

PUBLIC MENTAL HEALTH CARE AND ITS PROBLEMS: TWO IMPORTANT NEW BOOKS—WHAT THEY INCLUDE AND WHAT THEY OMIT

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Ann Braden Johnson, *Out of Bedlam: The Truth about Deinstitutionalization*. Basic Books, New York, 1990. xxvi + 306 pp., \$22.95.

Rael Jean Isaac & Virginia C. Armat, *Madness in the Streets: How Psychiatry and the Law Abandoned the Mentally Ill*. Free Press, Macmillan, New York, 1990. 436 pp. \$24.95.

These two very different books carefully document and severely criticize the sorry state of public mental health care in America today. Written by non-psychiatrists and focusing particularly on New York City and State, both deserve scrutiny by all psychiatrists, especially those in the public sector. But neither mentions the specific administrative changes since 1974, which, in this reviewer's opinion, have harmed care in New York so greatly.

After describing how public care for mental illness began, they examine "de-institutionalization" and bureaucratization, the most significant influences on it today. They also scrutinize changes in

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funding streams, "anti-psychiatrists," civil libertarians and the mental health bar. Both agree on the failure of the 1960's Community Mental Health Center movement—how Centers supposed in theory to prevent mental illness actually avoided the psychiatrically disabled. Both recognize that state mental hospitals are needed as domiciles of last resort for mental patients unable to survive elsewhere, and the crisis produced by continuing to reduce the number of state hospital beds. Each then offers its own recommendations for correction and improvement.

The two books approach these problems totally differently. *Out of Bedlam* was written by a social worker with considerable experience in the treatment of mental patients. She sees them as people affected by other people and believes that the primary cause of today's difficulties is our "huge, diffuse and uncoordinated" governmental bureaucracies. *Madness in the Streets* was written by a sociologist and a journalist with no first hand patient-care experience. They see mental patients as biologically different from the rest of us and blame current treatment difficulties on a long-standing conspiracy by liberals, civil libertarians and the mental health bar. Trumpeting a strongly partisan right-wing political position, they claim that as long ago as the 1970's,

"the left had been working on a variety of fronts to affirm the individual's freedom from standards of behavior imposed by the community. Now madness itself would become another avenue for the expression of legitimate human autonomy. (italics added) With this one masterstroke, the radical left had laid the ground for the destruction of the middle class social order. An enormous, insoluble social problem would result. Cities would become ungovernable as they could no longer maintain any standards of behavior in public places." (p. 16)

OUT OF BEDLAM

According to *Out of Bedlam*, our public mental health system is "overly responsive to the whims, fantasies and fads of remote, detached, and faceless bureaucrats who may or may not know what they are talking about. . . . People and agencies uncertain of their ability to perform their assigned task . . . wield incalculable power over the system of patient care simply because they hold the

purse strings." The system is "run by its need to maintain a certain level of reimbursement, [so] its directors plan services to do just that;" the short-range "bottom line" is therefore primary everywhere. Among the lowest priorities of this "anxious and insecure system" are patients' needs. The book thus presents a frightening picture of increasingly incompetent governmental bureaucracies making often-harmful treatment decisions regarding patients about whom they know little and care less.

The book has snappy chapter titles; its content is piercing. "1940-1970—How Deinstitutionalization Supposedly Took Place" is the first section. Its striking chapter, "May the sales force be with you: psychotropic medication, the new magic bullet," shows how American psychiatry's acceptance of psychotropic drugs was far more the product of propaganda than of science: how Smith, Kline and French, the pharmaceutical manufacturers, carried out a "thorazine marketing blitz" which initially bulldozed the specialty into accepting the value of drug treatment for chronic mental patients. Many controlled studies of other drugs then appeared, using thorazine as a treatment standard, which were accepted as demonstrating their value also.

Johnson maintains that this propaganda coup created a central "article of faith" within psychiatry and America today—that the discovery of the phenothiazine drugs was alone responsible for deinstitutionalization and for enabling patients to get well and go home. "The disappointing reality," according to Johnson (with which Isaac and Armat concur), is that this release of mental patients was caused by social and financial forces rather than by scientific advance, and certainly not by the new tranquilizers.

The chapter, "How no one planned deinstitutionalization: it would have happened anyway," explains those social and financial causes—primarily the cost of mounting state hospital censuses. "Whatever happened to the myth that mental illness is a myth?" is an effective attack on the views of Dr. Thomas Szasz, the ideological father of the "anti-psychiatric" mental health lawyers so vehemently (and to some extent, correctly) attacked in *Madness in the Streets* also. "Treatment of choice: community care (whether it exists or not)," and "How deinstitutionalization never saved us a dime," are two other first-section chapters.

Bedlam's second section, "1970 and beyond—the aftermath of deinstitutionalization," explains how patients leaving state-financed mental hospitals at that time went into federal-Medicare-

supported nursing homes rather than onto the streets. This so-called *deinstitutionalization*, moving patients out of institutions, was really *transinstitutionalization*, moving them from one institution to another, as *Madness* and others have also noted.

