



The rate of imprisonment for people with mental illnesses has increased steadily since the 1960s.

Source: Mental Health in Prisons

A Brief History of How Mental Illness is Handled In America

By Karah Lindsey

Throughout history, people have always been mentally ill. How America has handled people with mental health needs has changed drastically. The first mental hospital, The Public Hospital of Williamsburg, was opened on October 12, 1773. At this time, stories in the *Virginia Gazette* chronicled some of the violence that came with “untreated lunacy.” Thus, the hospital came out of a fear that people with mental illnesses would cause harm to the community. The hospital treated patients with the most up-to-date treatments, such as tonics, purgatives, and laxatives, which were used to control behavior.

However, only people who had a good amount of money, whether it was from family and friends or whether they worked, could afford to check into a mental hospital. During the late 18th and early 19th centuries, the mentally ill who couldn’t afford proper treatments were often incarcerated with the general prison population. In the prison system, they wouldn’t receive any treatment. Rather, they were stripped naked, left in dark rooms without heat or proper toilets. If they misbehaved, they were chained to a wall and/or beaten by the prison guards. Few at the prisons took into consideration that these inmates were misbehaving through no fault of their own.

In the 1840s, Doreatha Dix worked to improve conditions for the mentally ill, and eventually convinced the US government to build 32 mental hospitals. Although this system was more humane than prisons, it became overcrowded and the government didn’t give it enough funding. During the 1950s and 60s, community treatment for people with mental health needs became prevalent because there was a belief that people would have a higher quality of life in smaller, more personalized facilities. In 1963, the Community Health Centers Act limited people who could be institutionalized at a federal psychiatric facility to people who posed an imminent danger to themselves or someone else. The number of people in federal psychiatric facilities has fallen ever since.

The results of deinstitutionalization for people with mental health needs has been mixed. While some report that they are happier in their communities and have better access to social groups, others say they feel lonely, and have experienced poverty and other bad living conditions. However, the funds that were used in the federal facilities haven't been reallocated to community mental health resources. Because some have no family, friends or facilities that are willing to take them in, people with mental health issues often experience homelessness and/or imprisonment. When we defunded federal psychiatric facilities but didn't provide the resources for community-based care, we reverted back to frequently imprisoning people with mental health needs. People with mental illnesses are 4.5 times more likely to be arrested than those in the general population and make up one in four people that police kill. 20-25% of those who are homeless have a mental illness compared with 6% of the total population. We need to give those with mental illnesses the treatment they need to have a shot of getting back on their feet.

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