A Historical Perspective Into Mental Health Policies and the Emergence of Teenage Mental Health

Ashley Yu

Abstract:

Psychiatric care in the United States has experienced a turbulent history characterized by the effects of industrialization and societal stigma. Historically, individuals with mental health conditions were confined to facilities lacking adequate staffing and resources, leading to an inherently ineffective system. The conditions within these institutions, along with the well-being of patients, remained largely neglected until significant attention arose in the late 1960s. During the 1970s, the process of deinstitutionalization introduced alternative methods for addressing mental health needs. This article seeks to examine prior policies and historical trends, focusing particularly on developments from the 1980s to the present, to provide insights into future directions for mental health care. Emphasis will be placed on the growing prevalence of mental health issues among younger populations, analyzing the effectiveness of past and present policies. This review aims to identify actionable strategies for policy improvement and underscore the pressing need for increased awareness and support systems tailored to evolving mental health challenges.

Introduction:

In the 20th century, mental healthcare in the United States went through significant changes, from widespread reliance on state-based mental health institutions, often referred to as asylums (Lamb, 1998), to more community-based care (Lamb, 1998). These asylums were home to individuals—many of whom had severe mental illness—who were deemed unfit to live in society. Unfortunately, the quality of care within these institutions was usually subpar. Those involved in such places stated that although full, they did not guarantee quality care or treatment (Ben-Moshe, 2017). Often, patients (559,000 state mental health patients in 1955 (Ben-Moshe, 2017)) did not receive adequate medical treatment or even any psychological support. In addition, they could be involuntarily committed to these facilities. While institutionalized, patients were held in horrible conditions, isolated from the outside world because their families could not manage them (Ben-Moshe, 2017). Due to the lack of medical treatment and care standards, many asylums, even those that meant well, lacked the resources and trained personnel to provide adequate treatment (Ben-Moshe, 2017).

By the 1950s, the process of deinstitutionalization began to take hold (Lamb, 1998), with the primary goal of transitioning mentally ill patients out of asylums and into more community-based care settings (Lamb, 1998). The goal was to improve the care quality and integrate these patients back into society properly rather than confining them to life in institutions. One of the critical pieces of legislation in this movement was John F. Kennedy's **Community Mental Health Centers Act of 1963 (CMHA)** (Untitled, 2007, Lamb 1998). This act provided federal funding for the creation of community-based mental health centers, allocating around $150 million in grants (Untitled, 2007, Lamb 1998). It also promoted mental health research, intending to provide better care (Untitled, 2007, Lamb, 1998). However, while the Act meant well, the execution was less so. Many of these centers were unable to meet the needs of patients who

had come out of state hospitals (Congress, 1963). They could not replace those established systems or serve the needs of chronically ill patients. States were only able to build half of the 1,500 centers outlined in the CMHA (Erickson, 2021). As a result, the transition to community-based care was not as successful as initially imagined.

Mental health patient activism began making waves in the 1960s and 70s as a response to the ongoing failures of the mental healthcare system and previous attempts to manage it (Morgan & Moriarty, 2018). Patients began to advocate—demanding better treatment and greater autonomy. This period saw critical legal decisions, such as **O'Connor v. Donaldson** (1975), in which the Supreme Court ruled that individuals could not be involuntarily committed to a mental institution if they were not a danger to themselves or others and could safely live in society (O'Connor v. Donaldson, 1975). Another case, **Addington v. Texas** (1979), raised the standard of proof required for involuntary commitment, wherein a person is confined to a psychiatric hospital because of a severe mental disorder against their will, guaranteeing patients could not be institutionalized without substantial evidence "beyond a reasonable doubt" ("Addington V. Texas, 1979). Previously, courts had followed the "clear, unequivocal, and convincing evidence" rule when determining involuntary commitment ("Addington V. Texas, 1979).

Despite these cases, the deinstitutionalization movement still had consequences that greatly outweighed its benefits. By the 1980s, there was a significant rise in homelessness, particularly among individuals with untreated or undertreated mental illnesses. Martha Burt and Barbara Cohen of the Urban Institute —a nonprofit research organization focused on providing evidence and solutions—estimated that during a week in March 1987, the national homeless population was estimated to be between 500,000 and 600,000 individuals (Garfinkel & Piliavin, 1995). With the increasing closure of asylums, the lack of resources and proper care for patients left them without the skills needed to function in society properly. With that stated, we will now take a comprehensive, sequential movement through many mental healthcare policies starting in the 1980s.

