments, and the misuse of diagnoses to punish social misfits
  - ▶ The invention of new anti-psychotic medications such as Chlorpromazine (1953) and Imipramine (1955) spurred optimism that a cure was finally at hand
  - ▶ Class-action suits by patients and guardians alleging mistreatment
  - ▶ States shifting their financial burdens to the federal government
  - ▶ Changing legal norms which asserted a civil right of the mentally ill to refuse treatment and remain in their “chosen” state
  - ▶ The false assumption that CMHCs would pick up the slack

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## Pressures on the System

- ▶ From its passage in 1965, Medicaid explicitly excluded funding for mental health institutions, which encouraged states to empty their mental hospitals in favor of programs paid for or reimbursed by the federal government.
- ▶ The existence of federal funding for mental health created a “problem of the commons” that had not previously existed. Individual states could “cheat” by shifting their state expenditures for mental health onto the federal government—just as President Pierce had predicted 100 years before.
- ▶ As state hospitals hemorrhaged patients, nursing homes and assisted living facilities stepped in to fill some of the void and cash in on Medicaid funds. Standards of care in nursing homes were often lower than in mental hospitals, as shown by increases in death rates of patients who were transferred there. Many former patients fell through the cracks and became homeless.
- ▶ Nursing homes intentionally misdiagnosed mentally ill patients to keep their Medicaid funds flowing. To remain eligible for funding, they had to keep their proportion of “mental patients” below 50%—at least on paper.

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## Blows From All Sides

- ▶ Throughout the 1960s and 1970s a series of Federal and Supreme Court decisions undermined the moral, legal, and financial legitimacy of the mental health care system.
- ▶ The standard for involuntary commitment changed from "needs treatment" to "danger to self or others." In practice, this often means that mentally ill individuals must have committed a crime or attempted suicide before they can be admitted.
- ▶ Mental patients were granted a "right to treatment," meaning that psychiatric facilities had to actively administer treatments and could not merely hold patients in supervised care. Asylums could no longer simply be a "safe haven" for the mentally ill. In practice, many patients who were difficult or expensive to treat were simply discharged.
- ▶ Institutions became required to use the "least restrictive alternative" when treating people with mental illnesses. This meant that a patient could not be institutionalized if medication or outpatient services could even plausibly help them.
- ▶ Minimum staff-to-patient ratios were set—which accelerated discharges because it was cheaper and easier to get rid of patients than to hire more staff.

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## CMHCs Drop the Ball

- ▶ In the 1970s, Community Mental Health Centers were supposed to be caring for the patients being discharged by state hospitals—but they weren't. Only a tiny minority of CMHC patients came from state hospitals, even though the hospitals were discharging massive numbers of patients. Most of the issues being dealt with by CMHCs were minor mental health problems like "social maladjustment" or "neuroses." A substantial proportion of CMHC patients weren't diagnosed with any mental disorders at all. These "patients" were mostly people with life problems, rather than acute mental illness or substance abuse as had been originally promised.
- ▶ Many CMHCs engaged in fraud, abuse of trust, and misuse of federal funds. A popular (and seldom punished) scam during this time was to claim funding to build a CMHC, and then do something else with the funds or sell the facility to a private company at a profit. Oversight and enforcement of regulations continues to be a challenge today.

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## Erosion of Responsibility

- ▶ In an effort to re-establish some state authority for mental health, the Reagan administration switched to block granting CMHC funds to state governments. But the damage was already done.
- ▶ State control, authority, and responsibility for treating the mentally ill was fully undermined and dispersed. By 1981, there were 11 major federal departments and agencies administering 135 programs that had something to do with mental illness or disability—with little, if any, coordination between them.
- ▶ Nursing homes and board-and-care facilities are a poor substitute for state mental hospitals. Geographically dispersed and subject to virtually no oversight, they have many of the same patient care problems as mental hospitals did—but with no real hope of fixing them.
- ▶ The privatization of profits at public expense has exacerbated corruption of state governments. Owners and managers of private nursing homes and board-and-care facilities spend lavishly on lobbying at the state level to keep Medicaid and other money flowing their way.