The association and equating of mental illness with homelessness is a major source of confusion in mental health care today. *Bedlam's* chapter, "Maybe it's easier to be homeless if you're crazy," explains "the contemporary fantasy of homeless people as helpless, crazy hermits:" it is, first, "a uniquely tidy explanation for a messy social problem, with an implicit built-in solution in the form of return to the asylum," and second, conforms "to the politically conservative view of social problems as relatively small, local events in no need of federal intervention. That both ideas are irresponsible and false is, of course, irrelevant. The myth has served its purpose by providing us with the distraction we need to avoid facing the overwhelming problems" involved in building the housing America needs.

Bedlam also criticizes mental health professionals's current focus on counting the mentally ill homeless rather than on treating them. In presenting its view of mental patients' needs today, it decries "case managers" as newly-labeled treatment aides "now charged with the frankly impossible job of making the same system that has already failed the chronic patients work on their cases' behalf."

The book's last section, "1990—how the mental health system works," begins with a hilarious two page interlude, "a day in the life of a mental health bureaucrat"—a supposedly mythical "planning analyst" unburdened by previous mental health experience who is hired in response to a real advertisement for a mental health policy decision-maker. This glorious mixture of fact with fancy alone makes the book worth purchasing and cherishing.

Subsections on "our notoriously fragmented mental health system," "the lure of quick fixes," "fragmentation for the consumer" and "how the system fails everyone" are included in the chapter, "the mental health bureaucracy: who's in charge here?" This chapter also points out "the high cost of divorcing policy from practice," how, "when all else fails, blame the system," "the onus is on the victim to make the system work," and how mental health is "the field that doesn't communicate."

"The system in action: numbers not people" describes the "dirty secret" every psychiatric administrator knows: that inspections of

mental health facilities by governmental and professional agencies are little more than irrelevant charades. It shows "the tyranny of the statistic," how "program audits are a one-way process," and then asks "what regulators look at" (trivia) and "what clinicians care about" (problems in treatment). It points out finally "how patients pay the price" for a "system that makes no sense."

The epilogue, "A 20th Century Ship of Fools," suggests that "the artificial split between practitioners and administrators" be healed by "replac[ing] our regulators with practicing clinicians," and that "every program administrator see patients in the course of each administrative day." But while emphasizing the gaps in our care system, it unfortunately says nothing about the principle of continuity of care—having the same competent psychiatrist caring for a patient from his admission to the hospital through his release from the clinic, no longer needing treatment. This book is, however, a pioneering expose *from within* of the frauds and charades so deeply imbedded in mental health care today.

MADNESS IN THE STREETS

Rael Jean Isaac and Virginia C. Armat, authors of *Madness in the Streets*, lack personal patient care experience of their own and are therefore forced to rely instead on published reports and interviews—with officials, members of patients' families and professionals. They lean particularly on psychiatrists like Dr. E. Fuller Torrey, lead author of the biennial ratings of state programs for the seriously mentally ill published by the Public Citizen Health Research Group and National Alliance for the Mentally Ill (N.A.M.I.). Despite the increasing harm caused to patients by the deteriorating mental health system, Torrey still hopes that brain research will reveal the answers to mental illness.

Statements from patients' families in *Madness in the Streets* come almost entirely from members of N.A.M.I., who not only agree with Torrey but welcome having their relatives used to test the never-ending crop of new psychopharmaceuticals. Neither it, Torrey, nor these authors apparently recognizes how heavily-funded biological researchers have been publicly poised at the brink of revolutionary psychiatric discoveries for over half a century—while treatment results continue to worsen—or that few of these researchers have ever had direct, first hand treatment re-

sponsibility for chronic patients in and after state hospitalization, or that most drug research studies report only on short-term results.

This book presents important facts but omits others of even greater significance, particularly the harmful effects which treatment can have. Instead it blames *all* of patients' illnesses—a term which these authors use to include even gross criminality—on still-to-be-discovered central nervous system disease. But considering such "illnesses" entirely biological and essentially irreversible makes mental patients a permanently stigmatized group.

One reason why this book blames liberals for undermining mental health care is that liberals believe people can change, and therefore oppose such stigmatization. But Isaac and Armat go much further, claiming that this undermining is really part of a long-standing liberal conspiracy to produce social collapse. To support this thesis, they gloss over suggestions even from their own sources that governmental agencies and the organized psychiatric profession bear primary responsibility for the current difficulties.

One of *Madness's* central themes is the alleged destruction of psychiatry by "anti-psychiatrists" like Dr. Szasz, who has long criticized psychiatry's tendency to apply medical labels to what he considers moral deficiencies. *Madness* goes to the opposite extreme by accepting such deficiencies, including criminality, as mental illness if psychiatrists say they are. *Bedlam's* criticisms of Szasz are far more valid: for denying the existence of true psychiatric disability by calling mental illness "a myth."

The two books diverge completely on what *Madness* calls the "war against treatment." It strongly endorses the therapeutic role of psychosurgery (lobotomy), electroconvulsive treatment and psychotropic medications, and attacks the disappearance of the first two from public hospitals, whereas *Bedlam* doubts the value of lobotomy and electroshock and questions the usefulness of psychotropic medications.

