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Alabama Voices - Fredrick E. Fars: Civil rights era in Alabama also brought new era in mental health care

Fifty years ago this week, Vivian Malone Jones and James Hood, backed by threat of force from a federalized National Guard, walked through the doors of Foster Auditorium and became the first African-American students to register at the University of Alabama. Gov. George Wallace's infamous stand in the schoolhouse door had failed.

At that moment, less than a mile away, about 5,000 people were locked behind another door. Bryce Hospital was one of the oldest and largest state-run inpatient psychiatric facilities in the country. One journalist described it as a "hellhole." Photos showed patients strapped to rocking chairs. There were only three psychiatrists — one for every 1,700 patients. State expenditures per patient were at or near the lowest in the country.

The struggles and successes of patients at Bryce are far less well-known than the events across town, but connected to them in deeply important ways.

One surprising connection happened almost immediately. The evening after the drama at the schoolhouse door, President John F. Kennedy delivered his famous address on civil rights. Just hours after Kennedy's speech, Medgar Evers, a black leader involved in desegregating the University of Mississippi, was assassinated. On July 6, 1963, the patient-edited newsletter at Bryce reported that "[a]bout 175 persons did what was called a memorial march Sunday for the slain Negro (Medgar Evers). It was all quiet and peaceful."

By the end of the decade, Bryce still had approximately 5,000 patients. Conditions had deteriorated even further. Admission criteria were lax and many patients did not belong there. Ricky Wyatt had been institutionalized at Bryce at age 14. His only diagnosis was delinquency. Wyatt became the named plaintiff in a 1970 suit alleging constitutionally inadequate treatment.

The court agreed and in a 1972 order set widely influential minimum standards, including requiring one psychiatrist for every 125 patients (down from 1,700). That order also inched closer to integration: "Patients have a right to the least restrictive conditions necessary to achieve the purposes of commitment." This may have been directed more toward conditions within Bryce — like physical restraints — but it need not be read so narrowly.

For example, if a patient can be trusted to return to Bryce as appropriate, then locking the front door is unnecessarily restrictive.

This logic was extended in 1974 to the critical threshold question of who belonged at Bryce. A patient, Jean Lynch, won a court challenge to the requirements for involuntary hospitalization. Henceforth, no one could be locked away unless, in addition to being mentally ill, he posed a danger to himself or others. Involuntary hospitalization also had to be "the least restrictive alternative necessary and available for the person's illness."

To be sure, the "dangerousness" and "least restrictive alternative" requirements were derived from the principle of liberty, not equality or integration. But the result was that vast numbers of Bryce residents started to enjoy that liberty alongside the rest of us. Over 1,200 patients were released just a year later.

Bryce Hospital now has just 268 beds. Thousands more people have made it out of that locked door. Allowing individuals with mental illness who are not dangerous to live free of unnecessary restraints is a profound recognition of both liberty and equality.

In its 2004 order closing the Wyatt case, the federal court observed that the requirement for treatment in the “least restrictive setting” was “echoed” in the Americans with Disabilities Act of 1990. This echo reverberates in the language of integration. Regulations under the ADA require “the most integrated setting appropriate.” This means a setting that enables interaction between disabled and nondisabled persons to the fullest extent possible.

Equality is achieved only when all people have access to public benefits and freedom from public restrictions without regard to race or disability. It took decades, but an expansive notion of integration made the short walk from Foster Auditorium to Bryce Hospital. And both buildings are now handicap-accessible.