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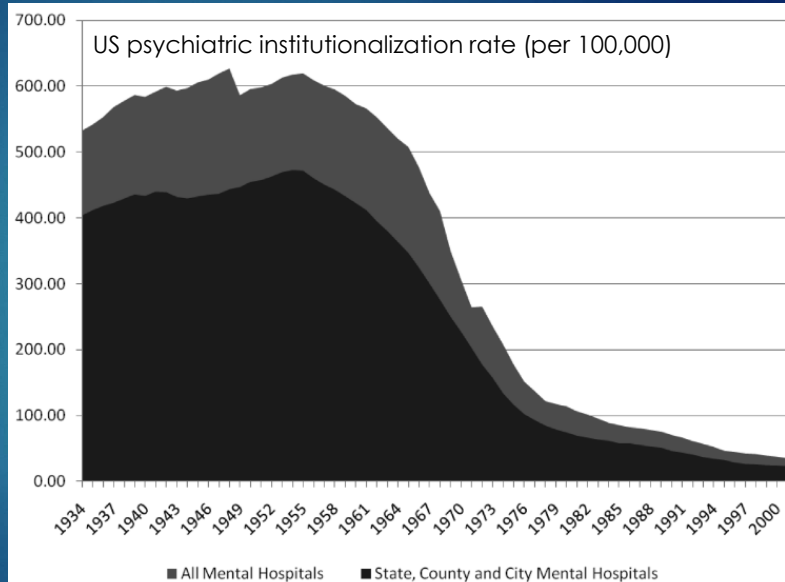
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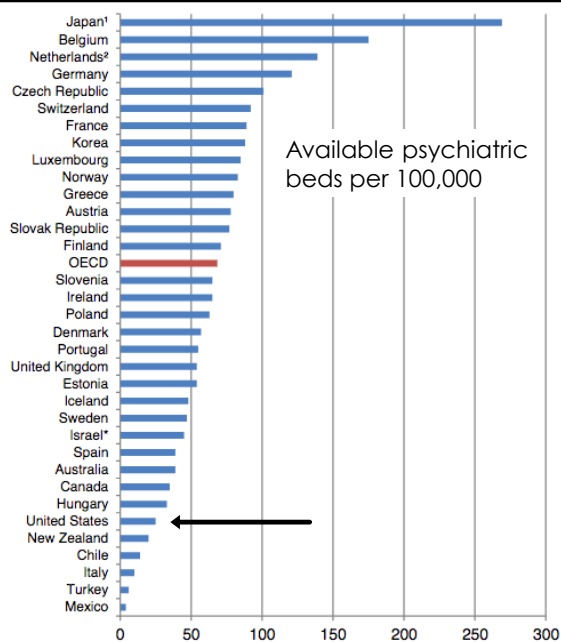
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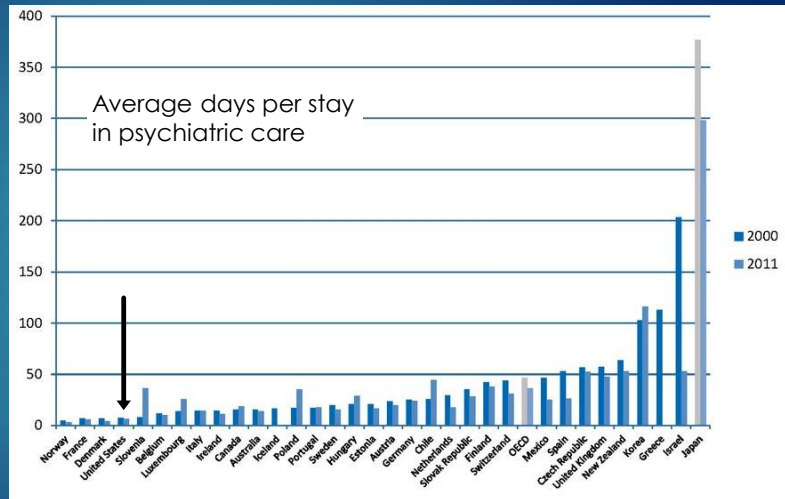
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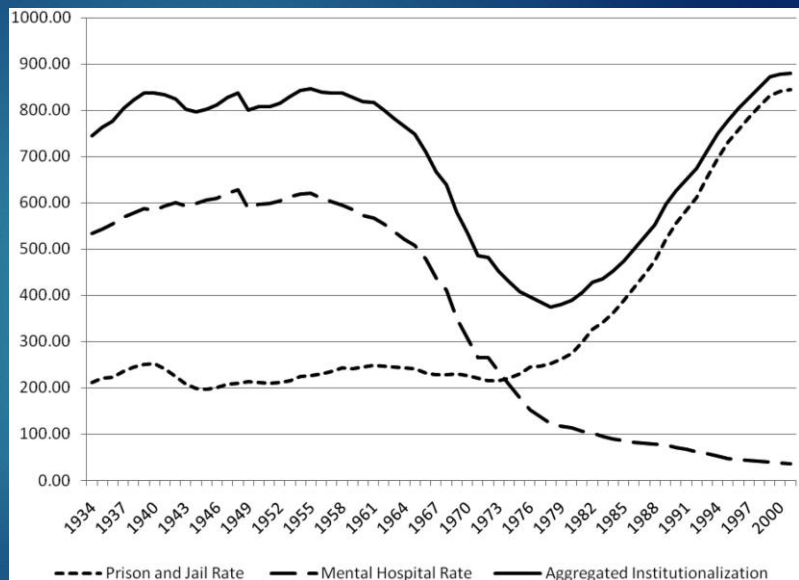


