California’s Homeless and Incarcerated Mentally ill in Historical Perspective

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Four major epochs

1. Before the creation of psychiatric disease (Pre 1700)
2. Birth of the asylum & psychiatric disease (1750s-1850s)
3. Age of the asylum and state hospital (1850s-1960s)
4. Deinstitutionalization and community mental health (mid-1960s-present)

Epoch 1: Before there was psychiatric disease

Pre 1700

Pre-eighteenth century conceptions of disorders of mind and behavior

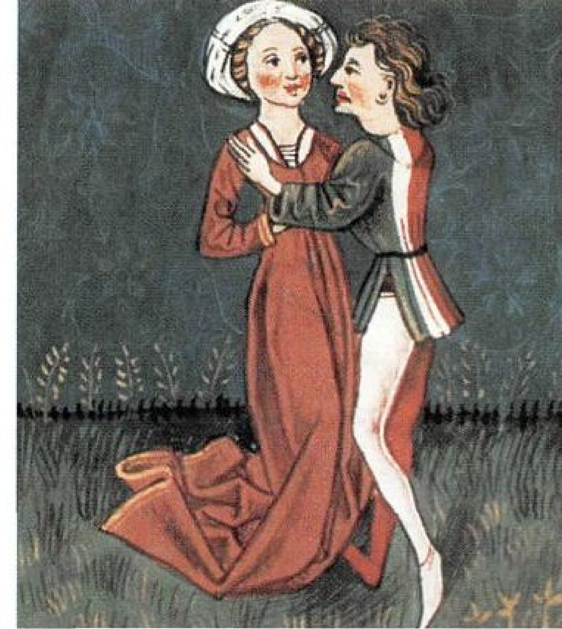
- Religious ecstasy
- Demonic possession
- Humoral imbalances
- Disordered bodies

Christ blessing a possessed youth, the demon fleeing as he does so (c. 1412-1416)

(Andrew Scull, Madness in Civilization, 2015)

Humoral imbalances

The theory of the Four Humours — Phlegmatic, Sanguine, Choleric and Melancholic -formed the basis of Galenic medicine and is here illustrated by a medieval artist. Imbalance created ill-health, bodily and mental.



(Andrew Scull, Madness in Civilization, 2015)

