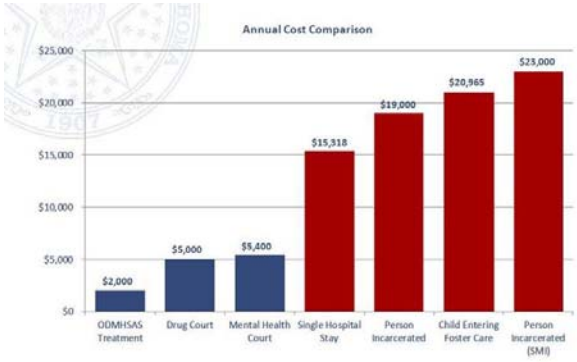
Changes in treatment of mental illness emptied hospitals

By Joy Hampton Senior Staff Writer | Posted: Saturday, January 16, 2016 9:00 pm

In the 1960s, the idea was taking hold that people with mental illness could transition out of large mental institutions and live in the community.

"It wasn't just here in Oklahoma, it was all over the country," said Mike Brose, executive director of Mental Health Association Oklahoma. "That began to happen at a very rapid rate, and the number and extent of needed community-based services was never properly funded."

As a result, many people ended up homeless and living on the streets or acting out and ending up in prison.



Changes in treatment of mental illness emptied hospitals

Source: State of Oklahoma

"When those state hospitals began to close and downsize, and the community services weren't developed to the extent needed, some people who are mentally ill began to languish and become homeless," Brose said. "Over time, the largest institutions across the country for people with mental illness are jails and prisons. We've replaced one type of institution for another."

Transition House Executive Director Bonnie L. Peruttzi calls it the criminalization of mental illness, and it's costly.

In Oklahoma, it costs $23,000 per year per person to incarcerate someone who has serious mental illness, Brose said. In Tulsa, it costs Mental Health Association Oklahoma only $25 a day — $9,125 per person per year — to give someone a home and the support and services they need.

Many homeless people don't get appropriate nutrition or medical care and then end up in the emergency room and possibly hospitalized. A single hospital stay averages more than $15,000 according to the Oklahoma Department of Mental Health and Substance Abuse Services.

Operating in Norman since 1982, Transition House offers support services for people with mental health issues including a transitional living program and a community outreach program.

"If you give people more opportunities and more skills, the likelihood for success improves," Peruttzi said. "When psychotropic medications started to develop, it was the first time they were

able to provide folks with something that worked with their mental illness. and it looked like they could be discharged into the community with those medications."

The problem was, many of those released into society didn't have the life skills to survive, and some didn't take their medications appropriately once they got out. As a result, homelessness increased.

"Particularly back then, they were more likely to come from long-term institutionalization," Peruttzi said.

More funding needed

The Department of Corrections always wants more money, Brose said, and the state legislature is hesitant to say, "no more." He wants lawmakers to direct more dollars upstream and intervene earlier and more effectively to reach more people before they end up homeless or in prison.

"Oklahoma, in particular, has always been underfunded as far as amounts of services needed for this population," Brose said. "We know how to do this — the expertise, the models and medications — we know what those are.

"We know what works, but we don't have enough of it, so we have a dynamic where there are X number of dollars to go around and those dollars are shrinking," Brose said. "These people were not born homeless. They did not become chronically homeless from day one. At some point, something happened."

He said funding should include law enforcement training to identify those who should be diverted from jail and prison and into community-based treatment. Coming out of prison, especially if there's a felony conviction, makes it hard to find a job or housing.

Even if a person with mental health challenges doesn't end up in the criminal justice system, often families, landlords and employers can't deal with the behavioral problems of those with mental health issues leading to precarious housing or homelessness.

Transition House was designed to prevent homelessness for those transitioning back into the community, but a move away from inpatient care has created new challenges.

"People come to us either completely homeless or in precarious situations," Peruttzi said. "Theoretically, people should come to us from inpatient psychiatric treatment who need assistance to transition to community living. Now, because of the shifts in how services are provided to those with mental illness, we're seeing people who are referred from outpatient settings rather than inpatient settings."

In fiscal year 2009, 70 percent of those served by Transition House in the transitional living program came through inpatient referrals. In FY 2015, only 58 percent came from inpatient and that's an increase from 2014, Peruttzi said.

"Being in a treatment mindset is different from survival mode," Peruttzi said. "To make the best use of our services, a person needs to be ready and willing to look at the barriers imposed by their mental illness and be willing to make changes."

When clients leave Transition House they are still eligible for the community outreach program, but that doesn't mean they all make it their first go-round in a new apartment. The collective case management of One Vision One Voice gets them into housing so Transition House and other agencies can provide support services.

More housing needed

New programs are pushing rapid rehousing to get people off the streets, then get them assessed and into mental health care, but for rapid rehousing to work, safe affordable housing stock in the community is needed.

"There's a shortage of affordable housing, and it creates a barrier," Brose said. "What we've done in Tulsa, we have 25 apartment buildings in 19 different neighborhoods."

A mixed use model works well for permanent, supported housing so that those with mental health issues are mixed into a normal community setting that may include some below market renters as well as at market renters.

"In that model you can't tell who's who so it reduces stigma," Brose said.

In Norman, the One Vision, One Voice coalition coordinates rapid rehousing and a Point in Time head count of the community's homeless population.

The Point in Time Count in Norman and around the nation allows the community to develop a "by name" list to identify the most vulnerable individuals who have been homeless the longest and to prioritize them to get them off the streets into permanent, supported housing with services wrapped around them.

Some may recover to the point they become taxpayers, but even people with the most serious challenges can find ways to give back.

"We've had many seriously mentally ill people on disability who aren't able to work, but they sometimes volunteer," Brose said. "We don't want them to isolate, we want them in the community."

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