

## The New Asylums

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When a new officer initially starts working in corrections, he or she may think it is simply a matter of interacting with men and women charged with and possibly convicted of crimes. It often comes as a surprise to new recruits the number of inmates who are diagnosed with (or suspected to have) mental illnesses. It is estimated that approximately 20% of incarcerated individuals in the United States have mental illnesses, and over the past 50 years, it has become apparent that jails are the new asylums. But how did this come to be?

In the Middle Ages, it was common belief that patients with mental illnesses were possessed by demons, and mental illness quickly became stigmatized. This attitude carried over well into the mid-1800s until activist Dorothea Dix lobbied for safer, more humane conditions for mental health patients. As a result, 32 state hospitals were established over the following 40 years, and they were considered the best possible chance for these patients due to the lack of resources of families. Unfortunately, these institutions were reportedly understaffed and underfunded and ultimately were criticized for mistreatment of patients, who were reportedly subjected to inhumane conditions.



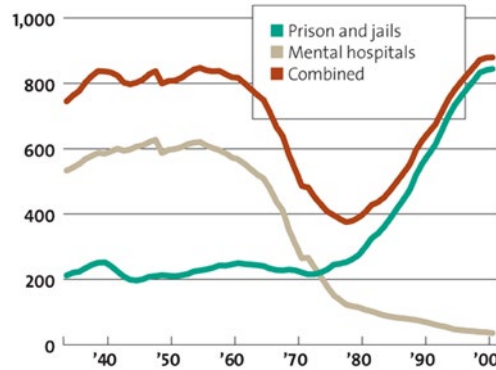
<https://www.everydayhealth.com/pictures/worst-mental-health-treatments-history/>

In the 1950s, new medications were developed, called antipsychotics, and it was discovered that patients' behaviors could be managed effectively with these drugs. Patient advocates felt that these patients would function far better in society instead of being locked up in facilities out of the public eye.

In 1963, John F. Kennedy signed the Community Mental Health Centers Act, which made hospitalization protocols much stricter, limiting the criteria for patients to be hospitalized and thereby greatly reducing admissions. The overall thought was that patients would remain stabilized on their medications and could return to their communities, receive continued treatment at their local mental health clinics, and state asylums would no longer be in demand. As a result, institutionalized patients dropped from about 560,000 in the 1950s to approximately 130,000 in 1980.

## Locked Up. But Where?

Rates of institutionalization, per 100,000 adults



<https://slatestarcodex.com/2016/03/07/reverse-voxsplaining-prison-and-mental-illness/>

This initiative sounded like a great idea on paper, but unfortunately things did not go as planned. Due to limited resources and funding, local mental health clinics were and always have been in high demand and subject to overcrowding. Additionally, psychotic patients were not as compliant with their medications as originally expected. Without the proper medications, these patients were prone to erratic behaviors and minor crimes including trespassing, petit larceny, loitering, and at times assaultive or threatening behavior towards others. In the past 50 years, America's criminal justice system has unwittingly become a substitute for a completely gutted mental health system.

While not all mental health disorders are the same, a large number of patients require special treatment and considerations. Housing patients with mental illness is more costly, and these patients are often incarcerated for longer periods of time due to court ordered evaluations and forensic restorations. Many patients require segregation or special accommodations, such as in a mental health unit when available. Some patients suffer from psychosis, while others engage in self-harming and/or suicidal behaviors. Many correctional facilities are not equipped to effectively manage patients with mental illnesses, yet this is one of many challenges they face on a daily basis. Staff members working in facilities designed for security and safety, not treatment, are finding themselves working outside their scope in order to safely manage patients with mental illness.

The most complicated illnesses, including schizophrenia and bipolar disorder, may cause patients to have hallucinations and/or delusions. Patients with paranoia and other symptoms may refuse medications and decompensate, eventually leading to a higher risk of aggressive behaviors. These patients are less likely to comply with rules and are often placed in solitary confinement for the safety of others. Lengthy segregation times can lead to decompensation and worsening of their fragile state. Bizarre and unhealthy behaviors worsen, such as refusing to attend to hygiene needs or even smearing feces and urine on walls and doors.

Decompensating patients are sometimes admitted to state hospitals from jails, but only for brief periods of time – long enough for patients to get stabilized on their medications and turned right back around and sent back. While stabilized patients are often lucid and look better than ever, it typically doesn't last. Patients often feel like they don't have mental health problems and don't need medications, and after a few refused pill passes, the cycle starts all over again.

While the American healthcare and prison systems are greatly in need of reform, significant changes are not likely in the near future. In the meantime, it is vital that correctional facilities invest in quality mental health professionals to help address patients' needs in a timely fashion. Master's level clinicians can facilitate individual

and group therapy, refer patients to psychiatry for medication management as appropriate, respond to patients in crisis, and conduct clinical assessments and risk assessments.

Clinicians also provide discharge planning services to help link patients to resources in the community, including housing, clothing, food bank services, and continuity of care for mental health and medical services. Some communities are awarded grants, which help to fund services provided by local mental health clinics. Ultimately, it is imperative to recognize that there is only one standard of care, regardless if the patient is incarcerated or back in the community.

Resources:

PBS (2005). The New Asylums. <https://www.pbs.org/wgbh/pages/frontline/shows/asylums/etc/synopsis.html>

Treatment Advocacy Center (2016). Serious mental illness prevalence in jails and prisons.

<https://www.treatmentadvocacycenter.org/evidence-and-research/learn-more-about/3695>

Unite for Sight. A brief history of mental illness and the US mental health care system.

<https://www.uniteforsight.org/mental-health/module2>

[/pdf/Mediko-SignsBeforeTheyDie.pdf](#)