Madness offers touching accounts of families' often-doomed attempts to deal with patients released from mental hospitals, usually against medical advice, and describes over a dozen power struggles(2) between patient and family ending in death. It relates how some patients who had not been violent before treatment became so after it, without realizing that treatment can help cause violence by leading patients and relatives to believe that "illness"

exempts patients from responsibility for controlling themselves and living lawfully.

Madness completely ignores the therapeutic success reported in many settings both yesterday and today, and the role of the increasing fragmentation and deprofessionalization of care, which *Bedlam* describes so clearly, in today's mounting treatment failures. *Madness* claims instead that even our best treatment programs "are at best palliative; they will not cure" (p.346), and insists that psychiatric illness will only be understood (and treated effectively) through biological research focusing "on areas with promise of substantially improved treatment or cure—from genetics to brain imaging." While this book mentions J.S. Bockoven's efforts to establish an effective community mental health center in Lowell, Massachusetts, and cites his book on "moral treatment" in 19th century America(3), it says nothing about the excellent results he described. Nor does the book mention "Patients are People Like Us,"(4) by the distinguished French psychiatrist, Henri Baruk, which shows how good counseling helps chronic patients recover, or this reviewer's 1980 positive report(5) on "Effective Psychotherapy in Chronic Schizophrenia," with over 100 unselected and personally treated state hospital aftercare patients.

These authors repeatedly deny or omit the psychological impact of one person upon another in psychiatry. They have little appreciation of the importance of the doctor-patient relationship, or of continuity of care. When patients exercise their constitutional rights by defying their doctors and stopping their medications, these authors blame the subsequent psychoses entirely on the physiological effects of discontinuing the drug, without appreciating the impact on the patient of losing a medical authority figure in whom he may have a modicum of trust. By ignoring uniquely human phenomena such as mental patients' thought processes and experiences, and the role of trusted authority in helping them recover, and focusing instead on their alleged primarily biological difficulties (whose only treatment thus far is medication), these authors actually advocate a kind of veterinary psychiatry which treats patients like animals.

The book's handling of controversial issues demonstrates its political sympathies. During its discussion of electroconvulsive treatment, it describes Dr. Ewen Cameron and his Montreal associates' having "performed what they called 'depatterning treatment' on

chronic paranoid schizophrenic patients, which involved giving them 12 electroshock treatments *per day* (italics in original) for a total of up to 60 treatments" (p. 198). The book mentions the permanent mental crippling this produced but not that the three publicly known victims of this deliberate mind-destruction included two previously well-functioning and well-placed people who sought hospital treatment for acute depression rather than "chronic paranoid schizophrenia." The book also omits that this "research" conducted by a past president of the American Psychiatric Association was funded by the C.I.A.

BOTH BOOKS' HISTORICAL OMISSIONS

Since both books focus on the New York State mental health system, their lack of awareness of relevant aspects of that system's history between the 1960's and the present is unfortunate. Some of that history has been presented elsewhere(6) but can be summarized here.

Neither author is aware of the great improvements the system made during the 1960's in the care of younger patients. Excellent psychiatrists were appointed hospital directors, and services were restructured so that all state hospital patients from New York City, many of whom had been transferred for years to distant hospitals, could now be treated within their own boroughs. After-care clinics associated administratively with particular wards were set up throughout each hospital's catchment area. The incidence of readmission fell, care improved and costs were reduced.

In 1974, demedicalizing and fragmenting personnel and administrative changes began in the New York State system. This reviewer believed then that they would be highly destructive, and that belief remains. These included a massive "leadership hemorrhage" which pushed or pulled out most of its key psychiatrists, the Department's harassment of some of its most respected psychiatrists, especially in 1979 and 1984 after highly-publicized murders involving hospitalized mental patients, increasing the fragmentation of inpatient care (1) in 1980 by separating it administratively from outpatient treatment, and (2) in 1981 by substituting "level of care" organization of the wards, and fragmenting aftercare in 1981 by having partially state-funded "community agencies" supplying

segments of aftercare, instead of it all being provided by hospital clinics.

The current harmful care which both books describe was therefore caused, in this reviewer's opinion, primarily by psychiatrically ignored decisions by top state bureaucrats, rather than by "liberals," which demedicalized and fragmented care—a process which is occurring throughout the country.

Both books, *Bedlam* especially, recognize the harm caused by fragmenting treatment but neither mentions continuity of care. *Bedlam* understands the sociopsychological impact of care, how it harms as well as helps, and appreciates continuity's importance, while *Madness*, although apparently considering continuity desirable, minimizes the importance of any sociopsychological treatment and sees "mental illness" as irreversible.

The continuing worsening of public mental health care is a national scandal. One of these two important books about the situation is highly distorted. The other is brilliant, witty, accurate but incomplete. The anti-liberal and anti-civil-libertarian political axe which *Madness in the Streets* seeks to grind stands in sharp contrast to the solid, delightfully presented insights of *Out of Bedlam*.

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