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A Sinking Ship: The Titanic Failure of America's Mental Health System

Many people are afflicted with various mental illnesses, such as major depressive disorder, dissociative identity disorder, bipolar disorder, and/or schizophrenia; sometimes the disorders are obvious to the general public, but sometimes they are not. The majority of mentally ill individuals have little to no awareness or insight into their own illness and are often rendered unable to adequately care for themselves (this limited insight is known as anosognosia). These everyday people (that is, anyone who is affected by serious mental illness) are much like the passengers on the *Titanic* all those years ago. They live their lives, completely unaware of what tragedies and obstacles might befall them.

There are many real-life examples of tragedies that occurred to those who live with untreated mental health issues: a young teen attempted to hang herself while in the care of a mental health facility, and the so-called 'treatment center' neglected to report it because she survived; successful, talented, intelligent people destroy their families and careers because they become addicted to alcohol or drugs (they are among the millions who 'self-medicate' in an attempt to treat their mental health issues). Meanwhile, unquantifiable throngs of patients are released from hospitals every day, yet end up being rehospitalized. There are many figures and numbers that represent the different tragedies associated with mental illness, but, as *The Insanity Offense* says, "numbers fail to communicate what it is really like for a person to be crushed to death or swept away in a deluge" (E. Fuller Torrey xii-xiii).

The issue is that the laws, procedures, institutions, and funding do not support adequate treatment for the majority of those who are affected by mental illness. The stigma associated with these illnesses, as well as the criminalization and victimization of the mentally ill, are all factors that prevent the advancement of America's mental health fields and the treatment of mentally ill patients.

While many criticize the flaws in the system, it is important to offer practical solutions in order for there to be change. One of the major issues in America's mental healthcare industry is a lack of sufficient resources to ameliorate long-term problems resulting from the patient's mental illness. This manifests itself as 'repeat reentry'—a 'rinse and repeat' pattern of patients entering the treatment facility where they receive transient care or worse, misdiagnosis, both of which lead to being discharged, only to return a short time later to repeat the process. While this costs taxpayers money, it can literally cost the mentally ill the loss of their families, careers, and lives. Repeat reentry is the effect of untreated issues within the system, such as deinstitutionalization, insufficient or misguided commitment laws, fraud, or otherwise inadequate procedures, and stigma, to the point that a psychiatrist could look at this problem and diagnose America with anosognosia, unable to identify her own illness (Ornstein, Torrey). Reform is necessary in order to improve the system and the quality of care it provides patients; to improve the condition of our country's mental health system, we must examine the effects of untreated psychiatric problems and stop the cycle of repeat reentry. This essay will explore the solutions to stop the cycle of repeat reentry, which has been brought about by

an insufficient diagnosis process, deinstitutionalization, fraud and malpractice, inadequate or even harmful laws, and a general widespread unawareness of these issues.

In *The Insanity Offense*, Torrey addresses many real-life examples, one of which is Andrew Goldstein. The epitome of the repeat re-entry issue, Goldstein, “had been hospitalized 13 times after making unprovoked attacks on 13 individuals” (Torrey 7-8). Though diagnosed with schizophrenia, [he] “was never required to continue taking the medication that kept him from being violent”. The result was fatal; Goldstein attacked a final person, a woman whom he pushed in front of a train to her death. Unfortunately, Goldstein is only one of many such casualties of these mental diseases, not to mention those unsuspecting innocents. Acts of violence, crime, and homicides are completely inexcusable, but largely avoidable when it comes to mentally ill individuals. The systems in place are there to protect both those like Goldstein and the victims of his crime.

Before exploring the problem and potential solutions, it is important to consider key terminology, including mental illness, serious mental illness (SMI), inpatient versus outpatient care, voluntary versus involuntary admission, and stigma. Mental illnesses are defined as:

health conditions involving changes in emotion, thinking or behavior (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work or family activities. (Parekh)

“Any mental illness” (AMI), is an umbrella term, under which any disorder match the above description falls, a subcategory of AMI is “serious mental illness”, which, according to the National Institute of Mental Health is described as,

“a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. The burden of mental illnesses is particularly concentrated among those who experience disability due to SMI” (NIMH).

