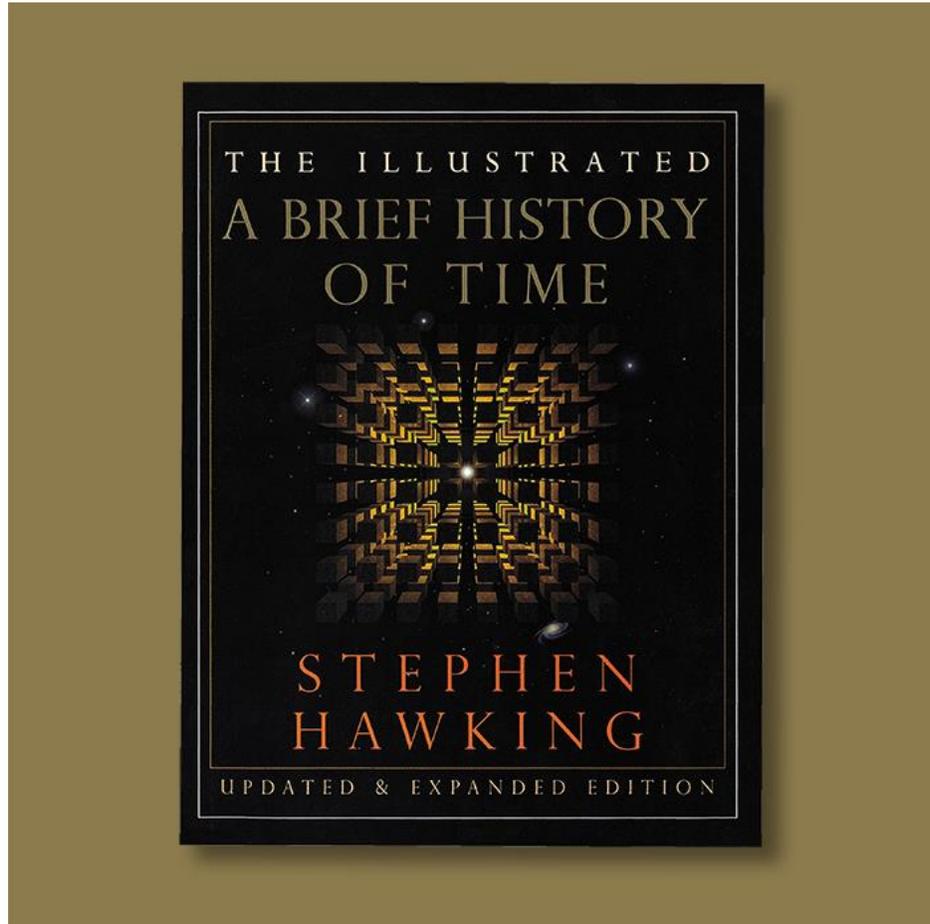


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Extra Slides

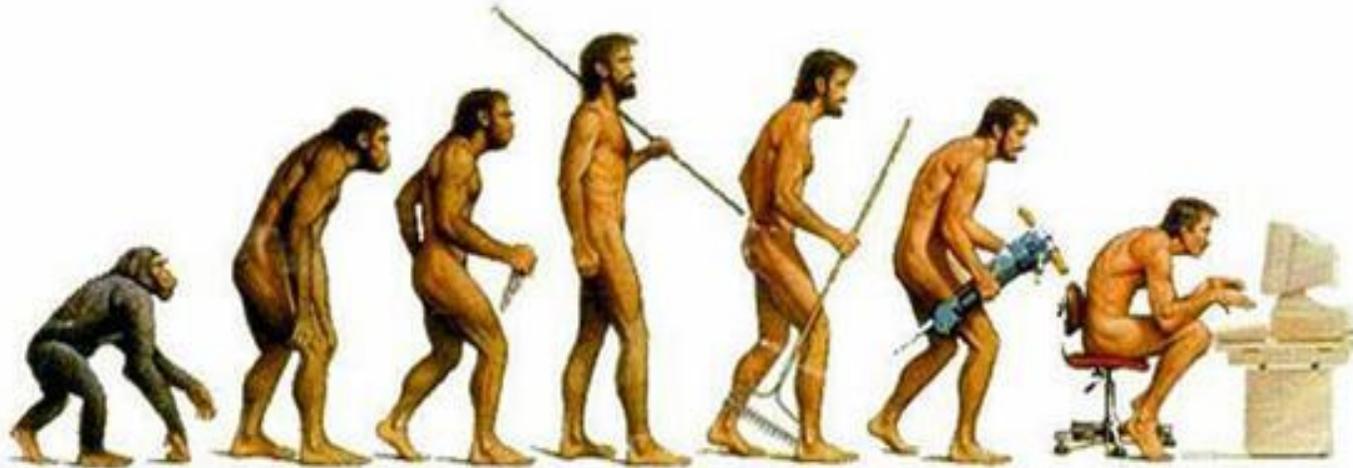
A Brief History of ...



