

Mental health crisis mounts in Illinois amid budget impasse

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On May 19, the board of Will County in Illinois approved a \$426,000 loan to its cash-strapped health department, allowing the county to continue operating its adult psychiatric program serving more than 52,000 in the region southwest of Chicago.

The existence of the program was threatened after an April budget announcement. The additional funds will not stop the planned layoff of 28 full-time employees later this year. Last year, 20 employees were laid off. The loan only serves as a temporary lifeline, and as the state budget crisis deepens and funding continues to be cut for vital services, those in need of care are forced to seek out psychiatric services elsewhere in the state's desperately underfunded mental health care system.

The cuts to the Will County health department take place amid turmoil created by the slashing of social services funding for mental health and other providers statewide over many years. The state budget impasse, now entering its eleventh month, has created a crisis for mental health in the state.

The uncertain future for psychiatric clients in Will County is a grim reality of life for many mental health patients in Illinois. After a brief but inadequate funding increase during 2013-2014, mental health services were effectively slashed again by the state budget impasse that began in July 2015. Progress Illinois reports the lack of a budget has forced 86 percent of state providers to reduce or eliminate mental health services.

The most recent cuts follow a well-worn path of bipartisan efforts to force the working class to pay for the global economic crisis. Illinois has cut \$113.7 million from its mental health budget in the years 2009 to 2012, in the aftermath of the federal government's 2008 bailout of Wall Street at the cost of several trillion dollars. At that time, the cuts made to mental health funding in Illinois were reported to be the third or fourth largest in the nation.

These cuts come on top of additional hundreds of millions lost to state providers from funding cuts over the past 10 to 15 years, leading to unsanitary and dehumanizing conditions in state-run facilities and the reduction of staff and many types of services, including counseling programs, inpatient and outpatient psychiatric programs, and community and family services. In 2012, a wave of closings shuttered major facilities in Chester, Chicago, Rockford and Tinley Park.

Due to the multiple blows to mental health funding, the Illinois Department of Corrections, or IDOC, has become the largest "provider" of mental health care services in the state. Of nearly 48,000 inmates held at IDOC, it is estimated that about 20 percent require care for mental illness. Prisoners in Illinois are forced to live in overcrowded, inhumane conditions so stressful that they can cause inmates to develop mental illnesses even if they had none prior to being committed, according to Amanda Antholt, senior attorney at Equip for Equality.

Cook County Jail in Chicago houses the largest number of inmates with mental illnesses, approximately 25-35 percent of its total population. The jail has seen a significant rise in the number of inmates with mental illness since 2009, forcing Cook County Sheriff Tom Dart to openly criticize Republican Governor Bruce Rauner's funding cuts to Lutheran Social Services in Illinois, which provides community-based mental health care. Community-based programs provide services that are paramount for recovery from mental illness, such as job training, educational classes, and social activities.

As Dart points out, the IDOC is not equipped to deal with the needs of a large mentally ill population. Illinois prisons lack proper treatment facilities and the necessary staff trained to deal with mental illness, resulting in abuse and neglect. Dart, a Democrat, wishes to see more mentally ill prisoners moved to community-based programs. However such statements by the sheriff are

hypocritical, as the gutting of mental health funding, largely the result of a bipartisan budget impasse, has led to the cuts to the programs which he claims to support.

Across the state, services are being cut or eliminated altogether. Agencies with programs recently forced to shut include Sinnissippi Centers, which serve municipalities in north central Illinois; Centerstone non-profit organization for behavioral health in southern Illinois; Lutheran Social Services, which serves the Chicago suburbs; and Kenneth Young Center in the northwest Chicago suburbs. Clients affected by the most recent cuts are likely to face great difficulties obtaining care as budgets shrink and agencies are forced to fund themselves from their reserves.

The slow-motion dismantling of mental health care infrastructure in the state has forced mental health professionals to endure intolerable working conditions as they continue to try to provide services. As agencies use up their reserves, existing staff is working overtime, and some agencies are merging to be able to continue services. The millions of dollars in recent cuts to mental health programs, as well as those on the horizon, come at a great cost to the working class in Illinois.

Cuts to these vital programs are made even as the state faces a growing mental health crisis. The non-profit organization National Alliance for Mental Illness (NAMI) revealed that 38.5 percent of Illinois residents reported poor mental health in the past year. NAMI runs support programs for mentally ill people, advocates for the needs of mentally ill people in state legislatures, and provides community education about mental illness.

Suzanne Spears, interim executive director at NAMI Illinois, spoke with the WSWs about the funding crisis caused by the budget impasse. She said, “NAMI has lost 50 percent of its budget. NAMI is a non-profit and is volunteer-based. The employed staff has been reduced by two-thirds.”

Speaking about the problems faced by mental health facilities, she said, “Many years ago, many institutions closed. We are trying hard to come up with community resources and to pool resources to collaborate to meet the needs of specific communities. There has been pressure to keep up the same number of services. These agencies don’t want to lay off licensed professionals.”

Jason Florin, Coordinator of the Human Services Department of College of Dupage, has 15 years of experience in the field of mental health and spoke about the difficulties faced by agencies affected by the cuts. “Agencies that rely on the state are crippled by the state

budget impasse,” he said. “It is now unpredictable what kind of funding will be given, if at all. Agencies are only getting a fraction of what they are owed, or are not paid at all. There are layoffs, and agencies cutting programs. Budgets weren’t large to begin with, and now agencies have trouble meeting their budgets.”

The dwindling availability of mental health services has meant growing numbers of people in crisis end up in hospital emergency rooms and in jails and prisons. “Emergency rooms at hospitals are hardest hit,” said Spears, “because they can’t turn anyone away. When a patient can’t get to another agency due to wait times, they often show up at the steps of a hospital.”

Mentally ill prisoners are often moved to solitary confinement, which exacerbates symptoms and can lead to a vicious cycle of isolation and cruel punishment. Inmates with mental health problems are extremely vulnerable to the stresses endured in prison, and commonly display more erratic behavior as symptoms worsen during incarceration.

Corrections officers receive little to no training on recognizing symptoms of mental illness, and without understanding the source of erratic behavior are apt to send mentally ill inmates to solitary confinement. This extreme form of punishment tends to make symptoms more pronounced and leads to further deterioration of mental health. IDOC suffers from gross understaffing and underfunding in its mental health programs, putting inmates at risk of lengthened sentences of solitary confinement as punishment when symptoms continue due to the lack of treatment.

Speaking of the significance of funding for mental health care, Florin stated, “There should be a priority put on [making sure that] the most needy citizens being taken care of. These citizens are not going to go away. In the long run it will be more expensive for the state to care for these citizens in emergency rooms and prisons.”



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