

The Shift From Institution to Community: Are the Mentally Ill Being Well Served?

Roger C Bland C.M. MB FRCPC

University of Alberta

“All the people like us are We, and everyone else is They.”

Rudyard Kipling, “We and They”

Fifty one years ago, President John F. Kennedy signed the landmark Community Mental Health Act (CMHA) into law.

He declared, in urging congressional action.

“The time has come for a bold new approach, if we apply our medical knowledge and social insights fully, all but a small portion of the mentally ill can eventually achieve a wholesome and constructive social adjustment.”

Towards recovery and wellbeing: A framework for a mental health strategy for Canada.

1. The role of families in promoting wellbeing and providing care is recognized, and their needs are supported.
2. People have equitable and timely access to appropriate and effective programs, treatments, services and supports that are seamlessly integrated around their needs.
3. Actions are informed by the best evidence based on multiple sources of knowledge, outcomes are measured, and research is advanced.
4. People living with mental health problems and illnesses are fully included as valued members of Canadian society.

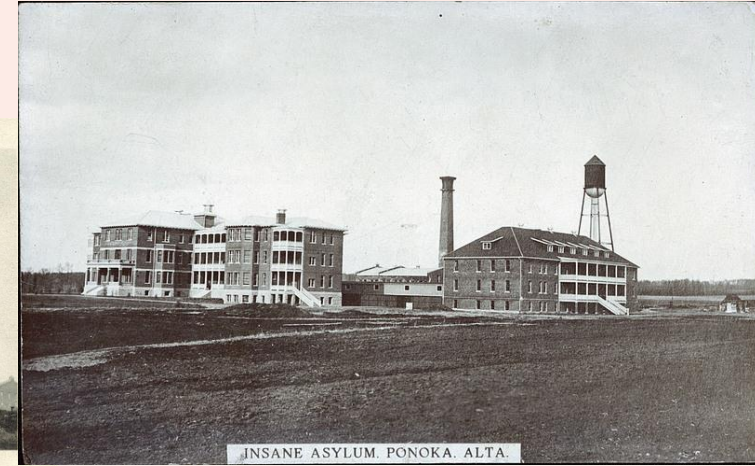
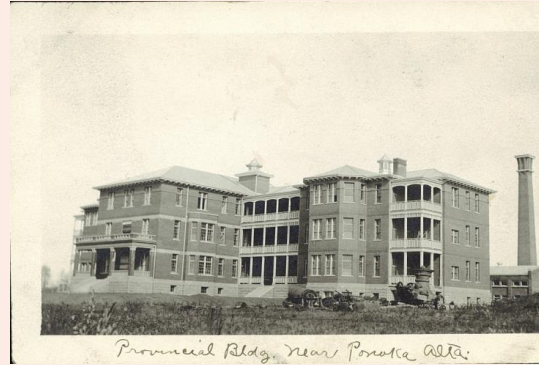
Background

Since the 1960s and 70s most developed countries have greatly reduced the number of psychiatric beds, closing many mental hospitals, and developing various community services.

1. Consumer movement toward more freedom and normal living in the community (patient rights)
2. There was a response to reports of how large institutions were being run. eg Goffman (*Asylums* 1961)
3. New antipsychotics offered hope of symptom control.
4. BUT movement started earlier in N Europe, before antipsychotics
5. Funders quickly saw an opportunity to cut costs.

Historical Pictures Alberta and BC mental hospitals

The way we were



Images from Pilgrim State Hospital NY and London

The way we were



TB and Typhoid



Walter Freeman, lobotomy
1930s-1960s 'cortical cowboy'

