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COMMUNITY MENTAL HEALTH SERVICES

WHO IS SERVED?

It was stated in the recent television program, "The Brain", that there are three categories of mentally ill people; those who recover after the first break, those whose illness is cyclical, and those who do not recover. I believe the differences among the mentally ill are as great as among the general public, in addition there is a wide variation in the degree of illness. However, I will limit my comments to these three groups.

(1) One-third recover. These generally have only one or two breaks and seem to recover regardless of type of treatment.

(2) One-third have a wide variation in their condition, they cycle up and down. They frequently revolve from the acute setting, skilled nursing facilities, state hospitals, residential care facilities, the streets, jail and back again. Total recovery rates are very poor and they are usually chronic.

(3) The last one-third never recover. Their condition is more static, usually severe and chronic. Many of these are in state hospitals, skilled nursing facilities, board and care homes, living with family, skid row rooms, the streets and jails.

The care and treatment given to these three groups is in direct proportion to the severity and prognosis of the illness. The more severe and chronic the condition of the patient, the less likely are the chances of getting care in the community.

Those in the first group usually recover, are more desirable to work with, consequently they have a good chance of getting service, both in transitional facilities and outpatient services.

Those in the second group get some care, usually when they are in the acute stage. Since they often appear to be recovering they are accepted in transitional type facilities and outpatient programs. If they seem to be progressing, there is a push to move them along. Consequently so many facilities are short term. It is thought by many parents that the stress of moving and the pressure to improve, hastens the cycle for regression, which almost always comes. The patient often winds up falling through the cracks, back to the streets, jails, and/or back to square one, the acute care hospital, to start the cycle over again. Community mental health has failed with this group by not providing a continuum that would allow a patient to move forward or back as the patient's condition changes. Most of these patients are a part of the revolving door syndrome. Closer monitoring and realistic expectations are a must for this group.

Those in the third group get very little care in the community mental health system, except in the acute care hospitals and emergency rooms when in crisis. Before deinstitutionalization almost all of this group of people were in the state hospitals. The intent of changing to community care was that these people would be cared for in the community, consequently this group has a more legitimate claim to community care and services than anyone else. In spite of this intent, the communities have not met the needs of these people. Programs and residential facilities are generally short term, high expectancy, while what is needed for this group is long term, low expectancy programs. Most of this group of people are in state hospitals, skilled nursing facilities, skid row hotels, board and care, streets, jails and home with families, in what is usually considered the invisible system. Community mental health has been a total failure for this group.

Community mental health has a fault that has been detrimental to the mentally ill. It has been broadened too much, to serve people with a variety of problems that probably have no connection to mental illness, that do not contribute to or cause mental illness. Community mental health has attempted to be all things to all people consequently no one has been served properly, especially the mentally ill.

Tony Hoffman