

# Mobilizing the Human Spirit™

The Role of Human Services and Civic Engagement  
in the United States 1900-2000

## **Clifford W. Beers**

The Founding of Mental Health 1908-1935  
Telling the Story and Showing the Way



A monograph by The Human Spirit Initiative in partnership with  
The Extra Mile – Points of Light Volunteer Pathway  
*Second in a Series of Six*



# Foreward

*“We need to re-mythologize our heroes. Of course, they were only human beings like the rest of us. . . . But they had great gifts and, due to fate or chance or perhaps providence, great currents of human and social energy passed through them”*

Jacob Needleman, *The American Soul*

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Change began with them; change begins with each and everyone of us!

One hundred years ago, after 150 years of reaching out to help one’s neighbor, noble individuals looked up and around – and knew more could be done to help those in need. Like-minded individuals put pen to paper, found each other, and became the voice of a nation, manifesting within each other that deeply human impulse to care enough to act – to begin.

They were sparks of change, whose zeal, discipline and hard work forever changed this nation’s collective capacity to care. In the telling of their lives and work, the legacy and impact of their actions, we begin to weave together the elements inherent to our national character – voluntary association – the building of healthy, diverse, inclusive community.

We are offering stories that inspire one to action – to recognize we are all a part of a community and accept responsibility for the health of one’s community. These stories celebrate the contributions of “ordinary people” who volunteered their lives to found or shape significant human services organizations. Blending biography with history, we will determine the legacy of their actions:

the growth, impact, and promise of civil society in America.

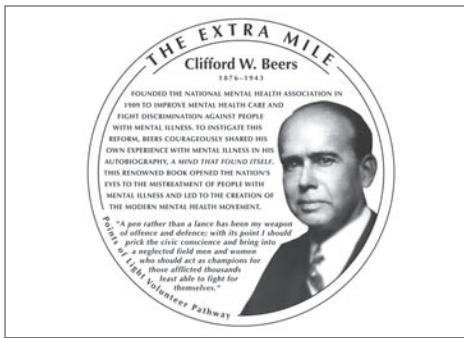
Six monographs will relate the stories of how things happened to transform the fabric of society in the United States during the 20<sup>th</sup> century. We will rediscover the impulse, the moment in their lives when they knew social change was needed and were willing to act to make a difference. Their commitment led to the formation of significant social reform movements, the making of our organized capacity to care. The main goal of the monographs is to capture interest, encourage attention, and inspire commitment to action on the part of the reader.

Today, we have three viable sectors in the United States, the public (government), private (corporate), and social (non-profit) sectors, all of which impact the quality of life of our citizens, and our relationships with the rest of the world.

The non-profit sector consists of more than 1.4 million organizations employing 12 million individuals. Most Americans, when considering the non-profit sector, reference health care, religious institutions, the arts, and education. Operating within this fast-growing sector are community groups,

national associations, local and national organizations focused on alleviating need and preventing suffering – health and human services; i.e., Volunteers of America, The Salvation Army, National Urban League, and the National Association for the Advancement of Colored People. The Human Spirit Initiative is committed to building greater understanding of the impact of this unique sub-sector of the non-profit sector.

The individuals whose lives we celebrate are the honorees who have been memorialized in our nation’s newest monument in Washington, D.C., The Extra Mile – Points of Light Volunteer Pathway. Dedicated in 2005 to the spirit of service in America, the Extra Mile comprises a series of bronze medallions forming a one-mile walking path just blocks from the White House.



*Clifford Beers will soon be honored for his pioneering work in mental illness with a medallion on the Extra Mile-Points of Light Volunteer Pathway in Washington, DC. The project is part of the Points of Light Foundation.*

Together they weave a narrative about individual endeavors which grew into collective activity, in an ever widening

arena of influence and impact. From founders of major service organizations to civil rights leaders, these honorees selflessly championed causes to help others realize a better America. Their legacies are enduring social movements that continue to engage and inspire us today. These ordinary people had backgrounds that led to a social consciousness, often combining a sense of history and responsibility with independence of spirit and altruism. Their actions were often a triumph over tragedy. They used skills as writers, organizers, speakers, agitators and advisors to spotlight an egregious need, change public opinion, rally forces for positive change and advance legislation.

None of them knew at the beginning of their work the ultimate legacy and impact of their actions. They did not act for self-serving reasons, but many did gain prominence, influence, and lived to see their dreams flourish.

Our initial six monographs will collectively capture the growth of health and human services in the United States over the past century. We will focus on social welfare, health services, and youth development.

The monographs will spotlight the life and work of:

- Jane Addams, Hull House, 1880-1920
- Clifford Beers, Mental Health America, 1920-1935
- Wm Edwin Hall, Boys and Girls Clubs, 1935-1950
- Robert Smith and William Wilson, Alcoholics Anonymous, 1950-1965

- Eunice Shriver, Special Olympics, 1965-1985
- Millard and Linda Fuller, Habitat for Humanity, 1985-2000

Each monograph will interweave the conditions and events of the era that gave rise to the need and enabled the response. We will seek to discover the major themes implicit within the story and present guidelines for each of us to follow in our own journey to make a difference. We will take a snapshot of the demographics, economic conditions and political action throughout the century. Most importantly, we will seek to discover parallels in today's world, the legacy of their work, and how the reader can take action.

Finally, we offer a response model-discussion guide for readers to consider how our honorees worked together and took advantage of societal impulses to bring about reforms in developing their model of assistance for the needy ... and to consider whether and how they can take action to benefit the common good and to build civil society.

As you read, and marvel, at the generosity, courage, creativity, and tenacity of our “heroes”, seek to discover the “heroes” in the communities of your life. Applaud yourself for the role you play in enabling civil society to flourish. Ask how and when you can enhance that role. Start Today.

Kay Horsch  
Chairman, *The Human Spirit Initiative*

# Acknowledgements

*Clifford Beers: The Founding of Mental Health America*

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importance of civil society and the role  
each of us can play in keeping it alive  
– is a gift to the human spirit:

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# Contents

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<b>Clifford Whittingham Beers:</b>	<b>1-7</b>
Clifford Beers, the Person and the Book	3-5
The Book Takes Shape	6-7
<b>Organizational Challenges and Adversity:</b>	<b>8-17</b>
The National Committee on Mental Hygiene Makes Its Presence Felt	11-12
The American Mental Health Story	13
State Hospitals Became Dumping Grounds	14
For the NCMH, Things Looked Bleak, But Then an Opportunity	15
The NCMH Moves out – Other Accomplishments	16-17
<b>The Fight Continues Today</b>	<b>18-21</b>
Beers Continues to Inspire	18-19
Beers, International Heights and Emotional Depths	20-21
<b>The Progressive Legacy Lives On</b>	<b>22</b>
<b>Going Forward – Struggles and Challenges Today</b>	<b>23-28</b>
Chronology of Mental Health Movement	25-26
Timeline of Psychology’s Pioneers, 1834-2002	27-28
<b>Showing the Way:</b>	<b>29-31</b>
Getting Started: Change Begins With Me	29
Access Numbers to National Health Service Organizations	30-31
<b>Gathering Insights and Understanding:</b>	<b>32-43</b>
How It All Happened	32-33
Echoes of the Past: Parallels in Today’s World	34-35
Conclusions, Major Themes and Guiding Principles	36-37
Legacy and Impact Data	38-39
Appendix A: Economic Conditions/Political Reform	40-42
Development of Human Service Sector in the United States	43
<b>Resources Cited:</b>	<b>44</b>
Learn More About Clifford Beers	44
<b>For More Information:</b>	<b>45</b>
The Human Spirit Initiative	45
The Extra Mile – Points of Light Volunteer Pathway	45



# Clifford Whittingham Beers

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*After again becoming a free man, my mind would not abandon the miserable ones whom I had left behind. I thought with horror that my reason had been threatened and baffled at every turn. Without malice toward those who had me in charge, I yet looked with abhorrence upon the system by which I had been treated. ... (Victor) Hugo's plea for suffering humanity – for the world's miserable – struck a responsive chord within me. Not only did it revive my latent desire to help the afflicted; it did more. It aroused a consuming desire to emulate Hugo himself, by writing a book which should arouse sympathy for and interest in a class of unfortunates in whose behalf I felt it my peculiar right and duty to speak.*

*A Mind That Found Itself, An Autobiography.* By Clifford W. Beers 1908

Clifford Beers would not be a man of business and commerce that, as a turn of the century Yale graduate, he once imagined himself. Instead he would become a crusader for the muted patients shut away in public and private institutions with names like Hospital for the Insane, Asylum for Feeble-Minded, Village for Epileptics, The School for Idiots and Feeble-Minded Youth, the State Lunatic Asylum, The Insane Pavilion; names that make us cringe today.

Through the publication of his book, *A Mind that Found Itself, An Autobiography*, Beers found support for what would become his life's work. He would speak for the patients that no one would listen to, the invisible ones, shut

away from polite society, because he used to be one of them. Even after his release from the Connecticut Hospital for the Insane, in his heart, he would always be one of them.

Beers was not the first to try to reform the nation's treatment of the mentally ill. Dorothea Dix roused state governments 40 years earlier to begin building separate institutions for the mentally ill. In the years between, other crusaders had also "gone public" exposing conditions at the hospitals in newspapers and magazines but had done so in such a sensational fashion that real change never resulted. A few national groups had formed and withered as their initial energy faded and they realized the immensity of the task. That left local organizations, patient's families and civic-minded public officials to make improvements where they could.

Doctors and hospital administrators at the time also were faced with the fact that medical science had little to offer; even 'treatments' like insulin comas, shock therapy and lobotomies were still 25 years away. It would be another 30 years before the first wave of drug therapy for mental illness would become available, allowing doctors to "unbolt the doors" and let patients move more freely within the hospital.

With his Yale pedigree, Beers had access to many high level people and organizations, but his Ivy League stature gave everyone the political and social

cover often needed to get involved in a cause that might otherwise be brushed aside or deemed undignified.

From a public relations perspective, it was reminiscent of Princess Diana grasping the hand of a child suffering from HIV/AIDS. The world would not look upon that cause, nor Beers' again, in the same way. Of course, Beers went on to accomplish greater things, but such was the significance of a man from a privileged class, a descendant of some of the original Mayflower era colonists, taking on a cause like mental illness.

His courage was in holding himself out, and speaking frankly as a person who had a serious mental illness. He didn't try to sugar coat it or hide behind euphemisms. And people, lay persons, medical professionals and the average reader, responded to his personal story. Beers showed the country that anyone can have mental illness, and they can recover to become productive members of society.

Other advocacy groups for people with mental illnesses had failed after a few short years, a fact that surely was not lost on Beers. The kindness of strangers would carry the organization he founded, The National Committee on Mental Hygiene (NCMH), for many years, through the heady 1920s, through the turbulent period in the 30s when depression, world war and Beers' increasingly erratic behavior and eventual relapse would make fundraising difficult and nearly deplete their coffers many times.