Hydrotherapy

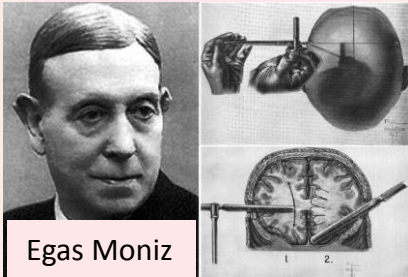


A Brief History of Psychiatric Treatment

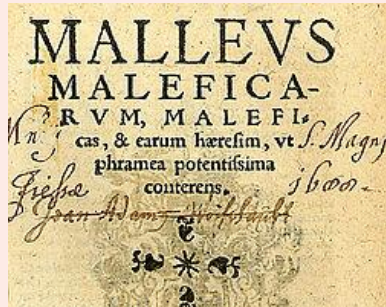


Burr holes
Ancient practice
up to 1700s

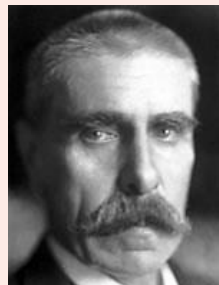
Insulin shock and
Lobotomy
1940s and 50s



Egas Moniz
1949
Nobel



The witches hammer 1486



Wagner-Jauregg
1927 Nobel
Malaria for GPI
(1930s-70s)



Reformers –
Pinel, Esquirol (Paris)
Tukes (York), Dix (US),
Chiarugi (Italy)



Ugo Cerletti
(early use by Romans)

ECT 1938



And now at last –
Psychopharmacology
to the rescue

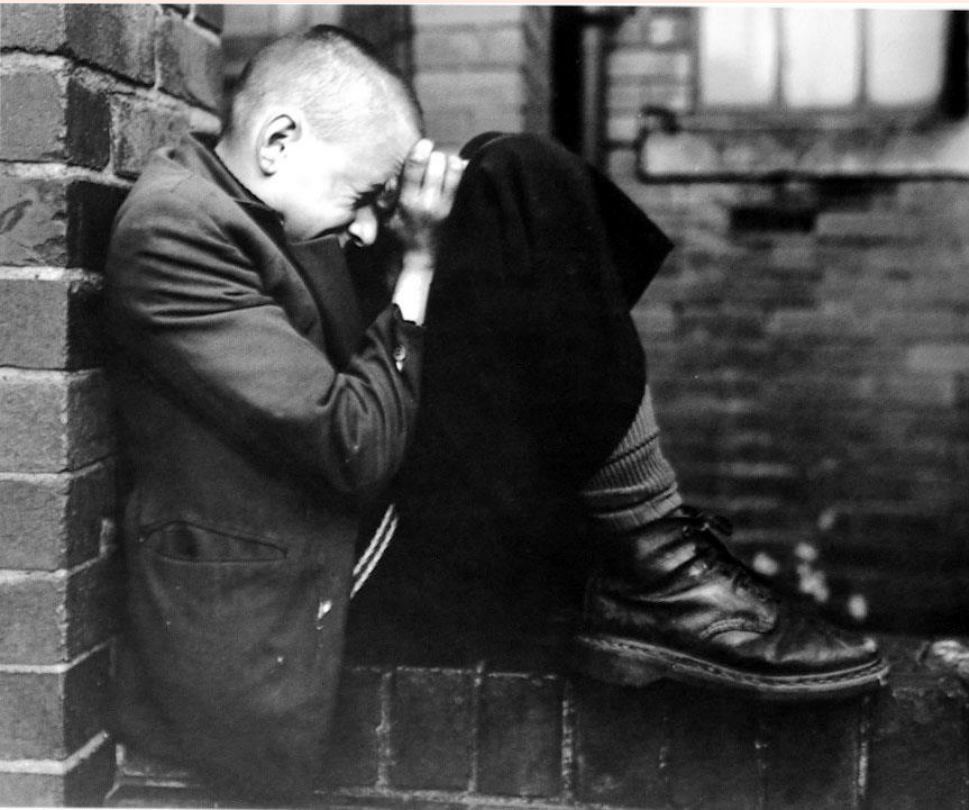


The way we are

North of England 1975-87

Chris Killip from 'In Flagrante' 1988
(1500 deaths/year starvation and exposure)

Desperation, starvation, homelessness.
(Obesity, diabetes, heart disease)





The way we are

Objectives

- To show the reduction in beds over time
- To show the reduction in length of stay and bed days
- Show the increase in prison population and rates of mental illness
- Demonstrate the increase in homelessness
- Show the outcome in severe mental disorder is unchanged

Method

- Use national and other references to illustrate the above points
- Information (data) in plenty but not necessarily understanding. Associations and inferences may → better understanding.