There are a few basic treatment plans for those with mental illnesses depending on the severity of their illness, the type of disease or disorder, the patient’s preferences, and their ability to properly care for themselves. The difference between inpatient care and outpatient care is vital to understanding the diagnosis process. Inpatient care entails a residential treatment plan, either in a hospital or other facility, and may also include detoxification, therapy, and other services. Outpatient care is less intensive and involves the patient taking more personal responsibility and initiative for his care. According to Alvarado Parkway Institute, outpatient care is when a patient manages his own medication, attends support groups or other therapy sessions, and must voluntarily abstain from outside influences. Voluntary placement involves the patient willingly agreeing to be admitted into an institution for either inpatient or outpatient care. In contrast, involuntary commitment is more complex and occurs when a patient is required to go through treatment against his own will. The circumstances necessary for involuntary commitment to occur will be discussed later. Finally, stigma is a negative association surrounding mental illness and is common not only in the United States but around the world. According to Wales Mental Health in Primary Care,

Stigma is discrimination, based upon [society’s] fear and ignorance about an illness or a problem. It causes peoples to be marginalized and mistreated, and therefore leads to social isolation, health inequalities and many forms of discrimination. It is derived from the term used to describe the marks burnt onto Roman slaves.

While stigma may not always be associated with discrimination, it often leads to discrimination in social situations. Because of this, many of these mentally ill persons are left defenseless against and subject abuse and mistreatment.

One issue leading to the repeat reentry problem is the fact that the systems in place to treat individuals are based on management of psychiatric illnesses and have not sufficiently provided or worked towards long-term prevention and recovery from the aforementioned illnesses. Like a scratch that has become infected, this once small, preventable injury has become an uncontrollable epidemic that will only continue to spread and cause more casualties if not properly addressed. The issue of repeat reentry now manifests itself in a plethora of other issues in the mental healthcare system. In order to work towards repairing the damages resulting from this problem, its root causes must be treated with solutions that will stop current issues, prevent new ones from arising, and in some cases reverse the detrimental effects of the years of these ineffective practices.

The diagnostic process is a good place to start because it is the first time an individual with a possible mental illness or disorder is able to gain the resources they need to be treated. Diagnosis determines treatment, so it is essential to properly diagnose a patient the first time around. Sadly, one of the major problems in the mental healthcare system is misdiagnosis. Even worse, it is highly unlikely that a patient, once misdiagnosed, will ever be properly diagnosed. A misdiagnosed patient receives improper treatment, including wasteful and ineffective prescriptions and therapy that may be useless or even harmful to the patient. This exacerbates the issue of repeat re-entry as

misdiagnosed patients are rendered ill-equipped to fight their illnesses, their conditions worsen without proper treatment, and they seek further diagnoses and care (Kvarnstrom).

However, if the mental healthcare system shifted its efforts from *management to care and prevention*, these patients might be properly diagnosed the first time and get the help they need. This can be achieved by making a certain key change to the diagnosis process. Namely, hospitals should employ a more comprehensive examination of a patient's mental health so that they can be diagnosed correctly. This may not necessarily cost more manpower for hospitals, but entails an improvement or alteration of the current diagnostic processes which are already in place.

Deinstitutionalization likewise contributes to the problem of repeat reentry. Sparked by protests in the 1950s and 1960s, there has been a trend in deinstitutionalization of mental facilities. In 2012, a century after the tragedy of the *Titanic*, "there were 50,509 state psychiatric beds, meaning there were only 14 beds available per 100,000 people" (Raphelson). That sure is a large number of beds for the mentally ill (reported to account for 20% of Americans) that are nonexistent. According to *The Insanity Offense*, five million American adults live with a "severe psychiatric disorder", 10% of which is the "most problematic if not treated", and usually need "some form of assisted treatment" (Torrey 3-7). According to NAMI (The National Alliance on Mental Illness), however, ten million American adults live with a serious mental illness. Whether it is truly five or ten million living with *serious* mental illness, the problem persists. There are simply not enough institutions, not enough staff, and not enough beds to care for these individuals.

The problem is comparable to the disaster of the *Titanic*, wherein there were not enough lifeboats for the passengers aboard the ship. Likewise, there are not enough beds for patients in the hospitals. Because of confidence in the ship's stability, and policies that only required a certain number of lifeboats, 1,503 passengers died. Though there were far too few lifeboats, if the full capacity of each lifeboat had been used, at least 480 more passengers could have survived (Encyclopaedia Britannica). Indeed, the ship left the other fifteen lifeboats at the harbor because they felt that the deck (where the lifeboats were kept) would be overcrowded if they had all thirty-five lifeboats.