Epoch 2: Birth of the asylum and psychiatric disease

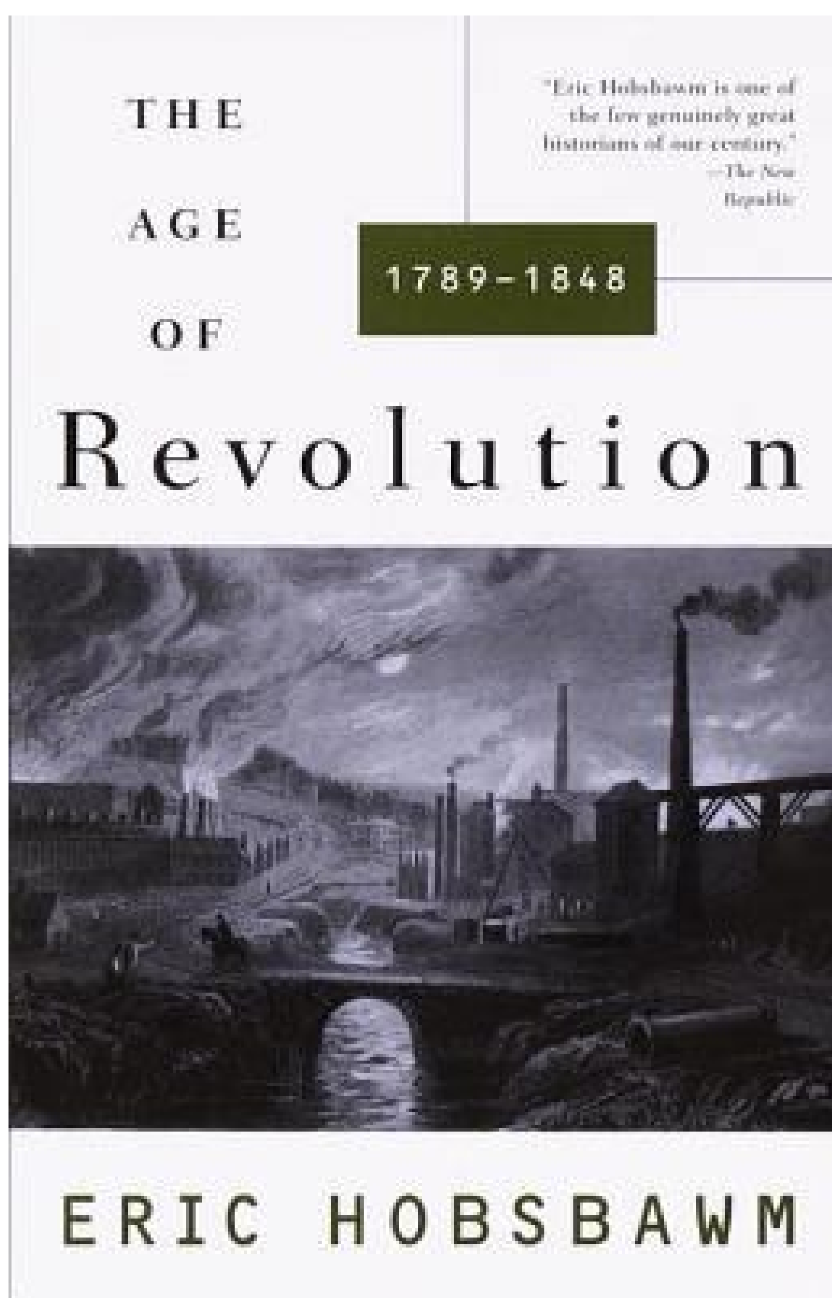
1700s to the 1850s

Epoch II: 18th to Mid 19th Centuries

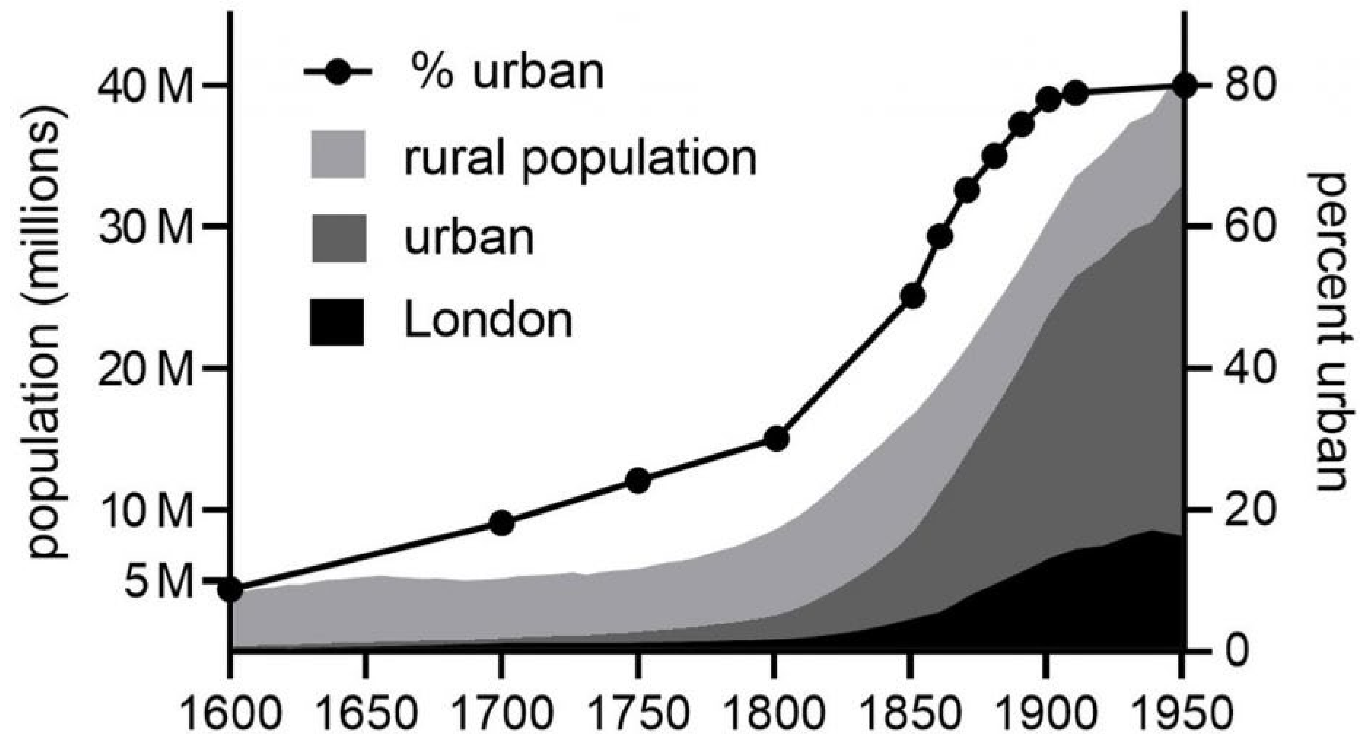
- Madness transformed into a distinct disease of the mind, brain, and nervous system at the end of the 18th and beginning of the 19th centuries

Social, Economic, Political, and Cultural Revolution

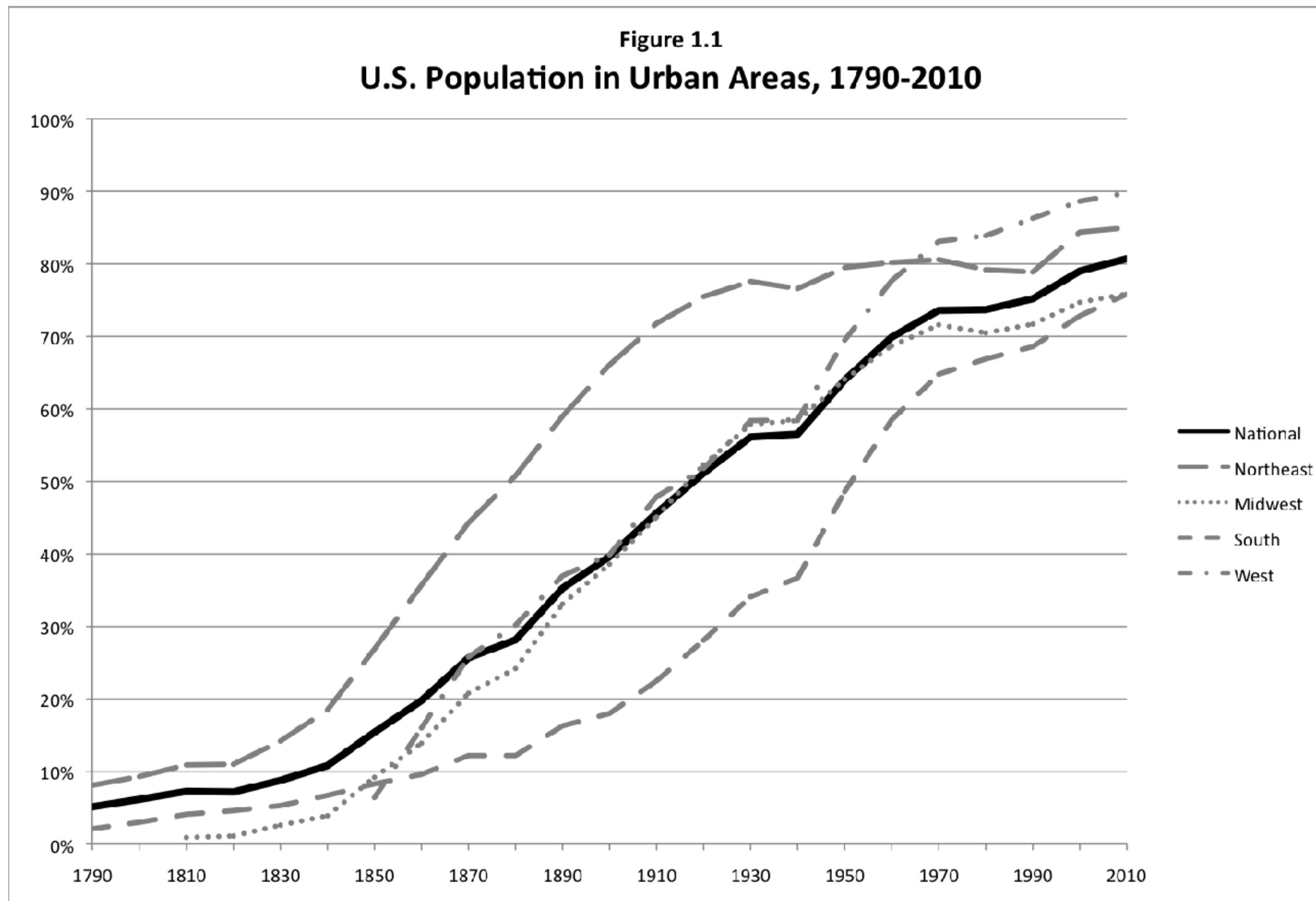
- Industrial revolution
- Destruction of Feudal relationships



