

# **Deinstitutionalization and the Current State of**

## **Mental Health Care**

*Samantha Wellington*

For many decades, the institutionalization of psychiatric patients has incited much debate. In the 1960s factors such as ethical concerns and changes in public opinion led to criticism of mental institutions by both scholars and popular media and a rapid deinstitutionalization movement (Rocheftort 1). In place of hospitalization, many patients are now treated through community mental health centers. Community care was implemented in an effort to provide mental patients with the opportunity to integrate into society (Talbot 621). Despite the positive aspects of deinstitutionalization, many scholars criticize the movement for its negative outcomes and some argue that institutions play a crucial role in mental health care. This literature review explains the stances that various scholars take on deinstitutionalization.

Many of the arguments for deinstitutionalization were formed when the movement began. The factors that spurred deinstitutionalization are varied and include ethical concerns and a shift in public opinion. David A. Rocheftort, a distinguished professor in the area of mental health care and public policy, authored a 1984 article that explains the effect of WWII on public opinion. Rocheftort notes that many men were discharged from service for psychiatric problems and because it was believed that veterans deserved to be treated honorably, public opinion shifted to a greater acceptance of mental illness and a willingness to allow the mentally ill to be a part of society. The

changing public opinions of mental institutions were propagated and reflected by popular media exposés on the “deficiencies of state institutions” such as understaffing and overcrowding (Rochefort 4). According to Rochefort, these exposés furthered public rejection of state mental institutions.

Along with changes in public opinion, many researchers link criticism of mental institutions and their management of the rights of mental patients to deinstitutionalization (Accordino, Porter, and Morse; Kemp). In her 2007 book *Mental Health in America*, Kemp explains that prior to deinstitutionalization, institutions began using treatments such as “electroshock therapy, and lobotomy,” most of which were performed with “devastating results” (Kemp 9). Such inhumane procedures led to the inevitable and lasting rejection of state institutions. Additionally, scholars condemn mental institutions for their role in involuntary treatment. Many people believe that “forced treatment violates basic civil and constitutional rights and erodes self-determination” (Kemp 45). Community care attempts to give mental patients the opportunity to live in freedom because community facilities do not forcibly treat or detain patients.

In addition to having a strong ethical platform, some research shows positive effects of community care. A 1982 meta-analysis by Charles Kiesler analyzing ten studies which randomly assigned mental patients to institutions or to a form of outpatient care found that “in no case were the outcomes of hospitalization more positive than alternative treatment” (Kiesler 349). In fact, alternative care was actually more effective in regard to outcomes such as “psychiatric evaluation, probability of subsequent employment, [and] independent living arrangements” (Kiesler 349). Furthermore, under community care, patients are very much in control of their own treatment (Kemp). In this

way deinstitutionalization removes one of the major ethical issues that mental health institutions present.

While many scholars have detailed the benefits of deinstitutionalization, there are also scholars who criticize the movement and its outcomes. As early as 1979 Dr. John A. Talbott, the 1984-1985 president of the American Psychiatric Association, classified deinstitutionalization as a failure due to a phenomenon he calls “transinstitutionalization.” This term describes a situation in which mental patients’ care and living environments were transferred from one “lousy institution,” meaning state psychiatric hospitals, “to multiple wretched ones” (Talbott 622). Many scholars confirm that a number of the patients released from psychiatric hospitals now reside in homeless shelters and prison systems (Accordino, Porter, and Morse; Fischer, Shapiro, and Breakey; Kemp). Unfortunately, these living situations are not just one-time occurrences. According to a 2009 PBS *Frontline* video, this year 325,000 mentally ill prisoners will be released, and within 18 months, nearly two-thirds of them will be back in prison (*Frontline*). The *Frontline* video indicates that these factors represent at least a partial failure in community mental health care to treat the mentally ill.

The causes of these negative outcomes have been the topic of much research and act as specific criticisms of the deinstitutionalization movement. One reason Talbott gives for the failure of deinstitutionalization is that there was “no provision for supplying the patients with all the services available in the state hospital” (Talbott 622). Patients in institutions are provided with all of the services, such as counseling, medication, and housing, that they could possibly need, but under community care they are responsible for finding and organizing these services for themselves. This is a task that proves to be

very difficult for people with psychological disorders (Talbot). Talbot also argues that while we have certainly come a long way, “American society has not progressed to the point that it is totally comfortable with naked men dancing on Broadway” (Talbot 623). The issue is that community services need a location and must have support in order to function, but most people are not comfortable with those services being in their community. A third reason multiple scholars give for the negative outcomes of deinstitutionalization is the sheer lack of community programs (Talbot; Accordino, Porter, and Morse). Mental institutions closed rather quickly, but “the community facilities did not develop apace” (Talbot 622). This left an inadequate supply of services to meet the demand of the patients.

Despite the move toward community care, there is still support for institutions, perhaps not as they were in the 1950s, but how they currently or potentially function. Based on their 2009 study of state psychiatric hospitals, Fisher, Geller, and Pandiani “contend that the role of state hospitals has been one of managing populations deemed inappropriate for other settings” (Fisher, Geller, and Pandiani 679). Mental institutions serve criminals, sexually dangerous persons, and those reluctant “to leave the hospital and confront the challenges of life in a new setting” (Fisher, Geller, and Pandiani 680). Moreover, psychiatric hospitals have changed since the deinstitutionalization movement gained momentum. In fact, according to Fisher, Geller, and Pandiani, “the rights of patients treated in them are more comprehensively protected than they are in many general or private hospitals” (Fisher, Geller, and Pandiani 683). For these reasons, some scholars still support state psychiatric hospitals and believe they play a crucial role in treating mental health disorders.

While the efficacy of deinstitutionalization is a source of much contention, what is clear to most scholars is that a solution must be implemented to remedy the problems in the current systems. Some solutions focus on modifying current community programs in order to make them more effective. For example, Talbott concludes his article by presenting “ten commandments” for implementation of future deinstitutionalization. Others, such as Fisher, Geller, and Pandiani, suggest improving mental institutions. Regardless of the approach, most scholars believe that reform must work to improve the results for mentally ill citizens who have been released from institutions and for those who still need long-term care.

### **Bibliography**

Accordino, Michael P., Dion F. Porter, and Torrey Morse. "Deinstitutionalization of Persons with Severe Mental Illness: Context and Consequences." *Journal of Rehabilitation* (2001): 16-21.

Fischer, Pamela J., et al. "Mental Health and Social Characteristics of the Homeless: A Survey of Mission Users." *American Journal of Public Health* (1986): 519-524.

Fisher, William H., Jeffrey I. Geller, and John A. Pandiani. "The Changing Role of the State Psychiatric Hospital." *Health Affairs* (2009): 676-684.

*Frontline*. "The Released." 28 April 2009. 5 November 2009

<<http://www.pbs.org/wgbh/pages/frontline/released/view/>>.

Kemp, Donna R. *Mental Health in America*. Santa Barbara: ABC-CLIO, 2007.

Kiesler, Charles A. "Mental Hospitals and Alternative Care: Noninstitutionalization as Potential Public Policy for Mental Patients." *American Psychologist* (1982): 349-360.

Rocheftort, David A. "Origins of the 'Third Psychiatric Revolution': The Community Mental Health Centers Act of 1963." *Journal of Health Politics, Policy and Law* (1984): 1-30.

Talbott, John A. "Deinstitutionalization: Avoiding the Disasters of the Past." *Hospital and Community Psychiatry* (1979): 621-624.

[Contents](#)

[Occasions Home](#)

[PWR Home](#)