

Deinstitutionalization:
Unintended Consequences

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Historical Paper

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Process Paper

My research began with reading about various supreme court cases and their impact on society. I found one case that was particularly interesting: O'Connor v. Donaldson. This case showed how the mentally ill have been affected by government policies. When reading the case, I thought of the old Crownsville Mental Hospital that I would drive by when going to soccer practice. The hospital was dilapidated and had a storied past. This led me to research the process of deinstitutionalization which I realized was a great fit for the theme. I also was captivated by the eye-opening research I conducted regarding deinstitutionalization's effects on the criminal justice system which has been quite profound. I began looking at various scholarly journals which offered a significant amount of information as well as references I could further explore. I sifted through these various articles while taking notes on anything I found to be important or interesting. I proceeded to develop a thesis before researching data to prove that thesis. I used government documents and records to find information regarding the mentally ill.

I settled on writing a paper because I believed it would be the most efficient way of communicating the information I had gathered. I was able to use quotations, data, and personal stories from people like Nellie Bly to support my thesis. I had also read many journal articles about deinstitutionalization and wanted to adopt the style.

Deinstitutionalization relates to the theme because it was the conscious departure from an unethical historical path. The legislation allowed the mentally ill patients to be liberated from the abuses of mental asylums. Deinstitutionalization is also interesting for the topic of turning points in history because it deals with many negative outcomes. Although it was based on sound morals, deinstitutionalization ultimately led to a significant number of mentally ill persons being incarcerated or experiencing homelessness. My argument is centered around the sharp rise in

incarceration and homelessness following the closing of mental asylums, and how the two intersect. It is significant because the lack of funding for mental illness persists today and has profound impacts on people and their communities across the United States. In order to effectively address these issues, an understanding of the history of deinstitutionalization is requisite.

Historical Paper

“The insane asylum on Blackwell’s Island is a human rat-trap. It is easy to get in, but once there it is impossible to get out.”¹ Nellie Bly spent her life studying and documenting the horrors within mental institutions prevalent in the 19th and early 20th century.² These government-run asylums were infamous for their inhumane methods and squalid conditions. The shutting down of these facilities would come to be known as deinstitutionalization: serving as a turning point in history. The deinstitutionalization movement was brought about by progressive legislation, advancement in medical technology, and a belief in improving the lives of the mentally ill. While guided by the right intentions, it unfortunately resulted in the transfer of the mentally ill into the United States’ criminal justice system and the street. Over the course of this paper, the terms asylum, mental hospital, and mental institutions are used interchangeable and all reference the state-funded establishments that previously housed people identified with mental illness.

Benjamin Rush was an early medical practitioner, serving as the chair of the Institutes of Medicine and Clinical Practice for the University of Pennsylvania in 1791.³ He was the first doctor in America to advocate that mental illness was an issue of the mind and not one ascribable

¹ Bly, Nellie. “Ten Days in a Mad-House: Nellie Bly’s Experience on Blackwell’s Island - Feigning Insanity in Order to Reveal Asylum Orders.” *Ten Days in a Mad-House: Nellie Bly’s Experience on Blackwell’s Island - Feigning Insanity in Order to Reveal Asylum Orders*, mitpressbookstore.mit.edu/book/9781646797424. Accessed 8 Jan. 2024.

² Norwood, By: Arlisha R. “Biography: Nellie Bly.” *National Women’s History Museum*, www.womenshistory.org/education-resources/biographies/nellie-bly-0. Accessed 8 Jan. 2024.

³ “Dr. Benjamin Rush.” *Penn Medicine*, Penn Medicine, www.uphs.upenn.edu/paharc/features/brush.html#:~:text=(1745%2D1813)-,Dr.,printed%20in%20the%20United%20States. Accessed 8 Jan. 2024.

to Satan or otherworldly influences.⁴ He produced the United States' first psychiatric textbook in 1812. The study of psychiatry led to the development of new drugs and ideas which played a crucial role during deinstitutionalization.

The process of deinstitutionalization began federally as early as 1946, the year President Harry Truman signed the National Mental Health Act. The act called for the establishment of the National Institute of Mental Health that would conduct research into mental illnesses and propose solutions to the current issues surrounding asylums.⁵ The Institute was formally established in 1949 and would lay the groundwork for future deinstitutionalization measures. The next major stepping stone was the Community Mental Health Act (CMHA) signed into law by President John F. Kennedy in 1963.⁶ The CMHA closed a large number of mental hospitals with the plan to replace them with community-based centers.⁷ The main reason for this decision was the trust placed in new experimental, antipsychotic drugs. The most notable of these drugs was Chlorpromazine also known as Thorazine. Developed in 1951, Chlorpromazine was hailed as the solution for mental illness and one that spurred the movement of returning patients back

⁴ *ibid.*

⁵ BRAND, JEANNE L. "THE NATIONAL MENTAL HEALTH ACT OF 1946: A RETROSPECT." *Bulletin of the History of Medicine*, vol. 39, no. 3, 1965, pp. 231–45. *JSTOR*, <http://www.jstor.org/stable/44447563>. Accessed 8 Jan. 2024.

