

Mentally ill in Illinois live in shadows

By Jim Nowlan

The recent rash of mass murders in the U.S. has brought mental illness out of the shadows, briefly anyway. But that does not mean the topic will receive more attention and support from policymakers, unfortunately.

Two Peoria activists advocate a comprehensive community-based approach that would divert the mentally ill away from emergency rooms and police stations to comprehensive, 24-7 center that would address the whole person.

Their common sense approach needs, however, support from a state government that is hide-bound by a dysfunctional bureaucracy and a payment system that reimburses only for specific treatments and episodes.

The mental health numbers are so large they are hard to believe. Yet according to figures on a University of Chicago website, 20 percent or more of the Illinois population will be affected by mental illness in any year. And 10 percent of children under the age of 19 have serious emotional disturbances. And 260,000 people in our state have either schizophrenia or bipolar affective disorder.

Since 2009, state funding for mental health services in Illinois has been cut by 30 percent. More cuts may be expected in this year's dismal budget.

There have been dramatic changes over the decades in how we deliver mental health services. When I was a green-as-grass state legislator in 1969, I was invited to visit the Dixon State School near the city of that name, and adjacent to my legislative district.

I had traveled the highway past the school a number of times, always noting the neatly mown lawn and tree-lined road that led to the school set far off the highway, barely visible.

This trip was different. The superintendent greeted me on the drive, which fronted a number of neat, red-brick buildings that looked like college dormitories.

Knowing what he was doing, the smiling superintendent led me to "Cottage A." Inside the door, I was blasted by the stench and noise. Here were 140 severely and profoundly retarded youngsters wandering aimlessly around the crowded floor.

The place was bedlam, like Dickensian England where people were locked up in mental health prisons and forgotten.

A little boy, dirty and ragged, grabbed my leg for love and attention. There were only two or three non-professional aides for all the youngsters. Games consisted of trying to walk a straight line in this dingy hell hole.

Shell-shocked, I was led out by the superintendent, who took me down a walkway to another building, the same type and size as the first cottage. This time I was greeted by music, bright lights, lots of toys and games, and only 40 youngsters, also deeply retarded. There were several professionally trained staff with the children, leading them through games and educational activities like learning to tie shoe laces.

Why, I cried out, are the other cottages not like this cheerful place? A lack of money, said the superintendent. As more money is provided, more cottages could be transformed from hell holes into well-appointed and professionally staffed settings. But that money was not forthcoming.

Instead, Illinois and other states, with federal financial support, embarked on a dramatic program of closing state mental health institutions, which in Illinois at one time housed 35,000

persons, now down to 2,000 or so. In place of the wretched place I saw, services were to be provided at the community level.

Yet the experiment with community-based services has had mixed results. Those with less severe problems are generally served well by local social service agencies, I am told. But those with major mental illness are now often among the homeless. They plague both hospital emergency departments, causing care for all patients to suffer, and police holding cells.

What to do?

Peorians Jack Gilligan, a psychologist, and state Rep. David Leitch are creating a highly visible, one-stop stabilization, treatment and referral center in their city. In other words, a welcoming “front door” for families, their loved ones, as well as for police and their wards.

The problem is how to fund such a holistic center from a state government that pays for specific treatment of symptoms rather than for general wellness.

I propose that the Peoria center, which will open later this month, become a pilot program of the state. Funding would be limited to the amount of overall payments for mental health services that go otherwise to the Peoria community.

We have to try new approaches. We have to bring mental health out of the shadows.