Social transformation: urbanization in the UK



Social transformation: urbanization in the US



https://scholar.princeton.edu/sites/default/files/lboustan/files/research21_urban_handbook.pdf

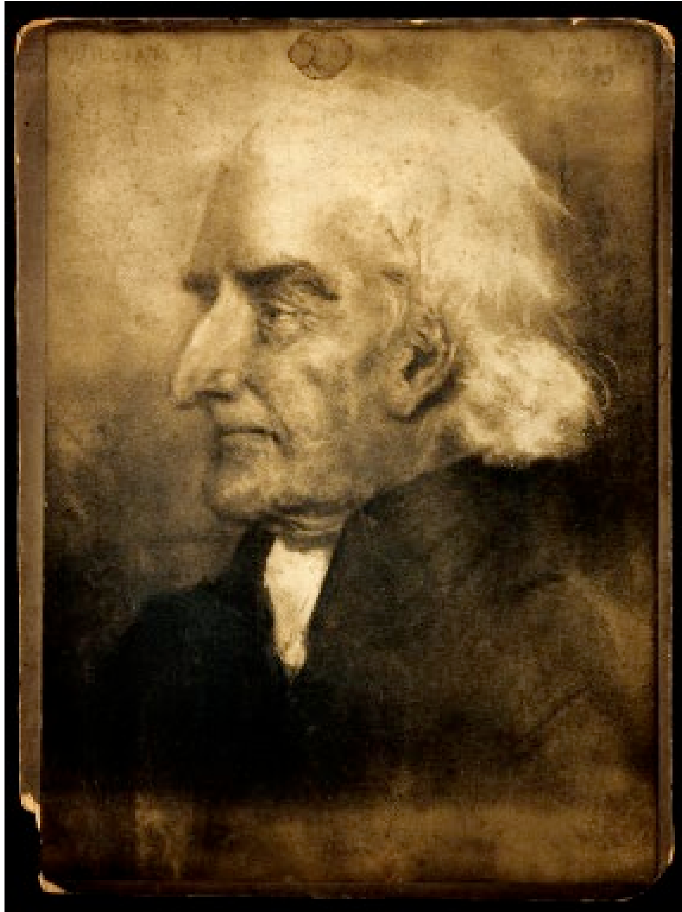
18th & 19th century birth of the asylum, modern psychiatric disease, and psychiatry

- 18th and early 19th century
  - Families increasingly unable to care for mad loved ones
  - Rise in the "trade in lunacy"
- Late 18th and early 19th century
  - Reformulation of madness as a medical illness of both body and mind
  - Creation of the "therapeutic" asylum built upon the belief that
    - Insanity was a disease much like any other
    - Insanity was curable through "Moral Therapy"

Moral Therapy

- Developed simultaneously in France and England
  - Phillipe Pinel (1745-1826)
  - William Tuke (1732-1822)
- Moral Therapy provided the intellectual, organizational, and medical rationale for Western European and Anglo-American 19th-century asylums and 20th-century state hospitals

Philippe Pinel at the Salpêtrière, 1795 by Tony Robert-Fleury. Pinel ordering the removal of chains from patients at the Paris Asylum for insane women



William Tuke (1732-1822)

York Retreat, 1796

Moral treatment core principles

- Recreating a family-like setting, moral therapy aimed to re-educate the mad and appeal to their rationality through a humane and caring environment. Tuke and Pinel renounced physical restraints and emphasized persuasion over overt coercion in effecting a cure. Through meaningful activities, useful labor, and seclusion from the exciting causes of madness, moral therapy provided the ideological support for the creation of what would become a vast network of publicly funded asylums.

Epoch 3: Age of the asylum and state hospital

1850s to the mid 1960s

19th & 20th century mental health policy

- Massive public expenditures (relative to other state financial obligations) created a gargantuan network of 19th century asylums and 20th century state hospitals
- Up to a third of state budgets were devoted to public mental health care

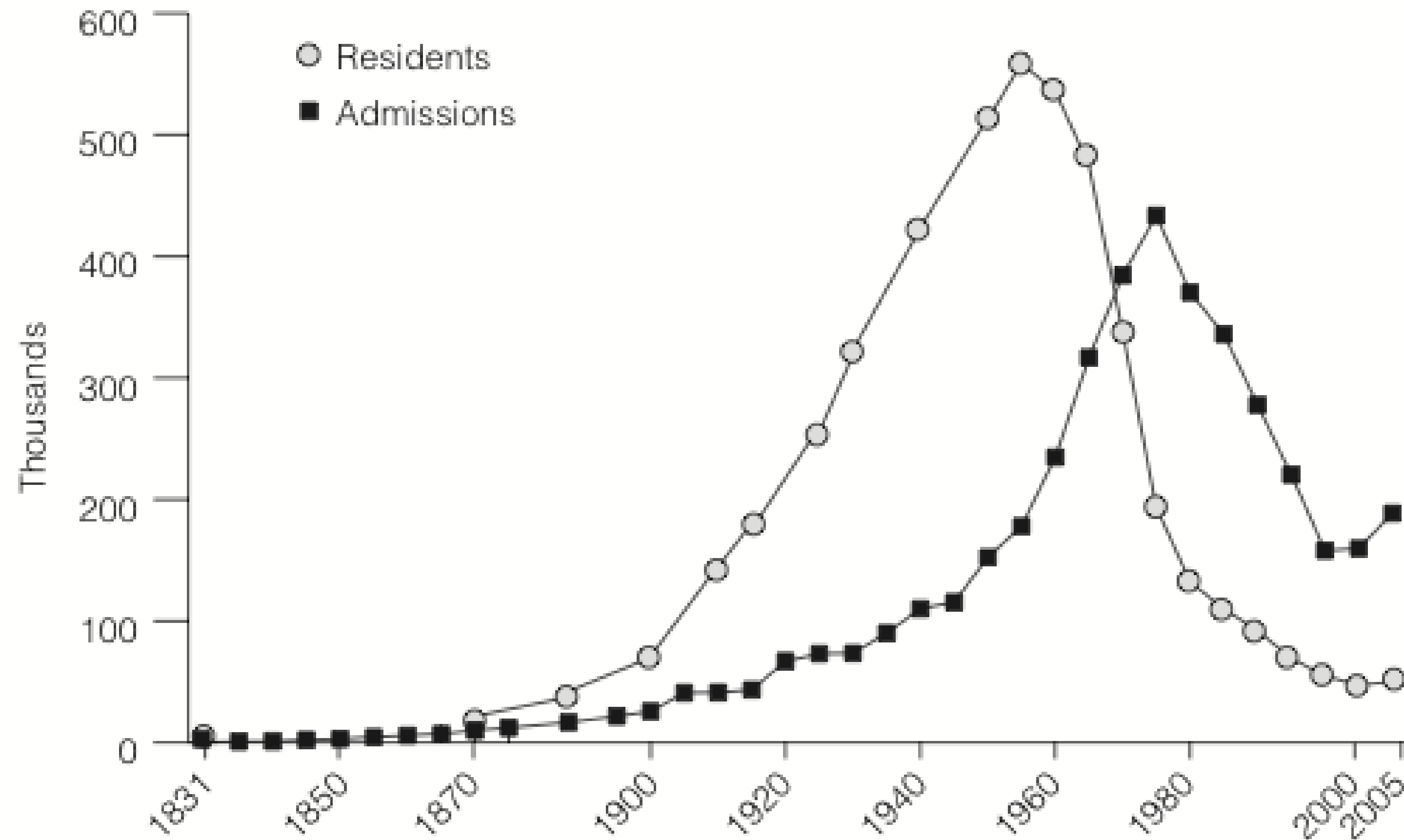
Impoverishment and incarceration of the insane

