COMMENTARY

INVITED SUBMISSION

Simile, Metaphor, and Reality: Reflections on Bringing Back the Asylum

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Sisti, Segal, and Emanuel (2015) are to be congratulated for pricking the conscience of the JAMA readership about the hapless plight of too many Americans with serious mental disorders. Unfortunately, their well-targeted criticisms of the mental health industry are all too familiar. I say 'industry' in preference to 'system' because no descriptor that implies purpose, organization, or integration would be apt to describe a fragmented and inadequate mélange of provision. Some will argue that Sisti, Segal, and Emanuel's criticisms are overstated, that mental health reform in the United States has been successful, and that many Americans with serious mental disorders live fulfilling lives due to advances in treatment, empowerment of survivors, and support from NGOs. Others will endorse Sisti, Segal, and Emanuel's diagnosis but reject their prescription. Others will claim that Massachusetts is not the only 'progressive state'; that exemplars of innovation and effectiveness in mental health care are distributed from coast to coast. Dissenters will include those concerned about the disproportionate number of African Americans and people of Hispanic origin in the prison system, the over-representation of Native Americans among the homeless population, the dependence on illicit drugs of veterans with PTSD, the marginalization of gay and lesbian people, the almost total neglect of transgender people, the over-servicing of the worried well.

As a regular visitor to the United States, I can attest to the large number of homeless people with serious mental health problems who wander the streets of the largest cities, pausing only to shelter from the elements as they await a tomorrow no better than today. At the same time, I can point to Australian experience of mental health reform and highlight characteristics unaddressed by Sisti, Segal, and Emanuel. The Australian federal government has been able to partner with state governments, NGOs, mental health professionals, and consumers of mental health services to drive mental health reforms to the benefit of people with a mental illness and their families. Successive mental health policies and plans have encouraged a shift in resources from inpatient to community services; primary care physicians have received incentives to improve the care of people with mental health problems; psychiatrists and psychologists in private practice have been paid to provide treatment programs; mental health nurses are employed to assist primary care physicians to implement care plans. However, everything is not yet as it should be. Like the United States, Australia has many people with serious mental disorders who cannot or choose not to access mental health services. Transinstitutionalization is the result, especially for Aboriginal Australians. However, privatization of prisons has not occurred to the same extent as in the United States, and Australian states do not opt out of taking federal government funds to improve access to healthcare. Homelessness remains a problem, but Australian city centers do not resemble the corridors of the psychiatric hospitals of the past.

Australia's achievements in mental health reform are a result of a 'whole of government' approach. Access to mental health services of reasonable quality, income support, help with housing, opportunities for employment, support for carers, and empowerment of service users have all improved since the launch of the National Mental Health Strategy in April 1992. Disadvantage due to mental illness has not been eradicated, but progress has been made by the Australian federal government, state and territory governments, NGOs and consumers working together. The same degree of cooperation between federal and state mental health departments in the United States seems a forlorn hope. A country with state governments that refuse federal funding to widen access to mainstream health care is unlikely to embrace intergovernmental cooperation to address the needs of people unable to live independent lives.

Anyone who prefers unfettered market forces to improving the life chances of America's most vulnerable might ask why anyone should take seriously a maxim usually attributed to Ghandi, "The true measure of any society can be found in how it treats its most vulnerable members." Sisti, Segal, and Emanuel's gesture towards only pragmatic reasons. A solution is needed for the hundreds of thousands of Americans with a serious mental illness who need long-term care options. The United States needs protection from Americans who are chronically (sic) psychotic and they need protection from themselves. Funding must cease for successive waves of non-productive and ineffective waves of deinstitutionalization. Federal governmental policy must stop incentivizing deinstitutionalization. Transinstitutionalization must be reversed. Emergency departments must be freed from overcrowding by people who should be in the mental health system.

No one could disagree who reads good intentions into the Sisti, Segal, and Emanuel's call to "bring back the asylum". Clearly, they are not imploring us to bring back the total institution, to replace incarceration in prisons with incarceration in asylums, to provide a lower standard of primary care to people who have a mental illness, or to leave patients in asylums of the future at the mercy of abuses by staff, to subject those least able to fend for themselves to risks for violence and suicide. Rather, Sisti, Segal, and Emanuel advocate for a sort of 'back to the future' in which the original meaning of 'asylum' is revitalized. People with a mental illness can then receive humane treatment in new build facilities or renovated edifices of the late 19th and early 20th centuries; protected places "where safety, sanctuary, and long term care for the mentally ill (sic) would be provided" (Sisti et al., 2015, p. 243).

However, the asylums of tomorrow, no less than those of yesterday, will license indifference at the same time as housing those who cannot live independently. Out of sight and out of mind, the most vulnerable Americans will live out existences largely invisible to their fellow citizens. What is needed is not new build asylums however well appointed, but more purposeful, responsive and humane services worthy of the name "mental health system". Not buildings for long-term care, but sufficient facilities for episodic care. Not isolation on the sites of former state mental hospitals, but integration into neighborhoods. Not homelessness, but affordable housing. Not a new era of institutionalization however benign, but comprehensive health and welfare services for all who need them. Opening new asylums is at best only a partial solution to the complex challenge of providing long-term support for people with serious a serious mental illness, as Sisti, Segal, and Emanuel recognize.

A report published in Australia by the Medibank Private Limited and Nous Group (2013) reminds us why mental health reform is so difficult. Initiatives introduced on a one-off basis add to the complexity of already fragmented mental health care. It is in the nature of mental health outcomes that they will likely remain sub-optimal despite the best efforts of well-intentioned people. All reforms, including those promised by asylums of the 21st century will generate additional health and non-health costs as the prevalence of psychiatric disability continues to grow. "Fully integrated, patient-centered long-term psychiatric care" (Sisti, Segal, & Emanuel, 2015, p. 244) is needed, but broader thinking is required if complex mental health problems are to be addressed. The way forward may depend on whether honest answers can be given to the question: What factors in American society have created the need for new asylums? Critical reflection on this question will tell us why going back to the future will not resolve the urgent problems Sisti, Segal, and Emanuel describe. Creating an asylum fit for purpose in the early decades of the 21st century will be difficult without more funding than most state mental health services can afford. Creating whole of government, intersectoral health and welfare services based on asylum as metaphor will be even more difficult. The pressing realities Sisti, Segal, and Emanuel describe demand urgent attention, but it is far from clear that bringing back the asylum is the way forward.

References:

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