Critical Analysis of Community Mental Health Issue/ Final Paper

The Asylum, the Prison, and the Future of Community Mental Health

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Abstract:

The treatment of the mentally ill in out country does nor effectively meet their needs. State asylums, then mental health hospitals were closed due to inhumane treatment of the clients such as involuntary placements and over medication. The initial plan was for the federal state government to work jointly in funding community-based organizations to treat the mentally ill. Federal funding was soon revoked leaving the financial burden upon the States. This led to many mental ill being underserved which coupled with the police not being properly trained in addressing the mentally ill which raised the incarceration rates nationwide. During incarceration they still didn't receive the proper interventions for reintegration in their communities which leads to high levels of recidivism. This paper aims to address the causes which lead the mentally ill to high levels of incarceration, barriers to community resources and interventions which could address these concerns on a micro, mezzo and macro levels.

Introduction:

This year's Social Work and Mental Healthcare System class was very intriguing. Initially I picked it because I needed another elective as per requirements for graduation but after the first week of class my perspective changed. The weekly topics were insightful as they directly related to the field of social work and illustrates how some laws have been implemented throughout of American history. The discussion boards were also great topics, I wished this class wasn't online because the discussions would have been very impactful. While pursuing my MSW I'm learning new skills which are displayed in weekly Process Recordings but a very important and often overlooked skilled is listening. I enjoy listening to my peers' points of view, whether based on past/ current experiences or just their worldly views. I'm learning to broaden my way of thinking and enjoy looming int the pros and cons of subjects. Its easy to state your point when you're in

agreement but being able to address, process and understand the cons sis also valuable. This skill can assist in building critical thinking skills which will be beneficial in working with clients.

There are many times in my professional career as a Child Protective Specialist I would encounter client and say to myself “why would they do that, or what were they thinking to do something that would place themselves or their children at risk of harm”. Initially I may have casted my personal views upon my client and felt as if I was doing the right thing because that’s how I would address the situation. With more experience and engagement skills obtained with clients I learned to place their beliefs, values norms and needs first. I must understand where they are at at the time of our initial meeting. By doing this I will be able to build upon the client’s strengths and systems they have in place. Many times, clients may be unaware of a strength due to continual resiliency skills during crisis. It’s important to look at things from a strength-based perspective and to facilitate in the helping process, and not do the work for the client. For example, I have worked with clients attending multiple programs to address mental health, substance abuse and parenting services. The client may have attended two to three different programs to comply with their mandated services. By doing so this places the client in a greater deficit as they may be able to attend all the programs continually and ensure their family minimal basic needs are being met. A solution would be to verify if there are services in the vicinity of the client’s home and if there is a program which offers dual services. Many times, a Mentally Ill Treatment Abuse Program (MICA) can address the needs of the client but they may not be aware of the resource. In this course I learned of the hardships of the mentally ill and as a social worker the knowledge I obtained will assist me in my future work in addressing their needs.

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Statement of Purpose:

The purpose of this critical analysis review is to observe the factors which incarcerate individuals with mental health diagnosis or needs instead of them receiving the proper treatment needed in addressing their mental health needs. This issue places many minorities mainly African American and Latinos behind bars due to unfair sentencing guidelines related to minor crimes/ offenses. Once incarcerated the prisoners abuse continue as the officials aren't trained properly to adequately address their mental health needs or disabilities. The sentencing guidelines are one of systemic oppression and I view as a current form of slavery. To look back through history the Jim Crow laws were both state and local statues that legalized racial segregation. These laws were in place for over 10 years in America dating back from the end of the Civil War until 1968, which was the Civil Rights Movement. The purpose of these laws was to deny African-Americas the rights to vote, work, education and opportunities of advancement. Those who resisted were given fines, arrested, physically beaten and at times given death threats.

Our country has changed the face of oppression from the Jim Crow Laws to unfair jails sentencing of minorities. An example of this is the school-to-prison pipeline in which students of color are pushed out of schools and into prisons. By criminalizing youths with unfair disciplinary policies and practices within schools that put students into contact with law enforcement at earlier ages. In some states sch as Texas 3rd grade literacy scores are used as an indicator if how many future prisons will be built. These levels of oppression occur on micro, mezzo and the macro levels within our society and need to be addressed and changed if we as a society want to provide equal rights for all.

