During the 1840s, Dorothea Lynde Dix, a retired Boston teacher who is considered the founder of the mental health movement, began a crusade that would change the way people with mental disorders were viewed and treated. Dix called to attention the overcrowded, appalling, and often-abusive conditions in the institutions in which people with mental illnesses were placed (Shapiro, 1994). Her efforts brought about many reforms at both the state and federal levels, including the founding of more than 30 public and private institutions (Brandwein, 2003). Dix was not a social worker; the profession was not established until after her death in 1887. However, her life and work were embraced by early social workers, and she is considered one of the pioneers of psychiatric social work along with Elizabeth Horton, who in 1907 was the first psychiatric social worker in the New York hospital system, and others (Rossi, 1969). Dorothea Dix's work led to the mental hygiene movement.

The early twentieth century was a time of progressive public policies. Advocates of improved public health focused attention on care and treatment in mental hospitals. Recognition of the needs of people with mental illnesses led to the development of the first psychiatric units in hospitals, which moved away from punitive moral treatment to a more medical approach.

Following World War II, the mental health needs of returning veterans evoked public sympathy and understanding, and changed attitudes about mental illness. Encouraged by the promise of **psychotropic drugs**, or antipsychotics, which are chemicals used to treat mental disorders, the Community Mental Health Centers Act was passed in 1963. This policy encouraged the **deinstitutionalization** of people with mental illness—the shift in the location of psychiatric care from inpatient facilities, particularly public mental hospitals, to the community. It was believed that previously institutionalized people could take psychotropic medications and live in the community while being supervised by community mental health professionals.

Even as deinstitutionalization was being implemented, the rights of people with mental illnesses became the focus of the legal advocacy movement of the 1970s. Landmark court cases ensured their rights and self-determination. Restrictions were placed on potentially harmful treatment methods, and mental illness and the attendant need for treatment were no longer justification for involuntary confinement. Placing people in institutions against their wishes, regardless of their conditions, was no longer legal (unless they were a danger to themselves or others). These legal changes were viewed as empowering to people with mental illnesses and helped prevent unnecessary involuntary confinements.

The 1980s and 1990s gave rise to the consumer movement in mental health care. A **consumer** is a person who has received or is currently receiving services for a psychiatric condition. People with mental disorders and their families became advocates for better care. Organizations such as the National Alliance on Mental Illness were created to educate the public and reduce the stigma of mental illness. Building public understanding and awareness through consumer advocacy helped bring mental illness and its treatment into mainstream medicine and social services.

The most recent attempt to improve mental health care is the **recovery movement**. Many in the mental health fields embrace it as a strengths-based approach to working with people with mental illness. The recovery movement grew out of the consumer efforts discussed earlier and has had a transformational effect on mental health practice. Although illness and disease have been the focus of the mental health system for many years, a shift began to take hold in the early 2000s and has continued to the present time. A national report in 2003 urged mental health practitioners to move away from the medical, disease-based focus of mental health treatment, to a wellness and recovery-based model (Caldwell, Sclafani, Swarbrick, & Piren, 2010). The US Department of Health and Human Services issued a statement in 2004 encouraging public mental health agencies to utilize a **recovery** approach. Since that time, recovery has been rapidly becoming a primary approach to mental health care in agencies around the country (Gerhart, 2012).

A panel of experts in the field developed the following definition of recovery: "Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential" (SAMHSA, 2004, p. 3). The recovery model stresses that people with mental health issues can and do recover, and can be engaged in productive ways in their communities. However, recovery in mental health does not necessarily mean that people recover completely from their illness as it does when talking about physical health. The model states that consumers should direct their own recovery, determining what goals they want to achieve. This means that there are many paths to recovery, and the process may be different for each consumer. This person-centered focus follows the social work diversity perspective, acknowledging and embracing differences based on experience, culture, race, ethnicity, gender, sexual orientation, and class as well as the many other ways that we differ from one another.

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The recovery model is holistic, focusing on all aspects of a person's life. This means that part of the recovery process can involve helping consumers find housing, work, a strong support system, education, engagement in the community, and a religious or spiritual connection, in addition to mental health services. The model also focuses on encouraging consumer strengths and avoiding labeling consumers.

The Current System LO 3

The delivery of mental health services, although referred to as a system, is more accurately a loose network of services ranging from highly structured inpatient psychiatric units to informal support groups. Social workers can be found throughout the various mental health services. Although the array of services permits diverse approaches in multiple settings, a number of limitations compromise the delivery and effectiveness of mental health interventions.

Fragmentation of the System Social workers contend with a complex and fragmented mental health delivery system. Professionals from a number of