- “I proceed, Gentlemen to briefly call your attention to the present state of insane persons confined within this Commonwealth, in cages, stalls, pens! Chained, naked, beaten with rods, and lashed into obedience”
  - Dorothea Lynde Dix, 1843

Dorothea Dix (continued)

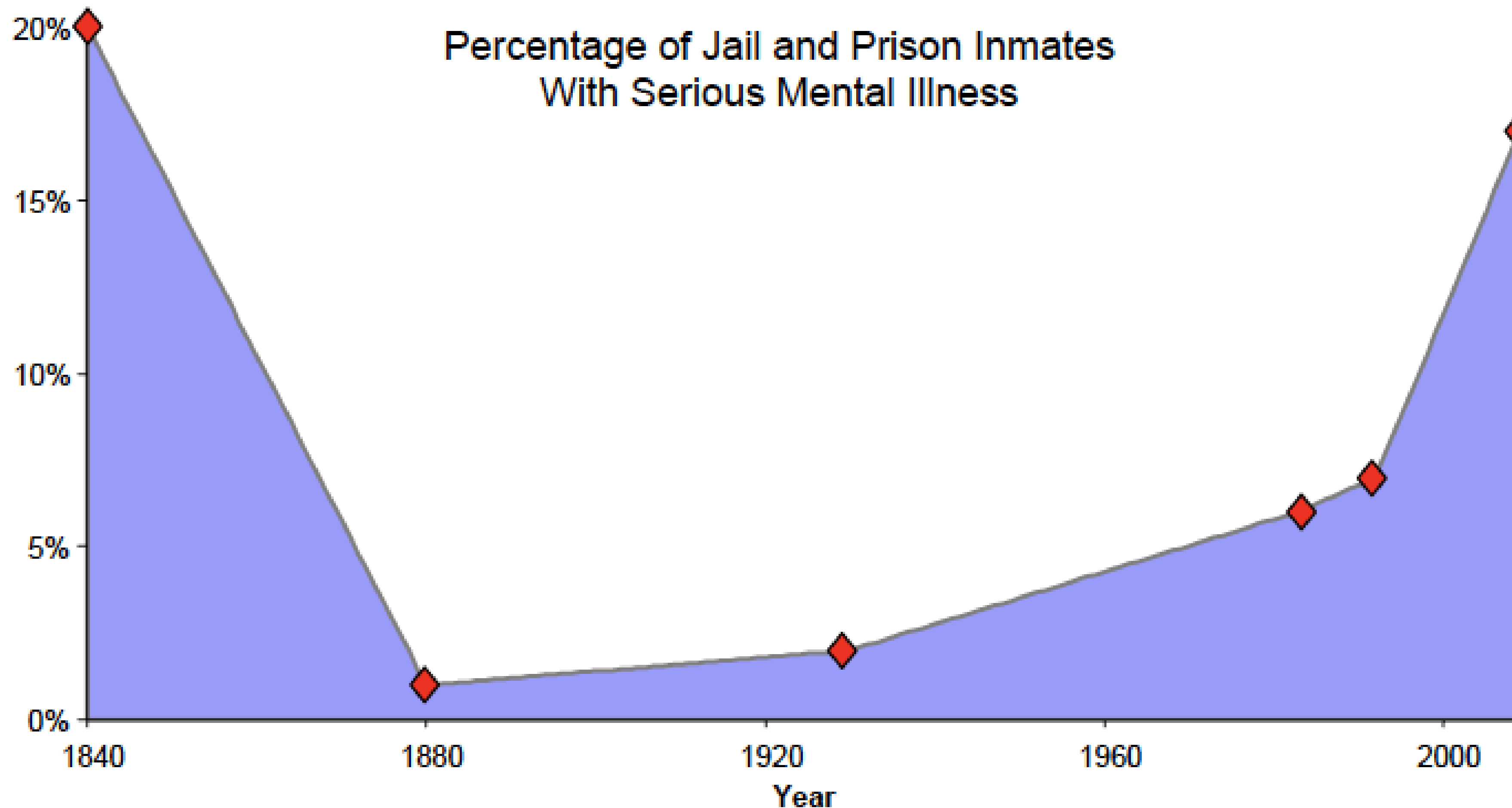
- “I come as the advocate of helpless, forgotten, insane, and idiotic men and wome; of beings sunk to a condition from which the most unconcerned would start with real horror; of beings wretched in our prisons, and more wretched in our almshouses.”

Number of admissions and resident patients in state and county mental hospitals, 1831-2005



[a] The missing years are interpolated. Sources: 1840–1970 data are from Stroup and Manderscheid (12); 1975 data are from the National Institute of Mental Health (NIMH) (13), Statistical Note 132, Table 1; 1980–2003 data are from the NIMH and Substance Abuse and Mental Health Services Administration (SAMHSA) (14); and 2004 data are from SAMHSA (15).

