

MH3400: The Three Eras of Formal Human Services... continued. REQUIRED ASSIGNMENT at end of this summary!

In the previous lesson, we looked at the types of INFORMAL human services that existed before the Industrial Revolution, the HUGE changes brought about by the Industrial Revolution and how these changes ultimately led to the first era of FORMAL human services which is INSTITUTION-BASED human services. It is important to understand this history because it still impacts on our cultural mental sets about people with disabilities.

In this lesson, we will be examining several things:

- Factors which led to the end of the era of institution-based human services
- Community-based human services (the 2nd era of formal human services) and factors which helped bring about a shift to the 3rd era of formal human services (inclusion-based human services)
- Inclusion-based human services (the 3rd era of formal human services)

Factors that brought about the end of institution-based human services:

For well over one hundred years, from the 1850s until the 1960s and somewhat beyond, people rarely if ever questioned the common practice of placing people with disabilities in institutions. There were institutions for people with psychological disorders, for people with a broad range of developmental disabilities, for people with severe hearing and visual impairments and for those who had suffered severe injuries at some point in their lives. Although the original intent of these institutions was to help people with disabilities, as was described in the previous lesson and well illustrated by the Willowbrook videos you were asked to watch, these institutions were horrible places where people were neglected and subjected to abuse. What follows is a list of factors which ultimately led to the end of institution-based human services as the main way that human services are provided to people with disabilities:

1) INCREASED TECHNOLOGY IN THE AREAS OF TRANSPORTATION AND COMMUNICATION LED TO GREATER PUBLIC AWARENESS: When the institutions were first built, there were no telephones and no videos.

Transportation was difficult as there were no paved roads and no automobiles, so when people were sent to institutions far from home, most lost touch with their families. However, as the technology allowing better transportation and communication arose, more people became aware of the terrible conditions in almost all institutions. For the first time, large numbers of people, the families of people with disabilities as well as some helping professionals, began to notice and protest these conditions.

2) RECOGNITION THAT INSTITUTIONS WERE INEFFECTIVE AND COST A LOT: While the original intent of these institutions was to help or even cure people with disabilities, the public began to be aware that almost everyone who was sent to an institution was there for life! In other words, these institutions did NOT help the populations they were originally intended to help. Furthermore, people came to realize that it cost a lot to lock up people for life! Even when people are treated badly, it still costs a lot to feed them, hire staff, provide heat, lights, water, clothing, and medical care for life!

3) COMMUNITY MENTAL HEALTH MOVEMENT: Rising public awareness of the terrible conditions in institutions led to the creation of the Community Mental Health Movement, a group that was made up of the family members of people in institutions as well as other people who were upset by the inhumane conditions in institutions. This group demanded that services be provided in the community rather than in institutions.

4) INVENTION OF PSYCHOTROPIC MEDICATIONS IN THE LATE 1950's:

Prior to the 1950's, when a person was delusional, hallucinating, violent, or otherwise out of control for a long period, there was really only one way to control that behavior and that was to lock that person up. However, in the 1950's psychotropic medications were invented that acted on the brain. (Some common examples of psychotropic medications are Valium, Prozac, Haldol, and Ritalin.) The invention of these medications allowed professionals to now control aggressive behavior, delusions, and hallucinations with medication rather than confining a person in an institution.

5) PRESIDENT JOHN F. KENNEDY: John F. Kennedy was elected President of the United States in 1960. President Kennedy had a sister who had spent her life locked away in an institution for the mentally ill. President Kennedy's sister had been given a lobotomy and was intellectually disabled as a result. This personal experience made Kennedy very sympathetic to the plight of people with disabilities, many of whom were locked away in institutions.

2nd ERA - COMMUNITY-BASED HUMAN SERVICES 1960-1980

In 1963, because of the public outcry against the institutions, President Kennedy signed into law the Community Mental Health Centers Act. The purpose of this law was to provide services to people in the community so that they would NOT have to be locked up in an institution. The law provided for local community mental health centers, preventive care, half-way houses for people with addiction problems, group homes in the community for people with various disabilities, drug and alcohol treatment centers, vocational training so that people with disabilities could be trained and eventually go to work, and day hospitalization where people with disabilities would go during the day, but then go home to their families at night.