Note that not all data are consistent
due to inconsistency in reported numbers
from different sources

Psychiatric beds in Canada

Year	Beds	Ψ Beds/ 100,000 Popn	PT days/ 100,000 Popn/yr	ALOS (days)	Separations /100,000 Popn/yr
1936	37374	536	1311	1401	93.6
1962	61669	331	1279	555	230.5
1976	46421	89	665	250	265.7
2009/10	13041 (2005-06 estimate)	40	146	26	532*

Sources: Statistics Canada. Historical statistics of Canada 2nd edition,
 FH Leacy editor. Minister of Supply and Services Canada 1983.
 Hospital Mental Health Services in Canada, 2005-06 and 2009-10.
 Canadian Institute for Health Information.

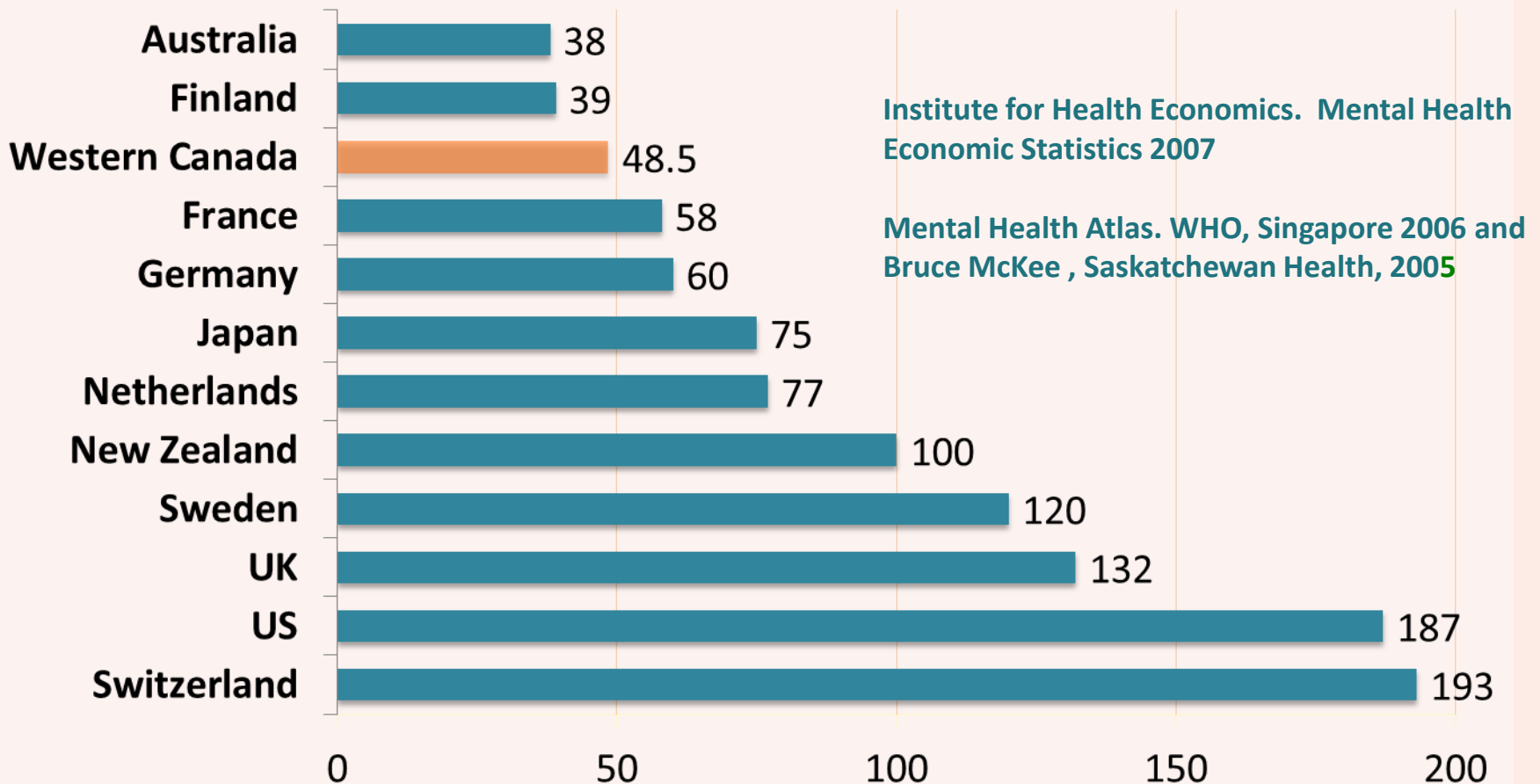
https://secure.cihi.ca/free_products/Mental%20Health%20Annual%20Report%202009-2010%20FY_2012_EN-web.pdf
 Accessed 6 Oct 2013