But after 30 years, Beers and the NCMH would have put a human face

on mental illness, documented the status of persons living with mental illnesses in America and initiated nationwide reform of state institutions, steered money and scientists toward research on mental illness and literally changed the focus and locus of treatment to early intervention in a community setting.

This groundwork ultimately led to one enormous success: President Kennedy's call to Congress to improve the quality of mental health care in America. In 1963 Congress passed the Community Mental Health Center Construction Act and reauthorized funding for it for the next 20 years. By 1980 there was a national network of 750 such centers, fostering and encouraging outpatient treatment, not institutionalization.

# Clifford Beers, the Person and the Book

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Clifford Whittingham Beers was 30 years old when he finished his autobiography. A bit young perhaps, and a bit presumptuous to be sure, but Beers had already survived and been shaped by the events that would propel him for the next 30 years. Quite simply, he was certain, he had seen enough.

Born to an upper middle-class Connecticut family in 1876, he was the second youngest of five sons. He dutifully passed his exams, performing at the highest level only when challenged and then reverting to his normal middling student status.

But by high school, a favorite older brother's illness and eventual death five years later would, by Beers own account, propel him on the way to "insanity." The brother began having "night attacks." Epilepsy, doctors said. Soon he was hospitalized, but then spent the next two years at home. A round-the-world cruise (the remedy du jour for well-off families) only drained the resources of family and friends. The remainder of his life was spent in seclusion on a Hartford farm. Ultimately doctors determined that he died of a brain tumor.

But mental illness had occurred in the family before, according to Norman Dain's biography, *Clifford W. Beers, Advocate for the Insane*, with Beers' mother and an aunt. And the idea that he might also be struck ill haunted him.

Beers wrote:

*"if a brother who had enjoyed perfect health all his life could be stricken with epilepsy, what was to prevent my being similarly afflicted? This was the thought that soon got possession of my mind. The more I considered it, the more nervous I became and the more nervous I became, the more convinced that my own breakdown was only a matter of time. Doomed to what I then considered a living death..."*

(Beers, 1908. 5)

In 1903 Beers attempted suicide albeit half-heartedly, and in his method revealed the utterly conflicted nature of his health at the time. After contemplating drowning himself, he decided that he needed to act decisively before his choices were limited by hospital restraints. No doubt he agonized over his options and his own willfulness, considered a running leap out a third story window during a family dinner, but ended up climbing out, hanging on, and then simply dropping. He just missed the cement and a wrought iron fence and landed feet first on a two-foot square patch of grass and shattered nearly every bone in both his feet.<sup>1</sup>

After hospitalization and an assessment from the family doctor, Beers was hospitalized at the first of three institutions for convalescence, both physical and emotional. From 1904 through most of 1906 he spent time in three Connecticut hospitals or clinics.

<sup>1</sup>Dain, Norman. *Clifford W. Beers, Advocate for the Insane*. University of Pittsburgh Press, 1980. p 17.

The conditions, along with Beers' torments, both mental and physical, are thoroughly documented in his autobiography, *A Mind That Found Itself*. In the beginning, Beers was hearing voices and was convinced that impostors had taken over the role of his family. Everyone around him was working as a spy for the police, determined to prosecute him for attempted suicide and a host of other offenses.

The occasional acts of kindness, or thoughtful care were almost totally overwhelmed by casual, brutal acts from untrained attendants and punitive rather than therapeutic instructions from heedless physicians. Cursed, spat upon and beaten regularly, Beers and his fellow patients were a ready cash source for the "doctors" who in those days were often just sanitarium owners collecting a weekly rate. Beers even documented the hiring of a tramp as an attendant whose last real job had been working on a railroad crew laying track. After a shower and new set of clothes, he was in the ward supervising patients the next day.

Early in the book, Beers lets the reader know that this book is not just a cry about his experiences but a plea for all kept in institutions.

*"I trust that it is not now too late, however, to protest in behalf of the thousands of outraged patients in private and state hospitals whose mute submission to such indignities has never been recorded."*  
(Beers, 1908. 19)

He documented petty punishments, forced feedings just for spite, the use of straitjackets and hand-restraints, quaintly called muffs after the ladies'

fashion accessory of the day. He tried to be sympathetic with doctors who didn't know what to do and with attendants who didn't know better, but there was no overlooking the wretchedness of daily life. It is simply amazing he ever got better.

But as he described it, logic does not leave an ill person, even when tethered to totally unreasonable or imaginary assumptions. Time and the calendar had lost all meaning, but he did cling to a corner of his sanity, seizing upon a brilliant idea from one of his fellow patients and co-conspirators. To once and for all determine if it really was his brother visiting him, he secretly had an attendant mail a letter for him, after looking up his brother's business address in the phone book. In the letter, which his brother was instructed to bring along with him, Beers sought proof that perhaps something he envisioned around him were actually was real.

*Dear George:*

*On last Wednesday morning a person who claimed to be George M. Beers of New Haven Ct. clerk in the Directors Office of Sheffield Scientific School and a brother of mine, called to see me.*

*Perhaps what he said was true, but after the events of the last two years I find myself inclined to doubt the truth of everything that is told to me. He said that he would come and see me again sometime next week, and I am sending you this letter in order that you may bring it with you as a passport, provided you are the one who was here on Wednesday.*

*If you did not call as stated please say nothing about this letter to anyone, and when your double arrives, I'll tell him what I think of him. Would send other messages,*

*but while things seem as they do at present it is impossible. Have had someone else address envelope for fear letter might be held up on the way.*

*Yours,  
Clifford W.B.*

(Beers, 1908, 35)

Elaborate perhaps, but it worked. It helped Beers get at least a small grip on his senses, thereby forming a thin foundation upon which he could build. Eventually he does resume writing letters to friends and family, some get delivered. And it is the kindness of a visit, to a seemingly insane person that is rendered truly touching and profound. No person reading this will not think immediately of visiting a hospital, even if they have no relatives there; such is the benefit and importance he credits to a personal visit.

Beers also becomes more and more determined to record all the wrongs, ills and transgressions visited upon him and his fellow patients. He sees himself becoming a crusader for the dignity of the institutionalized. Paranoid delusions become delusions of grandeur, eventually moderated into more acceptable, or realistic levels of ambition.

But even as he felt himself getting better, he was not finished with the institutions. He realized that to be believed, to be credible, he needed to know more about what went on in other sections of the hospital – the violent ward.

*Even for a violent ward my entrance was spectacular – if not dramatic. The three attendants regularly in charge naturally*

*jumped to the conclusion that, in me, a troublesome patient had been foisted upon them. They noted my arrival with an unpleasant curiosity, which in turn aroused my curiosity, for it took but a glance to convince me that my burly keepers were typical attendants of the brute force type. Acting on order of the doctor in charge, one of them stripped me of my outer garments; and clad in nothing but underclothes, I was thrust into a cell.*

*Few, if any, prisons in this country contain worse holes than this cell proved to be. It was one of five, situated in a short corridor adjoining the main ward. It was about six feet wide by ten feet long and of a good height. A heavily screened and barred window admitted light and a negligible quality of air, for the ventilation scarcely deserved the name. A patient confined here must lie on the floor with no substitute for a bed but one or two felt druggets (rough blankets). . . .*

*My first meal increased my distaste for my semi-sociological experiment. For over a month I was kept in a half starved condition. . .*

*Worst of all, winter was approaching and these, my first quarters, were without heat. . . . On the other hand, to be famished the greater part of the time was a very conscious hardship. But to be half-frozen, day-in and day-out for a long period was exquisite torture. Of all the suffering I have endured, that occasioned by confinement in cold cells seems to have made the most lasting impression. Hunger is a local disturbance, but when one is cold, every nerve in the body registers its call for help.*

(Beers, 1908. 63)

57.7 million Americans have mental illnesses each year

# The Book Takes Shape

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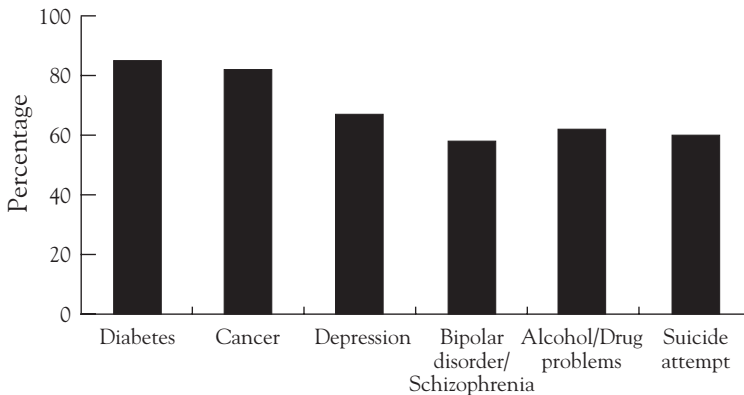
Beers was released, perhaps not cured, but deemed worthy, no longer needing constant supervision. He was also more determined than ever to effect changes and decided that a book, a totally frank and scathingly honest depiction of his own maladies and time in the various asylums, would be the best way to launch his crusade.

“He showed a lot of courage by sharing his personal story and people responded to that. I think it was William James who advised him to keep quiet about his illness. But Beers replied, ‘I must fight in the open.’ That combination of courage and openness and determination rallied people to his cause.” explained James Radack, the senior vice-president for public affairs at Mental Health America (MHA).

Personal courage, yes, but, as Dain observed, Beers needed approval and encouragement from important men, father figures. He sought it from, among others, Yale President Hadley, Joseph H. Choate, a philanthropist, lawyer and diplomat, then William James, the period’s preeminent psychologist, and Dr. Adolph Meyer, the internationally known psychiatrist and medical professor. What Beers was aiming at, beyond publication of his book, was the creation of a national and then international organization to:

- Improve care and treatment of people in mental hospitals
- Work to correct the misimpression that one cannot recover from mental illness
- Help to prevent mental disability and the need for hospitalization

## Sharing Personal Health Conditions with Friends and Co-Workers



The MHA is the 21<sup>st</sup> century descendant of Beers’ original National Committee on Mental Hygiene which went through two name changes as it merged with other organizations.

Typical of Beers’ style was this letter to Choate, whom he had never met. It was audacious yet solicitous, flattering yet clever; a style of writing that would become his hallmark.

Dear Sir:

*Though I might present myself at your door, armed with one of society's unfair skeleton keys – a letter of introduction – I prefer to approach you as I now do: simply as a young man who honestly feels entitled to at least five minutes of your time, and as many minutes as you care to grant because of your interest in the subject to be discussed.*

*I look to you at this time for your opinion as to the value of some ideas of mine and the feasibility of certain schemes based on them. A few months ago I talked with President Hadley of Yale and briefly outlined my plans. He admitted many of them seemed feasible and would, if carried out, add much to the sum-total of human happiness. His only criticism was that they were “too comprehensive.”*

*Not until I have staggered an imagination of the highest type will I admit that I am trying to do too much. Should you refuse to see me, believe me when I tell you that you will still be, as you are at this moment, the unconscious possessor of my sincere respect.*

*Business engagements necessitate my leaving here early on Monday next. Should you care to communicate with me, word sent in care of this hotel will reach me promptly.*

*Yours very truly,  
Clifford W. Beers*

(Beers, 1908, 97)

Beers received an immediate reply from Choate within the hour and the next morning he had his meeting.