Review of Advocacy Since 1980

In 1980, President Jimmy Carter signed the Mental Health Systems Act (MHSA), which had great potential for the future of America's mental health system. It sought to extend the previously mentioned Community Mental Health Services Act. The MHSA aimed to remove some barriers encountered under previous care systems, such as fragmentation, an inability to effectively deliver mental health services due to limited resources and qualified personnel, and lack of availability, especially for marginalized groups, such as people of color and lower socioeconomic individuals.

Unfortunately, the potential for MHSA was short-lived. It was repealed by President Ronald Reagan as part of his budget cuts. Shortly after taking office in 1981, President Ronald Reagan repealed the MHSA as part of budget cuts and an overall shift towards reducing federal involvement in statewide affairs (Thomas, 1998). Due to this, much of the funding that was supposed to go towards community-based mental health services was cut. This resulted in a sharp decline in the availability of mental health support due to the lack of financial backing for these statewide programs.

During this decline, advocacy groups rose to prominence. One of these groups was the **National Alliance on Mental Illness (NAMI)**. Founded in 1979 by family members of those with serious mental illnesses, NAMI was worried about the inadequate care and services provided to individuals who have mental illnesses. Since then, NAMI has played a significant role in advocating for the mentally ill and has worked to reduce the constant stigma (Wathall, 2020). One of NAMI's achievements was the **Stigma Busters** campaign (Wathall, 2020). This campaign aimed to challenge the often inaccurate and insensitive portrayals of mental illness by removing those movies and shows (Wathall, 2020). They successfully pulled ads from airing and secured funding for future anti-stigma efforts (Wathall, 2020). Overall, NAMI helped bring more attention to the stigmatization of these individuals and advocated for better portrayals of mental health issues.

In 1990, mental health policy saw a landmark shift with the passage of the **Americans with Disabilities Act (ADA)**. The ADA prohibits discrimination against disabled individuals, including those with mental health conditions, in a multitude of areas (*Americans With Disabilities Act*, n.d.). This was a significant step forward as it represented a different type of policy (Tpinedo, 2024). While most policies focused on mental health care, the ADA helped ensure that individuals with mental illness had proper legal representation and the same rights (Tpinedo, 2024). It also helped raise public awareness about barriers these people often face, such as workplace discrimination (Tpinedo, 2024).

In the years that followed, other groups similar to NAMI popped up. Organizations like **Mental Health America (MHA)** played a key role in destigmatizing mental health. They launched a **National Public Education Campaign** aimed at educating the public about mental health and encouraging them to seek help through public service announcements and advertising. These groups have helped change societal attitudes toward mental illness and promoted the increased importance of mental health care.

Recently, legislation has also been passed geared towards mental health. The **21st Century Cures Act** of 2016 allocated more than $6 billion in funding for various health initiatives, including mental health (Morgan & Moriarty, 2018). The act was also aimed at improving communication between health services and addressing the gaps in treatment for seriously ill mental health patients. Patients would be able to access their medical information from online portals (Morgan & Moriarty, 2018). A vital goal of this act was to integrate mental health care into broader healthcare. This would ensure that these individuals receive the most effective care possible. It also conveyed how early intervention and prevention are essential—by addressing issues earlier, they can minimize the impact on an individual's health.

Overall, since the 1980s, we have seen increased mental health activism through policies and advocacy groups. This has helped shape the mental health system and how society perceives it. Although Reagan's repeal of the **MHSA** proved to be a setback, having organizations like **NAMI** and **MHA** has helped a lot, from promoting mental health awareness to increasing the level of treatment for patients. In the more modern era, the **ADA** and **21st Century Cures Act** have contributed significantly to the normalization of mental health care. However, there is still work that needs to be done.

Mental Health Policy for the Future

In the age of technology, mental health symptoms seem to be increasing—especially in teenagers. Although policies have long focused on treating mental health as a whole, teenagers and young adults should become a bigger concern.

We are seeing an increase in the prevalence of mental health disorders. In a study conducted by the Substance Abuse and Mental Health Services Administration, participants aged 18 or older showed an increase in a report of any mental illness (AMI) within the year (SAMHSA, Center for Behavioral Health Statistics and Quality, n.d.). In particular, those aged 18-25 showed a 65% increase from 2009 to 2019 in mental illness (SAMHSA, Center for Behavioral Health Statistics and Quality, n.d.). Furthermore, Hoare and colleagues performed a meta-analysis to assess the associations between sedentary behavior and adolescent mental health. They reported a strong correlation between depressive symptoms/psychological distress and screen time in adolescents (Hoare et al., 2016). Given the global public health concern of lifestyle-attributed diseases and the possibility for novel approaches to mental health, these findings are of particular significance (Hoare et al., 2016). As our world becomes more advanced, our policies should adjust accordingly. However, we must have the financial means to adapt our policies.