*Includes mental hospitals and general hospitals.

*Note MHs accounted for 13% of separations but 40% of patient days.

Mental Health Resources

Total psychiatric beds (psychiatric and general hospitals) per hundred thousand population
selected countries



Readmission Rates 2009-10

(general hospitals)

Patients with Schizophrenia and Psychotic Disorders

30 day readmission rate	1 year readmission rate
9.01%	32.81%

Is this system failure?

Hospital Mental Health Services in Canada, 2009-10.
Canadian Institute for Health Information.

Mental Health Beds and Prisons

Penrose's Law in operation?

'Penrose's Law' states that the population size of [prisons](#) and [psychiatric hospitals](#) are inversely related

Year	Mental Health Beds	Beds/ 100,000	Federal Prison Incarceration Rates/100,000*
1969	65,000	309	80
2012	10,653	30	140

*Note: more prisoners are in Provincial than in Federal prisons, adult popn.

[Imprisoning the mentally ill](#) [www.cmaj.ca](#) on January 21, 2013

[www.statcan.gc.ca/pub/85-002-x/2012001/article/11715-eng.htm#a3](#)

[www.who.int/mental_health/evidence/atlas/profiles/can_mh_profile.pdf](#)

[www.csc-scc.gc.ca/text/pblct/forum/e123/e123h-eng.shtml](#)

Penrose L. Br J Med Psychol 1939;18[1]:1-15

[Hartvig P, Kjelsberg E. Penrose's law revisited: the relationship between mental institution beds, prison population and crime rate. Nord J Psychiatry. 2009;63\(1\):51-6.](#)

Prison Population

- 38 000 offenders were in federal or provincial jails on any given day in fiscal 2010/11
 - about 15,000 are in the federal system
- Canada ranks 17th of the 34 OECD countries for incarceration rates
- Many reports indicate major crime rates are decreasing
- More are in prison awaiting trial than convicted offenders

(www.statcan.gc.ca/pub/85-002-x/2012001/article/11715-eng.htm)

Imprisoning the mentally ill. www.cmaj.ca on January 21, 2013

note: the federal prison system takes those sentenced to two years or more

The Federal Prison Population

- 61% out of Federal prisoners received Mental Health services in 2010-11
- 30.1% of women offenders and 14.5% of male offenders had had previous psychiatric hospitalization.
- Comorbidity is common, substance abuse problems affect 4 out of 5 offenders

Women in Federal Corrections

- 50% of sentenced women report history of self-harm,
- >50% report current or previous drug addiction,
- 85% report a history of physical abuse
- 68% had experienced sexual abuse

ANNUAL REPORT OF THE OFFICE OF THE CORRECTIONAL INVESTIGATOR 2009-2010
(www.oci-bec.gc.ca/rpt/annrpt/annrpt20092010-eng.aspx)
(www.oci-bec.gc.ca/rpt/annrpt/annrpt20112012-eng.aspx#s4)

Homelessness

Toronto (population 5.7m)

- 30,000 people use homeless shelters annually.
- 66% have lifetime diagnosis of mental illness.
- 10% had attempted suicide.
- 33% had been physically assaulted.
- 20% of women had been sexually assaulted.

