PSYCHIATRIC REHABILITATION & THE CONSUMER/LIVED EXPERIENCE MOVEMENT

A Shared History: Parallel Paths, Converging Toward Shared Power

1800–2026

PSYCHIATRIC REHABILITATION MOVEMENT

Focus: How can we help people live, learn, work, and participate in the community?

1800–1840s — Moral treatment begins
- Humane ideals
- Work, routine, social interaction
- Early occupational activities

1850–1900s — State hospitals expand
- Care becomes increasingly custodial
- Limited focus on function or community life

1900–1940s — Early therapies develop
- Work therapy
- Recreation
- Occupational therapy roots
- Still institution-centered

1940s–1950s — Seeds of rehabilitation
- WWII & veteran rehabilitation
- Multidisciplinary care grows
- Psychotropic medications (1950s)

1960s — Community mental health era begins
- CMHC Act (1963)
- Deinstitutionalization
- Treatment in the community
- Service gaps emerge

1970s — Rehabilitation identity emerges
- Boston University (W. Anthony)
- Rehabilitation vs. symptom reduction
- Skills, roles, environments
- Person-centered

1980s — Community rehabilitation expands
- ACT model
- Residential & day programs
- Social & vocational rehabilitation
- Case management

1990s — Evidence-based rehabilitation
- Supported employment (IPS) begins
- Supported education
- Skills training, self-management

2000s — Recovery-oriented practice
- Recovery becomes central
- SAMHSA Recovery Principles
- Trauma-informed
- Housing First emerges

2010s — Whole-person, person-driven practice
- Shared decision-making
- Integrated care
- Technology supports
- Cultural humility

2020s (to 2026) — Toward equity and community inclusion
- Precision supports
- Digital tools & AI with human focus
- Social determinants
- Belonging, citizenship, justice

MAJOR POINTS OF CONVERGENCE

Moments when the two movements influence and shape each other

DEINSTITUTIONALIZATION — 1950s–1960s
Opening of institutions creates both opportunities and risks; both movements respond to life in the community.

DISABILITY RIGHTS INFLUENCE — 1970s
Civil rights, disability rights, and independent living movements influence rehabilitation practice and survivor/consumer activism.

RECOVERY — 1980s–1990s
Recovery defined from the inside by people with lived experience transforms rehabilitation goals and service philosophy.

PEER SUPPORT — 1990s–2000s
From mutual support to recognized peer roles; lived experience becomes a valued form of expertise in services and systems.

CO-PRODUCTION & SHARED POWER — 2010s–2020s
Moving from consultation and participation to co-production, leadership, and shared authority in design and governance.

CONSUMER / LIVED EXPERIENCE MOVEMENT

Focus: Who decides what our lives should look like and what help we want?

1800 — Early voices of protest
- Abuse & wrongful confinement challenged
- Elizabeth Packard advocates for rights

1850 — First-person advocacy grows
- Clifford Beers publishes (1908)
- Mental hygiene movement begins

1900 — Critiques of institutions continue
- Writing, letters, testimony
- Early patient rights advocates

1940 — Awareness of abuses grows
- Investigative reports
- Lay people question institutional authority

1950 — Liberation ideas influence activism
- Civil rights, antiwar, women's, gay rights movements
- Challenge to authority

1960 — Psychiatric survivor movement emerges
- Insane Liberation Front
- Mental Patients' Liberation Project
- "Nothing about us without us"
- Judi Chamberlin's *On Our Own* (1978)

1970 — Self-help & consumer-run alternatives
- Drop-in centers
- Mutual support
- Crisis alternatives
- Consumer-run programs

1980 — Consumers enter the system
- Advisory boards
- Councils
- Advocacy roles
- Debate over co-optation vs. empowerment

1990 — Recovery & peer identity expand
- Recovery defined from lived experience
- Peer support roles begin
- Consumer-run services grow

2000 — Lived experience leadership grows
- Peer workforce expands
- Research & policy roles
- Co-production begins

2010 — Towards justice, equity & self-determination
- Peer-led orgs
- Human rights focus
- Diversity, equity, inclusion
- System transformation

1800 · 1850 · 1900 · 1940 · 1950 · 1960 · 1970 · 1980 · 1990 · 2000 · 2010 · 2020 · **2026**

WHAT THESE MOVEMENTS HAVE TOGETHER ACCOMPLISHED

- **From institutions to community** — Opening doors and challenging confinement.
- **From charity to rights** — Mental health as a civil and human right.
- **From patient to person** — Human dignity, identity, and citizenship.
- **From compliance to choice** — Self-determination and informed choice.
- **From symptom control to recovery** — Hope, meaning, and a good life.
- **From services to supports** — Building capacity, opportunity, and belonging.
- **From participation to shared power** — Co-production, leadership, and accountability.

THE GOAL WE SHARE

People with lived experience leading full, meaningful lives in communities of their choice, with the supports they choose, and the rights they deserve.

Note: Timeline reflects major themes and examples, not an exhaustive list of individuals, programs, or events.

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