The Mental Health Systems Act of 1980

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The Mental Health Systems Act (MHSA) of 1980 was intended to be a necessary safety net for those individuals who were unable to obtain mental health services without local facilities available to them. There was a strong groundwork in place for it to be effective, from the Public Health Service Act of 1944 to the Community Mental Health Act of 1963, as well as many champions within Congress and amongst the Kennedy family. However, the 1980 election brought in a change of power and a sitting president with a history of cutting funds for mental health services. The signing of the Omnibus Budget Reconciliation of 1981 quickly and efficiently reduced the capacity of the MHSA to provide services to those who needed them.

The National Stage Before the Carters

Prior to President Jimmy Carter, there were some prior forays into government-assisted mental health services. Notable acts included the Public Health Service Act of 1944, signed into law by President Franklin D. Roosevelt.[1] It was created due to the growing realization of communicable diseases running virulent within the various branches of the armed services in World War II. It set out to establish rules for the government's ability to quarantine persons entering the country for the public good, called a Title 42 appointment, which is an excepted service employment category in the United States federal civil service allowing for the hiring of special consultants as part of the Public Health Service in a more streamline manner.

Another significant act was the Community Mental Health Act (CMHA) of 1963, the last piece of legislation to be signed by President John F. Kennedy. The CMHA planned to build 1,500 community-based mental health facilities which allowed the population living in state -owned mental hospitals to be cut in half. Funding would be allotted to states based on population and need, and it would also allow for the training of teachers for "mentally handicapped children."[2] Only half of those 1,500 facilities were built, and many lacked adequate funding. Additionally, deinstitutionalization began whether the communities were ready for the mass release of people or not. Antipsychotics were beginning to become available outside of mental health institutions, including Chlorpromazine (known commercially as Thorazine) in the 1950s; this only accelerated further in the 1960s with the advent of Medicaid to provide those in need of antipsychotics with the means to obtain them.[3] After all, Congress barred Medicaid payments "for people in 'institutions of mental diseases' but allowed payments for community mental health centers."[4]

The Carters in Washington

Even before her husband's election to the presidency, First Lady Rosalynn Carter had long championed the mental health field. As far back as President Jimmy Carter's first term as Governor of Georgia in 1970, she had made that field one of special interest to her, even volunteering at a hospital in Atlanta to learn more and joining her husband's Georgia commission to improve the services available in the state, where the number of hospitalized patients fell by about thirty percent. She decided early on that this would continue to be her focus if her husband were to become president.[5]

Less than a month after President Carter took office, he issued an executive order creating the President's Commission on Mental Health, with Mrs. Carter serving as an honorary chairperson. The Commission took over a year to study the health care needs of the nation before submitting their results in 1978, which would then be shaped into legislation shepherded through Congress by Senator Kennedy and by Congressman Henry Waxman into what slowly took shape into the Mental Health Systems Act in a few more years' time.[6]

The executive order itself was ambitious in scope, seeking to identify "the various ways the President, the Congress, and the Federal Government may most efficiently support the

treatment of the mentally ill."[7] It sought to determine, as nearly as possible, what role the federal government could play in furthering the treatment of mental illness and how much it might cost. It wanted to know who is being served, who is underserved and to what extent, and who is affected by this eventual piece of legislation.

While the language within the document might have been mired in the ableist terms of the 1970s, such as "mentally retarded," the title of the Commission itself was a departure from the past, with its focus on mental health rather than mental illness. The Commission which had led to the Community Mental Health Act, after all, had been the Joint Commission on Mental Illness and Health, which ran from 1955 to 1961.[8]

Stumbling Blocks and Passing the MHSA in 1980

The creation of the President's Commission on Mental Health was only the first step toward the eventual bill which would become the Mental Health System Act. An early stumbling block was the role of Mrs. Carter: she would have preferred a more hands-on position as she had taken in Georgia, as the Chairman of the Commission. However, on the national level, there were some questions as to the legality of the First Lady being in this role; this was side-stepped by having Doctor Thomas E. Bryant, President of the Drug Abuse Council, serve as Chairman and make Mrs. Carter the Honorary Chairman.[9]

More than a thousand names were submitted for the twenty committee spots. The commission itself was selected with diversity in mind and with the aim of having a committee that was not solely staffed with psychiatrists. Instead, it would contain academics of varying fields, a labor leader, a minister, several lawyers, human rights and mental health activists, and a few psychologists. One member, Priscilla Allen, was a former patient, who insisted on an integrated system linking psychiatrists with community services and discussed the more practical side of matters, such as bringing theory to reality.[10]

Sadly, this pragmatism would be lost in the other panelists' theoretics. The members who were doctors were generalists with little direct contact with the mental health system. Some of the Commission saw mental health issues as solely a product of the environment that could be improved by merely improving housing, education, or employment. There was ideological disagreement as to which community was the most underserved and which needed to be dealt with in what way. As a result of this diverse group makeup and a lack of clear understanding as to the full spectrum of potential mental health issues, the Commission employed a definition that focused more on societal issues than any chemical imbalance.[11]

The final report was eventually collated and presented to the President. Dr. Bryant trimmed many of the commissioners' comments and personal agendas to bring the document into something manageable. Children, adolescents, and the elderly were all noted as being severely underserved and lacking access to existing services, as were the physically disabled. Additionally, cultural and linguistic barriers needed to be addressed across the many minorities across the country.[12]