Wellesley Institute (2006). Blueprint to end homelessness. Available at:

<http://wellesleyinstitute.com/theblueprint/>

The Pathways to Homelessness study as referenced by Riordan, T. (2004). Exploring the circle: Mental illness, homelessness and the criminal justice system in Canada.

Available at: <http://www.parl.gc.ca/information/library/PRBpubs/prb0402-e.htm>

Homelessness

Canada (population 34.5 M)

823 emergency or transitional shelters 25,058 beds¹

Alberta (population 3.8 million) number of homeless²

Year	Calgary	Edmonton
1992	447	
1999		836
2006	3436	2200
2012	3576	2147

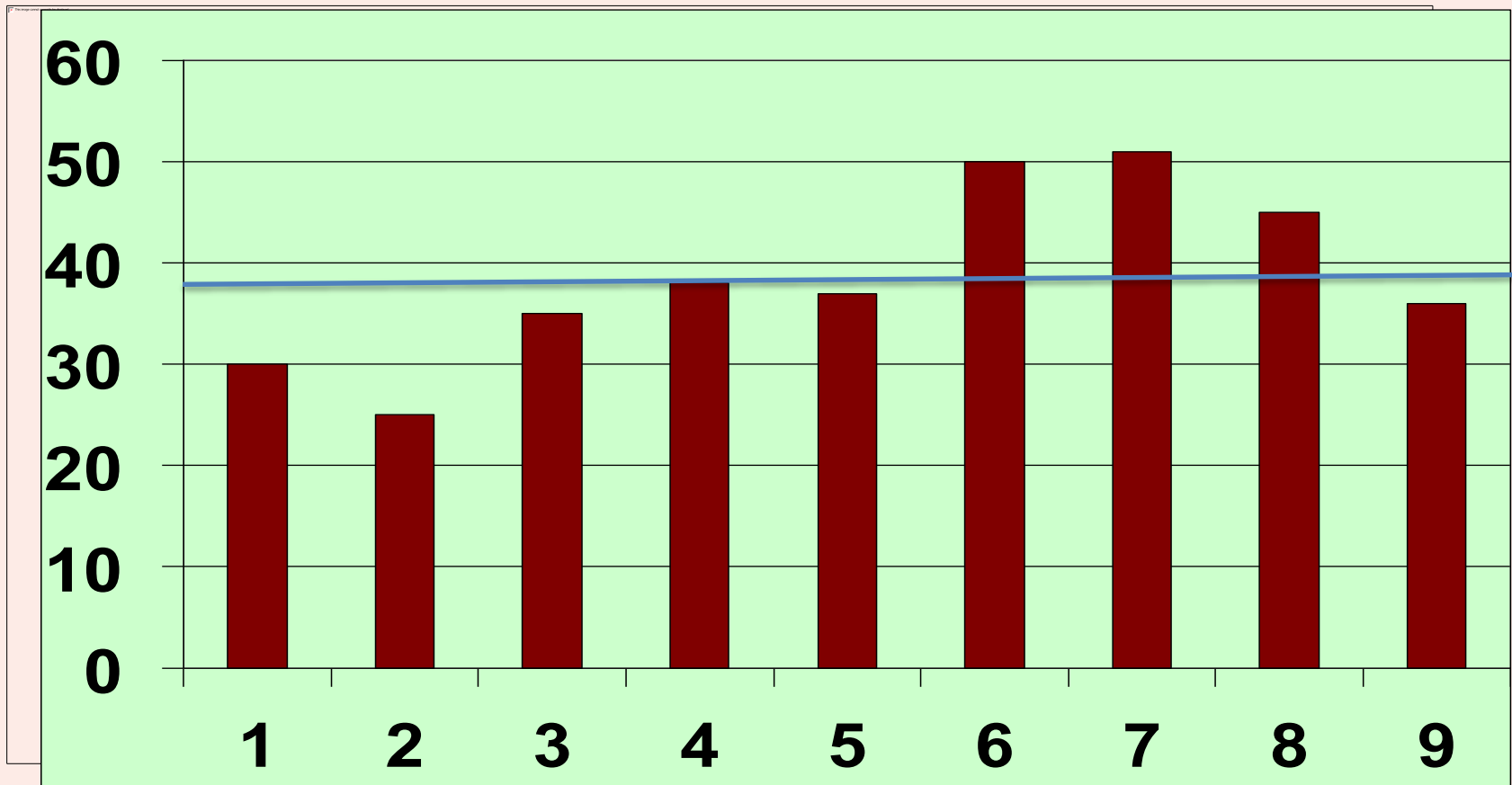
¹These figures are reported by the Homeless Individuals and Families Information System (HIFIS) and are Available at: http://www.hifis.ca/resources/hifis/index_e.asp