⁶ Dr. Erickson. "Deinstitutionalization through Optimism: The Community Mental Health Act of 1963." *American Journal of Psychiatry Residents' Journal*, 11 June 2021, [ajp.psychiatryonline.org/doi/10.1176/appi.ajp-rj.2021.160404#:~:text=Because%20of%20construction%20and%20long,558%2C922%20in%201955%20\(2\)](http://ajp.psychiatryonline.org/doi/10.1176/appi.ajp-rj.2021.160404#:~:text=Because%20of%20construction%20and%20long,558%2C922%20in%201955%20(2).).

⁷ *ibid.*

into communities around America.⁸ While it was initially believed it could successfully treat schizophrenia and bipolar disorder, the drug ultimately proved to be ineffective and caused negative side-effects.⁹ Thorazine's ineffectuality coupled with the Act's failure to deliver on its promise resulted in the rocky beginning of the deinstitutionalization movement. The American Journal of Psychiatry describes the CMHA's failure, stating, "Because of construction and long-term funding impediments, states built approximately half of the 1,500 centers outlined in the CMHA."¹⁰ Kennedy did succeed in establishing his administration as one centered around federal idealism and the belief that government could have a positive impact in the issues of mental illness. The bill brought the destruction of numerous state facilities thus marking the end of an era for government-controlled institutionalization of people with mental illnesses. This was a distinct departure from previous government involvement and a decision intended to bring the end to the abuse-riddled asylums that had dominated the early part of American history.

The establishment of Medicaid (1965), a public health insurance program, also played a central role in the closing down of state-run hospitals. Medicaid incentivized states to move patients out of state-run institutions and into localized nursing homes.¹¹ This was due to Medicaid no longer offering federal funding for the state hospitals but rather to county-run

⁸ Pow, Joni Maria Lee. "A State-Level Analysis of Deinstitutionalization and the Impact of Chlorpromazine ." *LSU Scholatory Repository*, repository.lsu.edu/cgi/viewcontent.cgi?article=2356&context=gradschool_dissertations. Accessed 9 Jan. 2024.

⁹ *ibid.*

¹⁰ *ibid.*

¹¹ Pan, Deanna. "Timeline: Deinstitutionalization and Its Consequences." *Mother Jones*, 29 Apr. 2013, www.motherjones.com/politics/2013/04/timeline-mental-health-america/.

nursing homes which would receive the reimbursement.¹² Further, the transition away from state-run facilities reflected the challenges of applying federal law to local funding. In the beginning years of Medicaid, county pay-outs were skewed towards majority-white areas. A study on health care of Black Americans details the discrepancy, “Analysis of 1964 and 1974 data found that Medicaid benefits were unevenly distributed by race and geographic region. Average Medicaid payments per white beneficiary were 74 percent higher than payments per black beneficiary.”¹³ Additionally, the aforementioned psychiatric drug, Chlorpromazine, was often used to treat misdiagnoses of Schizophrenia in black men, a phenomenon especially prevalent in the infamous Ionia State Hospital.¹⁴ The racial undertones of acts like Medicaid and CMHA coupled with the over-prescription of Thorazine to black patients contributed to the problematic period of deinstitutionalization.¹⁵

Along with federal legislation, state and courts were beginning to change the way in which mental illness was addressed. The most significant of these states’ acts occurred in 1967, when the California legislature passed the Lanterman-Petris-Short Act which sought to “end the

¹² Koyanagi, Chris. “Learning From History: Deinstitutionalization of People with Mental Illness As Precursor to Long-Term Care Reform.” *Kaiser Commission*, www.kff.org/wp-content/uploads/2013/01/7684.pdf.

¹³ Davis, Karen, et al. “Health Care for Black Americans: The Public Sector Role.” *The Milbank Quarterly*, vol. 65, 1987, pp. 213–47. *JSTOR*, <https://doi.org/10.2307/3349956>.

¹⁴ Metz, Jonathon. “Metz, Jonathan. the Protest Psychosis: How Schizophrenia Became a Black Disease: Disability Studies Quarterly.” Edited by Nadia Monique Richardson, *The Protest Psychosis: How Schizophrenia Became a Black Disease*, *Disabilities Studies Quarterly*, dsq-sds.org/index.php/dsq/article/view/3021/3063. Accessed 13 May 2024.

