

# Mentally ill in the US: Ten times more in prisons than in hospitals

Trent Novak  
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A report released by the Treatment Advocacy Center in April shows that there are now 10 times as many individuals with severe and persistent mental disorders in state and county prisons than in state psychiatric institutions. The ratio may be even larger than 10 to 1, since mentally ill inmates in federal prisons were excluded from the report, as were those in private prisons utilized by states such as Alaska and Hawaii.

The report, titled “The Treatment of Persons with Mental Illness in Prisons and Jails,” surveyed professional staff members at correctional facilities and hospitals throughout the country. Based on the statistics and interviews gathered in these surveys, the Advocacy Center scathingly condemns the widespread “criminalization of mental illness” in the United States, and the existence of “new asylums” within the prison system.

In 2012, prisons and jails housed 365,000 people suffering from chronic psychotic disorders such as schizophrenia and bipolar disorder, while the number of such patients at state medical facilities was just 35,000. Forty-four states and the District of Columbia have a prison or jail that holds more individuals with serious mental illness than the largest psychiatric hospital in the area. In several states, such as Illinois and Iowa, a number of county jails hold more mentally ill patients than all of the psychiatric hospitals in the state combined.

The report also describes a trend in which both the number of inmates with mental disorders and the severity of the disorders themselves have steadily increased over the last 40 years, while prison administrators and guards lack the resources, training, or legal basis to provide such prisoners with adequate treatment.

Officials and health care workers in prisons are often

legally barred from treating mentally ill inmates with psychiatric medications or sedatives. The District of Columbia and 18 states require either a formal judicial review or transfer to a state psychiatric hospital in order to involuntarily administer medication. Many county jails have involuntary commitment guidelines requiring transfer to a state hospital as well.

However, because state hospitals are scarce and overcrowded, these laws usually render such methods of treatment impossible. Solitary confinement and the use of restraining devices are therefore used as common alternatives.

Lack of treatment and the hostile nature of the criminal justice system itself usually combine to worsen the prisoners' disorders, with most prisoners being in poorer psychological health when they leave than when they first entered. In some cases, prisoners denied proper treatment act out violently, or even commit suicide.

In May, the Associated Press shared information concerning the deaths of two mentally ill inmates at Rikers Island Correctional Facility in New York City. The first inmate apparently died of infection after mutilating himself in solitary confinement, while the second died from being left in an overheated cell and was only found four hours later. These disclosures were followed by a *New York Times* article in which mental health workers at the prison mentioned their patients being deliberately harassed or provoked by prison guards. (See: Inmate deaths reveal brutal conditions in New York City's Rikers Island prison, Report: US targets poor and working class with mass imprisonment )

The Treatment Advocacy Center report attributes such events to the historical effects of deinstitutionalization, a nationwide process of

systematically closing state psychiatric hospitals. In its list of recommendations, the organization calls for various legal measures to reverse this trend and remove restrictions surrounding involuntary commitment of the mentally ill.

The deinstitutionalization movement arose in the 1960s during the Kennedy administration as the combined effect of the efforts of patients' rights activists, profiteering by the pharmaceutical industry, and state officials seeking to shift mental health care costs to the federal government.

Psychiatric patients and their family members organized for the reform of laws that recognized few rights for the mentally ill and subjected them to lobotomies, electroshock, and other invasive forms of treatment within state hospitals.

In 1963, President Kennedy called for increased federal funding of mental health and psychiatric research, as well as the construction of 2,000 community mental health care centers that would reintegrate patients into the population and eliminate the worst abuses of the state hospitals. Kennedy declared, "The cold mercy of custodial isolation will be supplanted by the open warmth of community concern and capability." However, by 1980, only 750 of these centers had been built and staffed.

The Reagan administration then reduced federal mental health spending for community mental health centers by 30 percent, through a system of block grants to the states. From 1970 to 1984, the number of beds available for psychiatric patients in public and private hospitals dropped by about 40 percent. A study in 1984, at the end of this period, found that individuals with mental health disorders accounted for 30 percent of the homeless population.

The cutting back of services for the mentally ill continued over the next 30 years.

An earlier Treatment Advocacy Report released in 2012 documents a 14 percent decrease in the number of state psychiatric beds between 2005 and 2010, and notes that the availability of psychiatric beds per capita has declined to the level of 1850—before the American Civil War. This year is used as a comparison because it represents the beginning of efforts to treat mental illness within a hospital setting.

The earlier report also mentions the growing proportion of mentally ill individuals among the

homeless. For instance, several localities report that as many of two thirds of the homeless population suffer from some type of mental illness, even as the national rate continues to increase as well.

The Treatment Advocacy Center's description of the growth in the number of prison inmates suffering from mental health conditions over the past 40 years coincides with a recent National Research Council report emphasizing the historical intensification of criminal sentencing laws affecting the poor and economically disadvantaged over the same historical period.

These overlapping findings are indicative of a deliberate and far-reaching class policy being pursued by the financial aristocracy and the government it controls. The American ruling class seeks to claw back all major social gains won by workers in the political struggles of the past century—including access to psychiatric health care. In such circumstances, the most vulnerable people are either cast aside or imprisoned.

Care for all of those in need of psychological and psychiatric treatment must be a basic human right. But universal access to mental health care, like universal access to health care in general, is incompatible with an economic order based upon private profit.



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