In 2004, California passed the Mental Health Services Act (MHSA), which imposes a one percent income tax on those with a personal income above $1 million yearly (*The MHSA — Mental Health California*, n.d.). The proceeds go towards transforming the state's Department of Health Care Services (Table 1).

Table 1. MHSA Expenditures

Local Assistance

January 2017

(Dollars in Thousands)

	Actual	**Estimated**	**Projected**
	FY 2015-16	**FY 2016-17**	**FY 2017-18**
Local Assistance			
Department of Health Care Services • MHSA Monthly Distributions to Counties	1,418,778	1,340,000	1,340,000
CSS (Excluding Innovation)	[1,078,271]	[1,018,400]	[1,018,400]
PEI (Excluding Innovation)	[269,568]	[254,600]	[254,600]
INN	[70,939]	[67,000]	[67,000]

Office of Statewide Health Planning and Development ● WET State Level Projects (Not Including Mental Health Loan Assumption Program (MHLAP) funds)	15,972	30,174	12,650
Total Local Assistance	**1,434,750**	**1,370,174**	**1,352,650**

According to a study published in 2022 by Thom, the induction of the MHSA created additional funding for resources that have improved mental health outcomes at the local level (Thom, 2022). Additionally, the state's suicide mortality rate increased more gradually after the tax's implementation, and by 2019, the cumulative impact was approximately 5,500 avoided deaths (Thom, 2022). However, Thom also discovered that the effect was inconsistent across demographic groups (Thom, 2022). He attributed this to many possible reasons: implicit gender bias, already low rates, and cultural expectations (Thom, 2022). Therefore, although funding can greatly contribute to improving mental health care, treatment is greatly influenced by different demographics (General, 2001). The Office of the Surgeon General reports on something known as the "culture of the patient," which influences many aspects of mental health, illness, and the utilization of healthcare (General, 2001). In America, racial and ethnic minorities are much less likely to seek mental health treatment than whites (General, 2001). Therefore, the policies we choose to implement must also overcome these challenges. Such a diversified country cannot successfully follow a system that fails to account for its cultural differences.

One possible measure to tackle the issue of social media and technology is to integrate awareness into such sites. For example, short messages on apps like TikTok or Instagram that adolescents might come across could indirectly help raise their awareness. In a study done by Latha et al. (2020), they concluded that the use of social media to conduct mental health campaigns is effective as it reaches several people in short periods of time (Latha et al., 2020). Furthermore, using social media to introduce subliminal messaging may unconsciously influence teenagers' minds. Ruch et al. (2016). found that subliminal cues can be used to change thoughts, attitudes, emotions, and actions. Many schools also have centers for mental health where students can check in and rest. These places create a more welcoming environment for struggling teenagers who may not have another outlet for their problems.

Additionally, social media perpetuates unrealistic standards of physical appearance. Its pervasive use contributes to increased body dissatisfaction and a heightened drive for thinness, rendering teenagers and young adults more vulnerable to developing eating disorders (Jiotsa et al., 2021). Additionally, social media fosters the formation of prototypes in their minds. A prototype, defined as a mental representation of an object or concept used to categorize the world, can influence adolescents' perceptions of normalcy. When idealized body types become their prototype, their understanding of what constitutes a typical body may be distorted. In the future, policies must be cognisant of the unique challenges today's teenagers face.

Conclusion

In conclusion, throughout the 20th century, mental health policy has gone through substantial change. From asylums and the beginning of deinstitutionalization to the start of advocacy both socially and politically, the mental health system has been impacted by the times and environment it coincides with. Looking ahead, addressing the mental health challenges posed by social media and technology requires a multifaceted policy approach. By improving mental health policies, fostering education, and holding social media platforms accountable, society can better support teenagers as they navigate the complexities of the digital age. As we strive to nurture the next generation of future professionals, it is crucial to foster an environment that proactively addresses their needs. These efforts are essential for creating a healthier, more informed, and resilient generation.