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## Mentally Ill Commit More Crime

- ▶ Individuals with schizophrenia or bipolar disorder are 3-6 times more likely than average to commit violent crimes.
- ▶ A longitudinal study which followed 11,000 subjects for 26 years found that men with \*both\* schizophrenia and alcoholism were 25 times more likely than average to commit a violent crime.
- ▶ In another study covering a 22-year period, the presence of a major mental disorder increased the odds of criminal conviction by 9x for men and 23x for women.
- ▶ Most murders of children are committed by people with psychoses.
- ▶ The strong inverse relationship between the number of people in prison and the number in psychiatric hospitals was noted as early as 1939. These results were replicated with US data in 1991.
- ▶ In addition to committing more crime, people with severe mental illness are much more likely to themselves be victimized.
- ▶ The mentally ill are more likely to be involved in deadly altercations with police. Estimates of the number of police killings involving a mentally ill subject range from 25% to 50%.

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## Discharged Psychiatric Patients Commit Crimes

- ▶ On a city-by-city basis, reductions in the number of per-capita mental hospital beds correlate with a subsequent increase in violent crime and arrest rates throughout the United States.
- ▶ A 10-year follow-up of 1,000 severely mentally ill patients discharged from mental hospitals in 1986 reported that 40% had a criminal record—compared to less than 10% of the general public. The most frequently occurring crimes were violent.
- ▶ Another follow-up of discharges from a psychiatric hospital found that 27% of released patients admitted to committing at least one violent act within 4 months of discharge.
- ▶ Mental-illness-related incidents more than tripled in Pennsylvania from 1975 to 1979, a period of rapid de-institutionalization.
- ▶ States with easier criteria for involuntary commitment have dramatically lower homicide rates.
- ▶ For patients who have been institutionalized after committing a crime, longer stays in psychiatric care lead to substantially lower recidivism rates.

