

TAKING ISSUE

The Denial of Severe Mental Illness

Those who visit mental health programs in this and other countries often hear program directors say that by developing extensive and high-quality community-based programs, they have reduced their long-term hospitalized patients to a remarkably low number or have even eliminated the need for hospitals. However, a clinician who has the opportunity to speak with other professionals in the area usually finds that many persons with severe mental illness are in fact in various nearby hospitals, locked nursing homes, or similar facilities. I have had this experience many times. Moreover, while it is more difficult to document, significant numbers of severely mentally ill persons in the area typically are in jail or live on the streets.

Why is there this discrepancy between what we are first told and what exists? We have ample evidence that the great majority of persons with chronic and severe mental illness can adjust well in open community settings, especially if they continue to take their antipsychotic medications. Why not simply take pride in our significant accomplishments in facilitating their successful community adjustment?

But we also have considerable data suggesting that a small minority of persons with chronic and severe mental illness cannot live in the community without a high degree of structure. Why not acknowledge that some people are so violent and dangerous, or so resistant to taking medications they clearly need, or so prone to substitute street drugs for medications, that they cannot live in the community, or that their symptoms are so disruptive that they cannot be treated in an open setting? This observation may seem obvious to most clinicians with day-to-day responsibility for patients. How can we ignore that some mentally ill persons exceed the tolerance of society generally—for instance, those whose illness leads them to repeatedly make inappropriate 911 calls or set fires or assault others?

One answer to these questions is that we have a tendency to deny or minimize severe mental illness. The rationale is that if only we had more and better resources, *all* mentally ill persons could live in the community. Ideology often wins out over clinical reality.

This issue of denial is more than academic. If we deny the existence of severe mental illness, or the difficulty of treating it, we will not focus on providing adequate and appropriate treatment and structure for these persons. As a result, many severely mentally ill persons will continue to lead chaotic and dangerous lives, often in the jails or on the streets.—H. RICHARD LAMB, M.D., *professor of psychiatry, University of Southern California School of Medicine, Los Angeles*

Psychiatric Services (formerly *Hospital and Community Psychiatry [H&CP]*) was established in 1950 by Daniel Blain, M.D. It is published monthly by the American Psychiatric Association for mental health professionals and others concerned with treatment and services for persons with mental illnesses and mental disabilities, in keeping with APA's objectives to improve care and treatment, to promote research and professional education in psychiatric and related fields, and to advance the standards of all psychiatric services and facilities.

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