

Prevent tragic consequences

Dr. Nasrallah's viewpoint in "Bring back the asylums?" is bold, enlightening, contemporary, and precise. Highlighting deinstitutionalization's consequences should raise awareness of this situation among Current Psychiatry readers.

Labeling patients as "clients" or "consumers" has always irritated me. We spend time and energy educating the public that psychiatric disorders are illnesses like diabetes or heart disease. Yet we perpetuate the stigma by acting as if something is wrong with the word "patient" by calling these individuals "consumers."

Deinstitutionalization has had a tragic impact on the mentally ill. In 2002 the public was outraged when The New York Times reported that mentally ill patients were living in nursing homes in New York City. I thought that placing mentally ill individuals in locked nursing homes that were owned and operated by a major campaign contributor to the New York governor was one of the kindest methods in the state to treat mentally ill persons.

In 1999, a class-action suit was brought against New York City because mentally ill individuals were routinely released from prison in dangerous neighborhoods in the middle of the night with 2 subway tokens and \$1.50 in cash. The case was settled out of

court and the city pledged to provide services for inmates after their release.¹

I recently left a position at a state hospital and now work in a county jail. The transition has been enlightening. I suggest that everyone view the 2005 PBS Frontline documentary "The New Asylums." The question posed in this program is "Have America's jails and prisons become its new asylums?" It won't take you long to realize that the answer is a sickening "Yes."

It seems the United States has progressed to placing the mentally ill in cages. In 1825 the reverend Louis Dwight was shocked by what he saw when he took Bibles to inmates. He organized the Boston Prison Discipline Society, which encouraged the Massachusetts legislature to appoint a committee that ultimately recommended that all mentally ill inmates in jails and prison be transferred to Massachusetts General Hospital and legislated that confining these persons in the state's jails was illegal. In 1833 the State Lunatic Asylum at Worcester opened, and more than half of the 164 patients came from jails.¹

Dorothea Dix followed with her campaign in 1842 when she taught a Sunday school class at the East Cambridge Jail. She found many mentally ill patients were housed in jails or wandered the streets. Dix visited 300 coun-

ty jails and 18 prisons in 6 years. She exposed the horrendous conditions she witnessed and chided politicians for their lack of attention to the mentally ill. She is recognized for establishing 32 mental hospitals. By 1880 <1% of prisoners nationwide were mentally ill.^{1,2}

Today, the history of caring for the mentally ill has come full circle. Dorothea Dix would be disheartened to know that mentally ill individuals are again being locked away in jails or left to wander the streets.

What can a mental health professional do to improve care of mentally ill patients in jails or prisons? First, we must educate ourselves and be aware of what is happening in our field. Then we must educate the public and be involved in our professional organizations that have the resources and influence to initiate change. Contact your representatives, senators, governors, and your state's department of corrections to begin to reverse the horrendous treatment of our most vulnerable citizens.

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References

1. Frontline. Breaking the tragic cycle. Available at: <http://www.pbs.org/wgbh/pages/frontline/shows/asylums/special/reentry.html>. Accessed March 10, 2008.
2. Gollaher D. Voice for the mad: the life of Dorothea Dix. New York, NY: The Free Press; 1995.