The process of deinstitutionalization has resulted in the 'ghettoization' of the mentally ill, which has been a huge factor in the steep rise in the homeless population and rise in crime rates for many communities across the nation. Those individuals displaced by deinstitutionalization either ended up in jail, in insufficient and inhumane boarding homes or on the street. Steven Seager says,

Mental illness is a disease of the brain, nothing more, nothing less. [...] It is a disease like heart disease is a disease of the heart, liver disease is a disease of the liver. A significant portion of schizophrenics have what's called dementia praecox which is early onset dementia which means that they lose an average of 40 to 45 IQ points from the time they become ill so the people who are living on the street are not only sick, they are demented. And we are allowing them to wander around to make these decisions about their health care. The three most common admitting diagnoses from a study done in San Francisco for homeless mentally ill were scabies and lice; starvation; and major trauma, either beatings, stab wounds or gunshots. Had you opened a clinic at Auschwitz in 1944 the list of diagnoses would have been exactly the same. The homeless mentally ill are murdered at ten times the rate that normal people are murdered. A third to one-half of homeless mentally ill women have been raped. The whole system is wrong... (Mental Illness Policy.org).

As the quote above supports, murder, crime, death, and suicide rates have all increased in the past 70 years as deinstitutionalization has left millions of mentally ill individuals untreated, homeless, and often victimized. Torrey argues that “whatever money is saved by failing to treat mentally ill persons comes at a very high price” (66). The costs associated with providing adequate, comprehensive treatment comes out to be roughly the same as not treating the mentally ill at all, with far fewer casualties and a better standard of living.

Thus, a crucial way to improve the worsening condition of the American mentally ill population is to promote and fund the construction of new institutions where needed. This also necessitates destroying the stigma and undesirability of service jobs. Just as medical professionals, educators, and engineers alike are constantly in high demand, so too mental health care professionals are and will be consistently in high demand. This calls for improving salaries, setting clear expectations regarding attitudes for mental health professionals, creating desirable roles so that workers will not experience burn-out, and finding incentives for workers to enter into these professions. Staff in mental hospitals, mobile assessors, psychiatrists (of any variety), and other mental health professionals ought to be paid a fair wage, given the opportunity to receive affordable healthcare, extended appropriate vacation time, and treated as fellow healthcare workers. Unfortunately, fraudulent practices, underhanded schemes, malpractice suits, and otherwise unethical and inhumane practices have caused the closure of so many psychiatric hospitals. Instances of fraud and otherwise questionable practices cost the country approximately \$20 billion dollars a year, according to *The American Journal of*

Managed Care. In fact, one of the largest healthcare fraud schemes “in U.S. history occurred in behavioral healthcare-- one of healthcare’s smallest sectors” in our very dear state of Texas (Andrias). While this shows a justified cause to question and reform the industry and those who work for it, it does not warrant the widespread closure of many hospitals, which would simply exacerbate the dilemma of repeat reentry. We have a long way to go to rectify the damages done by a few individuals, but we must remember that the purpose for these institutions is, first and foremost, patient care. We can cut down many fraudulent practices by implementing the proper policies and limitations that improve the quality of these hospitals for patients and staff alike.

Reversing the process of deinstitutionalization is not as problematic as some may think, many of the reasons that deinstitutionalization began in the first place are no longer relevant to today’s society. For example, no longer does American society fear the imminent threat of Communism, nor are we suffering the Red Scare any longer. Torrey describes the “unholy alliance” of both radical democrats and conservatives who banded together to close mental institutions. The conservatives feared the Communist threat. They feared that psychiatry and mental institutions were a Communist device to “control people’s minds” (Torrey 29). On the other hand, Democrats believed that institutionalization and involuntary commitment was a breach of civil rights, and denied the existence of mental illness overall. Another thing both parties shared a general misunderstanding, ignorance of, and disbelief in mental illness. Because both parties shared these issues, it resulted in laws that caused repeat reentry, one of which is the Lanterman-Petris-Short Act (LPS), which “restricted involuntary psychiatric

hospitalizations to a maximum of seventeen days unless the individual could be shown to be an ‘imminent danger’” (Torrey 28). This proved to be extremely detrimental to mental health professions as well as friends and family members of those affected by mental illness. Many sought help for their loved ones, but few received the responses that granted them the help they needed for themselves or loved ones until it was too late. At a certain point, a person may be forever debilitated by their illness (if untreated for too long) and will never be the same again. Others suffer the fate of incarceration, victimization, homelessness, and even death.

