

Reclaiming Health Learning Lab



Learning the Past.

Healing the Future.

Justice for All.

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A Short History of Mental Health in the United States



Learning Objectives

By the end of this session, participants will be able to:

Trace

- Western views of mental illness from ancient Greece to early custodial care.

Analyze

- How 18th-century reform ideals shaped the rise of the American asylum system.

Evaluate

- How historical racism and sexism in psychiatry still shape mental health attitudes today.

Describe

- The pharmacological, policy, and advocacy forces that drove deinstitutionalization.

Identify

- Current challenges in mental health care and equity centered solutions for the future.



Agenda

01

Ancient & Medieval Mental Illness

02

The Asylum Era

03

Unravelling the Asylum: De-Institutionalization

04

Mental Healthcare Today

05

Where do we go from here?



Ancient & Medieval Mental Illness



Isolation & Shame



Ancient Greece : The Shame of Mental Illness & The Family

Mental Illness as Individual Divine Punishment:

Homer (8th c. BCE) – The Iliad

Euripides (5th c. BCE) – Herakles

Mental Illness as Familial Divine Punishment

Euripides (5th c. BCE) – The Bacchae

Hippocratic Humoral Theory: Mental Illness an imbalance of natural humors

- Blood, Black bile, Yellow bile & Phlegm
- Bad blood = An inherited Humoral imbalance

Mental Illness a shame for the family (Oikos) and the father (Kyrios)



European Mental Illness in The Middle Ages

Period	Main Caregivers	Explanations of Mental Illness	Treatments
Early Middle Ages (500–1000)	Family containment / care	Mental Illness = possession Spiritual Curse	Exorcism, prayer, relics, pilgrimages
High Middle Ages (1000–1300)	Family containment / care Clergy Assistance	• Hippocrates, Galen & Avicenna: Humoral theory • Humoral family inheritance • “Bad Blood” shame	Universities: humoral remedies (purges, baths, herbs) Church: Exorcisms continue
Late Middle Ages (1300–1500)	Family containment / care Houses of Confinement	Scholars = natural causes Clergy = sin & possession	Medical & Religious Remove social disorder
Early Enlightenment (1500–1600s)	Houses of Confinement Alms / Poor / Work-house	Scientific rationalism slowly gains traction	Chains, bloodletting, purges, surprise baths





Doctrine
 Patience
 Goodwill
 Honesty
 Diligence
 Judgment
 Consideration
 Continence
 Discretion
 Civility

Plained
 Truth
 Modesty
 Industry

DOCTOR PANVRGVS

Stay good Sir Briske, spruce master Cityzsinne
 I have a potion for your worth within
 A Dosis Sir where the Ingredients be
 Religion Truth plaine dealing Honesty
 It will expell proud Humors Sly deceits
 Knaues Peacocks fowles Jayes & couzening weights

Once faire I knew the tongues Phlebotomie
 Had power to Cure your Sexes Maladie
 But now your manly humors boile so highe
 That you must in Gallants Fornace lye



Herbage
 Sophia
 Thrift

Hearts ease

Patience

Agnus Castus
 Hore strange
 Sage of Ierusalem



While I was thus full of my self
 These mischievous humors did my self
 So when these come to this form are got
 Dug out these Peccata here I must infest
 These not fill up these rooms I empty are
 His frame being empty here you see I do

Ofte having tried to purge the Gallants Braine
 I tooke them Wight them put them in againe,
 But to no end so Since I did desire
 To try Conclusions by the force of Fire
 And neere behould what good Success I had
 These Strange Cūmēra Crotchets made him mad



Ardor diuinus

The Asylum Era



1790 - 1950



How did Asylums emerge?

Intellectual & Cultural Shifts

- Enlightenment: Rationality & Classification
- Recognition of need for special care