While Choate and Hadley may have pushed him toward founding the organization, the most influential backer and advocate was Harvard author, scholar and psychologist William James.

James initially accepted Beers' manuscript as he had no doubt accepted many others: with that dread notion that he would later deliver the bad news to yet another prospective author. He set it aside for a few months but when he finally got to it, he was floored.

With his suggestions, encouragement and introductions, Beers was on his way toward publication. Many rounds of revisions followed including accommodating Meyer, who was reluctant at first to attach himself to this project and even more cautious when it came to criticizing doctors. Eventually they reached an accommodation and Meyer and Beers were, for a few brief yet formative years, a team as Meyer took on the role of the first medical director of the NCMH.

*A Mind That Found Itself* was published in 1908 and Beers went on to found the Connecticut Society for Mental Hygiene that same year.

2.4 million American adults have schizophrenia each year

# Organizational Challenges and Adversity

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But just three years after publication of his autobiography to wide acclaim, the situation looked as dire as any of the panicked moments in the hospital. Colleagues and coworkers had to be wondering if Beers had bitten off more than he could possibly chew, his past delusions of grandeur finally getting the best of him.

By now his own savings were depleted, as well as the money he had tapped from friends and family. He had boldly brushed aside concerns over the rapid expansion of two organizations he had founded, first the Connecticut Society for Mental Hygiene and then the fledgling National Committee for Mental Hygiene a year later in 1909. There were staff issues at both offices, but he continued to solicit donations from wealthy family friends and the Yale alumni who would still take his calls or respond to his passionate, if not florid letters.<sup>2</sup>

To make things worse, Dr. Adolph Meyer, had resigned months earlier. He called Beers delusional and questioned his spending and his ability to lead. Meyer had been one of Beers' earliest supporters for changes in mental hospital conditions and had advised him throughout the editing of his book. Beers and others had to be wondering too. The staff, frugally paid, if not outright volunteers, had found them both hard to work with. They had to be wondering, was it all for naught. Was Clifford Beers

sliding back into relapse? Was it mania, or was this just a normal outgrowth of his enthusiasm and stubborn, optimistic determination to make a difference?

Others could walk away, change jobs; not Beers. The pressure and obligation was never going to let up as long as he could physically do the job. Everyday he woke up knowing that across the country patients were being abused just as he had been. Beatings for petty offences, spiteful, untrained guards harassing patients too far gone to understand simple commands; putative hospital administrators taking per capita fees and throwing patients into overcrowded rooms where they could be easily watched by just a couple of guards with truncheons. There would always be other patients to help. People were counting on him. But could it be his candle, his fountain of energy, was about to burn out?

The relationship between Beers and Dr. Meyer had always been tense. Useful but volatile, it was the product of two powerful personalities. The older austere psychiatrist, complete with a dark, pointed Vandyke beard, was a cautious mover who disliked sensational headlines. Beers, by contrast, was the energetic crusader with a genius for public relations and a life-time supply of venom for those doctors and lay persons not committed to helping those in their care. They used each other, needed each other, but how had it come to this? Meyer, the man who actually coined the

<sup>2</sup>Ibid. Ch. 11

term “Mental Hygiene” was leaving the organization. Money would likely be even harder to raise now.

In the midst of planning for his own wedding, Beers needed to find a new medical director. He had a few recommendations in hand and he had made the acquaintance of a few other like-minded doctors, but nobody was going to work for free. Armed just with his stock in trade: optimism; powerful letters and personal appeals, he soldiered on. This was, after all, a very determined man. A man who, once on the road to recovery, got himself sent to the “violent ward” just to make sure he knew what it was like; so he could talk knowledgeably about it when he was released.

One afternoon in November, 1911, he received a letter from Dr. William H. Welch, a nationally recognized physician of the Johns Hopkins Medical School, and later one of the four physicians memorialized in the famous painting by John Singer Sargent.

Would he, Welch inquired, be interested in meeting with a wealthy industrialist, turned philanthropist who was looking to make the best use of \$50,000 to “ameliorate the condition of the insane in public and private institutions.”<sup>3</sup>

Of course Beers would.

Welch steered Henry Phipps to Clifford Beers and the National Committee on Mental Hygiene. A week later Beers and Phipps met for the first time. It was a fruitful meeting as Beers came away with

money to cover his own personal debts and a promise of \$50,000 to come.

Phipps, the son of English immigrants grew up in very modest conditions and, made his first fortune working his way up with friend and neighbor Andrew Carnegie in his steel business. He eventually became the second largest shareholder in U.S. Steel, and then made another fortune investing in real estate before taking on a third stage of his career as one of the nation’s premier philanthropists.

In 1912, Phipps funded the first in-patient hospital for the mentally ill at Johns Hopkins University, which still bears his name today. In keeping with the spirit of that time, many industrialists believed in giving back to the community. Rockefeller, Vanderbilt, Harriman and Carnegie are the best known examples. Phipps focused his efforts on alleviating poverty and biomedical research, which was mostly privately funded until after World War II. Today the botanical gardens in Pittsburgh bear his name as does the Phipps Institute for Study at the University of Pennsylvania. He would eventually donate more than \$200,000 to the NCMH and take a seat on the board of directors.<sup>4</sup>

This donation was spectacular and well received, but just as crucial in the charity business was the important vote of confidence Phipps provided. A donation of that size signaled to others the credibility of Beers and the laudable

<sup>3</sup>Ridenour, Nina. *Mental Health in the United States; A 50 Year History*. Harvard University Press, 1980, 16

<sup>4</sup>Dain. 119, 158

work of the NCMH. (Rockefeller would later become a regular contributor)

Financial worries set aside for at least a short time, Beers married Clara Jepson and then plunged back into his work. He knew the first thing he needed to do: simply count the number of mentally ill persons institutionalized in the United States, and then develop a list of the medical professionals to treat them. Very basic indeed, but this was where they had to start.

Dr. Thomas Salmon was named the new medical director, a role he would hold for many years. But the name that would be on every hospital director's lips for the next decade as the organization grew to national prominence, would be Dr. Samuel Hamilton. Hamilton would be in charge of the state surveys and reports on the conditions in institutions across the country, the hammer through which the NCMH would become a national force for reform and an advocate for the mentally ill.

But now a lot of people were counting on Beers, hundreds of thousands he had never met, who would never realize what he and the NCMH would do for them. With the very large shadow of Meyer gone, Beers understood that if this organization was going to succeed he would need to be the figure head; the public face and the lightning rod, the fundraiser-in-chief as well as the cheerleader. If he was going to spare others abuse so that they might one day recover and not be concussed into permanent withdrawal, he would, to borrow a phrase from the bible, have "to set his face like flint and refuse to be ashamed."

# The National Committee on Mental Hygiene Makes Its Presence Felt

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At the close of World War I, the organization Beers founded prepared to move into its second decade. Beers was firmly at the helm of the NCMH and a widely known public figure. Already the committee lead by Dr. Hamilton had surveyed the quality of care and staff training and conditions at numerous institutions across the country. Some states like South Carolina and Texas took immediate action. After the survey in South Carolina, the state legislature appropriated \$600,000 to improve the care and housing of their citizens suffering from mental illness.

A relatively young state, Texas adopted many of the NCMH's recommendations on improving its conditions and quickly moved to begin building more modern hospitals and institutions. Equally important was the legislation they adopted that many states around the country would model as well: removing and prohibiting persons with mental illness from being housed in jails, almshouses and other community shelters, their traditional dumping grounds.

It was no accident that three of the Committee's first four surveys were done in the South; Tennessee and Pennsylvania being the other states.<sup>5</sup> In general, conditions there were worse, and worse still if you were black. After the abolition of slavery, blacks in need of care now overwhelmed already crowded

state hospitals across the south, leading often to hastily built distinctly second class facilities. Elsewhere though, states had begun to form their own chapters under the umbrella of the National Committee for Mental Hygiene. In 1914 there were 10, by 1920, though still very nascent in some cases, the NCMH had representation in nearly every state.

Rather than dreading the arrival of Dr. Hamilton and his team, many states would begin asking for the Committee's help. The NCMH actually had a waiting list with more than a dozen states or organizations seeking assistance.

The surveys and recommendations certainly went a long way toward improving conditions at state hospitals. The reports also served as a forum to bring together psychiatrists to discuss standards of care and guidelines for identifying different types of mental illness.

This was one of Beers gifts. "He had a genius for organization, but he was smart enough to leave the day-to-day running of the organization to his staff and the medical direction to doctors, professionals, like-minded psychiatrists," said Radack.

Products of the Theodore Roosevelt progressive era, Beers, his staff and allies believed they could do good, to fill the gaps where governments couldn't or wouldn't go. Echoing the African proverb that "one volunteer can do the

<sup>5</sup> Grob, Gerald. *The Mad Among Us, A History of the Care of America's Mentally Ill*. Macmillan Press 1994, 156

work of 10 forced men,” they firmly believed that dedicated volunteers could change American society.

Besides being an indefatigable letter writer, Beers was also quite good at attracting support from high profile public figures and wealthy patrons with his brand of infectious enthusiasm. An early sign of Beers shrewd understanding of public relations, politics and the medical profession was how he picked his targets. Where others had stumbled in their exposés, the NCMH and Beers made a point of not embarrassing doctors or politically connected people who may be in a position to help, or be seen helping. Beers nearly made such a mistake early on in his campaign by attacking the governor of Connecticut, an approach he would not repeat.

“Beers never alienated other doctors and psychiatrists when, after what he went through, it would have been easy to imagine doing so”, Radack said. “He realized that there were a lot of good people, trying yet disorganized, or simply not knowing what is the best course of treatment or how to handle patients.”

# The American Mental Health Story

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The American mental health story begins in 19<sup>th</sup> century when counties, cities and states realized that families were being torn apart by the presence of mental illness within the family. There was sympathy for the person as well as for the family. But they needed a place to go.

The period of enlightenment (1830-1890), so called because of the boom in construction of large state hospitals, came about with help from one of Beer's predecessors, a crusading former school teacher named Dorothea Dix. The guiding principle became one of moral treatment; by this time most places had stopped selling tickets to see the "freak show." The concept of the time was to remove people from the environmental causes of their disease, in many cases, their home or job, until they could cope again. "Studies found that treatment averaged 3-9 months and quite a lot of people got better. We don't know why or how but they did." said Dr. Gerald Grob, a professor of medical history at Rutgers University and the author of several books on the subject. And unless a person was a real danger to himself or others, they were simply released if they could not be treated.

For those unable to take care of themselves, the elderly, orphans, or widows for example, cities had almshouses or county shelters. There were, of course, great regional variations

and sometimes, as today, it often came down to the determination of a few dedicated medical professionals and community leaders to make a difference.