Mental illness and incarceration, 1840-2010



19th-Century California Insane Asylums

- California Asylum for the Insane at Stockton, 1853
- Napa State Asylum for the Insane, 1875
- Agnews Asylum, 1888
- Mendocino, 1893
- Patton, 1893

Twentieth Century State Hospitals

- Norwalk State Hospital (Metropolitan) 1916
- Camarillo State Hospital, 1936
- De Witt State Hospital, 1946
- Modesto State Hospital, 1947

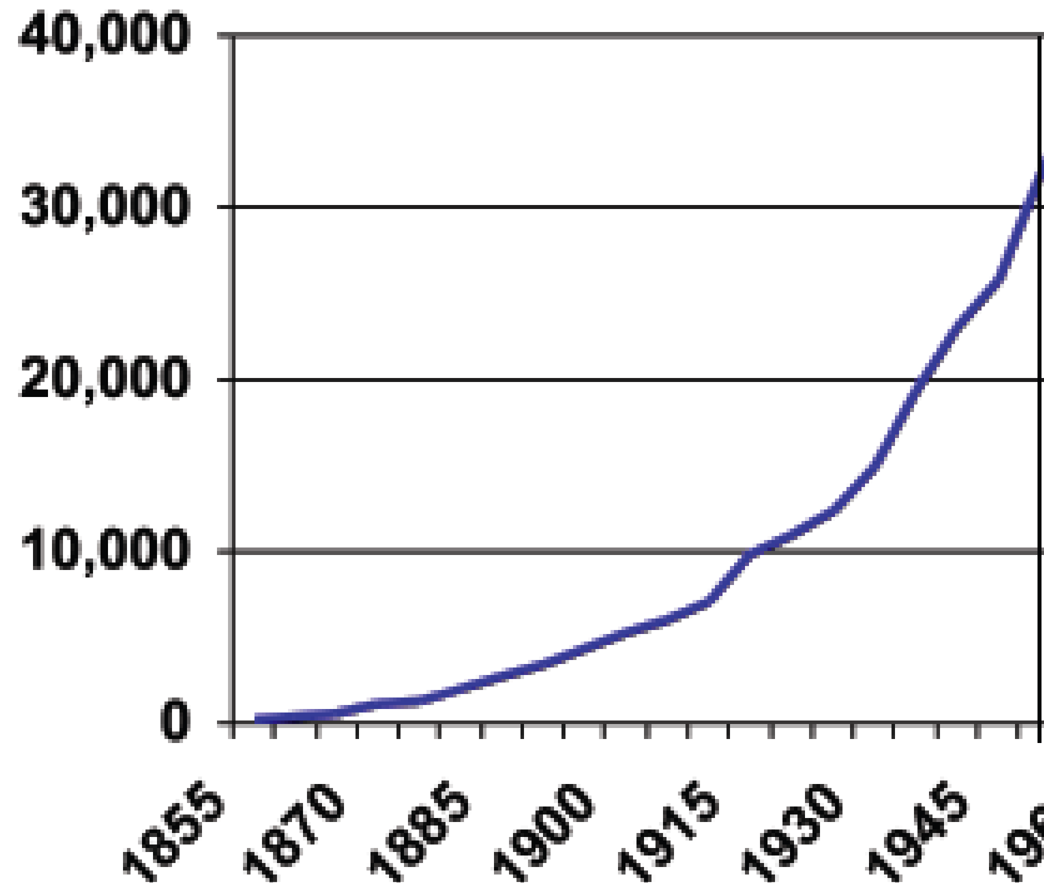
Aims of Asylum Care

“The intention, in every such establishment, being the restoration and comfort of the afflicted, the relief and their families and the protection of the community, it is economy, justice and humanity, to provide, at once, all the appliances necessary.” (1854)

ANNUAL REPORT

In the moral treatment of patients, their reception and classification, their exercise and employment, their diet, cleanliness and comfort, are objects of the first importance and receive particular attention. The Institution, possesses an eligible and healthy situation, plain and substantial buildings, large, airy and well ventilated rooms, cold, warm and shower baths, ample space for recreation, and grounds for labor with plenty of trees, shade and pure air.

California state hospital resident population, 1855-1955



Three conclusions about state hospital care

1. In general, state hospitals provided humane care despite occasional, often horrendous abuses
2. Lengths of stay were surprisingly short
3. Care and treatment remained remarkably wholistic, focused on both body and mind

Lengths of stay, 1941-1951

- <u>1941</u>: Average length of stay on discharge was 7.3 months
- <u>1949</u>: Average length of stay on discharge was 5.8 months
- <u>1951</u>: Average length of stay on discharge was 4.5 months

Frank Tallman, Director, California Department of Mental Hygiene, 1951

- "Everything done to, for or around a mentally ill patient in a California hospital can be considered as therapy since therapy is the ultimate purpose of everything done."
- "The necessity of applying knowledge to a total situation rather than breaking a problem up into small parts has long been recognized by modern science, and psychiatry for many years has been fighting the tendency to dissociate mind from body in the treatment of mental illness."

Epoch 4: Deinstitutionalization, abandonment, and the recriminalization of mental illness

Mid 1960s to the present

Myths of deinstitutionalization

- Deinstitutionalization was an evidence-based set of policies based upon the proven inferiority of state hospital care and the superiority of community care
- 1954 introduction of Thorazine and other antipsychotic drugs led to deinstitutionalization
- Deinstitutionalization was motivated by humanitarian concerns over the inhumane treatment of state hospital care

Major contributors to deinstitutionalization

- Increasing fiscal crises of state governments of the 1960s and efforts by politicians to cut spending
- 1965 Passage of Medicare and Medicaid Act
- 1972 Supplement Security Income (SSI)
- Continued economic turmoil in the 1970s

