Social Welfare Activity Journal #8

History of Mental Healthcare in Your State. Check historical and archived material on mental healthcare in your state of residence. How did the state manage healthcare issues? Was there evidence of abuse? If so, describe.

The history of mental health in New York has changed in the past decade. The way that people perceive mental health has changed over time. This change is due to the increase in knowledge of mental health. What was once considered a stigma is now accepted by society. These changes in mental health perception have shifted the view of mental health from blaming people to supporting them. For more than one hundred years, New York State has been a pioneer in the development of mental health treatment and research. Although it was not the first state to construct state-supported institutions specifically for the mentally ill, it was the first to thoroughly relieve county and city governments of caring for their mentally ill. (Mental Health, n.d.)

New York was one of the first states to lobby for change in the mental health system. Most mental health institutions were housed in hospitals. Due to the increased amount of patients, the number of newly migrated immigrants, and the exuberated cost of the health care system in the state, changes were needed. New York State has also been unusually rich in the cultural resources and political will required to develop and implement bold reforms. Due to these reforms in mental health, change was implemented. Numerous national advocacy organizations, such as the National Committee for Mental Hygiene, were headquartered in New York City and were well placed to influence state policy decisions. (Mental Health, n.d.)

During the policy renovation between 1945-1965, many changes occurred concerning mental health. Significant steps towards de-institutionalizing mental health happened during this

time as new progressive psychiatrists insisted on the need for community care integrating those with mental health illnesses into the community and helping them navigate life as a community member and not as a patient in an institution. This era created more community mental health centers and made a steadily rising community responsibility for the well-being of its members allowing patients to live and get psychiatric care in their communities. This has broadened the understanding as well as acceptance of mental health illness. Patients and families are now more knowledgeable and have resources that have become available after the policy renovation.

Corruption was evident prior to this change. Medical facilities would charge medical insurance high rates and would provide minimal care. Towards the end of the policy renovation, the creation of Medicaid accelerated the shift from inpatient to outpatient care. Medicaid legislation stipulated that the federal government would not pay for inpatient care in psychiatric hospitals. This further pushed states to move patients out of costly state facilities and into more cost effective community based care. (Roth, 2021)

References

Mental Health. (n.d.). New York State Archives. http://www.archives.nysed.gov/research-topic/mental-health

Roth, A. (2021, May 25). *The Truth About Deinstitutionalization*. The Atlantic. https://www.theatlantic.com/health/archive/2021/05/truth-about-deinstitutionalization/618986/