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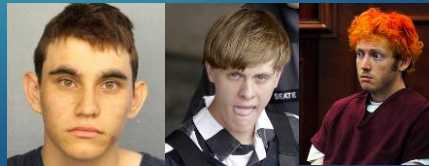
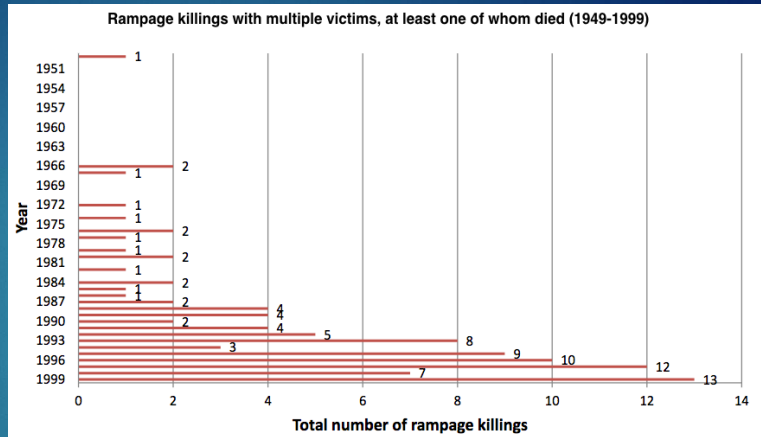
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## Criminalization of Mental Illness

- ▶ The number of mentally ill prisoners is now many times greater than the total number of patients in all mental hospitals. Correctional facilities have thus become America's de facto psychiatric inpatient care system.
- ▶ Ironically, some decommissioned state hospital facilities have actually been converted into jails for the mentally ill. The more things change, the more they stay the same.
- ▶ Psychiatric hospitals have been shut down, patients have been released, and laws have been changed to make putting them back more difficult. But all of that didn't magically cure severe mental illness. Society still needs a way to get severely mentally ill people off the streets. [1]
- ▶ When extreme addicts were institutionalized, there was less need to limit the rest of the population from accessing drugs. After de-institutionalization, the number of addicts on the streets went up enormously, along with drug-related crimes and demand for drugs. The War on Drugs—and all of its horrible consequences—is at least in part a reaction to the chaos unleashed by the dissolution of the nation's mental health system.

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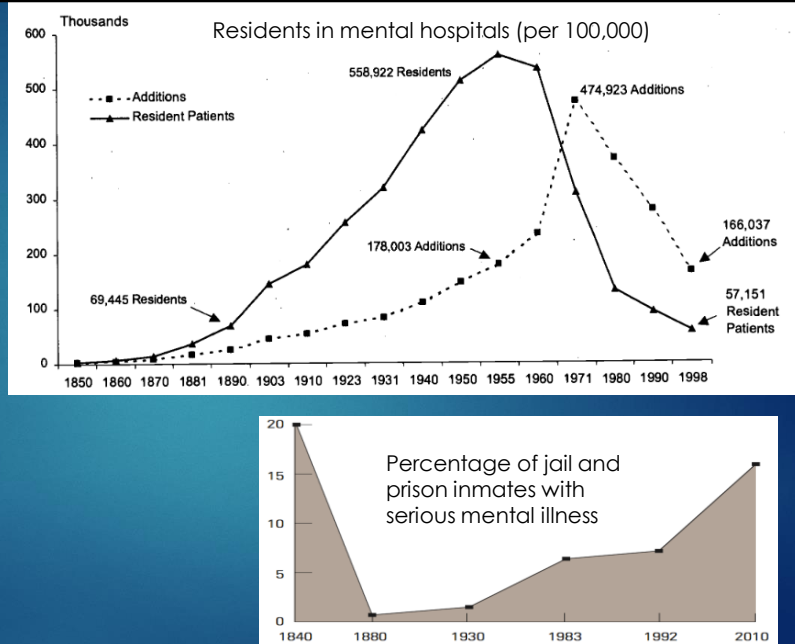
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## Jailing The Mentally Ill is Inhumane, Ineffective & Expensive

- ▶ In Orange County, Florida, 44% of mentally ill inmates are back behind bars within 3 months. One inmate has been in and out of jail more than 100 times over the past 20 years.
- ▶ In one New York prison, the average stay for inmates with mental illness is 215 days, compared to an average of 42 days.
- ▶ Prisoners with mental illness cost 50-100% more than regular prisoners.
- ▶ Mentally ill inmates assault jail staff at rates up to 40 times higher than regular inmates.
- ▶ Among mentally ill prisoners, 8% of males and 23% of females report sexual victimization within the past 6 months.

