CHAPTER 1

CONCEPTS AND ISSUES IN
DEINSTITUTIONALIZATION

LEONA L. BACHRACH, Ph.D.

INTRODUCTION

Deinstitutionalization of services for persons with chronic mental disorders is but one manifestation of a social reform momentum that for a number of postwar years prevailed in the United States. Closely related to such notions as “normalization” (Wolfensberger 1970) and “mainstreaming” (Anonymous 1977; Omang 1979; Silverman 1979), deinstitutionalization for the chronically mentally ill has counterparts in an increased emphasis on community-based services for the developmentally disabled, the physically disabled and juvenile and adult criminal offenders.

There are currently some 2,000,000 persons suffering from chronic mental disorders in the nation (Goldman, Gattozzi and Taube 1981). These individuals, who reside in a multitude of settings, require a wide variety of services related to their mental health care. And although the deinstitutionalization movement has achieved some notable successes in providing such services in various kinds of nontraditional and noninstitutional environments, it is widely acknowledged that the target population in its entirety is today less than adequately and humanely served by existing programs. When it comes to caring for chronic mental patients, service systems are typically reported to be fragmented and unresponsive, and the most seriously ill are more often than not described as “falling through the cracks” (Bachrach 1980b).

Accordingly, after a quarter of a century’s experience in designing, implementing and attempting to perfect plans for community-based
care of these patients, many care-givers and service planners are now questioning both the assumptions and procedures of past deinstitutionalization efforts (Bassuk and Gerson 1978; Halpern et al. 1978; Langsley 1980; Scherl and Macht 1979). The deinstitutionalization movement has, in fact, been accused of overlooking the needs of the very people it was originally intended to serve, those whose mental illnesses are most persistent and most disabling (Zusman and Lamb 1977). There is a fair degree of consensus that community mental health services tend de facto to be geared toward patients who can, for the most part and most of the time, look after themselves; and the most seriously ill are alleged to have been shortchanged in the deinstitutionalization movement.

Certain basic circumstances are today understood to strain the provision of services targeted toward this particular patient population. First, individuals suffering from chronic mental disorders are characterized by a wide range of disabilities and service needs that often endure as lifelong conditions (Bachrach and Lamb 1982). In sharp contrast to the breadth and variety of these needs, service delivery tends to be planned with a view toward pragmatic simplicity. Hansell (1978) suggests that in general community-based programs for the chronically mentally ill irrelevantly place “unwarranted emphasis on the single-episode user of services” and thus exhibit a “deficiency of interest in people with lifelong disorders.”

Second, many efforts ostensibly designed as deinstitutionalization programs resist the treatment of the most severely impaired chronic mental patients and are not realistically directed toward their needs (Link and Milcarek 1980; Stern and Minkoff 1979; Task Panel 1978). Miller (1977) writes of an “inverse system of care” in which “the most trained and skilled clinicians deal with the most articulate, interesting and likely to succeed clientele,” while the existence of those patients most in need is largely ignored. Halpern and associates (1978) draw the parallel that “expecting the chronically mentally ill patient to use the current mental health system is like expecting a paraplegic to use stairs. . . . The chronic long-term mentally ill person can’t use the current mental health system because it’s oriented toward people who have motivation, who have the capacity to develop insights, to change behaviors, to accommodate through socially acceptable behaviors” (p. 19)—characteristics not generally descriptive of persons with chronic mental impairments.

Third, the delivery of community-based services to the chronically mentally ill takes place against a backdrop of stigma that is exceedingly