THE AMERICAN JOURNAL OF SOCIAL PSYCHIATRY

CONTENTS

SPECIAL ISSUE: DEINSTITUTIONALIZATION
Alexander Grabok, Guest Editor

3 Front Cover: Joshua Bierer—Pioneer in Social Psychiatry, His Spirit Lives On

5 An Obituary for Dr. Joshua Bierer
Raghu Gaind

6 Guest Editor's Remarks
Alexander Grabok

7 The Case Against Deinstitutionalization
Alexander Grabok

12 The Right to Patiencethood
Vivian M. Rakoff

19 Crossroads
Martin S. Began

25 Community Services for the Deinstitutionalized Patient: The Magnitude of the Problem
William F. Kenny

29 The Psychopolitics of Deinstitutionalization: An Irresistible Concept Meets an Immutable Reality
Darold A. Treffert

34 Out of the Hospital, Onto the Streets: The Overselling of Benevolence
Sanil Feldman

39 Deinstitutionalization and the Criminalization of the Mentally Ill
Kurt A. Haeurn

45 Emergency Shelters for the Homeless: Are They Replacing State Mental Hospitals?
Ellen L. Bassuk

50 Mental Health in the 80s
John P. Bell

54 Deinstitutionalization and the Rights of Society
Norman Q. Brill

60 Reinstitutionalization
Stephen Rachlin/Robert D. Miller

65 Prisms: Social Psychiatry Refractions of the Current Literature

69 LETTERS TO THE EDITOR

70 BUSINESS OF THE ASSOCIATION

71 ANNOUNCEMENTS
Crossroads

MARTIN S. BEGUN, M.A.

A small but visible population living on the streets of New York, the "homeless mentally ill," as the American Psychiatric Association calls them, are very disturbed and very desperate. Because they cannot value their lives or care for themselves, they are, in fact, publicly committing suicide. We can create in our minds a special category for them: people who need immediate and continuing professional care.

However, the clear lack of progress in addressing the problems of street dwellers is generating a negative public reaction toward them. This is understandable: irritation followed by loss of interest is a common reaction when confronted with the hopeless and the helpless for too long. What tempts people to stop thinking about street dwellers is their wish to avoid an unpalatable truth—some people will always need help and will never be cured. In our success-oriented society, these people are seen as failures.

The plight of the street dwellers has also been open to political debate. Many civil liberties lawyers believe strongly in the autonomy of each individual and freedom to make choices and not have decisions imposed by authorities. On the other hand, both the State and City of New York interpreted freedom from want and freedom from fear by adopting legislation that allows people to be brought to the hospital involuntarily if their lives are in danger by their inability to care for themselves.

Although several lifesaving steps have been taken toward addressing the problems of the street dwellers, we can't stop here. What they need is asylum—in the truest sense of the word. Money for therapeutic residences is currently available in the medical health service budget; we only need to redirect it for this specific purpose.

We cannot allow ourselves to be stopped or distracted from doing what is necessary to help street dwellers. We must give them asylum.

There is a small but visible population living on the streets of New York who are in most desperate need. They are seriously ill, both physically and emotionally. Even among the other homeless they are outcasts, called "psychos" and "crazies." Everyone has seen them on street corners, huddled in doorways, in subway stations. Everyone has pitied them: a woman with ulcerated bloated legs, waiting on a freezing street corner for a boat to take her to Panama; a man, preaching an unintelligible sermon with a garbage can as pulpit; people in shreds of clothing curled up on subway gratings in subzero temperatures. Sometimes they mutter, sometimes they scream at the tops of their voices. The "homeless mentally ill," as the American Psychiatric Association calls them, need facilities that are specially designed for them—not life on the streets. They are poor, sick, lonely, afraid and dying—virtually one every day.

If any one of these people stood high on a rooftop ledge and threatened to jump, we would immediately know what to do. Call the police emergency service. Send help—and fast. Such people are clearly insane, and they are breaking the law by taking their lives in their own hands. Society is generally appalled by suicide and intervenes forcefully to prevent it. Policemen will risk their lives in this kind of rescue effort. Everyone agrees that a threat to jump is an urgent situation as well as a distorted cry for help.