Social Changes

- Urbanization & Crowding
- Poor Laws Insufficient

Standardization & Regulation

- Medicine Standardized
- Regulation





Moral Treatment Description



Moral Treatment Reality

Illness as
Degeneracy

Labor as
Institutional
Exploitation

Coercive Control

Seclusion & Somatic Punishments

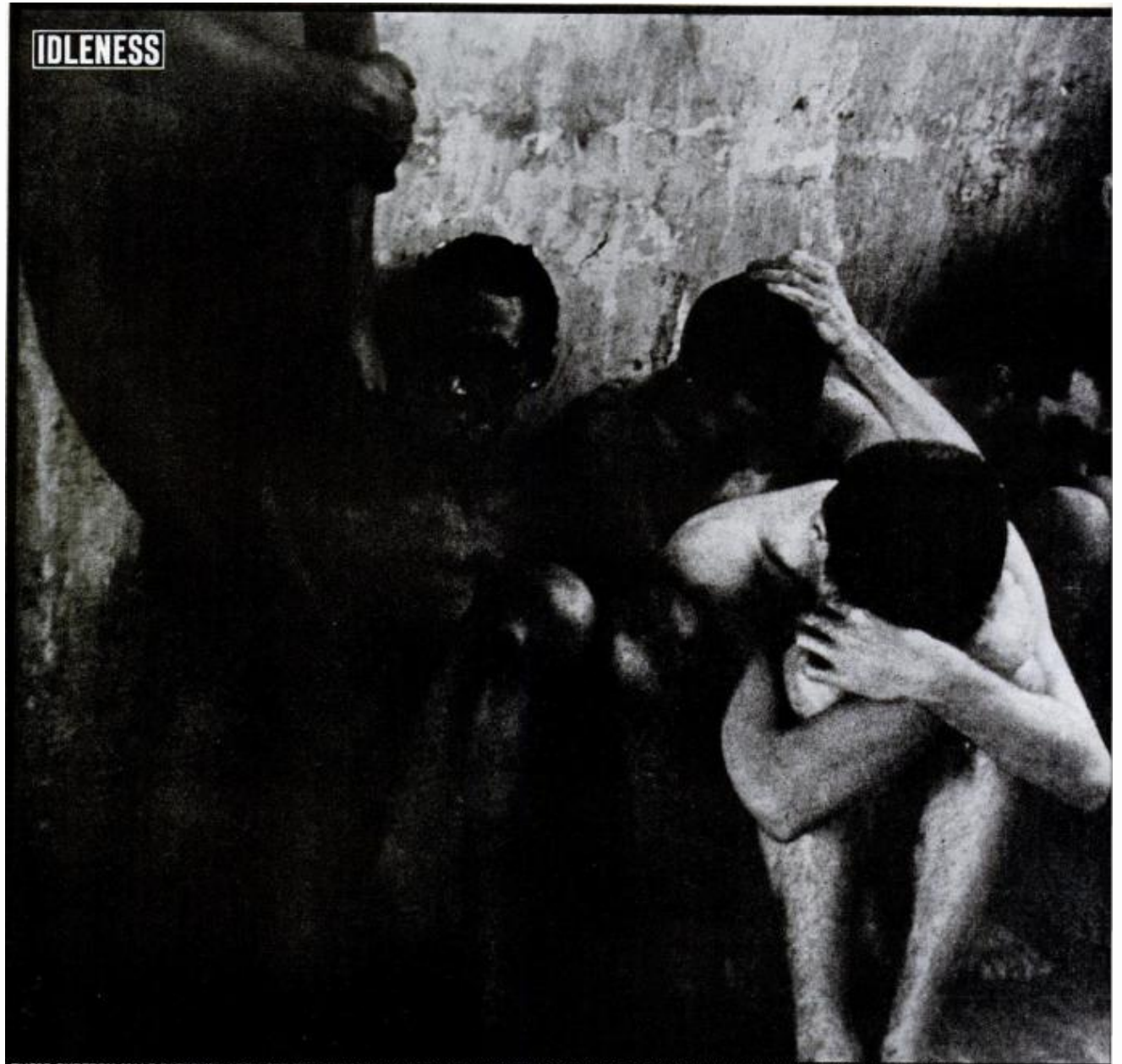


BEDLAM 1946

**MOST U.S. MENTAL HOSPITALS
ARE A SHAME AND A DISGRACE**

by ALBERT Q. MAISEL

IDLENESS



THESE BYBERRY MALE PATIENTS ARE LEFT TO LIVE DAY AFTER DAY SITTING NAKED ON REFUSE-COVERED FLOORS WITHOUT EXERCISE OR DIVERSION. AT CLEVELAND



Black American Experience



Women in Asylums



Women as “Deficient Men”

Social non-conformity & Class

Gendered Mental Illness

- Hysteria
- Nymphomania / Moral insanity
- Puerperal insanity
- Nervous exhaustion
- Religious mania / political excitement



Unravelling the Asylum: De-Institutionalization



1950 - 1980



Asylum Unravelling

Cures not
achieved

Overcrowding

New effective
medications

Policy
Disinvestment

Community
Advocacy



EXPOSÉ OF
WILLOWBROOK
STATE SCHOOL

GERALDO RIVERA
WABC-TV





Mental Healthcare Today



Routine Mental Healthcare

Outpatient

- 81% of facilities offer outpatient
- Telemental health
- Integration into Primary Care

Stratified

- Therapy every 4 – 12 weeks
- Intensive Outpatient Programs (IOP)
- Partial Hospitalization Programs



Crisis Mental Healthcare

988

- Suicide & Crisis hotline
- Political – LGBTQ hotline discontinued

Mobile Crisis

- Alternative to Police & ED
- Offered in only 1 of 5 facilities

ED

- Suicidal & Homicidal persons
- Severe Mania & Psychosis
- Dementia Agitation



Current Challenges





Thank you!



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