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Literature Review:

In review of the article: Persons with Severe Mental Illness in Jails and Prisons it outlined the presence of severely mentally ill persons in jails and prisons as an urgent problem and also spoke of solution-based practice as well. The methods used for obtaining data were" Medline, Psychological Abstracts, and the Index to Legal Periodicals and Books were searched from 1970 until now. The article included the characteristics of mentally ill offenders, factors cited as causes of mentally ill persons' being placed in the criminal justice system, the relationship between mental illness and violence, access to treatment for this population, the role of the police, and society's attitudes toward mentally ill offenders. There are many factors when addressing Incarceration versus hospitalization as the police have a civic duty to protect the community. "In the early 1970s, Dr. Marc Abramson, a jail psychiatrist, was the first author to observe in the scholarly literature that people with serious mental illnesses (PSMI) were being criminalized—that is, processed through the criminal justice system instead of the mental health system" (Abramson, 1972). Crimes committed on a higher level such as a felony would require incarceration, even if there are underlying mental health issues. "However, it should be acknowledged that many mentally ill persons who commit serious crimes and enter the criminal justice system might not have engaged in such behavior if they had been receiving adequate and appropriate mental health treatment" (Dvoskin JA, Steadman HJ).

Regarding deinstitutionalization, it is a cause of mentally ill persons' being placed in the criminal justice system. "It can certainly be demonstrated that less room currently exists in state mental hospitals for chronically and severely mentally ill persons. In 1955 when the number of patients in state hospitals in the U.S. reached its highest point, 559,000 persons were institutionalized in state mental hospitals out of a total national population of 165 million. Now

the figure is 72,000 for a population of more than 250 million" (Lamb and Weinberg). Deinstitutionalization is one of the leading causes for increasing numbers of mentally ill persons entering the criminal justice system. Some of the factors increasing incarceration are inadequate or inappropriate outpatient treatment, insufficient community resources, and insufficient 24-hour highly structured psychiatric care facilities for those who need them. If these issues are addressed many of the mentally ill persons could be treated in the community or in a hospital to combat incarceration.

The police play a major role regarding the incarceration of individuals with mental health diagnosis. Regarding minor offenses a mentally ill person will be arrested rather than taken to a hospital because the police officers views. The officers are not sufficiently trained in dealing with mental health disorders and will commonly confuse that with disorderly conduct. "Law enforcement officers may be more inclined to take mentally ill persons to jail if they believe no appropriate community alternatives are available, a practice that has been referred to as "mercy booking" (Lamb and Weinberg). Some recommendations to combat these concerns would include mental health consultation to police in the field; formal training of police officers; careful screening of incoming jail detainees; diversion to the mental health system of mentally ill persons who have committed minor offenses; assertive case management and various social control interventions, such as outpatient commitment and court-ordered treatment.

In the article Deinstitutionalization of People with Mental Illness: Causes and Consequences a background was given regard the history of state hospitals and what happened there after which affects the mentally ill. As far back as Antient Greece and Rome asylums were used as a place of refuge and sanctuary. This include its vulnerable population such as debtors, criminals, mistreated slaves, and inhabitants of other states. If we as a country learned anything

from prior civilizations it would be to take care of this population, because are they not greatly in need? In America the Severely Mental Ill (SMI) this population has been moved from state hospitals, to nursing homes, community care facilities, homeless, incarcerated or back to the hospital. Without their needs being addressed the cycle is a revolving door which needs to be addressed.

