

Why are so many people with “mental illness” unhoused and Incarcerated?

2015 report published in Penn Live:

Nearly a third of Pennsylvania's prisoners have a "mental illness".

Excerpting from a September 2020 article published in Public Source:

According to a 2019 report from the University of Pittsburgh Institute of Politics, roughly 75% of the Allegheny County Jail population has a mental health or substance abuse issue. (it also reported that 67% of the jail detainees were Black, despite Blacks making up only 13% of the population)

Are people just criminals with some “mental illness” on the side? Is “mental illness” just a “criminogenic factor” as some well-intentioned but misguided institutional “experts” might say? Can it be said that “mental illness” is not an excuse for crime?

Why can't people with “mental illness” just pull themselves together, get some therapy and get themselves off the streets? Some ideologues have proposed that criminalizing homelessness might give the “mentally ill” the push they need to get their lives in order.

So-called mental illnesses that disproportionately afflict the unhoused and incarcerated are very serious brain syndromes.

USC Today - Article published by the University of Southern California -2017

“Schizophrenia disrupts the brain's entire communication system, researchers say”

Politico – Article published 2019

“Health advocates say schizophrenia should be reclassified as a brain disease”

In this article, now former executive director of the Treatment Advocacy Center, John Snook, is quoted as saying about so-called Schizophrenia:

“The science is clear, it's a neurological condition,” said Snook. “If schizophrenia was a disease that we just discovered today there would be no question that's how we would classify it.”

Presentation by Dr. Henry Nasrallah – Brains on Broadway' session:

“Overwhelming Evidence that Schizophrenia is a Heterogenous Neurobiological Syndrome”

“Schizophrenia is not some mythological psychological disorder”

Yet, increasingly over the past decade or so, potentially devastating brain syndromes such as “Schizophrenia”, “Bipolar Disorder”, and Neurogenic “Depression” have been called Mental Health Conditions.

Why is that a problem?

The term “Mental Health” is a metaphor that does not refer to biological conditions. “Schizophrenia” (which is not a split personality) and Bipolar Disorder are not metaphorical illnesses, they are neurological disorders that can affect mentation (the biological mechanics of thinking), the state of consciousness, and as a consequence, behaviors.

The term ‘Mental Health’ is a troublesome metaphor.

The Late D.J. Jaffe spoke to that in an op-ed titled

“Mental Health Kills the Mentally Ill”

He meant that misapplication of this metaphorical term to describe what were really neurological brain syndromes was corrupting the law, public policies, healthcare, and the criminal legal system, draining billions of foundation and government funds and channeling them into mental health programs and services for what some advocates derisively refer to as the “worried well”..

But there is also a problem with the term Mental Illness

It is also a metaphor. Drs Mary Baker and Matthew Menken spoke to this in a 2001 article published in British Medical Journal (BMJ) titled:

“Time to abandon the term mental illness.”

Speaking to the broader community of the medical establishment, they stated:

“ When we use the term “mental illness”, not brain illness, do we put our patients in harm’s way?”

Something went very wrong and it started about 115 years ago with some historical developments:

The influence of philosophies on the emerging medical sciences

The Neurology-Psychiatry Split (The American Board of Psychiatry and Neurology is a legacy of the once undifferentiated disciplines)

The Psychoanalytical Movement

The Mental Hygiene Movement

These developments and movements introduced some strange ideas about certain symptomatic behaviors and mentation and those misguided ideas were unchecked by countervailing reasoning by the general medical establishment.

Excerpting from a paper published in ncbi.nlm.nih.gov titled “The roots of the concept of mental health”:

*What today is broadly understood by “mental health” can have its origins tracked back to developments in public health, in clinical psychiatry and in other branches of knowledge
“...more than a scientific discipline, mental health is a political and ideological movement...”*

The Mental Hygiene Movement did a lot of damage. It came about due to a misguided psychiatrist (Adolph Meyer) hijacking a sensible, rational initiative started by Clifford Beers, a man of sterling intellect, that had been hospitalized in what is referred to in texts as a “mental hospital”. After one of his earliest hospitalizations in which he experienced and observed mistreatment, Beers set out to put a stop to institutional abuse of patients, but Meyers, falsely believing that family environmental and societal conditions caused “mental disorders” steered Beers’ mission off course entirely. What Meyers, his philosophical predecessors and contemporary influencers were getting wrong is that they were confusing psychological problems brought on by childhood and life experiences with neurobiological conditions.

Meyer thought that “mental disorders” could be prevented by cultivating the right conditions in childhood, and by other conditions of living that promoted a healthy mind. He wanted to see psychiatry move from institutions out into the broader culture and society, infused into every aspect of our lives with a goal toward prevention.

Now over a hundred years later, that is exactly what we are dealing with. All of us are being bombarded with messaging about “Mental Health”. There are some radio stations in which every commercial break has an ad urging you to take care of your mental health, telling you there are thousands of therapists waiting to help you with your mental health issues, telling you that ‘talk saves lives’, and so on. A “clinical” psychologist in a major online journal even recommends that we see a therapist even if we are doing well, just to stay tuned up. Adolph Meyer believed that the power and resources of government, schools, and other institutions of society should be harnessed in a systematic and programmatic way to cultivate mental hygiene and prevent “mental disorders”..

Meanwhile, as we are awash in a contemporary mental hygiene movement, the vast majority of the population is in the dark about neurodevelopmental brain syndromes -those that afflict a large percentage of people that are unhoused, increasingly criminalized for being unhoused, and a shocking percentage of inmates.