¹⁵ Ibid

inappropriate, indefinite, and involuntary commitment of persons with mental health disorders.”¹⁶ Seven years later, the Supreme Court would rule in the landmark, *O’Connor v. Donaldson* case. Donaldson sued O’Connor and other members of the Florida asylum on the grounds that he was unfairly held against his will.¹⁷ Donaldson argued that because he posed no danger to himself or anyone else, the hospital was infringing upon his personal liberty by containing him.¹⁸ The court ruled in favor of Donaldson.¹⁹ The decision required mental institutions to release any non-dangerous patient, liberating thousands of patients.²⁰

The final step in deinstitutionalization was taken by Jimmy Carter in 1980. He signed the Mental Health Systems Act which placed emphasis “on the care and treatment of chronic mental illness to ensure that mental health support and aftercare services are available at the community level.”²¹ The act created a commission which would oversee the allocation of

¹⁶ “LPS Act - Involuntary Psychiatric Treatment.” *LPS Act - Involuntary Psychiatric Treatment | Humboldt County, CA - Official Website*, humboldt.gov/3278/LPS-Act---Involuntary-Psychiatric-Treatm#:~:text=Information%20for%20Patients%20Families,persons%20with%20mental%20health%20disorders%E2%80%9D. Accessed 8 Jan. 2024.

¹⁷ “*O’Connor v. Donaldson*.” *Oyez*, www.oyez.org/cases/1974/74-8.

¹⁸ *ibid.*

¹⁹ *ibid.*

²⁰ Hirshbein, Laura. “*O’Connor v Donaldson (1975): Legal Challenges, Psychiatric Authority, and the Dangerousness Problem in Deinstitutionalization*.” *American Journal of Legal History*, Oxford University Press, 23 Jan. 2023, academic.oup.com/ajlh/article-abstract/62/4/349/7050971?redirectedFrom=fulltext.

²¹ Bell, Katherine. “The Mental Health Systems Act of 1980.” *DttP: Documents to the People*, 2022, journals.ala.org/index.php/dttp/article/view/7933/11034#:~:text=The%20Mental%20Health%20Systems,local%20facilities%20available%20to%20them.

funds and the development of community services. This commission, however, was flawed in its construct. With members from a diverse set of backgrounds including ministers, lawyers, labor leaders, and psychiatrists, the commission was divided by core ideological differences and an inability to define mental illness and its causes.²² Some still viewed mental illness as being derived from societal issues like that of poor housing, education, and lack of employment.²³ These key differences prevented the commission from being successful, and the misunderstanding of mental illness persisted, making it difficult to find an effective solution. The act itself allocated a large portion of government funds which were to be used to address the aftermath of shutting down state mental institutions. Following the end of Carter's presidency, Ronald Reagan took office, repealing the Mental Health Systems Act and passing the Omnibus Budget Reconciliation Act of 1981.²⁴ The Omnibus Budget Reconciliation Act severed the funding for mental illness that President Carter had included in welfare programs. President Reagan abandoned the community centers, causing them to either be unrealized or underfunded.

Following the passage of the deinstitutionalization-centered legislations, the United States experienced a sharp reduction in mental hospital patients. PBS details this decline:

“By 1994, the nation's population had increased to 260 million. If there had been the same proportion of patients per population in public mental hospitals in 1994 as there had been in 1955, the patients would have totaled 885,010. The true magnitude of deinstitutionalization, then, is the difference between 885,010 and 71,619. In effect,

²² *ibid.*

²³ *ibid.*

²⁴ *ibid.*

approximately 92 percent of the people who would have been living in public psychiatric hospitals in 1955 were not living there in 1994.”²⁵

Even after 1994, the trend continued with the number of inpatients dropping below 50,000 in 2014.²⁶ The decrease in mentally-ill patients is correlated with the reduction in state-run mental facilities and the reduction in size of these hospitals. The Mental Health Systems Act and the CMHA played major roles in this decline. Between the years of 1970 and 1992, state hospitals were reduced from 310 and 273 with their inpatient populations dropping 77%.²⁷

The deinstitutionalization of mentally ill patients had an enormous effect on the communities around the United States. The Omnibus Budget Reconciliation Act highlights the lack of government funding allocated to deal with mental illness. The release of patients back into the community corresponds to the steep rise in incarceration rates and homeless populations. In a 2016 census collected by the US Department of Justice, 42.9% of prisoners surveyed had a history of mental illness.²⁸ This is compared to a 2021 study which showed that 22.8% of all

²⁵ “Deinstitutionalization - Special Reports | The New Asylums | Frontline.” *PBS*, Public Broadcasting Service, www.pbs.org/wgbh/pages/frontline/shows/asylums/special/excerpt.html. Accessed 8 Jan. 2024.

