Psychiatric Deinstitutionalization in BC: Negative Consequences and Possible Solutions

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ABSTRACT

Over the past half century, psychiatric deinstitutionalization has resulted in the movement of patients from hospitals to community care, supplemented by hospital beds for acute cases. Deinstitutionalization aims to empower mentally ill people and increase their autonomy. In British Columbia, thousands of psychiatric patients at Riverview Hospital have been transferred to the community since the 1990s. Although many patients benefit from community integration, some may experience negative effects. Funds saved by this trend have not been allocated to provide necessary supports to mentally ill people in the community. Due to a deficiency in mental health resources, this population is at risk for homelessness, drug abuse, incarceration in jail, and suicide. An understanding of these issues is required to propose effective solutions. In particular, there needs to be an increase in supportive housing and long-term care facilities for individuals with chronic mental health issues.

Historically, psychiatric patients have been placed in institutions and isolated from society. In 1913, Riverview Hospital was opened in British Columbia and by 1951, housed 4,630 patients.[1] Riverview provided custodial care, where patients had limited control and their lives were dictated by institutional routine.[2] However, with the rise of the human rights movement, deinstitutionalization of psychiatric patients has become widespread across Canada. According to the World Health Organization, mental health care has progressed over the past half century from institutionalization to community care supplemented by hospital beds for acute cases.[3] The goal of community care is to empower mentally ill people and integrate them into their communities. At Riverview, patient transfer to the community reduced the patient population to 1,000 by the early 1990's.[1] In 2002, the Riverview Redevelopment Project announced plans to transfer the remaining Riverview patients to community facilities on a "bed-by-bed" basis.[4] However, 200 beds at Riverview were never replaced.[1]

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For some mentally ill people, community care is a positive experience and increases independence. Benefits include employment, social integration, and avoidance of re-hospitalization. Unfortunately, community care may not be suitable for all patients, especially with a lack of support. In a report on the deinstitutionalization of Riverview, researchers noted an "abysmal failure on the part of governments to provide community-based supports to people leaving institutions, including adequate housing and sources of income.[2]" The government has not re-allocated resources saved by closing institutions towards community care. Between 1994-95, the operating cost of BC psychiatric hospitals and psychiatric units in hospitals was 424 million dollars.[5] By 1998-99, this cost dropped to 234 million dollars. However, a comparison of expenditures for community psychiatric services between 1994-95 and 1998-99 shows a decrease from 208 million dollars to 200 million dollars.[5] Despite a 200 million reduction in spending on psychiatric institutions, the funding for community care decreased as well. These funding shortfalls lead to a lack of support for transferred psychiatric patients. Reduction in hospital beds results in psychiatric admissions only for acute cases and these patients are discharged quickly.[6]

NEGATIVE CONSEQUENCES OF DEINSTITUTIONALIZATION

Dwindling community resources have increased the use of ill-suited hospitals for mental health needs. Often, psychiatric patients require longer hospital stays to stabilize their condition. However, a national study in 2008 found that mental health patients in BC were discharged from hospitals in an average of 15 days, before many were stabilized.[7] Consequently, 10-20 percent of discharged patients were likely to be re-admitted within 30 days.[7]

Without sufficient mental health resources, there may be an increased risk for homelessness and drug abuse among mentally ill people. It is estimated that 30-35 percent of Canada's homeless population are mentally ill.[6] The lack of community-based supports means that psychiatric patients have difficulties obtaining employment and housing, and may not adhere to treatment. As a result, these patients may become poor and homeless.[6] In particular, the Vancouver Downtown Eastside (DTES) neighborhood is a low-income area, invested with many community resources targeted to the homeless, making it

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appealing to mentally ill people.[1] Over 50 percent of psychiatric patients have a co-existing drug or alcohol addiction, referred to as a "dual diagnosis".[6] For these people, services are lacking and there are long wait times for treatment.

Since mentally ill people may be homeless and many have co-existing drug addictions, police involvement is substantial. In a study conducted in 2008, the Vancouver Police Department found that response to mentally ill people accounted for approximately 31 percent of all calls they attended.[1] Calls were analyzed over a 16-day period in September 2007, and police officers indicated whether poor mental health was a factor. Specifically, 49 percent of calls within the DTES were attributed to mental illness. The report suggests police are informal "first responders" in our mental health system, and estimates an annual cost of 9 million dollars.[1] These results suggest psychiatric patients are not receiving the support they need.

A report by the Canadian Mental Health Association states that jails contain between 15 to 40 percent mentally ill people - significantly higher than the incidence of mental illness in the general population.[6] Incarcerated psychiatric patients are more likely to be victimized by others and exhibit disruptive behaviors than other prisoners. Instead of medical treatment, these patients may be disciplined through solitary confinement, which can worsen their mental condition.[6]

A lack of timely access to mental health treatment can put some psychiatric patients at increased risk of suicide: a 2003 review indicates that deinstitutionalization has been associated with elevated suicide rates in psychiatric patients.[8] This paper suggests that institutions provided early recognition, control and long-term treatment for suicidal psychiatric patients. With the dissolution of psychiatric hospitals, a reduction in supervision may lead to a higher likelihood of suicide. The author suggests that for some chronically suicidal patients, asylums may be extremely beneficial.

Although studies link deinstitutionalization with negative effects, it is difficult to establish the proportion of mentally ill patients that experience sub-optimal outcomes. Nonetheless, there is overall cause for concern given the severity of reported negative effects, which must be addressed through improvements in services.

POSSIBLE SOLUTIONS

Some mentally ill people cannot function optimally in the community and require more structure and support than others. In particular, suicidal patients may benefit from the control and long-term treatment offered by institutions. In the shift from paternalism to individualism, many psychiatric patients have been granted autonomy, but lack resources to maintain well-being. There needs to be a balance between independence and support; it is apparent from the current mental health situation that this balance has not been achieved.

To address mental health deficits, the Burnaby Center for Mental Health and Addiction was opened in July 2008.[10] This unique facility offers 100 beds for mentally ill patients with complex needs, including homelessness and drug addiction. Its goal is to stabilize patients over an average of nine months, then reintegrate them into the community. Patients have multiple points of access to the facility, including primary care, hospital, community, and the criminal justice system. This is a positive development, but there is a need for even more beds. The Vancouver Police report estimates that out of the 2,100 people not served adequately on the Downtown Eastside, 500 people are chronically mentally ill, with co-existing drug addictions, experience regular police contact, and lack of housing.[1]

To reduce police time spent responding to mental health, the Vancouver Police Department report suggests developing an "Urgent Response Center" for police to bring patients with mental health, addictions, and housing needs.[1] This immediate care system has been developed in other cities such as Calgary, Alberta, where mentally ill adults involved in minor criminal offences are kept out of jails and offered treatment.[9] This program has decreased hospital admissions, repeat charges, and court appearances.[9]

These proposed solutions require funding, but the government has saved millions of dollars through deinstitutionalization.[5] These resources should be re-allocated towards community care. Such solutions could reduce spending through decreased police response, hospital admissions and incarceration for mentally ill patients.

CONCLUSION

Research suggests the mentally ill population is at risk of homelessness, drug abuse, jail time, and suicide. In the wake of deinstitutionalization, it is vital that these patients possess community support to maintain wellbeing. Possible solutions include increased supportive housing, long-term care, and an urgent response center. As a society, we have an obligation to address these problems and provide needed medical care to people living with a mental illness.

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