

Good Intentions Gone Awry

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Police in New York and Philadelphia have been ordered to remove the homeless from the streets when severe cold threatens their lives. In Washington, a man who runs temporary shelters has told a Senate committee that it has become unreasonably difficult to hospitalize people who can't care for themselves.

In short, the recent spell of frigid weather has focused attention on another area of social policy—the treatment of the mentally disabled—that succumbed to an excess of good intentions during the past 20 years.

A few statistics point out the trend: In the mid-1960s, roughly 500,000 people were confined to state institutions for the mentally ill. Today, despite a far larger U.S. population, the figure is less than 150,000. The number of mentally retarded patients has similarly declined.

Where have they gone?

Well, many are in small, community-based centers. A few have returned to their families, or fend for themselves as best they can in their own apartments. And some simply wander the streets.

In effect, a standard requiring the least restrictive care has been adopted, often at the prodding of courts. Meanwhile, the ability of mental health professionals to commit a patient without his consent has been sharply curtailed.

The famous Willowbrook case in New York is illustrative. Despite the fact that many patients at Willowbrook had IQs below 30, had acute difficulty caring for themselves or even

speaking, and were often afflicted with serious physical ailments, lawyers who filed suit against the institution in 1972 sought to have all of them placed in other settings.

Although the lawyers didn't fully succeed, by 1980 more than 1,000 Willowbrook residents had been put in community homes. And litigation elsewhere reaped similar results.

To the extent that such lawsuits helped to improve treatment for the mentally disabled, they were worthwhile. In fact, the job of upgrading sometimes squalid conditions at large institutions is not over.

Nevertheless, the underlying idea behind much of the legal and legislative action—namely, that community settings are always preferable—has been called into question in recent years.

Research simply isn't conclusive. Some patients do better, some don't. The quality of the care, not its location, may be more important.

Surely it's safe to say, however, that most benefits have bypassed those who wander the streets on zero-degree nights. A reform movement's fetish for their freedom has resulted in an unintended opportunity to freeze to death.

Village Advertiser Commentary

Compassion has always been the guiding force determining provisions we make for those less fortunate than ourselves. How ironic that efforts to reform may, in many cases, have made the lives of some people even more miserable than when they were institutionalized. Let us remember: "There, but for the Grace of God, go I."