

# H&CP

Hospital and Community Psychiatry

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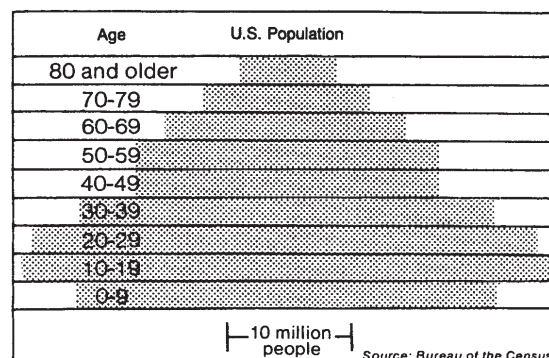
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## THE EMERGING CRISIS IN CHRONIC CARE

It is ironic that, following a period of intense interest in the plight of the chronically mentally ill who have been dumped from large state institutions into largely nonexistent "communities," we now face a new crisis—a tremendous increase in their numbers due to population changes. Morton Kramer, D.Sc., longtime head of the Division of Biometrics and Epidemiology at the National Institute of Mental Health and now a professor in the department of mental hygiene at Johns Hopkins, has for several years been the lone voice warning us of this emerging crisis, which he labels an "impending pandemic."



The first development that should concern us is vividly illustrated by the figure opposite. There is a huge bulge in our population curve, representing the large number of post-World War-II babies who

have already begun to age into the decades where they are most likely to develop schizophrenia and other chronic or episodic psychotic conditions. This trend is occurring concomitantly with new moves to abolish state mental hospitals.

The second alarming demographic trend is the steady and continuing increase in our elderly population, which will double by the year 2020. It coincides with another development that Kramer has highlighted—the large numbers of older persons now being cared for in nursing homes. In light of the increasing awareness of how bad many nursing homes are, especially in fulfilling their residents' psychosocial needs, the scandal that could develop as our aging population and nursing home industry explode might easily eclipse any prior scandals unearthed in state hospitals.

But of more immediate concern is the dramatic increase in the number of new, young chronic patients at a time when the only remaining facilities able to provide long-term treatment and care for them are being closed. The entire mental health system now seems designed to care for the acutely ill. For these patients we do very well, with our current array of emergency services, general hospital psychiatric units, and outpatients clinics.

We also know how to care for the chronic mentally ill in the community—through community support programs that provide medication and continuing psychotherapy (aftercare) and that are linked, through case management, to other services that satisfy patients' nonmedical needs for housing, income, and vocational and social rehabilitation. But we cannot care for these patients without money and the panoply of services needed. Planners, leaders in psychiatry, and government officials simply cannot be allowed to proceed with deinstitutionalization in the absence of adequate community programs—at the very time when new, young chronic patients are emerging in unprecedented numbers.

—JOHN A. TALBOTT, M.D.