“According to the National Institute of Mental Health (NIMH), 6.3 percent of the population suffers from severe mental illness. The number of adults 18 and over in the United States was estimated to be roughly 234,564,000 approximately 14.8 million people have severe mental illness. about 50 beds per 100,000 people would meet needs for acute and long-term care, but in some states the number of available beds is as low as 5 per 100,000 people (Yohanna,2013). These numbers are staggering, and the affects trickle down through society because if the hospitals don’t have enough beds then other forms of services are needed to lift the void. Unfortunately for many in America with SMI those places are resulting in homelessness or being placed in jail. The percentage of people with severe mental illness in jails is estimated to be 16 percent of the total population which is nearly 378,000 inmates due to deinitialization.

Deinitialization is a government policy that moved mental health patients out of state-run "insane asylums" into federally funded community mental health centers. This policy began during the civil rights movement. Regarding funding in 1963 the Community Mental Health Construction Act made federal grants available to states for establishing local community mental health centers. The intent was to provide treatment in the community in once patients were released from state hospitals. In 1977 there were 650 community health care facilities providing services to 1.9 million mentally ill patients yearly. “In 1980 President Jimmy Carter signed the Mental Health Systems Act, which helped to restructure the community mental-health-center

program and improve services for people with chronic mental illness"(Jones,2013). This was short lived as in 1981, under President Ronald Reagan, the Omnibus Budget Reconciliation Act repealed President Carter's community health legislation. This provided block grants for the states, ending the federal government's role in providing services to the mentally ill. Federal mental-health spending decreased by 30 percent. By doing so the funding became a state issue more so than a federal issue, similar to the pandemic we are dealing with now in the United States regarding Personal Protective Equipment.

Additionally, there have been several key court cases which clarified the legal requirements for admission to or retention in a hospital setting. "In *Lake v. Cameron*, a 1966 D.C. Court of Appeals case, the concept of "least restrictive setting" was introduced, requiring hospitals to discharge patients to an environment less restrictive than a hospital if at all possible. In the 1975 case of *O'Connor v. Donaldson*, the U.S. Supreme Court declared that a person had to be a danger to him- or herself or to others for confinement to be constitutional" (Yohanna,2013). Then in 1999 a U.S. Supreme Court decision in *Olmstead v. L.C.* stated that mental illness was a disability and covered under the Americans with Disabilities Act. This meant all government agencies and state hospitals, were required to make "reasonable accommodations" to move people with mental illness into community-based treatment to end unnecessary institutionalizations.

Theoretical Framework:

There are many social theories which come to mind when addressing the needs of the mentally ill not being met and leading to incarceration. This impact is one of systemic oppression and is connected to every level of society. The Recovery Model, Medical and Ecological Model all play a vital role in addressing today's mental and medical health concerns During each model

there are different stages of recovery and depending on where the client may be in their individual process one model many be more beneficial than the other. Each model may be used individually or in tandem for the best outcome the client. The Recovery Model is looked at as a personal journey, rather than a set outcome and may develop into key skills such as hope, supportive relationships, empowerment, coping skills and meaning. In recovery there are key components which needs to take place to be deemed. successful. The treatment needs to be person-centered and not illness centered. This means not treating the illness but helping to rebuild a better life for the client. The second being, client-driven and not professional driven, A key element in social work is to meet the client were there at and not impose our expectations onto the client. In this process the client and professional will have shared decision making and form a partnership. The last is a strength-based approach as opposed to deficit-based approach. Recovery is not a cure but when an incident occurs again the client will stay together by focusing on the strengths. This format would be beneficial in as it centers the needs based on the client and allows me to meet them where there at during that specific point in time. By treating the client and not the illness will help the client to develop strength-based solutions which will be beneficial when their issues arise again.

The Ecological Model theory states the environment a person grows up in affects every dimension of their lives. Social factors determine your way of thinking, emotions, feelings and shapes your likes and dislikes. The ecological model recognizes multiple levels of influence on health behaviors, including: Intrapersonal/individual factors, which influence behavior such as knowledge, attitudes, beliefs, and personality. This system shows how human growth occurs into five social subsystems which are the: microsystem, mesosystem and macrosystems. These systems are commonly used in everyday life and depict how we all interact within groups on

