

Lecture 9: Institutions

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Recall...

- 19th century growth of institutions and institution pop.
- Belief in isolation of hospitals, rigid scheduling, curative power of institutions.
- Other goals (no restraints, programming) failed due to lack of funding, personnel.
- By 1960, half a million US citizens in long-term psychiatric care.

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Erving Goffman

- Mid-1950s ethnography of psych institutions, coined “Total Institution” in *Asylums*.
 - “Closed circuits” disconnected from society.
 - Tight schedules, little autonomy, privacy, at whims of authority.
 - “Mortification of the self” – individuals’ past lives scrubbed clean, only institutional identity.
 - Can only end in “conversion.”

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Criticism of Institutionalization

- Costly, JFK: “The average amount expended on their care is only \$4 a day--too little to do much good for the individual, but too much if measured in terms of efficient use of our mental health dollars.”
- Ineffective: too many long term stays, too many failures after getting out.
 - Rosenhan’s *On Being Sane in Insane Places*.
- Inhumane: boredom within institutions, anger written off as pathology, rigid division between staff and patients, use of coercion.

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Deinstitutionalization

- Fueled by both growing criticism and psychopharms.
- US: JFK's Community Mental Health Act in 1963. Combined w/ laws making forced confinement more difficult, patient population rapidly drops.
- 1960-1980, Canada's inpatient population dropped 78%, from 70 000 to 20 000 beds.
- Funds saved from closing hospitals earmarked for care in the community...yet community care has grown slowly, patient pop. rapidly released from hospital.
- "One of the most well-intended yet poorly executed social programmes ever undertaken."

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Homelessness and Shelters

- Deinstitutionalization made psych pop more visible. Traditional explanation: without supports, more people on the streets.
- Critics: not simply closing of institutions, rather destruction of welfare state led to boom in homeless pop.
 - Poverty and homelessness itself driving mental illness, rather than reverse. Schizophrenia a simple explanation for more complex problem of homelessness...implies that we only need to fund more treatment.
 - Calls for reinstitutionalization reflect tendency to individualize mental illness as a personal problem, rather than a social one.
 - For cynics, revolves around efforts to "clean up" streets.
 - And where is the appropriate place for a sick person? The hospital.

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Criminalization of Mental Illness

- Might we instead talk about trans-institutionalization?
- Before 1970s, almost no reports about large numbers of individuals w/ mental health problems in prison system, now “one of the great problems of our time.”
- In US, 15-25% of prison pop has a “severe mental illness” while 50% have some kind of psychiatric diagnosis.
 - In Canada, almost 15% of prison pop diagnosed w/ schizophrenia or bipolar disorder, despite representing only a fraction of total pop.

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Connection to Substance Use

- Growth partly fueled by “zero tolerance” policy of war on drugs, automatic sentencing.
 - Perhaps 50-75% diagnosed with substance use disorders.
 - For those with another psych diagnosis, perhaps 90% of inmate pop. has substance-use issues.
- Thus, it may not be the mental illness that is the issue but the substance use (or even the laws on substance use...)

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Within Prisons

- Despite having legal right to same healthcare as outside of prison, mental health services severely restricted, restricted to crisis.
- Mentally ill prison pop. has longer stays, more frequently suffers abuse and violence, higher suicide rates.
- Sexual and physical assault may increase mental distress.
- Psychiatric meds subject to misuse.
- But because inmates often cannot cope in “normal” prison settings, segregation is used. What effects?

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Is This about Crime?

- Criminalizing mentally ill or medicalizing criminals? Share roots in deviancy.
 - But individuals diagnosed w/ anxiety disorders or eating disorders not more likely to come into contact with criminal justice system.
 - Other conditions – estimates suggest 60-80% of prison pop has ASPD – do not seem amenable to treatment.
 - What does this say about some psychiatric diagnoses?
- Are we creating a double stigmatization?
 - Individuals diagnosed w/ mental illness have greater recidivism rates.
 - Does this further stereotype about mental illness and violence?
- Does this hinder the work and purpose of prisons? What is that purpose? To rehabilitate? To punish? To protect?

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Case Study: Ashley Smith

- Brought into system at 15, diagnosed with BPD.
- Sentence extended 4 years for fighting with guards who tried to prevent self-harming.
- Typically spent 23 hours a day in segregation. During prison stay, subject to force on more than 150 occasions.
- At 19, she choked herself to death at Grand Valley Institution for Women in Kitchener.
- During much of this segregation, she had “no clothing other than a smock, no shoes, no mattress, and no blanket...she often slept on the floor of her segregation cell, from which the tiles had been removed.”
- Spending the majority of her time within the “few opportunities for meaningful and purposeful activity. She spent long hours in a cell with no stimulation available – not even a book or piece of paper to write on.”
- <https://www.youtube.com/watch?v=VXdpr-GEz4k>
- https://www.youtube.com/watch?v=QPe_53-paeQ

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Why do Institutions Persist?

- Access to treatment
- Form of housing
- Protection for vulnerable populations
- Respite for caregivers
- Secure setting for involuntary, assaultive patients
- Job security for staff
- Segregation of deviants from society
- Solution to the visibility of mentally ill/homeless populations

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Key Questions about Modern Institutions

- Are these places of control or healing?
 - Use of psychopharmaceuticals as heavy sedation.
- Sites of sanctuary (protecting individuals from harsh environment) or places of threat (violence within)?
- Are bricks and mortar necessary for an institution?
 - Coercive and mandatory treatment can occur in the community setting as well.
- Is forcible treatment justified?
 - Justified on the basis that the patient cannot make rational decisions – “they wouldn’t be here if they could.”
- Do institutions help prepare patients for outside world?
 - Learned helplessness, institutionalism, or institutional neurosis.

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Conclusions

- Some suggest that psychiatric hospitals and prisons have served the same purpose of “social sanitation,” cleansing “rabble” off the streets.
- Uncertain purpose of prisons (punish and prevent recidivism or rehabilitate?) and practice within psychiatric hospitals (which may feel to patients like punishment) blurs these lines further.
- Both CMA and CPA have called for greater attention to addressing mental health needs within prisons.
- Institutions navigate a difficult line between care and control.

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