By the 1900 however, there was not enough room for everyone in the state institutions. And many of the county almshouses, the cornerstone of community care, were now over 50 years old and becoming dilapidated, overcrowded and housing the indigent as well as the insane.

Beers had good company in his drive to make changes in America. A contemporary of his was Helen Keller. Traveling a similar path, Keller was a life-long advocate and fundraiser for the American Foundation for the Blind, organizations to help the handicapped, women's suffrage and birth control. At this time other religious and lay groups also organized to help alleviate social ills, such as prostitution, drug addiction and improving child welfare. During this time, the organization that would eventually become the United Way, the American Organization for Community Organizations, also got its start.

21 million Americans live with depression each year

# State Hospitals Become Dumping Grounds

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Then things got worse, for reasons that would be familiar to readers today: money.

The Federal government continued to stand by its position that care of persons with mental illnesses was an issue for the states. This precedent dates back to President Franklin Pierce, who vetoed a bill that would have designated millions of acres for construction of state psychiatric hospitals. So the states had to foot the bill for the care of these individuals. This created a financial incentive for local institutions and desperate families to reclassify those elderly patients suffering from senility, Alzheimer's and dementia, along with end-stage syphilis, as psychiatric cases thereby making them the state's responsibility. (This was before the advent of antibiotics.)

These types of patients are referred to as chronic or custodial patients because there is little or nothing that can be done to treat them except palliative care. After 1900, the chronic, inpatient population at hospitals surged, supplanting the acute but temporary psychiatric patients that had made up the bulk of hospital population earlier, in some cases taking up half the available beds. Now hospitals were overwhelmed with patients they could not help.

Across the country in different states, the percentage of aged population

in mental hospitals rose between 300-400% during this period. In New York, for example, hospital records indicated from 1911-1920, 20% of all first admissions to New York state mental hospitals was tertiary, or end-stage syphilis, which entails physical as well as personality changes.<sup>6</sup>

Different states had different methods of coping with the surge<sup>7</sup>. Between 1907 and 1940, 18,500 mentally ill patients were sterilized, half in California, 25% in Virginia and Kansas.

Other physical diseases also filled the limited number of beds. In some areas up to a third of admissions were for diseases like Huntington's disease, pellagra, cerebral atherosclerosis, paresis (syphilis), senility and brain tumors. And the rates kept going up; from 1920-1939, the percentage of first admissions attributed to these diseases went from 33% to 42%.<sup>8</sup> Correspondingly, mortality rates were much higher than in conventional hospitals.

By 1940 there were 500,000 institutional patients across the country, half of them were chronic or custodial care, and most of them unmarried or without living parents to care for them.<sup>9</sup>

<sup>6</sup>Ibid. 120

<sup>7</sup>Ibid. 161

<sup>8</sup>Ibid. 126

<sup>9</sup>Ibid. 165

# For the NCMH, Things Looked Bleak but Then an Opportunity

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To NCMH and its state affiliates, it must have seemed that the problems were getting worse instead of better.

Imagine the scene: chronic, demented or syphilitic patients for whom there were no treatment options, shuffling around, in some cases left to find a bed wherever they could. Doctors and staff grew increasingly demoralized, viewing their jobs as little more than custodians since they were treating fewer and fewer patients. No longer were the hospitals a point of civic pride, instead the public perception is one of “snake pits” as popularized by the Mary Jane Ward novel and movie of the same name.

Oddly enough, the wretched conditions in large institutions and state hospitals served to further the prevention goals of Beers and the NCMH by bringing more doctors to his side.

Psychiatrists no longer wanted to be associated with the institutions or be labeled as “the administrators of bug houses.” They were also frustrated by their lack of tools. Their colleagues in other aspects of medicine were benefiting from new discoveries, yet they seemed stuck. Even ‘treatments’ like soma therapy, insulin-induced coma, shock therapy and lobotomy did not come into practice until the 1930s. Reliable drugs were still many years away.

*“Between 1890 and 1940 psychiatrists responded to their critics by altering the basic foundation of their specialty. They identified new careers outside of institutions, articulated novel theories, therapies; expanded jurisdictional boundaries to include not only mental disorders but the problems of everyday life; and defined a preventative role. Their goal was nothing less than the reintegration of psychiatry into medicine, which would permit them to share in the status and prestige enjoyed by the latter.”<sup>10</sup>*

This cultural shift among psychiatrists obviously dovetailed with the prevention, or early intervention, goals of Beers and the NCMH. In recalling his own slide into delusions and paranoia, Beers believed that if there had been help for him after his brother’s untimely death, that he may have reduced the severity of his illness.

<sup>10</sup> Ibid. 130

# The NCMH Moves Out – Other Accomplishments

Then, as now, prevention proved an attractive term but an elusive target. But if the holy grail of prevention was going to be found, it most certainly was going to be outside hospital walls in a rapidly urbanizing America.

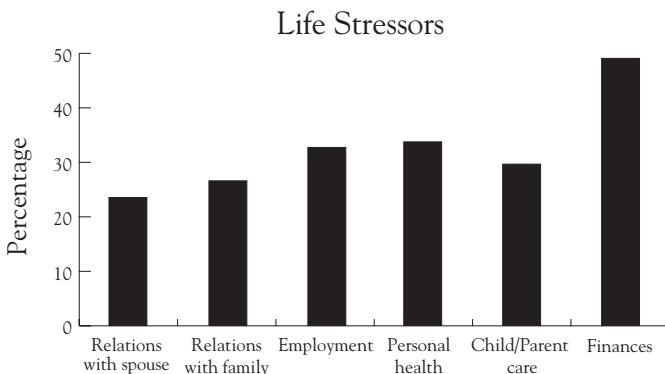
Psychiatry now started examining links with certain behaviors or mental health issues that result in social problems, looking in places like schools and prisons. They looked at alcoholism, retardation, crime and juvenile delinquency and so-called “deviant” behavior.<sup>11</sup>

In 1920 the NCMH published a report, ground-breaking at the time, entitled, *Psychological Motives of Suicide in Massachusetts*. For Beers and Salmon, this was the way to expand their horizons and accomplish their broad goals, but many felt it distracted from the core concern of the NCMH – the institutions. Beers naturally wanted to do both. The NCMH also created separate divisions to address many of these issues, for example the Division on the Prevention of

Delinquency which also held clinics for parents around the country. Though they have evolved over the years, many programs and outreach efforts of this era, like the ones aimed at children and teens, are still in operation today.

Was juvenile delinquency an early warning sign of mental illness? Salmon and others thought so. This attitude was reflected in the professional fields at the time as well; the pendulum of influence was swinging back and forth between psychiatry and psychology. Freud’s theories were also becoming increasingly popular and accepted among medical professionals in the United States.

To continue their outreach efforts among mental health professionals, the Committee began publication of the quarterly, *Mental Hygiene*. The NCMH also embarked on one of its first major studies that would propel it to the front lines of societal debate for years to come: *The Psychopathology of Crime*, based on extensive surveys of inmates at Sing-Sing



<sup>11</sup> Ibid. 157

prison in Ossining, New York. The NCMH even assisted the federal government in conducting a census which would count for the first time the number of people in institutions in the United States.

Labor practices were examined, more specifically the by products of various manufacturing techniques and conditions, factory housing, 12-15 hour work days, etc. The NCMH published studies on the effects of rapid industrialization and the growth of urban slums as recent immigrants competed with newcomers from rural America for space and jobs. At the time, labor unions, brotherhoods and other job- and immigrant-linked welfare organizations were all trying to call attention to the same issues: the new economic reality came with a host of social ills.

The end of WWI also marked the start of a long-running relationship between the military and the psychiatric profession, one the NCMH would help organize into the Army Division of Neurology and Psychiatry. They looked at English and French treatment of soldiers suffering from “shell shock,” or what we might call today, post-traumatic stress disorder. Through these efforts, military psychiatrists helped develop innovative treatment methods and established ways for medical professionals in various countries and services to share information.

Also, at the urging of Gen. John Pershing, the U.S. Army turned to the

NCMH for help in screening recruits and draftees after realizing how many were completely unsuitable for military life.

Salmon and others found that treating soldiers as early as possible, and close to the front, offered better results and improved prospects for rapid recovery. Sadly however, this advice and example was not always followed. During World War II soldiers were still shipped back to the U.S. in conditions reminiscent of a modern day slave ship, confined below decks and prohibited fresh air. Blame can be attributed to a dearth of qualified professionals across the military, but all too frequently it was a simple lack of understanding and following basic instructions.

Spurred and financed by the Rockefeller Foundation in 1924-25 the NCMH would also begin a study, eventually called “The Psychiatric Causes of Dependency and Chronic Poverty.” On top of all this, despite cautions from friends and staff about over-reaching and endangering his health, Beers began laying the groundwork for an international organization.

During this period, one of the NCMH’s lasting accomplishments was developing guidelines for state commitment laws. At this time, parents and husbands could have their spouses or children committed to institutions on less than solid medical reasons and in some celebrated cases, rather dubious grounds.

5.7 million Americans have bipolar disorder each year

# The Fight Continues Today

## Beers Continues to Inspire

Today across the country and indeed the world, there are hundreds of organizations large and small, dedicated to helping those afflicted with mental illness as well as their families.

One person who has a real understanding of what Beers went through is Michael Friedman. Friedman is the Director for the Center for Policy and Advocacy of Mental Health Associations of NYC and Westchester and also the Chairman, geriatric mental health alliance of NYC, as well as an adjunct associate professor Columbia university. “I’m really just a social worker,” he says trying to laugh off his proliferation of titles.

The two big trends Friedman and others are seeing right now are mental health issues in minority and aging populations and co-occurring disorders, such as substance abuse and mental illness, and mental illness and chronic health issues.

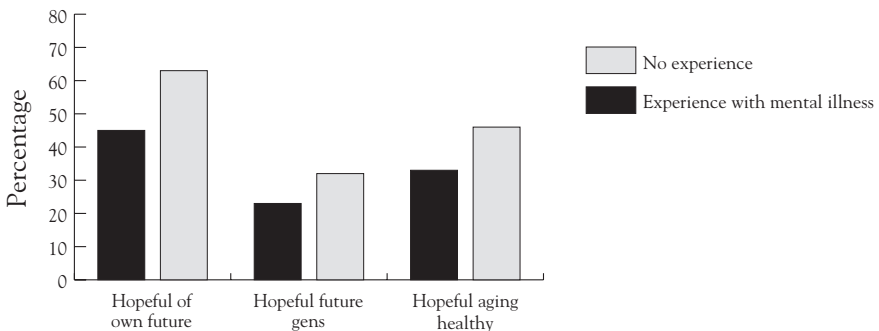
With the aging population growing, geriatric mental health is a two-sided

problem on the horizon for today’s young doctors. On one side, they will be faced with the tricky clinical problem of how to separate aging dementia from depression, and then on the flip side, the institutional problem of which doctor, the geriatrician or the psychiatrist (or psychologist) is going to pry these two apart and successfully treat them.