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## Homelessness

- ▶ There is a \*qualitative\* difference in homelessness before and after de-institutionalization. In studies before the 1970s, “homelessness mostly meant living outside family units, whereas today's meaning of the term is more directly tied to the absolute lack of housing or to living in shelters and related temporary quarters.” The vast majority of such pre-modern “homeless” people lived in cheap, short-term housing which they paid for themselves, concentrated in parts of cities called “skid rows.”
- ▶ In the era before de-institutionalization, most social scientists who studied skid rows noted that they were declining in size and expected them to all but disappear by the 1970s.
- ▶ But the trend changed...
- ▶ In January 2015, over half a million people (or 176 per 100,000) were homeless in the US on a given night—69% in shelters, 31% unsheltered.
- ▶ Homelessness is up exponentially since the beginning of de-institutionalization.

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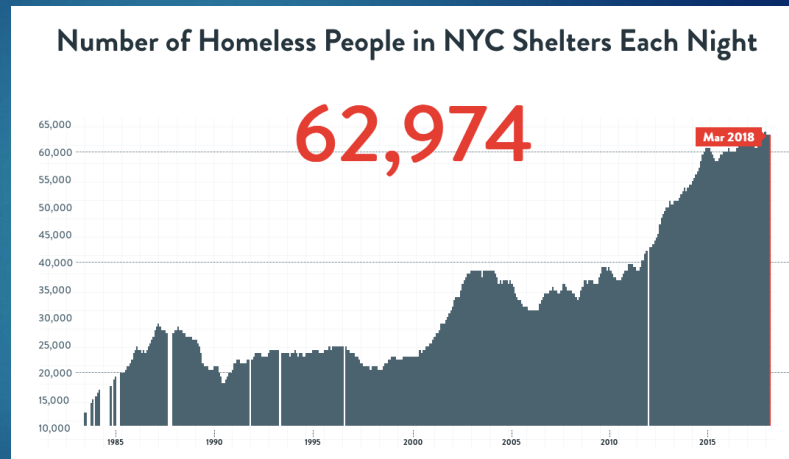
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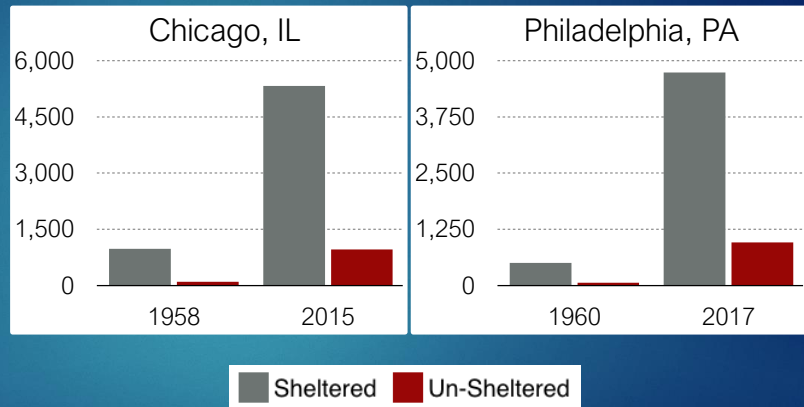


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## Homelessness & Mental Illness

- ▶ 20-25% of homeless people suffer from a severe mental illness. That's 4-5 times the US average.
- ▶ In one city's study, 70% of the homeless were receiving treatment or had in the past.
- ▶ In another study, 27% of discharged psychiatric patients became homeless within 6 months.
- ▶ Among mental health patients treated for schizophrenia, bipolar disorder, or major depression, the prevalence of homelessness is more than 15 times the population average.
- ▶ Outside the supervised environment of a mental hospital - and living on their own - most of the homeless mentally ill do not keep up with their medication routine, which compounds their problems.