We now need to learn to recognize that same urgency whenever we see one of the "homeless mentally ill" on the streets, because, as it happens, there is no difference between this person and a man on a rooftop ledge, except for a few feet of vertical space. Both are very disturbed and
very desperate, and in fact both are attempting suicide, in public, for all of us to see. The man on a subway grate is committing suicide because he cannot value his life or care for himself. Unless he receives care, he will die. It will take days or months instead of moments, but it will happen. Many like him die within hours—or even minutes—of being taken to a hospital. They have pneumonia or pulmonary emboli. If these people remain on the street, they will die soon. But this population will not die out, because there are always others to replace them.  

These people, the "homeless mentally ill," are constantly exposed to robbery, assault, violence, rape, injury and trauma. If they are wounded, they cannot heal properly. Their nutrition is poor, they are filthy, and they are exposed to all kinds of weather. For convenience sake, I will call them "street dwellers." This is not a perfect term, but to use the word "homeless" implies that a home would alleviate their problems. Temporary shelter is extremely valuable for generally competent people—victims of eviction, unemployment, divorce, floods or fires—and should always be available. Temporary shelter can also help the semicompetent, people who can get along with some support services.  

But street dwellers, despite the availability of shelters, don't use them and spend their days scrambling for food and looking for a safe place on the street to sleep. These conditions demoralize them. Many street dwellers are already volatile and frightened; they are young and have never been hospitalized, and so lack even the years of drug therapy that at least calmed their older counterparts. Probably no one, however sane, could remain physically and emotionally intact after even a week in these conditions. And some street dwellers have been on the street for months or years, winter and summer. At the moment, it is not important how our street dwellers came to their present state. The point is they can't stay out there. Living every part of a daily life on the street drives people to despair and then kills them.  

We are now at a crossroads for ourselves as well as for the street dwellers. We can learn to include street dwellers among the category of people we know about who need immediate professional attention. And we can create in our minds a special category for them: people who need immediate and continuing professional care. Unless we do this now we are dooming the street dwellers.  

Up to now, the homeless have been the focus of much public attention: nationwide media and periodicals, heartfelt editorials, articles and books. This has led to extraordinary gestures such as people donating sandwiches and coffee, and calling the police to rescue a person who seems beyond helping himself. I know of someone who pleaded with a woman living on her street to go to a hospital on a freezing night; the woman did not want to go, but finally did, saying, "I'll go with the police because then you'll sleep better tonight."  

This story is touching, but even heroism cannot handle chronic situations. We are now finding—so long has this problem been with us—that ordinary and even extraordinary helpfulness does the street dwellers no good. Some good people find they are losing sympathy and even become frustrated and hostile. Our traditional sense of decency and humanity is being challenged and the clear lack of progress is generating a negative public reaction. In effect, public interest is thinning.  

This is understandable: unfortunately, irritation followed by loss of interest is a common reaction when confronted with the hopeless and helpless for too long. Soon the street dwellers will be accepted into our image of New York; they will become part of the scenery, much in the same way that the poor and starving in Calcutta are no longer seen as human beings but as part of the local color. In our own country, we have already accepted "Bowery bums," "hobos" and "skid-row types" for many years. This acceptance goes back at least to the time of the Civil War, when "drifters" became a common term.  

Recently I saw a photograph in The New York Times: outside one of our city's respected hospitals, employees had looped barbed wire through a grate to prevent street dwellers from rest ing there. I am not mentioning this to criticize the hospital; the doctors and nurses there are skilled and dedicated, and if someone had been badly hurt by the barbed wire the staff would have done everything to heal the injured. The barbed wire was put there by deliberately cruel people. It was placed there by people who have stopped thinking.  

What tempts people to stop thinking is their wish to avoid an unpalatable truth—that some people will always need help and will never be cured. They will never be normal, they will never live in their own home, they will never be a good neighbor and a productive member of the community. And we would also rather not think about the fact that because they are people, as we are, we are lucky not to be one of them.  

In our success-oriented society, we do not like failures, and we think of incurable diseases and dependent people who will always need constant
care as failures. The answer to this, as Dr. H. Richard Lamb has suggested in the recent American Psychiatric Association book, The Homeless Mentally Ill, is to enlarge our definition of success to include the ability to offer street dwellers a life in safety, comfort and dignity. It can help us to accomplish this to see that the evolution of our thinking about mental illness has not always meshed perfectly with the evolution of our thinking about freedom.