Groups like Friedman’s also contend with the impression that all elderly people are depressed or get dementia. Senility or dementia, which is found in less than 50% of patients over age 85, is a natural occurrence and not a mental health issue. And the persons over 85 have major depression in less than 5% of their population, which is less than the general population, he said.

“Another major issue is poor general health and reduced life expectancy among persons with a mental illness. Studies show that a person with serious mental illness has 25 years less life expectancy

People with Mental Illness vs. General Public



than general population,” Friedman said. According to the MHA, half of all the cigarettes smoked in this country are smoked by people with a diagnosable mental illness. The problem however, is that many of the drugs promote appetite, eating feels good, and this leads to weight gain and that can often start a downward general health spiral.

In forming the Geriatric Mental Health Alliance in NY, Friedman was given to recall Clifford Beers and what he must have gone through, even writing an essay about him in *Mental Health News* in 2002.

“Here I am, one man, trying to replicate Beers work, and I’m thinking now, ‘Wow, what an amazing man he must have been; forming, driving a national organization in those days.’ How was he able to do that? He must have been one hell of a dynamic personality to be able to sell this idea in every state and travel around this country building this organization. He did it knocking on doors, and I sit here wondering how am I going to get this done?”

It reminded him of a story, also recounted in Beers autobiography. One day while Beers was on the road to recovery, yet still under the eye of a minder during his afternoon strolls around town, Beers decided to call on a local bank. Drawing on experience from a previous job, he thought he could help them with new office organization, furniture and equipment. With the minder keeping a discrete distance he walked into see the manager without an

appointment and proceeded to sell him about \$150,000 worth of new equipment!

“In those days, that’s an incredible amount of money,” Friedman said. “He must have been one of the greatest salesmen in history, and I don’t mean that in a bad way, he must have been quite a charismatic character.”

# Beers, International Heights and Emotional Depths

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The autobiography itself went through many revisions and reprintings by Beers after its initial publication, including an abridged version in *Readers Digest*, one of the few mass circulation national publications with stature of its day. After copyright expiration, though still published by the University of Pittsburgh Press, *A Mind That Found Itself, An Autobiography*, became a Gutenberg Project publication, free to anyone who wants to read it, print it, or give it away, via the internet, [www.gutenberg.net](http://www.gutenberg.net).

Perhaps he used the revisions as a retreat of sorts, to stay focused on the goal of helping others rather than get distracted with the constant administrative or financial pressures the organization faced.

From March 1908 through June 1924, according to Dain's biography of Beers, the book went through five editions and 11 re-printings, all containing some changes and additions. In a way, he couldn't help himself. What many thought was one of the most important books of the decade, if not the first half a century, Beers could not stop tinkering with. The mood swings, the ebbs and flows of energy would continue, perhaps becoming more noticeable to his colleagues, but he couldn't leave it alone. Indeed, this constant urge to make minute changes would carry over to other

duties and by 1935 Beers was nearly to the point of administrative paralysis on a number of important issues, dozens of copies of the same letter, each slightly different, piling up on his desk.<sup>12</sup>

All the time the American organization of the NCMH was gathering speed as well as branching out into sometimes distracting directions, Beers kept working toward his once "delusional" goal of an international organization. If these horrible conditions existed in America, they certainly existed elsewhere. He remained driven, and despite the collapse of the stock market in the fall of 1929, he had set enough wheels in motion that it was going to happen.

Washington, D.C., the summer of 1930, this was perhaps the high point of Beers' career. It marked the 1<sup>st</sup> International Congress on Mental Hygiene and it attracted 300 delegates from 41 countries.

But there were family tragedies to come. In the year following the international meeting, two of Beers' older brothers would commit suicide, William and his beloved brother George.

Outwardly he remained strikingly aloof. "The best way to handle sorrow is to do something constructive about it," he remarked, according to Dain's biography.<sup>13</sup>

Perhaps he was already resigned to it as his brother George, the one

<sup>12</sup> Dain. 228

<sup>13</sup> Ibid. 262

he credited with saving his life, had repeatedly refused Beers' pleas for him to meet with a psychologist friend. The family history was resurfacing again. For this reason Beers and his wife Clara never had children and he made it known he was disappointed in his brother William for, what he considered tempting fate - having a child.

"By this time Beers had become the elder statesman of mental hygiene and something of a celebrity, a role he enjoyed and now had the leisure to cultivate" wrote Dain in his biography of Beers. The accolades were piling up, including the French Legion of Honor, and plans were underway for a gala anniversary dinner at the Waldorf Astoria to mark the 25<sup>th</sup> anniversary of the publication of his book. Meyer and Beers had even reconciled, as Meyer could only marvel at what Beers had accomplished. He even agreed to be one of the speakers that evening.<sup>14</sup>

Beers continued to work his public relations magic, persuading Eleanor Roosevelt to record a public service announcement about mental hygiene that NCMH members would drive from station to station, Radack added. But financial problems, exacerbated by the national recovery from the depression, never entirely went away during Beers tenure as he struggled to persuade the large foundations and wealthy individual donors to keep up even a fraction of their previous support. By

the mid-1930s there were periods when Beers drew no salary.

His health was not strong either, his doctor had advised him to reduce the stress of his schedule to help both the glaucoma in his right eye and his heart. The Second International Congress in 1936 never really got off the ground as Spanish Civil War, Nazi-ism, European anti-Semitism and eugenics dominated or inhibited many psychiatric publications and discussions.

By 1939 though, Beers' emotional health problems had become apparent to colleagues. He asked a psychiatrist friend for help. He could not escape the cold fear that in relapsing, he would let everyone down. Supremely disappointed, in June 1939, Clifford W. Beers put himself into Butler Hospital in Rhode Island. He would never leave. He died of pneumonia and other complicating factors in July 1943 at age 67<sup>15</sup>.

<sup>14</sup> Ibid. 269

<sup>15</sup> Ibid. 322

# The Progressive Legacy Lives On

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Toward the end of his active participation in Mental Health America, Beers met with Albert Deutsch. Deutsch was seeking some support and perhaps the imprimatur of Beers' to go forward and finish a project he had begun a few years earlier as he worked as a researcher for the New York Department of Welfare.

The project became *The Mentally Ill in America* (1937), a 530-page scholarly history of the care of persons with mental illness and one of the most important works ever published on the topic. It is still referenced today.

Albert Deutsch was one of the crusading journalists of the progressive era and a relentless researcher and writer, always specializing in helping the underclass. He is also an interesting figure in his own right.

Deutsch was born in NY City in 1905 to Latvian Jewish immigrants. He left home before finishing high school and traveled around the country doing hard labor, but continued to educate himself in public libraries across the country.

He had returned to NY in the early 30s to work as an archival researcher. According to his biography (Brown Medical School/History of Psychiatry) he was working on a project on the history of the New York Department of Welfare when he reviewed records on the care and treatment of the mentally ill.

He also continued his writing at newspapers in New York exposing problems and maltreatment at various state and Veterans' hospitals, later compiled into another award-winning book "States of Shame". In 1958 Deutsch was made an honorary fellow of the American Psychiatric Association.

41 million American adults have anxiety disorders each year

# Going Forward – Struggles And Challenges Today

“The Clifford Beer’s legacy was getting mental health on the national agenda. This was his main goal, improving services in the community setting; the start of money going toward research on mental illness, understanding causes and treatments. We are benefiting from that effort and those studies today,” said MHA Senior Vice President James Radack.

On his epitaph he wanted to be recognized as the founder of the mental health movement. By any standard, he succeeded as Mental Health America (MHA) is today furthering many of his goals.

“In continuing his tradition, we are trying to make people... understand that it affects them, their family, and community. It’s not only for people dealing with symptoms, or conditions,” Radack said. “War, hurricanes, post-traumatic stress disorder, spousal abuse, drug abuse, domestic violence, family tragedy, all these things can lead to mental health issues,” he said.

Among the other issues on the MHA’s agenda are parity in health care legislation, insurance and reimbursement of doctors for depression screening. Like Friedman, they are also working to get

doctors to look for and treat two things, i.e., cancer and depression; and expand access to care in minority populations.

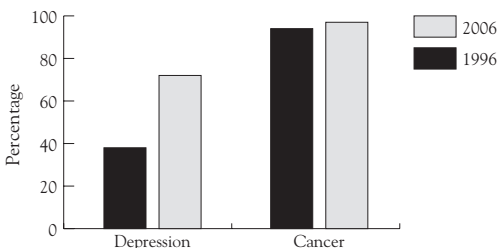
“Like cancer and HIV, we need a huge effort to deal with the whole patient not just treatment for a specific condition. This can mean linking primary care with a psychiatrist, with nurse follow-up. We have emerging models that are working, we know a lot of what works, need to get systems in place to do it. We need to reorient the system to pay for it, like depression screening for example,” Radack said.

All of these are tall orders indeed for any organization, even one approaching its 100<sup>th</sup> anniversary. Beers would probably be disappointed to see that many of the perception issues he wrestled with are still out there today. And while the large state hospitals have improved enormously, in many areas the institutional mental health problems have shifted back to prisons and juvenile detention facilities.

There will always be the challenge of reducing the stigma attached to mental illness. “This hasn’t changed since Beers’ era. It’s hard to get people to seek help if perception is they can’t get better, or if they think they will be ignored or pushed away,” Radack said.

“On the other hand Beers would be very encouraged to see how far we’ve come in expanding awareness of mental health issues across many different community groups,” Radack believed. The MHA has pushed for training for those often on the

Public Acceptance of Depression versus Cancer



front lines of mental health issues such as rescue workers, fire, police and clergy. And it is not just the MHA, the former National Committee on Mental Hygiene that works on these issues. Everyday across the country, hundreds of local chapters, like-minded volunteers and even parents organizations gather to help improve conditions for those with mental illness in America and around the world.

“Clifford Beers would feel proud that he got that level of awareness going; he would be proud to see campaigns that he started toward research and Congressional funding are having such benefit today,” Radack said.

It is said that a flame that burns twice as bright only burns half as long. Somehow Clifford W. Beers managed, in 30 years, to change the way mental health in America was perceived, treated and even funded. Despite his own illness and fear that all he had worked for would slide backwards, Beers’ impact on American society and the momentum he created toward positive change continued long after his death and even into the next century.