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## The High Cost of Homelessness

- ▶ A longitudinal study followed over 500 homeless chronic alcoholics over a 3-year period. During this time, the cohort tallied 2,335 ambulance rides and 3,318 emergency room visits.
- ▶ A tiny number of chronically homeless people are extremely expensive outliers. Some individuals have been found to cost their communities upwards of \$100,000 per year in ER and hospital costs alone.
- ▶ During 2004 at a single California hospital, "five individuals made 117 trips to the emergency room and spent [a combined] 523 days in the hospital in the course of 64 admissions."
- ▶ The rate of criminality among the mentally ill homeless is extremely high—even compared to other mentally ill people. The additional burden on policing resources is enormous.

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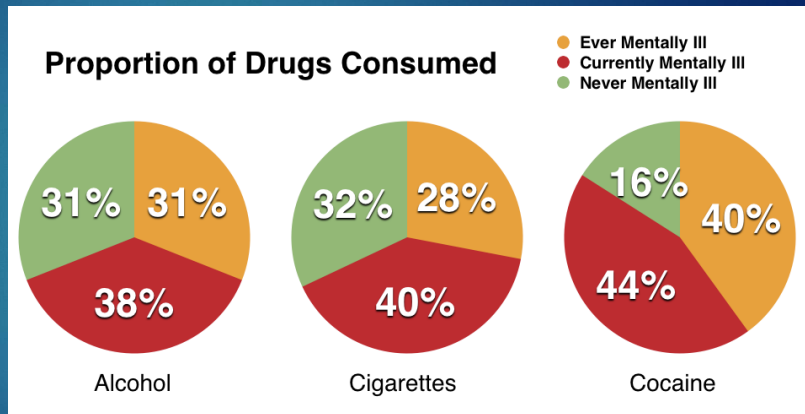
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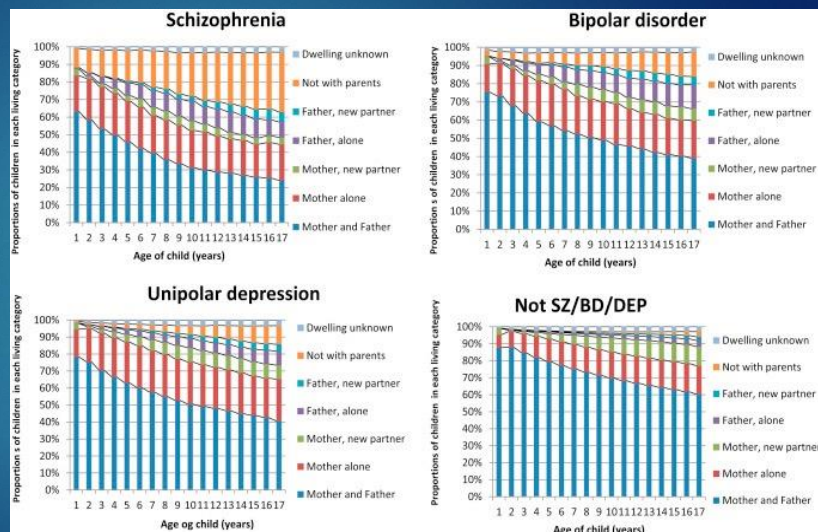


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# Mental Illness Destroys Families



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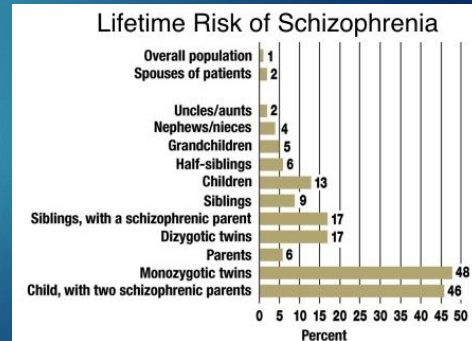
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## Heritability of Mental Illness

- ▶ 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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## Loss of Social Trust

- ▶ Stories of derangement and horror have become all too commonplace in America's cities. <sup>[1]</sup>
- ▶ Even suburbs and small towns have not been immune. Ocean Grove, New Jersey, had the ill fortune of being only a few miles away from a state psychiatric hospital that was disgorging patients. At one point, discharged psychiatric patients made up more than 10% of the town's population. <sup>[2]</sup>
- ▶ The rise of "stranger danger" and fear of letting kids outside alone since the 1960s is substantially attributable to the increasing presence of the mentally ill among us.