various levels. For the best outcomes of clients there needs to be interaction on every level, which starts in the microsystem, with the client. Once this is internalized change needs to occur on the meso and macro levels to combat the failed systems on a federal and state level. Addressing the underfunding of the mentally ill would change the incarceration and homelessness rates as the underserved would receive the interventions they need to maintain and thrive in community settings. Lastly both systems would need to comply with the Medical Model, although I don't agree with the belief that science could cure all illness and disease it can be highly effective if utilized correctly. The medical model relies heavily on prescription medication as a form of treatment, but prior to that an evaluation needs to be completed to assess the need of the client. To provide a diagnosis some tools that may be used are a clinical interview, observation of behavior and prior medical records to indicate what services have bene implemented in the past. Medication management needs to be monitored as changes may need to be made such as lowering dosages or changing medications based on the client's compliance levels and how their bodies react with the medication. There is no clear blueprint regarding care, but all systems have to work jointly to reduce risk and create the best possible outcomes for clients.

Critical Analysis of the Problem:

The needs of the mentally ill has been ongoing for decades in the Unites States. They are an underserved population who has a negative stigma. Why has the federal government cut funding to aid the mentally ill placing the burden on the state? Due to lack of funding should jails be the last resort for the mentally ill or should we go back to state asylums under closer monitoring to ensure the clients rights aren't being violated? Community based agencies are underfunded therefore can't address the concerns in vulnerable populations. This issue is not just one of color

or wealth as mental effects our country. Those with more wealth may have access to services to address their needs but must still comply with services. “An estimated 26% of Americans ages 18 and older -- about 1 in 4 adults -- suffers from a diagnosable mental disorder in a given year. Many people suffer from more than one mental disorder at a given time. In particular, depressive illnesses tend to co-occur with substance abuse and anxiety disorders” (www.hopkinsmedicine.org) To look on the other side many mentally ill clients in state asylums were being mistreated, misdiagnosed, overmedicated and lacked structure. Clients received electroshock therapy and were over medicated with Thorazine.

There is an abundance of evidence which shows how the mistreatment of the mentally ill led to jail or prison sentences and other negative outcomes. “It can be argued that society's tolerance in the community of the deviant behavior of people with mental disorders appears to be limited. This limited tolerance is especially true for those who have direct contact with mentally ill persons, namely, the courts, families, and other citizens. Many believe that if social control through the mental health system is impeded because of constraints such as fewer long-term state hospital beds, community pressure will result in placement of some of these persons in the criminal justice system” (Lamb &Weinberger). This is unfair, due to societal tolerance levels and inappropriate institutions the only other option is jail. Why should anybody have to feel tolerated? We are all different and some people have more needs than others, but as a society we must uplift each other to benefit the greater good. As social workers the job can become taxing due to extremely high caseloads, high levels of stress and lack of community resources. There needs to be a better correlation between hospitals, psychiatric emergency rooms and after care. If a client is discharged because there are no longer eligible for a bed due to systematic polices, then we are doing them a disservice. NASW describes social justice as “the view everyone

deserves equal economic, political and social rights and opportunities. Social workers aim to open the doors of access and opportunity for everyone, particularly those in greatest need" With that being said sometimes the systems in place need change as the problem tends to grow on many levels.

This issue is multi-tiered, and assistance must come from a macro level by implementing and changing laws to benefit the mentally ill. This can lead to other societal issues such as homelessness. "For instance, one study in New York City found that homeless mentally ill persons were grossly overrepresented among defendants with mental disorders entering the criminal justice system. Forty-three percent of the defendants with mental disorders were homeless at the time of the crime for which they were arrested. The rate of homelessness was 21 times higher in the overall sample of defendants with mental disorders than in the overall population of mentally ill persons in the city" (Martell DA, Rosner R, Harmon RB pg.596-600). Families may also feel overburdened in caring for a loved one as they want what's best for them but may not be able to meet the needs based on the community services or insurance concerns. For example, if they have a mentally ill relative residing with them who is on parole this can add stressors if they are non-complaint. This can lead to traumatic home visits which can disrupt the family balance.