# Chronology of the Mental Health Movement

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- 1841 Dorthea Lynde Dix began a movement in Massachusetts to reform the mental health system due to shockingly inhuman conditions
- 1860 Elizabeth Packard led a crusade for reform at the Illinois State Legislature to require hearings, before a jury, before an individual could be involuntarily committed
- 1867 Throughout the country, “institutions for the mentally ill had suffered neglect and retrogression”
- 1870’s Numerous states adopted laws requiring commitment hearings to take place before juries
- 1890’s Dr. Emil Kraepelin of Germany theorized that many mental disorders exhibited by patients were simply symptoms of some underlying physical cause
- 1908 Clifford Beers published *A Mind That Found Itself*
- 1909 The National Committee for Mental Hygiene was founded by Beers
- 1914 The First Mental Hygiene Conference was held
- 1916 Texas adopted legislation calling for the establishment of modern hospitals and removal of people with mental illnesses from jails, almshouses, and shelters for the poor
- 1919 The International Committee for Mental Hygiene was formed
- 1921 Several states incorporated model commitment laws into their statutes
- 1923 Census data in state institutions were collected
- 1930 First International Congress for Mental Hygiene was held
- 1935 A team of scholars carried out an investigation of mental health issues involved in teaching
- 1936 The Division of Mental Hospital Services was created with the Rockefeller Foundation
- 1939 A Symposium on Mental Health was held to further scientific discussion and study
- 1946 The National Institute for Mental Health was created
- 1948 The World Federation for Mental Health was created
- 1955 The Joint Commission on Mental Illness and Mental Health was created by Congress
- 1963 Congress’ Community Mental Health Centers Act provided funding to induce states to provide local mental health services

- 1966 Mandated mental illness services were included in Medicare coverage
- 1973 The Rehabilitation Act of 1973 authorized funding for independent living centers
- 1976 Community Mental Health Center services were included among reimbursable programs allowed in Social Security regulations
- 1978 The President's Commission on Mental Health spotlighted shortcomings in America's mental health service
- 1986 The Protection and Advocacy for Mentally Ill Persons Act provided funding for states to develop programs for social justice
- 1987 The Steward B. McKinney Homelessness Relief Act was passed
- 1990 The Americans with Disabilities Act was signed into law
- 1996 The Mental Health Parity Act of 1996 brought relief from discrimination by insurance companies
- 1990's National public education efforts reached millions through print, media, broadcast, and the internet
- 1999 Surgeon General releases Report on Mental Health; places mental health front and center on national public health agenda
- 2001 Surgeon General issues Report on Mental Health: Culture, Race & Ethnicity detailing disparities in mental health care
- 2001 Report of Surgeon General's Conference on Children's Mental Health: A National Action Agenda brings attention to mental health needs of children
- 2002 President Bush establishes New Freedom Commission on Mental Health to conduct comprehensive study of U.S. mental health care delivery system
- 2003 New Freedom Commission on Mental Health proposes six national goals for mental health

# A Timeline of Psychology's Pioneers, 1834-2002

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- 1834 Ernst Heinrich Weber publishes his perception theory; now known as Weber's Law
- 1878 G. Stanley Hall receives the first American Ph.D. in psychology
- 1879 Wilhelm Wundt establishes first psychology laboratory at the University of Leipzig, Germany
- 1883 Stanley Hall establishes first American psychology laboratory at Johns Hopkins University
- 1885 Hermann Ebbinghaus, in Germany, reports first experiments on memory
- 1890 William James, author, publishes the widely used *Principles of Psychology* in the United States  
New York State passes the State Care Act, ordering indigent mentally ill patients out of poor houses and into state hospitals for treatment
- 1892 American Psychological Association is founded
- 1895 Alfred Binet founds the first laboratory of psychodiagnosis
- 1898 Edward L. Thorndike: in the United States, conducts first experiments on animal learning
- 1900 Sigmund Freud: in Austria: introduces his psychoanalytic theory in *The Interpretation of Dreams*
- 1905 Mary Whiton Calkins creates paired-associates technique for studying memory
- 1905 Alfred Binet; Theodore Simon: publishes first intelligence test for use with Parisian schoolchildren
- 1906 Ivan Pavlov: in Russia, begins to publish his classic studies of animal learning
- 1908 Margaret Floy Washburn, first woman to receive Ph.D. in psychology, synthesizes research on animal behavior
- 1911 Alfred Adler leaves Freud's Psychoanalytic Group to form his own school of thought
- 1912 William Stern develops the original formula for the Intelligence Quotient (IQ)  
Max Wertheimer publishes research on the perception of movement: Gestalt Psychology
- 1913 Carl G. Jung departs from Freudian views; develops his own theories
- 1913 John B. Watson: in the United States, champions psychology as the science of behavior
- 1916 Stanford-Binet intelligence test is published in the U.S.
- 1917 Robert Yerkes develops Army Alpha and Beta Tests to measure intelligence in a group format

- 1921 Psychological Corporation launches the first psychological test development company allowing testing to take place at offices and clinics rather than only at universities and research facilities
- 1936 Egas Moniz publishes his work on frontal lobotomies as a treatment for mental illness
- 1938 Electroshock therapy was first used on a human patient
- 1939 Wechsler-Bellevue Intelligence Test published – the most widely used intellectual assessment
- 1942 Carl Rogers publishes *Counseling and Psychotherapy* suggesting that respect and a non-judgmental approach to therapy is the foundation for effective treatment for mental health issues
- Jean Piaget publishes *Psychology of Intelligence* discussing his theories of cognitive development
- Minnesota Multiphasic Personality Inventory (MMPI) developed
- 1945 Connecticut becomes first state to recognize psychology as a protected practice-oriented profession
- 1952 The *Diagnostic and Statistical Manual of Mental Disorders (DSM)* is published -- beginning of modern mental illness classification
- 1953 B.F. Skinner lends support for behavioral psychology via research in the literature
- 1954 Abraham Maslow helps found Humanistic Psychology; develops his *Hierarchy of Needs*
- 1961 Carl Rogers publishes *On Becoming A Person*; a powerful change in how treatment is conducted
- 1967 Aaron Beck publishes a psychological model of depression; thoughts play a significant role in the development & maintenance of depression
- 1983 Howard Gardner (Howard Univ) introduces his theory of multiple intelligence, arguing that Intelligence is something to be used to improve lives not to measure & quantify human beings
- 1990 The emergence of managed care prompts the APA to become more political, leading to equity in mental health insurance coverage
- 1995 First psychologists prescribe medication through the U.S. military's psychopharmacology program
- 1998 Psychology advances to the technological age with the emergence of e-therapy
- 2002 President George W. Bush promotes legislation to guarantee comprehensive mental health coverage

<sup>1</sup> *Mental Health Timeline* [www.Intelihealth.com](http://www.Intelihealth.com), a consumer mental health information site with content provided by Harvard medical faculty; *History of Psychology (387 BC to Present)* [www.allpsych.com](http://www.allpsych.com), Dr. Christopher L. Hoffman, Director; *About Psychology – Timeline of Modern Psychology*, <http://psychology.about.com>

These monographs have been written as a means of informing, educating, and inspiring people in today's world to build healthy, diverse, inclusive communities. To recognize a need that touches their spirit, and determine how they, within their own vocation or avocation, can play a role in meeting that need. We hope to spark new awareness and purposeful action in the minds and hearts of our readers which will remedy and/or creatively address these changes and problems in a multitude of ways.

### **Change Begins With Me!**

#### **Awareness**

1. *Conceptualize*: Discover your passion and the place where your passion intersects with the needs of the world.
2. *Explore*: Seek to know more about the need(s) you have identified. Search for more knowledge about what is currently being done to meet the need and what more might be done with appropriate support and/or talent.

#### **Belief**

3. *Understand*: Seek to comprehend causes, effects, and creative solutions. Recognize the significance of the need and how your involvement might assist in meeting the need; as a career choice or an educator, legislator, volunteer, journalist, author, etc. Search to find others of like minds and hearts to join with you.

#### **Conviction**

4. *Begin*: Take action to right a wrong or expand human endeavor in a given area of need. Seek to find the most satisfying manner in which you might be a part of creating positive change. Remain open to innovation and opportunity while assessing risk and barriers to success. Be a model of integrity and public trust

#### **Commitment**

5. *Pledge*: Promise to dedicate your individual resources to being a change agent. Dedicate your time, talent, intellect, and treasure to making a difference
6. *Collaborate*: Discover how working with others can enhance the strengths of the effort, as well as adding significance to your own life.
7. *Evaluate*: Monitor both process and results for continuous improvement. Expand the influence and impact of your response

Prepare to enjoy the accompanying sense of growth, fulfillment and accomplishment

# Access Numbers to National Health Service Organizations

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See websites for contact information and local access numbers:

## **Mental Health America (MHA)**

*Helping ALL people live mentally healthier lives*

2000 N. Beauregard Street, 6th Floor

Alexandria, VA 22311

Phone: (800) 969-6642

[www.mentalhealthamerica.net](http://www.mentalhealthamerica.net)

## **National Alliance on Mental Illness (NAMI)**

*Grassroots organization dedicated to improving the lives of persons living with serious mental illness and their families*

Colonial Place Three

2107 Wilson Blvd. Ste 300

Arlington, VA 22201-3042

Phone: (703) 524-7600

[www.nami.org](http://www.nami.org)

## **American Cancer Society**

*Fighting cancer through research, education, patient service, advocacy, and rehabilitation*

250 Williams Street, NW

Atlanta, GA 30303-1002

Phone: (404) 320-3333

[www.cancer.org](http://www.cancer.org)

## **American Heart Association**

*Building healthier lives, free of cardiovascular diseases and stroke.*

7272 Greenville Avenue

Dallas, TX 75231-4596

Phone: (800) 242-8721

[www.americanheart.org](http://www.americanheart.org)

## **National Health Council**

*Membership Association: improving the health of all people, particularly those with chronic diseases and/or disabilities.*

1730 M Street NW, Ste. 500

Washington, D.C. 20036

Phone: (202) 785-3910

[www.nhcouncil.org](http://www.nhcouncil.org)

## **Depression and Bipolar Support Alliance**

*Patient-directed, focusing on the most prevalent mental illnesses*

730 N. Franklin St., Ste. 501

Chicago, ILL 60610-7224

Phone: (800) 826-3632

[www.dbsalliance.org](http://www.dbsalliance.org)

## **National Institute of Mental Health (NIMH)**

*Reducing the burden of mental illness and behavioral disorders through research*

6001 Executive Blvd. Rm 8184,

MCS 9663

Bethesda, MD 20892-9663

Phone: (301) 443-4513

[www.nimh.nih.gov](http://www.nimh.nih.gov)

## **Substance Abuse and Mental Health Administration (SAMHSA)**

*'A Life in the Community for Everyone'*

1 Choke Cherry Road

Rockville, MD 20857

[www.samhsa.gov](http://www.samhsa.gov)

**National Kidney Foundation**

*Seeks to prevent kidney and urinary tract diseases.*

30 E. 33<sup>rd</sup> St., Ste 1100  
New York, NY. 10016  
Phone: (212) 889-2210  
[www.kidney.org](http://www.kidney.org)

**Muscular Dystrophy Association****– USA**

*Dedicated to conquering neuromuscular diseases*

3300 E. Sunrise Dr  
Tucson, AZ 85718  
Phone: (800) 344-4863  
[www.mdusa.org](http://www.mdusa.org)

**National Multiple Sclerosis Society**

*Building a movement that will move us closer to a world free of this disease*

733 3<sup>rd</sup> Ave  
New York, NY 10017  
Phone: (800) 344-4867  
[www.nationalmssociety.org](http://www.nationalmssociety.org)