References

1. Addington v. Texas, 441 U.S. 418 (1979).
2. Bell, K. (2022). The Mental Health Systems Act of 1980. *DttP: Documents to the People*, *50*(4), 12–15. https://journals.ala.org/index.php/dttp/article/view/7933/11034
3. Ben-Moshe, L. (2017). Why prisons are not "The New Asylums." *Punishment & Society*, *19*(3), 272–289. https://doi.org/10.1177/1462474517704852
4. *Center for Mental Health Services Research. The University of California, Berkeley, and San Francisco. "History of Public Mental Health in California and the U.S."*
5. Congress, U. S. Community Mental Health Centers Act of 1963. *Public law*, 83-164.
6. Erickson, B. (2021). Deinstitutionalization Through Optimism: The Community Mental Health Act of 1963. American Journal of Psychiatry Residents' Journal, 16(4), 6–7. https://doi.org/10.1176/appi.ajp-rj.2021.160404
7. *Garfinkel, I., & Piliavin, I. (1995, June). Trends in the Size of the Nation's Homeless Population during the 1980s: A Surprising Result. Retrieved from https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=6fe9522553676f1d497bd07a350e88d91eec05ed*
8. Hoare, E., Milton, K., Foster, C., & Allender, S. (2016). The associations between sedentary behaviour and mental health among adolescents: a systematic review. *International Journal of Behavioral Nutrition and Physical Activity*, *13*(1). https://doi.org/10.1186/s12966-016-0432-4
9. Jiotsa, B., Naccache, B., Duval, M., Rocher, B., & Grall-Bronnec, M. (2021). Social Media Use and Body Image Disorders: Association between Frequency of Comparing One's Own Physical Appearance to That of People Being Followed on Social Media and Body Dissatisfaction and Drive for Thinness. *International journal of environmental research and public health*, *18*(6), 2880. https://doi.org/10.3390/ijerph18062880
10. Lamb, Richard H. MD1,†. Deinstitutionalization at the Beginning of the New Millennium. Harvard Review of Psychiatry 6(1):p 1-10, May 1998. | DOI: 10.3109/10673229809010949
11. Latha, K., Meena, K. S., Pravitha, M. R., Dasgupta, M., & Chaturvedi, S. K. (2020). Effective use of social media platforms for promotion of mental health awareness. *Journal of education and health promotion*, *9*, 124. https://doi.org/10.4103/jehp.jehp_90_20
12. Mayerson, Arlene. (2017, October 17). *The History of the Americans with Disabilities Act - DREDF*. DREDF. https://dredf.org/the-history-of-the-americans-with-disabilities-act/
13. Morgan, S., & Moriarty, L. (n.d.). *OFFICE FOR CIVIL RIGHTS 21ST CENTURY CURES ACT & THE HIPAA ACCESS RIGHT Empowering Patients by Improving Patient Access to Electronic Health Information (EHI)*. https://www.healthit.gov/sites/default/files/2018-12/LeveragingHITtoPromotePatientAccess2.pdf
14. National Library of Medicine. (2001, August). *Culture Counts: The Influence of Culture and Society on Mental Health*. National Library of Medicine; Substance Abuse and Mental Health Services Administration (US). https://www.ncbi.nlm.nih.gov/books/NBK44249/

15. Nolan P. (2021). Mental health nursing in the 1960s remembered. *Journal of psychiatric and mental health nursing*, *28*(3), 462–468. https://doi.org/10.1111/jpm.12681
16. O'Connor v. Donaldson, 422 U.S. 563 (1975)
17. Rochefort D. A. (1984). Origins of the "Third psychiatric revolution": the Community Mental Health Centers Act of 1963. *Journal of health politics, policy and law*, *9*(1), 1–30. https://doi.org/10.1215/03616878-9-1-1
18. Ruch, S., Züst, M. A., & Henke, K. (2016). Subliminal messages exert long-term effects on decision-making. *Neuroscience of consciousness*, *2016*(1), niw013. https://doi.org/10.1093/nc/niw013
19. SAMHSA, C. for B. H. S. and Q. (n.d.). Section 10 pe tables – results from the 2020 national survey on drug use and health: Detailed tables, SAMHSA, CBHSQ. *https://www.samhsa.gov/data/sites/default/files/reports/rpt35323/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/NSDUHDetTabsSect10pe2020.htm#topofpag*
20. The MHSA — Mental Health California. (2014). *Mental Health California*. Mental Health California. https://www.mentalhealthca.org/faq-1
21. Thom, M. (2022). Can additional funding improve mental health outcomes? Evidence from a synthetic control analysis of California's millionaire tax. *PLOS ONE*, *17*(7), e0271063. https://doi.org/10.1371/journal.pone.0271063
22. Thomas, Alexander (1998). Ronald Reagan and the Commitment of the Mentally Ill: Capital, Interest Groups, and the Eclipse of Social Policy. *Electronic Journal of Sociology*
23. U.S. Department of Labor. (n.d.). *Americans with Disabilities Act*. Dol.gov; U.S. Department of Labor. https://www.dol.gov/general/topic/disability/ada
24. Walthall, J. (2020, June 1). The Evolution of the Mental Health *Movement.NAMI.https://www.nami.org/advocate/the-evolution-of-the-mental-health-movement/*