THE DIFFICULT TRANSITION TO COMMUNITY BASED HUMAN SERVICES:

As more and more services for people with disabilities were offered in their local communities, one by one, the large institutions began to close. This was obviously a good thing in many ways. However, the transition to community-based human services was handled POORLY in most cases and caused untold human suffering among most people being discharged from the institutions. The vast majority of those discharged had been in an institution for many years. Most had lost touch with family members and were completely unprepared to live independently in the community. Despite this, almost all discharges were done WITHOUT any follow up. People were given a bus ticket back home, a few dollars, and the name of a local community mental health center where they could go to get help. There was no one to meet them when they arrived back where they had lived before being sent to the institution. Remember that for years, while living in the institution, staff members at that institution had told them what to eat, when to eat and sleep, what to do each moment of the day. Now, with no preparation, people who had been in institutions for years were released into an environment that they barely remembered. They were expected to fend for themselves and find a way to show up at the local community health center for assistance. For obvious reasons, almost no one being discharged from the institutions made it back to their family or to the local community mental health center. Instead, the vast majority wound up homeless, living on the streets of cities across the United States, begging and often self medicating by abusing illegal drugs. During the 1980s and 1990s, hundreds of thousands of people with serious mental illness and other disabilities lived on the streets of our cities. Factors which brought about the shift away from community based human services:

1) CIVIL RIGHTS, WOMEN'S RIGHTS: During the 1960's and 1970's, there were strong protest movements demanding an end to inequality. African Americans protested the inequality and injustice that was rampant at the time, and women began to demand equal rights too. Because of the strength and power of these movements, people with disabilities began to recognize that they were treated unfairly, as well. Many came to realize that community based services segregated people with disabilities from everyone else--just as African Americans had been forced to attend segregated schools before the U. S. Supreme Court decision ruling that separate schools for African Americans were inherently unequal. People with disabilities began to DEMAND that they be included with everyone else and provided with services that would enhance their chance for success, rather than separated off into residences, day programs and other services for people with disabilities.

2) DEMANDS OF PEOPLE WITH DISABILITIES AND THEIR FAMILIES: It would be nice if we could say that many helping professionals joined the fight to bring about more equal services for people with disabilities, but this is not the case. Instead, it was people with disabilities and their families who fought to have services provided in a way that did NOT separate and segregate people with disabilities from the rest of us!

3) PEOPLE WITH DISABILITIES CREATED INCLUSION-BASED HUMAN SERVICES: Some people with disabilities began to create human services that were inclusion-based and thus would allow people with disabilities the opportunity to be included with everyone else. For example, in New York City, several former institutionalized mental patients started a job placement agency which placed people with mental illness in regular, competitive jobs with a supportive job coach to guide them. This program, called Fountain House, still exists and was so successful that hundreds of other employment programs for people with disabilities were started based on the Fountain House model.

3rd ERA - INCLUSION-BASED HUMAN SERVICES 1980's to present
Currently, while some community-based human services for people with disabilities still exist, the focus is on creating INCLUSION-BASED human services. The purpose of these services is to provide services to people with disabilities in the MOST NORMAL environment possible. This means providing support services so that people with disabilities can succeed in normal activities such as work, education and living, along with everyone else. Here are some comparisons of inclusion-based and community-based human services so that you can understand the difference between the community-based approach and the inclusion-based approach:

EMPLOYMENT: Comparison of community-based vs. inclusion based human services

There were two main components of the community-based approach related to providing opportunities for EMPLOYMENT to people with disabilities: sheltered workshops and vocational training.

Sheltered workshops (community-based) were run by local human services agencies and were places where people with disabilities could earn small amounts of money doing simple, repetitive jobs such as assembling products for a local factory, stuffing envelopes, or boxing newly manufactured items. The incentive for local businesses to give such tasks to the sheltered workshop was that it saved them money. The people with disabilities working in the sheltered workshop were paid very small amounts such as 50 or 75 cents an hour. The idea was to provide the opportunity to learn job skills to people with disabilities so that ultimately they would gain the skills needed to succeed in a regular job. The problem was, people never seemed to graduate from these programs and gain

regular jobs. These kinds of programs also exploited people with disabilities for their cheap labor and today have largely been discontinued.

Vocational training (community-based): The other major employment approach during the community-based human services era was vocational training where people with disabilities attended a program that was supposed to help them learn job skills so that they could eventually become employable. Unfortunately, these vocational education programs rarely led to real jobs and also served to isolate and segregate people with disabilities.

Supported employment (inclusion-based): In this model, people with disabilities are placed in regular competitive jobs with everyone else. There is a job coach who works with them outside of work hours, helping them to solve an problems that arise in the workplace so that they can become a successful employee. We all have to learn basic job skills on the job, such as showing up on time, getting along well with others even when we don't like them and so on. Supported employment gives people with disabilities the same privilege, i.e., the opportunity to learn job skills in a real job! HOUSING: Comparison of community-based vs. inclusion-based human services

Group residences (community-based): During the community-based era, people with disabilities who did not live with their families often were placed in group residences in their local community where they lived with other people with similar disabilities. In these group residences (some of which still exist), there were staff members to assist the residents. One of the complaints about these residences is that they created a subtle form of segregation for people with disabilities. Everyone in the local area near the residences knew what they were "the place where the disabled people live" and living in this kind of setting made it difficult for people with disabilities to interact easily with non-disabled people and to feel they were a part of the local community.