**American Lung Association**

*Improving life one breath at a time*

61 Broadway, 6<sup>th</sup> Fl  
New York, NY. 10006  
Phone: (800) 586-4872  
[www.lungusa.org](http://www.lungusa.org)

**American Foundation for the Blind**

*Expanding possibilities for people with vision loss*

11 Penn Plaza, Ste 300  
New York, NY 10001  
[www.afb.org](http://www.afb.org)

# Gathering Insights and Understanding: How It All Happened

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## Dimensions in Approach: A Discussion Guide

Founder \_\_\_\_\_

Issue/Need \_\_\_\_\_

Response to Need \_\_\_\_\_

Date Organized \_\_\_\_\_

### I. What was the primary driver for the Founder

*Describe the background, experience, or impulses that ultimately served to move the founder to take action.*

### II. How did the Founder initiate the response:

*Describe whether the core idea was about helping people (a Helper) or people helping themselves (a Social Entrepreneur). Describe how and why this might have changed over time.*

### III. How did the idea for the response originate:

*Describe whether the idea for the response was original or if it was an adaptation or evolution of ideas in practice. Describe the extent to which it was built on accumulated knowledge.*

### IV. How did the Founder work with and through others:

*Describe how the Founder began his/her work; as a soloist, or as the lead drummer of a band of change agents. Describe how the interaction with others changed over time.*

V. How did the Founder use his/her position to influence others:

*Describe the extent to which the individual used his/her position to bring others in positions of influence to participate in addressing the need(s). Was the approach collaborative or confrontational?*

VI. How did the Founder design the model:

*Describe how the model served as a style for others to replicate and how. Describe whether the Founder intended the model to be replicated, or was it accidental.*

VII. How would you describe the style of the Founder:

*Describe the style of leadership that prevailed; i.e., lone wolf, coalition builder, social entrepreneur, other...*

# Echoes of Past: Parallels in Today's World

*National Character Trait – Self-Reliance Giving Way to Expanded Role of Federal Government*

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## **Condition: Then**

### **Urbanization:**

- Migration to the cities continued
- Cities were a breeding ground for disease
- Many are poor and growing poorer

### **Wealth Concentration:**

- The Gilded Age created powerful enterprises, dominated by men who grew immensely rich
- In 1929, one hundredths of 1% of the population had 5% of the national income

### **Politics:**

- A marked retreat from politics and public values during the prosperity of the 20s

### **Financial Speculations and Decline:**

- 1929 stock market collapse with widespread economic impact

### **Role of Government:**

- Birth of the New Deal in the Great Depression
- State funding helped to shape mental health care

### **Ideology:**

- Rise in fundamentalism and religion to frustrate modernism and liberalism
- The Harlem Renaissance acted as an instrument for social justice

## **Condition: Now**

- Resurgence in growth of the cities, with 4% of today's population living on farms
- Pollution and overcrowding create concern for disease
- Many are poor and growing poorer
- Business leaders see themselves as pillars of a similarly prosperous age... (New York Times 2007)
- For the third time in the last century, we have returned to that level... (New York Times 2007)
- About 1/2 of the citizens vote, even in presidential elections
- Real estate bubble being burst with widespread economic impact, including growing foreclosures
- Many citizens seek an expanded role of the federal government, particularly in assuring medical and retirement benefits
- National and state funding shapes availability of care for mental health
- Substantial growth in fundamentalism in religion and accompanying political power
- Artists, authors and musicians continue to raise social consciousness

### **Technology:**

- Radio became the primary news medium
- Photography allowed the viewer to feel like an eye witness
- The internet is growing as a primary news medium
- Television allows instant news coverage of significant events as they occur

### **Mental Health:**

- Initial improvement to address inhuman conditions in treatment institutions for people with mental health problems
- WWI Veterans were often not appropriately treated for war-time trauma
- Only 20% of people with mental illnesses receive specialized medical care
- Military recognizes need for greater understanding and treatment of post-traumatic stress disorder for returning veterans

### **Other Health:**

- 1918 plague killed 549,000 in the U.S., 12 million worldwide
- Research resulted in new treatments for disease; i.e., penicillin, insulin, antibiotics, preservation of blood plasma
- All medical research was privately funded
- Renewed concern for worldwide epidemics and vaccine inventories
- The human genome project has accelerated major breakthroughs in bio technology
- Philanthropists are personally funding focused medical research, in addition to public funding

### **Nature:**

- Natural disasters, like the Dust bowl, exacted a punishing physical and emotional toll
- Natural disasters, i.e., Hurricane Katrina, have uprooted people from their homes, exacting a punishing economic, physical and emotional toll

# Conclusions, Major Themes, and Guiding Principles

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Founder: Clifford Beers

Model: Mental Health America

Date Organized: 1909

Conclusions:

1. Overcrowding, lack of sanitation, safety – all are breeding grounds for disease, both physical and mental
2. Tragedy serves as a catalyst for action and commitment
3. Economic fluctuations have enormous impact on treatment; i.e., staff training, treatment centers, care providers
4. People, during the 20's and 30's, felt they had only themselves to blame – the responsibility of government was unfolding – first time people felt the country has an obligation to help
5. The role of medical associations was vital in enhancing treatment
6. Prosperity can be accompanied by apathy
7. Artists, authors, and journalists play a special role in raising social consciousness
8. Radio became an essential tool for creating national community
9. Civil rights and legislation often did not include black Americans, Asians, or Latinos
10. The labor movement furthered humanitarian interests in social justice, safety, and economic security

Major Themes:

1. Credibility and a sense of urgency are critical in capturing the attention of those who can be of assistance
2. Gathering facts and educating the professionals is essential in effecting significant change in treatment
3. Openness in sharing one's personal struggle(s) assists in gaining support;
4. Perseverance in the face of disbelief, fatigue and adversity is a significant character trait
5. Raising your voice and pen on behalf of the needy creates social awareness
6. Anyone can have mental illness (or other diseases) and they can recover to become productive members of society
7. Seeking help from others helps guide the work and provides confidence and affirmation
8. Forming an organization with a national reach creates a universal standard for care
9. Research, education, and service for patients and their families are central components in changing the course of a disease
10. As with other diseases, there is need to deal with the "whole person", not just the specific disease

### Guiding Principles:

1. It is often the determination of a few dedicated professional and community leaders that makes the difference
2. Coalition-building enables purposeful change
3. Evidenced based data must drive program development; including education, service, treatment and rehabilitation efforts
4. Raising public and professional awareness, understanding, and proficiency must accompany program outreach to have maximum effect

# Legacy and Impact Data

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In the field of **Health and Medical Organizations**, the Encyclopedia of Associations lists organizations focused on:<sup>1</sup>

Acid Maltase Deficiency	Hearing Impaired
AIDS	Hematology ( <i>Blood</i> )
Alcohol	Hepatology ( <i>Liver Disease</i> )
Allergy	Hypertension
Alzheimer's Disease	Hypoglycemia
Aphasia	Immunology
Autism	Infectious Diseases
American Behcet's Disease	Lupus
Bone	Erythematosis
Breast Diseases	Lymphology
Cancer	Mental Health
Cardiology	Mentally Disabled
Cerebral Palsy	Metabolic Disorders
Child Health	Nephrology ( <i>Kidney</i> )
Coma	Neurological Disorders
Craniofacial Abnormalities	Ostomy
Dermatology (Skin)	Pituitary ( <i>Growth</i> )
Diabetes	Respiratory Diseases
Disabled Disease	Rheumatic Diseases ( <i>Arthritis</i> )
Eating Disorders	Spina Bifida
Endocrinology	Spinal Injury
Epilepsy	Stroke
Fibromyalgia	Thyroid
Gastroenterology	Visually Impaired

These organizations work to seek greater knowledge of cause and prevention, educate professionals and the public at large, and provide support to patients and their families through

programs of research, prevention, advocacy, and service. Many offer peer emotional support and rehabilitation programs for patients and their families. Some are membership organizations; staffing is generally accomplished with under 100 employees, and budgets range from \$45,000 to \$900 million.

While many of these organizations provide national direction, policy, and voice, their local affiliates work across the public and private sectors to raise awareness, provide emotional and physical support, and raise the dollars necessary to support their mission. Their grassroots advocacy networks promote effective legislation to provide access to information and care for all Americans at the local, state, and federal levels. Community presence is focused on saving lives and providing quality of life for those whom they serve; building healthy, diverse, inclusive community.

**Organizations founded early in the 20<sup>th</sup> Century include, but are not limited to:**

- Parkinson's Disease Foundation, New York 1857
- American Association on Mental Retardation, Washington, D.C. 1876
- National Association for the Deaf, Silver Spring, MD 1880
- Alexander Graham Bell Association for the Deaf and Hard of Hearing, Washington, D.C. 1890
- American Lung Association, New York, NY. 1904

<sup>1</sup>Encyclopedia of Associations: An Associations Unlimited Reference. 42<sup>nd</sup> Edition. 2005, Volume 1, National Organization of the United States, Part 2 (Section 7-18)

- Mental Health America, Alexandria, VA 1909
- American Cancer Society, Atlanta, GA. 1913
- National Health Council, Washington, D.C. 1920
- American Foundation for the Blind, New York, NY. 1921
- American Heart Association, Dallas, TX 1924
- March of Dimes Birth Defects Organization, White Plains, N.Y. 1938
- American Diabetes Association, Alexandria, VA 1940

### **Mental Health Organizations**

**Mental Health America** (formerly known as the National Mental Health Association) is the country's leading nonprofit dedicated to helping ALL people live mentally healthier lives. With more than 320 affiliates nationwide, it represents a growing movement of Americans who promote mental wellness for the health and well-being of the nation – everyday and in times of crisis.

#### **Mental Health America**

2000 N. Beauregard Street, 6th Floor  
 Alexandria, VA 22311  
 Phone (703) 684-7722  
 Toll free (800) 969-6642  
[www.mentalhealthamerica.net](http://www.mentalhealthamerica.net)

**NAMI (the National Alliance on Mental Illness)** is the nation's largest grassroots mental health organization dedicated to the eradication of mental illnesses and to improving the lives of persons living with serious mental illness and their families. Founded in 1979, NAMI has become the nation's voice on mental illness.

NAMI has organizations in every state and in over 1100 local communities across the country who join together to meet the NAMI mission through advocacy, research, support, and education.

#### **National Alliance on Mental Illness**

Colonial Place Three  
 2107 Wilson Blvd. Ste 300  
 Arlington, VA 22201-3042  
 Phone: (703) 524-7600  
 Toll Free: (888) 999-6264  
[www.nami.org](http://www.nami.org)

**National Institute of Mental Health, National Institutes of Health**, the lead federal agency for research on mental and behavioral disorders, is committed to reducing the burden of mental illness and behavioral disorders through research on mind, brain, and behavior. The burden is enormous. The World Health Organization's Global Burden of Disease study reported that mental disorders comprise four of the top five sources of premature death and disability in 15-44 year olds in the Western world. Schizophrenia, bipolar disorder, depression, autism, and other mental disorders are serious, often life-threatening illnesses for which we need reliable diagnostic tests, new treatments, and effective strategies for prevention. Our public health mission mandates a focus on those with the most serious mental illness.

