The crisis in American mental health care

Trent Novak
13 August 2014

In a series of articles focusing on the current state of mental health care in the United States, American newspaper *USA Today* has offered a glimpse at the pervasive social costs of inadequate mental health care treatment given to millions of people suffering from severe mental disorders in society.

The series, titled "*Cost of Not Caring: Mental Illness in America,*" shares sympathetic vignettes of several individuals' personal struggles with mental illness, while also managing to tie these particular cases into wider societal trends such as the dismantling of social programs, the growth of the prison system, and the wave of mass shootings that continually plague the country.

While couching most of its criticism in terms of cost inefficiencies and appeals to authorities for reforms, the report is noteworthy for its exposure of such mass social conditions. One article bluntly states: "The mentally ill who have nowhere to go and find little sympathy from those around them often land hard in emergency rooms, county jails, and city streets. The lucky ones find homes with family. The unlucky ones show up in the morgue."

According to statistics released by the National Alliance on Mental Illness (NAMI), roughly one in every four adult Americans experiences a mental illness in any given year. About 13.6 million (about 6 percent of the population) live with a serious and potentially life-threatening condition, such as bipolar disorder, major depression, or schizophrenia. The *USA Today series* cites the 2012 National Survey on Drug Use and Health, which indicates that 40 percent of those suffering from these severe conditions received no treatment at all in the preceding year. This figure rises to 60 percent when considering all individuals with some form of mental health issue.

Suicide now claims the lives of an estimated 38,000 Americans a year. This is more than car accidents or homicides, making it the tenth leading cause of death in the country. The National Institute of Mental Health (NIMH) reports that the overwhelming majority (90 percent) of suicide cases in the United States are directly related to an existing mental health condition.

NIMH estimates that the inadequacy of mental health care cost the country $444 billion a year, with the bulk of this figure coming from lost economic productivity. Even though research indicates that early intervention is the best method of halting mental health crises before they develop into more severe conditions, the average person with a mental health problem only receives treatment a decade after their symptoms first begin to appear. Many only receive help once they become acutely psychotic, meaning that they begin to experience delusions, hallucinations, or other distortions in their perception of reality.

Against this social backdrop, psychiatric beds at public and private hospitals continue to dwindle.

Under deinstitutionalization, a governmental policy implemented in the 1960s that resulted in the mass closure of state psychiatric institutions, availability of public beds has been on the decline for decades. However, the onset of the global economic crisis in 2008 has resulted in even larger cuts to public mental health infrastructure. Between 2009 and 2012, mental health expenditures by states have been cut by a total of $5 billion. In that period, some 10 percent of the total supply of public psychiatric beds have been eliminated (a total reduction of about 4,500 beds).

A visual image in *USA Today* puts the total number of psychiatric beds in the United States at 108,000, while every year 590,000 mental health patients are relegated to "de facto" treatment centers—jails, streets, homeless shelters, and morgues. Statistically, about 60 percent of this group are sent to the "new asylums" of US prisons, while another 33 percent are left homeless. The report notes that the remaining 1 percent of this

group ends their lives.

The total number of individuals with severe and persistent mental disorders in state and county prisons is now ten times the number of those in state institutions. Even as state mental health funding is continually cut, states have increased spending on prisons and jails.

In fact, mental health services are often the first state programs to be stripped away, despite several studies suggesting that money allocated to preventative care for the mentally ill is often more cost-effective in the long run. Noting the rationale of pursuing such a policy, *USA Today* quotes an official at a Virginia Beach jail as saying, "It's easy to campaign on law and order. Mental health isn't sexy."

Such remarks point to a general awareness among health care professionals, prison and law enforcement officers, as well as patients and their families, that the "criminalization of the mentally ill" has become a pronounced social phenomenon within the United States. This process involves a cycle of homeless or impoverished people with mental illness being arrested for minor offenses related to their conditions, imprisoned without access to adequate medical care, and then their eventual release and recidivism.

An analysis conducted by the US Justice Department in 2006 found that, by a broad definition of "mental health problems" ranging from symptom expression to serious illness, 64 percent of those in jails, 56 percent of inmates in state prisons, and 45 percent of inmates in the federal prison system can be classified as exhibiting signs of such problems.

Police departments around the country are often left with the responsibility of making health care decisions for troubled individuals who call their offices asking for assistance, or who are brought to jails and detention centers. NAMI estimates that 20 percent of the daily service calls made to most police departments in the country involve cases of emotional illness, and often lead to situations where police make impromptu diagnostic decisions best left to doctors and professionals.

The most noteworthy example may be that of police in Newport, Rhode Island interviewing Aaron Alexis, the civilian contractor who shot and killed twelve people at the Washington Navy Yard last year. When Alexis called with complaints of being followed by

three unknown assailants whom he accused of "sending vibrations" into his body, the report was either ignored or lost before it made its way up to higher military authorities.

The report fails to make serious mention of the widespread abuse and brutalizing of the mentally ill inside US prisons. A report released last month in the *New York Times* revealed the conditions facing prisoners of the Rikers Island prison system in New York City. The report found that in a single eleven-month period, 129 inmates were beaten so severely by prison guards that their injuries were "beyond the capacity of doctors at the jail's clinics to treat." The report found that in nearly 80 percent of the incidents mentioned, the inmates who had been beaten and abused had been suffering from mental illness.

In a striking acknowledgment, the paper states: "Although most people with mental illness are not violent, the USA's dysfunctional, long-neglected mental health system is under a microscope because of mass shootings in which the perpetrators had serious psychiatric problems." In other words, it takes a homicidal outburst to compel the attention of politicians and lawmakers, if only so that they propose various inadequate treatment reforms alongside ever stronger police measures.