



# Full Circle

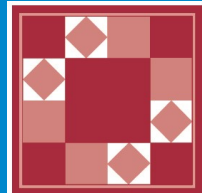
Where Behavioral Health and Spirituality Meet

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## In This Issue

Mental Illness & Our Prison System.....1-3  
Lent Humor.....3  
Where Mental Health & Spirituality Meet.....4

Full Circle is a  
publication of  
Penn Foundation's  
Pastoral  
Services  
Department.



**As faith leaders in our  
community, what can we  
all do to help?**



- ◆ Update your current understanding of mental illness through reading or workshops offered by Penn Foundation (*see page 4*)
- ◆ Educate your congregants to overcome misconceptions and the “stigma” often attached to mental illness
- ◆ Reach out to families who struggle with family members who are sick and probably never come to church
- ◆ Know your referral sources and use them

## Mental Illness and Our Prison System: “A Bad Marriage”

By: Rev. Carl Yusavitz, Director of Pastoral Services

Penn Foundation was founded by visionaries in our community who saw the need for “community-based” services for persons struggling with mental illness. At the time (mid 1950s), most people with persistent and severe mental illnesses were “treated” at large and long-term care facilities, outside the community. The term we often used to describe these facilities was “institutionalization.” Penn Foundation was an integral part of what we describe as “deinstitutionalization.”


Deinstitutionalization is a term that refers to a federal policy that moved mental health patients out of mostly state-run mental hospitals into federally-funded community mental health centers such as Penn Foundation. Originating in the 1950s and early 60s (especially under the Kennedy/Johnson administrations), deinstitutionalization was thought to be a way to improve treatment of the mentally ill - while also saving a lot of money.

Was it successful? Well, sort of...  
Here are some facts:

In 1955, the number of institutionalized patients peaked at 558,000 or .03% of the total U.S. population. Today, that number is much smaller - about 50,000.



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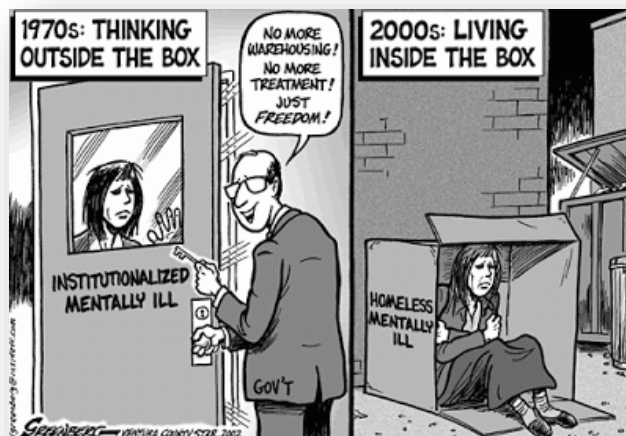


However, with continual reductions in federal healthcare dollars, by 2010, there were only 43,000 psychiatric beds available in America. This equates to about 14 beds per 100,000 people, which is the same per capita ratio as in 1850!

So, with fewer and fewer hospital beds for people with serious mental illness, we are now experiencing a huge shortage of adequate care for people struggling with mental illness, which, in turn, becomes a huge problem for hospitals and emergency rooms in our community.

### What were the original reasons for deinstitutionalization?

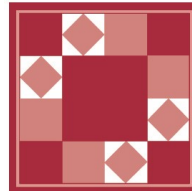
- ♦ By the mid 1950s, new psychiatric “miracle” drugs began to replace “talk therapy” and other earlier anti-psychotic medications and modalities. These “miracle drugs” were Thorazine and Haldol.
- ♦ Society began to realize that people with mental illness needed to be treated rather than just locked away. This change of heart began in the 1950s after a 1946 *Life* magazine photographic expose called “Bedlam” and popular movies like “Snake Pit” in 1948 and “One flew over the Cuckoo’s Nest” in 1962 disturbed our national conscience.
- ♦ After federally-mandated deinstitutionalization in the late 60s and early 70s, federal funding like Medicaid and Medicare went heavily toward community mental health centers instead of mental hospitals. However, this federal money began to disappear dramatically in the late 1970s, causing mass homelessness, particularly with the returning Vietnam vet population.



### Where are we today?

- ♦ Today, 2.2 million of the severely mentally ill people in our country do not receive any psychiatric treatment at all.
- ♦ About 200,000 of those who suffer from schizophrenia or bipolar disorders are homeless. That's one-third of our total homeless population!

Continued on page 3



- ♦ 10 % of our veterans suffer from post-traumatic stress disorder or other war-related injuries we call “moral injury.”
- ♦ More than 300,000 mentally ill people are in our jails and prisons. Jails are more locally funded and run, while prisons are funded and run by states or the federal government. Because of that, treatment and rehabilitation varies greatly. According to recent studies, 16% of all inmates are severely mentally ill.
- ♦ People with mental illness don’t do very well in our prison system. They are less likely to make bail and more likely to face longer sentences and often end up in solitary confinement. They are by far more likely to commit suicide.
- ♦ The 2,000,000 people with mental illness who are locked up cost American taxpayers hundreds of billions of dollars a year.



Sadly, many of our prisons now mirror the institutionalization we tried to eliminate in the 1960s: overcrowding, lack of oversight and accountability, poor funding, neglect and abuse.

With no clear public consensus about the purpose of imprisonment (deterrence? rehabilitation? retribution?), we have created a system that ranks our country by far with the highest per capita incarceration rate than any large industrialized nation in the world.

Penn Foundation has tried to alleviate this sad reality of the “re-institutionalization” of the mentally ill into our prison system by working with Bucks and Montgomery Counties to identify non-violent offenders with a history of mental illness. These prisoners are released to our care and offered services in the community. This program, called FACT (Forensic Assertive Community Treatment), “wraps” services around these people - including access to psychiatric care, nursing, housing and employment coaching, peer support, and yes, even pastoral care – through our CPE program.

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In celebration  
of the season,  
a little Lent  
humor...



## Full Circle: Where Mental Health and Spirituality Meet



**Tuesday, May 21, 2019**

7:30 am | Breakfast and Fellowship

8:00—9:30 am | Presentation

**Penn Foundation | Loux Healthcare Center**

**Univest Community Room**

807 Lawn Avenue | Sellersville

**RSVP by May 14<sup>th</sup>**

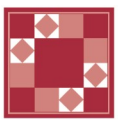
Debra Ryan | Director of Community Outreach

215.453.5165 or [dryan@pennfoundation.org](mailto:dryan@pennfoundation.org)

Understand the role that spirituality plays in mental health recovery.  
Learn how you can interact with and support community members with mental illness.

Hear from mental health professionals and a testimonial from an individual  
whose church community was instrumental in his recovery.

4



**PENN FOUNDATION**

BEHAVIORAL HEALTH SERVICES

*Instilling hope. Inspiring change. Building community.*

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