SENTENCE OUTLINE

THESIS:

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Deinstitutionalization prevents many mentally ill people from receiving necessary treatment.

L INTRODUCTION:

A. Purpose

This report describes the major problems with deinstitutionalization and recommends several solutions to help alleviate the problem.

B. History

The deinstitutionalization movement began as a reaction to overcrowding, understaffing, and underfinancing in state mental hospitals.

C. Review of Recent Literature

The inherent problems in deinstitutionalization are emerging, and many journal articles and internet sites present articles debating possible solutions.

D. Research Procedure

I gathered information for this report from government documents, periodicals, and a book in Prescott Memorial Library. Also, because my topic is a current and on-going controversy, I downloaded information from the World Wide Web on the Internet.

II. DEINSTITUTIONALIZATION:

FROM HOSPITALS TO PRISONS AND STREETS

A. Early Treatment of Mental Illness

1. Early Asylums

In the fifteenth and sixteenth centuries, the first asylums were created to confine and care for the mentally ill.

2. Humanitarian treatment

Realizing the deplorable conditions of the asylums, in 1793 Philippe Pinel began the movement for more humane treatment of patients.

B. Current Treatment of Mental Illness

1. Mental Hospitals

Although the deinstitutionalization movement has greatly reduced the number of patients in mental hospitals today, some state and private institutions remain.

2. Community Health Care

Community Health Care

Avoid to establish to less restrictive community health care.

C. Mental Illness in the Homeless

1. Prevalence and Identification

Up to 600,000 people are homeless in the United States, and among them, one-third are mentally ill (Outcasts 7).

2. Treatment

Most of the mentally ill people who are homeless do not receive any type of treatment.

U. Reducing Mental Illness in the Homeless

1. Systems Integration

To reduce the problem of homelessness in the mentally ill population, systems must integrate to improve all aspects of the poeple's lives.

E. Mental Illness in Prison Populations

1. Prevalence and identification of mental illness in prisons

Another place where mentally ill people are found after being discharged from a hospital is in prison.

2. Treatment

Prisons are becoming primary treatment centers for mentally ill people.

F. Reasons for Imprisonment Reducing Mental Mental Mentally ill are imprisoned

1. Why the mentally ill are imprisoned

Many mentally ill people reside in jail because they are waiting for a psychiatric evaluation, and the majority were charged with minor offenses.

Because of various legal issues, many mentally ill people are housed in prison.

G. Mental Health Financing

1. Public Financing

To increase the number of mentally ill people who receive treatment, the government needs to reevaluate public financing for the treatment of mental illness.

2. Health Care Coverage

Health care coverage for mental illness is rarely sufficient for patients to receive adequate treatment.

III. CONCLUSION:

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A. Summary of Findings

Through researching deinstitutionalization, I have discovered much information about the problems associated with the movement.

10 B. Interpretation of Findings

Although in theory deinstitutionalization works well, in practice many mentally ill people live without treatment.

IV. RECOMMENDATIONS:

RECOMMENDATIONS:

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These recommendations are for the National Institute of Mental Health, a section of the U.S. Department of Health and Human Services.

- 1. Propose policies for the housing and treatment of severely mentally ill people.
- 2. Coordinate groups to plan and integrate services for severely mentally ill homeless people.
- 3. Outline responsibilities for the coordination of hospital and community programs.
- 4. Foster communication between mental health and criminal justice systems.5. Encourage expansion of health care coverage for mental illness.
- 6. Do not underestimate the inherent problems in deinstitutionalization.

13 Sources 15 Appendix A