

The Systematic Suffering in Sorrowed Straits

Evan Miracle

December 16, 2019

University of Wisconsin- Milwaukee

In the wake of deinstitutionalization, many people formerly admitted to mental hospitals and asylums were set back out into society. Hundreds of thousands of patients formerly deemed unfit to function in the world were forced into it. By the 1990's, almost every state had almost entirely abolished its patient population. Wisconsin in particular shrunk by over 95 percent. Of those that were released, 50 to 60 percent were diagnosed with Schizophrenia; 10 to 15 percent with manic depressive disorder. The rest suffered from organic or genetic disorders such as Alzheimer's Disease, Autism, or severe brain damage (Munetz, *The Least Restrictive Alternative*). The central idea of the deinstitutionalization movement was to free people of the harsh conditions and mistreatment that ran rampant in mental hospitals. A new philosophy had swept through the Psychiatry community: people should be treated with the least amount of restriction as possible. In place of enclosed facilities and strict monitoring, patients were prescribed antipsychotic medications like Chlorpromazine, better known as Thorazine with the intention of balancing them out and making their integration into society much easier. For many, it was a successful endeavor, providing them with the freedom and self-control that they needed. The problem arose with the cost of this new medication. Over time, medication has become staggeringly expensive, to the point where people are shoved with immense debt just to maintain normal daily functionality. In this difficult situation, desperation led people down severe paths such as homelessness and crime.

No one should be forced to decide between living on the street or in incarceration because they can not live unassisted lives. It has gone beyond a mental-health crisis, becoming a humanitarian disaster, all thanks to some ill-fated good will.

In America, one of the leading causes of bankruptcy today is medical debt. Nerdwallet estimated in 2016 that 57.1 percent of all personal bankruptcies were due primarily to medical bills. While there are almost always more than one source of debt that contributes to bankruptcy, it is absurd that hundreds of thousands of Americans are held down under crushing expenses. It is a sickening path many are forced down; burdening themselves with years-worth of debt because they have no other options. Some choose to mortgage their homes or take on loans, extending their burden. It's become a way of life in America. Debt is just something people are bound with nowadays. As horrifying as that is, most people can manage to make it by. For the unfortunate few that can't, they've got nowhere to turn for assistance. They succumb to homelessness out of desperation. It can happen to anyone of us due to a bad array of circumstances.

Having no secure refuge means health is bound to decline drastically. Those that are healthy end up sick and those that are already sick only get worse. Finding new, worthwhile employment can be an extremely difficult process from this vantage point as well. Entry-level wages are less than liveable today, offering no escape from the looming presence of debt or the perpetual struggle of homelessness. It can be entirely entrapping for some; struggling to live with nothing and having seemingly no way of getting out. Couple this with mental and physical illness that prevent people from having

the means to even consider pulling themselves out of displacement. One path is foreseeable for these strugglers: crime.

While many patients were deinstitutionalized between the 1950's and 60's, employment and housing only became a serious problem for them in the 1980's. Menial employment diminished drastically and affordable housing options were in high demand but short supply. At the same time, the Crack epidemic was sweeping through urban areas, plaguing people with a debilitating addiction. Already fragile minds were further warped by a cheap and destructive drug. The perfect storm culminated in increased drug enforcement employed by President Nixon and furthered by Reagan, sending these sick people from the streets to prisons. The new institution was birthed. Prior, mental illness was treated by doctors and nurses in facilities equipped to handle severe psychosis. Now, guards and wardens were the overseers to asylums ill-equipped for the mentally disturbed. Psychosis is seen less as an illness and more as a danger to society. Of the 705,600 violent offenders in state penitentiaries, currently or previously, 61 percent of them report suffering from mental illness and 63 percent from substance dependence or abuse according to the Bureau of Justice Statistics. Compared to homelessness, imprisonment offers some benefits which draw people in. For one thing, there are mandated meals and health services, meaning people can receive the care necessary for chronic ailments. Just as before, people live off of the dime of taxpayers just to get by.

Effectively, deinstitutionalization was a cost-cutting practice. The economic burden was taken off of the shoulders of the government to fund mental health

treatment and placed it on those of the patients themselves. Debt has become the new asylum people are entrapped by, served medicinal coping mechanisms. There's less focus today on treating problems at the root and more on offering temporary catharsis. Sick people can now get through the day sedated into sanity thanks to medication. Many can manage perfectly fine in this new mental health system. Those pushed beyond the bindings of debt into imprisonment are essentially living as patients used to; behind publicly funded bars. Without proper treatment, many offenders end up in a vicious cycle of reincarceration, spending greater and greater stints in prison.

For those that make it out unscathed and want to make positive change in their life will struggle to find employment of any kind, forcing them again between the rock and hard place of incarceration and homelessness. There are approximately 5 million former prisoners in the United States today and are 7 times more likely to end up homeless than average Americans. This number rises exponentially to 13 times for repeat offenders (Couloute, Nowhere to Go). This is largely due to laws in place to criminalize homelessness that help to funnel people through this depressive revolving door.

As it stands, the mental health system in America has failed. The outset goal of deinstitutionalization has been clouded by profiteering and privatization. People's wellbeing comes second to juicing every last dime out of them. Being mentally or physically unfit for society means being ostracized and outlawed. Offering freedom and medicinal care has mutated into pressing people for money, hanging huge prices over them to scratch away for their foreseeable futures. Being mentally ill is penalized

unrightfully. No one chooses to live unstably, nor do they want to live in a hellish loop through poverty and imprisonment. It seems as if sick people are not looked at as people, only as sick; a plague to society that threatens to spend precious profits just to survive another day. While institutions of the past were fraught with problems of their own, the shared philosophy amongst the system was to put patients first, not profits. Perhaps someday, the current psychiatric system will go the way of institutions and be replaced with something that treats people as they ought to be treated. Not with disgust but with empathy. Whatever it might be, it can't really be worse than what we've got now.

Works Cited

- Alder, Jeremy. "Madness in the Streets: Mental Health, Homelessness, and Criminal Behavior." *Best MSW Programs*, 30 July 2014, <https://www.bestmswprograms.com/mental-illness-homelessness-criminal-behavior/>.
- Amadeo, Kimberly. "Do Medical Bills Really Bankrupt America's Families?" *The Balance*, The Balance, 19 Nov. 2019, <https://www.thebalance.com/medical-bankruptcy-statistics-4154729>.
- Couloute, Lucius. "Nowhere to Go: Homelessness among Formerly Incarcerated People." *Prison Policy Initiative*, Aug. 2018, <https://www.prisonpolicy.org/reports/housing.html>.
- Hayashi, Seiji. "How Health and Homelessness Are Connected-Medically." *The Atlantic*, Atlantic Media Company, 25 Jan. 2016, <https://www.theatlantic.com/politics/archive/2016/01/how-health-and-homelessness-are-connected-medically/458871/>.
- James, Doris J, and Lauren E Glaze. "Mental Health Problems of Prison and Jail Inmates." *Bureau of Justice Statistics Special Report*, 14 Dec. 2006, <https://www.bjs.gov/content/pub/pdf/mhppji.pdf>.
- Munetz, M. R. & Geller, J. L. (1993). The least restrictive alternative in the post-institutional era. *Hospital and Community Psychiatry*, 44, 967-973.