Supported living (inclusion-based): The goal of supported living is to give people with disabilities the opportunity to live in a normal setting within their local community where they are NOT subtly segregated and people in their local community are not made aware of their disability. In the supported living model, one or two people with disabilities are placed in a regular apartment building. No one in the building is notified. A supported living coach works with them to help them learn basic skills needed to live independently in their apartment. Some of these skills are: shopping, cooking, calling the building super if something breaks, paying rent on time, cleaning, and how to greet and interact effectively with fellow tenants of the building. The point is that this kind of program allows a person with disabilities to be included in everyday life with the rest of us. If you live in a building, you may have people living in your building with disabilities who

are in a supported living program, and you would not even know it! They are just “Joe down the hall” to you!

Kingsborough’s supported education program (inclusion-based): Kingsborough has a program where young adults with intellectual disabilities (what we used to call “mental retardation”) can attend regular classes at Kingsborough. In the past, these young people never had this opportunity. Other students in the class are NOT notified of which students in the class have an intellectual disability. This allows these students to be “just another student” rather than stigmatized or segregated into their own program with other people who share the same disability as they do! The students do receive support services, but this is given in a subtle way, out of the view of other students. As a result, students in this program simply blend in! As a teacher at Kingsborough, I have had approximately 20 of these students over the years. It was NEVER a problem and many of them contributed greatly to the class discussion. To me, the success of this program clearly illustrates that people with disabilities were never the problem... it was the rest of us with our mental sets about what people with disabilities are capable of! The point is, our so called normal students do NOT need to be separated from our students who require some help. We can all work together!

After reviewing the above information, you should understand how human services have developed over time. You should also understand how a cultural mental set of stigmatizing and separating people with disabilities (ableism) was created and how we are now seeking to overcome prejudice and discrimination in this area.

REQUIRED ASSIGNMENT: Choose ONE of the following assignments in order to complete this unit of the course. You have the option of doing the second one for EXTRA CREDIT!!

Suggested due date: April 20, 2020

OPTION #1: EXPLORING MENTAL ILLNESS: In the last few years, a young woman who struggled for years with bipolar disorder, started an organization called This Is My Brave. This organization provides a forum where people who have struggled with mental illness can stand up in front of an audience and tell their stories. This has proven to be beneficial to them as well as helping the rest of us to understand mental illness. To complete this assignment you will need to watch at least three This Is My Brave Performances and then write an ESSAY answering the questions below.

Step 1: Here’s how to view This Is My Brave performances: Go to [youtube.com](https://www.youtube.com) and search “This Is My Brave.” A number of options will pop up sorted by city: Example: “This is My Brave - Columbus,” “This is My Brave - Boston” or “This is

My Brave - Houston.” Each of these performances lasts over an hour and a number of people with mental illness speak in each one. HOWEVER, you only need to listen to THREE (or more if you wish) individual people telling their story. I am NOT requiring you to listen to a whole one hour and a half performance. Or, you can listen to specific individuals do This Is My Brave performances that may pop up when you search in youtube. Two examples that are worth listening to: -Nneka Hall depression and anxiety -Joe Perry - a teenager with depression and suicidality

Step 2: Write an ESSAY containing your answers to the following questions:

- Briefly describe the three performances (or more) that you watched
- What were your emotional reactions to the videos you watched? Explain.
- Practicing self awareness, imagining that each of the people you watched was your client. What would be your countertransference reactions to each of them? Explain.
- What STRENGTHS did you observe in each person you watched?
- What did you learn from watching these videos?
- Do you think that you would like to work with people with mental illness when you become a helping professional? Why or why not?
- Anything else? If so, please include it in your essay!

OPTION #2: EXPLORING AUTISM: Watch the full length feature movie “Temple Grandin” which is the true life story of a woman named Temple Grandin who has autism, and then write an essay answering the questions below describing what you saw and learned about autism.

Step 1: Watch the movie “Temple Grandin” which is available on Youtube. You can rent or buy it on Youtube. At times, I have found a FREE full length version of this movie on Youtube, so you might want to poke around looking for that. You also might try looking for this movie in Netflix or other cable channels you may have available.

Step 2: Write an ESSAY containing your answers to the following questions:

- Practicing self awareness, what were your thoughts and feelings while watching this movie? Explain.
- Practicing self awareness, imagine that Temple Grandin is your client. What would be your countertransference reactions toward her? Explain.
- What STRENGTHS did you observe in Temple Grandin?
- What SYMPTOMS of autism did you observe. Be specific using EXAMPLES from the movie. (As helping professionals, we need to be able to identify symptoms in our clients so we can get them the appropriate help.)
- Do you think that you would like to work with people with autism when you become a helping professional? Why or why not?
- Anything else? If so, please include it in your essay!