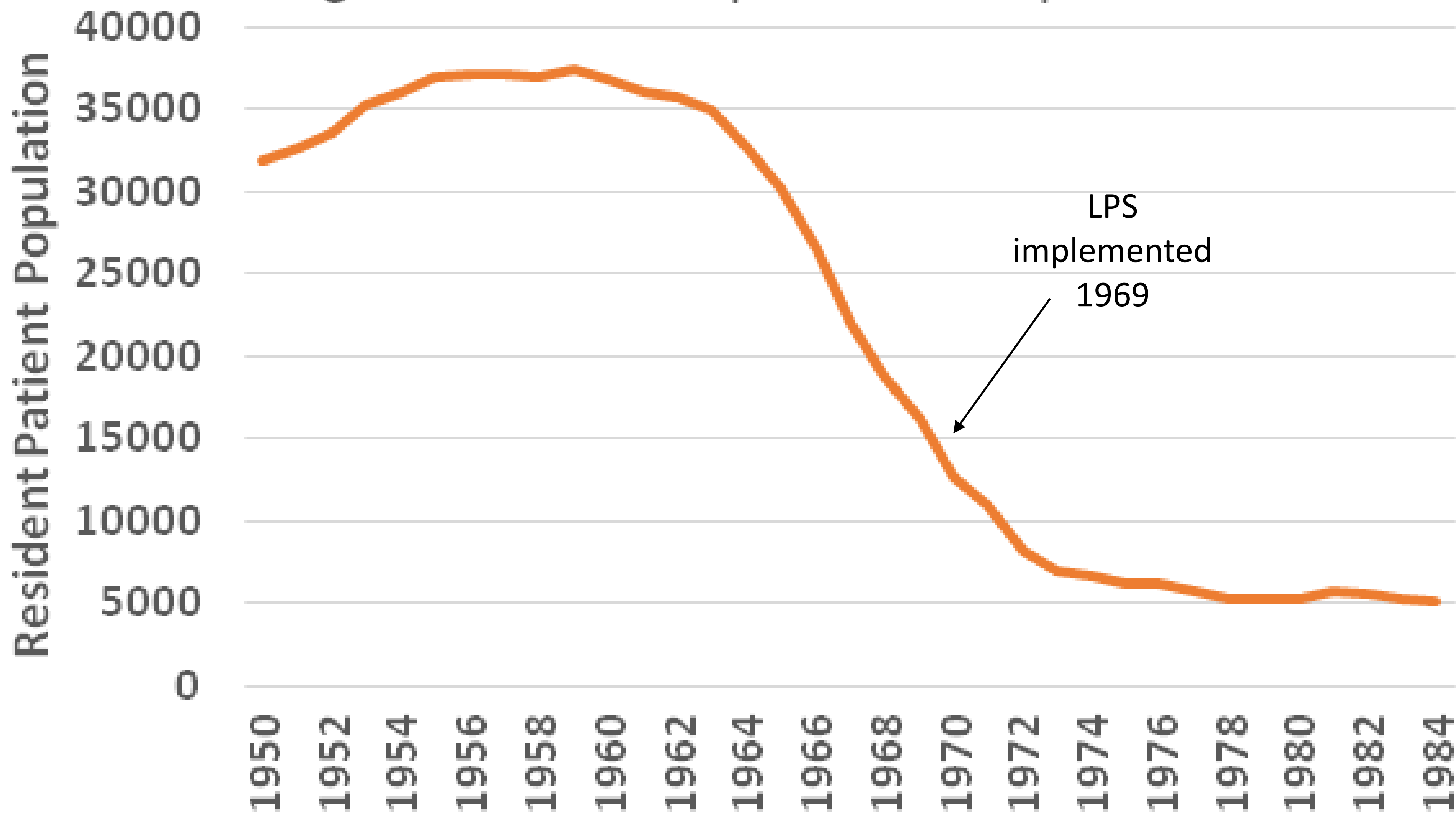


Figure 1: CA State Hospital Patient Population 1950-1984
Resident Patient Population
40000
35000
30000
25000
20000
15000
10000
5000
0
1950
1952
1954
1956
1958
1960
1962
1964
1966
1968
1970
1972
1974
1976
1978
1980
1982
1984
LPS implemented 1969

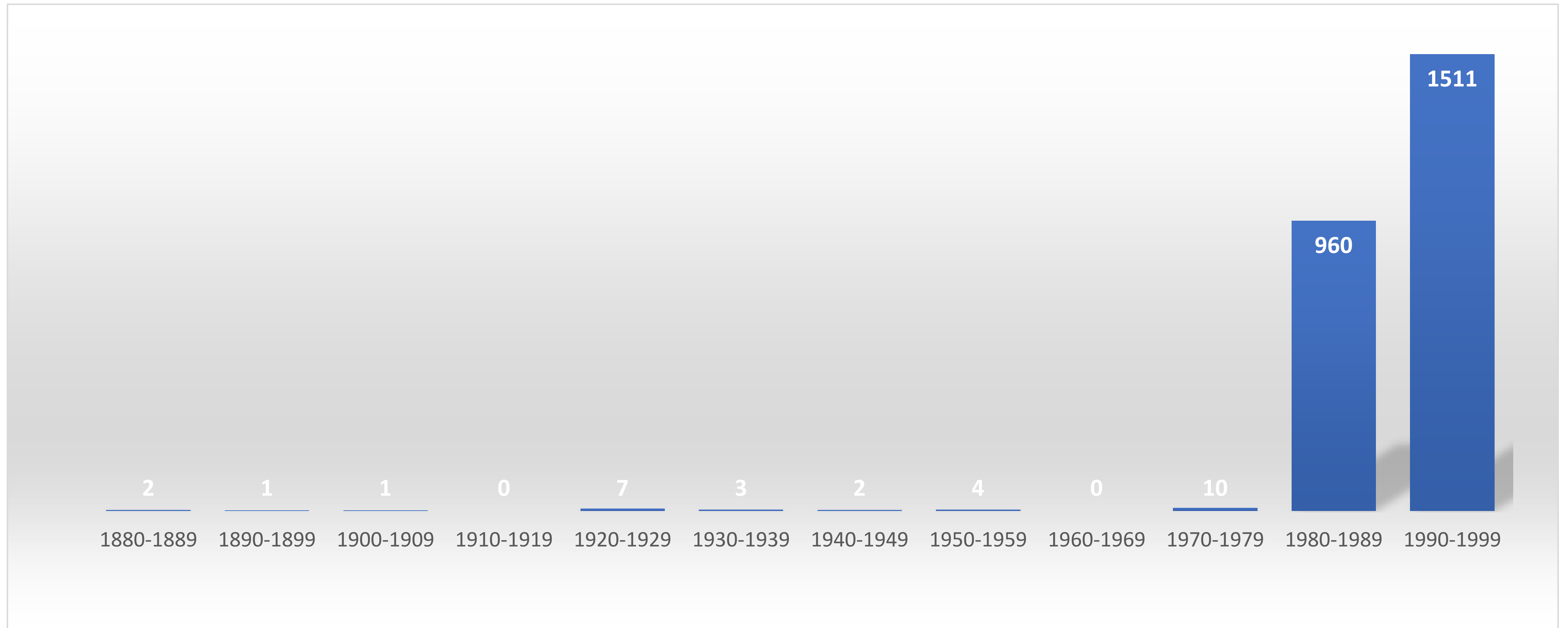
HOSPITAL & COMMUNITY PSYCHIATRY
VOLUME 23 NUMBER 4
APRIL 1972

The Criminalization of Mentally Disordered Behavior:

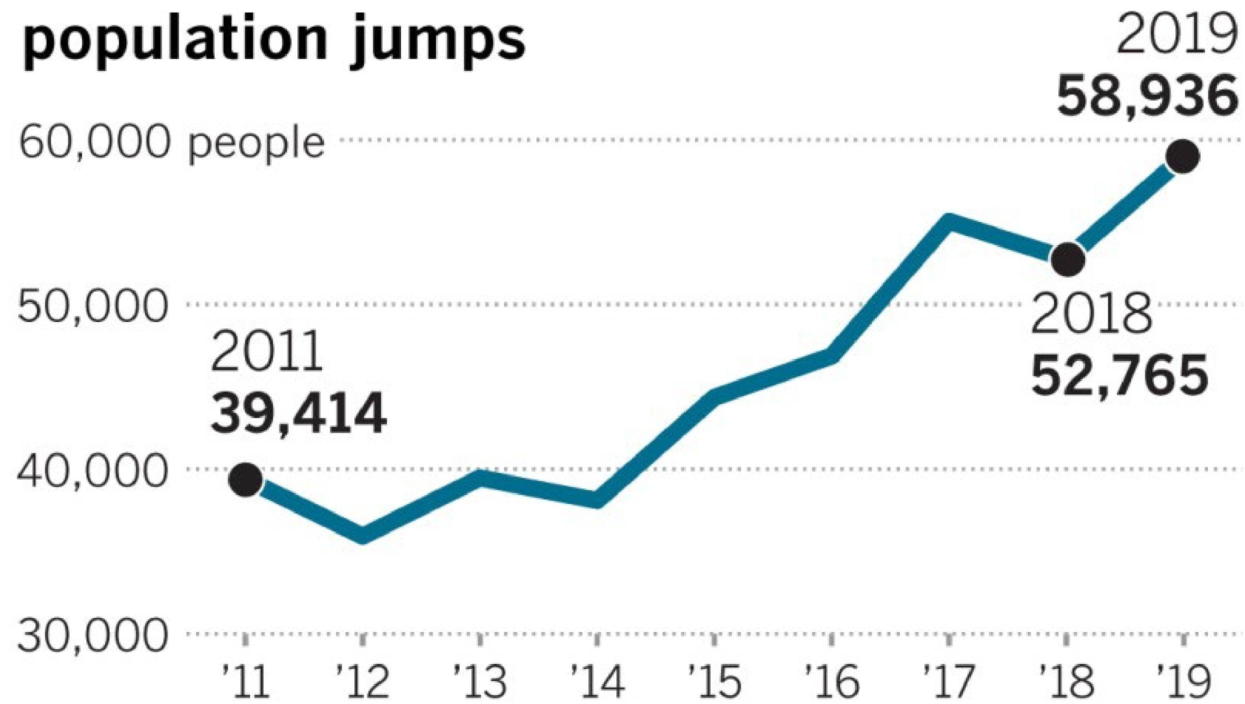
Possible Side-Effect of a New Mental Health Law

“Mental illness” and “homelessness”

Los Angeles Times, 1880-1999



Los Angeles County point in time homeless counts, 2011-2019



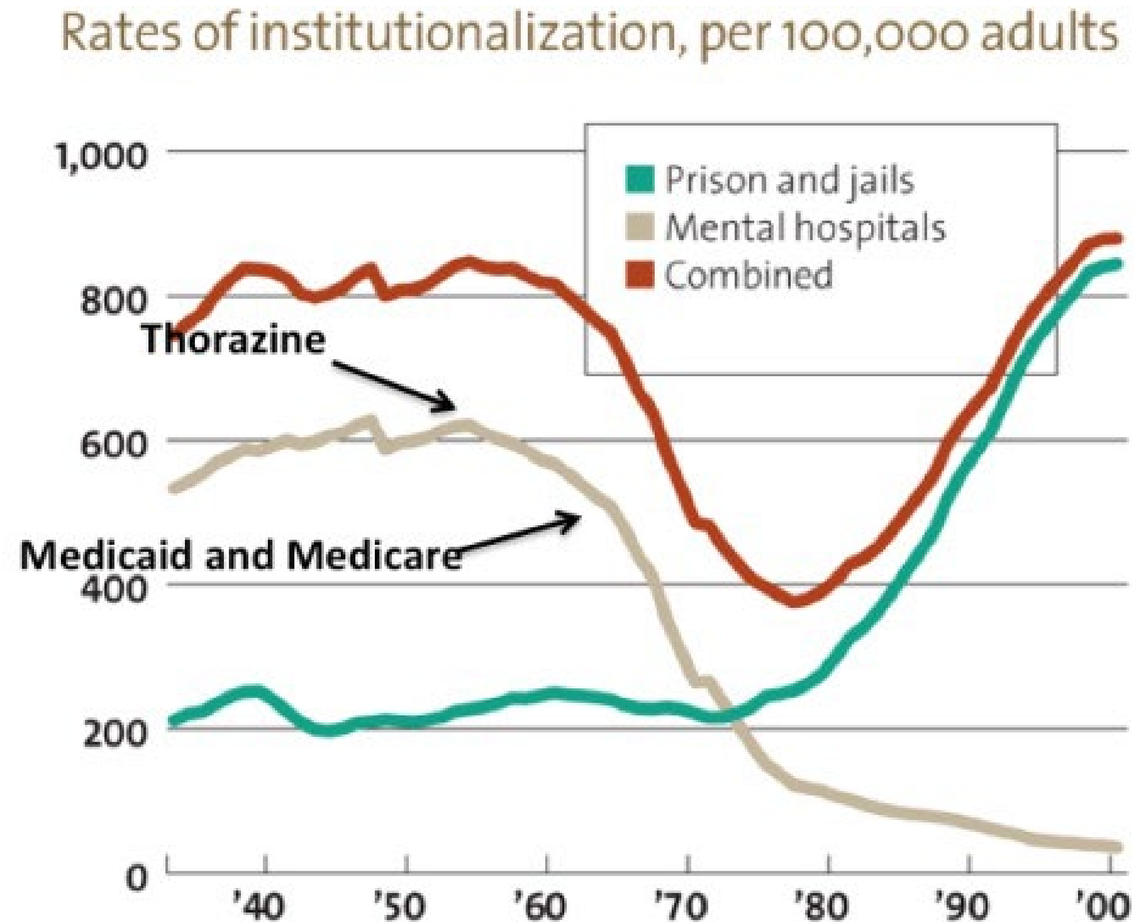
Los Angeles County Point-in-Time count, 2022