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## Media Terror

- ▶ Traditional news media is known to focus on violent crimes—especially sensational ones.
- ▶ People with severe mental illness commit more crimes than average, but they are even more disproportionately responsible for the extreme sort of stories that lead to media coverage that terrifies the population.
- ▶ Random or gruesome crimes are usually linked to mental illness:
  - ▶ John Hinckley Jr. was a serial stalker of actress Jodie Foster. He planned to assassinate President Jimmy Carter in order to impress Foster and get her to like him. Hinckley ultimately succeeded in shooting President Ronald Reagan in 1981.
  - ▶ Dorothea Puente was a schizophrenic serial killer who ran a Sacramento boardinghouse. She made national headlines in the late 1980's when the remains of 7 of her guests were discovered in her backyard.
  - ▶ Andrea Yates was treated for depression and psychosis in 1999. Two years later, she drowned her 5 children in a bathtub.

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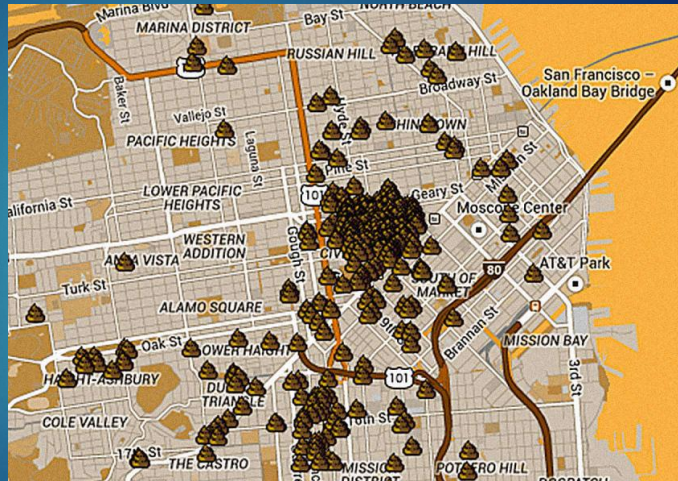
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## Destruction of Public Spaces



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## Burden on Other Institutions & Infrastructure

- ▶ People with severe mental illness substantially increase the burden on the court system. An entirely new subset of courts has been created to deal with the mess. "Mental health courts" around the country are just another facet of the implicit inpatient system that has grown up to attempt to replace the old state hospital system.
- ▶ The additional burden on police forces from dealing with the mentally ill makes them less available for other tasks such as preventing or solving crimes and providing other types of community support. [1]
- ▶ In addition to the public health risks posed by the homeless mentally ill, people with severe mental illness are more likely to engage in behaviors that put them at risk for HIV, along with other contagious diseases such as hepatitis. A sample of psychiatric patients across multiple states found HIV prevalence 8 times the US average. Hepatitis B and C rates were 5 times and 11 times the US average, respectively.

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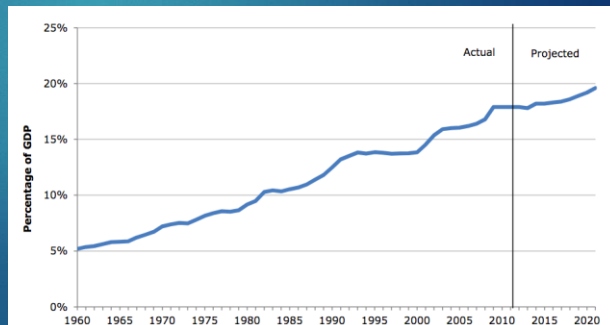
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## Fiscal Disaster

- ▶ 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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### 3 NIMH Directors Reflect on Their Legacies

- ▶ Robert Felix (director from 1949 to 1964)
- ▶ Stanley Yolles (director from 1964 to 1970)
- ▶ Bertram Brown (director from 1970 to 1977)

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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!