Position Statement on the Need to Maintain Long-Term Mental Hospital Facilities

This statement was approved by the Executive Committee of the Board of Trustees of the American Psychiatric Association on February 18, 1974, upon recommendation of the Council on Professions and Associations. It was prepared by the Committee on Liaison with the American Hospital Association. The statement was endorsed by the Council on Mental Health Services in January 1974 and by the Executive Committee of the Assembly of District Branches in February 1974.

WHILE WE APPLAUD the trend toward the growing adequacy of community resources and the concurrent reduction of the patient population in public mental hospitals, we now view with considerable concern the trend toward the phasing out of the capacity for providing long-term inpatient care and treatment for the mentally ill or disabled.

The American Hospital Association and the American Psychiatric Association recognize and support the importance of continuing to develop and implement new and innovative community programs and treatment modalities for the mentally disabled. However, at the same time it is essential that we not lose sight of the continuing need for a full range or spectrum of services which, for a small percentage of patients, includes intermediate and long-term care in a structured hospital-type environment.

Our reasons for our concern include:

1. Dehumanization. Pressure to discharge patients from the public mental hospital too often results in discharging patients without adequate planning, which in turn results in their living in substandard and dehumanizing circumstances, be it in nursing homes, boarding homes, or the streets of a ghetto. A portion of the significantly impaired psychiatric patient population will continue to lack the capability of maintaining even a marginal adjustment to the community, in spite of vigorous therapeutic efforts.

2. Unbalanced programs. If the mental health center or other mental health resource attempts to meet the demands for service for people who have been inappropriately placed in the community, it finds it has neither the funds nor the staff to do so without diverting these resources from other patients who could be helped, or otherwise restricting the other services of a mental health center. The unfortunate end result can be a change in the primary mission of mental health centers.

Community mental health centers should be funded and staffed to provide a substantial service to the chronically mentally disabled who can be successfully maintained in the community; but there must remain the capability for providing long-term inpatient treatment for that segment of the patient population which cannot maintain even a marginal adjustment in the community.

The Committee on Liaison with the American Hospital Association included: Gerald R. Clark, M.D., chairman, Raymond W. Waggoner, Jr., M.D., Ethel M. Bonn, M.D., Francis de Marneffe, M.D., J. T. May, M.D., and Samuel Hibbs, M.D.