² <http://www.calgarysun.com/2012/10/25/number-of-homeless-on-calgarys-streets-continues-to-rise>

²Edmonton homeless study (2004).and <http://homelesscommission.org/>

² Harding, K. & Walton, D. October 7th, 2009. There's no place like homeless. The Globe and Mail.

Outcome in Schizophrenia 1900-1990, showing percent improved in studies from each decade



Hegarty and associates. American Journal of Psychiatry 1994; 151: 1409-1416

Schizophrenia:

Long-term Outcome Studies

Outcome	Thompson et al (2010)	Harrison et al. Incidence (2001)	Harrison et al. prevalence (2001)	Marengo et al. (1991)	Ciampi (1991)	Harding et al. (1987)
Good	48.5	67.6	62.5	28.3	50.4	62
Poor	51.5	32.4	37.5	71.7	49.6	38

“Patients with schizophrenia did not show a progressive downhill course”, but that overall “schizophrenia is nevertheless a disorder with relatively poor outcome”.

Jobe TH, Harrow M. Long-term outcomes of patients with schizophrenia: a review. *Can J Psychiatry* 2005;50:892–900

Ciampi L. Catamnestic long-term study on the course of life and aging of schizophrenics. *Schizophr Bull.* 1980;6:606-617.

Marengo J, Harrow M, Sands J, et al. European versus U.S. data on the course of schizophrenia. *Am J Psychiatry.* 1991;148:606-611.

Harrison G, Hopper K, Craig T, et al. Recovery from psychotic illness: A 15- and 25-year international follow-up study. *Br J Psychiatry.* 2001;178:506-517.

Harding CM, Brooks GW, Ashikaga T, et al. The Vermont Longitudinal Study of Persons With Severe Mental Illness, II: Long-term outcome of subjects who retrospectively met DSM-III criteria for schizophrenia. *Am J Psychiatry.* 1987;144:727-735.

Thompson AH, Newman SC, Orn H, Bland RC. Improving Reliability of the Assessment of the Life Course of Schizophrenia. *Can J Psychiatry.* 2010;55(11):729–735.

Conclusions

- Reduction in psychiatric beds.
- Decreased length of stay .
- Admission and readmission rate increased.
- Prison population increasing, with high prevalence of mental illness.
- Homelessness rates high with high prevalence of mental illness.
- Prognosis for major psychiatric disorders unchanged despite changes in care systems and treatments.

What we want from this conference

- To learn how others are managing these problems
- To find the best practices
- To promote policy development and public support to enable those with severe mental illness to achieve their highest level of recovery

END

Thank you for listening.

**I hope the conference
will meet your expectations**