²⁶ “TREND IN PSYCHIATRIC INPATIENT CAPACITY, UNITED STATES AND EACH STATE, 1970 TO 2014.” *NASMHPD*, acamh.onlinelibrary.wiley.com/doi/epdf/10.1111/camh.12636. Accessed 9 Jan. 2024.

²⁷ Witkin, M J, et al. “Trends in State and County Mental Hospitals in the U.S. from 1970 to 1992.” *Psychiatric Services (Washington, D.C.)*, U.S. National Library of Medicine, pubmed.ncbi.nlm.nih.gov/8890334/. Accessed 8 Jan. 2024.

²⁸ Maruschak, Laura M, et al. “Indicators of Mental Health Problems Reported by Prisoners: Survey of Prison Inmates, 2016.” *U.S. Department of Justice*, bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/imhprpspi16st.pdf. Accessed 9 Jan. 2024.

Americans have a history with mental illness.²⁹ Mentally-ill persons are overly represented as inmates. This also proves true within the homeless populations. According to a 2022 Department of Housing and Urban Development study, approximately 21% of homeless persons are reported to have a serious mental illness (SMI) whereas in the general population only around 6% have a SMI.³⁰ This data coupled with the fact that the homeless are eight to eleven times more likely to be arrested creates a stigma around mental illness within the criminal justice system.³¹ This stigma can be observed in jailing and fatal shooting statistics. A Washington Post study revealed that since 2015, 20% of victims killed by police were experiencing a SMI.³² Additionally, a 1992 report from the Department of Justice held that 30,700 seriously mentally ill individuals serve jail time every day.³³ Often these inmates receive no psychiatric treatment and will largely not be charged for crimes despite being arrested. Their containment reflects the lack of community help

²⁹ “Mental Illness.” *National Institute of Mental Health*, U.S. Department of Health and Human Services, www.nimh.nih.gov/health/statistics/mental-illness. Accessed 8 Jan. 2024.

³⁰ Sousa, Tanya de, et al. “The 2022 Annual Homelessness Assessment Report (AHAR) to Congress.” *The U.S. Department of Housing and Urban Development*, 2022, www.huduser.gov/portal/sites/default/files/pdf/2022-AHAR-Part-1.pdf.

³¹ Mayer, Christopher, and Jessica Reichert. “Illinois Criminal Justice Information Authority.” *ICJIA*, icjia.illinois.gov/researchhub/articles/the-intersection-of-homelessness-and-the-criminal-justice-system. Accessed 8 Jan. 2024.

³² “Police Shootings Database 2015-2023.” *The Washington Post*, www.washingtonpost.com/graphics/investigations/police-shootings-database/. Accessed 9 Jan. 2024.

³³ Torrey, E F, et al. “Criminalizing the Seriously Mentally Ill: The Abuse of Jails As Mental Hospitals.” *U.S. Department of Justice*, www.ojp.gov/ncjrs/virtual-library/abstracts/criminalizing-seriously-mentally-ill-abuse-jails-mental-hospitals. Accessed 8 Jan. 2024.

for those that suffer. Moreover, the increased likelihood of African American men to be fatally shot by police coupled with the lack of resources in urban communities results in a spike of arrests and deaths within the marginalized community.

Mental illness remains a largely underfunded sector of the medical community as it remains ineffectively addressed under legislation such as the Omnibus Budget Reconciliation Act. Deinstitutionalization-based legislation has seen an alarming lack of mental health physicians and psychiatrists as well as nursing homes and community facilities, which were outlined in plans, but have failed to come to fruition. For example, the Lanterman-Petris-Short Act had a shocking effect on the Californian Justice System. A year after the act was established, the number of mentally ill people in the Californian jails doubled.³⁴ The community centers described in the bill were never built and the justice system suffered as a result. Additionally, the lack of spaces for psychiatric care has resulted in the transinstitutionalization of the mentally ill who find themselves behind bars where little to no medical assistance is offered.

Lionel Penrose, a former professor of eugenics at University College London, was a widely regarded theorist on deinstitutionalization.³⁵ He was the first to produce the theory of transinstitutionalization in 1939. He hypothesized that the number of psychiatric beds is

³⁴ Abramson, Marc F. "The Criminalization of Mentally Disordered Behavior." *Psychiatric Services*, 1 Apr. 2006, ps.psychiatryonline.org/doi/epdf/10.1176/ps.23.4.101.