Criminalization and Guilty But “Mentally Ill”

Law schools are graduating people that become district attorneys, prosecutors, defense attorneys, judges, and justices that do not comprehend the essential nature of these serious brain syndromes and do not understand or recognize certain behaviors as the product of a neurodysmentative brain syndrome. They become part of an apparatus that is set up to unjustly punish people for behavioral symptoms they cannot control.

These brain syndromes can strip afflicted persons of the ability to audit and control their behavioral symptoms but the law and criminal legal systems go out of their way to either ignore this reality or abstract and adjudicate it away. In contrast to Ben Franklin’s maxim that “it is better 100 guilty Persons should escape than that one innocent Person should suffer” (his version of Blackstone’s Ratio), the criminal legal system’s maxim appears to be ‘It’s better to unjustly punish a thousand people with a “mental illness” than to let one person escape punishment using “mental illness” as an excuse’. There is outright hostility to what the law refers to as “The Insanity Defense”.

We hear of tragedies in the news involving “mentally ill” people, but most of these tragedies can be prevented if someone is getting effective medical treatment, intensively cased-managed, and in certain cases, looked after in an institutional setting with 24/7/365 onsite staff (the family home is not a safe place for certain severely ill people and their family members).

Misguided disability rights activism has driven people with these potentially devastating brain syndromes into homelessness and transinstitutionalization and they are not rational enough to see a direct connection between their ideologies and these tragic outcomes. The lingering false beliefs of the strange mental hygiene movement, perpetuated by sects of the academic and clinical

communities in Psychiatry and Psychology undergird their ideologies and because all of these forces are so powerful, having lawmakers, policy makers and promulgating agencies of government under their near exclusive influence, reform is extremely difficult.

Anosognosia

Anosognosia is a devastating neurological condition that prevents a person from being aware that their mentation (mechanics of thinking) and behavior are disordered. It is not a psychological defense (despite what some in the mental hygiene industrial complex believe). This condition can manifest in some bizarre and confusing ways which can often make it appear as though a person “knew what they were doing”. However, you may have heard of people doing things like eating or driving while not fully awake. The phenomenon is associated with parasomnias. A person in the throes of so-called psychosis (NASNlcares uses the term neurogenous dysmentia) can become neurologically detached from reality, but carrying out complex planned behaviors, or acting on dysmentative beliefs, internal commands, and hallucinations that drive them to harm themselves or someone else.

There are many people in Pennsylvania’s jails and prisons that were in this impaired state of consciousness when they harmed someone, or started a fire, or did something else to get them swept up into the criminal legal system. The system sent some of them to PA State hospitals for what the system refers to as “competency restoration”. Think about what this is. This is using medication to bring someone out of an impaired state of consciousness, only to put them on trial, convict them, and punish them for something they while neurologically detached from reality. This is why the expression “incompetent to stand trial” is an epic euphemism.

People with some brain disorders are cared for by society, others are abandoned to Homelessness and incarceration

In a 1996 Senate Hearing, Dr. E. Fuller Torrey told Congress:

“...schizophrenia and manic-depressive illness are brain diseases in exactly the same sense that multiple sclerosis, Parkinsons disease and Alzheimer’s disease are brain diseases.” (*manic-depression is now called bipolar disorder*)

Most of us would be horrified if a person with dementia were left to fend for themselves on the streets. Dementia affects the brain’s semblance of mind but it’s not called a “mental illness” or

confused with metaphorical illness (“mental health”). We are not making the mistake of failing to provide housing for people with dementias because we are not mistaking their brain health conditions for something they are not.

Most people think “mental illness” is something that is just in the mind, a matter of a person’s personality, an existential or spiritual crisis, or emotional distress in response to something that happened to them. If that’s what you’re thinking if you’re sitting on a jury with a “mentally ill” person on trial, then this concept of “mental illness” could assure conviction of that person. If this is the concept you have of “mental illness” then it may seem moral to you to criminalize homelessness as a form of tough love to move a person to pull themselves together or get some help “recovering” from their issues and “inner demons” with some talk therapy. It’s baffling how most people reconcile their concept of “mental illness” with stories they hear about medications, emergency services, and hospitalizations. Why would any of these things have anything to do with someone having emotional distress because of an adverse life experience rather than a biological, medical condition.

We will not solve the problems of homelessness and unjust incarceration until the misinformation being proselytized by the contemporary mental hygiene movement is replaced by brain health awareness. This is going to require public awareness campaigns, re-education of lawmakers, thought-leaders, policymakers, incorporation of brain health education in the curriculum of law school students or via continuing education courses. Over 100 years of academic pursuits, research work products, and theoretical journalizing have produced an almost unsurmountable volume of misinformation, and a credentialled profession known as “psychiatry” is possibly dominated by a sect that believes in some or all of the false beliefs promulgated by the Mental Hygiene Movement.

The medical establishment is going to need to step up and do what they failed to do in the late 18th century (a time when, as the late Dr. R.E. Kendell asserted that the idea of “mental illness” started to take hold due to medical impotence) and play a leading role in remodeling the general public’s concept of “mental illness”, debunking the mental health traumatology that is directly responsible for misclassification of neurodevelopmentmental brain syndromes under mental health insurance coverages.

Advances in neuropsychiatry are increasing our understanding of brain-behavior relationships. With this knowledge, the classification of illnesses as psychiatric and neurologic appears increasingly out dated. - jscimedcentral.com

To restate the assertions of the late and former advertising executive D.J Jaffe (who was an expert on the power of words driving policy) and Drs Mary Baker and Matthew Menken who had insight beyond that of the ad executive:

“Mental Health Kills the Mentally Ill”

“ When we use the term “mental illness”, not brain illness, do we put our patients in harm’s way?”