#### **National Institute of Mental Health**

6001 Executive Blvd. Rm 8184,  
 MCS 9663, Bethesda, MD 20892-9663  
 Phone: (301) 443-4513  
 Toll Free: (866) 415-8051  
[www.nimh.nih.gov](http://www.nimh.nih.gov)

# Appendix A:

## *Economic Conditions/Political Reform: 1920 –1935*

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Economic Conditions: 1920-1935

“Rarely in history has the passage of one 10 year period to the next so neatly defined two distinct moments in time, as it did when the panting, hysterical twenties gave over to the pathetic, hopeless years that followed immediately after them.”<sup>1</sup>

The 20’s were a time of prosperity and painful contradictions – millions of people doing well-enough to shut out the reality of workers not making enough to support their families; not realizing that the economy, especially banking and international trade, were extremely fragile. Corporations opened up investment opportunities to a new market of investors.

- Modern mass-production techniques were perfected: the automobile industry dominated the economy even as it institutionalized demoralizing assembly work. Millions who manned the assembly lines surged into an emerging middle-class.
- The highest 5% of the population received about 1/3 of all personal income.
- “In the 1920’s ours was a nation split by very deep cleavages.”<sup>2</sup>

1926: Profits and productivity of every branch of the economy reached record levels

1929: The stock market collapsed on Black Tuesday, October 29

“It will take over a decade for the economy to recover and it will require major changes in the functions of the federal government and a changeover to a wartime economy to boot it back to health.”<sup>3</sup>

In the 1930’s we were in the middle of the Depression decade. The American economy was in bad shape throughout the decade. Industrial production fell by 50%. Warehouses were full of clothes no one could afford; houses stayed empty as people were evicted and moved into “Hooverilles,” built on garbage dumps. The Great Depression transformed basic social structures, wrecking havoc in family life; migrants roamed the country.<sup>4</sup>

Black Americans, Latinos, and Asian Americans all suffered during the Depression. “....most blacks were ignored by the New Deal programs.....they didn’t qualify for unemployment insurance, minimum wage, social security, or farm subsidies.”<sup>5</sup>

1931: Destitution was widespread throughout the country: 7 million were unemployed, bank failures wiped out the savings of millions of people, drill halls turned into dormitories for the homeless, including whole

<sup>1</sup> Jennings, Peter and Todd Brewster. *The Century*. New York: Doubleday, 1998. 149

<sup>2</sup> Lamb, Brian. *Booknotes: Stories from American History*. New York: Penguin Books, 2002. 208

<sup>3</sup> Blank, Carla. *Rediscovering America: The Making of Multicultural America, 1900-2000*. New York: Three Rivers Press, 2003. 131

<sup>4</sup> Zinn, Howard. *The Twentieth Century*. New York: Perennial, 2003. 112

<sup>5</sup> Ibid 133

families, crime accelerated within the cities. Bread lines in New York City were the catalyst for the song, "Brother Can You Spare a Dime." from the show *Americana*, portraying the anger of the WWI veteran, now without work, unable to feed his family.<sup>6</sup>

1932: Unemployment reached its highest level: 11 million out of a total workforce of 58 million.<sup>7</sup>

Southern and Midwestern U.S. was hit by an unprecedented drought that devastated family farms.

1934: 1 1/2 million workers in different industries went on strike.

Political Reform – 1920-1935

"The World War had been just that: a war that destroyed a *world*.

The challenge to the survivors was to construct something better in its place."<sup>8</sup>

"Along with the NAACP (formed in 1909) and the labor unions, they (American Civil Liberties Union) begin working for what has become known as public interest law. They challenge constitutional violations and help create a body of laws to protect individuals, strengthening and maintaining First Amendment freedoms, privacy rights, and the essential ideals of fairness and equality."<sup>9</sup>

"In the 1920's traditionalists also staked their claim in the church. Religious belief encountered some stiff competition in the years immediately after the war,

especially from psychoanalysis, science, and a Sunday joy ride in the sedan."<sup>10</sup>

"...there was a marked retreat from politics and public values toward the private and personal sphere, and even in those with a strong impulse toward dissent, bohemianism triumphed over radicalism."<sup>11</sup>

1920: **League of Nations** came into existence, committed to preventing war

1921: **Federal Interracial Commission** established, dedicated to elimination of racial animosity

1923: President Warren Harding dies of a heart attack.

Calvin Coolidge becomes President as political corruption scandals are revealed

1924: Coolidge is elected President.  
**Immigration Act:** established national origins quota system  
**Indian Citizenship Act:** confirms citizenship and voting rights  
**Chinese Exclusion Act:** sets quotas and fixes the number from each nation of origin

1926: **Revenue Act:** corporate tax relief and income tax relief that benefits wealthy

**Federal Radio Commission:** beginning of federal regulation of corporations

1929: Herbert Hoover was elected President of the United States

<sup>6</sup> Ibid 116

<sup>7</sup> Gilbert, Martin. *A History of the Twentieth Century*. New York: Perennial, 2002. 211

<sup>8</sup> Jennings, Peter and Todd Brewster. 97

<sup>9</sup> Blank, Carla. 103

<sup>10</sup> Jennings, Peter and Todd Brewster. 123

<sup>11</sup> Hofstadter, Richard. *The Age of Reform: From Bryan to F.D.R.* New York: Vintage Books, 1955. 286

After the Great Depression, people felt they had only themselves to blame, not the government.

1930: "There was a very significant reform current some of which was liberal... There were a number of Democratic Socialists (and) a number of members of the Communist Party during this decade."<sup>12</sup> "The odor of revolution was in the air"<sup>13</sup>

1933: Franklin D. Roosevelt was elected President. He created a temporary **Emergency Relief Administration** to give local authorities the funds to find work and relief for the unemployed and encouraged a "back to the land" movement. He initiated 15 new legislative initiatives in his first hundred days.

"Applying humanitarian philosophy to government, the welfare state represented the "new deal" he had promised a down-and-out nation. For the first time, an American government assumed the country had an obligation to help people survive when they became unable to help themselves."<sup>14</sup>

Roosevelt used modern mass communications, primarily the intimacy of the radio, to convert calm compassion into massive political power.

"...the New Dealers shared with the Progressives a far greater willingness to use the machinery of government to meet the needs of the people and supplement the workings of the national economy."<sup>15</sup>

**Emergency Banking Act:** Power to reopen banks if they appeared sound

**National Industrial Recovery Bill:** to stabilize prices and enforce

measures to increase employment: control child labor, reduce hours, maintain minimum pay scale, increase expenditure on defense, public works, including roads.

**Agricultural Adjustment**

**Administration:** attempt to organize agriculture

**Food and Drug Administration:** consumer protection

**Constitutional Amendments:**

**21<sup>st</sup> Amendment: Repeal of Prohibition**

1934: **Indian Reorganization Act:** reform federal Indian policy

1935: **National Youth Administration:** job creation for hundreds of thousands

**Social Security Bill:**

unemployment and health insurance, non-contributory old-age pensions, paternal and child welfare, vocational rehabilitation, and pensions for the blind

**Civilian Conservation Corps:**

provided work to some of the unemployed

**Wagner Labor Act of 1935:**

guaranteed unionized workers rights; set up a **National Labor Relations Board** – a great and powerful labor movement was called into being, bringing about many humanitarian achievements in social justice; safety, and economic security

**Soil Conservation Service:** teach farmers to practice crop rotation

**Works Progress Administration:**

provides jobs for many, including artists

# Development of Human Service Sector in the United States

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## 1800 – Constitutional/Moral Order

- Freedom and responsibility
- Individual action
- Religious base
- Community activities

## 1900 – Social Enterprise: Movements for Change

- Lift voices
- Activist activities
- Share knowledge
- Form communities

## 1910 – Informal Organizational Growth

- Social/Health/Children and Families/Humanitarian Relief
- Educational
- Philanthropic
- Volunteer – driven

## 1930 – Formal Organizational Growth

- Community/regional/national
- Dedicated staff
- Program development

## 1950 – Revenue enhancement

- Staff domination
- Legal and regulatory requirements
- Interaction with private and public sectors
- Formation of many new 501<sup>c</sup>(3) organizations

## 1970 – Third Sector Development

- Human resource development: staff and volunteer partnership
- Management and leadership development
- Strategic Planning

- National Organizational Development w/ affiliates, centralized focus, priorities, impact

## 1985 – Trans-Organizational Development

- Academic programs
- Trade associations
- Sector interaction
- Economic contributions and impact
- Partnerships and collaborations: leveraging strengths

## 1990 – Global Exportation

## 2000 – Cross-Sector Partnerships

## Resources Cited

# Learn More About Clifford Beers

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Michael Friedman, Director for the Center for Policy and Advocacy of Mental Health Associations of NYC and Westchester, Chairman, geriatric mental health alliance of NYC, adjunct associate professor Columbia university.

James Radack , Senior Vice-President, Mental Health America

Gerald Grob, Professor of the History of Medicine, Rutgers University, member Institute of Medicine of the National Academy of Sciences.

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Norman Dain. *Clifford W. Beers, Advocate for the Insane*. University of Pittsburgh Press, 1980  
*A Mind That Found Itself, an Autobiography, Clifford W. Beers*. University of Pittsburgh Press and [www.gutenberg.net](http://www.gutenberg.net).

### Other Suggested Reading:

Mary Jane Ward. *The Snake Pit* (1947) movie by the same name

Albert Maisel. *Our Mental Hospitals, A National Disgrace* (1946)

Albert Deutsch. *The Mentally Ill in America* (1937)

Mrs. E.P.W. Packard. *Modern persecution, or Insane asylums unveiled as demonstrated by the report of the Investigating committee of the legislature of Illinois, Pub. by the suthoress.:Vol.2* by Michigan Historical Reprint Series **Paperback** - Dec 21, 2005

Barbara Sapinsley. *The Private War of Mrs. Packard: The Dramatic Story of a Nineteenth Century Feminist* (1995)

One Flew Over the Cuckoos Nest, by Ken Kesey (1962) movie of the same name.

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### **The Human Spirit Initiative**

*Ordinary People Doing Extraordinary Things*

Mission: to inspire people to build healthy, diverse, and inclusive community

Purpose: Record the history of the human service sector in this country and share it in a manner which will inspire individual initiative, as well as collective endeavors in building community, with a focus on youth, older Americans, and emerging leaders.

The Human Spirit Initiative, a 501<sup>c</sup>3 nonprofit corporation, seeks to foster collaborations and partnerships with the public and private sectors, as well as social entrepreneurs and academic institutions to further its vision of universal understanding of and commitment to building civil society.

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