In *The Insanity Offense*, Torrey addresses these issues in perspective through the real-life examples of Malcolm Tate, Herb Mullin, and many others. Malcolm Tate was a bright, well-behaved student and son to Pauline Wilkerson, but as a young man, he developed schizophrenia and experienced delusions and hallucinations that completely altered his behavior. These new behaviors included the belief that he was “God” and that he had a mission to “rid the world of evil.” He often threatened to start this purge of evil with his family as a part of his mission (Torrey 12). Malcolm, like many, could not be placed in a hospital involuntarily because they (his family) could not prove that he was an “imminent danger”. He was

regularly referred to the local mental health center, where he was seen about twenty times. He was given medication, which he would take for a few days and show improvement. Invariably he would stop taking it, according to the center’s director, because he didn’t perceive himself as being sick, and therefore became psychotic again. (Torrey 12)

Furthermore, Malcolm developed a dependence on alcohol, and his erratic behavior only grew more frightening to his family members as his conditions worsened over time.

Threats to eradicate his family became daily, constant occurrences near the end of his life. After 18 years of enduring schizophrenia, at the age of 34, Malcolm Tate was shot multiple times by his younger sister, Lothell, and his mother, who was driven to desperate measures by his lack of treatment and increasingly reckless behavior. Malcolm did not deserve to die. He had a disease that rendered him unable to act according to reality, becoming a prisoner to his own delusions, and finally ending in his own victimization. Diagnosed in 1977, there were multiple arrests, referrals, and temporary admissions to mental hospitals that could have saved Malcolm's life, but failed to provide Malcolm the treatment he needed.

Had it not been for the LPS act, Malcolm likely would have been forced to be involuntarily committed for inpatient care or encouraged to pursue outpatient care which would have forced him to receive the medication that he needed. Many patients, like Malcolm, show significant improvement after being administered medication, but their paranoia, delusion, or anosognosia keep them from being able to adequately recognize their illness and care for themselves. Legislation and infamous court rulings, such as those in Herb Mullin's case, have only prolonged the inevitable issue that society is facing today, namely, the issues of the untreated individuals; the cycle of repeat re-entry; and the violence running rampant in the streets everywhere. Mullin, a promising engineering student at Cabrillo College, was diagnosed with paranoid schizophrenia. He was released and re-committed into mental hospitals multiple times until finally, the voices in his head drove him to commit thirteen murders over a span of four months. He was finally arrested and confessed on February 13, 1973. The jury and all present at his

hearings were appalled that he had gone for so long without proper treatment for his illness. Instead of ruling that he was not guilty by reason of insanity, they convicted him of ten counts of murder and sentenced him to life in prison. If he had been ruled not guilty by reason of insanity, they would have risked him entering a hospital and being subsequently released when he was stable, only to go unmedicated and likely kill more victims.

Like the LPS, other laws such as the one created by the *Lessard* decision have enabled the mentally ill to be free, like Frank Lanterman once said, “from the ‘tyranny of help’” (Torrey 31). However, instead of liberating these individuals, these laws have instead caused them to become imprisoned, figuratively and often literally, in their minds, on the streets, and in local, state, and federal prisons. As early as 1973 in Santa Clara, California, the sheriff’s department described that they had even created a “special ward” to house these individuals “that have presently” a mental health condition (Torrey 45). There was soon no difference between “jail” and a “mental institution”, as The LA County Corrections Chief, Charles Jackson said (qtd. in Torrey 53).

While the government may have touted it as an economic decision to shut down mental hospitals, and lawyers may have affirmed it as a “civil rights” decision to pass laws such as the Lanterman-Petris-Short Act, those who actually recovered from mental illness or seen their loved ones die, become victimized, jobless, unemployed, abused, homeless, and imprisoned because of these untreated issues see that reforming the laws once and for all is the most humane decision. Criminalizing the mentally ill is just as bad as taking away their so-called “civil right” to refuse help or not. There must be a more

holistic approach to the policies in action and the laws that govern these situations.

Individual rights must be protected, but not at the expense of the rights of others. The cost that victims of mental illness have paid is far more than the money that states appeared to save through the frugal laws leading to and resulting from deinstitutionalization that prevent patients from receiving treatment. The father of Laura Wilcox (qtd. in Torrey), a victim who was murdered by the schizophrenic Scott Thorpe in 2001, said:

“We strongly believe that the civil rights of mentally ill [persons] should be respected and protected, but civil rights are not absolute” His daughter, he added, had been permanently deprived ‘of her most fundamental civil right, the right to life’ (Rexroad qtd. in Torrey 59).