³⁵ "Lionel Sharples Penrose." *Lionel Sharples Penrose | RCP Museum*, history.rcplondon.ac.uk/inspiring-physicians/lionel-sharples-penrose. Accessed 8 Jan. 2024.

inversely related to the prison population.³⁶ The Penrose Hypothesis is compelling, offering a logical explanation for the rise in inmates following deinstitutionalization. Certain data sets support this thesis. A graph put together by the University of Chicago Law school details the decline in mental hospital inmates with the rise in prisoners from 1930 to 2000.³⁷ This supports Penrose's transinstitutionalization theory. One prison worker noted, "Deinstitutionalization doesn't work. We just switched places. Instead of being in hospitals the people are in jail. The whole system is topsy-turvy and the last person served is the mentally ill..."³⁸ Without the proper funding and staffing of community-based centers, people with mental illness are increasingly likely to end up homeless or in prison.

The increased likelihood for the mentally ill to end up in the criminal justice system has resulted in exposure and subsequent scrutiny of their treatment in prisons. In 2007, 12,000 inmates with mental illness sued the Illinois Department of Corrections over alleged improper treatment.³⁹ A settlement was eventually reached in 2016 where the state promised to revamp

³⁶ Schildbach, Sebastian, and Carola Schildbach. "Criminalization Through Transinstitutionalization: A Critical Review of the Penrose Hypothesis in the Context of Compensation Imprisonment." *National Library of Medicine*, 25 Oct. 2015, www.ncbi.nlm.nih.gov/pmc/articles/PMC6209624/.

³⁷ Raphael, Steven, and Michael A. Stoll. "Assessing the Contribution of the Deinstitutionalization of the Mentally Ill to Growth in the U.S. Incarceration Rate." *The Journal of Legal Studies*, vol. 42, no. 1, 2013, pp. 187–222. *JSTOR*, <https://doi.org/10.1086/667773>. Accessed 9 Jan. 2024.

³⁸ *ibid.*

³⁹ Herman, Christine. "Most Inmates with Mental Illness Still Wait for Decent Care." *NPR*, NPR, 3 Feb. 2019, www.npr.org/sections/health-shots/2019/02/03/690872394/most-inmates-with-mental-illness-still-wait-for-decent-care.

correctional care of the mentally ill.⁴⁰ This case highlighted the ineffectiveness of the prison system to address mental illness and the need for community-based services. In a 2000 study, the Department of Justice found that only 51% of correctional facilities offer 24-hour care to mentally ill inmates.⁴¹ The funneling of mentally ill patients into prisons costs the state a significant portion of money with patients with SMI requiring more treatment and attention than the average inmate.⁴² The mentally ill tend to stay in prison longer and are more likely to reoffend.⁴³

Deinstitutionalization marked the departure from a path of abuse, one that sought to end the squalor and inhumanity of mental asylums. It stemmed from a place of good will and social progressivism aimed at preventing a future in which the mentally ill continued to suffer underneath the broken system. Ultimately, the hospitals' replacements were underfunded or often nonexistent; legislation ridded the nation of asylums but provided no effective solution. This lack of infrastructure resulted in transinstitutionalization as the mentally ill were moved back into the community or in situations of homelessness. This contributed to the degradation of the criminal justice system with the increase of mentally ill prisoners. The deinstitutionalization movement

⁴⁰ Yohanna, Daniel. "Deinstitutionalization of People with Mental Illness: Causes and Consequences." *Journal of Ethics | American Medical Association*, American Medical Association, 1 Oct. 2013, journalofethics.ama-assn.org/article/deinstitutionalization-people-mental-illness-causes-and-consequences/2013-10.

⁴¹ Beck, Allen J, and Laura M Maruschak. "Mental Health Treatment in State Prisons, 2000 ." *U.S. Department of Justice*, bjs.ojp.gov/content/pub/pdf/mhtsp00.pdf. Accessed 9 Jan. 2024.

⁴² Howell, Destiny. "The Unintended Consequences of Deinstitutionalization ." *Georgetown University Law*, www.law.georgetown.edu/american-criminal-law-review/wp-content/uploads/sites/15/2021/10/54-0_Howell_Deinstitutionalization.pdf. Accessed 9 Jan. 2024.

⁴³ *ibid.*

could have seen the improvement of the lives of the mentally ill. Instead, many continue to struggle with homelessness and the lack of resources in the criminal justice system.

“I have watched patients stand and gaze longingly toward the city they in all likelihood will never enter again. It means liberty and life; it seems so near, and yet heaven is not further from hell.”⁴⁴

⁴⁴ Bly, Nellie. “Ten Days in a Mad-House Quotes .” *Goodreads*, Goodreads,

www.goodreads.com/work/quotes/1636567-ten-days-in-a-mad-house. Accessed 8 Jan. 2024.

Annotated Bibliography

Primary Sources

Beck, Allen J, and Laura M Maruschak. "Mental Health Treatment in State Prisons, 2000." *U.S. Department of Justice*, bjs.ojp.gov/content/pub/pdf/mhtsp00.pdf. Accessed 9 Jan. 2024.