Behavioral Health

Behavioral Health Conditions Are Nothing New

- They've been around as long as we have ...





Behavioral Health Treatment in the U.S.

Pre-colonial –

What happened
on the farm
stayed on the
farm

Really no “treatment”.
Some people were well
cared for by their
families, others – not so
much

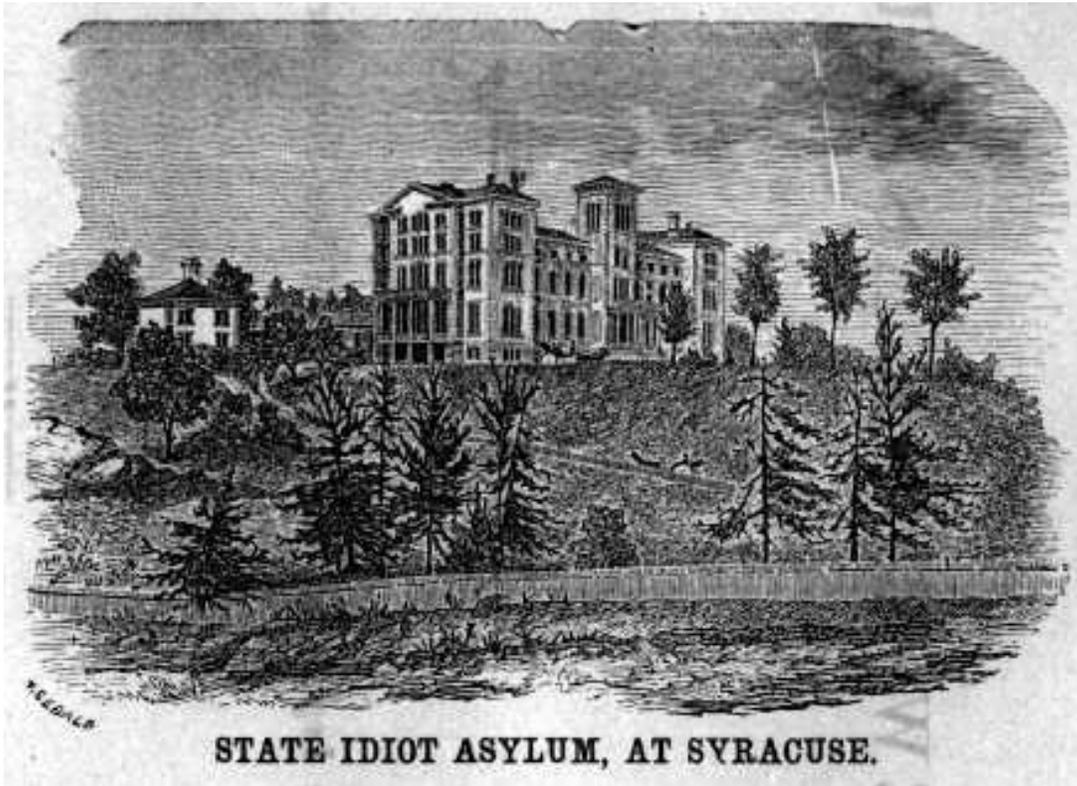


Urbanization

As people began to congregate in growing cities, a small percentage of those people exhibited behavior that was seen as disturbing, or just “different”. This “different” behavior may have been connected to an underlying behavioral health condition, or not (it didn’t matter). Many times people have a hard time being around “different” and at some point want those they consider to be different to be hidden or removed. The distributed “different” in rural areas is different than the concentrated “different” in urban areas.

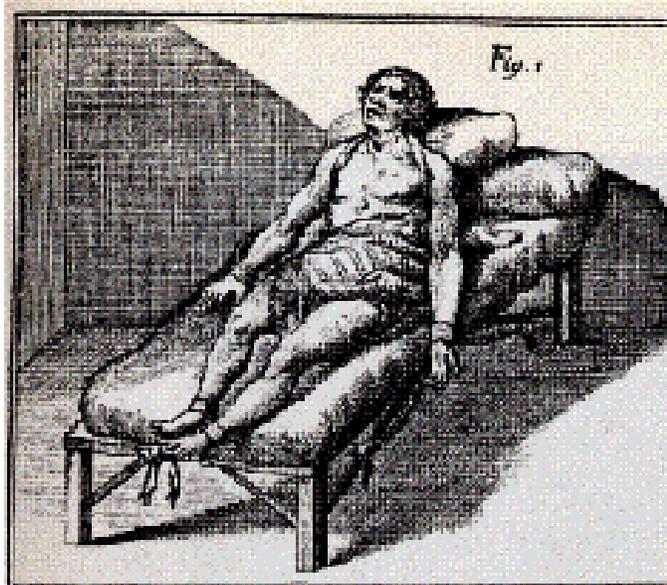
Private hospitals, often funded by cities, attempt to address the “problem” by providing a place for those “different” people to be hidden away/removed.