The police intervention is a structural problem within our society. To address this dilemma steps should be taken to prevent inappropriate arrest of mentally ill persons as they police are often the first to respond to emergencies involving people with SMI. Th issue exist as the police may not always recognize a need for or how to address someone with mental health issues. By providing mental health training and protocols it will lower criminalization. Formal training of police officers will prepare them to protect themselves without using deadly force, improve community

policing and assist the officers in having a better understanding of mental illness which will improve their attitudes toward individuals with mental disorders.

Social Action Plan:

Untreated mental health is an issue which has been ignored within many poor socioeconomic communities. Tio address this concern on a micro level would require I would initially start with the the Recovery Model centered as an emphasis is placed on the partnership between the professional and the recipient, as well as the acquisition of community resources needed for the individual to realize the goals they identified as important to them. The model is looked at as a personal journey, rather than a set outcome and may develop into key skills such as hope, supportive relationships, empowerment, coping skills and meaning. In recovery there are key components which needs to take place to be deemed. successful. The treatment needs to be person-centered and not illness centered which is key for any change to occur.

For inmates I would implement vocational, educational and mental health services which would help with their integration back into the community. This could also assist in lowering the recidivism rates. Funds allocated into the jails could be implemented into Community Based Organizations which could continue to assist the services started while incarcerated. In New York City a case which stands out to me is Kaleif Browder who in 2010 was arrested for allegedly stealing a backpack. He was detained on Rikers Island for over 2.5 years of which majority of the time he was in solitary as he was unable to make bail. I don't condone breaking the law, but Mr. Browder's imprisonment was harsh and was a factor into his mental health illness. Once released Mr. Browder suffered from depression, and later took his life. The Kalief Browder Bill (H.R 47) is a step in the right direction as it ensures that persons arrested the right

to a speedy trial. It also aims at requiring the Department of Corrections inmates vocational, educational or mental health services if they are incarcerated for more than 10 days.

On the micro/ mezzo level I would implement Psychoeducational Multiple Family Groups as it brings together multiple families including clients and is co-facilitated by two professionals' clinicians. This unifies two separate families who have a commonality of a family member diagnosed with a mental health disorder. I really like this format and the joining process is the most important and provides an unbiased viewpoint from a different family experiencing similar circumstances. This provides community assistance and also builds awareness of resources.

On a Macro level Community Spa meetings would be mandatory. The purpose is to:

- Provide regular opportunities for community stakeholders and service providers to share information and best practices;
- Deliver important updates on programs funding, grant opportunities, performance measurement, and legislative and policy requirements;

I would try to unionize the programs to work jointly with local hospitals psychiatric care units, halfway houses and Department of parole. Meetings would be held similar to Child Safety Conferences but would be strength-based. The departments could work jointly to formulate safety plans for the client to reintegrate within his/her community. The second would be to request additional funding from state and federal agencies. This would implement change and bring awareness on a bigger scale which would cause the elected officials from local District Council to the politicians in Albany to take notice and produce change on a State level.

Bibliography

1. Deinstitutionalization of People with Mental Illness: Causes and Consequences https://journalofethics.ama-assn.org/article/deinstitutionalization-people-mental-illness-causes-and-consequences/2013-10 via @journalofethics
2. https://www.hopkinsmedicine.org/health/wellness-and-prevention/mental-health-disorder-statistics
3. Lamb HR: The new state mental hospitals in the community. Psychiatric Services 48:1307-1310, 1997 Link, Google Scholar
4. Mental patients in prisons: punishment versus treatment? - PubMed - NCBI https://www.ncbi.nlm.nih.gov/pubmed/16633440
5. Rogers A: Policing mental disorder: controversies, myths, and realities. Social Policy and Administration 24:226-236, 1990 Crossref, Google Scholar
6. Rosenberg, Samuel J. Rosenberg, Jessica. *Community Mental Health: Challenges for the 21st Century*. Third Edition (2018). New York, NY. Routledge.
7. Scully, J. A. M. (2015). Examining and Dismantling the School-To-Prison Pipeline: Strategies for a Better Future. Arkansas Law Review (1968-Present), 68(4), 959–1010