The saddening and sickening examples given in this paper cannot even begin to truly do justice to the rampant insanity and anosognosia that plagues our country. I argue that not forcing some form of treatment onto the mentally ill is an injustice in itself, far greater than the apparent violation of their “civil rights”. If we cannot help those who cannot help themselves, how can we ultimately blame them for the heinous and seemingly deplorable acts they commit against others? Kenneth Springer, the foreman of Mullin’s jury, wrote to Governor Ronald Reagan after Mullin’s sentence:

I hold the state executive and legislative offices as responsible for these ten lives as I do the defendant himself- none of this need ever have happened. We had the awesome task of convicting one of our young valley residents of a crime that only an individual with a mental discrepancy could have committed. Five times prior to Mr. Mullin’s arrest he was entered into mental facilities. At least twice it was determined that his illness could cause danger to [the] lives of human beings. Yet [...] he was free to take the lives of Santa Cruz County residents. According to testimony at his trial, Herb [...] could and did respond *favorably to treatment of his mental illness*. Yet, the laws of this state [California] prohibit officials from forcing continued treatment of his illness, and I have the impression that they, as a matter of fact, discourage continued treatment by state and county institutions. In recent year, mental hospitals all over this state have been closed down in an

economy move by the Reagan administration. [...] the laws surrounding mental illness in the State of California are wrong, wrong, wrong. (qtd in Torrey 39-40)

Herb Mullin was only 25 when he was convicted and sentenced to life in prison in 1973, and, as Torrey shows in *The Insanity Offense*, he has not recovered during his decades in prison. At the time of Torrey's interview with Mullin in 2005, it was clear that "he has no more awareness of his illness now than he had thirty-five years ago" and has not been required, nor willing, to take any medications for his disease since he has not caused any problems and has not posed a threat to himself or others in prison (Torrey 67).

While these cases may not seem relevant due to their time of occurrence, there are plenty of similar tragedies occurring more recently, as shown earlier by the numbers of those with mental illnesses compared to the number of beds in the hospitals and the construction of a special ward in prison for mentally ill convicts. Furthermore, there has been little support to advance the medical field's inefficient treatment of psychiatric illnesses. Thus, we must mobilize the healthcare industry towards researching and advancing new methods of treatment and possibly finding new cures or long-term treatments for severe mental diseases. There is a long road ahead every day even for those mental healthcare patients who receive treatment, but a much longer road for those who remain untreated. These people are, at the end of the day, just that: *people*. People are dying, people are crying out for help, people are suffering needlessly, day after day.

At what point will psychiatric professionals' opinions, recommendations, and referrals be enough? Shouldn't the laws in place protect the country from this unnecessary suffering? We need to break down barriers. It cannot be up to a few to

change the tides of our disastrous mental health industry. The majority power put these harmful policies in place, the majority power allowed deinstitutionalization to occur, and thus the majority power must undo these harmful circumstances. The stigma that is associated with these cases, with these people, with this industry, is no longer acceptable because it causes indirectly involved “normal” citizens and officials to live in ignorance of the truth of these issues. It is our responsibility as fellow human beings to protect the rights of all human beings. No one deserves to live in such cruel, helpless circumstances as those we have (dare I say) imposed upon our fellow brothers and sisters who suffer these mental diseases. They are the ones who suffer the most from our pride and arrogance.

According to Stephen Rachlin (qtd. in Torrey), “the right to treatment is more fundamental than unrestricted liberty. If we do not provide adequate treatment, we offer the patient no freedom at all” (161). If America is truly the land of the free, then we ought to show it by stopping the madness, not just within our sick friends, family members, or acquaintances, but within ourselves. It is time to be the home of the brave by educating the public about the problems within the system, and within each of us; recognizing the issues at hand, coming together to rebuild the broken system, and helping those who have gone unnoticed and helpless for too long.

We ought to learn from the *Titanic*. The tragedy was nearly completely avoidable; if they had only brought all the lifeboats and filled them to full capacity. In fact, new calculations show that even if the captain had hit the iceberg full-on, the disaster may have been completely avoided altogether. Science tells us that you can only see about

10% of an iceberg on the surface of the water, which is also true of the tragic lack of support for the mentally ill. This paper has revealed just the tip of the iceberg that is the American mental health system. America needs to face its own sickness, acknowledge its own weakness, and build up this industry that has been avoided and overlooked for too long. We need only to have more lifeboats and to arm our citizens with education and awareness. Then, quite possibly, we might make it through these iceberg-infested waters after all.

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