Mental Health in America: Navigating the National Crisis

Overview

Each year in the United States, 20% of adults and 17% of children are affected by mental illness (National Alliance on Mental Illness, 2024). For these millions of individuals, the ability to function in everyday life can be especially challenging—socially, emotionally, and psychologically—and this is only *part* of the problem.

According to Mental Health America's *Access to Care Data 2023* (n.d.) report, more than half of those suffering do not receive help for their disorders. To better understand the reasons behind this statistic (and to consider its potential for improvement), it is first important to look back at the nation's history—to analyze and unravel the framework of mental healthcare in America.

Origins

Although references to mental illness (and its plague on humankind) can be found all throughout history, its conceptualization in Western culture did not really emerge until the turn of the 19th century (Kendler et al., 2022). Prior to this time, psychiatry as a medical discipline was uncommon, as the mentally ill, who were widely regarded as "dangerous," often remained isolated from society (Robb-Dover, 2023; U.S. National Library of Medicine, n.d.).

With the prevalence of institutionalized care came a familiar attitude, and, for the next several decades, treatment within most of the nation's asylums remained barbaric and inhumane: confinement by chains and cages, involuntary sedation, and induced vertigo by way of rotating chairs (Robb-Dover, 2023). Needless to say, these methods of "care" were hardly effective for

patients in need of relief. Still, the maltreatment continued—and so did the underlying stigmatization.

By the mid-1800s, dozens of public and private mental hospitals had been established in the United States (U.S. National Library of Medicine, n.d.). The nation was seeing rapid population growth, and the demand for mental healthcare was on the rise. Also developing at this time was a public interest in reform: an increasing concern for the oppressed, and a growing consensus around the need for higher medical standards (Floyd, 1995). For some, this discernment was a call to action.

Early improvements in mental healthcare were primarily the result of Americans advocating for change. Activist Dorothea Dix, for example, used her "insider" knowledge as a prison nurse to help portray the extent of the crisis on a legislative level (Nelson, 2021). By addressing the harsh conditions of which people with mental illnesses were forced to endure, Dix eventually managed to convince many state lawmakers to fund the establishment of new asylums: institutions founded on the concept of "moral treatment." In other words, these facilities were to begin implementing more humane methods for patient recovery. Through her campaign for such alternative mental health therapies, Dix helped to liberate many individuals with mental illnesses from neglect, confinement, and harsh physical discipline. Despite this initial success, however, the majority of these state hospitals were later shut down.

Other notable influencers in the earlier progression of mental healthcare included Adolf Meyer and Clifford Beers (*Origins of Mental Health | Johns Hopkins Bloomberg School of Public Health*, n.d.). Meyer, a psychiatrist and one of the founders of the mental hygiene movement, advocated for prophylactic treatment as a way to reduce the severity and

reoccurrence of mental illness. Beers, a Wall Street financier whose own battles with mental illness had landed him in multiple asylums, published a detailed account of his horrific experiences therein, later calling for the formation of the Connecticut Society for Mental Hygiene: a voluntary health agency dedicated to preventing the disease of insanity by increasing public awareness (*Origins of Mental Health | Johns Hopkins Bloomberg School of Public Health*, n.d.; Our History, n.d.).

Although somewhat gradual, these advancement efforts continued well into the 20th century. Clinical research studies began to dominate the scene, and the regard for mental health education was ubiquitous among those at the forefront of developments. World War II also offered new insights, and efforts to integrate psychiatric experiences into public health settings began to take shape (*Origins of Mental Health | Johns Hopkins Bloomberg School of Public Health*, n.d.). Paul Lemkau, a pioneer in the mental hygiene movement, promoted the mergence of mental hygiene and public health—the organization, decentralization, and regionalization of mental health services at the national, state, and local levels.

By the 1960s, mental healthcare in the United States had shifted away from institutionalization, giving way to a more community-based approach to treatment (*History of Mental Illness Timeline*, n.d.). Improvements in public understanding were picking up more speed, as well, with mass media now available as an effective means for spreading awareness (*Our History*, n.d.). Fundraising efforts followed suit, as the need for financial support now spanned multiple industry sectors: research, facilities, and insurance coverage.

Mental healthcare in America was, indeed, evolving, but many obstacles still remained. Situations involving crime, gun control, homelessness, and substance abuse posed extra

challenges—and on all sides of the mental healthcare system. Deinstitutionalization, although predominantly beneficial, left many struggling patients to fend for themselves—on streets, in jails, and within unwelcoming communities (*America's Long-Suffering mental health system*, 2018). Special support—with attention to aftercare, housing, employment, and networking—was crucial for these displaced individuals, yet it remained scarce and ill-considered. The problems, it seemed, were mounting in all directions.

The integration of mental healthcare into public agencies, as Paul Lemkau had envisioned, was monumental for progression. It also came at a price—as an "opening of Pandora's box," so to speak—because with new involvement came new opinions, ideas, and concerns, and with big changes came big setbacks. One example of this took place in 1981, when President Ronald Reagan passed the Omnibus Budget Reconciliation Bill, cutting federal funding for state community mental health centers (*America's Long-Suffering mental health system*, 2018)—and deferring costs was not the only strategic flaw. Varying beliefs began to shape the nation's approach to mental healthcare. For some, the "quick fix" relied on eugenics and psychotropic drugs. Others maintained the antiquated attitude that people with mental illnesses were undeserving of charity—or even care, for that matter.

Then came the acceleration of the digital age: the drastic shove into a new, technology-driven century. From computers and the internet to smartphones and social media, advances in telecommunications were now proliferating at exponential rates. In many ways, these developments proved efficacious, providing a multitude of new conveniences and opportunities for the growing economy. For mental health, however, this created somewhat of a slippery slope: a cultural shift with some very dangerous consequences.