Population	Sheltered	Unsheltered	Total
TOTALS			
All Persons	20,596	48,548	69,144
All Households	14,248	47,586	61,834

Los Angeles County point-in-time count, health & disability estimates, 2022

The following data are reported for 18+ population only.				
Population	**Sheltered**	**Unsheltered**	**Total**	**Prevalence in 18+ Homeless Pop. (%)**
Substance Use Disorder	1,783	14,648	16,431	26%
HIV/AIDS	335	1,143	1,478	2%
Serious Mental Illness	3,911	11,588	15,499	25%

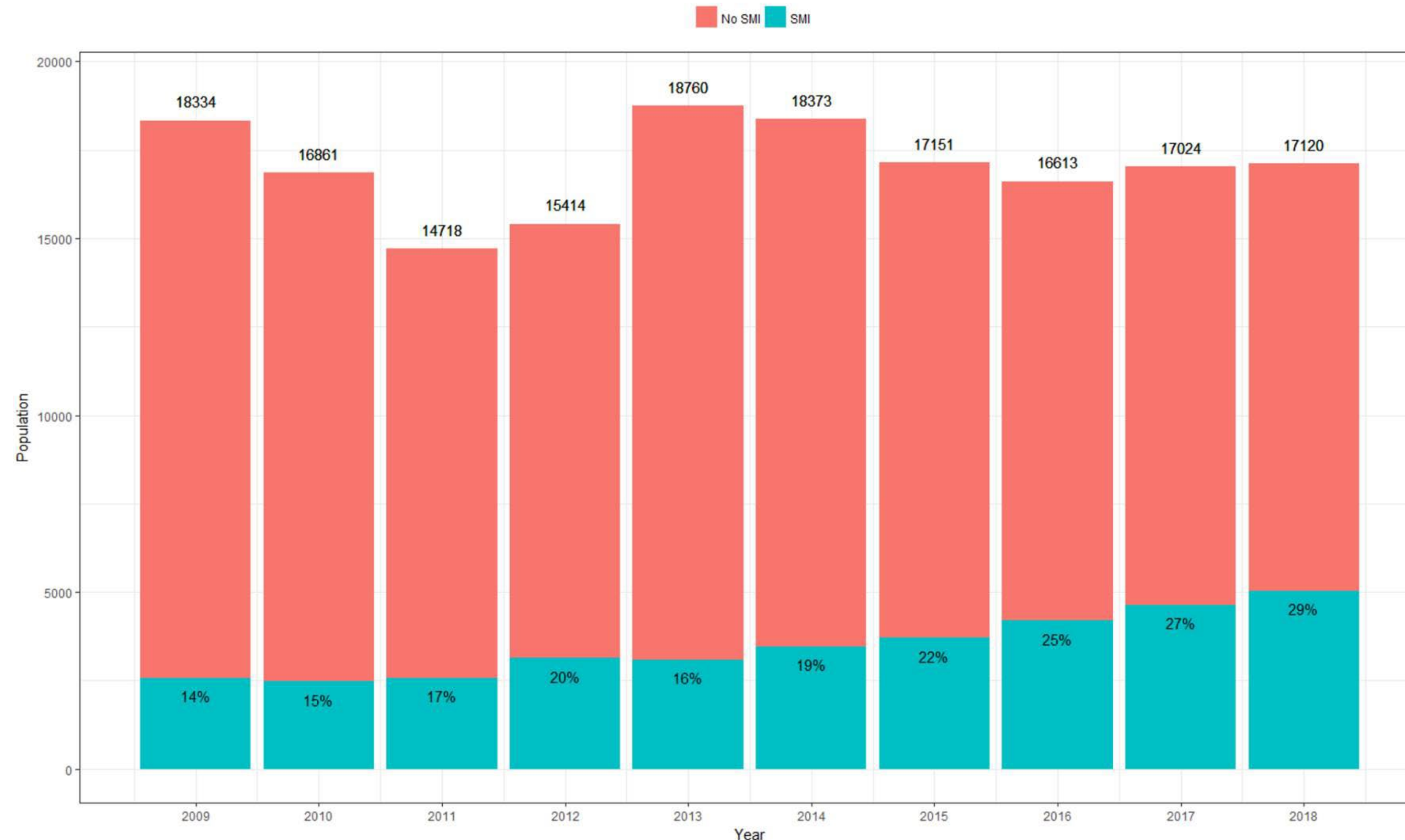
Criminalization of mental illness



Twin Towers, Los Angeles County Jail

161 D-POD
LA COUNTY JAIL
XXX

Incarceration of Individuals with Serious Mental Illness LA County Jail, 2009-2018



California mental health policy, 1970s to the present

- Nearly every major mental health policy (since the late 1970s) has attempted to address the ever-growing problem of homelessness and incarceration of those those with SMI
- From the 1990s onward:
  - AB 3777 (1990-1993)
  - AB 34 & AB 2034 (1999-2007)
  - Assisted Outpatient Treatment (passed 2002, implemented in LAC, 2015)
  - Mental Health services Act (2004-Present)
  - Care Court (passed 2022, implementation 2023-2024)

Changes in American Political Economy and Culture, 1970s-present

- Increasing deregulation and privatization
- Massive tax cuts for the wealthy
- Draconian cuts to non-defense/security public budgets
- Dismantling of the welfare state
- Increasing wealth and income inequality

Ideological justification of a contracting welfare state (aka neoliberalism)

- Faith in market forces at righting social wrongs
- Advocates the contraction of government social services, deregulation and privatization goods and services
- Reformulates citizenship as individual responsibility, rationality, self-improvement, individual empowerment

Narrowing of psychiatric vision of disease/treatment

- Increasing focus on cure rather than care
- Reinforced by psychotropic drugs
- Biological Reductionism

Mental Health Policy since the 1980s

- Committed to policies that reinforce community-based interventions
- An intensification of trends away from long-term commitment to care (as exemplified by the state hospital system) to a system focused on treatment rather than care
- Consistent with free market capitalism, public mental health has become increasingly fragmented, chaotic, and privatized in its delivery

Conclusion

- “History teaches us that there is a price for implementing ideology ungrounded in empirical reality and for making exaggerated rhetorical claims.”
    - Gerald Grob, Public Policy and Mental Illnesses: Jimmy Carter’s Presidential Commission