In 1979, President Carter sent a message to Congress to draft a mental health systems act. In the House, H.R. 4156 was introduced by Representatives Harley Staggers and Henry Waxman, Democrats of West Virginia and California, respectively, where it went through enough deliberations and changes, even tacking on an amended second piece of legislation entitled H.R. 3986 to add on provisions for the victims of rape.[13,14] Eventually, an entirely new House bill, H.R. 7299, was introduced by Representative Waxman in 1980, which passed the House by a widely successful margin, 277-15.[15] In the Senate, Edward Kennedy introduced S. 1177 in 1979.[16] Unlike the House bill, it remained largely unchanged until its passing in 1980, again by a wide margin, in this case, 93-3. This final bill, passed by the House and Senate, included grants to ensure mental health patients received needed services, created a position to oversee mental health services for minorities, and authorized funds for rape prevention and control, as S. 1177.[17] A sticking point had been a bill of rights for patients, which was eventually included but "only after deleting the section penalizing those states that failed to protect the rights of patients."[18]

On October 7, 1980, President Jimmy Carter signed the Mental Health Systems Act into law at an event at the Woodburn Center for Community Mental Health in Annandale, Virginia. In attendance were Mrs. Carter, Senator Edward Kennedy, Congressman Henry Waxman, Secretary of Housing and Urban Development Patricia Harris, and Mrs. Eunice Kennedy Shiver, amongst others. Except for Mrs. Shriver, all of them made some remarks on the legislation; many commented on Mrs. Carter's contributions to the President's Commission and to making certain that this would become law. Beyond that, however, it was a continuation of the Community Mental Health Act of 1963, a legacy of John F. Kennedy, continued now by his younger siblings and the Carters, made obvious by the number of parallels drawn in the speeches during the signing.[19]

The Mental Health System Act placed special emphasis "on the care and treatment of chronic mental illness to ensure that mental health support and aftercare services are available at the community level."[20] It allowed for federal grant money for children, adolescents, and the elderly--all target demographics of

the Commission. It strengthened services to the poor in both rural and urban center areas. Additionally, there was authorization in place for grants to nonprofit community mental health centers in order to give appropriate levels of mental health care. Oversight was set in place of persons who had to remain inpatient, with the emphasis that it would be in the "least-restrictive settings" possible.[21] When these people were released, they were to be informed of "available community-based facilities and programs" with the caveat that these were to be adequately staffed and funded with programs to provide help and support.[22] It still included the rape prevention and control section added in the House in 1979. A part of particular significance was the Patients' Bill of Rights, Section 501, laying out what a person undergoing treatment could expect of their medical team, why it was appropriate, and what rights they had beyond this, including accessibility, confidentiality, and the right to assert their grievances.[23]

And Then There Was Reagan

Election night 1980 occurred less than a month after the Mental Health Systems Act was signed into law: the legislation that went into effect in October 1980 was repealed less than a year later in August 1981. By the summer of 1981, the Omnibus Budget Reconciliation Act of 1981 was signed into law by President Ronald Reagan. Continuing the controversial trend in denying or disregarding the need for mental health care from his days as governor of California, where there was at least one suicide after the threat of closing a facility, President Reagan made cuts from the budget with mental health being amongst the first to go.[24]

The Omnibus Budget Reconciliation Act repealed both the Mental Health Systems Act and the Community Mental Health Act of 1963. Notably, Section 501 of the Mental Health Systems Act, the Patients' Bill of Rights, remained intact. All the funding boosts to community mental health centers added by the Mental Health Systems Act were converted to block grants to the states by the Omnibus Budget Reconciliation Act; federal funding was decreased as well.[25]

The Aftermath

It did not take long for the aftermath of President Reagan's changes to become apparent. Patients' rights groups were underfunded and understaffed. Some organizations, some even representing families of the mentally ill, pushed for legislation to make it easier to commit a mental patient involuntarily. Without federal funding, deinstitutionalization rapidly increased, leaving more and more patients on the streets, leading to the estimated homeless population doubling in the 1980s.[26] Estimates in 1990 found that 1 in 15 prisoners in the Cook County Jail in Chicago, Illinois, had some form of mental illness. As of 2015, a conservative estimate is now closer to 1 in 3.[27] Along with Rikers Island and Los Angeles County Jail, it is one of the three largest mental health facilities in the United States.[28]

The COVID-19 pandemic made the mental health care situation even more challenging. Even with the Affordable Care Act ensuring children are more connected to coverage, the pandemic has exposed gaps: lack of broadband access, early intervention, assistance to LGBTQ+ youths, and more. "In 2020, there was a 24 percent increase in emergency room visits for mental health reasons for children between 5 through 11, and a more than 30 percent increase in visits for those between 12 and 17 years old."[29]

Conclusion

When the Mental Health Systems Act of 1980 came into effect, it had the chance to be an important step forward in mental health care in the United States. Instead, it was repealed too quickly to be tested long-term. The effects of losing such an important mental health act are still showing strongly today in many communities, many of which still do not have sufficient access to mental health services. Those communities that are fortunate enough to have facilities are either lucky enough to have well-funded organizations providing care to those in need of services or find themselves faced with institutions that lack proper funding, space, and sufficient staff to provide quality of care.

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Notes

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