A Bureau of Justice report on the process in which mental health is screened and dealt with at state prisons. It offered me valuable information on how mental illness is treated in prison. I was able to use this resource to prove the fact that deinstitutionalization had a negative effect on the mentally ill.

Bly, Nellie. "Ten Days in a Mad-House: Nellie Bly's Experience on Blackwell's Island - Feigning Insanity in Order to Reveal Asylum Orders." *Ten Days in a Mad-House: Nellie Bly's Experience on Blackwell's Island - Feigning Insanity in Order to Reveal Asylum Orders*, mitpressbookstore.mit.edu/book/9781646797424. Accessed 8 Jan. 2024.

The MIT bookstore offered me snippets of Nellie Bly's book. I picked out a particularly eye-catching quote that I was able to use in my introduction. It helped me understand the abuses that occurred within mental asylums.

Bly, Nellie. "Ten Days in a Mad-House Quotes ." *Goodreads*, Goodreads, www.goodreads.com/work/quotes/1636567-ten-days-in-a-mad-house. Accessed 8 Jan. 2024.

More quotes from Nellie Bly's novel, "Ten Days in a Mad-House." I utilized an excerpt as the conclusion to my paper.

"LPS Act - Involuntary Psychiatric Treatment." *LPS Act - Involuntary Psychiatric Treatment | Humboldt County, CA - Official Website*, humboldt.gov.org/3278/LPS-Act---Involuntary-Psychiatric-Treatm#:~:text=Information%20for%20Patients'%20Families,persons%20with%20mental%20health%20disorders%E2%80%9D. Accessed 8 Jan. 2024.

The Lanterman-Petris-Short Act was a crucial piece of legislation regarding deinstitutionalization. This source offered me specific details about the Act and its impact on the community.

Maruschak, Laura M, et al. "Indicators of Mental Health Problems Reported by Prisoners: Survey of Prison Inmates, 2016." *U.S. Department of Justice*, bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/imhprpspi16st.pdf. Accessed 9 Jan. 2024.

This government survey provided me with necessary data relating to the number of prisoners with mental health issues. I was able to compare this information with the number of mentally ill people in the general population to develop a theory based on deinstitutionalization.

Mayer, Christopher, and Jessica Reichert. "Illinois Criminal Justice Information Authority."

ICJIA, icjia.illinois.gov/researchhub/articles/the-intersection-of-homelessness-and-the-criminal-justice-system. Accessed 8 Jan. 2024.

This article provided me with data on how mental illness impacts homelessness. It shared specific percentages regarding the prevalence of mental illness among homeless populations.

"Mental Illness." *National Institute of Mental Health*, U.S. Department of Health and Human Services, www.nimh.nih.gov/health/statistics/mental-illness. Accessed 8 Jan. 2024.

These statistics provided me with information on how many people in the United States suffer from mental illness or severe mental illness. I was able to compare this information with the number of mentally ill homeless and incarcerated persons. This offered me a baseline as to analyze the effects of mental illness.

"Police Shootings Database 2015-2023." *The Washington Post*,

www.washingtonpost.com/graphics/investigations/police-shootings-database/. Accessed 9 Jan. 2024.

Persons with mental illness are disproportionately shot by police. The Washington Post tracked these statistics and organized them into a database.

Sousa, Tanya de, et al. "The 2022 Annual Homelessness Assessment Report (AHAR) to Congress." *The U.S. Department of Housing and Urban Development*, 2022, www.huduser.gov/portal/sites/default/files/pdf/2022-AHAR-Part-1.pdf.

A report given by the U.S. Department of Housing and Urban Development on the number of homeless people and the various ailments that affect them. The report had very specific information on mental illness that I was able to cite in my paper.

Torrey, E F, and J Stieber. "Criminalizing the Seriously Mentally Ill: The Abuse of Jails As Mental Hospitals." *U.S. Department of Justice*, www.ojp.gov/ncjrs/virtual-library/abstracts/criminalizing-seriously-mentally-ill-abuse-jails-mental-hospitals. Accessed 8 Jan. 2024.

The website from the U.S. Department of Justice offered me one, extremely valuable statistic. It was pertaining to the number of mentally ill persons that are arrested each day, without necessarily having committed a crime. This provided me statistical evidence of the stigma that exists around mental illness.

"TREND IN PSYCHIATRIC INPATIENT CAPACITY, UNITED STATES AND EACH STATE, 1970 TO 2014." *NASMHPD*, https://www.nasmhpd.org/sites/default/files/TACPaper.2.Psychiatric-Inpatient-Capacity_508C.pdf. Accessed 9 Jan. 2024.

The report provided a few different graphs which detailed the decline of inpatients as deinstitutionalization began to take shape. I was able to utilize this data to represent the effect of deinstitutionalization as a turning point in history.