Make them go “over there”

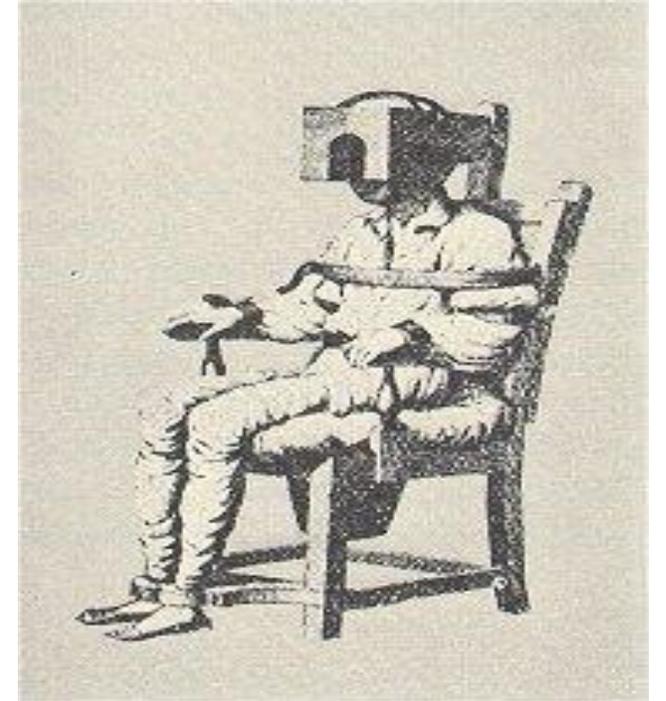


- Asylums and mental hospitals were built far from the cities (no cars at the time)
- Cities and towns would also contract with local individuals to care for individuals who didn't have family/friends to care for them.
- It didn't take much to send someone away – just a note from a doctor
- Generally deplorable conditions in both situations

“Treatment”



People in the asylums weren't being treated for a mental illness (*there were no medications at the time – there was no real understanding of mental illness*). People were having what was seen by their captors as threatening or non-compliant behavior “modified” by fear of punishment. Staff, who were greatly outnumbered by patients were attempting to maintain control, not treat.



Other “over theres”



Those not cared for by family or sent away to asylums also wound up in almshouses, jails and prisons or were deported (*including U.S. citizens*).



Two perspectives



- What does it mean to be “here” (in an asylum)
 - Cut off from friends and family
 - Forced to work to keep the place operating
 - Being treated like an object
- How the environment is utilized might make a difference
 - These places had large grounds that patients often were not allowed to use
 - No efforts by staff to build a sense of community
 - Little in the way recreational opportunities and social engagement

The Rise of Moral Treatment

Early 1800s to 1850

- “The return of the individual to reason by the application of psychologically oriented therapy” (Grob, 1994)
- “An approach that sought to aid people with mental illness to develop internal controls in order to self-regulate their illness” (Linhorst, 2006)
- Philippe Pinel – 1793 – La Bicetre, Paris
 - Unchained patients and let them move about the grounds. They could wear their own clothes. They had dances and other activities.
- Dorothea Dix and Horace Mann – mid 1800’s – brought it to Massachusetts
- **There has never been a more successful intervention for mental health issues** (no meds available at this time BTW)

Money, Medicine and Mental Hospitals

1850 - 1890

- Dorothea Dix was also successful in uncovering the horrendous conditions in private hospitals and convinced several states to make larger investments in state-funded and state-run institutions.
 - These institutions really expanded when the financial responsibility moved from communities to the states
 - Coincided with a large influx of poor immigrants who were “diagnosed” with a mental illness (didn’t fit in/assimilate)
 - Moral treatment faded as overcrowding increased. Hospitals reverted to punitive “treatments”
 - Number of people in institutions reached a peak in the U.S. in 1955 - 560,000 in 352 state hospitals
 - Annually 48,000 to 50,000 people died in those hospitals

People become Objects (again)



Electroconvulsive Therapy (ECT)
– often done without anesthesia
and done to control behavior



Howard Duffy (age 12) – youngest person to be lobotomized
Lobotomies (severing of the two frontal lobes
of the brain). approximately 50,000 performed
between the 1940s & 1960s

People as Objects



Patient cemetery at a state hospital in California



Grave marker at a patient cemetery at a state hospital in California

Here Come the Drugs

- It wasn't until the early 1950's that a drug (chlorpromazine) was found that could relieve psychotic symptoms such as delusions and hallucinations.
 - It and the other early drugs had some serious side effects and did nothing for negative symptoms
- Staff in hospitals reported a complete change in the hospital environment overnight
 - Made things easier (for staff at least)
- Made it possible for many more people to be discharged from hospitals to ????
- Coincided with state-level decisions to cut spending for state institutions.
- The money never followed the patients into the community.
- The people we see on the streets today are **NOT** those people. Those people died many years ago.