

# Deinstitutionalization of mental hospitals in 1970 criminology essay



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## **Introduction**

Deinstitutionalization of mental hospitals came into play in 1970 in the United States; the program aimed at treating mentally retarded patients within the community itself rather than maintaining and treating them at mental hospitals. During these days, state mental hospitals were regarded as institutions that deprived the mentally ill patients their freedom to associate with family and community members within the society. For instance, the United States Congress approved the Community Mental Health Centers Act that facilitated deinstitutionalization, thus getting out the mentally ill persons from confinements of the custodial institutions into deliberate medication at the community mental health institutions.

Despite the perceived good of deinstitutionalization by the policy makers in the United States and the world over, the move has brought about more sophisticated problems. In essence the whole program has failed to achieve its objectives and has led to mentally ill individual suffering in the boulevards and dungeons, as well as in the shelter homes, and beggar's homes, (Sheth 12). To be true enough, the policy of deinstitutionalization has failed completely. New Freedom Commission on Mental Health analyzed the American public mental health and confirmed that it is in a terrible state. This paper is aimed at discussing the impacts of deinstitutionalization for the last 35 years on criminal justice, advantages and disadvantages of deinstitutionalization and how mental health issues should be addressed in correctional systems.

## **Discussion**

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As at the present, it is estimated that more than 4.5 million Americans are suffering from severe mental illnesses. The total number of persons that do not receive medication out of the 4.5 millions is approximately 40%. This has increased homelessness, violence, and incarceration. Since the onset of deinstitutionalization policy, almost one third of homeless persons in the US suffer from severe mental retardation. In addition in Oklahoma, researchers have established that there is a correlation existing between the increasing number of suicidal and the decreasing state of mental health centers.

Ted Strickland, a US congressman testified that, thousands of mentally ill persons are being taken out of hospitals and dumped in communities where there are no adequate mental health services that cannot receive and take care of them. The idea of deinstitutionalization has culminated into trans-institutionalization, whereby large numbers of mentally ill individuals find themselves in prisons, jails, and homeless shelters, (Sheth 15). For instance, the recent studies have shown that more than 40% of Beggar's Home inmates are mentally ill.

The policy of deinstitutionalization is a recipe of the evil that is done to the mentally ill persons in the US. The defenseless and helpless mentally ill people roam and beg on streets, roadside, footpaths, and are also seen starving in streets, eating from garbage bins and take refuge in shelter homes. In addition the society jeers at them, verbally, physically and sexually abuse them. Policy makers who came up with this particular policy, wanted to clean and beautiful mental hospitals without taking into consideration that the streets and other social places will be messed up.

Recent studies have established that there are more mentally sick people in prisons and jails compared to those ones that are hospitalized. Around 9, 000 people released from New York jails and prisons on annual basis have psychiatric disabilities without housing or support services. It has also been found out that 40 to 50% of community mental health system clients have a history of criminal arrest. Furthermore there is a direct link between closure of mental hospitals and mushrooming of new prisons and jails. With regard to the US department of Justice, when 40 mental hospitals were closed in the past ten years, 400 new prisons were opened up.

The law enforcement department is now tasked with confronting and solving the community's problems resulting from deinstitutionalization. For instance, studies show that, more than 70% of mentally ill individual should be sent to jail for their own safety and well-being. Recent research depict that rates of arrest of mentally ill persons is higher compared to that of normal people, (Sheth 17). This is because; such individuals are arrested on charges like disturbing peace and criminal trespass. In the first place, incarceration was thought to be the best remedy with regard to vast problems faced on the streets; the reality is that arresting a chronically mentally ill person and taking him or her into custody and forcefully imposing criminal justice, denies justice to all concerned.

Of all the mentally ill persons arrested only 12% are arrested for charges that significantly warrant for incarceration. Moreover, 54% of mentally ill arrestees are always found to be incompetent and hence can not stand trials. Arresting mentally ill persons in essence does not solve the problem or enforce criminal justice but rather intensifies management and financial

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problems for detention facilities. These kinds of arrests only fill criminal court calendar rather than solving the problem.

The moment of arresting mentally ill individuals, the criminal justice enforcement funds are shifted to mental health area to cater for the arrestee, with law and justice enforcement agencies instead of state hospitals playing their fundamental duty of housing and treating the mentally ill. In fact at the detention levels surveys have found out that between 50% and 60% of the inmate population are mentally ill with successful suicide rate 75% higher that of the general population.

#### Advantages of Deinstitutionalization

Treatment of outpatient clinics is less expensive and effective as compared to treatment in highly sophisticated mental hospitals that require boarding fees in addition to medical fees. Consequently, the patients will have freedom of community based treatment as compared to in-patient hospitals.

#### Disadvantages of deinstitutionalization

Deinstitutionalization has broadly contributed to homelessness, as people released from in-patient facilities have no place to go. Furthermore, it has also led to a revolving door situation, where chronically mentally ill persons are periodically hospitalized, released and eventually hospitalized.

#### How mental health issues should be addressed in correctional systems

With regard to criminal justice to mentally ill individuals, a proactive and conscious approach is a basic requirement and several elements are

significant in implementing such an approach. Studies have shown and suggested that law enforcement officers have higher chances of arresting a mentally ill person than it is to a normal person. In relation to this, officers in criminal justice department should undergo or receive extensive training with regard to handling cases of such kind. The training should not only advocate for identifying mental illness symptoms but also provide communication skills and knowledge that the officer can use to communicate with and handle the psychiatric patient. The training should also be designed in a manner that does not compromise the humane treatment or concern for the officer's safety.

Criminal justice department especially the law enforcement agencies should collaborate and negotiate with medical institutions to come up with policies and mental illness cases procedures, implementing no-decline agreements that would importantly increase the choices of the criminal justice system. For better service delivery by law enforcement officers, the psychiatric community should wholly be involved by putting aside their mutual stereotypes and antagonism.

It is also necessary for the law enforcement officer to have adequate information on statutory guidelines in relation to law enforcement that initiates involuntary psychiatric commitment. They should also understand that mental illness symptoms should not be taken or considered criminal behavior to aid the arresting if the same behavior will be relied upon for civil petition for automatic hospitalization. The expertise in this section requires the law enforcement officer to undergo training that will eventually equip

him with the appropriate procedures that meet the statutory designed standards.

The law enforcement bodies can also commence innovative pre arrest diversion systems. For instance, the law enforcing officer in the field, who comes in contact with psychiatric offender, should have more options, instead of making the arrest he can leave the crime scene other than providing the solution to the basic issues. The pre-arrest diversion program, which consists of mobile crisis unit involving mental health practitioners in corporation with law enforcement officers, would give the officer freedom of not making custody related decisions till new options with regard to the situation are reviewed, (Sheth 18). For this matter the non-violent offenders shall be handed over to crisis teams thus allowing officer to attend to other criminal related issues.

## Conclusion

In the last two to three decades there has been a rapid rise in numbers of the mentally ill persons released into the society. Deinstitutionalization has integrated itself into trans-institutionalization whereby a massive number of psychiatric patients have been transferred or shifted from state owned hospitals to streets, beggar's homes, prisons and jails. The civil libertarians have eventually changed into criminal justice system. Most, law enforcement officers consider mental illness symptoms to be elements of crime. For this situation to change, law enforcement agencies should shun from being inundated by such social problems, in addition a proactive response linking the society's resources to the real and actual area of need is essential.

## **Work Cited**

Sheth, Hitesh. " Deinstitutionalization or Disowning Responsibility."

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