Witkin, M J, et al. "Trends in State and County Mental Hospitals in the U.S. from 1970 to 1992."

Psychiatric Services (Washington, D.C.), U.S. National Library of Medicine, pubmed.ncbi.nlm.nih.gov/8890334/. Accessed 8 Jan. 2024.

The U.S. National Library of Medicine offered another useful source pertaining to the initial effectiveness of deinstitutionalization. It provided data on the decline of both mental asylums and number of patients these institutions could hold over time.

Secondary Sources

Abramson, Marc F. "The Criminalization of Mentally Disordered Behavior." *Psychiatric Services*, 1 Apr. 2006, ps.psychiatryonline.org/doi/epdf/10.1176/ps.23.4.101.

Marc Abramson describes in great detail the way in which the mentally ill are treated within the criminal justice system. This source served to both guide my research and offer anecdotes on how the mentally ill interact with the law.

Bell, Katherine. "The Mental Health Systems Act of 1980." *DttP: Documents to the People*, 2022, journals.ala.org/index.php/dttp/article/view/7933/11034#:~:text=The%20Mental%20Health%20Systems,local%20facilities%20available%20to%20them.

The Mental Health Systems Act was signed by Jimmy Carter in 1980. This was a major deinstitutionalization bill which also saw funding laid out for community services. This funding, however, would be cut by Reagan in a few years' time.

BRAND, JEANNE L. “THE NATIONAL MENTAL HEALTH ACT OF 1946: A RETROSPECT.” *Bulletin of the History of Medicine*, vol. 39, no. 3, 1965, pp. 231–45. *JSTOR*, <http://www.jstor.org/stable/44447563>. Accessed 9 Jan. 2024.

This source offers a detailed view of the National Mental Health Act of 1946, one of the earliest pieces of deinstitutionalization-based legislation. This Act set the stage for what would come later down the road. It also helped to form the National Institute for Mental Health.

Davis, Karen, et al. “Health Care for Black Americans: The Public Sector Role.” *The Milbank Quarterly*, vol. 65, 1987, pp. 213–47. *JSTOR*, <https://doi.org/10.2307/3349956>. Accessed 14 May 2024.

This scholarly article provided interesting data regarding the discrepancy in health care across races.

“Deinstitutionalization - Special Reports | The New Asylums | Frontline.” *PBS*, Public Broadcasting Service, www.pbs.org/wgbh/pages/frontline/shows/asylums/special/excerpt.html. Accessed 8 Jan. 2024.

A PBS article outlining the entire deinstitutionalization movement. This page served as the basis for my research and the outline of my paper. It provided me with many references and details that I was able to incorporate into my paper.

“Dr. Benjamin Rush.” *Penn Medicine*, Penn Medicine,

[www.uphs.upenn.edu/paharc/features/brush.html#:~:text=\(1745%2D1813\)-](http://www.uphs.upenn.edu/paharc/features/brush.html#:~:text=(1745%2D1813)-)

,Dr.,printed%20in%20the%20United%20States. Accessed 8 Jan. 2024.

This article provided me with background information on Benjamin Rush. Dr. Rush was one of the earliest psychiatrists and a major player in setting the stage for deinstitutionalization.

Dr. Erickson. “Deinstitutionalization through Optimism: The Community Mental Health Act of

1963.” *American Journal of Psychiatry Residents’ Journal*, 11 June 2021,

ajp.psychiatryonline.org/doi/10.1176/appi.ajp-

rj.2021.160404#:~:text=Because%20of%20construction%20and%20long,558%2C922%20in%201955%20(2).

Dr. Erickson offers a succinct summary of the CMHA. The CMHA played a major part in deinstitutionalization and was the reason for the closing of numerous mental asylums across the nation.

Herman, Christine. “Most Inmates with Mental Illness Still Wait for Decent Care.” *NPR*, NPR, 3

Feb. 2019, www.npr.org/sections/health-shots/2019/02/03/690872394/most-inmates-

[with-mental-illness-still-wait-for-decent-care](http://www.npr.org/sections/health-shots/2019/02/03/690872394/most-inmates-with-mental-illness-still-wait-for-decent-care).

I used this NPR article for its story of the 12,000 Illinois inmates suing the justice system. The inmates were unconstitutionally refused mental illness treatment and were even the victim of medical malpractice.

Hirshbein, Laura. "O'Connor v Donaldson (1975): Legal Challenges, Psychiatric Authority, and the Dangerousness Problem in Deinstitutionalization." *American Journal of Legal History*, Oxford University Press, 23 Jan. 2023, academic.oup.com/ajlh/article-abstract/62/4/349/7050971?redirectedFrom=fulltext.