In the 19th century, the German psychiatrist Emil Kraepelin saw that one-third of his patients with dementia praecox (the early name for schizophrenia) would never recover. In 1855 the Jarvis report, an early Massachusetts investigation into mental illness, acknowledged that some conditions are incurable. The American Psychiatric Association has admitted that deinstitutionalization, in itself a noble concept that has gone awry, was handled very badly. People were released so rapidly that community-based support systems were never put in place to service them. We no longer believe that neuroleptic drugs like Thorazine will save the mentally ill. And we now see that it is not always true that mentally ill people are better off outside hospitals. In the case of street dwellers, the fact that they live on the street is not yet accepted by itself as cause for involuntary hospitalization—two psychiatrists must evaluate them first, determining that the person is severely disoriented, or may pose a threat to his or her own life or to the lives of others. But because a life on the streets is not cause enough, we have the case of Rebecca Smith, who lived by choice in a cardboard box on a city street and died of hypothermia.

Many civil liberties lawyers believe strongly in the autonomy of each individual, the freedom to move around and be part of a community, to make choices and not have decisions imposed by authorities. This is a very real concern, but as President Franklin D. Roosevelt pointed out at the beginning of World War II, this country entered that war to defend four freedoms. Two of them, the freedom of speech and the freedom of worship, have to do with self-expression, but the other two freedoms, freedom from want and freedom from fear, define the conditions under which self-expression becomes possible. Enlarging on this definition of freedom, Dr. Leona L. Bachrach, a Maryland research sociologist, has said recently that “freedom means freedom from psychological and physical harm and from the deleterious effects of one’s own illness.”

New York State interpreted this freedom two years ago by adopting the 72-hour Adult Protective Services Act. This act allows people to be brought to a hospital involuntarily if their lives are endangered by their inability to care for themselves. Two years ago, the city instituted its Project HELP (Homeless Emergency Liaison Project), which allowed city officials and policemen to bring social workers, physicians and nurses to the assistance of street dwellers. More recently, Mayor Edward I. Koch has seen to it that all street dwellers be taken to hospitals whenever the temperature or the wind chill factor drops to 5 degrees or below. There has been support for the Mayor’s action from all three of the city’s daily papers. However, the New York Civil Liberties Union is in opposition, reminding the Mayor that involuntary hospitalization is illegal without a two-psychiatrist evaluation. The Mayor says he is all in favor of evaluations—inside a warm hospital.

The Mayor’s new program is an important initiative. A crucial, lifesaving step, but we can’t stop there. Just a few weeks ago, a woman refused to go to a hospital when the temperature was below zero and she was huddled in a cardboard box, nearly frozen. The police took her with them, despite her protests. When she arrived at the hospital she was badly frostbitten and later lost her leg.

What street dwellers need is asylum—in the truest sense of the word. A place of rescue and the rescue itself. For street dwellers, full-time 24-hour therapeutic residences would be sanctuaries, places of refuge and protection, places of retreat and security. The good omen is that once we accept the need for asylum, we are already in a position to start helping New York City’s street dwellers. Since their numbers are not large, those who are critically ill both mentally and physically can be identified quickly and brought to hospitals for medical treatment. There, it can be determined whether they can be restored to competency or semicompetency. If not, they need asylum.

Money for the therapeutic residences is currently available in the mental health services budget: we only need to redirect it for this specific purpose. Shelters can be redesigned and reequipped. In The Homeless Mentally Ill, physicians and nurses have outlined the attitudes needed to treat street dwellers: The staff has to realize that dependency is not deplorable, that an incurable person is not someone to be shunned. The staff must be aware, spontaneous, accepting each person for who he or she is, and yet impose limits and restraints without drugs or violence. Every person in the residence would get the specific social and medical care and level of protection necessary—the woman waiting for a boat to
Panama is not likely to need the same treatment as the man preaching an unintelligible sermon.

We have already made some progress with helping other segments of the homeless population. The city and state are rehabilitating empty apartments for the generally competent people who can be helped by having a home. A few residential centers care for people who need a room and some support services to get along.

The one group we haven't yet given adequate attention is our street dwellers and we must provide this care. Fortunately we can—quickly, efficiently, and at little or no added cost. We cannot allow ourselves to be stopped or distracted by legal doctrines that, in this case, are too rigid and unyielding. We cannot lose our resolve to act by inaction. Street dwellers, our most vulnerable and desperate group, are dying, virtually before our eyes. And we must give them asylum for our own sense of dignity, too—for the sake of our own humanity and for the protection of society's self-esteem. I feel a great urgency now. I see people looking at street dwellers, training themselves not to see them.

REFERENCES