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City not ready yet for released mental patients

By S. LAINE GOLDSTEIN

The release of mental patients to community facilities is spurred by reasons apart from sound rehabilitation theory and is suffering from poor coordination between the state and localities, a city-based study has found.

Developed last year by the Department of Urban Affairs and Policy Analysis of the New School for Social Research in Manhattan, the study examined the experience of psychiatric dischargees in parts of New York City.

In light of predictions for a growing psychiatric population on Staten Island, the Advance undertook to discuss the findings with students who worked on the research team.

It is commonly accepted as good policy to take patients out of large state mental hospitals, or as one student put it, community treatment centers are "in vogue." State institutions are generally regarded as inimical to proper patient care and rehabilitation.

"State mental institutions are a horror show," is the conclusion of a former therapist at such a hospital.

Yet, even if this is reason enough, the real push for local treatment may be rooted in the most tangible of all compulsions — money.

Under law, the state foots the entire bill for a patient inside a mental hospital. Once the patient is discharged, the cost is shared with the locality, with the state now paying between 50 and 75 per cent, depending on which mental health source you use.

Thus, it would appear that the state reduces its own costs when a patient is discharged, assuming that the price of local care (in a proprietary home, for example) is not so much greater as to negate the percentage difference.

Still another motivation behind discharge, according to the students, may be a desire to "force" localities to develop adequate community mental health programs. By releasing these patients, the thinking goes, the communities will be forced to deal with them.

For whatever reason, the patient is discharged from the psychiatric center. Where does the patient go?

"We're not sure," a student admitted. "Some are given appointments to go to domiciliary care facilities, but there is no coordination or follow-through to see that these people are directed properly."

An examination of dischargees from a metropolitan area state mental hospital by students produced the following:

- Approximately 70 per cent were discharged to their families.
- Between 15 and 20 per cent went to single-room occupancy dwellings (of the kind that proliferate on Manhattan's west side) or similar-type residences.
- About 8 per cent went to foster care nursing homes or "transitional" apartments.
- About 5 per cent were not accounted for.

Further evidence of the failure to properly place the dischargees is the high rate of recidivism. Students said that between half and three-quarters of all mental patients return to state mental hospitals.

"We came across one patient who came back regularly, every three months," a student said. The reason? Well, it seems that the institution provides a sense of security for the dischargee. A patient who has been institutionalized for a long period of time may regard the hospital as his home — the attendants remember his name and he is greeted with affection.

Patients also return to the hospitals for drugs. "They keep them sedated inside the hospitals and the patients begin to rely on the drugs," a student stated. The drug most often used is thorazine, which makes the patients little more than "zombies," according to the former therapist.

The students did not suggest that the hospitals are producing addicts, but rather that, in many cases, drugs are the only kind of "therapy" afforded by the institution.

When they reached the point of analyzing the availabilty of community facilities and the expected need, the students found that, at least in Manhattan's case, everyone was underestimating the number of such facilities needed. "It's out of sight of everyone's horizon," said one student.

Although this conclusion must be tempered by the fact that such data are hard to come by and it is difficult to determine where the cutoff point for care lies, it still means that any successful mental health strategy must be comprehensive, and probably complicated.

Still another piece of this strategy, say the students, lies in the community itself. The facilities must be equipped to handle the psychiatric problems that already exist in the community, as well as those of "new residents."

"Dischargees are only symbolic of the problems in the rest of the population," said a student. "The dischargees are simply the extreme."

What can Staten Islanders expect in terms of planning for community mental health facilities?

"As long as there is no city-wide policy saying this is the nature of the problem and this is how we're going to deal with it, until officials say that people must be serviced where they live, no community will want to be the first to have such a facility," one student concluded. "There will be opposition until the city sets such a policy."