A summary of the effects that O'Connor v Donaldson had on America. It changed the way in which mental asylums operated, leading to the liberation of thousands of patients across the United States.

Howell, Destiny. "The Unintended Consequences of Deinstitutionalization ." *Georgetown University Law*, www.law.georgetown.edu/american-criminal-law-review/wp-content/uploads/sites/15/2021/10/54-0_Howell_Deinstitutionalization.pdf. Accessed 9 Jan. 2024.

A fantastic review of deinstitutionalization and its role in impacting the criminal justice system. This was one of my earliest sources and provided me with further references and helped to guide my research.

Koyanagi, Chris. "Learning From History: Deinstitutionalization of People with Mental Illness As Precursor to Long-Term Care Reform ." *Kaiser Commission*, www.kff.org/wp-content/uploads/2013/01/7684.pdf. Accessed 9 Jan. 2024.

The source discussed the various bills and laws apart of deinstitutionalization. It analyzed how these different pieces of legislation impacted the movement and society as a whole.

“Lionel Sharples Penrose.” *Lionel Sharples Penrose* / RCP Museum,

history.rcplondon.ac.uk/inspiring-physicians/lionel-sharples-penrose. Accessed 8 Jan. 2024.

A famous eugenicist who came up with the idea of transinstitutionalization. The Penrose Hypothesis allowed me to structure my thesis and argument. It provided me a baseline for my data.

Metzl, Jonathon. “Metzl, Jonathan. the Protest Psychosis: How Schizophrenia Became a Black Disease: Disability Studies Quarterly.” Edited by Nadia Monique Richardson, *The Protest Psychosis: How Schizophrenia Became a Black Disease*, Disabilities Studies Quarterly, dsq-sds.org/index.php/dsq/article/view/3021/3063. Accessed 13 May 2024.

This article was interesting on the effects of Thorazine and how Schizophrenia was misdiagnosed and disproportionately affected the African American community.

Norwood, By: Arlisha R. “Biography: Nellie Bly.” *National Women’s History Museum*,

www.womenshistory.org/education-resources/biographies/nellie-bly-0. Accessed 8 Jan. 2024.

A summary of the life of Nellie Bly. I utilized this source to find information about Nellie Bly’s life and offer a short description in the beginning of my paper.

“O'Connor v. Donaldson.” *Oyez*, www.oyez.org/cases/1974/74-8.

O'Connor v Donaldson is the most famous deinstitutionalization Supreme Court Case. The court ruled in favor of Donaldson who was unfairly held against his will by his doctor, O'Connor. It set a new precedent in mental facilities.

Pan, Deanna. “Timeline: Deinstitutionalization and Its Consequences.” *Mother Jones*, 29 Apr. 2013, www.motherjones.com/politics/2013/04/timeline-mental-health-america/.

The source provided me with a timeline that I was able to work on. It gave me specific bills and instances to look at as I was framing my argument for deinstitutionalization.

Pow, Joni Maria Lee. “A State-Level Analysis of Deinstitutionalization and the Impact of Chlorpromazine .” *LSU Scholatory Repository*, repository.lsu.edu/cgi/viewcontent.cgi?article=2356&context=gradschool_dissertations. Accessed 9 Jan. 2024.

A dissertation paper about the effects of Chlorpromazine. Chlorpromazine was an antipsychotic drug that played a major role in the deinstitutionalization movement.

Raphael, Steven, and Michael A. Stoll. “Assessing the Contribution of the Deinstitutionalization of the Mentally Ill to Growth in the U.S. Incarceration Rate.” *The Journal of Legal Studies*, vol. 42, no. 1, 2013, pp. 187–222. *JSTOR*, <https://doi.org/10.1086/667773>. Accessed 9 Jan. 2024.

The journal provides me with an important analysis of how the mentally ill impact the prison system. Information from this journal was central to proving my thesis.

Schildbach, Sebastian, and Carola Schildbach. "Criminalization Through Transinstitutionalization: A Critical Review of the Penrose Hypothesis in the Context of Compensation Imprisonment." *National Library of Medicine*, 25 Oct. 2015, www.ncbi.nlm.nih.gov/pmc/articles/PMC6209624/.

A detailed look at the Penrose Hypothesis. The Penrose Hypothesis supported my thesis and the argument that mentally ill people did not necessarily benefit from the effects of deinstitutionalization.

Yohanna, Daniel. "Deinstitutionalization of People with Mental Illness: Causes and Consequences." *Journal of Ethics / American Medical Association*, American Medical Association, 1 Oct. 2013, journalofethics.ama-assn.org/article/deinstitutionalization-people-mental-illness-causes-and-consequences/2013-10.

A journal detailing the ethics behind deinstitutionalization. It provided information on how deinstitutionalization affected the mentally ill and how they have struggled since.